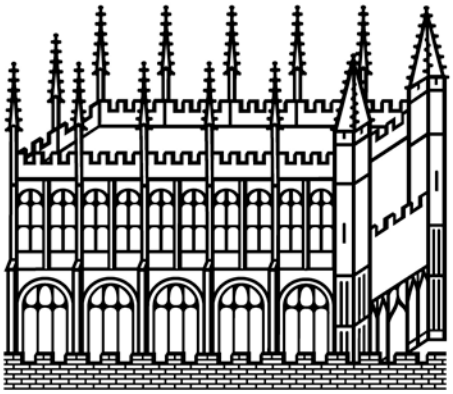


Bodleian Libraries

UNIVERSITY OF OXFORD

This book is part of the collection held by the Bodleian Libraries and scanned by Google, Inc. for the Google Books Library Project.

For more information see:

http://www.bodleian.ox.ac.uk/dbooks



This work is licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 2.0 UK: England & Wales (CC BY-NC-SA 2.0) licence.



The Medical Circular.

WEDNESDAY, JUNE 1, 1853.

DISPENSARY PRACTICE.

WHAT would the public say if they saw rising up, one fine summer morning, like an exhalation, in Lincoln's-inn fields, a superb Grecian structure, with fluted columns and Corinthian capitals, on which was inscribed, in golden letters, this sentence: "The Royal Court of Relief for Distressed Plaintiffs;—opinions given and cases conducted without fee or reward?" They would rub their eyes, stare awhile, and conclude that the legal profession was in a paroxysm of lunacy, or had arrived at the point of utter ruin. To get their law for nothing would be one of those incredible boons, which even "seeing" would not convince the public was within their reach.

Yet, incredulous as we are of such philanthropy in others, we are ever ready to sacrifice our interests by a gratuitous grant of our talents, knowledge, and services to our neighbours. Although we could not believe in a "Royal Court of Relief for Distressed Plaintiffs," we can subscribe to build Dispensaries in every parish; and after they are built, consent to attend them every day, to examine the patients, prescribe for their ailments, and even, in some instances, to supply the drugs required. Rich and poor doctors are equally guilty of this folly: the former to get a repute for skill or charity, to keep a practice if they have one, or to gain experience; the latter to work their way to a connection through the publicity it affords.

If the benefits derived from these institutions were confined to the distressed poor, in the name of charity they should have our good word; but it is notorious that persons living in a respectable sphere—the children and wives of tradesmen and clerks, gentlemen's servants, and individuals enjoying a small independence—constitute a large number of the recipients of the aid they afford; and thus the institutions are defrauded, the benevolence of the rich abused, the poor robbed, and the private practitioners deeply injured.

The effects of these institutions—increasing as they are in number every day, and conducted on an extensive scale—is to *pauperise* the profession. The needier class of our brethren cannot withstand their competition, and tens of thousands of pounds, which would otherwise have found their way into the pockets of the profession, are now spent in the small luxuries and vicious indulgences which in large cities engender the diseases to be cured of which the invalid resorts to the Dispensary.

Pressed upon, on all sides, the private practitioner is frequently driven to the miserable alternative of setting up a little dispensary of his own, in the hope of attracting some of the patients from his leviathan neighbour, and eventually establishing a reputation and a profitable practice. This expectation in the majority of instances is never realised; but, on the contrary, the surgeon loses his time, lowers the value of medical service, is treated with ingratitude, consumes his own substance, and injures the practice of his neighbour.

What wonder, then, that there are so many poor men in our profession, claiming on the funds of our charities—far too inadequate, alas! to meet a tithe of the demands upon their resources! What wonder that penniless widows and famishing orphans are crowding near the skirts of our profession, and lifting a heart-piercing cry for the help which cannot be given! The wealthy are never weary of asking our gratuitous aid for the relief of the very poor and distressed, but how little in return do they help us? The pauper's child shall find many friends, and a dozen societies, all ready to receive it to their bosom; but the surgeon's orphan knows not whither to look for a comforter. Some hope indeed have we now, through the exertions of Mr Propert, Mr Newnham, and others; but the best policy consists in averting the necessity by opposing with firmness the destructive system of indiscriminate gratuitous services. Let the profession be united on this point, and we shall see less misery in our ranks.

ROVING PETITIONS.

WITHIN these two or three weeks, a new something-committee, club, or society, we know not which,—has been set on foot to assist the Council of the Provincial Association to carry their Bill through Parliament. This puny adventure deserves attention merely from the fact, that forms of petition to the Houses of Lords and Commons have been drawn up in connexion therewith, and circulated by hand among the practitioners of this metropolis, praying the Government in general terms to undertake to legislate on the subject of Medical Reform—a requisition to which no sensible man can object; but these petitions are accompanied by a printed document addressed to the Home Secretary, containing a considerable quantity of questionable laudation of the New Bill, to which very few men we suspect will be inclined to assent. So far as the petitions are concerned we offer no objections, but we strongly condemn the artifice of accompanying drafts of petitions deserving the warmest approbation, with a document of a more private nature, to which the gentlemen signing the petitions are not necessarily called upon to assent, but which, nevertheless, their signature to the petitions may be construed to favour. In common parlance tricks of this kind are called "dodges;" and although this is a low phrase hardly meriting a place in a professional journal, yet it is appropriate, as the conduct which it depicts is of a character not more consonant with professional tastes.

The gentlemen constituting this committee, have by this manœuvre undermined their cause, for however numerous may be the signatures attached to the petitions, it will be competent for every man, so signing, to protest against the policy and views of the Committee so soon as a crisis shall arrive demanding a special expression of opinion. In me-

N. 15084. d. 7. 1853-63

LONDON:

PUBLISHED AT THE OFFICE, 20 KING WILLIAM STREET, ST

dical politics it is especially necessary that a candid and straightforward course should be adopted, for no body of men who dissimulate with their principles, or disguise their policy, can retain the confidence of the profession. Let these gentlemen therefore be wise in time, and since it appears that their little club has not been formed for the purpose of *deliberation*, but merely to act as the executive of the Provincial Association, they should unreservedly state their principles, and, in their public petitions, honestly declare the policy they desire the legislature to adopt.

On the present occasion we have dealt leniently with these gentlemen, as we are willing to believe that the offence of which they have been guilty has sprung from inexperience; but if they persist in this dubious course we shall be tempted to change our opinion, and to fall upon them with a heavier hand.

EXCISION OF THE ENLARGED TONSIL.

We call the attention of our readers to two letters reprinted from the 'Medical Times and Gazette,' on the subject of excision of the enlarged tonsil—one from Mr Toynbee, the other from Mr Yearsley, the originator and promoter of the practice. The reply of the latter gentleman to the assertions of Mr Toynbee appears to us to be conclusive, both as regards argument and testimony, of the utility of the operation under the conditions and limitations specified; and we are surprised that Mr Toynbee should have ventured to arraign a mode of treatment which he does not seem to have either understood or practised.

All great improvements in practice must, it would appear, be subjected to similar opposition before they can be finally established; and we trust that the result of this discussion will be to clear away many misapprehensions, and to place the treatment of enlarged tonsils by excision on an unassailable and permanent basis.

Mirror
OF
PERIODICAL LITERATURE.

(From the 'Lancet,' May 28, 1853.)

Observations on Chloroform and its Administration.

Mr Martin Coates thus sets forth his views:

"My manner of administering chloroform is as follows: The patient being ascertained to be free from affections of the brain, heart, and inflammatory actions of the lungs, &c., is freely purged the day before the operation, and his diet is limited on the morning appointed. Any article of clothing confining the throat or chest is let loose. The patient is desired to raise one hand, and to keep it raised as long as possible. Five minims is first given in Dr Sibson's inhaler, to diminish the sensibility of the mucous membrane of the larynx. After a minute has elapsed fifteen minims are added, and repeated every minute until the hand drops and is not moved on the patient's being desired to raise it. I then commence the operation.

"The person managing the chloroform watches the pulse and respiration. On the former becoming weak, or the latter stertorous, the inhalation is discontinued until they become normal. On any indication, on the other hand, of sensibility returning, ten minims are added. . . .

"Dr Snow, in a paper published in the 'London Journal of Medicine' for April, 1852, has proved by experiments on animals that if the air respired contain more than eight per cent. of chloroform, the action of the heart ceases very suddenly, and sometimes before the breathing.

"It would seem unnecessary to insist upon the necessity of using so potent an agent in the smallest possible quantity consistent with success. What intelligent practitioner would give an unnecessarily large dose of opium, calomel, or arsenic? The same rule applies to chloroform, and the more cogently, that when danger arises it comes so suddenly that there is but little time for the application of treatment.

"Chloroform inhaled in small quantities of five, ten, or fifteen minims is a general stimulant, and the first two or three doses of fifteen minims usually renders the pulse quicker and fuller. Whenever the pulse sinks in power even slightly, the inhalation is too rapid, and the chloroform is accumulating too quickly or has been continued too long. When this is the case it should be discontinued, for it is better to have an unsteady, or even a suffering, than a dying patient.

"In natural labour I administer chloroform when the patient desires it, and circumstances do not forbid it. In operative midwifery I recommend it. Its effect is to diminish uterine action, and to relax the os uteri and external parts, so that what is lost in one direction is gained in another. Of course, it destroys all voluntary effort. In natural labour I never commence its use until the latter severe pains begin. I cannot approve of the keeping a patient for many hours under its influence. I think it desirable in these cases (of natural labour) to act upon the sensorium only, avoiding even more carefully the affecting the true spinal marrow, than in operations; this I do by giving first five minims; then, after the lapse of a minute, ten; and, if required, fifteen minims every succeeding minute until the patient becomes unconscious; an occasional ten minims given when consciousness threatens to return, is sufficient to keep up the then existing freedom from suffering without diminishing the uterine contractions to too great a degree. Patients who have been delivered under chloroform rarely suffer from after pain; so much is this the fact, that I seldom have to give the usual opiate after such cases. The soreness of the labia and perinæum after labour is much diminished by the ease with which they yield, under the influence of chloroform, to the pressure of the head of the child. I am now in actual attendance on a lady whom I delivered under chloroform at the birth of her last child, and who has requested me to pursue the same practice in her coming confinement, upon the ground that she had suffered so severely from soreness of the labia in all her confinements previous to her last, but had not done so then.

"I believe that where this agent is used in the manner and with the precautions I have recommended, no evil consequences will occur; but if it is administered in large doses death will occur, as in operations; and even where that catastrophe is avoided, labour may be indefinitely prolonged. In operative midwifery I administer the same quantities as in other operations; and I once kept a woman under the influence of chloroform during an hour and a quarter without the slightest evil consequences.

"In no case have I seen an unfavourable result, and in one case only have I been obliged to abstain; and as this case indicates a cause of danger not, I believe, noticed by others, and leads to an improvement in practice, I will relate it. I was about to use the forceps in a woman pregnant for the first time, aged upwards of forty years, and having a contracted pelvis. I placed fifteen minims of chloroform in the apparatus; but immediately on my bringing it to the mouth and nose, she had a sense of suffocation and croupy inspiration, with venous suffusion of the countenance, which symptoms forced me to desist. The chloroform had evidently excited spasm of the muscles, closing the glottis; and I doubt not, had I persisted, my patient would have

died asphyxiated. Since this case I have commenced, as above stated, with five minims, and then proceeded to ten or fifteen. This plan has succeeded well, by gradually diminishing the excitability of the nerves of the mucous membrane of the larynx; it also prevents that painful sense of constriction about the throat and chest which, I remember, was in my own case very unpleasant.

"I think it right to state that, in experienced hands, a drachm of chloroform may be placed in the apparatus, and by carefully regulating the valves, a quantity not exceeding ten or fifteen minims may be administered; but a proper apparatus is not within the reach of all. Therefore a plan was still a desideratum by which a person only moderately skilled may be enabled to administer it safely and effectually. Such a one I feel that I have proposed." Ten minims every minute will frequently produce complete insensibility to pain; and in cases where absolute quiet is not requisite, or where there is any reason to fear syncope, such doses are the best, as they raise the pulse, and in that way would diminish the danger from loss of blood, or even from fatty degeneration of the heart. Indeed I think that where ordinary syncope occurs from other causes, and where the patient cannot swallow ordinary stimulants, an inhalation of five or ten minims of chloroform might prove beneficial as a general stimulant.

"Chloroform in repeated doses of fifteen minims is exceedingly useful in diminishing excessive uterine action, where, from its excess, or from rigidity of the external part, or from both, there is reason to fear rupture of the uterus or laceration of the perinæum. It is in its action, when given in the above quantities, the antithesis of the ergot, and is, of course, useful in directly opposite cases.

"I have seen recommended by an eminent surgeon frequent stimulation of a patient in danger from chloroform. The following experiment seems full of meaning on this point. I placed two frogs under the influence of chloroform to the same degree. One I stimulated incessantly by irritating the skin; the other I left quiet. The former became more and more feeble, and would I think have died had I persevered; the other recovered in a few minutes.

"As long as a patient has a good pulse and easy respiration he should be left quiet. A little cold water, after the conclusion of the operation, suddenly dashed on the face at intervals of a few minutes, is all that is necessary or safe. If danger occurs, artificial respiration and galvanism seem to afford the best chance. In the absence of galvanism, the application of alternately very cold and very hot water, at proper intervals, might excite deep inspirations. Too frequent stimulation would probably, as in the case of the frog, exhaust nervous energy.

"There occurs sometimes after operation performed under the influence of chloroform, especially where stertor has been induced, vomiting, accompanied by great failure of pulse: for this the best treatment is a teaspoonful of pure brandy.

"Notwithstanding the expressed opinion of Dr Simpson, and other deservedly high authorities in their favour, I am satisfied that the handkerchief, piece of lint, and sponge, are inaccurate and dangerous chloroform inhalers. By them sometimes more, sometimes less, is given than is intended or required. In truth, nobody can know what the quantity inhaled is; so much depends upon how the handkerchief is folded, what is the shape of the sponge, and the distance at which they are held from the mouth and nose.

"An inhaler invented by Mr Whitlock, of Salisbury, is far better than the handkerchief, sponge, or lint, and is very simple. It resembles a small mask enclosing the mouth and nose. It is composed of brass wire, the outer and convex part of which is covered with porous cloth, the concave surface is lined with lint, there being a small piece of sponge between the lint and wire. Whether Mr Whitlock's instrument, the handkerchief, sponge, or lint is used, at least half the chloroform is blown by expiration into the room, to be inspired by the operator and his assistants."

Report of a Case of Vaccinia and Variola occurring Simultaneously.

Mr Clarke, of Kenilworth, reports the following case:

"Having read in the 'Lancet,' a short time since, the report of an interesting case of vaccinia and variola in an infant, I am induced to relate a very similar case which occurred in an adult, considering that the *quæstio vexata* of the present day can only be settled by authenticated facts. I must be excused mentioning more than the general outline of the case, owing to my having omitted to take notes when it occurred.

"E. C——, aged twenty-two, who had been vaccinated in her infancy, was re-vaccinated by me, Dec. 6th. On the fourth day, no small red spot was visible, consequently I concluded either that the vaccine disease would be retarded in its course, or would not be produced at all. In two or three days afterwards I was called in a great hurry to see this patient. I found her in bed very much alarmed, suffering intense pain in the loins. On the third day an eruption appeared, which in two days assumed a somewhat livid aspect, the throat at the same time being highly inflamed, and so constricted that it was with the greatest difficulty she could swallow even fluids. She likewise aborted, and had considerable hæmorrhage afterwards. On inspecting the eruption on the vaccinated arm, I discovered two genuine vaccine vesicles, such as you would expect to see from primary vaccination; this was about the twelfth day after the insertion of the lymph. I was certainly surprised and somewhat dismayed at seeing the worst form of variolous disease occur simultaneously with that of the vaccinia; suffice it to say, this poor woman died after an illness of six days.

"It will be proper to remark that her mother was just recovering from small-pox, and, when the eruption was just appearing, was delivered of a fine child, which I vaccinated on the fifth day after birth, and who, to my great satisfaction, escaped the variolous disease, although constantly at the mother's side or breast.

"My deceased patient, who had a great horror and dread of small-pox, lived about a mile from the parent, and I believe only entered her house once or twice."

Remittent Ophthalmia.

Mr Hancock offers objections in this Lecture to the practice of designating the form of Ophthalmia incident to children as "Scrofulous Ophthalmia." After quoting the opinions of several authors of note to show the universality of the present dogmas, he proceeds to say:

"It is unnecessary to give further opinions than those just quoted; they are quite sufficient to show the leaning of authors to view the disease in question as depending upon or being connected with scrofula. Let us now inquire how far these opinions are tenable, and with what justice we are to condemn those who labour simply under this affection of the eyes to the imputation of having a scrofulous constitution. Great as are the authors who promulgate such opinions, I must confess they have not convinced me of the correctness of their views with respect to the disease in question—viz., that described by authors under the titles 'Strumous, Scrofulous, or Phlyctenular Ophthalmia.' I believe it to be an affection simple in its character, depending in the generality of instances upon disorder of the digestive organs, influenced by the age of the patient, and presenting a certain type peculiar to diseases of the earlier periods of life; that it is not restricted to scrofulous children in particular, but that it attacks any child, however strong and healthy his previous condition may have been. In giving this opinion, I would guard against its being supposed that I deny the existence of such a disease as scrofulous ophthalmia. I by no means intend to do so. I merely deny that the disease so indiscriminately designated as scrofulous is of a strumous or scrofulous origin, whilst I agree with Jacob that the really strumous or scrofulous ophthalmia is an entirely distinct affection from that under consideration.

"The question, however, must after all be considered in

LONDON:

PUBLISHED AT THE OFFICE, 20 KING WILLIAM S

relation to the light in which we view scrofula itself; whether we regard it as an established fact, a particular virus or poison, an actual morbid product, or as a series of processes leading to certain results, but being equally scrofula whether those results be obtained or not; so in like manner the term scrofulous is subject to the same consideration. Is it to be applied to those symptoms which may be presumed to predispose to the formation of tubercle or the deposit of scrofulous matter? (I do not here offer any observation on the identity between the two.) Or is it to be confined to those cases wherein the symptoms are accompanied or have been preceded by such deposits? Here I entirely agree with the judicious remarks of Dr Glover. (On Scrofula, p. 142.) He observes, 'The question to be decided in the first instance is simply—whether the formation of tubercle constitutes an element of such importance in the pathology of these diseases, as to require the existence or non-existence of this structure to be taken for a distinctive sign? And here a due consideration of the subject must lead to an answer in the affirmative. No matter, then, how nearly an affection may approach the strumous character, unless there be tubercular or scrofulous matter formed, or an evident tendency to its formation, checked, perhaps, by treatment, the disease is not scrofula.' I would even go beyond this point; I would submit that the mere presence of tubercle in combination with another affection, does not, *per se*, entitle such a disease to the generic term scrofulous. If we find such symptoms or affection capable of independent origin in individuals of healthy formation or constitution, such symptoms or affection ought to have an independent and distinctive appellation, no matter whether they attack those with scrofulous changes of structure, or those without. We are not justified in asserting that a disease is scrofulous, merely because it is characterized by certain symptoms supposed to precede or lead to the deposit of tubercle, if those symptoms are capable of inducing other results, or of being arrested or removed altogether, without such tubercle being developed, and for this reason we cannot agree with those writers who regard this form of ophthalmia as a sign, *per se*, of the scrofulous diathesis, and who, consequently, assert 'that it is sometimes the first manifestation of that condition of constitution.' If this form of ophthalmia be so dependent upon scrofula, how is it that its attacks are so restricted by age?—how is it that it does not proceed, *pari passu*, with that disease? We rarely meet with the so-called strumous ophthalmia after the age of twenty, whilst the very large majority occur in children under ten. Scrofula does not limit itself to these periods of life, and how very rarely does this affection of the eye accompany the most confirmed of all scrofulous diseases, phthisis pulmonalis. If the relation between the two diseases were so intimate as is insisted upon by the generality of authors, we have every right to infer that they would prevail at the same epochs, that the one would not be confined to the first fifteen or twenty years of life, whilst the other, upon which it is said to depend for existence, is bounded by no such limits, still less would we expect such complete immunity from the ophthalmic affection as obtains in phthisis, where the scrofulous development may be said to have attained its climax. At peculiar ages there are peculiar conditions of constitution; at the period of childhood, whether the process of development going on requires or produces excited action, or whether full vigour is not as yet attained, a condition of excitement, debility, and irritation obtains, which more or less influences and controls the affections to which children are liable, whether of the eye or elsewhere. We should not confound this condition, which is the common lot of all, with a specific disease, as is virtually done by designating these cases 'scrofulous ophthalmia;' if so, we do neither more nor less than declare that scrofula is inherent in the constitution of all, and that no one is free from its taint. Those diseases of the eye whose origin can fairly be traced to scrofula, presenting symptoms and appearances peculiar to themselves, ought to be called 'scrofulous ophthalmia,' in the same way that we designate particular affections of the iris, syphilitic, or rheumatic iritis; but we ought to be careful not to apply a term of specific signification to a disease of a general character, as by so doing we mislead and do mischief, since specific diseases are too frequently treated according to their designations rather than to their actual characters and symptoms. Here we have an inflammation of the eye; it attacks children of all conditions, whether scrofulous or otherwise; it is subject to the same influences or peculiarities attending other diseases of childhood, to which I have already alluded. We are told that ninety out of every hundred diseases of the eye at that period of life are of this character, and that every inflammation of the eye in early life, however caused, is prone to assume this type; and therefore the question resolves itself into this: that that form of ophthalmia usually regarded and described as scrofulous, is not a disease caused by, and depending upon the morbid taint of scrofula, but simply an inflammation of the eye occurring at a particular age, partaking of the peculiar characteristics of diseases of that age, assuming a general form or type, but capable of modification according to the peculiarities of the patient. It is surely better to consider this disease simply as the ophthalmia of childhood; and from its general characteristics, and the affinity which it bears to the remittent fever of childhood, I would propose for the future to designate it 'remittent ophthalmia,' as giving a more correct definition of the disease, and leading to a sounder and more judicious mode of treatment; and I shall consequently adopt this term in my subsequent remarks. In all cases the principal diagnostics of remittent fever are present, more urgent and marked in some cases than in others, but in all they may more or less be traced if due attention be paid to the matter. The remissions of severity; the increase of fever and heat towards night; the subsidence thereof, and accession of perspiration; the eruption about the nose and corners of the mouth; picking the nose and lips; rubbing the eyes; the fœtid, sour, and disagreeable breath; the strawberry tongue, covered with moist fur; the tumid, hard, and swollen belly; irregular state of the bowels, sometimes constipated, at others relaxed; the evacuations, sometimes clay-coloured, at others dark, slimy, and nearly always offensive; the tendency to eruptions over the face, head, and body, may alike be traced in the ophthalmic affection as in the remittent fever; and if we would carry out analogy further, we may refer to the phlyctenæ and ulceration of the cornea and conjunctiva as analogous to the inflammation and ulceration of Peyer's glands of the intestines."

(From the 'Medical Times and Gazette,' May 21, 1853.)

Tracheotomy in a Case of Croup Successful.

Mr Wm. Craig, of Ayr, relates this case. The usual antiphlogistic remedies having been employed without a beneficial result, it was resolved to have recourse to tracheotomy.

"The boy was seated on the knee of an assistant. A free incision of fully two inches in length was then made, without losing a drachm of blood; and every drop was removed before opening the trachea. It was opened to the extent of an inch fully, and the incision was at the same time carried through the false membrane. Immediately on the opening being made, the membrane was seen vibrating in the trachea, and a violent expiratory effort caused a large portion of it to be forced out; and the patient was immediately and completely relieved. The larger portion of the membrane thus ejected was about two inches in length, and, at its greatest breadth, was fully an inch and a quarter. There were two small fragments thrown out at the same time, which, when added to the largest piece, made it of a uniform length and width. It was fully a line in thickness, and, in tenacity, it somewhat resembled that of an orange skin.

"For a number of hours after the operation, there was little cough and no expectoration; but there was a considerable discharge for some time after this, without any bronchial or other pulmonary irritation which could be discovered to account for it. The discharge might, in my opinion, be supplied for the most part by the solution of that portion of the membrane which lined the trachea between the glottis

and the opening. On the third day after the operation the tube was found more than usually obstructed; and, on removing it, a portion of thin, membranous matter was flapping in the wound. Part of this was forced out by the expiratory efforts; and another portion adhered so firmly, that some force was necessary to separate it from the attachment it had with the inner surface of the trachea above the wound. This was evidently that portion of the false membrane which filled the trachea between the glottis and the upper part of the wound. A portion of it had a distinct tubular form; but it was remarkably attenuated, having rapidly dissolved after the opening through the trachea had been effected. In the course of eight days after the operation, the natural air passage had become so clear that the tube was removed, and the respiration was established in its natural course. There was a partial return of the croupy cough on the 22nd of April; but it became speedily better, and he has since continued to progress most satisfactorily, and is now nearly well, and the wound in the neck is now cicatrised. There was some suspicion that this attack was connected with scarlatina, as a younger sister of our little patient died in the same house from a severe attack of fever, accompanied by the species of sore throat peculiar to this affection. What, in addition, gave countenance to this apprehension, was the desquamation, to some extent, of the cuticle, from the anterior part of the chest; but this might have depended exclusively on an erysipelatous condition of the skin around the incision, and extending down the anterior part of the chest, a few days after the operation. The age of the patient, and the uncomplicated condition of the complaint—there was no pulmonary affection—were very encouraging circumstances in this case. Another circumstance which, in my opinion, promoted a favourable result, was the free opening in the trachea, as a strong expiratory current was permitted, which forced out the whole of the false membrane which was situated below the incision. The false membrane reached about an inch below the lowest point of the incision, very near the bronchial bifurcation. Some authors mention, that there is no prospect of success if the membrane extend below the point chosen for incision.

"I do not consider that the question of tracheotomy should be delayed till the leaden hue of the countenance and purpled colour of the lips evince to what extent the vitiation of the circulating fluid has advanced. The hopelessness of the case can be easily prognosed before the affection has advanced so far; and if an earlier period were generally chosen, there would, in all probability, be less chance of the extension of the false membrane into the bronchial tubes. It would have been hopeless to have expected the expulsion of the false membrane through the glottis, when, even in the attenuated condition in which the last portion came away, it required considerable traction with forceps to separate, or, rather, tear it from its adhesion to the inner surface of the trachea. Though the membrane had been loose in the trachea, such a mass coming up through the glottis with diminished expiratory efforts to force it through would inevitably have produced suffocation. Although the lower edge of the membrane was unattached to the walls of the trachea, it was firmly connected with the upper part, as was evinced by the strong adhesion of the attenuated portion that came last away.

"The greatest number of authors who write on this disease consider tracheotomy as a hopeless expedient to save patients labouring under this formidable malady. If one can be saved out of ten, or even a much smaller exceptional proportion, I see no good grounds to withhold from a little sufferer the only chance which he has of being snatched from the jaws of death."

(From the 'Medical Times and Gazette,' May 28, 1853.)

Cases in which Pus is found in the Urine, and Gout as it affects the Bladder.

With respect to Gout in the Bladder, the learned lecturer, Dr Todd, commenting upon a case, says:

"This case leads me to make some remarks on the occurrence of gout in the bladder, and to describe to you some of the various forms in which it affects this organ. These remarks apply especially to what I have myself observed in cases which from time to time have been brought under my notice. Gout appears to me to manifest itself in the bladder in four different ways.

"1st. It manifests itself as a distinct and very obvious inflammatory affection; so that I imagine, in these cases, the mucous membrane of the bladder would be found red and inflamed, presenting, indeed, the ordinary appearance of a mucous membrane in a state of inflammation. This condition must, however, be distinguished from inflammation of the bladder, occurring from other causes, and unconnected with any specific inflammation. Gouty inflammation of the bladder is an analogous affection to gouty inflammation of the lungs, gouty bronchitis, or gouty pneumonia and gouty inflammation of the stomach. In cases of this kind there is a great tendency to the secretion of pus by the mucous membrane of the bladder. If there be any difficulty in the free evacuation of the pus, the urine becomes alkaline, from the retention of a small quantity of the secretion, and the subsequent decomposition of the urea; the highly alkaline urine, in its turn, keeps up the irritability of the bladder, and promotes the secretion of more pus. In this way either a weak or paralytic state of bladder, or an enlarged prostate, or a stricture in the urethra may stand in the way of the complete restoration of this organ to its healthy functions.

"2ndly. Gouty inflammation attacks the bladder in a different manner to that last described, so as to produce incontinence of urine. A gouty man becomes troubled with incontinence of urine, and we find that this incontinence depends upon a highly irritable state of the mucous membrane of the bladder, and a consequent inability of that organ to retain the urine, and not upon a paralytic state of the sphincter vesicæ muscle. In this form, the sensibility of the mucous membrane is very much exalted, and the bladder becomes intolerant of the presence of the smallest quantity of urine, so that the evacuation of its contents is constantly taking place at short intervals. The prominent symptom, then, in such cases, is frequent micturition of small quantities of urine, the urine being pale, acid, devoid of mucus or pus; sometimes, it may be, albuminous, owing to the existence of gouty disease of the kidneys.

"It is difficult to define the exact pathological condition of the mucous membrane of the bladder in this affection. It is an irritable rather than an inflammatory state,—a condition in which the sensibility of the mucous membrane of the bladder is greatly exalted, owing to the influence of the gouty poison, which seems capable of irritating the bladder as cantharidine does. The cases in which it is apt to occur are generally in elderly persons, whose systems seem thoroughly imbued with gout, and in whom deposits exist in the joints, or the tendinous sheaths, or in the arteries. It occurs in old persons, and often accompanies enlargement of the prostate gland. Sir Benjamin Brodie describes cases which, I suspect, are of this nature, the primary cause of the symptoms being gout. He says, 'An elderly man complains of frequent attacks of giddiness. Sometimes, in walking, his head turns round, so that he is in danger of falling; and this symptom, probably, arises from an altered structure of the arteries of the brain, causing an imperfect state of the cerebral circulation. This state of things is sometimes attended with an irritable condition of the bladder, and, although the urine is of a healthy quality, and the bladder itself is free from disease, the patient is tormented with a constant micturition, voiding his urine without pain, but at short intervals, and in small quantity.'

"3rdly. A third class of cases exhibits a condition opposite to that which I have just described, in which, instead of the patient being unable to retain even a small quantity of urine in his bladder, he is suddenly or rapidly affected with an inability to pass water, and the bladder becomes distended in consequence, causing great pain and suffering. The essential difference between these two conditions, consists in this, that in the former case the mucous membrane is rendered

LONDON:

PUBLISHED AT THE OFFICE, 20 KING WILLIAM ST

highly irritable by the gouty poison, and kept so by some irritating quality of the urine; but in the latter case the muscular coat is the seat of the affection. There is ample evidence to show, that muscles may be attacked by the rheumatic or by the gouty poison. Thus, in subjects of gouty diathesis, it is not uncommon to meet with sudden and severe affections of external muscles, accompanied with constitutional disturbance similar to that of acute gout. I am just now attending a nobleman in whom very decided constitutional disturbance, accompanied by distressing intermission of the heart's action, preceded for some time the sudden appearance of a very painful inflammatory affection of the same portion of the gastrocnemius muscle on each side, which came on in the sudden way in which gout is apt to do. Lumbago is an instance of gouty affection of muscles. The intercostal muscles are often similarly attacked, giving rise to a most painful affection, which occasionally ends in pleurisy, or even pleuro-pneumony. Just in the same way gout may attack the muscular fibres of the bladder, stomach, or colon; and in the cases of retention of urine such as I am describing, it affects the muscular coat of the bladder so as to paralyse it, in a manner analogous to that in which the active principle of belladonna may affect the muscular fibres of the iris, and cause a dilated, immovable pupil.

"4thly. Gout attacks the bladder, in some cases, as follows, (and I take my remarks on this head from a case which actually came under my notice:)—A gouty man indulges more freely in the delicacies of the table than he is usually wont to do; perhaps he is guilty of some discretion in what he partakes, eating cheese or some other indigestible matter which disagrees with him, and, before he goes to bed, he is suddenly seized with violent pain in the region of the bladder, which in some cases lasts an hour, but in others continues to torment the patient for two or three hours, preventing him from sleeping, and often producing great distress. This condition is usually relieved by free counter-irritation and the administration of alkalies."

Dr Todd then considers the treatment, advising counter-irritation by mustard and ammonia, abstaining from cantharides and turpentine. He recommends also an opiate liniment to relieve pain. With respect to antiphlogistic measures he remarks:

"With reference to the treatment of all cases of gout, where the disease is apt to attack internal organs, I may give you this practical hint, and I strongly advise you to bear it in mind whenever you may be called upon to treat gout of this nature. It is this, that these cases are of an asthenic character, and do not bear depletory measures; so that if you find a patient labouring under gout of the stomach, or gout affecting the bladder, you must not think of applying leeches, and employing the treatment which would be applicable to other forms of inflammation of these organs; for the abstraction even of so small a quantity of blood as would be taken by the application of a few leeches might do the patient serious mischief, and cause prostration from which he might never rally. On this point Sir Benjamin Brodie has expressed a similar opinion; for he lays it down, that antiphlogistic treatment is inapplicable to that particular form of inflammation of the bladder which is of a gouty origin. With regard to the exhibition of colchicum, I am of opinion, that, in many cases, it is inadmissible, and, in all, it should be given with great caution and circumspection; for this so-called specific is certainly very depressing in its influence, and therefore unsuitable to cases which partake of the asthenic character.

"The treatment which, in my experience, has been most beneficial for gout, when it attacks any of the hollow viscera, consists in employing free counter-irritation,—keeping up a moderate action of the bowels,—paying attention to the functions of the skin, and promoting the action of this great secreting surface by the exhibition of sudorifics. Provided the urine be not alkaline, the administration of alkalies will be found of service, and opium is employed with great advantage for allaying the irritability of the affected organ, which is often productive of great distress to the patient."

The following is Dr Todd's summary of the sources of pus in the urine:

"I have now directed your attention to the cases most likely to come before you, in which a large quantity of pus appears in the urine. They may be classified thus:—

"1. Cases of affection of the bladder in which the pus is secreted from the mucous membrane of the organ.

"2. Cases in which the pus is secreted from the mucous membrane of the pelvis of the kidney,—cases of pyelitis.

"3. Cases in which the pus comes from the substance of the kidney itself, in consequence of the existence of abscess. To these may be added, cases in which pus comes from the ureter; but this is an affection seldom isolated from pyelitis, or from inflammation of the mucous membrane of the bladder."

CONTENTS OF THE MEDICAL JOURNALS.

Lancet.—(No. XXII. Vol. I. May 28, 1853.)—Mr Henry Hancock's Lectures on Remittent Ophthalmia, or those Diseases of the Eye of Children commonly designated "Strumous Ophthalmia;" delivered at the Royal Westminster Ophthalmic Hospital. Dr W. J. Cummins on the Yellow Fever in the West Indies. Mr W. Martin Coates's Observations on Chloroform and its Administration. Mr J. Clarke's Report of a Case of Vaccinia and Variola, occurring simultaneously. Dr Charles Edwards's Practical Observations on Tracheotomy above the Thyroid Isthmus. (With Engravings.) Dr F. J. Brown on Lotions and Medicated Poultices in Phlegmonous and Erysipelatous Inflammations, and especially in Paronychia.——HOSPITAL REPORTS.—St George's Hospital: Stone in the Female Bladder, the Nucleus being a Hair-pin; Incision, Dilatation, and Extraction; Recovery. Stone in the Bladder; Lithotrity; Recovery. Guy's Hospital: Vesical Calculus in a little Girl; Treatment by Incision, Dilatation, and Extraction. St Bartholomew's Hospital: Fracture of the Femur in the last week of Gestation; Favourable Parturition; Rapid Union of the Fragments during Lactation. Westminster Hospital: Amputation at the Shoulder-joint.——REVIEWS.—On Leucocythemia, or White-Cell Blood, in Relation to the Physiology and Pathology of the Lymphatic Glandular System. By John Hughes Bennet, M.D.——LEADING ARTICLES.—The Incorporation of the Graduates of the University of London: The Present Position assumed by the Senate in reference to this Question. The College of Physicians and the Licentiates Extra-Urbem. The Humbug and Folly of Gratuitous Medical Services. Cary *versus* Napier: Anomalous State of Medical Law.——MEDICAL SOCIETIES.—Medical Society of London: Purulent Infection; Discoloration of the Hair. London Medical Reform Committee.

Medical Times and Gazette. — (No. CLII. May 28, 1853.)—ORIGINAL LECTURES.—Dr Robert B. Todd's Clinical Lecture on Cases in which Pus is found in the Urine, and Gout as it Affects the Bladder; delivered at King's College Hospital. Dr A. W. Hofmann's Course of Lectures (VIII) on Organic Chemistry; delivered in the Laboratory of the Royal Institution of Great Britain. Dr Boon Hayes Lectures (VIII) on Histological Anatomy and Microscopical Manipulation.——ORIGINAL COMMUNICATIONS.—Dr Barclay on a Case of Severe Chorea. Mr James Yearsley: Ought the Enlarged Tonsil or the Elongated Uvula to be Excised in the Treatment of Deafness?——HOSPITAL REPORTS.—King's College Hospital: Cases of Acute Renal Dropsy. St Bartholomew's Hospital: Melanosis of the Skin of the Back. (With an Engraving.) Guy's Hospital: Reduction of a Scrotal Hernia which had been for nearly Six Months Irreducible. The London Hospital: Ulceration of the Duodenum occurring after a Severe Burn. List of Scientific Meetings.——EDITORIAL ARTICLES.—Out-patients in the London Hospitals. Bethlem Hospital. Cancer Hospitals and their Advertisements. Boons to Medical Men in the Public Service. The New Medical Reform Bill, and the National Institute of Medicine, Surgery, and Midwifery. ——REVIEWS.—The Treatment of Obstinate Ulcers and Cutaneous Eruptions on the Leg, without Confinement. By H. T. Chapman, F.R.C.S. On the Application and Effect of Electricity and Galvanism in the Treatment of Cancerous, Nervous, Rheumatic, and other Affections. By R. M. Lawrance, M.A., M.D. A Clinical Phrase-book, in English

and German. By M. Johns, M.D. The Medication of the Larynx and Trachea. By S. Scott Alison, M.D.——REPORTS OF SOCIETIES.—Epidemiological Society: On the Comparative Mortality of Large Towns and Rural Districts. Manchester Medico-Ethical Association and the Vaccination Extension Bill.

Association Medical Journal.—(No. XXI. May 27, 1853.)—LEADING ARTICLES.—The Progress of Medical Reform. Pre-Raffaelitism and Medical Art. Her Majesty's Accouchement: Chloroform.——ORIGINAL COMMUNICATIONS.—Dr E. H. Sieveking's Illustrations of Tubercle. Mr J. A. Hingeston on Revaccination.——BIBLIOGRAPHICAL NOTICES.—Cooper (White): On Near Sight, Aged Sight, Impaired Vision, and the means of Assisting Sight. Gluge and Leidy: Atlas of Pathological Histology. Pulszky: White, Red, and Black. Spicer: Sights and Sounds. Traverse Oldfield: To Daimonion.——PERISCOPIC REVIEW.—Practice of Medicine and Pathology: Spasmodic Asthma; Treatment of Eczema.—Case of Dipsosis Avens successfully treated. Surgery: Cystic Sarcoma of the Mamma removed by Operation: Entrance of Air into the Saphena Vein during the Removal of a Tumour connected with the Sartorius Muscle; Case of Excision of Head of the Femur. Midwifery and Diseases of Women: Dr G. Hamilton on the Use of the Forceps in Tedious Labours: Ulceration of the Cervix Uteri treated by the Application of Collodion; Dry Cupping a Substitute for Ergot; Litzmann on Ovarian Tumours as a Cause of Difficult Labour.——ASSOCIATION INTELLIGENCE.—The Anniversary Meeting at Swansea.

Dublin Medical Press.—(No. DCCLI. Vol. XXIX. May 25, 1853.)—ORIGINAL COMMUNICATIONS.—Mr H. Freke on the Pathology of Inflammation and Fever: Fever.——TRANSLATIONS FROM FOREIGN JOURNALS.—M. Lallemand on the Coagulation of Blood in Arteries by means of Solution of Perchloride of Iron: Aneurism of the Suborbital Artery Cured by this means.——SELECTIONS FROM MEDICAL JOURNALS.—Dr F. Churchill on Intestinal Irritation in Childbed. Mr Fergusson on Excision of the Knee-joint: Fatal termination of the Case. Dr John Doe's Mode of Reducing Dislocation of the Thumb.——LEADING ARTICLES.—Leader. Medical Life in London. A Warning to Dispensary Surgeons. English Medical Reform: Deputation to Lord Aberdeen. Exemption of Scotland from the Evil of Coroners' Inquests.

BOOKS RECEIVED FOR REVIEW.

The Medication of the Larynx and Trachea. By S. Scott Alison, M.D. London: John Churchill.

History of St Mary's Hospital, and Report for the Year 1852.

WESTERN DISPENSARY FOR DISEASES OF THE SKIN, 21A CHARLOTTE STREET, FITZROY SQUARE.—A meeting of the subscribers and friends of this charity was held on Tuesday, the 24th of May, at the rooms of the Dispensary; the Rev. Canon Dale, the President of the institution, in the chair. The report stated, that during the eighteen months' existence of the Dispensary a large amount of good had been effected; that although chronic cutaneous diseases are often found incurable, yet, out of 442 patients admitted, 192 had already been discharged cured, 44 benefited, and "the remainder, with very few exceptions, advancing as rapidly towards recovery as is possible under the chronic character and protracted duration of the disease." Not one case had been discharged as incurable. The medical gentlemen present spoke in strong terms of satisfaction at this gratifying result, and complimented Mr Hunt, the surgeon to the institution, for his perseverance and success in the treatment of these refractory and tormenting diseases. We regret to add that the report stated that the finances were very low, and that the assistance of the charitable was much needed for the support of an institution which bids fair for the improvement of a much-neglected branch of medical science.

A SLIGHT SHOCK OF EARTHQUAKE was experienced in different parts of Washington, U.S., on the 3rd ult.

Hospital Reports.

ST GEORGE'S HOSPITAL.

Stone in the Female Bladder, the Nucleus being a Hair-pin; Incision, Dilatation, and Extraction: Recovery.

(Under the care of Mr HAWKINS.)

Ann S——, aged seventeen years, was admitted Jan. 5, 1853, under the care of Mr Hawkins. Four years before admission the patient ran a hair-pin into her bladder; this produced pain, inability to retain the urine for the usual time, and a deposit in the latter fluid. Attempts were made shortly after the occurrence, and again after the lapse of some weeks, to extract the foreign body, which attempts were, however, not successful. She became incapable of moving about much from pain in the bladder, the urine was passed very frequently, the thighs became excoriated, and the patient was thrown into a state of great distress, the catamenia not having appeared since the accident.

On admission the urine was found to be offensive, and it contained a large quantity of ropy mucus, but no blood. It came away involuntarily for the first day after her arrival, but not afterwards, though the patient was obliged to pass it very frequently. Menstruation set in on the second day after admission. When the sound was introduced, a foreign body, not easily movable, was felt in the bladder. The girl was given cooling and sedative medicines, and she continued for the next few days in much the same state; the urine was alkaline, contained a small quantity of pus, was passed very often, but never stopped suddenly during micturition.

Jan. 15, 1853.—Ten days after admission, chloroform being administered, the patient was put in the usual position for lithotomy. Mr Hawkins incised the anterior and upper walls of the urethra to a slight extent with a bistouri caché, care being taken that the incision did not extend too far backwards; the urethra was then gradually dilated by means of the usual instrument and the finger, till the forceps would pass; the foreign body was then easily seized, but broke down at once under slight pressure. Several pieces of phosphatic deposit were extracted with the forceps, scoop, &c., and at last the hair-pin was felt, but great difficulty was experienced in raising its points from the lower walls of the bladder in which they were imbedded. This was at last accomplished, the pin breaking at its bend during extraction. Some more pieces of sabulous matter (composed apparently of triple phosphate with phosphate of lime) were removed, and the bladder washed out. It was not thought prudent to extract all the fragments, and as the pieces were small, it was hoped that they would pass down the urethra.

For the next two days the patient complained of much tenderness and pain in the abdomen, but a good deal of phosphatic matter was voided, one piece showing a groove marked on it by the hair-pin. The girl had no unfavourable symptoms after this, and in a few days she could retain her water for six hours. She was sounded twice before leaving the hospital, and no more fragments could be felt. The patient was discharged Feb. 23, 1853, forty-eight days after admission, the urine was perfectly natural, but she could not retain it (apparently in consequence of the irritability of the bladder) for more than three hours, except at night, when the urine would stay much longer.

ST BARTHOLOMEW'S HOSPITAL.

Fracture of the Femur in the last week of Gestation; Favourable Parturition; Rapid Union of the Fragments during Lactation.

(Under the care of Mr STANLEY.)

All practitioners are aware of the trying and unfavourable circumstances under which parturition sometimes takes place, and how anxiously, as it were, nature is watching over the offspring so wonderfully and mysteriously elaborated. Pregnant women have met with very serious acci-

LONDON:

PUBLISHED AT THE OFFICE, 20 KING WILLIAM ST

dents in which the gravid uterus has escaped unhurt; and even when the latter has suffered injury, the fœtus, protected by the amniotic fluid, has been known to remain sound. Indeed it seems that a bad state of health in either of the parents is more injurious to the child than many of the accidents which would seem at first sight to place its life in the most imminent danger.

In the case before us the mother had a severe fall in the last week of gestation; she broke her thigh-bone, but nevertheless gave birth to a healthy child without untoward symptoms, and union took place in a comparatively short time—while she was suckling. We should here state that we pretty frequently see in the surgical wards of the hospitals women who have met with fracture during lactation, and that, as a general rule, union is obtained in about the same time as with other patients, in spite of the drain inseparable from the suckling of a child. One cause of this phenomenon may be that women so situated often take a larger amount of nourishment than in ordinary circumstances.

Anne M——, aged twenty-two, was admitted Dec. 24, 1852, under the care of Mr Stanley. On the day of her admission she was in the ninth month of gestation, and on slipping over an orange peel she fell and fractured the lower third of the femur. This same femur had been fractured nine years previously, and the present fracture had taken place on the same spot where the first was situated. On attempting to rise she was unable to stand, and nothing could persuade the police constable, who had come to her assistance, but that she was inebriated. He would not take her to her own house, handled her very roughly, and finally left her on the pavement as a favour. Mistakes of this kind should be guarded against, especially in times of festivity, for this woman might easily have been conveyed to the station-house, and there left all night with a broken limb. Her sister had her placed into a cab, and very properly took her to this hospital.

The leg was put up in the ordinary manner, with the exception that the side splint was not so long as usual, and that more support was given to the back of the leg. The patient went on very well for the next two days, and on Jan. 11, 1853, eighteen days after admission, she was delivered of a little boy.

The labour lasted eight hours, during which time the dorsal decubitus was not disturbed. Everything went on well, and the placenta was extruded in about half an hour. The patient began at once to suckle her baby, and progressed as well as the circumstances would allow. On the twenty-third day after delivery the long splint was removed, union being almost complete. No untoward symptoms occurred, and the woman was discharged with a firm limb, Feb. 16, 1853, forty days after the accident, and twenty-five after the birth of the child.

GUY'S HOSPITAL.

Reduction of a Scrotal Hernia which had been for nearly Six Months irreducible.

(Under the care of Mr HILTON.)

On April 23, 1853, Alfred Kemp, aged 24, a farm labourer, was admitted on account of a large scrotal hernia, which had, for nearly six months, baffled the persevering attempts at reduction made by his medical attendants. He stated that for two years he had been subject to a small swelling in the groin, but that it had never occasioned any trouble until about six months ago, when, during an effort at lifting, it suddenly increased in size, and passed down into the scrotum. Immediately afterwards he suffered severe pain, with sense of dragging in the abdomen and back, but no symptoms of strangulated bowel manifested themselves either then or since. The inconvenience which it had occasioned him had, however, quite prevented him from attempting to resume his work. The treatment pursued in the country had consisted in the exhibition of purgatives and of mercurials, with partial confinement to bed. Cold had also been applied to the tumour. On examination, there was found in the left scrotum a large, movable, irregularly nodulated mass (omentum), which was soft, flaccid, and free from tenderness. Nothing like intestine could be felt. The neck of the tumour at the external abdominal ring appeared to be tightly constricted. The bowels were ascertained to have acted regularly each day. Having made careful and persevering, but ineffectual attempts to effect the reduction of the tumour, Mr Hilton directed—1st, That the man should observe an undeviatingly recumbent posture. 2ndly, That he should have solid food, with not more than half-a-pint of fluid in twenty-four hours. 3rdly, That a bladder of ice should be kept constantly applied to the scrotum, the latter being elevated on a cushion placed between the thighs. 4thly, That a draught, containing sulphate of magnesia and colchicum wine should be administered three times daily. Mr Hilton remarked, to those present, that to a young man who had to earn his livelihood by hard labour, it was a matter of very great importance to be relieved, if possible, of such an affection as the present, which, apart from the inconvenience necessarily attendant on its bulk, would perpetuate a liability to the occurrence of strangulation. He pointed out that the important obstacle to reduction was probably offered by the loaded condition of the blood-vessels of the protruded part, and that, consequently, the indications for treatment were—1st, To decrease the quantity of the circulating medium generally, as far as might be done without unduly depressing the vital powers; and, 2ndly, by local means to constringe and unload the congested vessels of the incarcerated omentum. The one was to be accomplished by purgation, diuresis, and abstinence from fluids; the other, by the recumbent posture and the application of pressure and of cold. With respect to the last-mentioned agent, Mr Hilton further remarked that, in the case of tumours within the scrotum, the use of cold, by exciting constant and powerful contraction of the dartos, insured the application of the best and most uniform kind of pressure which could possibly be exerted. The effect of purgation was also extremely valuable, since not only did it unload the vascular system generally, but that part of it especially involved in the existing lesion, the omental veins being, with those of the intestines, tributary to the vena porta. It was just possible, also, that by keeping the stomach and transverse colon comparatively empty, the contractions of those organs, to both of which the omentum is attached, might exert some little influence in tending to drag upwards into the abdominal cavity the displaced portion of omentum. To return to our case. After the aforementioned treatment had been rigidly pursued for a few days, it was noticed that the man's belly had lost its rounded contour, and become pinched in and narrow; the tumour, also, had diminished in size, and felt soft and loose, having lost its plump and definite form. The bowels had been very freely purged.

On the 28th, Mr Hilton again examined the tumour, and, with very slight pressure, succeeded in passing it up into the abdomen.

On the 30th the man was discharged, quite free from all the inconveniences of his complaint; and, wearing an efficient truss, the hernia had not again protruded.

NOBLEMEN'S VALETS AND ASSISTANT-SURGEONS IN THE NAVY.—When Lord Ellesmere was embarking on board the Leander, to proceed to New York, recently, his Lordship's valet discovered that no accommodation better than a hammock had been provided for him. "Jeames" made such a disturbance that the commander-in-chief was told of the matter, and the vessel was detained until a cabin was built for his valetship. Had an assistant-surgeon (says the 'Civil Service Gazette') made such a complaint, he would have been considered insane.

NOTICE.

In consequence of press of matter, an article on the "ANATOMY OF QUACKERY" is unavoidably postponed to our next number.—ED. 'MED. CIR.'

An Epitome of Toxicology,

DESIGNED FOR THE BUSY PRACTITIONER AND ANALYTICAL CHEMIST.

(COMPILED FROM THE LATEST AUTHORITIES EXPRESSLY FOR THIS WORK.)

(*Continued from p.* 407.)

The CHANGES WHICH POISONS UNDERGO IN THE LIVING BODY have long been matters of consideration and research. These changes depend on the chemical and physical forces that are called into operation by contact between the foreign substance and the tissues, or by the action of the organism, to which we have already referred. Variations of temperature, the quantity of the deleterious body present, the relative vitality or energy of the system, and fluctuations in the respiratory process, the circulation of the blood, &c., are circumstances which modify this action, and the degree and rapidity of these changes.* Many substances, which are not deleterious so long as the integrity of their composition is maintained, are thus converted into poisons by suffering decomposition, or by entering into new combinations, forming new compounds. Such is the case with Acetate of lead, (Sugar of lead,) of which considerable doses may be borne, if its administration be accompanied with a sufficient quantity of acetic acid to prevent gastro-intestinal decomposition, but which is otherwise converted into the poisonous carbonate of lead, (White lead,) either by the decomposition of its own acid, or by its base combining with the carbonic acid it meets with in the system. Other substances which, whilst in the solid state, owing to their insolubility, are comparatively inert, become active poisons by meeting with a solvent in the fluids of the body. On the other hand, some substances which enter the circulation as soluble and non-deleterious compounds, form new combinations in the blood, and become insoluble, in which state they act as mechanical irritants and poisons, by accumulating in the capillaries, and producing organic chages. The artificial production of changes of the composition and physical character of bodies in the living system, will be referred to when we come to treat of the subject of chemical antidotes to poisons.

Some poisonous substances suffer little or no change in the organism, and are thrown off unchanged from the system. This is the case with Chloride of Barium, Nitrate of Potash, &c. There are several other substances, as powdered glass, enamel, &c., that pass through the primæ viæ unchanged, and whose primary action, from their insolubility, is that of mechanical irritants only, producing poisoning by the physico-vital changes which ensue therefrom.

The investigations undertaken to ascertain the changes which bodies suffer on their first contact with the organism, have not been either numerous or precise; but the changes which poisons undergo subsequent to their absorption by the system, the parts of the body in which they are localised, the fluids in which they appear, and the state in which they are expelled from the body, and the excreting organs by which this elimination is effected, have formed the subjects of continual and elaborate research. The results of these investigations fully demonstrate the vast importance of actual experiment in this department of Toxicology.

The *changes which bodies undergo on* FIRST *coming into contact with the fluids and tissues of the body* are frequently of a character which greatly modify their chemical properties and physiological effects; and on the new properties thus acquired many of the chemical changes which occur in the system subsequent to their absorption depend. Thus most of the metallic oxides, and the metallic, alkaline, and earthy salts, form new compounds with the albumen, casein, ptyalin, pepsin, or other substances with which they come in contact. The acids combine with bases, and the resulting salts form new combinations with organic matters. The alkalis, alkaline earths, and alkaline and earthy carbonates are decomposed by the acids of the alimentary canal. Chalybeates, and some other metallic preparations, when swallowed, are partly converted into sulphurets, chlorides, &c. Calomel forms a soluble compound in the stomach, and by a new arrangement of its atoms, yields bichloride of mercury, which immediately unites with fresh organic matter. Some liquid substances, as certain aqueous solutions, alcohol, ether, oils, &c., merely mechanically mix with the fluids with which they come into contact, and in that state are absorbed. The same remarks apply to many solid substances which are soluble in the fluids of the body. Substances which are perfectly insoluble are rejected, unchanged, and merely act mechanically during their passage through the body*.

The changes which poisons undergo subsequent to their absorption, and whilst still within the system, form a subject of considerable interest and importance. Our observations for this purpose are directed to the condition in which they are detected in the living tissues, and in the fluids and excretions of the body; and we are assisted by a knowledge of the mutual affinities which exist between the respective substances and the constituents of the organic matter with which they are placed in contact. In some cases, however, "The compounds found in the excretions may have been formed after their constituents were thrown out of the system. Thus the union of oxalic acid with lime, and the formation of the octohedral crystals of oxalate of lime must have taken place after the oxalic acid was secreted by the kidney."†

In our next number, we intend to present the reader with a summary of nearly all that is known in connexion with this part of our subject.

(*To be continued.*)

* See also some remarks at page 308 on some circumstances which obscure or modify the action of poisons.

* It has lately been asserted that *insoluble* substances may be absorbed by the organism. This statement is made on the authority of the experiments of Oesterlen, which are, however, far from conclusive. It appears probable in the supposed cases of absorption referred to, that either the substances are not strictly insoluble, or that their composition or condition undergoes a gradual change from chemical or electro-chemical action being set up, producing a soluble compound. (Vide 'Monthly Jour. of Med. Science,' 1847.)

† Pereira Materia Medica, Vol. I. This is probable, but not so certain as the authority quoted seems to think. The instances are numerous, in which compounds are formed, which under ordinary conditions are insoluble, but which nevertheless continue in solution long after their formation. This property of substances in connexion with precipitation and crystalization is known to every chemist.

HISTORY OF THE MEDICAL PROFESSION

AND ITS INFLUENCE ON PUBLIC HEALTH IN ENGLAND.

BY WILLIAM FARR, ESQ., M.D., F.S.S.

(*Continued from p.* 408.)

The king thought it a duty of his regal office to consult in every way the happiness of the inhabitants of his realm; and therefore to repress the audacity of the wretches who practised medicine from avarice, rather than a good conscience; whence many disadvantages arose to the rude and credulous people. He instituted the College to repress, in the name of public utility, the ignorance and audacity of the evil-doers, by the example of its associates, by the laws, and by its regulations. The college thus constituted of all the physicians in London, had to elect a president annually. The charter gave a common seal, the right to sue and be sued, &c.; and power to hold lands and tenements not exceeding 12*l.* in annual value. No one was to practise in London, nor within seven miles round, unless he had been admitted by the College. This clause gave the College a monopoly; as it enabled it to restrict the number of licensed practitioners. The president and College were to elect four persons annually to have the supervision of all practitioners, and all medicines—*et earum reception' per dictos medicos*—their decision to be enforced by fines and imprisonment.

Before the charter was brought to Parliament, the usual

LONDON:

PUBLISHED AT THE OFFICE, 20 KING WILLIAM [illegible]RAND.

characteristics of the old corporate system betrayed themselves; the six physicians desired to turn the College to account, and usurped the presidency. They prayed no more that the *college* might elect the president annually, but that the *six* may choose *two more* of the community, to be thenceforward called and cleped *elects:* the elects to choose one of themselves annually to be president, and, in the event of death, the survivors to admit a new elect from among the most cunning and expert men of the faculty in London. The new elect to be strictly examined.

No person was henceforth to be suffered to practise physic, in England, until he had been examined by the president and three elects, except he were a graduate of Oxford or Cambridge, who had accomplished all things for his form without any grace.

The 32 Henry VIII, c. 40, (anno 1540), exempted the fellows from keeping watch and ward, from the office of constable, and any other office of the city, as they had been before exempted from the office of jurymen. It gave the right of searching apothecaries' shops, and of destroying bad drugs.

The act 14 and 15 Henry VIII had not the customary *Le Roy le veut* attached to it, and the Chief Justice St John would not admit the patent as a record. This was alleged in a trial 33 Car. II, and, moreover, that Wolsey had received a great sum of money to foist it in among others. The act, however foisted upon Henry VIII, was confirmed by 1 Mary, sess. 2, c. 9, anno 1553; which also enjoined jailers of all prisons, except the Tower, to receive transgressors committed by the College, and to keep them at the prisoners' charge. Magistrates and all officers of justice were commanded to aid the president of the College in the discharge of his duties.

All the licentiates of the College entered the College; they elected the four persons afterwards called censors, who exercised the powers and asserted the privileges of the whole body. The elects only chose the president. In Goddard's case (1660), Wilde argued for the College, that, by the act of Parliament, 14 Henry VIII, there were none but president, elects, and censors; that all the commonalty were *socii;* and that the thirty then chosen were called *socii* by the bye-law, not by the act of Parliament. On this ground the College gained the trial. In the first Pharmacopœia (1618) there is a list headed, *Nomina DD. Collegarum Societatis Medicorum Londinensum, hodie viventium.* H. Atkins, M.D., is president; he is also called physician in ordinary to the king. Theodorus de Mayerne, M.D., regiarum majestatum medicus primarius, is followed by W. Paddy, J. Craig, regii medici ordinarii, and thirty other names without any further distinction. In the third edition (1627) the names are the same as in the first edition, but the seven first are denominated seven of the eight elects. In the fifth edition (1638) the orthography of the names only is altered. Harvey is called *medicus regius juratus;* J. Craig, junior, is *archiater* to Prince Charles. In 1651 the list was revised: after the lapse of thirty-three years seven of the thirty-four remained. The list comprised forty-six names, nine of whom were called *candidates,* including Scarborough, Warton, and S. Collins. In 1662 the names remain literally as in 1651, not having been corrected in the interval. George Ent was president in 1677 and 1678, when fifty-four *names of the fellows* (*sociorum*) *of the Royal College* are enumerated in the Pharmacopœia; and twelve candidates, fifteen honorary fellows, and ten licentiates (permissi).

In Dr Fothergill's case (1770), the College of Physicians asserted that so early as 1555, the faculty was divided by a bye-law into three classes—fellows, candidates, and licentiates, the latter class not being of the commonalty. But it was admitted that the bye-law did not exist in writing; and it is certain that the distinction was not recognised in the Pharmacopœia of 1662. So early as 1552, however, practitioners in the country were examined and *licensed* by the president and three elects, and this probably suggested the application of the principle to London. The founders of the College practised physic, surgery, and pharmacy; they prepared medicines, notwithstanding the existence of the grocers; and the 32 Henry VIII, c. 4, § 3, declared surgery a part of physic, and sanctioned its practice by the fellows; it is therefore evident that they were, in the strict sense of the word, *general practitioners.* They were not consulting physicians; they recognised no right in the apothecary to practise; he was in their eyes a mere druggist; the physician conducted the treatment of the case from the beginning to the termination. The new company first aimed at limiting the number of practitioners. A bye-law fixed the number of licensed fellows in London to twenty; public opinion drove the College to extend the number, and thus defeated to a certain extent the attempted monopoly, which, by making medical advice scarce and almost inaccessible, secured the corporators, however slender their qualifications, high fees and an extensive practice. The heads of the College resolved to retain the government, at least, in the hands of a small number. A bye-law limited the number of members who sat *in comitiis* to thirty; a charter (1633) extended the number to forty. This charter named forty fellows and ten elects: the place of the fellows, like that of the elects, was to be filled up by self-election from "the commonalty or members of the College." This corrupt charter vested all the power in the forty fellows. Charles II expressed his readiness to give his royal assent to any bill based upon the principles of the charter, and the College made a grand attempt to pass a bill which they had prepared; but in the words of Mr Huybert, "a parliamentary committee dismissed the College-men as *re infecta,* and they returned home with a flea in their ear." This did not prevent them from acting, to a certain extent, on the principles of the charter. The commonalty became merely *permissi*—licentiates.

Goodal ('The College of Physicians Vindicated, by C. Goodal, Doctor of Physick, anno 1676'), after stating that none was admitted a candidate until he had practised physic four years, gives from the bye-laws the alleged "reason of not receiving the licentiates into the government of the College." "It is because many practise physick in this city whome we think altogether unfit (inidoneos omnino) to be admitted into the number of fellows or candidates, as being not Englishmen by birth, or not having taken the degree of doctor, or not sufficiently learned, or not of a competent age of gravity, or for other such like causes; yet seeing they may be serviceable to the commonwealth, and procure the health of men, at least in some cures, we do therefore ordain that, after due examination and approbation of the president and censors, they may be permitted to practise (permittantur ad praxin.)" The examinations were three, and "much of the same nature" with those of the candidates; the first turned on anatomy and physiology, the second on pathology, the third on the method of cure.

(To be continued.)

SUCCESS OF THE 'MEDICAL CIRCULAR.'

OUR Friends and Patrons will be gratified to learn, that the success of the 'CIRCULAR' is of that decided kind as to justify our REMOVAL to more commodious Offices, situated in a more public and accessible locality. After the 25th of June, our friends will find us at

No. 128 STRAND,

Directly opposite the Lyceum, and next door to the 'Globe' Newspaper Office.

Biographical Notices.

HUGH CAMPBELL, ESQ.

This gentleman was apprenticed in Belfast, December 1837, to Dr J. D. Marshall, the professor of Materia Medica in the Royal Academical Institution, and also at the same time to Dr J. M. Sanders, Surgeon to the Belfast Hospital, the first operative Surgeon in the North of Ireland, who, had he lived, would have earned a large and lasting reputation. After attending the classes in the Institution and seeing a large amount of hospital practice for a period of four years, Mr Campbell matriculated in 1841 in Trinity College, Dublin, where he continued for two years, attending the lectures of such men as Harrison and Montgomery, and giving a considerable portion of his time and attention to the clinical practice of the Meath Hospital, then the seat of the labours of Crampton, Stokes and Graves. After this period he went to the University of Edinburgh, with the intention of graduating there according to the plan usually adopted by young men in the north of Ireland, who seldom or never continue altogether at one school of medicine, but prefer attending the lectures of eminent men wherever they can find them; and generally have a course in Belfast, then one in Dublin, and spend the last two years of their academical life in Edinburgh or Glasgow, at either of which Universities they take a degree. Edinburgh has heretofore been preferred, from the difficulty of the examination and the greater range of study required, its diploma being more respected in that part of the world where generally the future scene of the candidate's labours will be laid.

Having remained here more than a year, private affairs made it desirable that Mr Campbell should settle in London, and knowing the difficulties the young and friendless physician has to contend with in the great metropolis he abondoned the idea of mere academical honours, and determined to work his way amongst strangers as a general practitioner. He therefore passed the College of Surgeons of England in 1845, and, after devoting nearly one year to continental hospitals and schools, and another to making himself conversant with the details of the system of business as a general practitioner, so different from the usual customs of Ireland or Scotland, he settled in Bedford row. Here he tried hard to work his way into practice, but finding the ground preoccupied, he determined to alter his locality. He then removed to his present neighbourhood, where he has continued ever since, and where, we have reason to believe, he has ample opportunities for applying whatever stores of medical knowledge he may have gathered during his academical career. He resides at Lawford villa, Ball's pond.

J. COLES, ESQ.

This gentleman is well known for the attention he has bestowed on Spinal diseases; being the Founder and late Senior Surgeon to the Hospital for Diseases and Distortions of the Spine, Chest, and Hip-Joints in Newton street. He passed his examinations at the Apothecaries' Society and the College of Surgeons in the year 1825. He is the inventor of what he terms an Orthopœdic Sofa for the treatment of Spinal Affections. In 1845 he published a Work on Spinal Affections and the Prone system of Treatment. He also published in 1850 a Treatise on the Medical virtues of the Alga Marina, a concentrated essence of Sea-weed; and in 1852 on the Tapeworm, its History and Cure by means of the Brayera Anthelmintica, or Kousso. He resides at 26 Edward street, Langham place.

CHARLES COLLAMBELL, ESQ.
FREDERICK COLLICOTT, ESQ.
CHARLES COLLIER, ESQ., F.R.C.P.

(*Vide* 'London Medical Directory,' 1853.)

GEORGE FREDERICK COLLIER, M.D.

Verily, Dr George Frederick Collier, thou deservest chastisement from our editorial rod, but in consideration of thy past good behaviour and thy chivalrous offices in days bygone to various ill-used friends of ours and thine, we will remit the punishment. But how couldst thou, beloved George Frederick, venture to expose thyself to our tender mercies, when thou know'st if it so pleased us we could have turned thee upon our critical wheel or flagellated thee from heel to crown, without the least remorse, and without giving thee the least chance of escape. But thy audacious spirit hath not in vain challenged our generosity; so we will treat thee as Edward the 1st behaved towards the intrepid Saracen who secretly entered his tent to take his life—we will give thee our royal pardon.

When we civilly wrote to thee asking thee for the details of thy singular life, thy sarcastic soul could not suppress the rising jest, so thou replied to us in these words, which, like the important intelligence in a lady's letter, were placed in a postscript.

"P.S.—Dr C. would not even trouble himself to reply, but to avoid the appearance of being intentionally churlish. Of all murders recorded in history, those are the most revolting in which the passive tyrants have urged their victims to suicide, or, so to say, have made them spin their own yarns to hang themselves!"

Oh, George Frederick Collier! thou seemest to prefer a jest to thy life. A wretched substitute, we assure thee; but thou knowest best. There was no need, dear friend, that thou shouldest seek to escape the censure of being *intentionally* churlish, because all the world knows that thou hast the charming facility of being so at any time without intent. Thou art to the manner born, and we admire thee for it, because thou hast wit enough to excuse thy frailty. Thou art not one of those gentlemen with souls all points and angles, that repel every attempt at a cordial good-natured squeeze: thou canst grunt with a euphony; and thou canst even condescend to be funny, though, like neighbour Bruin's hugs, thy jokes are none of the tenderest.

When an explorer wishes to convey an accurate knowledge of a mineral vein, he exhibits a piece of ore as a specimen; so likewise we have presented to the reader a small nugget, illustrative of the vein of humour running in a very zig-zag direction through the cerebrum of Dr Collier. The studies and duties of our profession are of a character so grave and laborious, that we are surprised when we meet with a witty physician; and as Dr Collier's literary exercitations have been for the most part those of translation,—an occupation proverbially dull and spirit-breaking,—we are the more puzzled to account in his case for his possession of the jesting faculty.

"For though the thing be neither rich nor rare,
We wonder how the devil it got there."

Yet there it is, and has been sufficiently often revealed to be pretty generally known among his medical brethren.

Dr Collier is an Irishman, and is distinguished by many of the brilliant qualities that characterise his countrymen. Although his wit is something of the sourest, yet in truth his genius somewhat belies his affections, for he is capable of acting the part of a sincere friend in case of need. When poor Dermott, ever unfortunate, fell into trouble, he generally resorted to Dr Collier, whose counsel and kind services were ever ready to extricate his imprudent friend. In the course of our biographical sketch of Mr Wakley, we quoted a letter from Dr Collier, relating to the death of Dermott, which exhibited the same sarcastic humour manifested by the doctor on all previous occasions of his appearing in print.

Dr Collier passed the Society of Apothecaries in the year 1819, and, as he informs us, was graduating and licensed by the College of Physicians upon twelve terms, and first examination at Magdalen Hall, Oxford. He holds the degree of doctor of medicine from Leyden.

The 'Translation of the London Pharmacopœia' by Dr Collier is well known. The marginal notes and annotations

LONDON:
PUBLISHED AT THE OFFICE, 20 KING WILLIAM

betray the spirit of the author, who seems to delight in exposing the faults and mistakes in the book he translates. Unlike most other translators, who generally fill their foot-notes with expressions of suggestive praise, or self-humbling veneration for the genius of their author, the Doctor puts on his spectacles for no other purpose but to discover blunders, and whets his wit only to expose them. He seems to nurse some unappeasable grudge against the authorities of that respectable College, who, by the way, endeavoured to procure an injunction to stop the publication of his book. Dr Collier has also translated Celsus, and has written a book about cholera, intituled 'Code of the Laws of Epidemics.'

Some years ago Dr Collier engaged in an angry controversy with the authorities of Westminster School, and we believe that this affair resulted in an amelioration of the discipline of the school, and was a public benefit. The Doctor has been chiefly known as a translator and editor of works for students, and as a "grinder" to prepare candidates for examination at the College of Physicians and similar licensing bodies. He is now fading into the sere and yellow leaf, but, as his note to us evinces, he has not yet lost any of the vigour and vivacity of his intellect.

So much, then, for Dr Collier, whose character we trust that we shall not be considered to have expatiated upon with undue levity. His note was written to us for publication, and he therefore invited the strain of comment in which we have indulged. However, let us not forget the Horatian maxim:

"Qui, ne tuberibus propriis offendat amicum,
Postulat, ignoscat verrucis illius. Æquum est,
Peccatis veniam poscentem reddere rursus."

We believe him to be a worthy though an eccentric man, and to have higher parts and warmer affections than he has cared to show. He has set up for a wit, and while performing in that character has managed to cramp his powers, and to give an ugly twist to his understanding. A man who is always doing one thing may perchance do that well, but he can do nothing else. If he will persist in hopping on one leg, he must expect the other to shrivel and contract. However, each man has his tastes, and we should not quarrel with Dr Collier's if he had not solicited our judgment. Pretermitting that murderous gibe he sent to us we find no fault with him: he is a clever, courageous, honest man, and the worst thing we wish him is, that when the failure of life shall finish his jokes, may he have his revenge, and, like many a jester before him, finish life with a joke. He resides at 32 Spring gardens, and Bohemia House, Turnham green.

THOMAS POOLE COLLIER, ESQ.
WM. COLLINGWOOD, ESQ.
JULIUS COLLINS, ESQ.
WM. COLLINS, ESQ.
ALFRED COLLINSON, ESQ.
HENRY COMBE, ESQ.
J. COMLEY, ESQ.
EDW. THOS. COMPLIN, ESQ.
EDW. JOHN COMPLIN, ESQ.
WILLIAM CONNOR, ESQ., M.D.

(*Vide* 'London Medical Directory,' 1853.

Administering Chloroform to Animals.—At Hitchin, on May 18, Mr James, veterinary surgeon, administered chloroform to two hunters, previous to the operation of firing. The horses were entirely insensible to pain.

Medical Reform.—On Monday, Mr Hutt presented a petition to the House of Commons, signed by Charles Sea, Medical Practitioner of Hull, complaining of the unsatisfactory and conflicting state of the law relating to the practice of medicine.

On the Excision of Enlarged Tonsils.

[Esteeming the following correspondence of considerable importance, and deserving of the utmost publicity, we have reprinted it from the columns of the 'Medical Times and Gazette.' Mr Toynbee's letter would have appeared on the week after it was published, but that we were anxious that the reply should accompany it, in order that the profession might be in possession of the entire evidence to enable them to form a satisfactory judgment on the matter.—Ed. 'Med. Cir.']

OUGHT THE TONSILS OR UVULA TO BE EXCISED IN THE TREATMENT OF DEAFNESS?

BY JOSEPH TOYNBEE, F.R.S.

Fellow of the Royal College of Surgeons, Aural Surgeon to St Mary's Hospital, Consulting Aural Surgeon to the Asylum for the Deaf and Dumb, and Consulting Surgeon to the St George's and St James's General Dispensary.

I feel that the surest way for a medical man to support his own dignity and that of his profession, is to search perseveringly after the truth, turning neither to the right hand nor to the left, but laying the results of his labours before competent medical or scientific tribunals. I have always endeavoured to pursue this course; and, when urged to expose the fallacy of some nostrum, or the absurdity of some novel procedure in reference to the diseases of the ear, I have declined to do so, from the conviction that the most effectual mode to extinguish error is not so much by attacking it, as to throw upon it the light of truth, under which it must inevitably wither and die; and as empiricism was driven out of its former stronghold, the department of diseases of the eye, when those diseases were studied earnestly by scientific men, so likewise will aural surgery stand out honourably when investigated with patience and zeal. Nor should I now deviate from the course I have hitherto pursued in wholly abstaining from personal controversy, did I not feel it my imperative duty to the profession and the public to remain silent no longer.

In a paper lately read before the Royal Medical and Chirurgical Society, on the 'Diagnosis and Treatment of Diseases of the Eustachian Tube,' I took the opportunity of impressing upon the members the fact, that "enlarged tonsils are never the cause of obstruction in the Eustachian tubes." In a letter in the 'Medical Times and Gazette,' of April 23, Mr Yearsley denies the accuracy of my statements, and he takes occasion again to advocate the operations on the tonsils and throat, which he says he has performed more than three thousand times. Feeling convinced that such operations have been productive of the most calamitous results, and that my silence now would be construed into a tacit admission of their propriety, I submit the following observations respecting them.

Mr Yearsley advocates the excision of the tonsils, uvula, or portions of the palate, in *four* distinct classes of cases, which I will examine separately.

The first class consists of those cases where the tonsils "press on the mouths of the tubes so as to cause obstruction or occlusion."*

An opinion formerly obtained a certain amount of credence in the medical profession, that enlarged tonsils can press upon and close the faucial orifices of the Eustachian tubes. There can be no doubt that this opinion was erroneous. In order to convince himself that it is so, the surgeon needs only to make an examination of the relative position of the tonsil and of the trumpet-shaped extremity of the Eustachian tube; he will find the tonsil situated from an inch and a quarter to an inch and a half below the tube; he will find the tonsil placed between the arches of the palate, the palato-glossus, and palato-pharyngeus muscles, the latter muscle separating the tonsil from the tube; and he will find the Eustachian tube

* Yearsley on 'Throat Deafness,' page 4.

close to the base of the skull, against the basilar process of the occipital bone, and surrounded by the tensor and levator palati muscles, the office of which I have recently shown in a paper read before the Royal Society,* is to open the tube during the act of swallowing; at all other times the tube is closed, and the tympanum is a shut cavity. Repeated examinations have convinced me, that, even should the tonsil enlarge to its greatest possible and known extent, it never reaches the Eustachian tube: for, with the enlargement of the tonsil, the palato-pharyngeus muscle also hypertrophies, and effectually separates them; that, as a general rule, the Eustachian tube can be shown to be pervious by the observer listening to the patient's ear with the otoscope, while the patient swallows some saliva with the mouth and nares closed (that when the tube is obstructed this obstruction depends upon the thickening of its own lining membrane), and that the deafness, thought to be attributable to the enlarged tonsil, arises from a co-existent thickening of the mucous membrane of the tympanum. I do not stand alone in the opinion here expressed. I feel confident that the intelligent members of the profession fully agree with me. Kramer, in his 'Treatise on the Diseases of the Ear,' translated by Dr Bennett, and published so far back as the year 1837, says, at page 237, "I altogether deny the connection of closure of the Eustachian tube with enlargement of the tonsils. I have frequently seen this enlargement, both with and without the least dulness of hearing, but always with the Eustachian tubes perfectly free. I confess that I cannot at all comprehend how swollen tonsils should press together the mouth of the Eustachian tube, and close it against the admission of air; and may assert that none of the practitioners who have admitted such mechanical effects, have ever satisfactorily investigated, by means of the catheter, the closure of the Eustachian tube, in any one single case of the kind. This reproach applies even to Itard. From his very defective method of investigation, he ought not to have been surprised that so frequently no melioration of the dulness of hearing occurred in those cases in which he attempted to cure it by excision of the tonsils." Mr Harvey, who has written a book to demonstrate, not merely the uselessness, but also the very injurious effects arising from excision of the tonsils, has arrived at the conclusion "that the enlarged tonsil or elongated uvula does not, *per se*, give rise to imperfect hearing."† But it is useless to quote further authorities against this view, for Mr Yearsley's own words are a sufficient refutation of it. He says ('Medical Times and Gazette,' April 23, 1853), "I saw cases of very large and projecting tonsils, and no deafness. I saw other cases, with thickening about the region of the tonsils, and I passed in my finger to feel between the arches for the condition of the glands, and they were frequently found enlarged and stealing upwards towards the mouths of the Eustachian passages. Thus it was that I arrived at the conclusion, that enlarged tonsils did sometimes produce deafness, and upon this idea I proceeded to act!" Mr Yearsley then sums up his conclusion, "that occlusion of the tube does occasionally arise from the presence of an enlarged tonsil." Now, I ask any anatomist or surgeon whether Mr Yearsley has adduced a particle of satisfactory evidence in favour of the position, that the Eustachian tubes are pressed upon by enlarged tonsils; is it not, on the contrary, most palpable, from his own words, that, with all his anxiety to do so, he can bring forward no proof in support of his position. But, supposing him to believe that the Eustachian tube is pressed upon "occasionally" by an enlarged tonsil, and that deafness is thereby produced, much mischief might not result from his "occasionally" excising a small portion of the hypertrophied gland.‡ My own opinion, however, is, that this excision may generally be dispensed with except in extreme cases; that it should be resorted to only where the health evidently suffers from the enlargement, and where the tonsils interfere with the functions of respiration or deglutition. I have seen cases where the tonsils have nearly touched in the medium line, but where they were reduced, and the deafness cured, by general remedies and topical applications, and they subsequently assumed a size no larger than normal. But, if Mr Yearsley believes that occlusion of the Eustachian tube only "occasionally" takes place from the pressure of an enlarged tonsil, how has it happened that his experience in tonsil-cutting has exceeded three thousand operations?* And I am thus brought to the second division of my subject.

Secondly, Mr Yearsley advocates the excision of the tonsils in cases "in which no obstruction to the Eustachian tube could be supposed, but where the improvement of the hearing could be explained in no other way than by supposing it to depend on an improvement caused in the mucous membrane of the throat, which in its turn improved the state of the ears.'†

In page 9 of the same brochure it is asserted, that two-thirds of all cases of deafness arise out of morbid conditions of this mucous membrane of the ear; allusion is made, in proof of this assertion, to 2,000 cases treated in public and private practice. Then comes the following passage:—"In 120 dissections of deaf cases, the aural mucous membrane was diseased in no less than 91 cases, or upwards of three-fourths of the number examined." This reads as if the dissections were by the author of the pamphlet; but they are evidently those published by myself, in the second series of Researches into the Pathology of the Ear, published in the 25th Volume of the "Medico-Chirurgical Transactions," 1843, and they are cited by Mr Yearsley as "a remarkable corroboration of the novel views of the nature and treatment of deafness previously developed by him on various occasions." Now, it is right to state, that, instead of "120 dissections of deaf cases," they were the dissections of 120 ears' of which only two were from a person known to be deaf. It is true, that, in 91 specimens, a greater or less derangement of the mucous membrane of the tympanum was present, but which it is absurd to imagine could have been affected by tonsil-cutting. In what way, for example, could this operation influence the membranous bands connecting together the ossicles and various parts of the tympanum,—a diseased condition by far the most frequent in the 120 dissections? Could a rigid condition of the chain of bones, or anchylosis of the stapes, be relieved by it? I do not believe that even a thickened state of the mucous membrane of the tympanum would be relieved in the most remote degree; for, in the sixth series of Researches into the Pathology of the Ear now before the Medico-Chirurgical Society, one of the results of between 1500 and 1600 dissections is to show, that, even in cases of co-existing hypertrophy of the mucous membrane of the fauces and tympanum, the lining membrane of the inner half of the Eustachian tube remains quite healthy; I have seen at least one case in which, during scarlet fever, the mucous membrane of the fauces and tympanum were both ulcerated, and yet the principal part of the lining membrane of the Eustachian tube, that which is wholly protected, was healthy. In this second class of cases, it is evident that the operation of excision of the tonsils could, therefore, have been of no benefit, and temporary improvement, in any case, has, doubtless, arisen from the excitement of the nervous system. That such operations have been followed by an aggravation of the deafness, my own experience, corroborated by that of Mr Harvey, fully testifies.

Thirdly, Mr Yearsley advocates the excision of the *Uvula* in cases of deafness.

* On the Muscles which Open the Eustachian Tube.

† On the Enlarged Tonsil, page 21.

‡ I have no doubt, that in the very small number of cases of deafness benefited by the excision of the tonsils, the temporary relief that has been afforded has arisen from the diminution of the congestion of the mucous membrane of the tube.

* His words are, "What Mr Toynbee's experience may be in tonsil-cutting I know not, but I may state, that my own has extended over many years, and has exceeded 3,000 operations."—'Medical Times and Gazette,' April 23.

† 'On Throat Deafness,' p. 14.

LONDON:

PUBLISHED AT THE OFFICE, 20 KING WILLIAM

He says:—* "Guided by a sound and wholesome experience, I have not hesitated, in certain cases of deafness, to remove the uvula;" and, at page 20, adds:—"Irritation of the uvula, as I have explained in a former section, often spreads from the uvula to the ear, through the Eustachian tubes, by continuity of surface; but I am also persuaded, by extensive observation, that an irritable uvula frequently deranges the organ of hearing by purely sympathetic irritation of the ear. I have seen many cases in which *tinnitus aurium* was manifestly excited in this manner."† The only ground for this operation which I have been able to meet with in Mr Yearsley's brochure is the fact cited in the paragraph preceding the above, that, "in the operation for the removal of an elongated uvula, patients frequently cry out, from the severe pain caused within the ear, (which ear is not stated,) though little is felt at the point of excision."

Fourthly, Mr Yearsley advocates the excision of a portion of the soft palate in cases of deafness.

He says, at page 7:—"There is yet another probable cause of mechanical obstruction of the mouth of the Eustachian tube, occurring in persons of middle and advanced life—persons who have suffered much from dyspepsia as the result of improprieties of diet, from mental anxiety, or from general debility. In these cases, a relaxed condition of the mucous membrane of the throat is observable. It is seen hanging loose and flabby, and, as it were, in folds. Here I have sometimes suspected an overlapping of the mouths of the Eustachian tubes by the loose mucous membrane; and the results of treatment have occasionally justified the opinion I had formed, for, shortly after excision of a small slip of mucous membrane from underneath the arches of the palate, amendment more or less considerable has taken place."

Such, then, are the four classes of cases in which Mr Yearsley advocates excision of the tonsils, uvula, and portions of the soft palate, in the treatment of deafness. I think it may be fairly asserted, that, even in the first class of cases, he has not made out any just grounds for the performance of the operation; that, in reference to the three succeeding classes, he has not adduced even a shadow of evidence to convince the Profession that these operations are to be tolerated; but that, on the contrary, they are opposed to every rational and scientific principle which should guide a surgeon in the performance of an operation, must be manifest, I think, even to a tyro in medicine.‡

But, in addition, these operations become wholly unjustifiable when the extent to which they are performed, and the evils which result from them, are fully appreciated. I can say, from my own experience, that they have been performed in every possible variety of deafness, from cases where the disease has evidently been in the brain or labyrinth, where the nervous system of the ear has partaken of the general debility of the system, down to those of hypertrophy of the membrana tympani. Indeed, it was only requisite for a patient to be deaf, in order to secure the excision of his tonsils, or some part, at least, of his throat being cut. And what has been the result of these operations? In the first place, I have no hesitation in stating, that my own experience agrees with that of Mr Harvey, and that many cases of deafness have been much increased by them. Mr Harvey says:§—"Some thousand operations have been performed on man and woman, the greater number seemingly without a reason or excuse. The Profession is entitled, surely, to be made acquainted with the results—results which, I fear, when known will be found to be, though remote, not the less melancholy." In the previous page, Mr Harvey says:—"Such excision (of the tonsils) is by no means calculated to afford relief to defective audition; nay more, it is more likely to prove injurious, in many cases, than serviceable. The same experience has satisfied me that the removal of the tonsils gives rise occasionally to deafness;* that it enfeebles the frame, injures the constitution, affects the system in general, and alters the nutrition of the body." But the local injury is not confined to the ear. I have met with many cases; and some of these, I regret to add, have occurred in professional singers, whose voices have been completely ruined by them. Even while writing this paper, a celebrated physician mentioned to me a case of the kind. He said:—"Poor Miss A., a professional singer, too, was induced to submit to the operation; I would not assent; I endeavoured to dissuade her from going, and refused to accompany her; the tonsils were excised, and she has never sung since." The voices of some patients have been so much injured by the operation, that they have never been able to read aloud afterwards; the ordinary voice has been weakened, a difficulty in swallowing has been experienced, and there has ever remained a sense of dryness in the mouth and throat, accompanied by thirst.

A second way in which the excision of the tonsils acts injuriously is by deranging the general health. In addition to their local influence upon the mouth and fauces, the tonsils seem to have some intimate relation with other organs, especially in woman. I have seen numerous instances in which the patients have dated the origin of a general debility, with its various accompaniments, to the extirpation of their tonsils. Indeed, the day in which the tonsils have been extirpated has been mentioned to me by several as one of the bitterest in their lives. Here is another corroborative case from Mr Harvey:†—"A young lady, about eighteen years of age, had the tonsils removed for apparent obstruction, as well as for some thickness of the voice; she was of a ruddy complexion, and the mammæ were developed. A few days after the operation, her health became deranged; her bosom sank, and great disturbance was complained of in the other functions. Here there can be no doubt of the close connexion between the mammary gland and the tonsils. My friend Mr Hunt detailed to me the particulars of a case of a young lady, whose health sympathised in a similar way with the excision of the tonsils."‡ Mr Harvey also says:‡—"The result of my observation and experience is, that excision of the tonsils has also produced considerable disturbance in the pulmonary apparatus, both in the mucous membrane of the bronchi, and in the parenchyma of the lung itself." I myself have frequently seen cases in which a pulmonary affection has dated from the extirpation of the tonsils; and I do not hesitate to say, that there is scarcely a medical man of large practice who could not add his testimony to the fact of the injury, local or general, which has accrued to patients from tonsil-cutting, and other operations on the throat.

I cite the following cases, in illustration of the evil effects of excision of the tonsils, out of the many that have fallen under my notice:

Miss W., aged 25, of a weakly constitution, consulted me a short time since on account of deafness. She says that her mother was deaf, and that two of her cousins are so. Eight years ago, after a severe cold and pain in the ears, she became dull of hearing, and the affection gradually increased. She requires to be spoken to through an elastic tube. She complains of a loud rushing noise, which comes on suddenly in an aggravated form whenever she is excited. She is also more deaf when she is weak. On examination, each meatus and membrana tympani was found in a healthy state, and the Eustachian tubes pervious. The lady stated that a few years previously she had consulted a gentleman on account of her deafness, and that upon looking into her throat he at once said, "I must cut out your tonsils; that will certainly cure you." The lady's aunt slightly expostulated; however, the gentleman

* Loc. cit., p. 14.

† Not a single fact in proof of these several assertions is adduced.

‡ I have not deemed it requisite to say a single word in proof of the entire absence of all reasonable ground for the excision of the uvula and portions of the palate. I have thought the above quotations in favour of these operations a sufficient condemnation of them.

§ Loc. cit., p. 33.

* This fact may be accounted for from the insertions of the muscles which open the Eustachian tube, the tensor and levator palati, being affected in the operation.

† Loc. cit., p. 28. ‡ Ibid., p. 31.

at once proceeded to perform the operation, "and, after several unsuccessful attempts to lay hold of the tonsils, he at last managed to get them both out, the parts removed being about the size of a small almond." This lady's report is, that "since the removal of the tonsils the deafness seriously increased, that her voice has been so weak that she has been seldom able to read aloud, and then never for more than a quarter of an hour at a time, which she considers a very severe deprivation. Although she previously had a very fine voice, she is now disabled from singing, has frequent pain in the fauces, a constant sense of dryness in the mouth, and perpetual thirst." Her general health has also materially suffered, and she is now under the care of a celebrated physician accoucheur in London. Upon looking into this patient's throat, there was no vestige of the tonsils. Dr Copland, who saw this case with me, said "the operation was quite unjustifiable; that organs had been cut away which exercised very important functions in the animal economy." Dr Copland added, in a note to me, that he "considered these operations of cutting off the tonsils and uvula more or less injurious, and that he never knew a person who could sing, to preserve their voice afterwards, dryness of the throat and hoarseness being generally complained of."

Another young lady, about the same age, and whose case was as similar as possible to the above, and who was under my care, thus writes to me:—"The first time I paid the gentleman a visit, he said decidedly the tonsils ought to be removed, and expressed some surprise that they had been allowed to remain so long. He assured me, very positively, that their removal would cure the deafness, which, he said, was solely caused by their enlargement, and also attributed a very frequent sore throat, I was at that time subject to, to these same unfortunate tonsils; though now that I am better acquainted with the nature of enlarged tonsils, I believe mine to have been most innocent, and not in any way to be blamed for my infirmities; they certainly never inconvenienced me, and, when removed, were not larger than the end of the little finger. The gentlemen removed them the second visit I paid him, and just before doing so, told me not to be surprised if the cure was not immediate, as it might be some weeks. The day after the operation, the throat became ulcerated on both sides, and very much swollen, and remained so for a week or ten days, and it was with great difficulty that I could swallow even liquids in very small quantities; he said, I must have taken cold. In the frequent visits I paid him afterwards, he always put caustic to the throat, stuffing a sponge which contained it as far down as possible. The first time, it gave me intense spasm to an extent I hope never to have again; it frequently had the same effect afterwards, but in a milder form, and always made the throat very sore for a day or two." This patient, who was brought to me by Sir John Liddell, had partial anchylosis of the stapes to the fenestra ovalis. I need not say, that she was not in the slightest degree benefited by the operation; but it was the opinion of her mother and others, that her health was seriously affected by it. She has lately been a great sufferer, and confined to her room for some months with an affection of the chest.

It is possible that some of my readers may think that I have laid too much stress upon the injurious results which have followed the excision of the tonsils, and other operations upon the throat. From the large number of cases I have myself met with in my own practice,—from the numerous cases detailed to me by others,—from the attempts made by medical men, especially by the late Mr Liston, to put a stop to the operation, and from the fact that 3,000 operations have been performed by one gentleman alone, I do not think I have magnified the extent of their evil effects. That they must have been keenly felt by society, is shown by the fact, that one of the most popular* of modern poets, who did not raise his voice without due cause, thought it his duty to aim the lash of his satire at these operations of "tonsil-cutting," as well as at the system of unceasingly injecting the Eustachian tubes.

* Thomas Hood, in "Poems of Wit and Humour." Moxon, 1852. Page 17.

OUGHT THE TONSILS OR THE UVULA TO BE EXCISED IN THE TREATMENT OF DEAFNESS?

CERTAINLY NOT.

OUGHT THE ENLARGED TONSIL OR ELONGATED UVULA TO BE EXCISED IN THE TREATMENT OF DEAFNESS?

UNDOUBTEDLY;

AND FOR THE REASONS WHICH FOLLOW.

BY JAMES YEARSLEY, ESQ.,

Member of the Royal College of Surgeons, Surgeon to the Metropolitan Ear Infirmary, Sackville street, and to the Royal Society of Musicians, &c. &c.

Such a multiplicity of facts crowd upon my mind in refutation of Mr Toynbee's statements, adverse to the first of the above questions, asked by that gentleman in the 'Medical Times' of May 14, that I am at a loss to know how and where to begin; and indeed I enter upon the discussion with reluctance, foreseeing the difficulty of proving the affirmative to the satisfaction of that gentleman; remembering, too, the Hudibrastic couplet—

"A man convinced against his will
Is of the same opinion still."

I had scarcely concluded the perusal of the article in question, when my services were required in two cases closely bearing upon the subject. The first, a public singer of great eminence, who for years past has suffered frequent deterioration of his health and voice from the condition of the mucous membrane of the throat; and as this unhealthy condition is complicated with enlargement of the tonsil glands, the question naturally arises how far the malady is dependent on this enlargement. So sure am I of the fact that I have not hesitated to advise the removal of all the diseased growth which projects beyond the margin of the arches of the palate; for although I have patched up my patient's strength temporarily by tonics, and fitted him for the resumption of his avocations, I can safely predict the return of his throat affection within a very brief period. Ultimately my patient will submit to the operation, when his susceptibility to cold and sore throat will be removed, and the clearness of his vocalization will be permanently established. His case is the counterpart of the lady by whose recommendation he consulted me. I am at liberty to mention her name, for she has always evinced a laudible anxiety that others should experience the same benefit as herself.

In 1849 Miss Louisa Pyne came to me in great distress of mind from the loss of her voice, arising from the condition of her throat, which for a year or two had troubled her, and which then appeared so hopeless of remedy that she had resolved on relinquishing her profession. The tonsil on one side was enlarged. From large experience in similar cases I could at once charge the diseased gland with much of the annoyance to which my young patient had been so long subject. All thickening was removed by the knife, and from that day she improved in health; the throat assumed a healthy appearance; the voice regained its power and improved in quality—in the latter respect to such a degree, that its equal has not been met with, in the opinion of many first-rate judges, including the renowned Miss Stephens (now the Countess of Essex), since the hey-day of that excellent lady. But not only Miss Louisa Pyne, but many other vocalists of the present day, will tell Mr Toynbee, that they owe the recovery and unwavering stability of their voices to my operations on the throat. I am aware that I am travelling rather out of my way, or rather anticipating my subject, by here combating the absurdities quoted by Mr Toynbee in relation to the voice. Of those, anon.

LONDON:

PUBLISHED AT THE OFFICE, 20 KING WILLIAM

The second case which occurred so opportunely was that of a young officer, whose regiment is just ordered out to Ceylon; and before going, he was anxious to consult me respecting a deafness which has troubled him to a greater or less extent for the last three years. On examination of the outer passages, everything was found healthy; but on inspection of the throat, the condition which I have so frequently described as productive of deafness was discovered. Dr Daniell, of Grosvenor street, happened to be in waiting at the time to see me in the adjoining room; and on my mentioning to my patient that I wished to illustrate an important fact in medical science by reference to his case, he politely consented to my inviting that gentleman to be present at the consultation. On taking the admeasurement of the hearing distance of my patient, it was found that he heard my watch about a foot from the right ear, and at least a yard and a half from the left ear. The outer passages, as I have said, were perfectly healthy; but in the throat we found both tonsils enlarged, with congestion of the surrounding mucous membrane; and while the tonsil on the left, the hearing side, was projecting prominently into the area of the throat, the tonsil on the right, the deaf side, could not be seen at all, though a slight fulness of the anterior arch indicated to the practised eye what existed beneath it. On introducing the finger, the tonsil was found *stealing upwards* towards the vicinity of the guttural opening of the Eustachian tube on that side, irritating by its presence the surrounding mucous membrane, interposing a barrier to the free descent of mucus from the posterior nares, interfering with the action of the tensor and levator palati muscles—the muscles which, by stretching or raising the palate, necessarily open the guttural extremity of the Eustachian tube*—and thus, in a variety of ways, obstructing the free admission of air to the tympanum, to the detriment of the hearing; in proof of which I directed my patient to inflate the tympanum by stopping the nose and mouth. The experiment immediately enabled him to hear my watch at *more than double the distance*. On the left side, where no more deafness existed than might be fairly accounted for by the condition of the mucous membrane of the throat generally, I drew the attention of Dr Daniell to the greatly enlarged tonsil freely encroaching on the area of the fauces, while the sulcus formed by the arches of the palate was only filled up by the tonsil in its lower half, leaving quite a hollow, in which the end of the finger could be buried, in its upper half. And now as to the treatment of this gentleman. It does not follow, because a patient comes to me with enlarged tonsils, attended by deafness, that the operation of excising them necessarily follows, as Mr Toynbee would have it believed. No; I did not excise these tonsils, because I believed their enlargement was of comparatively recent formation, and therefore very possibly admitting of relief by a judicious alterative treatment. In the event of failure, I shall then excise these morbid growths, with a reasonable expectation of success and a positive certainty that the operation cannot possibly be productive of harm.

Mr Toynbee having alleged that I had not adduced satisfactory evidence in favour of my position, that the Eustachian tubes are pressed upon by enlarged tonsils, I could not refrain from introducing a case which appeared to me confirmatory of my views, and which came under my observation so apropos, at the same time affording me an opportunity of showing it to a gentleman so well known in the profession as Dr Daniell. So convinced was that gentleman of the truth of my position, that he could not help exclaiming, "Why do you not publish this important and conclusive fact to the profession?" On my assuring him I had done so, in a series of papers in the 'Medical Gazette,' so far back as 1841, he expressed his astonishment that it was not more generally known.

* I cannot conceive what could have induced Mr Toynbee to write a paper for the Royal Society to prove that these muscles opened the guttural extremity of the Eustachian tube! Who ever doubted the fact?

With these prefatory remarks, I proceed to the contents of Mr Toynbee's paper; and I regret that it will be my duty to expose much unfair criticism and false quotation, arising, I fear, from an anxiety to put down a mode of treatment which he evidently misunderstands. Such conduct is totally inconsistent with the honourable sentiments expressed in his exordium. Notwithstanding the denunciations of Mr Toynbee, the truth upon the subject of enlarged tonsils will ultimately prevail, even if it does not already; nor will his talk about "calamitous results," "uselessness," "injurious effects," "aggravation of the deafness," "voices completely ruined," "derangement of the general health"—all of which have an existence only in the imagination of this gentleman—interfere with a practice which is now known to thousands and thousands of the friends of patients who have derived advantages the very opposite of which have been so erroneously ascribed to these operations.

It is desirable that the question should be opened and discussed; for if a tithe part of the injury which is imputed to these operations could be substantiated, it is high time they should be discontinued. But I am prepared to prove that the very opposite effects have been produced, and the truth of the following positions:

1. The tonsils, when enlarged, are occasionally productive of deafness—are damaging to the sonorous vibration of the voice, by blocking up the nasal passages—interfere with deglutition, impede respiration, obstruct the mucous secretion which is constantly flowing from the membrane of the nasal cavities, are a source of irritation to this same mucous membrane, and are the frequent cause of cough, more especially when the uvula participates in the local derangement of the parts.

2. The tonsils, when not enlarged, can neither be seen nor felt; therefore it is unfair to ask "ought the tonsils to be excised in the treatment of deafness?" When in the natural state they cannot be cut away; therefore the phraseology should be, ought the *enlarged* tonsil, &c. The same remark, as regards excision, applies to the uvula. No surgeon can excise the tonsil unless enlarged; no surgeon would remove or touch the uvula unless elongated or otherwise diseased.

3. The effect of the excision of enlarged tonsils is frequently to remove existing deafness, to clear the muffled or nasal voice, to disembarrass the muscles of the throat engaged in deglutition and respiration, but above all to restore the general health, which is so frequently deranged by their presence.

I shall first show how unfairly Mr Toynbee has quoted from my pamphlet on Throat Deafness, and then point out the contradictions of which he has been guilty. He says: "Mr Yearsley advocates the excision of the tonsils, uvula, or portions of the palate, in four distinct classes of cases, which I will examine separately. The first class consists of those cases where the tonsils '*press on the mouths of the tubes, so as to cause obstruction or occlusion.*'"—('Yearsley on Throat Deafness,' p. 4). Now, reader, I will quote the passage entire, at page 5, not 4, wherein these words occur; and then I will ask you whether Mr Toynbee might not have been more candid in his quotation, and cautious in his phraseology?

"The tonsils are placed in the vicinity of the Eustachian canals, and when considerably enlarged (the enlargement extending in an upward direction), *they press upon the mouths of the tubes so as to cause obstruction or occlusion.* The fact has probably escaped the notice of others, in consequence of the enlarged tonsil not being seen on an examination of the throat. In point of fact it must be felt for to be detected. The inflammatory action attendant on the enlargement of the tonsil glands produces adhesions to the arches of the palate, between which it is placed; and these adhesions prevent its advancing into the area of the throat, and thus it escapes detection; were it otherwise, defective voice and speech might be the result,—*but not deafness.* If the enlargement encroach still more on the area of the fauces, then deglutition and respiration may become affected; and with these, of course, the general health suffers dete-

rioration; so that the tonsil glands, in a state of enlargement, give rise to a variety of derangements dependent upon the position they take up in the throat."

Had Mr Toynbee quoted this passage entire, instead of the half dozen words which he found in the midst of it, he would not have ventured the observation, that excising an enlarged tonsil "is opposed to every rational and scientific principle which should guide a surgeon in the performance of an operation." It is quite clear to me that Mr Toynbee has a most erroneous notion of the circumstances under which excision of the enlarged tonsil in deafness is resorted to. He has, I fear, overlooked the grand fact which the above passage discloses. I can assure him that when he acts upon it he will find it to be a material adjunct to his aural manipulations and therapeutics.

But, asks Mr Toynbee, if Mr Yearsley believes that occlusion of the Eustachian tube only "occasionally" takes place from the pressure of an enlarged tonsil, how has it happened that his experience in tonsil-cutting has exceeded three thousand operations?

Upon what grounds does Mr Toynbee infer that this large number of operations has been performed in cases of deafness? From the several quotations from my book it is quite clear that Mr Toynbee has read it attentively, and yet he has not had the liberality to quote the passage, which I now do for him, wherein it is shown that enlarged tonsils are excised in a variety of ailments besides deafness, in the proportion probably of ten to one. At page 67 will be found:

"To assure my readers of the perfect adaptation of the instruments, I need only remark that I have now removed upwards of 3,000 morbid growths from the throats of more than 2,000 patients, variously afflicted with the ailments to which these enlargements mainly contribute or entirely give rise, such as—imperfect, thick, and nasal speech; difficult deglutition, impeded respiration, throat-cough, *throat-deafness;* and though last, not least, the imperfect development of health and strength in youth. I have performed this large number of operations with these instruments without one failure or accident. If surgeons generally were aware of the entire safety and simplicity of the operation, its more frequent performance would, I am sure, soon put an end to all debate on the description of instruments to be employed, and especially as to any difference of opinion of the curative results of the operation."—'Yearsley on Throat-Deafness,' pp. 67, 8.

But not satisfied with misquoting me, Mr Toynbee would wish it to appear that I had taken credit to myself for the dissection of 120 ears, which, in point of fact, had been made by him; but the context shows the very reverse, for I quoted the fact as "corroborative," by their results, of views previously enunciated by me. Indeed, I should be sorry to be thought by my professional brethren to have wasted so much valuable time as Mr Toynbee has done in dissection of ears, the *cui bono* of which I have yet to learn for it may fairly be asked, what new or useful fact has Mr Toynbee yet brought forward in the treatment of deafness? With the microscope on the one hand, with the dissecting knife on the other, supported by great zeal in the cause, much was expected of Mr Toynbee; but it is not too much to say that the profession are disappointed. And now, by repudiating the treatment of deafness through the throat, he will still further inflict injury on his professional judgment. He is quite wrong in supposing that "the intelligent members of the profession agree with him," for almost all the patients upon whom I have operated have been sent to me by my professional brethren; and as to authorities, every work except the one* he has quoted is against him.

Every one who will take the trouble to read the observations of Itard, will be quite satisfied of the occasional obstruction of the Eustachian tube from the presence of enlarged tonsils. ("Traité des Maladies de l'Oreille," pp. 170 to 180, Vol. II.) In Deleau's work, I find a remarkable confirmation of my own views. He concludes the relation of a case in which the enlarged tonsils projected into the throat by remarking:—"Ce malheureux entendait aussi bien que moi;" and then goes on to say, "C'est plutôt lorsque ces glandes sont sujettes à passer à l'etat d'inflammation aigüe, ou quand elles sont environnées d'un cercle rouge et tuméfié qui envahit les parois latérales du pharynx qu'on s'aperçoit de l'affaiblissement de l'ouïe, ou de la naissance d'un bruit d'oreille que les malades comparent à un bouillonnement d'eau ou au bruit du feuillage agité par les vents. Une disposition plus grave encore que prennent ces corps glandulaires, c'est leur developpement d'avant en arrière, de manière à écarter les piliers du voile du palais. La dureté d'oreille accompagne presque toujours les glandes aplaties qui tendent plutôt à s'enfoncer dans les chairs qu'à faire saillie dans l'arrière-bouche. Difficiles à atteindre avec le bistouri, elles se dérobent encore plus aux nombreux instruments inventés pour faciliter les manœuvres des chirurgiens inexperimentés. J'ai eu occasion de voir beaucoup de personnes qui en portent de semblables; leur surdité, presque toujours rebelle aux traitements ordinaires, ne guerit qu'après l'opération par laquelle je débute toujours quand elles y consentent."—"Recherches Pratiques sur les Maladies de l'Oreille," p. 70-71.

From the earliest writers to the present time the fact has been noticed. Wathen mentions enlarged tonsils as one of the sources of deafness most certain to be removed "by chirurgical assistance." Valsalva relates a case of ulcerated tonsil, in which the presence of a tent blocked up the Eustachian tube, and occasioned deafness. In short, it is a fact which cannot escape the notice of any intelligent or careful observer, and no theoretical speculations of Mr Toynbee about the natural condition of the Eustachian tube can controvert it.

But were it the case that the tonsils in a state of enlargement never press upon or occlude the openings of the Eustachian tubes, I should still advocate the removal of the disease, knowing, as I do, how fruitful a source of annoyance to the patient is the presence of enlargement of these glands. The various ailments to which they give rise are almost invariably removed by their excision. So generally is this the case, that I have no hesitation in saying that no operative proceeding, in the whole range of surgery is so uniformly beneficial, as excision of morbid growths of the tonsils; neither is any operation so safe, or more free from subsequent injury to the patient, always assuming that it is done by an operator who is an adept at his work.

Of what do these morbid growths consist, the removal of which is to produce such "calamitous results," &c. &c. They consist of deposits of fibrin arising from chronic inflammation of the tonsil-glands; the deposition gradually becomes organised, and, in the course of time, indurated or hypertrophied—a condition which no local application can possibly correct. I will not insult the understanding of my readers by arguing the point as to how the extirpation of such morbid growths (for, be it remembered, the tonsil gland itself is never removed) can possibly have any "intimate relation with other organs, especially in woman"—how their removal can produce "a general debility with its various accompaniments,"—how the two young ladies, after *extirpation of the tonsils* (mark, reader, the phraseology) lost their health and their mammæ, and complained of great disturbance in the other functions. I commend the following anecdote to the consideration of Mr Toynbee; for it appears to me that he does not duly estimate the influence of the disease with which these young ladies' throats may have been affected, in producing such disastrous results. Three or four years ago I operated on a young lady from Leeds with great success. *Twelve months afterwards* I received a letter, begging to know whether an ophthalmia, which had recently come on, was likely to have been the consequence of my operation!

But how are we to reconcile the conflicting statements of Mr Toynbee? At the bottom of the second column of his

* [We happen to know the circumstances under which Mr Harvey's book was written, and therefore we are as much surprised that Mr Toynbee should quote from such a work, as that Mr Yearsley should refer to it otherwise than as a most contemptible production.]

LONDON:
PUBLISHED AT THE OFFICE, 20 KING WILLIAM STR

paper he says, "My own opinion, however, is that this excision may generally be dispensed with except in extreme cases,—that it should be resorted to only where *the health evidently suffers from the enlargement, and where the tonsils interfere with the functions of respiration or deglution.*" And near the middle of the fifth column we find the following passage: "A second way in which the excision of the tonsils acts injuriously, is *by deranging the general health.* I have seen numerous instances in which *the patients* [the patients!] have dated the origin of a general debility, with the various accompaniments, to the extirpation of their tonsils." But I will not suppose that Mr Toynbee participated with his patients in the same sage opinion, and therefore cannot conceive why he should have quoted their crude notions. After all, it would seem that we are pretty nearly agreed upon the subject, for, in a foot-note, I find Mr Toynbee saying, "I have no doubt that in the very small number of cases of deafness benefited by the excision of their tonsils, the temporary relief that has been afforded has arisen from the diminution of the congestion of the mucous membrane of the tube." Undoubtedly; who has denied that this is the fair explanation of the fact? But, having admitted the "very small number," I have hopes that when Mr Toynbee has had larger experience upon the subject, he will see reason to admit that a *very large number* are relieved, not *temporarily*, but *permanently*, by the operation. Such is the result of my own experience.

Dr Horace Green, of New York, a great authority on the subject, and an accomplished operator, says:

"When hypertrophy (of the tonsils) is accompanied by induration, excision of the enlarged gland is almost the only method of treatment by which permanent and effectual relief can be obtained. This fact ought to be better understood by the profession than it seems to be; for the practice of painting these morbid growths with the tincture of iodine, or of cauterising them with the solid nitrate, is still continued, and patients are daily being subjected to this annoying and useless practice, often month after month, with the apparent expectation, on the part of their attendants, that enlarged and indurated tonsils may be discussed by these applications.

"When the disease is recent, and the enlargement is soft, this treatment may prove serviceable in some cases; but more frequently, even under these circumstance, the effect of the applications has been, in my experience, to increase rather than to diminish the morbid growths; consequently, for a number of years, I have been accustomed to practise excision in the treatment of enlarged and indurated tonsils, whenever this operation could with propriety be performed."—Green on 'Bronchitis, Etc.,' pp. 210, 211.

The faith which some surgeons appear to have in local applications in the face of their evident inefficiency, is most remarkable. Some time ago a young lady was brought to me from Reading, by the surgeon of the family, who wished to have my sanction to his continuance of the local remedy of painting the enlargement with the nitrate of silver for some months longer. He had then applied it for three months. My opinion was, that he had better discontinue the practice. The patient dreaded an operation, and the application, therefore, went on daily for another month, after which the mother and daughter came again. The ailments were thick speech, nasal obstruction, occasional deafness, susceptibility to cold, and general debility. The operation was performed, and my patient declared that it gave her no pain, and caused less inconvenience than the treatment to which she had been daily subjected for months. So successful was the case, that within a month from that time I was required to operate on another daughter, on her way to school in the neighbourhood of London.

To continue authorities, what says Mr Fergusson?—

"The amygdalæ occasionally are permanently enlarged: the condition gives rise to difficulty of swallowing, sometimes even of breathing, change of voice, hoarseness, *deafness*, and other ailments; and, in the event of constitutional remedies and local applications having proved of no service, either as regards the state of the mucous membrane or tonsils, then a portion of one or both glands should be removed."—Fergusson's 'Practical Surgery,' p. 602.

Corresponding remarks are made in regard to the elongated uvula; but not only by Fergusson are the operations advocated, but by every other modern writer on surgery. What says Mr Liston?

"The uvula, when affected by chronic enlargement, which has resisted judicious treatment, or when altered in structure, may be safely and with propriety abridged. Constant irritation about the glottis, and troublesome cough and expectoration, are thus often got rid of at once."

In regard to enlarged tonsils, he says, "The enlargement is but an opening out, or simple hypertrophy of the gland; the surface heals kindly, and there is no reproduction of the tumour. Were the growth not an adventitious one, the practice could not be defended, and it would not answer the purpose permanently. The prominent part of the swelling may safely be removed from one or both sides." In another place he speaks of the inconveniences they produce, and says "Sudden death from enlarged tonsils has been known to happen."—Liston's 'Surgery,' p. 295.

What says Mr Syme?—

"Enlargement of the tonsils occurs very frequently at an early period of life, impeding respiration, especially during sleep, rendering the voice husky, causing a disposition to sore throat, and occasionally producing a degree of *deafness.* . . . The operation, when properly performed in circumstances really requiring it, affords with perfect safety such an amount of speedy and permanent relief, as justly to merit the title of a substantial improvement in the practice of surgery."—Syme on the 'Improvements Introduced into the Practice of Surgery during the last Thirty Years.'

That my neighbour, Sir Benjamin Brodie, approves of these operations, may be gathered from the following fact:—His friend Admiral S—— had made an appointment with me to excise enlarged tonsils in the case of his daughter. On his way to my house he had occasion to call upon Sir Benjamin, to consult him in regard to another member of his family, and happened to say, "I am going next door to have my daughter's throat cut." "Oh, sit down, I will do it for her!" "No," said the Admiral, "I must keep my appointment; besides, whilst I should come to you for any other surgical operation, I should go to Yearsley for any matter connected with the throat; practice makes perfect."

The limited space which I can fairly claim to repel the attack which has been made upon my practice by Mr Toynbee, precludes the possibility of my showing how unfairly my opinions have been quoted; and I can, therefore, only say that it will give me much pleasure to send the pamphlet on 'Throat Deafness,' to any gentleman who may be sufficiently interested in the question to read it. But I cannot conclude my paper without calling the attention of the profession to a most important fact in connection with enlarged tonsils. The presence of these tumours retards the growth of children. I have observed the fact in numerous instances, and it is probably to be accounted for by the enlargement exerting more or less pressure on the carotid artery, thus impeding the ready flow of blood to the brain. I now merely mention the fact, that the observation of others may be directed to the subject. Many a time and oft has a parent brought a child to me with enlarged tonsils; and, on my asking if any other child were similarly affected, the answer has been, "Oh, no; my next child (one, two, three, and even four years younger), is a fine healthy child, taller and stouter than this one, which is always delicate."

15 Savile-row.

THE CHOLERA.—A letter from St Petersburgh of the 21st April, announced that the cholera, which was then raging with great violence at Moscow, had re-appeared, and several persons had died. Another letter, of more recent date, states that the disease has not made any further progress, and has been confined to isolated cases.

ADULTERATION.—A snuff manufacturer has been fined, by the Commissioners of Excise, for mixing chromate of lead with snuff, "to add brilliancy to the mixture."

Obituary.

March 27.—J. Grant, Esq., Assistant Surgeon, of spasmodic cholera, near Comillah, Bengal.

April 2.—Dr Watkins, Civil Surgeon, and formerly Garrison Surgeon of the Bombay Presidency, at Breach Cundy, Bombay. Dr Watkins was in extensive private practice, and intimately known to a very large number of the members of the community. He was a man of considerable ability and great good sense; of large and varied acquirements, sterling uprightness, and much warmth of heart. The feeling of regard and esteem entertained for him by all who had the pleasure of his acquaintance deepened into love and affection, and his removal in the prime of life, and in the midst of his usefulness, has occasioned deep and general sorrow. He had been, for some weeks, suffering from dysentery, which took so alarming a turn as to prevent the possibility of his being removed from the Presidency; and for the ten days immediately preceding his decease he had been dangerously ill. He has left four children who are now being educated in England. Dr Watkins served with the 3rd Troop Horse Artillery during the whole campaign in Scinde and Affghanistan, under Sir J. Keane, and was present at the storm and capture of Ghuznee, and received a Ghuznee medal.

12.—Henry Medland Stocker, Esq., Surgeon at St Austell, Cornwall, aged twenty-one.

May 14.—William Mines, Esq., at his residence, Diss, Norfolk, aged seventy-seven. Mr Mines had been in practice at Diss during a period of forty-nine years.

15.— — Sidley, Esq., Surgeon in the Royal Navy, suddenly, at Southampton. A coroner's inquest has been held on the body. Mr Sidley was in the habit of taking opium and prussic acid medicinally, and it is conjectured that in an agony of pain he took too large a dose of the latter poison. Unfortunately, the glass from which it is believed he took the dose, was accidentally taken from the table where it was laid by Mr Sidley, and washed out, and thus the strongest proof of the fact that the unfortunate gentleman took prussic acid, and also a means of ascertaining what quantity he did take, are wanting. It is believed that Mr Sidley took 3½ drachms of Scheele's prussic acid, because that quantity is missing from the bottle in his room, and which he had only obtained possession of just before his death; but there is great difficulty in conjecturing how he struggled from where the bottle and glass were left, to the bed where he was found dying.

20.—Robert Richardson, Esq., Surgeon (late of Harrogate, Yorkshire,) at Ross House, Clarence square, Cheltenham, aged eighty-one.

23.—Samuel Fox, Esq., M.R.C.S. Eng., 1802, at his residence 219 Shoreditch. Mr Fox had formerly been a Surgeon in the Royal Navy, and had published a work on "Chlorosis."

Lately.—Dr William Westall, Assistant Surgeon of the 94th Regiment, expired on board the "Zemindar," while returning from Australia to rejoin his regiment at Madras. Dr Westall was the son of William Westall, Esq., of Bath, and at the time of his death thirty-one years of age.

THE NEW MEDICAL REFORM BILL, AND THE NATIONAL INSTITUTE OF MEDICINE, SURGERY, AND MIDWIFERY.

We have been requested to state, that on the 7th of October last year a deputation of the Provincial Association waited upon the Committee of Council of the National Institute (the interview having been requested by the former body), to confer upon the Bill which is now before the profession. After much discussion, it appeared that the views and objects of the association were so entirely different from those for which the National Association and National Institute had been for several years contending, that it was quite impossible for the latter to concur in the provisions of the intended Bill, and the following resolution was unanimously passed, and a copy furnished to the deputation. It was stated, however, at the same time, that the National Institute would not obstruct the progress of the Bill:

"Resolved,—That the Bill prepared by the Provincial Medical Association, although it is calculated somewhat to improve the condition and status of the general practitioners, yet, in the opinion of this meeting, it will not afford that protection, nor secure that efficient education of future members of the profession for which the National Association and the National Institute have always contended; nor will it secure that independence of the control of the Colleges of Physicians and Surgeons which the general practitioners throughout the kingdom have a right to demand."

Medical News.

Royal College of Surgeons.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted Members of the College at the meeting of the Court of Examiners on the 20th ult.:—George Evans, Harewood square; Charles Lambert Evershed, Billinghurst, Sussex; William Hamilton, Tullick, Co. Tyrone; Andrew Henderson, Kirkaldy, Fifeshire; William Hopkins, Leamington, Warwickshire; Augustus Johnston, Dublin; William Henry Moor, Durham; John Picthall, Hon. East India Company's Service, Bengal; John Rains, Bonsal, Derbyshire; Edward Malcolm Sinclair, Manchester; Robert James Wilson, Westminster.

Oxford University.—On Wednesday, the Degree of Licentiate in Medicine was conferred on Mr William Ogle, of Catherine Hall.

Notice to Students.—The Court of Examiners of the Royal College of Surgeons have just announced that they will meet from time to time, as may be necessary, for the examination of candidates for their diploma until the 18th of July next, after which time, in consequence of the extensive repairs going on at the College, they will adjourn till the 7th of October.

Apothecaries' Hall.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, May 19th, 1853:—Edward Atkinson, Little Woodhouse, Leeds; Richard Wafford Eve; Henry Hancox, Bilston, Staffordshire; Robert Walker Jenkins, Charing, Kent; Charles Scholefield Richardson; John Tibbits, Warwick; Peter Wright, Wigan.

Rain in Ireland.—The quantity of rain which fell in Ireland during 1852 exceeded that of 1851 by more than thirteen inches.

Board of Health.—The vote taken this year, in the Civil Service Estimates, for the Board of Health, is 11,996*l.*, being an increase of 1,251*l.* over 1852-53, and of 2,027*l.* over 1851-52. The vote taken for the funeral of the late Duke of Wellington was 80,000*l.*

Dr Paris, Dr Todd, and Dr Hawkins, had an interview with Viscount Palmerston on Monday, at the Home Office.

Quackery.—Yesterday two quack doctors, named Coates and Campbell, were tried in the Sheriff's Court, and sentenced to nine months' imprisonment with hard labor. It appeared they styled themselves in their bills professors Coates and Campbell, and represented themselves as able to cure all manner of diseases. They were in the habit of visiting all the towns and villages, in the neighbourhood of Edinburgh, and for their boxes and phials charged as high as 5s. doing a pretty brisk trade. A person in Musselburgh having had his suspicions aroused that he had been imposed on, submitted one of the phials for analysis, and finding that it was some simple mixture, gave information to the authorities, who soon discovered the imposition which was being played upon the public. Codliver oil, soap, and rhubarb, were the chief ingredients of which the mixtures were composed. This led to their apprehension. At the same Court a man named, Cameron, was sentenced to eighteen months' imprisonment with hard labor, for issuing counterfeit coin.—'Edinburgh Witness.'

LONDON:

PUBLISHED AT THE OFFICE, 20 KING WILLIAM STREET, STRA

POISONING BY ACCIDENT.—At the Glasgow Circuit Court of Justiciary, Edward Ferdinand Wheatley, student of medicine, was accused of culpable homicide, in so far as, though not authorised to practise or prescribe as a physician, he prescribed for William Brown, jun., a dose containing tincture of belladonna and tincture of aconite, by which Brown became immediately ill, and died in a few hours from the effects thereof. The prisoner pleaded guilty to the charge; and the case being considered by the court to be simply one of ignorance, the parties having been on very friendly terms, he was sentenced to only fourteen days' imprisonment.

APPOINTMENTS.—Dr Arthur Hassall has been appointed physician to the Royal Free Hospital in the place of the late Dr Richard Chambers.—Dr Charles Bland Radcliffe has been elected assistant-physician to the Westminster Hospital.—Dr Samuel Griffiths, the assistant physician-accoucheur to St Thomas's Hospital, has just been elected physician and medical examiner to the Royal Asylum of St Ann's Society.

Notices to Correspondents.

MR PHILIPS.—You will find the letter referred to in the present number. We waited until the answer appeared, and now the bane and the antidote will be found together. Our readers must decide which gentleman has the best of the argument.

MEDICUS (Ipswich) writes.—Having a severe case of Lichen covering nearly the whole body in a stout hale man about forty-five years of age, who, however, drinks rather freely, now under treatment, I should be glad if you or any of your readers could acquaint me with a remedy either general or topical that would be likely to afford relief. Abstinence he cannot be persuaded to observe.

Yours, &c., MEDICUS.

GULIELMUS.—The question is "sub judice." We cannot pretend to determine.

S. O.—No.

F.R.C.S.—The hospital in question is in course of erection, and will be opened before the end of the year.

HIPPOCRATES.—The notion that electricity, heat, and the vital principle are one and the same, is as old as the discovery of the powers of electricity itself. We do not deny that there may be truth in the opinion; but as a mere theory it has been too often repeated to deserve publication in this journal. Any demonstration of the doctrine—other than that of the "moving tables,"—would be acceptable; but it requires a Faraday to make the experiments and to eliminate the principle.

O.P.Q.—Your insinuations are not justified by the facts alleged.

FIDELIS.—It is one of the ordinary quack remedies; the notion of its efficacy has been long exploded. An ivy-leaf cap is undoubtedly beneficial in the treatment of scald head, as we have observed in numerous instances. Dr Milman Coley, we believe, in his work on the 'Diseases of Children,' pronounces in favour of the use of ivy-leaves. How they act we cannot satisfactorily tell.

NEMO.—Nothing can be done in the matter. You have allowed the proper time to pass by.

SENEX.—The annual payment is two guineas.

CRUX.—The difficulties in the way of a just and efficient measure of medical reform have become proverbial; and we need not feel any surprise that the Provincial Association has not succeeded better than its predecessors. We blame the association for attempting the object prematurely; had a longer time been allowed to elapse, a better measure might have been arranged and a larger amount of support conciliated. The general principles of the association are good so far as they go, but in their operation they regard chiefly the anomalies in relation to Scotch graduates practising in this country. The great bulk of surgeons in general practice in England have not been treated with sufficient consideration. We ask for *time*. It would be a great pity if a good object shall be made subservient to the purposes either of personal vanity or interest. The Provincial Association has acted most indiscreetly in allowing a young barrister,—clever though, without doubt, he be,—to become almost exclusively its organ with the Government. Nepotism has been the curse of our profession. The profession must take their affairs into their own hands, and set their faces with determination against jobbing in all forms. It cannot be forgotten that Sir Charles Hastings is Chairman of Wakley's New Equitable, and lends his support to maintain an office established to provide for Wakley's sons; on his part Wakley lends his 'Lancet' to help Sir Charles Hastings with his Reform Bill, through which young Mr Hastings, the lawyer, may be accommodated with a place and a good salary. This alliance would not stand a single hour before the breath of a large public meeting called together at the Hanover-square Rooms, by an earnest and independent body of men. Let us have *time!*

AN OLD REFORMER.—There is no harm in signing the petitions that have been circulated; but it does not follow that you are pledged to the bill of the association. The new movement is in reality an old movement; with which our pen is already familiar. Unless the utmost candour and fair dealing govern the committee's proceedings we will favour them with a gentle remonstrance, which may be of service. Sir Charles Hastings has already sent them a retaining fee, which has been gratefully accepted.

M.D. (Brighton).—Kölliker does not think that the malpighian bodies have any free cavity in the normal state. He also thinks he has discovered a ciliated epithelium at the entrance of the capsule of these bodies. Kölliker has given a minute description of these parts. We are not aware that it has been translated, but you will find an abstract of his views in Craigie's 'Pathological Anatomy.'

A.B.—An answer shall be forwarded by post.

L.W. (Liverpool).—The remedy is in your own hands. It would be an unnecessary occupation of space to publish your letter.

MEDICUS.—A surgeon carrying on the business of a *chemist*, and placing this designation over his door, cannot evade the operation of the Apothecaries' Act. You cannot be surprised at the feelings nourished against you by those who have complied with the law; but we do not think that you deserve so much to be the object of censure as our colleges, whose jealousies maintain the present anomalies, and our legislators, whose apathy permits them to exist.

MR W——TS.—Your suggestion is good, and shall be attended to. We thank you both for your opinion and your eulogies. The promotion of our circulation in the way indicated has our approbation.

ÆSCULAPIUS.—We decline to offer an opinion upon your exposition, as it would be unfair to prejudge any one upon an ex-parte statement.

JUVENIS.—The examination at the Edinburgh College is more general and said to be more stringent than that at London. It, however, costs less. We have already answered the question in a foregoing number.

ANTI-LANCET.—The article in the 'Daily News' came under our notice. You are mistaken in your supposition that it was written by the gentleman named. He had nothing whatever to do with the production, though it answered the editor's purpose to reprint a portion of it in the 'Lancet.' We know the author, and shall no doubt have occasion to refer to him at a future time. The object for which it was concocted is very evident to us; and we are surprised that the 'Daily News' should lend its pages to a movement so insignificant. But this paper is a mere bankrupt in matters of opinion; and it is, therefore, of little consequence what it gibbers.

M.R.C.S. ENG.—There is nothing new in your report of the case; and with respect to your comments on the case recited, and your reference to your having recently "mastered" the subject, we beg to remind you of an anecdote told of Dr Baillie. This physician was once informed by a young gentleman "that he had just finished his studies." "Have you," rejoined the Doctor, "I am just beginning mine."

M.D.—You cannot recover.

L.M. (Manchester).—We cannot publish your communication, the interest in the subject being exhausted.

MR BENTON.—1st: Yes. 2nd: Yes. 3rd: Yes.

MR JAMES.—Communication received, and the subject noted.

DR COCKLE.—Communication received.

DR J. THOMSON (Aberfeldy).—Communication received.

MR H. BUDD, JUN.—We are much obliged to you for your offer, but it is not consistent with our plan.

THE

MEDICAL CIRCULAR

AND

Journal of Practical Medicine and Surgery.

VOLUME XXIII.—1863.

LONDON:
PUBLISHED AT THE OFFICE, 20 KING WILLIAM STREET, STRAND.

INDEX.

Absorbing power of the Skin, the, 217
Academy of Medicine, Paris, debates at the, 43, 113, 174, 245, 284, 343
Academy of Sciences, Paris, debates at the, 43, 174, 245, 283, 343
Accidental Death Insurance Company, Annual Report of, 42
Aconite and Aconitina, 294, 314, 335
Actions against Medical Men, 105
Action to recover Compensation for Injuries, Conflicting Evidence of Medical Witnesses, 107
Acute Fatal Jaundice, two Cases of, 321
Acute Necrosis of Growing Bones, Lecture on, 64, 80, 106
Adam's Defence Fund, the, 12, 20, 138, 149
Addenbrook's Hospital, Cambridge, Proposal for New Building, 242
Address to Students, 155
Admission of Women to Academical Degrees, 224
Aerated Bread Company, the, 335
African Native Surgeons in the Army, Appointment of, 50
Air-douche, the, and Eustachian Catheterism in Ear Diseases, 294
Aldershot Dispensary, Proposed Enlargement of, 200
Alleged Libel, Morgan v. Lingen, 108
Alleged Slander, Brown v. Edwards, 54
Amaurosis produced by Tobacco, Cases of, 59, 123, 283
Amenorrhœa and Hœmatometra, by Dr. Barnes, 241, 287
Anæsthesia during Operations, 189
Anatomist's Ode to his Mistress, the, 56
Anatomy and Surgery at the College of Surgeons, the Professorship of, 243
Anderson's University, Resignation of Dr. Anderson, 19
Aneurismal Clamps and other Pressure Instruments, the Application of Indices to, 39
Ankle-joint, Dislocated Inwards without Fracture of the Fibula, by Dr. Gray, 9
Apiol as a Regulator for the Catamenial Functions, 99
Apothecaries' Act, information under the, 41
Apothecaries' Hall, Anniversary Dinner at, 78
Apothecaries' Hall, New Regulations of the, 181
Apothecaries' Hall Pass Lists, 12, 27, 41, 55, 70, 83, 110, 124, 153, 171, 186, 199, 228, 243, 257, 270, 285, 300, 313, 328
Apothecaries' Hall, Qualification of Candidates, — Examinations in Arts—Profession — at Examinations, 161
Apparently Drowned, Dr. Sylvester's Method for Restoring the, 147
Appointments, 13, 27, 42, 56, 70, 84, 98, 112, 126, 139, 153, 187, 200, 230, 243, 272, 286, 300, 313, 328, 342
Arcus Senilis, or Fatty Degeneration of the Cornea, by E. Canton, (Review) 253
Army Medical Department, the, 7, 195, 348
Army Medical Department, Grievances of the, 223
Army Medical Department, Qualification of Candidates and Subjects of Examinations, 33, 161
Army Medical School, Lists of Successful Candidates, 120, 187
Army Medical School, Opening of Session, 209
Arrest of the Circulation in all the Main Arterial Branches of both Arms and Legs, 338
Arthur v. Singleton, Evidence of a Medical Man against a Brother Practitioner, 242
Artificial Anus, Case of, 107
Ascites with Ovarian Disease, 152
Asphyxia, Letter from the Secretary of the National Life Boat Institution, 197
Asphyxia, the Treatment of, 209
Assimilation, and the Influence of its Defects on the Urine, 61
Association in Aid of the Deaf and Dumb, 335
Association of Medical Officers of Asylums and Hospitals for the Insane, Agenda of Annual Meeting, 28
Association of Medical Officers of Asylums and Hospitals for the Insane, Annual Meeting of, 61
Association of Medical Officers of Health, 279
Asthma, Consumption and Bronchitis treated by the Water Cure and Air Bath, (Review) 337
Asthma, Contributions to the Pathology and Treatment of, 295
Athens, Medical Journalism at, 36
Atrophy Considered in its Surgical Aspects, 242
Atropia, Paper for the use of Oculists, 233
Attorney General v. King and Queen's College of Physicians in Ireland, 351
Australian Climates, and their Influence on the Arrest of Pulmonary Consumption, (Review) 296

Baron Larrey, Anecdote of, 33
Baths of France, Germany, and Switzerland, by Dr. E. Lee, (Review), 23
Bdellatomy, the Practice of, 119
Beck v. Farey, Claim for Medical Fees, 282
Belfast Board of Guardians and Mr. Tierney, 153
Belfast Branch of the Royal Medical Benevolent Fund Society of Ireland, 299
Belladonna and Opium, Antagonism of, 127
Belladona and Poisoning with the Berries, 179
Bennet v. Hickson, Action for Breach of Agreement, 65, 283
Bequests by the Marquis of Lansdowne, 8
Bequests by Dr. Perez, 33
Bethlehem Hospital, 12
Bethnal-Green Guardians and their Medical Officers, 250
Bethnal-Green, the Mortality in, 308
Bethnal-Green, the want of Sanitary Reform in, 222
Bethnal-Green Guardians and Dr. Moore, 293
Bladder, Extraction of Foreign Bodies from the, 173
Blennorrhœa; Bougies and Injections, 173
Blood, Coagulation of the, Lecture by Professor Lister, 92, 103, 105
Blood, Coagulation of the, Lecture by Gulliver, 240
Blood, the Abstraction of, as a Remedy, 124
Blood Poisonings at Bethnal-Green, 237
Bony Anchylosis at the Knee, Treated by Excision, 226
Books for Review, 14, 27, 42, 112, 126, 139, 154, 216, 244, 258, 272, 285, 300, 314, 342, 356, 370
Bougie Twelve Inches long, extracted from the Bladder, 120
Brain and Nervous System, Dr. Radcliffe on Certain Disorders of, 50
British Association, the Annual Meeting, 125, 133, 263

British Medical Association:—
Annual Meeting, President's Address, 89
Address in Medicine, 95
Address in Surgery, 95
The Dinner, 97, 104
British Army, Health of the, 265
Brodie, the late Sir B., 88

British Association for the Advancement of Science.
Cranial Deformities, 152
Ethnology, by Dr. I. Hunt, 137
Physiology, Zoology and Botany, 121
British Universities as Schools of Medicine, the, 278
Bromide of Ammonium in Irritable Uterus, 359
Bubo, the Treatment of, 332

Calabar Bean, Its Action, Preparation, and Uses, 251, 268, 305, 321

INDEX.

Calabar Bean, its Action, on the Animal Body compared with that of Woorara and Jonia, 11
Calabar Bean, its Action, on the Iris, 127
Calomel and Tartar emetic, with United States Army, 35
Cambridge University, Questions on the Principles and Practice of Surgery, for the C.M. Degree, 321—fee for C.M. Degree, 19
Cambridge University, Regulations and Examinations, at the 263
Cambridge University, Surgery at the, 251
Cancer, does Smoking Produce, 42
Cancerous, Infiltration of the Entire Penis, 311
Cancerous Tumour, in the lower part of the Colon, 64
Cann Abis Indica, experiment with, 120
Carbolic Acid, the Therapeutic Properties, of 192
Carbonate of Soda, the Natural, Formation, of 42
Cascarilla, in Chronic Diarrhœa, 233
Cataract, Recent Improvements in the Extraction of, 252
Catheterism, Death from, 270
Catheterism, of the Duodenum for the Purpose of Inducing Peristaltic Action, 231
Cattle, the Inoculation of, 197
Central Africa, the Exploration of, 124—Deaths in, 243
Charing Cross Hospital, Distribution of Prizes, 83
Chatham General Hospital, the 200 Student's Guide to, 165
Cheap Beer, Formula for, 174
Chelsea Hospital, and Asylum Amalgamation of the Medical Staff, 124
Chemical Aids, to the Medical Practitioner, 193, 252, 295, 336
Cherry Laurel Leaves, in the Treatment of Worms, 174
Chloroform, Administration of, 295
Chloroform, in the Eclampsy of Children, 331
Cholera, at Bombay, 117
Chorea, its Relation. to Valvular Disease, of the Chronic Congestion of the lungs 216—heat, and its Treatment, 8
Chronic Hydrocephalus, notes of a case of, 255
Christian Moral, by Sir T. Browne, (Review,) 121
Cinchona, the Cultivation, of India, 131
Close of the Session, the, 77
Club foot, in Infancy the Treatment of, 332
College of Surgeons, (England,) and the Medical Council, 35—Election of Councillors, 6, 19, 20, 42—list, 270 the Council, and Court of Examiners, 63, 77—Examiners, of 49
Comparative, Medicine, Lecture at the Paris School of Medicine, 7
Condemned Convict at Maidstone, a, 78
Conical Cornea, Clinical Lecture on, by Mr. H. Walton, 8
Conjunctivitis with Fibrinous Deposits on the Lids of Both Eyes, 268
Contradictory Evidence in Courts of Law, 106
Coronership for Bridlington, the, 241
Corpulency and its New Self-Dietary Cure, by Dr. A. W. Moore, (Review), 23
Correspondents, Notices to, 14, 28, 42, 56, 70, 84, 98, 112, 126, 140, 154, 187, 216, 230, 244, 258, 272, 286, 300, 314, 342, 356
Corrigan's, Dr., Doctrines, by Dr. Kidd, 311
Cottage Hospital at Walsall, 248
Cranial Deformities, 152
Crawley Court-Martial, the, 363
Crisp, Mr. E., Correspondence with the Medical Council Respecting the Carmichael Prizes, 93
Croup, the Treatment of, 357
Cuthill v. Herd, 123
Czermack, Professor, in Dublin, 42

Danish Census, the, 243
Deaf and Dumb, the Physical, Moral, and Intellectual Constitution of the, 38
Death from Careless Dispensing, 124
Death from Intoxication, 134
. . . . . Starvation, 271
. . . . . in Our Ranks, 307
. . . . . of a Sempstress through Over-work, 8, 12, 50
Death of Cresswell, Sir C., 79
. . . . . Davies, Mr. J. W., of Princes street, 153
Death of Golding, Dr. B., 79
. . . . . Green, Mr. J. H., 364
. . . . . Griffin, Dr. D., of Limerick, 125
Death on the Tight-rope, 64

Decimalization of Weights and Measures, 55
Deep-seated Tumour of the Face and Neck, Removal of, 322
Delirium Tremens, Good Effect of Ammonia in, 99
Delirium Tremens, Some Remarks on, by Dr. Hardwicke, 92
Delirium Tremens, the Treatment of, 273
Deputation to the Attorney-General On the Removal of St. Thomas's Hospital, 369
Descriptive Anatomy, a Treatise of (Review), 57
Diabetic Urine, Fallacy of the New Test of, 2
Draper, Dr., the Death of, 233
Diet and Hygiene of Infants (Review), 57
Difficult Labour, Case of, Delivery by Forceps, Retention of Urine, and Subsequent Sloughing of Lining of Bladder, 151
Diffused Inguinal Aneurism, 134
Diphtheria: Ulcers and Cutaneous Affections, Efficacy of Vegetable and Mineral Tar in the Treatment of, 30
Diphtheria, Good Effects of Ice, 232
Disease and Mortality, the Influence of Weather upon (Review), 227
Diseased Cervix Uteri, 255
. . . . . Renal Bodies, with Bronzing of the Skin, 338
Disease of Cattle, the, 249, 252
. . . Propagated through the Medium of Surgical Instruments, 71
Diseases in Large Towns, 253
. . . . . of Childhood, Practical Surgery, by Mr. T. Holmes, 8
Diseases of Women, the Diagnosis and Treatment of, by Dr. G. Hewitt (Review), 262, 296
Double Hour-Glass, Contraction of the Uterus, 228
Drinking Fountain at Croydon, a 322
Dropsies, the Diagnosis of 147
Dublin, Trinity College, Introductory Lecture at, 276
Dundee Morgan Hospital, the 112
Durham University, Pass Lists, 229
. . . . . Regulations and Examinations of Students, 163
Dwellings for the Poor, 257
Dysmenorrhœa and Sterility, 54

Ear, Clinical Lectures on Diseases of the, 203
Eastbourne, Scarlet Fever at, 223, 237
Economic Science and Statistics, 152
Eczema, Lecture on, by Dr. T. M'Call Anderson, 8, 65, 92, 103
Eczema, by Dr. Anderson (Review), 242
Edinburgh, Examinations in Psychology, 79
Edinburgh University, Gift to, 170
Edinburgh University, Introductory Lecture at, 275
Edinburgh University, Regulations Examinations, &c., 176
Educational Vaccine Stations, 200
Elastic Ligatures, 99
Electricity, as the Principle which Causes the Vitality and Coagulating Property of the Blood, 134
Elephantiasis Scroti, Some Observations, on, 346
Eminent Edinboro' Surgeon as a Critic, an, 368
Employment of Children in Unhealthy Occupations, 64
Employment of Children, Lord Shaftesbury on the, 67
English Losses in Central Africa, by Dr. Livingstone, 80
Epilepsy, Convulsions, &c., by Dr. Ogle, 79, 135, 295, 365
Epileptiform Convulsions, Case of, in the St. Pancras and Northern Dispensary, under Care of Dr. Semple, 59
Enthusiastic Farewell to an Army Surgeon, 124
Epidemiological Society of London, Transactions of, the, 122
Epizootic Disease in Cattle, 178
Erysipelas, the Pathology and Treatment of, 86
Extra Uterine Fœtation, Successful Operation, 338
Essex Hall Asylum, the, 19, 55
Essex, Herts, Benevolent Medical Society, 83
Exfoliation of the Mucous Membrane of the Bladder, 297
Expectorant Remedies, the Action of, 226
Extraction of a Bougie Twelve Inches Long from the Bladder, 120
Extremes in Practice, by Dr. Mayo, 80
Eye, Injuries to the, from Mechanical and Chemical Agents, and the Treatment of such Cases, by H. Walton, 51, 79, 120
Eye, Malignant Diseases of the, by Mr. H. Walton, 134
Expurgation of the 'Medical Register,' 243
Eye, Lectures on Examination of the, and on the Utility of the Ophthalmoscope in the Diagnosis of Ocular Affections (Review), 301
Eyes, a Theoretical and Practical Treatise on Diseases of the (Review), 301

Face, extensive Fracture and Dislocation of the bones of the, 51
Faculty of Medicine, Paris, the 243
Fallacies of the Statistical Method, as Applied to Medicine, 295, 321
Fatal Accident to a Medical Practitioner, 75
. . . Neglect of Vaccination, 201
Fatty Heart, Specimen of, 339
Federal Fleet, the 248
Fees for Surgical Degrees at Cambridge, 58
Fibroid Tumour, situated in the Anterior Wall of the Uterus, Obstructing Labour, Case of, by Dr. R. Baines, 150
Fibrous Polypus of the Uterus, with Remarks on our Means of Extirpating such Bodies, by Dr. Ritchie, 333
Flexion of the Knee for the Successful Treatment of Popliteal Aneurism, 366
Forceps, New Mode of Securing the Handles of, during Delivery, 135
Forcible Dilatation in Spasmodic Contraction of the Anus, effects of, 330
Foreign Body in the Alimentary Tract, 310
Formation of Mucus and Pus, by Dr. Chambers, 120
Flowers of Sulphur in Rheumatism of the Tendons, 332
Fossil Human Jaw, the Alleged, 2
Fracture of the Clavicle, 329
Fracture of the Humerus above the Condyles in Children 220
Fracture of the Skull of a Lunatic without Symptoms, 298
Frostbite Treated by Friction with Snow, followed by incisions, 311

Gall-stones, their Chemistry, Pathology, and Treatment (Review), 9
Galvanic Cauterisation, 259
Gangrene of the Hands, and Annulus of both Eyes, 269
Garibaldi, the Health of, 112
General Address, 155
General Annual of Medical Sciences (Review), 247
General Medical Council, Recommendations in reference to General and Professional Education, 157

GENERAL CORRESPONDENCE.
Alexander, D. C. L., Case of Double Hour Glass, Contraction of the Uterus, 228
Crisp, Mr. E., on the Carmichael and Harley Prizes, 93
Drysdale, Dr. on the Treatment of Infantile Syphilis, 351
Faculty of Physicians and Surgeons in Glasgow, Case of a Registered Licentiate of, 107
Griffith, Mr. R., on Poor Law Medical Reform, 11, 38, 377
Griffith, Dr., on the Destruction of Vermin by Chloroform, 228
Hart, Mr. E., on Smoking as a Cause of Optic Atrophy, 81
Henderson, Mr. A., Case of Dislocation of the Hip Joint Reduced by Extension 10
Jones, W. A., on the Treatment of Infantile Syphilis, 337
Laurence, M. J. Z., on the Reflecting Opthalmoscope, 269
Lingen, Dr., Case of, and Comments in the 'Lancet,' 139
Livingston, Dr. on English Cases in Central Africa, 81
Morison, A., Suggestion for Increasing the "Adam's Defence Fund," 138
"Observatio" on Medical Schools, 209
"Paterfamilias" on the Injurious Effect of Sugar, as Stated by Dr. Richardson, in his Articles on Tobacco, 138
Privy Council and the Public Vaccinators, the, 268, 285
Prolapsus Ani, Mr. H. Smith on the Treatment of, 285
Pulse, Singular Slowness of the, 269
Getysburg, the Hospital at, 125
Geologist's Association, the, 299
Glaucoma, Rationale of the Cure of, by Irridectomy, 5
Glycerine and its uses in Medicine, Surgery, and Pharmacy (Review), 305
Glycerine Dressings, 142
Glycerine Pomade in Diseases of the Eyes, 100
Golding, Dr. B., Death of, 82
Good Drainage and Water, the Effects of, 248
Gout and Rheumatism, by Dr. Fuller, 193
Gouty Otitis, the Treatment of, 17
Green, Mr. J. H., Death of, 364
Griffith Dr. G., Case of Fracture of the Body of the Scapula, of the Ribs Beneath, Sound of the Lung, and Emphysema, 191

Gunshot and Penetrating Wounds of Chest and Abdomen, Treated by Hermetically Sealing. 249
Gutta Percha Apparatus, for Fractures of the Jaw-bone, 472
Guy's Hospital, Information Respecting Hours of Lectures &c., 164

Hæmorrhage in the Palm of the Hand, Ligature of the Radial and Ulnar Arteries at the Wrist, 332
Hæmorrhoids and Prolapsus, the Use of the Clamp in the Treatment of, 288
Hæmostatic, Professor Piazza's New, 233
Hair Pin Extracted from the Male Bladder by the Lithotrite, 321, 339
Harveian Oration, the, 7
Health of London, the, 8, 83
. . . . of Scotland, 55
. . . . of the Army Abroad, 271
. . . . . at Home, 257, 265
Heart Diseases, the Symptoms, Pathology and Treatment of, by Dr. Semple, 18, 45, 101, 190
Heart, the Precise Position of the, 245
Heat and Cold applied to the Spine in Various Affections, 274
Hematocele of the Tunica Vaginalis, 329
Hemeralopia Anatomical Changes in: Cod-liver Oil, and Dark Rooms for, 173
Hereditary Deaf Mutism, 106
. . . . . Syphilis in the Treatment of, 268, 351, 354
Hernia (Strangulated) Application of India-Rubber Bands in the Treatment of, 245
Herpetic Otitis, 142
Highley's Cheap Lantern Polariscope, 356
Hip-joint, Dislocation of the Reduced, by Extension, by Mr. A. Henderson, 10
Hip-joint Diseases, the Natural History and Treatment of, 240, 305, 321
Histology, the Elements of, by Dr. Foot (Review), 247
Hoarseness and Loss of Voice treated by the Direct Application of Galvanism to the Vocal Cord, by Dr. M. Mackenzie (Review) 262
Hodges *v.* Chalmers and Others, Action for Alleged Unskilful Treatment, 139
Hogg, Mr. J., on Similarity of Titles, 28
Homicidal Insanity, 93 252
. . . . . Mania, 48
Homœopathic Practitioners at Bedford, Consultations with, 34
Homœopathic Practitioners in Australia charged with Assuming theTitle of Dr., 181
Hooping Cough, the Treatment of, 31, 240
Hospital at Coventry, a New, 117
. . . . . Bequests in Italy, 112
. . . . . Changes, 84
. . . . . of Rome, the. 116, 145
. . . . . for Consumption, Second Medical Report of the, 337
Hot-air Baths in Albuminous Nephritis, 283
Hunter, John, Restoration of the Portrait of, 205
Hydrocele and Serous Cysts, Simple Procedure for the Cure of, 142
Hydrophobia, Fatal Case of, 267
Hypodermical Treatment of Disease, Practical Remarks on, 240
Human Teeth, a Practical Treatise on, by Messrs. Gabriel, 361
Hydatidiform Ovum, by Dr. Hewitt, 364

Ice in the Treatment of Paralysis and Diabetes, 241
Icthyosis Spuria vel Selacea, Three Cases of, 82
Illegal Practice in France, 112
Illness of Lord Clyde, the, 125
Imperfect Digestion, the Cause and Treatment of, by Dr. Leared (Review) 23
Important Medical Trial, Symm *v.* Fraser and Andrews, 326
Incarcerated Hernia induced by means of Elastic Bands, 217
Inconsistencies of Journalism, 306
Indian Army, Sanitary State of the, 49, 62, 76, 90
Infant Feeding, and its Influence on Life, by Dr. Routh (Review), 23
Infanticide, 68
. . . . . at Southampton, 342
. . . . . Society for the Prevention of, 179, 229
Infantile Paralysis, 321, 336
. . . . . Syphilis, the Treatment of, 337, 351
Infant of Doubtful Gender, an, 338
Inflammation and Relaxation of the Pelvic Articulations, by Dr. Griffith, 290, 318
Inoculation, the Origin of, 127
Injury to a Physician by a Lunatic, 12
Inquiries into the Access of Air and Water to the Tympanum, the Membrana Tympani being Imperforated, 81
Insanity and Crime, the Diagnosis between, 237
Insanity, a Rational and Practical Classification of, 252
Insanity in Criminal Cases, the Plea of, 349
Instruments of a Simple Construction calculated to Facilitate Labour, 231
Intra-ocular Encephaloma, 336

INTRODUCTORY LECTURES DELIVERED AT THE METROPOLITAN MEDICAL SCHOOLS
Charing cross, 214
Guy's Hospital, 207
King's College Hospital, 205
Netley Hospital, 234
London Hospital, 211
Middlesex Hospital, 212
St. Bartholomew's, 206
St. George's, 211
St. Mary's, 213
St. Thomas's, 212
University College, 203
Westminster, 213, 221
Introductory Lectures, the, Reporting Extraordinary, 209
Iodine, Use of in Skin diseases, 47
Iodised Solution, of Morphia the, 232
Iridectomy, the Operation of 251, 265
Iris, Forceps Description of a New, 12
Irish, Medical "Mems," 23, 280
Irish Medical, Schools, Student's Guide to the, 198
Islington, the Murder at, 42
Irritable Uterus', the Use of the Bromide of Ammonium in, 359
Jaundice, its Pathology, and Treatment, by D. G. Harley, (Review), 9
Jaw Bone, Fractures of the Guttapercha Apparatus for, 172
Johnson, the late Mr. H. C. Proposed Memorial Fund, 42
Jones, Mr. of Derby, the late, 55
Jordan Mr. and the College of Physicians of Edinboro, 294
Juniper Berries, in Ascites and Anasarca the efficacy of, 232
Juries, their Competency to Decide Medical Questions, 37
King of the Belgians, Health of the, 12
King's College Hospital, Students' Guide to Lectures &c., 167
Knighthood of Dr. Coxe of Edinboro', 111
Laceration of the Vagina during Labour, 295
Ladies' Sanitary Association, the, 55
La Mert v. Medical Council, 327
Laryngitis and Tracheotomy, Cases of, by Dr. Corfe, 219, 308
Laryngoscope, by Dr. Gibb, the (Review), 253
Latent Syphilis, and its Effects on Healthy Females, and on the Fœtus in Utero, 23

LEADING ARTICLES:
Address to Students, 155
Army Medical Department, the, 348
Bethnal Green Guardians, and their Medical Officers, 250
British Medical Association, the Meeting at Bristol, 104
British Universities as Schools of Medicine, the, 298
College of Surgeons, the Elections at, 20
Dearth of Medical Pupils in the Provinces, 132
Diet of Prisoners, Paupers, and Labourers, the, 236
Excessive Mortality in the Indian Army, the Cause of, 76
General Address, 155
Green, Mr. J. H., Death of, 362
Homicidal Mania; the want of psychological Enquiry into the State of Accused Persons Minds, 48
Indian Army, Recommendations for Improving the Sanitary State of the, 90
Insanity in Criminal Cases, the Plea of, 349
Lingen, Dr., of Hereford, the Case of, 118
Medical Changes in 1863, 178
Modern Medical Journalism, 6
New Military Hospital at Netley, 194
Opening of the Medical Session, the, 208
Persecution of Medical Men, the, 348
Poor Law Medical Officers, and Medical Officers of Health, 264
Sanitary Condition of the City of London, 320
Sanitary Reform in Bethnal Green the want of, 222
SanitaryState ofthe Indian Army, 62, 90
Symm v. Fraser and Andrews; the Case of, 334
Triple Murder and Suicide, the late, 292
Vivisection, Killing Animals for Sport, and Prize Fighting, the psychological Aspect of, 146
Vivisections, the Necessity of, 197
Leeches, the Disgorgement of, 100

LEGAL INTELLIGENCE:
Apothecaries' Act, Prosecution under the, 40
Arthur v. Singleton, 242
Bennett v. Hickson, Action for Breach of Agreement, 65, 283
Beck v. Farey and Sterne, Action to Recover Fees, 108, 283
Brown v. Edwards, Alleged Slander, 54
Cuthill v. Herd, Case of Afiliation, 125
Divorce Court, Stone v. Stone and Appleton 39,
Hodges v. Chalmers and others, Alleged Negligence in Performing an Operation, 139
La Mert v. Medical Council, 327
London Corporation v. Governors of St. Bartholomew's 327
Morgan v. Lingen, Alleged Libel, 108
Queen, the, v. Hillman, 328
Russell v. Midland Railway Company, Action to Recover Damages for Injuries, 107
Sergeant v. Medical Council, 328
Symm v. Fraser and Andrews, 326, 341
Title of Doctor, the Attorney General v. King and Queen's College of Physicians Ireland, 351
White v. Hartson, Alleged Libel, 66
Letheby, Dr,, on Vaccination, 91
Letts's Medical Diaries for 1864 (Review), 357
Liebig, Professor, on the Utilization of Sewage, 74
Life in the Atmosphere, 152
Lincoln Dispensary, the, 54
Lingen, Dr., of Hereford, the Case of, 118, 187, 215, 293, 335
Lingen, Dr., of Hereford, the Case of, Remarks in 'The Lancet,' 138
Lithotomy, by Mr. H. Lee, 135
Lithotomy, Unusual Difficulty in, arising from Distortion of the Pelvis, 339
Liver, Cirrhosis and Atrophy of the, 297
Liverpool, Important Sanitary Measures for, 233
Lock Hospital, Resignation of Mr., Lee, 12
London Corporation v. the Royal Hospitals, 251, 327
London Hospital, the, 13, 125, 335. —Students Guide to the, 167
London Hospital Clinical Society, 365
London Inquest on a Death occurring at Antwerp, 112
London, Sanitary Condition of the City, 111
London Surgical Home, 313.—Fancy Bazaar at, 13
London University, a Bequest of 1,000*l.* from India, 257
London University, Information Respecting the Examinations &c., 124, 162
London University Pass Lists, 110, 298, 356
Longevity in Ireland, 124
. . . . . Scotland, 253
Loss of Life in Collieries, 200
Lunacy in Ireland, 241
Lunatic Asylum at Ennis, 124
Lung, Cavity in the, with Emphysema, 103
Lymphatic System in Reference to the Formation of the Blood-corpuscles, use of the, 268
Madras, the Health of, 200
Main Drainage, and the Present State of the Thames, 50
Manslaughter by a Medical Herbalist, 170, 243
Marshall Hall and Sylvester Method of Restoring Animation, Discussion on, 279
Medical Advocates in the Witness-Box, 35
Medical Changes in 1863, 178
. . . . . Congress at Rouen, 315
. . . . . Education, Decrease in the Number of Pupils at the Devon County Hospital, 129, 132
Medical Council, New Appointment to the, 307
Medical Fees, Case of Dr. Vose, of Liverpool, 21
Medical Fees, Recovery of, by Medical Witnesses, 21
Medical Jurisprudence, a Handbook of (Review), 247
Medical Mayors, 294
. . . . . Municipal Honours, 79, 83
. . . . . Practitioners of Bedford and Neighbourhood, Meeting of, 32

Medical Society at Bradford, a, 98

MEDICAL SOCIETIES,
CAMBRIDGE UNIVERSITY PHILOSOPHICAL :
Result of Experiments on the Growth of the Jaw, 296
HARVEIAN :
Astigmatism, 354
Inflammation, of the Eye treated with Opium, 325
Internal Use of Mercury Evidence Against the, by Dr. Drysdale, 324, 354
Reflecting Opthalmoscope by Mr. J. Z. Lawrence, 256
HUNTERIAN :
Clinical Data, Repecting Amaurosis, more Especially thatForm of it, Supposed to be Induced by Tobacco, 283
MEDICAL SOCIETY OF LONDON :
Atrophy, Considered in its Surgical Aspects by Mr. E. Canton, 242
Catheterism, a Case of Death from, 270
Disease of the Spine, and Angular Curvature the Treatment of, 353
Gangrene of the Hands, and Annulus of both Eyes Mr. R. Harrison, 269
Occasional Non-transmission of Syphilis to the Offspring, by Mr. De Meric, 298
Placenta Prævia, case of, 270
Tracheotomy, with Observations on its Employment in Diphtheria Mr. H. Smith, 269
Wire Ecraseur for the Womb by Dr. Greenhalgh, 270
OBSTETRICAL :
Ascites with Ovarian Disease, Case of, 152
Chronic Hydrocephalus, Notes of a Case of, 255
Continued External and Internal Version, 322
Difficult Labour, Delivery by Forceps, Retention of Urine, Subsequent Sloughing of Lin. of Bladder, 152
Diseased Cervix Uteri, Specimens of, 255
Dysmenorrhæa and Sterility, 54
Fibroid Tumour, Situated in the Anterior Wall of the Uterus Obstructing Labour, Case of, 150
Simultaneous Uterine and Extra-uterine Gestation Proceeding to the full Term of Gestation, 52
Tuberculosis of the Uterus, 150
Tuberculosis of the Vagina Lithotomy, 352
PATHOLOGICAL :
Aneurismal Tumour Pressing on the Vagus, 339
Arrest of the Circulation in all the Main Arterial Branches of both Arms and Legs : Exfoliation of the Tips of two of the Fingers, Following Ulceration of the Fleshy Parts of all the Fingers and Loss of the Nails, 333
Breast Tumour of the, 338
Calcerous Degeneration of the Arteries of the Fore-arm, 254
Cirrhosis and Atrophy of the Liver, 297
Diseased Renal Bodies, with Bronzing of the Skin, 338
Epiglottis, Destruction of the, 254
Exfoliation of the Mucous Membrane of the Bladder, 297
Fatty Heart, 338
Extra Uterine Fœtation ; Successful Operation, 338
Fibrinous Spulum Moulded in the Bronchial Tube, 254
Gall Stones, 254
Hair-pin, Removed from the Male Bladder, 339
Heart, Specimen of Malformation of the, 254
Hip Joint, Disease of the, 338
Infant of Doubtful Gender 338
Kidney Single, Case of, 339
Large Swellings, over the right Shoulder and Hip Joint of a Doubtful nature, 297
Liver, Disease of the, 338
Loose Bodies from a Hernial Sac, and from the Peritoneum, 254
Membrana Tympani, Perforation of the, 338
Obstruction of the Bile-ducts, by a Gall Stone, 254
Ovarian Tumour, Specimen of, 339
Polypoid Growth, Successfully Removed from the Larynx, 254
Specimens from the Lower Animals, 254
Spinal Arachnitis, the Result of Disease of the Cervical Vertebræ and Intervertebral Cartilages, 337
Supra Glottic Oedema, of the Larynx, 254
Tongue, Tumour of the, 338
Typhus, Convulsions in, 338
Tumour of the Iliac Fossa, 339
ROYAL MEDICAL AND CHIRURGICAL:
Application of Indices to Aneurismal and other Pressure Instruments, Notes on the, 367
Calabar Bean, the, its Action on the Animal Body, Compared with that of Woorara, and Conia, 11
Curling, Mr. T. B., on Sterility in Man, with Cases, 25
Ichthyosis Spuriavel Sebacca, three Cases of, 82
Iris-forceps, Description of a new, 12
Ovariotomy, twice Performed upon a Patient, 11
Popliteal Aneurism. Cured by Digital Compression, 81
Popliteal Aneurism, Cured by Flexion of the Knee-joint, 366
Popliteal Aneurism, some unusual Occurrences during the Cure of, 366
Premature Labour, the Indication of, in Cases of Pregnancy Complicated with Albuminous Urine, &c., 12
Strangulation of the Stomach, in an Umbilical Rupture ; Death of Patient during its Reduction under Chloroform, by Mr. C. H. Moore, 25
Supposed Abdominal Tumour, being a Stick, ten inches long, which had been Introduced into the Bowel Four Months Previously, per Anum, 339
Tympanum, Inquiries into the Access of Air and Water to the Membrana Tympani being Imperforated, by Dr. W. Kramer 81
Unusual Difficulty in Lithotomy Arising from Great Distortion of the Pelvis by Ricketts, Case of, 339
WESTERN MEDICAL AND SURGICAL:
Empyema, with Paracentesis.—Death, 39
Ptyalism, from the use of Toys Coloured with Red Pigment, 39
Small-pox, a Case of Suppressed, 39
Small-pox and its Prevention by Vaccination, 270
Stomach, of a Case of Oxalic Acid Poisoning, 39
Stomach, Perforation of the, and Sudden Death, 39
Medical Students in America, the Primary Education of, 200
Medical and Surgical Cyclopædia (Review) 316
Memorial Windows, 300
Melancholia, by Dr. Sankey, 93
Meningitis followed by Dropsy of the Ventricles of the Brain, 31
Mental Affections, a Practical Treatise on, (Review), 301
Mental Diseases and Defects, the Classification of, 93
Mental Pathology, a Journal of, (Review), 301
Mentone, in its Medical Aspect, by Dr. Siordet, (Review), 227
Mercury, Evidence against the Internal Use of, by Dr. Drysdale, 324
Methylated Spirits, 139
Metropolitan Main Drainage Works, Progress of the, 63
Metropolitan School of Dental Science, 170
Metropolitan Sewage, the Utilisation of, 91, 196, 350
Middlesex Hospital, Students' Guide to the, 168
Military Uniform in the West Indies, the, 55
Military Surgery, a Treatise on, 189
. . . . . in America, 201
Modern Medical Journalism, 6
Molecular Physiology, Pathology, and Therapeutics, by Dr. J. H. Bennett, 134
Monomaniacs, legal responsibility of, 217
Morbid Degeneration of Texture, 336
Morphia, in Large Doses for the Treatment of Tetanus, 60
Mortality in Bethnal Green, 215
Mucus and Pus, the Formation of, by Dr. T. K. Chambers, 103
Murders in a Cab, the late, 307
Muscular Rigidity and Retraction, 262
Mushroom Poisoning, Case of, by Dr. T. R. Mitchell, 23
Nasal Polypus, 330
National Medical Registration Association, the, 28
National Vaccine Establishment, 164
Naval Lunatic Hospital, Great Yarmouth, 42
Naval Medical Service Qualification and Examination of Candidates for Assistant Surgeon in the, 162
Negro, the Physical and Mental Character of the, 137
Nelaton, Professor, on the Treatment of Varicocele, 17
Netley Hospital, opening of the Military Medical College, 234
Neuralgia, Counter Irritation, with Tincture of Iodine in, 85 129
Neuralgia, good Effects of Arsenical Preparations in, 275
Newcastle College of Medicine, Prizes, 226
New Method of Treating Disease, by Controlling the Circulation of the Blood in Different Parts of the Body 51
New Military Hospital at Netley, the, 194
New mode of Union of Wounds to Prevent Unsightly Scars, 283
Non-Transmission of Syphilis to the Offspring, Cases of, 298
North Staffordshire Medical Society, Annual Meeting of, 325
Nose, Ulcerous and Fetid Inflammation, Treatment of the, 101

Obituary, Charles Pardey, of Southampton, 153
Obstetric Practice, Short Notes on, by Dr. G. Griffith, 9
Oil of Bitter Almonds, Fatal Case of Poisoning by, 240
Olive Leaves, Therapeutical Application of, 47
Opening of the Medical Session, the, 205
Opening of the Irish and Scotch Schools, 275
Opening of the Session of the Faculty of Paris, 328
Operative Surgery, Contributions to, 322
Ophthalmia of Armies, the History of, 175
Ophthalmia of Vine Dressers, 217
Ophthalmic Diseases among Pauper Children at Anerley, 265
Ophthalmoscopic Surgery, a Manual of, by Mr. Jabez Hogg (Review), 122
Opium for the Relief of Delirium in Typhoid Fever, 231
Opposition to Sanitary Reform at Winchester, 251

ORIGINAL COMMUNICATIONS.
Bromide of Ammonium in "Irritable Uterus," by Dr. Griffith, 359
Elephantiasis Scroti, some Observations on, 346
Fibrous Polypus of the Uterus, Case of, by Dr. Ritchie, 333
Gray, Dr. J., Case of Dislocation of the Ankle Joint Inwards, Without Fracture of the Fibula, 9
Griffith, Dr., Fracture of the Scapula, of the Ribs Beneath, Wound of the Lung, and Emphysema, by, 191
Griffith, Dr. G. G., on Inflammation and Relaxation of the Pelvic Articulations, 290
Griffith, Dr. G. G., Short Notes of Obstetric Practice, 9, 318

Laryngitis and Tracheotomy, by Dr. G. Corfe, Cases of, 289
Nesfield, Dr. S., Three Cases of Pelvic Abscesses Following Delivery, 3
Newman, Mr. A. J., Case of Meningitis followed by Dropsy of the Ventricles of the Brain, 31
Ross, Dr. G., on Diseases of the Skin, 115, 144
The Syphilitic Diseases of the Skin ; the Characteristics, Alternation of Eruptions, Alleged Permanence of the Taint, Hereditary Syphilis, the Treatment of Secondary Eruptions, Use of Mercury, 175
Action of the Syphilitic Virus on the Blood Corpuscles, the Remedies most Efficacious in the Treatment of Syphilis, Rationale of their Action, Cases Showing that Mercury is not a Preventative of Secondary Eruptions, the Absorption of Virus from the Chancre, 144
Syphilitic Affections—Congenital Syphilis, 175
Semple, Dr. R. H., on the Symptoms, Pathology, and Treatment of the Heart, 18, 45, 101, 190
Solomon, Mr. L. V., Some Account of the Operations Practised in the Nineteenth Century, for the Relief of Tension of the Eyeball, &c., 5
Wake, Dr., Case of Poisoning by Laudanum, 294
Wesley, Mr. J. S., Case of Epileptiform Convulsions, under Care of Dr. Semple, 59
Womb, Case of Retroversion of the, by H. L. P., 248

Orthopœdic Surgery, 308
Our Medical Schools, by "Observatio," 209
Os Calcis, Caries of the, 239
Outrage in a Railway carriage, the, 63, 69
Ovarian Disease, by Dr. Black, 51
Ovarian Tumour, an 339
Ovariotomy in Spain, the First Operation of, 328

Ovariotomy, Difficult and Rare Case Bearing on the Question of, 134
Ovariotomy Performed Twice Upon a Patient in Six Months, 11
Oxford University, Pass Lists, 42
. . . . . Subjects of Examinations, and Regulations for Students, 177
Ozone in the Atmosphere, Daily Registration of, 4
Pain, and the Therapeutical Influence of Rest in Accidents and Surgical Diseases, 61, 79
Paralysis, Pathological and Practical Researches on the Various Forms of, 80, 135
Pardy, Dr. C., of Southampton, the Late, 153

PARISIAN NEWS.

Albuminous Nephritis, Use of Hot-air Baths in, 287
Amenorrhœa, Mr. Simpson's Treatment of, 287
Ammonia in Delirium Tremens, the Good Effect of, 99
Apiol as a Regulator of the Catamenial Functions, 99
Arsenical Preparations in Neuralgia, 274
Ascites and Anasarca, Efficacy of Juniper Berries in, 232
Ash-leaves for the Treatment of Gout and Rheumatism, 287
Atropia Paper, 233

Belladonna and Opium, the Antagonism of, 127
Blenorrhœa, Injections for, 173
Bontius, the Pills of, 30

Calabar Bean, its Action on the Iris, 127
Caries of the Os Calcis, 329
Catheterism of the Duodenum to induce Peristaltic Action, 231
Cascarilla in Chronic Diarrhœa, &c., 233
Caustic Sulphate of Copper Sticks, 101
Cheap Beer, Formula for Making, 174
Cherry Laurel Leaf in the Treatment of Wounds, 173
Croup, the Treatment of, 357
Deformities of the Pelvis or Trunk; Shoulder Presentation in Cases of, 174
Delirium in Typhoid Fever, Opium for the Relief of, 231
Delirium Tremens, the Treatment of, 273
Descriptive Anatomy, a Treatise on (Review), 57
Disease Propagated through the Medium of Surgical Instruments, 71
Elastic Ligatures, 99
Erysipelas, the Pathology and Treatment of, 86
Foreign Bodies Extracted from the Bladder, 173
Fracture of the Clavicle, 329
. . . . . Jaw-bone, the Gutta Percha Apparatus for, 172
Galvanic Cauterisation, 259
General Association of the Medical Practitioners of France, 358
Geology of the Northern Provinces of France, 174
Glycerine and Phoneal Dressings, 142
Glycerine Pomade for Diseases of the Eyes, 100
Gouty Otitis, the Treatment of, 17
Granular Preparation of Soap-Wort, 233
Heart, the Precise Position of the, 245
Hematocele of the Tunica Vaginalis, 329
Herpetic Otitis, the Description of, 142
Histology, the Elements of, 247
Hooping-cough, the Treatment of, 31
Humerus, Fracture of the, in Children, 220
Hydrocele and Serous Cysts, the Simple Treatment of, 142
Hygienic Map of the French Empire, Suggestion for a, 43
Ice in Diphtheria, the Good Effects of, 232
Incarcerated Hernia reduced by Elastic Bands, 21, 248
Instruments of Simple Construction to Facilitate Labour, 231
Intermittent Fever, Mixture for the Treatment of, 31
Intestinal Worms; Efficacy of Santonine and Sugar, and Water Enemas for the Destruction of, 99
Latent Syphilis, and the Waters of Luxeuil, 29
Leeches, the Disgorgement of, 100
Lungs, Chronic Congestion of the, 219

Man, the Antiquity of, 58
Medical Jurisprudence, 246
Monomaniacs, the Legal Responsibility of, 217
Morphia, the Iodised Solution of, 232
Mother's Medical Guide, the (Review), 57
Ophthalmia of Armies, an Enquiry into the Cause of, 175
Ophthalmia of Vine-dressers, 217
Pellagra, the Treatment of, 273
Perinephric Abscess, the Treatment of, 141
Pellagra and Insanity, 315
Permanganate of Potash for Removing Fœtor of the Breath, 29
Piazza's New Hæmostatic, 233
Pleurisy in Children, Mr. Roger's Treatment of, 16
Pregnancy, the Average Duration of, 174
Putrid Infection, 259
Rabies, the Early Stages of, 113
. . . . the Origin of, 127, 260
Reduction of the Head of the Fœtus when Impacted after Expulsion of the Body, 171
Rigidity and Retraction of the Muscles, 262
Rouen Congress, the, 330

Scabies, liniment for, 31
Slackening in the Pulse of Women after Parturition, 246
Small-pox, the Prevention of Pitting, by Mr. Bowen's plan, 174
Spain, the Climate of, Medically Considered, 241
Spasmodic Contraction of Anus, Effects of Forcible Dilatation in, 329
Stomatitis and Diarrhœa, connected with Retching, 129
Syphilis, Transmission of, by Vaccination, Measures to Prevent the, 71
Syphilitic Otitis, the Treatment of, 87
Syrup of Pepsine, 233
Tar, Efficacious in Cutaneous Phagedenic, Ulcerous, and Diphtheritic Affections, 171
Tincture of Iodine successful in Producing Counter-Irritation in Neuralgia, 73, 85, 129
Typhoid Fever, the Pathology and Treatment of, 260
Typhoid Fever in Children, 317, 329
Ulcerous and Fetid Inflammation of the Nose, the Treatment of, 101
Varicocele, the Treatment of, 16
Vegetable and Mineral Tar in the Treatment of Diphtheria, the Efficacy of, 30
Veratria in Pleuritic and Articular Rheumatism, 129
Villate's Lotion for the Cure of Caries and Sinus, 30
Yellow Fever, Discussion on, 127
. . . . . observed at Saint Nazaire, Report on, 43, 217, 289
Vitiligo, Mr. Chausit's Prescription for, 287
Vivisections, Report of the Academy of Medicine on, 218, 260, 288

PARLIAMENTARY INTELLIGENCE.

Childrens Employment Commission, Report of the, 67
Diseases Among Sheep, 69
Infanticide, the Cause of, 69
Sanitary State of the Indian Army, 68
Scottish Vaccination Bill; the, 27
Partial Responsibility in Lunacy and Nervous Disorders, 241
Parturition, the Mechanism of, 227
. . . . . without Pain or Loss of Consciousness, by Dr. Townley (Review), 38
Parynchymatous Injections, 316
Pathological Society, Transactions of the (Review), 305
Pathological Society of Dublin, 342
Pellagra, the Characteristic Symptoms of, 273
Pellagra and Insanity, 315
Pelvic Abscess Following Delivery, by Dr. Nesfield, 3
Pelvic Articulations, Inflammation and Relaxation of the, 290
Pepsine, the Syrup of, 233
Perchloride of Iron as a Hæmostatic, 200
Perinephric Abscess, Remarks on, 141
Permanganate of Potash, Efficacy of, for the Removal of Fœtor of the Breath, 29
Pernicious Intermittent Fever, Mixture for, 31
Persecution of Medical Men, the, 348
Petroleum, the Latest Use of, 124
Pharmaceutical Conference, a, 200
. . . . . Society Prizes, 229
Pharmacopœia, the New, 328
Phthisis, Treated by the Hot-Air Bath, 305, 336
Physiology and Medicine, Studies in, by R. J. Graves (Review), 136
Pills, a Dose of, 42
. . . Bontius, the, 30
Pitting in Small-pox, the Prevention of 174
Placenta Prævia, Case of, 270
Plaster Bandages, 142
Plea of Insanity in Criminal Cases, the, 340
Pleural Fistula, Case of, by Mr. F. Whitwell, 23
Pleurisy, Lecture of, by Dr. H. Salter, 51, 65
Pleuritic and Articular Rheumatism, Efficacy of Veratria for the Treatment of, 129
Pneumo-Thorax without Perforation, 322
Poisoning by Laudanum, Case of, by Dr. Wake, 294
Poor-law Medical Officers and Officers of Health, 265
Poor-law Medical Reform, Nomination of Select Committee on, by Mr. Griffin, 10, 39
Poor-law Medical Relief at Southampton, 337
Popliteal Aneurism Cured by Digital Compression, 81
Post-Mortem Examinations in Union Workhouses, 111
Potash, Suicide by, 73
Practical Surgery of the Diseases of Childhood, 193
Practical Lithotomy and Lithotrity, by Mr. H. Thompson (Review), 120
Precautions calculated to prevent the transmission of Syphilis by Vaccination, 71
Pregnancy, the Average Duration of, 175
Pregnant Women, the Legal Responsibility of, 241
Premature Labour, the Induction of, in Cases of Pregnancy complicated with Albuminous Urine and Dropsy, 12
Private Asylums for the Insane, 252
Private Teachers, 164
Privy Council and the Public Vaccinators, the, 268
Prize Fighting, Killing Animals for Sport, and Vivisection, the Psychological Aspects of, 146
Prolapsus Ani, the Treatment of by Mr. H. Smith, 285
Prolapsus of the Iris, Employment of the Alkaloid of the Calabar Bean in, 51
Propriety of abstaining from interference with Hæmatocele of the Head of the Fœtus, after delivery, 30
Prosecution for Heresy in a Thesis, 42
Prisoners, Paupers, and Labourers, the Diet of, 236
Puerperal Convulsions, cases of by Dr. Prosser, 80
Puerperal Inflammations, Observations on the Prevention and Cure of, 179
Putrid Infections, 259
Psychology, Examinations at Edinburgh, 79

Qualitative and Quantitative Analysis of the Urine (Review), 346
Queen *v.* Hillman, Conviction for administering Savine to procure Abortion, 328
Rabies, the Origin of, 127
Rabies, the Treatment of, 71, 113, 260
Recovery of Physicians' Fees: the Case of Drs. Beck and Freund, 133
Rectum and Anus, the Diseases, Injuries, and Malformation of the (Review), 135
Reduction of the Size of the Head of the Fœtus, when Impacted, after Expulsion of the Body, 171
Reflecting Ophthalmoscope, by Mr. J. Z. Lawrence, 256, 269
Registered Licentiate of the Faculty of Physicians and Surgeons, Glasgow, a, 107
Remarkable Suicide, 300
Renal Calculus, Case of, by Dr. W. H. Day, 23
Result of Experiments on the Growth of the Jaw, 296
Retention of Urine, Lecture on the, 295
Retention of Urine, from Diseased Prostate Gland, 226
Retirement of a Public Benefactor, 199
Retroversion of the Womb, Case of, 248

REVIEW OF BOOKS.

Anderson, Dr. T. McCall, on Eczema, 242
Ashton, Mr. T. J., on the Diseases, Injuries, and Malformation of the Anus and Rectum, 135
Beneke, Dr. T. W., on the Occurrence, Distribution, and Functions of the Biliary Constituents in Animal and Vegetable Organism, 9
Bird, Dr. S. D., on Australasian Climates and their Influence in the Prevention and Arrest of Pulmonary Consumption, 296

Browne, Sir T., Christian Morals, 121
Bryant, Mr. T., on the Surgical Diseases of Children, 242
Canton, Mr. E., on the Arcus Senilis, 253
Clark, F. le Gros, Outlines of Surgery, 38
Consumption Hospitals, Second Report of the, 337
Drysdale, Dr., on the Treatment of Syphilis, &c., without Mercury, 337
Fox, Dr. Tilbury, on Skin Diseases of Parasitic Origin, 336
Gabriel, Messrs., Practical Treatise on the Human Teeth, 336
Gibb, Dr. G. D., on the Laryngoscope, 253
Harley, Dr. G., on Jaundice, its Pathology and Treatment, 9
Hawkins, J., on the Physical, Moral, and Intellectual Constitution of the Deaf and Dumb, 38
Hilton, J., on the Influence of Rest in Accidents and Surgical Diseases, 361
Hogg, Mr. J., Manual of Ophthalmoscopic Surgery, 121
Hewitt, Dr. G., on the Diseases of Women, 262, 296
Leared, Dr. A., on the Causes and Treatment of Imperfect Digestion, 23
Lee, Dr. E., on the Baths of Germany, France, &c., 23
Lee, Dr. E., on the Watering-places of England, 23
Mackenzie, Dr. M., Hoarseness and Loss of Voice, 262
Mackenzie, Dr. M., Statistical Tables of the Patients under Treatment in the Wards of the London Hospital, in 1862-3, 227
Mac Leod, Dr. W., on the Treatment of Asthma, &c., by the Water Cure, and Air-Bath, 337
Marsh, Dr. J. C. L., on Special Therapeutics, 228
Moore, Dr. A. W., on Corpulency, and its New Self-dietary Cure, 23
Ranking and Radcliffe's Half-yearly Abstract of the Medical Sciences, 38
Routh, Dr. C. H. F., on Infant Feeding and the Causes and Prevention of Infant Mortality, 23
Scoresby, Jackson Dr., on the Influence of Weather upon Disease and Mortality, 227
Siordet, Dr., on Mentone in its Medical Aspect, 227
Stokes, Dr. W., Studies in Physiology and Medicine, 136
Thudechum, Dr., on Gall stones, their Chemistry, Pathology and Treatment, 9
Thompson, Mr. H., Practical Lithotomy and Lithotrity, 120
Townley, J., on Parturition without Pain, or loss of Consciousness, 38
Transactions of the Epidemiological Society, 122
Weiss and Son's Catalogue of Surgical Instruments, 227
Smith and Co's (Long Acre) Visiting List, 361

ASCLEPIOS :
Report of the Meeting of the Medical Society of Athens, 38

BRITISH MEDICAL JOURNAL :
Artificial Anus, 187
Beale, Dr. L., Remarks on Depletion and Excessive Stimulation in Very Serious Cases of Acute Disease, 37
Bryant, T., on Surgical Diseases of Children, 9, 22
Curling, Mr. T. B., Case of Obstruction in the Rectum, Caused by Carcinomatous Tumours, 107
Day, Dr. W. H., Case of Renia, Calculus, 23
Dropsies, Diagnosis of, by Dr. H. Salter 147
Humphrey, Dr. G. M., Eight Cases of Diphtheria, 37
Max, Dr. T., on Extremes in Practice, 80
Meyron, Dr., on the Various Forms of Paralysis, 51, 80, 13,5
Mitchell, T. R., Case of Mushroom Poisoning, 23
Obstetric Practice, the Operation of Transfusion, 147
Orthopœdic Surgery, by Mr. Broadhurst, 295
Price, Dr. W., Treatment of the Early Stages of Hip-joint Diseases in Children, 37
Rheumatic Fever, Statistics of the Treatment of, 147,
Salter, Dr. H., Clinical Lecture of Pleurisy, 51
Smith, Mr. T., on Acute Necrosis of Growing Bones, 80, 106
Unhealthy Ulceration, after Vaccination, by H. Lee, 135
Walton, Mr. H., on Conical Cornea, 9
Whitwell, Mr. F., Case of Pleural Fistula, 23

GLASGOW MEDICAL JOURNAL :
Caughie, Dr. I., the Particulars of Some Cases of Diphtheria, 37
Cleland, Dr., on Two Tumours adherent to the deep surface of the Dura Mater, 37
Expectorant Remedies, the Action of, 226
Gairdner, Dr. W. T., on the Action of Expectorant Remedies, 37, 226
Leishman, Dr. on the Mechanism of Parturition, 227
Wallace, Dr., Case of Compound Comminuted Fracture of the Skull, 37
Whitelaw, Dr., the Influence of Mental Impressions on the Fœtus in Utero, 37

JOURNAL OF MENTAL SCIENCE :
Classification of Mental Diseases and Defects, by Professor Laycock, 93
Homicidal Insanity, by Dr. J. C. Brown, 93, 252
Insanity, a Rational and Practical Classification of, 251
Melancholia, Dr, Sanking on, 93
Private Asylums for the Insane, 252

LANCET :
Acute Molitus Ossium, by Dr. Levy Marsh, 295
Adams, Mr. J., on Retention of the Urine, 295
Asthma, Contributions to the Pathology and Treatment of, 295
Bennett, Dr. J. H., on Molecular Physiology, Pathology, and Therapeutics, 134, 336
Bennett, Dr. J. H., on Sicily as a Winter Climate, 8
Calabar Bean, its Actions, Prepations, and Uses, 251, 268, 299
Cavity in the Lung, with emphysema, 103
Chambers, Dr. T. K., on the Formation of Mucus and Pus, 92, 103, 120
Clamp in the Treatment of Hæmorrhoids and Prolapsus, Use of the, 268
Coote, Mr. H., on Infantile Paralysis, 37
Deaf Mutism Hereditary, Interesting Case of, 106
Dislocations of the Thumb at the Metacarpo-phalangeal Joint, 240
Electricity as the Principle which Causes the Vitality of the Blood, 134
Fergusson, Mr. W., Case of Extraction of a Bougie Twelve Inches long from the Bladder, 120
Hewitt, Dr. G., on Vaccination, 8
Hilton, Mr. Jr, on Pain, and the Therapeutic Influence of Rest in Accidents and Surgical Diseases, 36, 61, 79
Hip-Joint Diseases, the Treatment of, 240, 279
Holmes, Mr. T., on the Practical Surgery of the Diseases of Children, 8
Hooping-Cough Treated with Belladonna, and Sulphate of Zinc, 240
Hunter, Mr. C., on Hypodermical Treatment of Disease, 240
Huxley, on the Structure and Development of the Vertebrate Skeleton, 22, 36, 79, 120
Intoxication, Death From, 134
Lister, Professor J., on the Coagulation of the Blood, 92, 103
Pavy, Dr. F. W., on Assimilation and the Influence of its Defects on the Urine, 61
Radcliffe, Dr. C. B., Certain Disorders of the Brrin and Nervous System, 50
Reynolds, Dr. J. R., on Jucipicat Wasting Palsy, 37
Rheumatic Fever, the Treatment of, 226
Sudden Change of Climate, the Unfavourable Influence of, 120

MEDICAL CRITIC :
Baits for Suicide, 241
Etherisation, the Discovery and Discoverer of, 51
Ghosts, Patent Prescriptive, 51
Law of Certainty, the, 51
Lunacy in Ireland, the State of, 241
Mental and Physical Life in Relation to Time, 51
Physiognomy of the Insane, the, 51
Sanitary State of the Indian Army, 241
Scutari in 1863, 241
Spiritualism as a Cause of Insanity, 51

MEDICAL TIMES AND GAZETTE :
Anderson, Dr. T. M'C., on Eczema, 8, 37, 92, 103.
Blood, Lymph, and Chyle of Vertebrata, by Professor Gulliver, 268, 295
Bony Anchylosis at the Knee Treated by Excision, 226.
Chapman, Dr. J., on a New Method of Treating Disease by Controlling the Circulation of the Blood in different parts of the Body, 51
Coagulation of the Blood, by Professor Gulliver, 240
Hardwick, Dr. G. R., Some Remarks about Delirium Tremens, 92.
Hereditary Syphilis in Infants, the Treatment of, 268
Huxley on the Vertebrate Skull, 23, 51, 79, 120, 226, 295, 336
Ice in the Treatment of Paralysis and Diabetes, 241
Improvements in the Methods of Cataract Extraction, 252
Infantile Paralysis, 336
Intra-ocular Encephaloma Extirpated without return, 336
Kirke's, Dr. W. S. on Chorea; its Relation to Valvular disease of the heart, 8.
Ogle, Dr. some cases of Epilepsy, &c., 79, 135, 295
Ovariotomy, difficult and rare cases bearing on the question of, 13.
Poisoning by the sub-sulphate of mercury, 120
Quain, Professor, on some cases of amputation, with observations on Pycemia, 37
Quain, Professor, on recurrent fibroid tumour, 92
Ramsbotham, Dr. F. H., Clinical Midwifery, 37, 103.
Thompson, Dr. R. D., on Chemical Aids to the Medical Practitioner, 226, 252, 295, 336
Walton, Mr. H., on Injuries to the Eye from Mechanical and Chemical Agents, and the Treatment of such Cases, 79, 120
Walton, Mr. H., on Malignant Diseases of the Eye, 134
Rheumatic Fever, Statistics of the Treatment of, by Dr. Chambers, 147
Rheumatic Fever, the Treatment of, by Dr. Wade, 226
Rheumatism and Gout, Efficacy of Ash-leaves in, 287
Richmond Hospital, Dublin Introductory Address, 277
Rogers, Mr. H. (Paris), on Pleurisy in Children, 16
Royal Botanic Society, Regent's Park, 112
Royal College of Physicians, London, Pass-lists, 27, 70, 215, 256, Qualifications of Candidates, Preliminary Examinations, Professional Examinations, Days of Examination, 159, Conversazione at, 64
Royal College of Surgeons, Edinboro' Introductory Lecture, 275
Royal College of Surgeons, Edinboro' Pass Lists, 111, 299
Royal College of Surgeons, England, Pass Lists, 27, 70, 83, 98, 256, 299, 313, 328, Regulations respecting the Education and Examination of Candidates for the Diploma of Members, 159
Royal College of Surgeons, Ireland, Introductory Lecture at the, 277
Royal Gift, a, 117
. . . Medical and Chirurgical Society, Expulsion of Mr. Evan Thomas, 5
Royal Naval Female Orphan School, Isleworth, 56
Royal Navy, the Retired Surgeons of the, 35
Rouen Congress, the, 330
Ruinous Acquittal, a, 61
St. Andrew's University, Regulations Respecting Medical Degrees, 180
St. Bartholomew's Hospital (Chatham), Opening of, 243
St. Bartholomew's Hospital, Students Guide to, 166
St. Georges's Hospital, Students Guide to, 166
St. Mary's Hospital, Students Guide to, 168
St. Thomas's Hospital, the Removal of, 169, 229, 342
St. Thomas's and Bethlehem Hospitals, 7, 12, 55, 63, 62, 119, 125
St. Thomas's Hospital, Saturday Bands at, 19
St. Thomas's Hospital, Protest Against the Stangate Site, 281
Sanitary Condition of the Army in India, 196
Sanitary Condition of the City of London, 320
Santonine, and Sugar and Water Enemas, for the Destruction of Intestinal Worms, 99
Scabies, Liniment for the Cure of, 31
Scarlet Fever at Eastbourne, 223, 237
Scotch Scandal, a, 105
Scottish Hospital, 199th Anniversary of the, 336

Sewage, the Utilisation of, by Baron Liebig, 74, 77
Shaftesbury, Earl of, on the Employment of Children, 67
Shaftesbury, Earl of, on the Medical Profession and Bethlehem Hospital, 21
Sheep, the Diseases Among, 69
Sicily as a Winter Climate, by Dr. J. H. Bennett (Review), 8
Sickness and Mortality of the Summer and Autumn, 271
Similarity of Titles, 14
Simultaneous Uterine and Extra-Uterine Gestation, Proceeding to the Full Term of Gestation, 52
Skin Diseases, Lectures by Dr. Ross, on, 115, 144, 175
Skin Diseases of Parasitic Origin, their Nature and Treatment, by Dr. Fox (Review), 336
Skin Diseases, the External and Internal Use of the Preparations of Iodine, in, 47
Small-pox and its Prevention by Vaccination (Review), 270
Small-pox, Patients Received into Metropolitan Workhouses, 22
Smoking as a Cause of Optic Atrophy, &c., 87
Soap Wort, Granular Preparation of, 233
Social Evil, the, and its Physical Results, 119, 134, 195
Social Science Congress at Edinboro: —Conversazione at the University, 225; Medical Reform, 226; Miss Nightingale on the Sanitary State of the Indian Army, 225; Public Health Department, 226, 239, 249
Special Therapeutics, by Dr. Lory Marsh (Review), 227
Special Arachoritis, 337
Spontaneous Closure of the Axillian Artery after Division by a Gunshot Wound, 92
Spontaneous Amputation in Utero, 310
Squamous Disease of the Skin, 134
Statistics of the Globe, 84
Sterility in Man, Observations on, by T. B. Curling, 25
Stomatitis and Diarrhœa connected with Teething, 129
Stone v. Stone and Appleton, case of, 36, 39, 293
Strabismus and Diplopia, Pathology and Treatment of (Review), 302
Strangulation of the Stomach in an Umbilical Rupture, 26
Stricture of the Urethra, the Immediate Treatment of, 364
Structure and Development of the Vertebrate Skeleton, by Professor Huxley, 22, 79, 120
Student's Guide to the London Hospitals and Schools, 165, 170, 182, 186
Sudden Death Caused by Rupture of the Stomach from Gelatinous Softening, 252
Suez Canal Company, the, 124
Suffolk General Hospital, Deficiency of Funds, 58
Suicide, Baits for, 241
. . . . . of a Navy Surgeon, 134
Sulphate of Sewage, the, 197
Supposed Abdominal Tumour, 339
Surgery, the Outlines of, by F. Le Gros Clark (Review), 38
Surgical Diseases of Children, the by T. Bryant, 9, 22, 242
Sylvester, Dr., Method of Restoring the Apparently Drowned, 147
Symm v. Fraser and Andrews, the Case of, 326, 334, 341, 345
Sympathetic Irritation in Infancy, by Dr. G. Griffith, 149
Symptoms, Pathology, and Treatment of Heart Diseases, by Dr. Semple, 18, 48, 101, 190
Syphilis and Other Diseases Treated without Mercury, by Dr. Drysdale (Review), 337
Syphilis, the Propagation of, by Vaccine Matter, 2.
Syphilitic Diseases of the Skin, their Nature and Treatment, by Dr. G. Ross, 115, 145, 175
Syphilitic Otitis, 87

Tar, in Cutaneous, Phagedenic, Ulcerous and Diphtheritic Affections, Efficacy of, 171
Tartarized Antimony, its Action on the Heart, 116
Teeth, as Supplied by Nature and Preserved by Art, the, (Review), 305
Teeth, Elements of the, Anatomy and Diseases of the, (Review), 305
Tension of the Eye-ball, Glaucoma, &c., Operations Practised for the Relief of, in the 19th century, by J. V. Solomon, 5
Tetanus treated by Large Doses of Morphia, 60
Thumb, Dislocations of the, 240
Title of Doctor, the, 349
Tincture of Iodine in Neuralgia, for Producing Counter-Irritation, 73, 85
Twin Conception, Rare Case of, Expulsion of One Child at the End of the Second Month, and Retention of the Second to the End of the Sixth Month, 310
Tobacco in its Relation to the Health of Individuals and Communities, 46
Tobacco, is Amaurosis Produced by, Letter from Mr. E. Hart to 'Lancet,' 123
Tobacco Smoking by Young Men, Effects of, 13
Tobacco Smoking, Cases of Amaurosis from, 59
Tobacco *v.* Sugar, 138
Tongue, Tumour of the, 338
Topics of the Day, (Review), 347
Town Cowhouses and the Health of the People, Important Decision, 266
Transfusion in Obstetric Practice, with a Description of a more Convenient Transfusion Apparatus, 147
Traumatic Emphysema, Treatment of, 331
Tracheotomy, Some Cases of, with Observations on its Employment in Diphtheria, 269
Triple Murder and Suicide, 292
Trunk or Shoulder Presentation in Cases of Extreme Deformity of the Pelvis, 174
Tubal Gestation, with a Description of the Parts Involved, 53
Tumour of the Iliac Forsa, 339
Tuberculosis, the Different Forms, and Chemical Appearances of, 22
Tumour of the Tongue of 20 years' Growth, Successfully Removed, 240
Tumour, Recurrent Fibroid, Two Case of, by Dr. Quain, 92
Typhoid Fever in Children, 317, 329
Typhoid Fever, the Contagious Character of, 246
Typhoid Fever, the Pathology and Treatment of, 260
Typhus Fever in the Metropolis, 267
Unfavourable Influence of Sudden Change of Climate, 121
Unhealthy Ulceration after Vaccination, 135
University College Hospital, Subject and Hours of Lectures, 169
University College, London, Mr. H. Thompson Appointed Surgeon, 126
University of St. Andrew's and its Advantages, by Dr. Beaumont, 148
University of Aberdeen, Pass Lists, 111
University Regulations and Examinations of, 176, 180
Urine, Urinary Deposits and Calculi, by Dr. Beale (Review), 346
Uterus, Three Cases of Retroversion of the, 324
Uterus, Tuberculosis of the, 150
Vaccination Bill for Scotland, 27
. . . . . in Galatz, the Practice of, 116
Vaccination, Lecture of, by Dr. G. Hewitt, 8
Vaccination, Refusal to Give Certificates of, 83
Vaccination, Remarks on, by Dr. Letheby, 91
Vaccination, Fatal Neglect of 210
Ventnor, Sanitary Improvements at, 263
Vermin, the Destruction of, by Chloroform, 228
Vertebrata the Blood, Lymph, and Chyle of the, 240
Vertebrate Skull, the, Lecture on, by Professor Huxley, 23, 51, 79, 226, 295, 305, 336
Vaginal Lithotomy, 322
Varicose Veins, Sesquichloride of Iron for the Cure of, 274
Version, Continued External and Internal, 322
Villate's Lotion, for the Cure of Caries and Sinus, Efficacy of, 30
Vitiligo, Mr. Chausit's Prescription, 287
Vivisection, Debates on, at the Academy of Medicine, 105, 217, 260, 288
Vivisection, Letter From R. Skegg, 148
Voice, Lectures on the, 42
Wanted Pure Water, 229, 285
Water Impregnated with Arsenic, 42
Watering Places of England Considered with Reference to their Medical Topography and Remedial Resources, by Dr. E. Lee (Review), 23
Webb, the late Dr. Allan, 282
Weiss and Sons' Catalogue of Surgical Instruments, &c., 227
Wens of the Scalp, 142
Westminster Hospital Students' Guide, 170
White v. Harston, Action for Alleged Libel, 66
Wire Ecraseur for the Womb, 270
Womb, Retroversion of the, 248
Woolwich Military Hospital, Additional Wing for Female Patients, 112
Yellow Fever, Report by Mr Rufuz, 2
Yellow Fever, Report by Mr. Guérin, 127, 218
Yellow Fever, Sanitary Measures Calculated to Check the Propagation of, 259
Zadkiel's Almanac, Action by the Editor of, 22
Zoology, A Manual of, by Milne Edwards (Review), 147

PARISIAN MEDICAL NEWS.

Yellow-fever.—Origin of rabies.—Action of the Calabar bean on the iris.—Antagonism of belladonna and opium.

Two members, Messrs. J. Guérin and Poiseuille, addressed the Academy of Medicine on the subject of yellow-fever.

Mr. Guérin viewed the question in its scientific and practical aspects. In this gentleman's opinion, the principal source of contagion and of fomites of infection, resides in the diseased subjects themselves, and more especially in the miasmatic particles evolved from the lungs during respiration; when absorbed into the system of a previously healthy individual, the virus like all other morbid poisons inoculated to man, is multiplied and developed by a kind of catalytic action, or is intensified by its accumulation in dwellings, ships, or hospital-wards, and acquires an amount of virulence proptor tionate to the number of inmates, and to the more or less imperfect state of ventilation: these are the circumstances which determine the degree of violence of the infection, he severity of the disease, and its power of propagation. An attack of yellow-fever would appear to confer immunity from future infection, a fact also observable in small-pox, cholera, plague, typhus, &c., and other contagious complaints. The immunity enjoyed by the denizens of countries in which yellow fever is an endemic, is the consequence of a modified attack, which as well as the graver forms of the fever secures to the patients the privilege of future safety.

Addressing himself to the practical bearings of the subject, Mr. Guérin then inquired into the prophylactic measures applicable to yellow fever, and the most judicious methods of treatment in the premonitory stage.

"If," said he, "the theory I have endeavoured to establish, that the contagious ferment is elaborated in, and propagated by emanations from the body of the sufferers, is confirmed by the observation of facts, reforms based upon this principle, must be introduced in the prophylactic management of the disease both in epidemics and in solitary cases. The patients must, in the first place, be isolated, and suspicious subjects disseminated. Crowding must of course be most carefully avoided, and the perils of nosocomial infection guarded against. Persons labouring under yellow fever must on no account be admitted into hospital-wards. In addition to the sponging, bathing, and fresh clothing recommended by Mr. Mélier, the interior structures of the body should also be thoroughly cleansed and purified. The subsequent remarks on the management of the premonitory stage of yellow fever, are applicable to the preventive measures appropriate to individuals who have resided in infected localities, and in accordance with the suggestion of Messrs. Bellot and Nicolas, brisk aperients should be repeatedly exhibited. This measure, calculated to be of eminent service in checking the disease at its onset, is more especially useful as a means of preventing its further propagation, Mr. Guérin being of opinion that the morbid poison may be conveyed to others by individuals who have themselves escaped unscathed. They exhale, nevertheless, the contagious principles, which fructify in the systems of other subjects more liable to infection. These measures in no wise detract from the value of those prescribed by the administration and alluded to by Mr. Mélier, but Mr. Guérin conceives it to be desirable to lay far less stress upon the latter, and to insist more particularly on the precautionary treatment of individual cases.

The learned member's remarks on curative treatment were confined to the early stage of yellow fever, in which he opines that, as in cholera, aperients and emeto-cathartics should be resorted to. He adduced in support of this view empirical tradition, ætiological considerations, and the results of his own experience, which although not supplied directly by personal observation of yellow fever, seems however highly favourable to the above-mentioned remedies in the premonitory stages of the complaint.

Mr. Guérin considers empirical tradition deserving of the most serious attention. In each country certain methods of treatment, although unsupported by scientific induction, have acquired a degree of popularity which recommends them to those who are willing to benefit from the teachings of experience, whatsoever may be its source. Now in the case of the *Anne Marie*, the physician attached to the ship exhibited purgatives to the entire crew, with the exception of two men; these two, by a noteworthy coincidence, being the only individuals who died, out of fourteen cases which occurred on board. This circumstance is assuredly most suggestive, and acquires even greater import when it is recollected that the advice to give aperients to the men was offered by Mr. Bellot, the physician of the hospital at the Havana, a practitioner of the most consummate experience and sagacity, who previously pointed out to Mr. Bertulus the pathognomonic characters of the breath in the early stages of yellow fever. Traditional experience, therefore, suggests the utility of emetics and aperients on the first appearance of the symptoms of yellow fever. This practice is further borne out by our knowledge of the condition of the digestive organs in the incipient stage of all contagious and epidemic affections, such as measles, scarlatina, small-pox, influenza, typhoid fever and cholera in which we have reason to believe in the excretion of a morbid poison, and in its bad effects on the secretions of the mucous membrane. This view, confirmed by daily observation, has always guided Mr. Guérin, and induced him to resort to the exhibition of evacuants on the earliest appearance of the diseases above enumerated, and would seem to confer a two-fold benefit, in the first place the cutaneous eruptions being facilitated in torpid cases, and in the second the gravity of the complaint being thereby obviously mitigated. Without therefore exceeding the limits of legitimate induction, Mr. Guérin thinks himself justified in applying to the treatment of yellow fever principles, the soundness of which he has repeatedly tested in other infectious disorders.

Mr. Poiseuille then addressed the Academy and was about to launch into a discursive summary of Mr. Mélier's report, when the Chairman requested him to confine himself to the critical portion of his remarks, and the learned member then expatiated on the necessity of improving the ventilation of ships, which according to Mr. Michel Levy, is the only true basis of nautical prophylaxy.

Mr. Poiseuille is of opinion that the inside and hold of ships should be frequently, if not unceasingly, ventilated by a powerful current of air, calculated to drive away all deleterious emanations. The facts observed on board the *Anne Marie*, point distinctly, according to Mr. Poiseuille, to the dangers arising from an insalubrious, close, unventilated hold, and he could not but express his surprise that Mr. Guérin should not have been as much struck as Mr. Mélier with this unsatisfactory condition, and should have viewed the patients, and not the hold itself, as the chief source of infection.

Mr. Poiseuille took this opportunity of describing a new apparatus which has already been adopted with much advantage in a large iron-foundry, where it lowers the temperature from 122 to 60° Fahr.; he conceives that this apparatus invented by Mr. Nouhalier, would confer the greatest benefits on general hygiene, and more especially on the sanitary condition of the navy.

— Mr. Bouley's recent report on rabies gave rise to a communication presented to the Academy by Mr. Boudet, in the name of the author, Mr. de Morenhaut, a gentleman occupying high rank in the French diplomatic service.

This observer, compelled by the nature of his duties to reside in different parts of the world, states that personal experience has impressed the conviction on his mind, that hydrophobia invariably originates in the bite of a class of animals to which the morbid poison specially belongs. These are the various kinds of *mustelidæ*, viz., the polecat, viverra, mephitis, etc. The '*Gazette Hebdomaire*' states that twice, in 1815 and 1819, Mr. de Morenhaut observed in Europe rabies in dogs, consequent on the bite of polecats. One genus of the same family (Buffon's *Zovilla*), is to be found in Chili, and in that country Mr. de Morenhaut witnessed in 1826 and 1828, several instances of rabies, whereas in other lands in which the polecat does not exist, such as Polynesia, Van

Diemen's Land, and Australia, he had ample opportunity, from 1829 to 1846, of ascertaining that rabies is unknown. At Monterey, in 1846, the author found that throughout California and Sonora, the same opinion prevails as to the origin of rabies in the polecat, and especially in a kind of foumart, a view which the author illustrates with many anecdotes, and perfectly trustworthy observations. The virus would consist in a yellowish matter secreted in the mouth of the polecat, and used by the animal in self-defence. Mr. de Morenhaut was present when a cat was bitten in this manner, hydrophobia and death following in a few days: he has also observed rabies in children after the bite of the *Zovilla*.

Providence, however, in creating the mustelidæ, has provided us with an antidote to their venom. This invaluable remedy the *Confiteria* grows in America, and would be, according to Mr. de Morenhaut, a specific for the cure of hydrophobia. We trust that the committee to whom this paper has been referred, will test the truth of these interesting assertions, and will, should they prove to have any foundation in truth, promptly place the invaluable *Confiteria* at the disposal of our chemists.

— Mr. Giraldès has recently brought forward before both Academies a question of materia medica which will probably interest ophthalmic surgery. We refer to the properties of a plant belonging to the family of *Leguminosæ*, the *physostiyma venenosum*, a full description of which has been supplied in the *Transactions of the Edinburgh Royal Society*, by Professor Belfour. The pod of the plant contains two or three beans of an inch in length, by half-an-inch in width. These are called Calabar beans, from the name of the district in which they are gathered; they are used by the natives as tests in cases of suspected criminality. Missionaries and travellers relate that it is a prevalent custom in the country, to cause these beans to be administered to individuals lying under suspicion of crime, and that guilt or innocence are inferred from the effects of the poison. It is further asserted that its action can be regulated at will by the priests, who, by some process of boiling or roasting, are enabled to render the beans innocuous.

However this may be, the point towards which the attention of scientific men is now invited, is the singular action of this substance on the iris. Dr. Fraser, of Edinburgh, has ascertained that it induces contraction of that membrane, a fact fully confirmed by the subsequent experiments of Messrs. Argyll, Robertson, Bowman, Woolcott, Soelberg Wells, Hart, and Giraldès. The researches instituted by the last-named surgeon at the Hospital for Infancy in Paris, with a solution of the extract of Calabar bean, have yielded results which the author communicated on the 14th of July to the Academy of Medicine.

"I tested the effects of the solution," says he, "in twelve children, and in all the pupil contracted rapidly.

"In the course of a quarter of an hour, that aperture was reduced to a mere point, and in several cases the pupil had been previously distended with belladonna.

"The first experiments were made with a solution forwarded from London by Mr. Bourjeaurd. In a second series of four cases, the extract had been obtained by Mr. Réveil, from beans sent by Dr. Fraser, who also instructed us as to the mode of preparation.

"One part of this extract dissolved in five of glycerine, formed a solution, one drop of which was inserted between the lids, causing the pupil to close in fifteen minutes. In my first experiments, the contraction persisted for sixteen or twenty hours; when the extract prepared in Paris was used, its effects endured for upwards of twenty-four.

"This property of inducing occlusion of the pupil, will assuredly turn out a valuable addition to the resources of the oculist."

Future experience will point out the cases in which the new drug is likely to be serviceable. Mr. Robertson has already mentioned retinitis accompanied by photophobia, in which it must doubtless be advantageous to diminish the amount of light admitted into the chambers of the eye. It would seem natural also to resort to the same agent in cases of mydriasis, in which, in addition to curative treatment, peculiar exercises of the eye, and the use of roughened glasses, presenting a central aperture, or of Donders' spectacles, have been recommended; also in those cases in which surgeons have endeavoured to induce contraction of the pupil by the use of collyria containing laudanum, or ergot of rye, or by the application of electricity, or the cauterisation of the margin of the cornea, suggested and practised by Serre (d'Alais).

— Clinical inquiry as to the medicinal applications of the Calabar bean will probably inform us whether this substance, which acts on the pupil in a manner diametrically opposite to belladonna, may not possibly turn out to be an effective antidote to the latter. The inference is undoubtedly legitimate, but until it is confirmed by facts, we must not forget that poisoning by belladonna is daily contended with successfully by means of opium.

The *Dublin Quarterly* related last year the case of a child aged two years and two months, who had accidentally swallowed some extract of belladonna. The exhibition of an emetic and of an aperient enema, was followed up by the administration of five drops of tincture of opium, and of three further drops after an interval of one hour. Two minims every two hours were then perseveringly given, until sleep was induced. The child had been poisoned in the morning, the treatment was instituted at 3·30 p.m. only, and sleep supervened at one o'clock a.m. In the morning considerable improvement was observed; two more drops of tincture of opium were prescribed, and a prompt recovery was effected.

Mr. Béhier has more recently recorded in the '*Union Medicale*,' a case which illustrates in an equally striking manner the antagonistic action of the two substances. The patient on this occasion, was not an infant, but a man aged seventy-five years, suffering from weak vision in one eye, for the more easy ophthalmoscopic examination of which, a collyrium had been prescribed, containing one-fifth of a grain of sulphate of atropia in three and a half ounces of water. The patient instead of applying the collyrium to the eye, swallowed the contents of the phial at one gulp; he at first experienced merely a sensation of dryness in the throat, but the symptoms characteristic of poisoning by belladonna shortly made their appearance. Six drops of Rousseau's laudanum had already been exhibited in an infusion of coffee when Mr. Béhier was called in; this gentleman at once prescribed fifty drops of Sydenham's laudanum to be taken in ten drop doses every ten minutes. The patient showed some perception of the taste of the laudanum. The pulse soon became soft, but remained frequent, and the iris which was immovable and distended, slightly contracted when exposed to strong light. The subject now heard better, and endeavoured to pronounce a few words. In the evening, however, towards nine o'clock, spasmodic action supervened, together with delirium and hallucinations; the pulse rose to 120; at two a.m., ten further drops of Sydenham's laudanum were exhibited, with the effect of partially restoring consciousness. Ten minims were again prescribed at five o'clock, when the wandering and spasmodic action subsided, and the pulse fell to 96; the condition of the pupil was now natural; at two p.m. a bowl of soup was allowed, the only remaining symptom being weakness.

In this interesting instance of atropic intoxication, the progressive decrease of the symptoms kept pace with the action of the laudanum. Mr. Béhier lays much stress on this important fact, which has often been observed in cases of this description, that a considerable disproportion exists between the effects of belladonna and atropia, and those of opium and morphia. Seventy-six drops of laudanum (six of which were Rousseau's, a stronger preparation,) were necessary to counteract the poisonous action of one-fifth of a grain of sulphate of atropia; indeed large doses of opium are always required, to counterbalance a very small amount of the compounds of belladonna, even when salts of morphia, the muriate for instance, are resorted to; the doses exhibited must exceed by far the quantity of atropia ingested, the practitioner at the same time cautiously feeling his way, on account of the peculiar sensitiveness of certain subjects to the effects of opium, a fact which the frequent use of the hypodermic in-

jection appears to have strongly impressed on Mr. Béhier's mind.

HOSPITAL FOR INFANCY.

(MR. BOUCHUT'S CLINICAL CONFERENCES.)

Neuralgia.—Solution of Morphia in Tincture of Iodine.—Pleuritic and Articular Rheumatism.—Efficacy of Veratria.—Stomatitis and Diarrhœa connected with Teething.

As a corollary to his remarks on the efficacy of tincture of iodine in the treatment of neuralgia, Mr. Bouchut adduced several cases from which it appears that when the remedy in its pure state has proved unavailing, the pain sometimes yields in a remarkable manner, when a certain amount of morphia has been added to the tincture. In this instance the application is not merely counter-irritant, indeed in this respect the fluid would seem to have lost some of its power; its efficacy is chiefly due to the presence of the sedative, the introduction of which beneath the epidermis is facilitated by the tincture of iodine. Whatever explanation may be offered of the effects of this mode of treatment, its benefical operation is an unquestionable fact, deserving of every attention. Thus, we noticed in Mr. Bouchut's wards, a little girl, who, while recovering from typhoid, became affected with neuralgia of the forehead and temple; pure tincture of iodine failed in relieving the pain; Mr. Bouchut ordered the brow to be painted over three times a-day with a solution of half a drachm of sulphate of morphia in half an ounce of tincture of iodine, and a cure was effected in the course of three days. The Professor adopted the same method of treatment in the case of a lady, aged fifty-two, suffering from interscapular neuralgia, symptomatic of chronic pulmonary disease. Neither pneumo-thorax nor acute pleurisy were present; the pain was entirely caused by neuralgia of the second pair of intercostal nerves, and was especially intense in the neighbourhood of the sternum and along the edge of the scapula. Morning and evening the sedative tincture was applied to these regions, and on the second day amendment set in, and the neuralgia was altogether removed on the fourth day.

This very simple method of treatment will doubtless be tried in many instances, and we shall soon be enabled to discriminate the cases in which the pure or the sedative tincture is most likely to prove serviceable.

— We have already, on several occasions, expatiated on the efficacy of veratria in the treatment of rheumatism, but we cannot refrain from again reverting to the subject. We have had a recent opportunity of witnessing the curative power of the remedy in the case of a little girl, aged five, occupying a bed in St. Catharine's ward. The child had been ailing for six days, effusion existed in the right pleura, and she complained of moderately intense pains in the joints; the thirst was, however, excessive, and the pulse had risen to 120 to 130. The joints of the hands and fingers soon became swelled and tender; the wrists, feet, and knees were affected in succession, and the case assumed the appearances characteristic of acute rheumatic fever. Under these circumstances, the Professor prescribed veratria, and indicated the precautions which should be borne in mind in its exhibition. The following was the formula of the pills:—

℞ Veratriæ, Extr. opii, ā gr. j.
M. Divide in pilulas, xij.

It is indispensably necessary to combine opium with the veratria, in order to obviate the occurrence of vomiting and diarrhœa, which would interfere with the sedative action of the drug, if prescribed alone; each pill contains, therefore, one-twelfth of a grain of each of the ingredients. On the first day, an enema should be administered, and one pill taken night and morning; three pills are taken on the second, and four on the third day. In the present instance, the pulse which on the 10th of July had risen to 125, fell to 100 on the 11th, to 80 on the 12th, and to 56 on the 13th, when the thoracic effusion and the pains in the joints were found to have simultaneously disappeared.

We are in possession of no arterial sedative of equal power; and if the remedial agent be guarded with opium and anodyne enemas, no colics or diarrhœa supervene under its influence.

Mr. Bouchut remarked that this was the first instance he had met with of rheumatism of the pleura, which he conceives to be distinct from rheumatic pleurisy. If genuine inflammation of the pleura had existed in the present case, it could scarcely have disappeared in the course of twenty-four hours; mere serous effusion, on the contrary, is a less important matter, and the pathologist may not unreasonably argue that the effusion having taken place suddenly, in the same manner as hydarthrosis, may likewise have been suddenly absorbed when the morbid agency, of which it was one of the symp, toms, ceased to exist.

It is unnecessary to dwell on the frequent connection of diarrhœa and teething in infancy, the fact being fully established; but whether the diarrhœa is to be referred to mere sympathetic action, as Mr. Bouchut inclines to believe, or to an extension of inflammation, from the lining of the mouth to the intestinal mucous membrane is a more difficult problem. Both lesions, however, simultaneously exist in many instances, and a little girl aged two years, lying in the same ward as the last patient alluded to, afforded us a fresh illustration of this coincidence.

The child had yet cut but four upper and two lower incisors; an eye-tooth and one of the lower incisors were on the point of emerging, the gums were soft, tumid, and bleeding; glossitis was also present, and ulcerative inflammation of the follicular structures of the buccal cavity; diarrhœa was concomitant with this condition.

It is a prevalent opinion that this kind of diarrhœa should not be interfered with; the precept is sound if the intestinal relaxation is moderate, but not if the diarrhœa is copious, and likely to induce debility; under these circumstances especially in very warm weather, it should, if possible, be checked. In the present instance, Mr. Bouchut prescribed for the mouth a wash, consisting of half a drachm of chlorate of potash in 3½ ounces of gum mixture, and for the diarrhœa the following mixture to be taken in tea-spoonfuls in the course of the day:

℞ Aq. lactucæ, ℥iijss.;
Aq. flor. aurantii ℥j.;
Syr: papaveris, ℥ij.;
M. Bismuthi trisnitratis ℈j.

Both mixtures were exhibited alternately. Sometimes, Mr. Bouchut prescribes ipecacuanha as an emetic, when the breath is foul, and the motions have assumed a greenish hue.

The Medical Circular.

LETTER ON MEDICAL EDUCATION.

To the Physicians and Surgeons of the Provincial Hospitals of England.

Gentlemen,—We are desired by our colleagues, the Physicians and Surgeons of the Devon and Exeter Hospital, to request the favour of your opinion on the present state of Medical Education, as enforced by the governing and licensing bodies in this country.

We should premise that the General Committee of Governors of the Devon and Exeter Hospital, on the 22nd January, 1863, passed the following resolution:—

"That the Medical Officers of the Hospital be desired to consider "the great diminution of the number of the pupils that are "entered here, and if any, and what remedy can be applied, "and report thereon to the Weekly Board."

The Medical Officers of the Devon and Exeter Hospital having carefully considered the matter referred to them in the above Resolution, have no hesitation in declaring their opinion that the diminished number of pupils has been principally, if not entirely, caused by the gradually increased number and length of the courses of lectures enforced on candidates by the various Examining and Licensing Boards, and the consequent neglect of early practical study. They are further convinced that the evil will be increased and perpetuated, if the General Medical Council, ignoring the valuable means of early education afforded by the hospitals, dis-

pensaries, and other medical charitable institutions so numerous in all parts of England, should succeed in their present attempt to confine the commencement and prosecution of professional study to medical schools.

As these regulations diminish the number of pupils throughout the country to the prejudice of medical education, and to serious inconvenience in conducting the business of provincial hospitals and other institutions, the question becomes one of importance to the members of the medical profession generally. The Physicians and Surgeons of the Devon and Exeter Hospital have therefore deemed themselves justified in calling attention to it, in order that they may take counsel with the medical officers of other provincial hospitals in England, which, like their own, though not fully constituted "schools of medicine," are recognised as "clinical schools" by the Royal Colleges of Physicians and Surgeons.

Formerly, those intended for the medical profession began with an apprenticeship, nominally of five years, but practically of shorter term, in which they acquired under the direction and instruction of their masters a practical acquaintance with medicine, surgery, and pharmacy. They then proceeded to a metropolitan school, where they attended a few short courses of lectures; but occupied themselves particularly with dissection and hospital practice.

A preliminary examination, which implies the possession of a certain amount of general knowledge, having been gone through, the present system starts and ends with lectures in a "medical school," and with hospital practice. The attendance on these lectures occupies nearly four years.

This latter system is inculcated by the regulations of the Medical Council, and is generally adopted by the licensing bodies. The Apothecaries' Company still commences with an apprenticeship of five years; but there is enjoined an attendance at a "medical school" on lectures during four winter and four summer sessions; a regulation which practically involves the necessity of the apprenticeship being only carried out where there is a medical school. In the changes consequent on the adoption of this latter mode of education, the source of that diminution in the number of pupils which has taken place throughout the country districts of England, and in those hospitals where there is no medical school, it is to be found.

In the former system of education young medical pupils passed the earlier years of their study advantageously and safely in the country, under the guidance of provincial surgeons, or in provincial hospitals. By the latter they are compelled to begin at a school, and during their whole pupilage to remain there.

The unavoidable effect of these regulations is to draw the great mass of the youth intended for the medical profession away from the country to the metropolis, or to those larger towns where "medical schools" have been established.

The foregoing statements explain sufficiently the general falling off in the number of pupils. In order to answer the remaining inquiry, "if any, and what remedy can be applied?" it will be necessary to consider the matter, not, however, in respect to those who aspire to the higher rank in medicine or surgery, but to the large body of general practitioners throughout the country. These constitute the most important class of the medical profession, which entering early upon its full sphere of duty, must then be competent to act with self-reliance, business habits, and powers of physical endurance.

The mode of education formerly pursued prepared for these conditions, having been eminently practical. It taught, from the commencement, the daily requirements of the medical man,—trained him to the general duties of private practice,—informed him practically of the nature and uses of medicines, familiarized him with their doses and effects,—it instructed him in the lesser arts of surgery, and where the education was conducted in a country hospital, inculcated the higher doctrines and proceedings of surgery, under circumstances far more advantageous than can be offered in the crowded hospitals attached to a medical school. This practical knowledge, acquired day by day, and without exhausting effort, was early associated with a patient self-reliance and the self-confidence necessary to its judicious application.

In proof that this former mode of education was not a failure, reference to the present generation of practising medical men throughout the country may be made.

The present system, which starts and ends with lectures, has been so clearly enunciated by the Medical Council, and in the regulations of the various examining bodies, that its actions and influences should be carefully considered. It involves a long residence where there is a school, and attendance on a constant succession of lectures. On each day the number of these is considerable, and their topics so varied, that the mind, if not bewildered, is liable to be exhausted by the continuous strain upon its attention. Moreover, many of the subjects are of little use in the practical details of a medical life.

Though attendance on hospital practice is enjoined, it is performed under unfavourable circumstances, during an exhausting succession of lectures, in a crowd, in confusion amid exciting conversation. This system does not make the practical and ready man, so conspicuously the case in the older plan with an apprenticeship under a master, with attendance on the sick poor, and in provincial hospitals and dispensaries, where disease can be calmly studied, and its treatment be understood and appreciated. Hence we find that the modern system of medical education, while providing by its lectures a full amount of the book learning of the profession, entirely sets aside the practical information available throughout the country under the guidance of country practitioners, and in hospitals, &c., &c.

Another important consideration is the lengthened residence in a large city, which this plan of the Council renders obligatory on the student. It is not only dangerous to the morals of the youth, taken from home influences at an early period of life, and exposed to the excitements of a large city, but it will often press heavily on the means of the parents—so much so, as to prevent them in many cases from bringing up their sons to the medical profession; this will peculiarly affect medical practitioners, country clergymen, and other professional men who could formerly educate their sons for the medical profession at a moderate expense.

Will not the result of this be that the number of those entering the medical profession may be so far diminished in future as barely to supply the requirements of the country? To a certain extent is not this already the case, especially in sparsely populated districts; and are not the public consequently largely obliged to seek assistance of the uneducated, and to be satisfied with the advice and wares of the retailer of drugs?

Such being the nature and extent of the evils which have gradually crept into the present system of medical education, the remedy is obvious, namely, a return to the former course of practical initiation into the study of the profession under the instruction and guidance of a competent teacher. This will be accomplished as it was formerly by apprenticeship, or pupilage to a member of one of the royal colleges in general practice, particularly if he should be attached to a hospital, infirmary, dispensary, or other institution affording sufficient opportunities of practical instruction. The great sources of efficient practical study which abound throughout England, and are now in a great measure running to waste, would thus be utilized for the improvement of medical education and benefit of the public.

We, therefore, venture to suggest:—"That the time required to be spent in a Medical school should be shortened.

That medical education should, as formerly, begin with apprenticeship or pupilage to a recognised medical practitioner.

That attendance on country hospitals dipensaries, and other institutions should be encouraged, and recognised as desirable, if not absolutely essential parts of medical education."

We have the honour to be, Gentlemen,

Your obedient Servants,

T. SHAPTER,

Senior Physician to the Devon and Exeter Hospital.

P. C. DE LA GARDE,

Senior Surgeon to the Devon and Exeter Hospital,

Devon and Exeter Hospital, 1863.

The Memorial of the Physicians and Surgeons of the Devon and Exeter Hospital to the President and General Council of Medical Education and Registration of the United Kingdom.

SHEWETH,

That we, the undersigned, being Physicians and Surgeons of the Devon and Exeter Hospital, beg most respectfully to represent to the General Council that the Devon and Exeter Hospital was founded in the year 1741, by the very Reverend Dr. Clarke, Dean of Exeter, who had previously founded the Hants County Hospital, at Winchester.

That the Devon and Exeter Hospital has four Physicians, four Surgeons, and a Resident House Surgeon, Apothecary, besides Consulting Physicians and Surgeons who were so elected on retiring from the more active duties of Physicians and Surgeons. That it contains 228 beds, and is most liberally furnished with every appliance. That it has a Museum of Natural and Morbid Anatomy, with Lecture and Dissecting Rooms attached. That it has a Medical Library of about 3,000 volumes (comprising every branch of Medical literature), derived chiefly from the libraries of Dr. Glasse, Dr. Bartholomew Parr, and the late Samuel Barnes; and that this Library, which is supported by the contributions of the Medical Staff, and most of the Medical practitioners of Exeter, is open to the Students frequenting the said Hospital on the payment of a small annual subscription.

That we further beg leave to state that, for more than a century the Devon and Exeter Hospital has been reputed to be an eminent school of Clinical instruction. That its Apprentices and Students have been distinguished in the Metropolitan Schools for their knowledge of Medicine, Surgery, and Practical Anatomy as long as Schools of Medicine have existed in the Metropolis.

That notwithstanding that these facts are frankly acknowledged in the Chief Metropolitan Schools for Medicine, the number of Students, especially of Apprentices, has of late so declined, that

the General Committee of Governors of the said Devon and Exeter Hospital have passed and sent to us, your Memorialists, the following resolution:—"That the Medical Officers of the Hospital be desired to consider the great diminution of the number of the Pupils that are entered here, and if any, and what remedy can be applied, and report thereon to the weekly Board."

To this inquiry we, your Memorialists, have replied that the diminished number of Pupils has been principally, if not entirely, caused by the gradually prolonged courses of study at Medical Schools enforced on Candidates by the various Examining and Licensing Boards, and the consequent neglect of early practical study; and that we are further convinced that the evil will be increased and perpetuated if the General Council, ignoring the valuable means of early education afforded by the Hospitals, Dispensaries, and other Medical Institutions, so numerous in all parts of England, should persevere in their present resolution to confine the commencement and prosecution of professional study to Medical Schools.

That we further assured the Committee of the Devon and Exeter Hospital, that as the regulations of the General Council diminish the number of Pupils throughout the country districts, to the prejudice of Medical Education, and serious inconvenience in conducting the business of Provincial Hospitals, and other Medical Institutions, we regarded the question as one of importance to the Members of the Medical Profession generally, that we therefore should deem ourselves justified in calling attention to this subject, in order that we might take counsel with the Medical Officers of other Provincial Hospitals in England, which, like our own, though not fully constituted "Schools of Medicine," are recognised as "Clinical Schools" by the Royal Colleges of Physicians and Surgeons.

That we were the more bold in adopting these opinions, and in taking this course, because we believe that the majority of the Members of the General Council are by their high position, social and professional, too far removed from the great body of Medical Practitioners to be intimately acquainted with their habits of life and mode of practice, whilst we, who are largely consulted throughout a very extensive and varied district, presenting every conceivable condition of practice, are intimately acquainted with our Medical brethren at their own homes, and in the houses of our patients.

That we would premise that, in any suggestions we may presume to offer, we do not contemplate the higher rank in Medicine or Surgery, but the great body of General Practitioners; the former, after the completion of their Collegiate Education, can afford for many years to maintain their connexion with Hospitals and other great Medical Institutions, and scarcely commence practice in earnest until they have attained to middle life; whilst the latter, who constitute the more important class of the Medical Profession, enter early upon their full sphere of duty, and must be competent from the outset to act with self-reliance, business habits, and powers of physical endurance.

That the mode of education formerly pursued fulfilled these conditions, it being eminently practical; that it commenced with an apprenticeship nominally of five years, but practically of shorter time, but it usually included the period spent at a Medical School; that it taught from the commencement the daily requirements of the Medical man, trained him to the general duties of private practice, instructed him in Medicine, Surgery, and Pharmacy; and that, where the education was conducted in an Hospital, Anatomy was usually acquired, and the higher doctrines and proceedings of Surgery inculcated under circumstances far more advantageous than they can be in a crowded hospital attached to a Medical School; that the Apprentice then proceeded to a Metropolitan School, where he attended a few short courses of lectures, but was particularly occupied with Dissection and with Hospital Practice, which the knowledge he had already acquired enabled him to comprehend; that, during the summer, he usually returned to his master, and applied in practice the science he had acquired in the school; that thus this practical knowledge, collected day by day, and without exhausting effort, was early associated with a patient self-reliance and self-confidence necessary to its judicious application.

That the system enunciated by the General Council (after some preliminary examination, which implies the possession of a certain amount of general knowledge), begins and ends with lectures in a Medical School, and with Hospital Practice—this occupies nearly four years; that the number of lectures is so considerable, and their topics so varied, that the mind of the student (wholly unfamiliarised, as is assumed, with Medical subjects) is bewildered and exhausted by the continuous strain upon its attention.

That, during this exhausting succession of lectures, Hospital Practice is, indeed, enjoined, but it is performed under all the unfavourable circumstances of a crowd, and that Practical Anatomy is not so diligently cultivated as heretofore.

That this system does not make the practical and ready man, so conspicuously the case in the older plan of a preliminary Apprenticeship.

That it provides, by lectures, a full amount of professional lore, but that it virtually sets aside the practical instruction available throughout the provinces, under the guidance of Country Practitioners, and of the Medical Officers of Provincial Hospitals.

That these important sources of efficient practical instruction, where Disease can be calmly studied, and its treatment be understood and appreciated, are now, in a great measure, running to waste; whilst, by returning to the former system of Medical Education, they would be utilized for the improvement of Medical Education, and the Public Benefit.

That we trust we shall be pardoned if we remind the General Council that there are in England nearly three hundred Provincial Hospitals and Dispensaries, besides Clubs and Unions, which, however unpretentious, supply a still larger and more important experience in the treatment of acute disorders, all of which are available for clinical instruction, but from which, as we understand, it withholds its sanction.

That, even at the risk of being wearisome, we must again entreat the General Council to be patient and hear us; that, in the former mode of education, a large proportion of young Medical Pupils passed their earlier years of study in the country, for the most part under the care of their immediate relations; that the plan of the General Council renders their residence in a large city during the whole period of Medical Education obligatory; that this not only injures their morals, but presses heavily on the means of their parents; that it will cast almost insuperable difficulty in the way of Medical Practitioners, Country Clergymen, and other professional men, who could formerly educate their sons for the Medical Profession, at a moderate expense, and that we conceive the result is already evident.

That we, your Memorialists, therefore, earnestly entreat that the General Council may have regard to the education of that more numerous and more important class of the Practitioners of Medicine, and no longer seek to compel them to a course of study well suited, indeed, to its own members, and to those whose circumstances justify their aspiring to the exclusive class of Consulting Practitioners, but wholly unsuited to the limited means and toilsome lives of General Practitioners.

J. Shapter, F.R.C.P.
Sam. Budd, M.D.
Augustus Drake, M.B.
W. H. Elliot, M.D.
P. Miller, M.D.
Fred. Granger, M.B.
P. C. De la Garde, F.R.C.S.
John Edye, M.R.C.S., L.S.A.
Arthur Kempe, F.R.C.S.
W. W. James, F.R.C.S.
Jno. Haddy James, F.R.C.S.

THE BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.

ZOOLOGY AND BOTANY.

The Section of Zoology and Botany sat during the whole of Friday. The papers read on this occasion, however, were scarcely of sufficient interest to justify a report. The most important of the series was a paper read by Mr. Markham, in which he described the means by which cinchona had recently been so successfully cultivated in India, and the conditions of climate which were most favourable to its rapid development and productiveness.

The President of the section, Dr. Balfour, said that, considering the fast increasing use of quinine in cases of fever, and the probability of the supply from America being exhausted, the importance of this subject could not be overrated. It was thought by some that plants might be acclimatized by degrees; but there were instances of plants imported here from warm climates surviving several winters, and then being killed by the cold. What was meant by acclimatizing was findiug out what temperature a plant would thrive in, and taking care to place it within that temperature, and that was what had been done in the introduction of cinchona to India.

Dr. Thompson said it was those only who knew how rapidly the supply of quinine from Chili and South America was being exhausted who could know how inestimable was the work which the paper described. The experiments which had been made had shown, not only that the plant might be grown in other countries, but that the bark of the young tree yielded a much larger proportion of quinine than that of the old. The good which would result from carrying the cultivation of the plant into new fields was immense; for while the application of quinine was extending, many of the hospitals had had to restrict its use on account of the expense; and the result of the recent discoveries would be that physicians, when prescribing bark alone, would give the preference to young bark.

PHYSIOLOGY.

Professor Rolleston presided in this section and opened its proceedings in an address, the greater part of which was occupied by a review of the recent publications in the three departments of experimental physiology, structural and comparative anatomy, and

(Continued at page 137.

THE MEDICAL CIRCULAR.

WEDNESDAY, SEPTEMBER 2, 1863.

THE DEARTH OF MEDICAL PUPILS IN THE PROVINCES.

During the sitting of the General Council of Medical Education, in the early part of the present summer, several questions were mooted as to the educational position of the Profession, in connexion with the relations existing between the teachers and the taught, between the senior and junior departments of our common calling. In consequence of the pressure then existing upon our columns, we were compelled to postpone the consideration of those questions, but we believe that the present time, when another Winter Session is about to open, is a convenient opportunity for laying before the Profession some of the matters to which we refer, and which we had not time then to discuss. We publish in another part of our impression a letter addressed to the Medical Officers of Hospitals by Dr. Shapter, the Senior Physician, and Mr. P. C. De la Garde, Senior Surgeon, of the Devon and Exeter Hospital; and also a memorial from the whole of the Physicians and Surgeons of that Hospital to the General Medical Council.

The complaints made by the memorialists, and the remedies they propose for the existing evils, will be sufficiently manifest from a perusal of the documents themselves, but we may state generally that there is a prevalent feeling of dissatisfaction, especially in the provinces, at the recent recommendations of the Medical Council in reference to the education of Medical pupils, those recommendations having the tendency to draw away all Medical Students into the Metropolitan Schools of Medicine, and to destroy altogether that relationship between the General Practitioners and their pupils which has so long existed for the mutual benefit of both, and for the advancement of sound practical information in Medicine, Surgery, and Midwifery. The observations of the memorialists do not apply to those students who intend to practise what are called the higher branches of the Profession, and who will, as heretofore, prepare themselves by a long attendance at large hospitals for the special pursuits to which they are led by their tastes, their inclinations, or their pecuniary means; but they apply very forcibly to that very large class, who are destined to become the General Practitioners of the British Empire, and who are to be qualified, at a comparatively early age, and at a moderate expenditure of time and of money, for the multitudinous duties which devolve on this most important and most useful class of the Medical community.

It appears to us that the members of the Medical Council have taken anything but a practical view of the question, for their recommendations are founded rather upon Utopian ideas of what the Profession might become, that of what it really is, and what the public require it to be. This tendency in the Medical Council is hardly a matter of surprise, when we consider the constitution of that body, the members of which are, in the language of the Devonshire memorialists, "by their high position, social and professional, too far removed from the great body of Medical Practitioners to be intimately acquainted with their habits of life and mode of practice, whilst we (the memorialists), who are largely consulted throughout a very extensive and varied district, presenting every conceivable condition of practice, are intimately acquainted with our Medical brethren at their own homes, and in the houses of our patients."

Here we conceive that the right nail has been hit on the head, and that it is to the want of knowledge of the condition of the General Practitioners on the part of the Medical Council that their very impracticable recommendations are chiefly attributable. In fact, we have only to cast our eye over the list of members of the Council to understand their ignorance and want of sympathy in this respect, for the great majority of them are the avowed representatives of the Collegiate and Corporate bodies, while the nominees of the Crown, who, it was at first supposed, would advocate the claims of the General Practitioners, are for the most part little else than thick and thin supporters of the same Colleges and Corporations. Thus the great bulk of the Profession have no chance except in the way of presenting memorials, and in combining with one another, and we may add, in making their wants and wishes known through the medium of an independent Medical Press.

Now the points at present in question are these:—The education of the Student of Medicine has hitherto been twofold: first, his education under some competent private practitioner, and secondly, under the Surgeons and Physicians of the recognised Hospitals and Schools of Medicine. In the early part of the present century, the first method was very generally and very often exclusively adopted, but in later years the attendance on Lectures and Hospital practice was made compulsory on all, and hence the two kinds of tuition, which might be termed the domestic and the public, were blended together: and with what good results the present enlightened condition of the General Practitioners can abundantly testify. That the apprenticeship system, as it is called, is liable to abuse, no one can deny; but on the other hand, few will be bold enough to assert that a young man receives any injury from being placed for a short period under the domestic guidance of a person older than himself, and who, even if he be a man of no extraordinary abilities or pretensions, is at least able to initiate the pupil into the groundwork of his Profession, and is moreover invested with the power of superintending his moral conduct. If any person is so foolish or so ignorant as to believe that an apprenticeship means a slavery of five years or more behind a counter, rolling up pills and mixing draughts, he is of course beyond the reach of argument; but on the other hand, if it is desired to bring up a race of practitioners who know nothing of the practical manipulations of their art, and who are to begin learning them of the chemist and druggist after they have entered into practice, then all we can say is that we pity the patients who may fall into their hands.

The obvious and avowed object of the Medical Council is to abolish all private tuition, to deprive the General Practitioners of the emoluments hitherto derived from taking pupils, to drive the latter into the Metropolitan Schools and Universities, and to drain the Provincial Hospitals and Dispensaries of hundreds of young men who have hitherto derived immense benefit from the clinical teaching afforded in those institutions, and who, by their services as clinical clerks and dressers repay in some measure the advantages they receive.

In place of this wholesome preparatory training, the Medical Council would send the youth straight from school, or from his parental roof, at once into a Medical School in a large city. Supposing him to be conscientious and diligent, he will be seated in a large lecture-room, amidst a crowd of students, listening to a Professor discoursing on a science of which the new-comer knows nothing, and the very technical terms of

which he is unable to comprehend: or he rushes through the wards of an hospital among hundreds of others, vainly trying to catch the words that fall from the lips of the Clinical Teacher, or if he does catch them, he does not understand what they mean; or he witnesses operations on structures, of the nature and properties of which he is wholly ignorant, performed with instruments which he has never before either seen or handled. As for pharmacy, contemptible as it may seem in some eyes, all he can know about this branch of his art, if he ever knows anything at all, consists perhaps in seeing the Hospital Dispenser ladling out mixtures and lotions by gallons, and pills and powders by hundreds at a time, to thousands of out-patients; but the greater probability is that he never troubles himself to enter the Dispenser's department at all.

We may, however, state that the transparent absurdity of such a scheme has already excited such a feeling of discontent among the Profession generally, and among the Examining Bodies, that it will not be carried into effect. The preposterous proposition of compelling all students to pass four years at a Medical School, to the enormous increase of expense to the parents, and without any corresponding benefit to the pupils, has called forth remonstrances from all quarters, and we are happy to announce that the Medical Council themselves have passed a resolution, practically abrogating their own previous recommendations, and that the term of three years, namely, three Winters and two Summer Sessions, as heretofore, will be deemed a sufficient course of Medical study, leaving any extra time which the student may have to spare to be spent under the tuition of some general practitioner having a dispensary or union practice, or in some provincial hospital.

SUMMARY OF THE WEEK.

THE BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.

The Meeting of the British Association for the Advancement of Science commenced at Newcastle-on-Tyne on Wednesday last, with an inaugural address from the President, Sir William Armstrong, who gave a luminous retrospect of the advances made in science of late years, and especially adverted to the great extension of the system of railroads since the former meeting of the Association at Newcastle-on-Tyne, twenty-five years ago. The proceedings of the Association appear to have been very attractive, as more than 2,000 associates had enrolled their names on the first day. The sciences of Chemistry, Physiology, and Ethnology were all adequately represented in the different lectures, and we have published abstracts of some of the papers read on those subjects; but the chief attractions were of course held out to the votaries of Geology, applied Chemistry, and Manufactures, for the practical illustration of which, Newcastle and its vicinity offer peculiar advantages. The immense quantities of coal found in the neighbourhood, and its practical application in the arts, have mainly contributed to the greatness of the British Empire, and Newcastle is, therefore, a most appropriate spot for the assembly of the Association. When we use the word "immense," however, in reference to the coal mines of Northumberland and Durham, we are reminded by the address of Sir W. Armstrong, that the term is not strictly applicable, inasmuch as the quantity, though very large, is limited, and the duration of the supply will be limited likewise. Altogether the Meeting of the British Association at Newcastle has hitherto proved a very great success, although the weather at the early part of the time was exceedingly unpropitious.

RECOVERY OF PHYSICIANS' CHARGES.

It is with infinite regret that we allude to some cases which have lately been tried at the Croydon Assizes, where certain members of our Profession have brought actions for the recovery of their fees for Medical attendance. It has always been our pride and our duty to uphold the just rights of the members of our body, and to defend them when unjustly treated at the hands of the law; and we regret that we have nothing to urge in behalf of Dr. Snow Beck or of Dr. Freund for the part they took in the proceedings to which we refer. The former gentleman, who is a man of considerable eminence in his Profession, being a Fellow of the Royal Society, a member of the Royal College of Physicians, and distinguished besides by some original anatomical investigations, has been advised to bring two actions against certain persons, formerly his friends, for large sums of money on account of professional attendance on them and their families. One claim of 95*l.* 15s. has been accorded to him, and therefore there is nothing to be said on that matter; but the other, being for the large sum of 591*l.* for alleged attendance during four years has been refused, and we think on very proper grounds. It appears that Dr. Beck was in the habit of dining with the defendant every Sunday and spending the evening at his house, and that in the course of his visits he made occasional inquiries as to the health of the family, and probably made suggestions as to the treatment they should adopt for such ailments as had befallen them. But the family, as it was admitted, was regularly attended by a medical gentleman, whom Dr. Beck never met, and who was in all probability regarded as the family practitioner. Again, whether Dr. Beck's visits were professional or merely social, it does not appear that he ever made any charge for them, or indeed ever mentioned the subject of remuneration, until he had quarrelled with the defendant, and then he preferred the enormous claim which was the subject of the action. It does not appear, moreover, that Dr. Beck made any definite notes of the professional visits for which he claimed payment, nor did he bring any evidence, as far as we are aware, that his professional attendance was solicited. The judge and jury would not hear the case for the defence, but at once returned a verdict for the defendant, and we cannot blame them. The other case, that of Dr. Freund, a German practitioner in the neighbourhood of Finsbury square, is not so bad as Dr. Beck's, but still it presents some unpleasant features. Dr. Freund claimed the sum of 131*l.* from the executors of a person, now deceased, whom he had attended during his life, and from whom he had received no payment, but from whom it does not appear that he ever personally demanded any. No books were kept, no notes made of the visits paid or of the medicines prescribed, and the only evidence of the medical attendance was that of the plaintiff himself, and of the chemist who had dispensed the drugs. It was admitted by the defendants that something was due, and they therefore paid 25*l.* into court; and at the termination of the case, after a very impartial summing up by the judge, the jury gave the plaintiff 25*l.* more. With one or two remarks we must dismiss these very unpleasant cases. In the case of Dr. Beck we regret to find that two medical gentlemen, Dr. Rogers and Dr. Shorthouse, gave evidence that the charge of 591*l.*, under the circumstance we have described, was a fair and reasonable one: and in the other case we equally regret to learn that the

venerable Mr. Lawrence (described in the newspapers as the Nestor of British Surgery), allowed himself to be called to prop up the case of Dr. Freund.

THE SOCIAL EVIL.

The unsavoury subject of the physical results of the Social Evil is still being ventilated in the public newspapers, in which it is very much out of place, as well as in the Medical journals, where its discussion is perfectly appropriate. The physical evil being admitted, the remedies to be applied are of two kinds—namely, medical and moral. The first are so purely technical that we should imagine any disquisition on the subject, out of the Profession, must be as disgusting as the practice of dissection, surgical operations, or vivisection. But the moral part of the question is another matter, and is beset with difficulties of the utmost magnitude. Some querulous bachelor writes to the 'Times,' publishing the letter of a lady who rejects him because his income is not large enough to provide her with a handsome yearly supply of dresses, and this brings an indignant female correspondent into the field, who accuses the gentleman of meanness in publishing the lady's letter, even if it was genuine, and of general misrepresentation of the feelings of the fair sex as to matrimony. The lady writer states what is no doubt true, that there are multitudes of her own sex who would be very happy to marry, even on scanty means, and alleges that they are not asked to do so by the other sex, from mean, selfish, and vicious motives on the part of the latter. This language is undoubtedly a little too strong, although it may perhaps be partially and exceptionally founded on truth. The fact is that men do not marry indiscriminately from prudential motives, and those who have observed society in all its grades, must rejoice that many have prudence enough not to do so. There can be little doubt that if men were, in all ranks of life, contented to remain single till twenty-five or thirty (remaining continent in the meantime), and women were to wait till they were from twenty to twenty-five, a better, healthier, and happier race would spring up among us. Children would not be born until the parents were sufficiently matured to educate and rear them, and their worldly sustenance would be better supplied because the parents would have earned more money for their maintenanee. The evils of celibacy are bad enough, and the evils of prostitution are still worse ; but for all these evils we cannot see the advantages, physical or moral, of boys and girls contracting foolish and improvident marriages, exhausting their own hardly-developed powers in creating a puny offspring for other people to support, or for the tender mercies of the State to consign to the prisons or the workhouses.

REVIEW OF THE PERIODICALS.

'THE LANCET.'

The number opens with a continuation of Dr. J. HUGHES BENNETT'S Lectures on "Molecular Physiology, Pathology, and Therapeutics," and the present contribution is a very interesting disquisition on the classification, natural history, and treatment of morbid growths. It is shown that the distinction between innocent and malignant growths is by no means so well marked as it is generally supposed to be, and that in fact any morbid growth may become malignant under certain circumstances, but Dr. Bennett maintains that the most malignant growths may be thoroughly extirpated, and the patient may perfectly recover. The best classification of these morbid growths is founded upon their resemblance to well-known objects, as Fibroma, Adenoma, Osteoma &c. ; and the primary divisions may be subdivided, according to minor differences of colour, consistence, &c., as Hygroma, Melanoma, Chloroma, Neuroma, &c. With regard to their natural history, Dr. Bennett does not admit with Virchow and others that all growths originate by the endogenous development of previously existing cells, but he maintains that they may make their appearance in structures previously healthy, a view which he has entertained for the last fifteen years. In reference to treatment, Dr. Bennett recommends early and complete excision, and if any doubt is entertained as to the nature of any growth which is operated upon, the microscope ought to be employed in the operating theatre to assist in the diagnosis, and if any portion of the growth should remain, it should be carefully removed. Mr. GEORGE NAYLER gives the first of a proposed series of "Clinical Reports on Squamous Diseases of the Skin," the present subjects being the eruptions known as Psoriasis and Lepra. This contribution is of a practical character, pointing out the diagnostic marks of the diseases in question, and the most approved methods of treatment, arsenic holding the most prominent place, and where any syphilitic complication exists, mercury with the iodide of potassium is recommended. Dr. R. C. SHETTLE, of Shaftesbury, contributes a paper on "Electricity as the Principle which causes the Vitality and Coagulating Property of the Blood," and he relates some experiments which he has performed in relation to this question. We are unable to follow Dr. Shettle's reasonings, or to arrive at the conclusions which he wishes to draw from his investigations. If he wishes to prove that electricity exists in the blood, the fact is generally admitted ; but we think that he has failed to prove the connexion existing between electricity and the coagulation of the blood. Mr. S. MESSENGER BRADLEY relates a case of "Diffused Inguinal Aneurism," in which the artery was tied above and below the rupture of the sac. The case was a very urgent one, the tumour being of the size of a large melon, and the corresponding limb being enormously swollen, and the patient was sinking. The artery was tied above and below the aneurism, and the clots of blood removed, but the patient sunk and died two hours after the operation. No post-mortem examination was allowed, but a portion of the sac of the aneurism exhibited under the microscope the marks of atheromatous degeneration. Dr. DONALD C. BLACK, of Skye, reports a case of "Death from Intoxication," but the history is not very clear, and the pathological results are not very intelligible. According to the evidence, the man drank about a third of a bottle of raw whiskey, which, although a large quantity, would not perhaps be thought excessive in the Hebrides, and Dr. Black attaches more weight to a supposed disease of the heart than his own notes of the post-mortem examination seem to warrant. There was great congestion of the brain, and it is very probable that the case was merely one of apoplexy caused by alcohol.

THE 'MEDICAL TIMES AND GAZETTE.'

MR. HAYNES WALTON contributes a Lecture on "Malignant Diseases of the Eye," the principal form of which is Medullary Cancer, the other forms scirrhus colloid, and epithelial cancer being rare in the eye-ball. The different stages of the disease are carefully described, but Mr. Walton states that no accurate diagnosis of the affection can be made until the fungus has protruded through the external coats of the eye. With regard to the question of treatment, Mr. Walton thinks that where the optic nerve is involved, an operation is useless, and that death will probably occur sooner under an operation than if the disease is left to run its course. There is not an unequivocal case of recovery on record. Dr. W. T. GAIRDNER relates a "Difficult and Rare Case bearing on the Question of Ovariotomy," and his object in relating it is to obtain the opinion of his Professional brethren on the nature and the best mode of treatment of the disease. The symptoms are anomalous, but there is a tumour in the abdomen, of about the size and form of the pregnant uterus

near the full term. Mr. W. Gayton contributes a short paper on a "New Mode of Securing the Handles of the Forceps during Delivery." The plan consists in a modification of the practice, sometimes adopted, of tying the handles with a piece of tape, so as to secure firm adaptation. In Mr. Gayton's forceps, a rack and spring are placed on one handle, and the other handle is flattened and tapered so as to be received into the furrows made for it. Dr. J. W. Ogle continues the relation of some "Cases of Epilepsy, Convulsions, Giddiness, &c." The cases which are recorded were those of children attacked with various forms of convulsive disease, sometimes attributable to mal-nutrition, sometimes to the irritation of worms, sometimes of unknown origin. Many were relieved by appropriate treatment, some were partially relieved, and some died. In one of the fatal cases, a post-mortem examination revealed no important appearances which could explain the result.

The 'British Medical Journal.'

Mr. Henry Lee, of St. George's Hospital, contributes some Clinical Records, the two subjects at present selected being "Lithotomy," and "Unhealthy Ulceration after Vaccination." He gives a case of lithotomy, which, although successfully operated upon, affords no remarkable feature for comment. On the second subject, Dr. Lee observes that he has undertaken microscopic examination of the lymph of the vaccine vesicle, in consequence of several severe cases of unhealthy ulceration arising from vaccination having presented themselves at St. George's. In all the specimens he examined, from the vesicle on the eighth day, when no admixture of the matters had taken place, the lymph was found to be perfectly transparent, no globules or cells of any kind being discernible. But when care was not taken in collecting the lymph, blood-globules and portions of epithelium were occasionally found. On the ninth day after vaccination, a few round granular or pus-cells are found, and on the tenth day the vesicle is full of a milky fluid, which, on examination, is found to contain numerous pus-cells. Mr. Lee draws the following practical conclusions from his own observations and those of others :—

1. The ordinary vaccine vesicle yields a fluid, from the fifth to the eighth day, free from any cells allied to pus-cells. The only evidence of any organised products at all in the fluid, at these dates, is the occasional appearance of a few granules, nuclei, or cell-like particles; although, as a rule, even these are entirely absent.

2. Upon the ninth and tenth days, cells may generally be detected; few in number upon the former, but very numerous upon the last named day. These cells possess the characters of pus-cells.

3. When the vaccinated spot, however, has been or is attended with the phenomena of inflammation—heat, redness, and pain—such as it frequently is if the parts have been irritated, then pus-cells can be discovered in the vaccine fluid at earlier dates than the ninth day.

In reference to the practice of vaccination, Mr. Lee suggests that the lymph is the purest which is taken from the sixth to the end of the eighth day, and that the detection of pus-cells should decide the practitioner against using it for the purpose of vaccination. These precepts have long been known and acted upon by all careful vaccinators, but they cannot be too often taught and inculcated. Dr Edward Meryon continues his "Pathological and Practical Researches on the various Forms of Paralysis," his present subject being paralysis from tabes dorsalis, an affection which arises generally from masturbation practised in early life. This vice is not confined to the male sex, and although Dr. Meryon does not endorse the opinion of Deslandes that out of twenty cases of leucorrhœa, from fifteen to eighteen result from this cause, yet he has seen one unequivocal case of the kind in the female. Dr. Thomas J. Watson contributes a paper on the "Laryngoscope and its Clinical Application," in which he describes the healthy appearance of the structures in the larynx and in the nose, when viewed by means of the instrument.

REVIEW OF BOOKS.

On the Diseases, Injuries and Malformations of the Rectum and Anus; with Remarks on Habitual Constipation. By T. J. Ashton. Fourth Edition. London: John Churchill and Sons, New Burlington street. 1863. Pp. 411.

There are two most important qualifications essential to a good author; First, That he should have enjoyed a large experience of the subject on which he writes; Secondly, That he should be able and willing to communicate what he knows.

Now, both these necessities have been admirably fulfilled in the production before us. Hence we accord high praise at the outset to this work as eminently practical, clear, comprehensive and based on a large and well observed experience. Partly, then, to corroborate this statement, if need there be of such a step, but much more to inform our readers on points of interest, we shall present a very brief analysis of some portions of the volume, the fourth edition, let it be added, since its first appearance in 1854.

After some judicious remarks introductory to the whole subject, some valuable hints will be found in the first chapter on that always troublesome and often obstinate affection, Irritation about the Anus. This naturally leads, through a subsequent chapter on Excoriation, a third on External Excrescences, and a fourth on Contraction of the Anus, to a consideration of that distressing complaint, Fissure of the Anus. The external pathognomonic sign of its presence is pointed out at once, rendering as it does, the use of the speculum scarcely necessary for diagnosis. The use of local applications is not lost sight of, but the frequent necessity for the little operation of Boyer, so valuable in this condition is recognised; and in passing it may be said, that that modification of the proceeding which consists in dividing the mucous membrane or the base of the fissure simply, and not the sphincter muscle itself as originally practised, is correctly attributed to Brodie, who published it in his lectures in 1836, and who is stated to have derived it from the veteran Copeland.

Passing over three chapters devoted to Neuralgia, Inflammation, and Ulceration of the Rectum, the subject of Hæmorrhoids receives a long and careful examination in the eleventh. Of Internal hæmorrhoids our author recognises three varieties, based on their structural anatomy, and he adopts them as the foundation for the treatment of each respectively. The causes, the symptoms, the complications and results are all considered at length. The questions of diagnosis and treatment follow; and the latter relates to the management of the pile in each stage of development, from the earliest condition, in which it is completely amenable to medicine and local appliances, up to the large masses of mixed external and internal tumours, which require the knife and ligature. The best modes of employing these are fully demonstrated, while the value of nitric acid (the method of Cusack and Houston), and of the nitrate of mercury, in a few cases which are distinctly specified, is pointed out. Numerous illustrations in the form of detailed cases, support the dicta of the text.

The eleventh chapter brings the reader to Prolapsus recti. No previous author has so fully pointed out the two distinct conditions under which this disease occurs in the adult. Its pathology is discussed, and the two opposed states of the bowel described, which require different modes of treatment. The form which appears so commonly in children receives corresponding attention.

Passing by rectal abscess, we arrive at the thirteenth chapter devoted to Fistula in ano. The author cites the opinions of Brodie, Syme and Ribes, in relation to the once much vexed question of the formation of the internal orifice of the fistulous passage, and he writes

"With all due deference and respect for the eminent authorities just quoted, I am yet compelled to differ from them as to the internal opening being always formed, either in the one way or the other. In my practice, having had the opportunity of closely observing the progress of many cases, I do not hesitate to affirm that the intestine is both primarily and secondarily implicated, perforation taking place as often from the external surface of the intestine, as commencing on the mucous surface and proceeding outwards," (p. 239.)

Our readers must refer to the volume itself for the further discussion of this matter.

It is sound practical tact, and a possession of the true surgical sense (a kind of sixth sense we have sometimes thought, without which the most erudite and the most self-possessed individual can never become a surgeon) which calls attention to the right mode of using a probe in the exploration of fistula, and, it may be added, of every other passage for which a probe may be required. The whole art lies in using it as "an instrument not to be directed with absolute control, but one from which we are to gather information; it is to guide and instruct us," (p. 245.)

Does our reader think this a slight matter to be remarked? If so, he lacks, we fear, the one thing needful; he may indeed make a butcher, pardon us, but never can be a surgeon. All that follows partakes of the same spirit; thus among similar directions let us particularly indicate the admonitions not to cram the wound with

lint, and so thwart nature with our "nimia diligentia," in the shape of tents and unguents, the "digestives" of our much respected forefathers.

But we must hasten on. The fourteenth chapter relates to Polypi, and the fifteenth to Stricture of the Rectum. Our author affirms the infrequency of the latter affection. We coincide with him, and believe that too often the bungling hand which finds a difficulty everywhere, to say nothing of a cause even less creditable, has been the real secret of its alleged frequency. After a full discussion of the numerous questions arising out of the subject, we alight on the author's improved dilator. We have no hesitation in recommending it on the ground of experience as well as on theoretical considerations as the best existing apparatus for the purpose. It may be remarked that while it is completely efficient and powerful, no distention of the anus is occasioned by its employment. It is fully described and well delineated at page 311.

Malignant disease of the rectum is a topic which the sixteenth chapter shows to have received much careful study from the author. Here, on the contrary, he observes, "Malignant disease of the rectum is much more frequent than is generally supposed, and often escapes recognition till an advanced stage of its existence, the symptoms being attributed to one or other of the affections of the lower bowel."

This is a result which is important and will be interesting to the profession.

We must merely glance at the surgical curiosities which pass before the eye in chapters 17 and 18, devoted to Injuries of, and Foreign Bodies in the Rectum. How a weaver vainly essayed to relieve a costive habit by inserting his familiar shuttle in the alvine passage; how jelly-pots and wine bottles have both been found there. How, on the other hand, one, plagued with a relentless diarrhœa, tried at last the original but simple expedient of closing the leaky orifice with a wooden plug, but failed to extract it again at will. How ravenous eaters incontinently swallowed "bones and all," which former, and of no small size, slowly pursued their tortuous path, but were arrested at the rectum until liberated by the surgeon's skill; and much more to the same effect.

We return to graver considerations in the nineteenth chapter, in discussing the chances of existence to a babe new born, whose earliest experience of life consists in the formidable alternatives of death from retained fæces, and the operation for malformed anus. How fully these are discussed, we must leave the reader to learn from a chapter of nearly 40 pages. Suffice it to say, Mr. Ashton asserts that in most cases, free incisions into the intestines are absolutely necessary to success.

In summing up the cursory glance which we have presented of Mr. Ashton's work, there is one remark which we cannot refrain from making, viz., the careful attention he bestows on the medical as well as on the surgical aspect of his subject. He always insists strenuously on the necessity which exists for well considering the constitutional condition of the patient, and the presence or not of any complication, such as disease of other organs, before deciding on operation, for every case of rectal disease.

With the views we have thus expounded both from and of Mr. Ashton's work, we now take leave of our task, confessing to an unmixed satisfaction, not often felt, in commending it to our readers as the best treatise on the various affections of the anus and lower bowel which exists in our language.

Studies in Physiology and Medicine. By the late Robert James Graves, F.R.S., Professor of the Institutes of Medicine in the School of Physic in Ireland. Edited by William Stokes, Regius Professor of Physic in the University of Dublin. London, 1863.

"It is hardly necessary to say that this book is not to be taken as setting forth the state of Physiology in our time."

"But these reasons of Graves' have an especial value, as showing how the mind of a great physician dealt with Physiology in its true relation to medicine."

We fully concur in these remarks which we have extracted from the editor's preface, and which we quote in order that the reader of this volume may know what he has a right to expect; and we may *in limine* add that no intelligent member of our profession is likely to rise from the perusal of these "studies" without an increased admiration of their author.

The essays of which the book is chiefly made up, are preceded by a notice of "the Life and Labours of Graves" from the pen of the Editor, who—once his Pupil, "then his colleague, ever his friend,"—is in every respect qualified for the task he has undertaken. From this notice we have compiled the following brief sketch of our author's career:—

Robert Graves was the youngest son of Richard Graves, D.D., Regius Professor of Divinity in the University of Dublin, and subsequently Dean of Ardagh, and it is worthy of note that the three brothers, Richard, Hercules, and Robert, passed through the University with great distinction, each obtaining at the degree examinations of three successive years, the gold medal in science and in classics, then the highest distinction attainable by students. The degree of Bachelor of Medicine, in the University of Dublin, was conferred upon him in 1818, after which he spent upwards of three years visiting the schools of London, Berlin, Göttingen, Vienna, Copenhagen, France, Italy, and Edinburgh. In 1820 he returned to Dublin and at once took a leading position in the profession and in general society; and during that year he appeared as one of the founders of the new School of Medicine in Park street, and was also elected physician to the Meath Hospital, where he commenced the system of clinical observation and instruction, which has done so much for the Irish School of Medicine.

The following are some of the most important contributions to Practical Medicine, which we owe to this distinguished physician:—

"1st. The employment of food and stimulants in fever, even from its earlier periods; in other words, their use by anticipation.

"2nd. The exhibition of the acetate of lead conjoined with opium in spasmodic cholera.

"3rd. The development of the laws of pathological reflex action, as given in his lectures on Paralysis, in which he has anticipated the views of Marshal Hall.

"4th. The employment of tartar emetic and opium in the delirium and insomnia of typhus fever.

"5th. The method of operating for the evacuation of hepatic abscesses by promoting adhesion between the hepatic and parietal peritoneum.

"6th. The observation of the latent periodicity in intermittent fevers.

"7th. The demonstration of the independent action of the capillary system in health and in disease, and the practical applications of this doctrine in the treatment of disease.

"8th. The account of the yellow fever as it appeared in Dublin in 1826.

"9th. The observations on symmetrical diseases.

"10th. The nature and functions of the lymphatic system.

"11th. The influence of positions on the pulse, in health and in disease.

"12th. The description of the disease lately termed Exophthalmia cachectica." p. lx.

Graves was a Fellow of the King and Queen's College of Physicians, and King's Professor of the Institutes of Medicine. He was chosen President of the College of Physicians in 1843 and 1844, and was elected a Fellow of the Royal Society in 1849.

It was in the autumn of 1852, he being then in his 57th year, that the symptoms of the malady which was to prove fatal first showed themselves; in the following February he began to succumb to the disease, and on the 20th of March, 1853, he died.

The following tribute to his character, by Professor Trousseau, extracted from a letter to the translator of the *Clinical Medicine*, and appearing as a preface to the French edition of that work, is so true and discriminative that we cannot forbear quoting it.

"Graves is an erudite physician; while so rich in himself, he borrows perpetually from the works of his contemporaries, and at every page brings under tribute the labours of German and French physicians. Although a clinical observer, he loved the accessory sciences; we see him frequently having recourse to physiology in the domain of which he loved to wander; to chemistry, with which he is acquainted, which he estimates at its true value, and to which he accords a legitimate place. He often reminds me of the greatest clinical teacher of our day, Pierre Bretonneau, an able physiologist, a distinguished chemist, a learned botanist, an eminent naturalist, who incessantly, in his lectures and conversations at the Hospital of Tours, found in all those accessory sciences with which he was so conversant, those useful ideas and ingenious views which he subsequently applied with unusual felicity to the study of our art.

Graves is, in my acceptation of the term, a perfect clinical teacher. An attentive observer, a profound philosopher, an able Therapeutist, he commends to our admiration the art whose domain he enlarges, and the practice which he renders more useful and more fertile." pp. lxiii. and lxvii.

The thirty-two essays which have been selected to form the present volume are, with a few exceptions, written on subjects bearing on Physiology or Medicine. In most cases they seem to be exact reprints of the papers as originally published, but in a few instances, as for example, at p. 15 and p. 333, notes are added with the view of correcting statements that have become obsolete, or of directing the reader's attention to recent works on the subjects treated of by our author.

As this volume will doubtless be read by many who have not the means of keeping themselves acquainted with the physiology and chemistry of the present day, we think that a few more footnotes, similar in their character to those to which we have referred, would have proved of considerable service.

As an illustration of our meaning, we would suggest that to the essay on "the influence of light," notes might have been appended (to pp. 34 and 43), containing a reference to the recent investigations of Wallich, A. Milne Edwards, and others regarding the existence of animal life at great depths below the ocean, and an abstract of the researches of Mr. Higginbottom "on the influence of light on the development of the amphibia," which completely

supersede those referred to in the text. Again, had a chemist glanced over the proof-sheets of the essay on "Phosphorescence," he would hardly have allowed the statement that "among plants the phosphates are wanting, except in some of the cryptogamia" to pass without protest. Organic chemistry was in its infancy when Dr. Graves published this essay (in 1834), but a moment's reflection would have shown him that if this statement were true it would be difficult to account for the composition of the bones of adult herbivorous animals.

From the essay on "Temperament and Appetite," we extract the following curious and instructive case:—

"An instance of extraordinary appetite has been lately communicated to me by Mr. Muloch. A gentleman affected with psoas abscess, which opened in the usual manner, was greatly emaciated in consequence of the excessive discharge of purulent matter. He had all the symptoms of violent hectic and was sinking rapidly, when, being given over by the late Mr. Hewson, he determined to gratify his desire for food, which had shortly before become inordinate. He accordingly took six meals in the day, consisting of beefsteaks, mutton, fowl, and in short, of food the most nutritious, washed down with plentiful potations of wine and the strongest porter. Mr. Muloch, who watched the case very carefully, found that he consumed on an average sixteen pounds of solid food daily. The effects of this diet on his constitutional symptoms were very remarkable. His pulse became gradually slower and fuller, his strength increased, the colliquative sweats diminished, and he finally recovered perfectly. This and similar instances are full of instruction, and prove that fever may be a consequence of debility. The effects of a properly adjusted diet in diminishing disease of this nature I every day witness in the fever at present (1834-5) epidemic, in the more advanced stages of which, raving, very quick pulse, want of sleep, and a host of bad symptoms, often yield to wine and proper nourishment," pp. 155-6.

The following essay on "The General Principles of Dietetics" is full of some practical matter and is well deserving of a careful study; and had our space permitted it, we should have quoted freely from it.

For light reading after a hard day's professional work, we especially recommend the essay "On the State of Medicine in Turkey." We there learn (see p. 263) that for the general treatment of disease, papers containing picked sentences of the Koran are given to the patient to swallow; or when a fluid menstruum is preferred the holy words are written with chalk upon a piece of board which is washed; the water with which the ablution is performed is found to be as certain in its action as the paper bolus. For those who wish to purify their blood the remedy is viper broth (see p. 270), while porcupine soup is administered in cases of hemorrhoids (see p. 293). Dissipated old Turkish gentlemen give large sums of money for a powder made by incinerating the brains of male and female sparrows in equal quantities and taken in the hope that it would restore their lost virile powers (see p. 299); and confirmed opium-eaters (who unfortunately abound in Turkey) occasionally vary the excitement by combining with it a little corrosive sublimate; some taking the latter poison to the extent (according to Dr. Oppenheim) of ten grains daily.

We cannot conclude without offering our hearty thanks to the Editor, Dr. Stokes, for having excavated these papers from the various periodicals in which they were entombed, and for having presented them in us in an available form in this handsome volume.

THE BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.

(Continued from page 131.)

the microscope. The part of the address, however, in which the medical public will take most interest referred to the practice of vivisection. He concluded that it could not be cruel, because cruelty was only committed by ignorant uncultivated people, such as children, gamekeepers, and the lower orders generally, and physiologists who practise vivisection are a highly cultivated class. Cruelty, he said, usually flowed from want of thought, want of culture, and want of refinement, but was it probable that men of a science demanding much thought, some culture, and not a little education, should resemble persons lacking all these things in the very points most directly characteristic of such deficiencies? Having proved that the practice was not cruel, the learned Professor next proceeded to show that it could hardly be said to exist. Experiments on living animals, he said, very frequently caused their death instantaneously; and when this was not the case, chloroform was almost invariably employed. In vivisection, as it was called, frequently the first step was the destruction of life, and that in a way as speedy, to say the least, as by the ordinary methods of destruction at the command of either the sportsman or the butcher. Surely a life might as well be sacrificed for increasing knowledge as for the production of flesh food, or for what was called sport. Experiment, too, was tedious and toilsome, and was, therefore, rarely undertaken out of wantonness or for the gratification of malignity. Undertaken for the ends of science, it had as good a claim to our sympathy as the practices of the "gentle craft" of anglers, to say nothing of those of the destroyers of warm-blooded animals. Ultimately the Professor conceded that vivisection, in the strict sense of the word, was practised without the exhibition of chloroform where the question at issue had reference to the nerves, and he defended it here by referring to its utility in the cases of the two frightful diseases, epilepsy and diabetes. The former, frightful to witness, was yet more frightful to suffer; violence and danger for the moment, and dreariness of prospect for the future, and of the way to meet it vivisection had given us at last a hopeful, because a rational foreshadowing. To diabetes—an equally terrible if less shocking malady—the applicability of vivisectional results was even more direct than in reference to epilepsy, thanks to the studies of Dr. Pavy and Dr. M'Donald. Vivisection, the Professor said, produced a certain amount of pain, but he asked was this pain, voluntarily and of deliberate purpose inflicted in a few laboratories, greater in amount and duration than the mental pain, moral distress, and bodily agony endured in many a palace and many a cottage by the victims of these very two diseases, which of late years vivisection had most assisted medicine to combat.

The memorable duel between Professor Huxley and Professor Owen at the last meeting gave considerable interest to the first paper read in this section, "On the anatomy of a young chimpanzee." Dr. Embleton, who had drawn it up, comes to the conclusions which have already and for some time past been made public by Professor Huxley, viz.,—1st, that the chimpanzee is not, properly speaking, quadrumamous, but that it possesses four prehensile extremities,—two hands, namely, and two feet; and, 2d, that the brain of a chimpanzee differs from the brain of the man only in size and weight, therefore, in the smaller size and extent of its cerebral convolutions, the same parts without exception exist in both brains. Whether the cerebral matter of the ape differs from that of man in microscopic characters, or how otherwise it may differ are problems which the doctor thought, remain yet to be worked out. Dr. Embleton also read a paper on the "Ventilation of Barracks in India," illustrated by plans and sections; and Dr. William Marray a paper on "Instinctive Action," which gave rise to a long discussion, in the course of which Dr. W. B. Richardson expressed his exultation that the time had come when the convictions of men of science could be freely stated, and when they dared to assert that there was nothing in man that might not be understood. Physiologists ought not to admit that there was any hidden vital force or mysterious entity in man which could not be comprehended or explained.

SUB-SECTION D.—PHYSIOLOGY.

Dr. George D. Gibb read a paper entitled "A Report on the Physiological Effects of the Bromide of Ammonium."

Dr. B. W. Richardson read a paper "On the Physiological Properties of the Nitrate of Amyle."

Dr. Davy read a lengthy paper "On the Blood, in relation to the question, Is ammonia one of its normal constituents?" He gave the results of several experiments, and his conclusion was that there was ammonia in the blood.

Dr. Davy followed with a paper "On the Reason why the Stomach is not digested by its own Secretion during Life."

ETHNOLOGY.

Dr. James Hunt read a paper, "On the Physical and Mental Characters of the Negro." He said the object of the paper was to determine the position which one well defined race occupied in the *genera homo*, and the relation in analogy which the negro race bore to animated nature generally. In discussing the question, he had nothing to do with the origin of man. The skin and hair were by no means the only things which distinguished the negro from the European, even physically, and the difference was greater still mentally and morally. The skeleton of the negro was generally heavier, and the bones larger and thicker, in proportion to the muscles, than those of the European. Burmeister had pointed out the resemblance of the foot and the position of the toes of the negro to that of the ape, and many observers had noticed that the negro frequently used the great toe as a thumb. After quoting the opinions of several writers on the capacity of the negro cranium, Dr. Hunt proceeded to state that the brain of a negro has a smoky tint, which is not found in that of a European. The hair is essentially different, and consists of coarse, crisp, frizzly wool, which grows in tufts like the wool of sheep. The voice resembles sometimes the alto of a eunuch, and there is always a peculiarity in it by which he can always be distinguished. Dr. Lewis Buchner after summing up the peculiarities of the negro, says they exhibit the most decided approach to the ape. Other distinguished medical writers asserted that the negro only required an opportunity for becoming civilised, but this was disproved by history. The African race had had the benefit of the Egyptian, Carthaginian, and Roman civilisation, but nowhere did they become civilised. From all the evidence brought forward, the writer of the paper saw no reason to believe that the pure negro ever advanced further in intellect than an intelligent European boy of fourteen years of age.

He could see no evidence to support the opinion of some writers that the negro had degenerated from some higher form of civilisation. The general deductions he would make were :—first, that there was as good reason for classifying the negro as a distinct species from the European, as there was for making the ass a distinct species from the zebra; second, that the negro was inferior intellectually to the European; third, that the analogies were far more numerous between the negro and the ape than between the European and the ape. There was in the negro that assemblage of evidence which would induce an unbaissed observer to make the European and negro two distinct species. It was by observation and experiment that they could determine the exact place in nature which the negro race should hold, and it was both absurd and chimercial to attempt to put him in any other. (The conclusion of the paper was received with mingled cheers and hisses.)

In the discussion which followed Mr. Galton said that among the negroes of Africa there were more frequent instances of an abject and superstitious character, combined with brutal behaviour, than could be paralleled elsewhere in the world. It was a wonder that people like those of Dahomey could mould themselves into any form of society at all, and it was actually found that when the chief of such a tribe died it disintegrated and rapidly disappeared. In short, the tribes of Africa were remarkable for their rapid formation and short continuance. Many of their chiefs were of alien descent, and it was remarkable how their greatest kingdoms had been ruled by Tawareks—men with Arab blood—or, as Captain Speke now informed us, by straight-haired Wahumas. How did it happen, then, that so degraded a people could furnish men capable of constructing nations out of the loosest materials? The question once stated was almost its own reply. The negro, though on the average extremely base, was by no means a member of a race lying at a dead level. On the contrary, it had the capacity of frequently producing able men capable of taking an equal position with Europeans. The fact of a race being distinguished by the diversity of its members was well known to ethnologists. There were black and red subdivisions of many North African races, and the contrast between the well-fed and ill-fed classes of the same tribe of negroes was often such as to amount apparently to a specific difference.

Mr. Craft (an escaped "contraband" who has resided for some years in this country) said that,—Though he was not of pure African descent, he was black enough to attempt to say a few words in reference to the paper which had just been read. His grandmother and grandfather were both of pure negro blood. His grandfather was a chief of the West Coast; but through the treachery of some white men, who doubtless thought themselves greatly his superiors, he was kidnapped and taken to America, where he was born. He had recently been to Africa on a visit to the King of Dahomey. He found there considerable diversities even among the African themselves. Those of Sierra Leone had prominent, almost Jewish features. Their heels were quite as short, on the whole, as those of any other race, and upon the whole they were well formed. Persons who had any knowledge of Africans knew that, when they enjoyed advantages, they were capable of making good use of them. The little girl brought to this country by Captain Forbes was presented to the Queen, who had her carefully educated. When she grew up she mingled in good society, and interested every one by her accomplishments and proficiency in music, and recently she had been married to a commercial gentleman of colour at Lagos. Another case was mentioned by Mr. Chambers in one of his works, and another case was that of Mr. Crowder, who was well known to many gentlemen in this country. When Julius Cæsar came to this country, he said of the natives that they were such stupid people that they were not fit to make slaves of in Rome. (Laughter.) It had taken a long time to make Englishmen what they now were, and, therefore, it was not wonderful if the negroes made slow progress in intellectual development. It was, however, proved that they made very rapid progress when placed in advantageous circumstances. As to the negro not being erect, the same thing might be said of agricultural labourers in the southern parts of this country. (Hear, hear.) He pointed to Hayti as furnishing an instance of independence of character and intellectual power on the part of the negro, and contended that in America the degraded position which he was forced to occupy gave him no chance of proving what he really was capable of doing.

Mr. Craft spoke with great fluency, and at the same time with great modesty, and on sitting down was loudly applauded.

The Rev. H. B. Tristram said he had been a chaplain for several years in a mixed school for blacks and whites in one of the West Indian islands, and could testify that the children of free negroes who were engaged in honourable occupations were invariably more intelligent than the children of slaves.

Mr. Carter Blake said that he agreed substantially with the author of the paper upon the anatomical evidence which he had brought forward with regard to the negro race. Mr. Craft had stated that the heels of the negroes were not longer than those of Europeans, but that was contrary to the testimony of anatomists. He contended that in nearly every instance of a negro attaining intellectual eminence it had been ascertained that there was an admixture of European blood in his veins.

Sir E. Belcher said he had visited many countries of the globe, and had been brought into frequent contact with African races, of which there were several thousand varieties. One native African he had seen he looked upon as the most beautiful model in creation. He had brought from Timbuctoo some of the most elaborate specimens of workmanship. In many of the arts of life the natives of Central Africa had anticipated Europeans in their inventions.

Professor Wilson, of Toronto, was of opinion that Sir Charles Lyell and others, who contended that the intellectual progress of the negro stopped at the age of 14, had fallen into the error which a person would who went into a workhouse among the most degraded and wretched of its occupants to find intellectual culture and capacity. The fact was that very few, if any, black children had any opportunity of pursuing their education after the age of 14, and, in addition to that drawback, they had the misfortune to belong to a degraded and oppressed class, which was crushed and held down in the social world. The wonder was that any of these unfortunate people had energy enough to make their escape and to acquire knowledge sufficient to enable them to carve a way for themselves through life as not many of them did. The English character was made up of many elements; but a few hundred years ago the inhabitants of this island were cruel, unlettered, practical people. When put under good training and subjected to certain influences the Anglo-Saxon proved capable of remarkable development, owing chiefly to the native energy of his character. The same quality was observable in some tribes of the present day, such as the New Zealander, and it was not wise, therefore, to argue as though the absence of combination denoted a natural and primary inferiority of race.

Mr. Crawfurd made a few remarks, and, after a reply from Dr. Hunt, the discussion closed.

GENERAL CORRESPONDENCE.

THE ADAMS DEFENCE FUND.

To the Editor of the Medical Circular.

SIR,—My attention has been drawn, within the last few days, to the notice in your paper that the above fund was shortly to be closed, although lamentably short of the object for which it was so kindly intended—viz., to clear Mr. Adams from those heavy expenses attendant upon the defence of a most cruel action at law. Perhaps I may be allowed to state that I have retired from the active duties of the profession for some years, being on the retired list of Naval Surgeons, or my subscription to this fund would have been forthcoming long ago. I had hoped that the amount would have been subscribed by those who are receiving large emoluments from the Profession, and who are better able to come forward on such occasions than myself. Since, however, this is not the case, I beg to tender to you my mite—viz., six shillings, a day's half-pay, not *deducting income-tax* or the *Greenwich Hospital dues*, in the hope that the fund will be kept open so as to enable others to follow my humble efforts and example. I do yet hope that the Profession will clear off the balance of this sum. Let them remember that, although this disgraceful annoyance has fallen upon Mr. Adams to-day, it may fall upon any other member of our body to-morrow. Surely, then, it is the bounden duty of the profession to look to this matter. The profession can and might do it.

I am, &c., ANDREW MORISON, *Surgeon, R.N.*

TOBACCO v. SUGAR.

To the Editor of the Medical Circular.

SIR,—Probably Dr. Richardson will allay in this neighbourhood a sort of panic which he has created amongst numbers of the fairer sex, by explaining in what way sugar acts more injuriously upon the human constitution than tobacco. I am a smoker, but thank God, I eat very little sugar, my wife however, and the young ones consume a large quantity. If Dr. Richardson's assertion be correct, I will stop the saccharine supply instanter.

Yours obediently,

Aug. 26, 1863. PATERFAMILIAS.

THE CASE OF DR. LINGEN.

To the Editor of the Medical Circular.

SIR,—I have read your strictures on the trial "*Morgan v. Lingen*" with complete sympathy and satisfaction, and fully concur with you "that of all the groundless and frivolous charges ever "brought against a Medical man, this is the most conspicuous for "its *absurdity* and *ingratitude*."

Your analysis of the more extended report of this trial places before our Profession at a glance how that which has happened to Dr. Lingen may equally happen to any other member of our body, and how a less amiable and discreet person than Dr. Lingen may have dropped some more decided expression of opinion than that which fell from him, and thereby have made himself liable to those costs, which the "Bloodsuckers" have failed to draw from the defendant in this case.

If the insults offered to Mrs. Lingen had been shown towards the wife of any person not in the Profession, the police might have been called in and the plaintiff been summarily dealt with, but Dr. Lingen took the merciful and the proper professional view of the subject, and with great kindness called the attention of her family to the mental condition of the plaintiff.

From people capable of common gratitude, Dr. Lingen had a right to expect some expression of it on this occasion, even if a long series of kindness and benefits towards that family had failed to elicit it on others; but instead of this the friendly and confidential letter of the family attendant (who had for a series of years GRATUITOUSLY ministered to their wants out of a kind regard for their necessities) is handed over to an attorney, and forthwith an action for libel is threatened, commenced and followed up without any escape for the defendant short of payment of costs. That the plaintiff should have been driven from Hertford to Worcester for an attorney, and into Gloucestershire for a backer, are significant facts when we look at the relative positions of plaintiff and defendant in the city where both are so well known.

In how far the machinery, so put into gear, which has hitherto worked harmoniously for the plaintiff, may continue so to do, time can only reveal, but as we hear from Plaintiff's own counsel that she was and is by no means a wealthy person, we shall not be surprised when the bill is sent in to find the defendant left to pay his own costs, and whenever that time comes you will, I think agree with me that then the Profession should stand forward and mark their sense of the iniquity of this transaction by some suitable testimonial to Dr. Lingen.

The "Lancet" in "painful" ignorance of the relative positions of plaintiff and defendant, introduces to its readers "The Child of Sorrow," "battling with the world for her daily bread," apparently satisfied that grinning at, and nudging the ribs of the ladies of Hereford, are by no means unsatisfactory evidences in her favour.

I think the suggestion of the "Lancet" to consign the malevolent attack that has been made on one of the most worthy members of our Profession "to oblivion, perfect and complete," will be repudiated, and that despite "the painful case," a generous sympathy will be evinced for Dr. Lingen, by all who appreciate Medical character, and desire to set their faces against that system of pettifogging extortion, which is a disgrace to the age in which we live, and is loudly calling on the Government of the day for its suppression.

M.R.C.S.

[We have modified a few remarks in our Correspondent's letter, which although apparently they are harmless enough, may have been perverted into libellous matter.—ED. MED. CIRCULAR.]

LEGAL INTELLIGENCE.

NORTHERN CIRCUIT,—LIVERPOOL.

(*Before Mr. Justice* MELLOR *and a Special Jury.*)

HODGES V. CHALMERS AND OTHERS.

The plaintiff in this action, who is deputy-registrar of the Court of Passage in Liverpool, sued the defendants, who are surgeons at the Northern Hospital, for negligently performing an operation upon him.

The Attorney-General and Mr. Littler were for the plaintiff; Mr. Brett, Q.C., Mr. Mellish, Q.C., and Mr. C. Hutton for the defendants.

From the evidence of the plaintiff it appeared that as he was walking from the Town hall to St. George's hall in the year 1861, he fell down, and dislocated his thigh. In the winter of that year there being a very severe frost, and being apprehensive of again falling, he consulted Mr. Hakes, one of the defendants, who recommended him to go to the Northern Hospital, where he would have the assistance of his colleagues. Here the operations performed upon him were minutely described by the plaintiff, who remained there four or five months. He suffered very much, and from the giving way of the appliances, and on one or two occasions it was alleged that the operations were unsuccessful.

At the close of the plaintiff's case,

His Lordship decided that there was no evidence of negligence on the part of the defendants to go to the jury, and a non-suit was accordingly directed.

Births, Marriages, and Deaths.

ATKINS.—On the 17th ult., at Queenstown, the wife of Dr. H. B. Atkins, of Carrickboy, Bantry, of a son.

BRUCH.—On the 10th ult., at Algiers, the wife of Dr. E. Bruch, of a son.

CASTLE.—On the 20th ult., at Commercial road, Portsmouth, the wife of W. H. Castle, L.R.C.P.E., of a son.

COLBORNE.—On the 21st ult., at Chippenham, Wilts, the wife of W. H. Colborne, M.D., of a daughter.

ELLISON.—On the 13th ult., at Windsor, the wife of J. Ellison, M.D., of a daughter.

SHORE.—On the 9th ult., at St. Martin's, Stamford, Lincolnshire, the wife of O. B. Shore, M.D., of a son.

STARKEY.—On the 2nd ult., at Woodhill terrace, Cork, the wife of Dr. Starkey, of a son.

SUTRO.—On the 7th ult., at Finsbury square, the wife of Dr. Sutro, of a son.

TIBBITS.—On the 4th ult., at Warwick, the wife of J. Tibbits, M.D., of a son.

MARRIAGES.

BROWN—WYLDE.—On the 25th ult., at St. Stephen's, Avenue road, A. R. Brown, M.D., R.N., to Maria Louisa Lemmers, daughter of the late Lieut. E. Wylde, R.N., of the Royal Hospital, Greenwich.

MASSER—ORTON.—On the 11th ult., Arthur Harry, eldest son of Richard Masser, Esq., of Longford House, to Agnes, eldest daughter of John Orton, Esq., Surgeon of Foleshill.

WALKER—HASTIE.—On the 12th ult., at Chester, T. S. Walker, M.R.C.S.E., of Liverpool, to Mary Anne, daughter of the late Wm. Hastie, Esq., of Liverpool.

DEATHS.

FERRIOR.—On the 11th ult., at Pierson, Pembrokeshire, Dr. Ferrior, aged 86.

GOULD.—On the 17th ult., W. Gould, M.R.C.S.E., of Fairfield, Manchester.

MURRAY.—On the 16th ult., at Howe street, Edinburgh, R. Murray, F.R.C.S. Ed., late of Ilkeston, Derbyshire.

PRESTON.—On the 25th ult., R. Preston, M.R.C.S.E., of Ivy House, Stand, near Manchester.

STEWART.—On the 23rd ult., at Landsdowne road, Kensington park, A. Stewart, M.D., Inspector General of Hospitals, Army, aged 73.

WAGSTAFF.—On the 8th July, Alfred H. Wagstaff, M.R.C.S.E., of Leighton-Buzzard, Bedfordshire.

MEDICAL NEWS.

APPOINTMENT.—Dr. Hughlings Jackson, Assistant-Physician to the Hospital for Epilepsy and Paralysis, late Physician to the Metropolitan Free Hospital, has been elected Assistant-Physician to the London Hospital.

WE understand that the late Mr. Sherwood has left a legacy of 100*l.* to the Royal Medical Benevolent College.

METHYLATED SPIRIT.—The subject of methylated spirit, has had the most careful attention of the Inland Revenue Commissioners. When the Legislature decided to permit the use of this spirit duty free in arts and manufactures, that the manufacturer might not be at a disadvantage as compared with the foreigner, it was probably understood that the continuance of this permission must be contingent on the safety of the revenue derived from spirits; and in his report of June, 1863, Mr. Phillips, principal of the Laboratory, states to the commissioners that as yet no effort to obtain a potable spirit from methylated alcohol has succeeded. It is true that a patent has lately been granted for a process which professes not only to accomplish this object, but to render wood spirit itself potable, and that, too, at a cost almost nominal; and it is not surprising, says Mr. Phillips, that it has afforded matter for earnest discussion among some of our leading pharmacologists, who, anxious to preserve the integrity of medicinal preparations, have not unreasonably been alarmed by the assertion that wood spirit can be so far defecated as to render it almost indistinguishable from vinous alcohol, and by the exhibition of specimens of such spirit which might be used, instead of spirits of wine, for pharmaceutical purposes. But after a serious of experiments he has not been able by the process indicated to render either methylated or wood spirit potable; and to render it as palatable as those spirits which have been exhbited it was found necessary to submit it to numerous excessive distillations, which from their costliness could not be applied profitably on a commercial scale, and even then the products possessed, as did the spirits exhibited, the character of wood spirit, although much subdued, and were in his opinion wholly useless for potable purposes. He expresses a strong conviction, based upon long experience, that the revenue is much less liable to be injured by the abuse of the permission to use duty free methylated spirit than it is by ordinary illicit distillation. If rendered potable, which he says has not yet been done, it would be much inferior to the spirit produced by ordinary illicit distillation; and if it could be made equal to illicit spirit it would be by more costly apparatus and cumbersome operations more difficult to conceal upon expensive materials. The commissioners state in their report just issued that the attempts which have been made, hitherto unsuccessfully, to purify methylated spirit so as to render it potable confirm them in the belief that they have nothing to fear on that score.

APPOINTMENTS.—W. M. Beddoes has been elected Physician to the Salop Infirmary, Shrewsbury, *vice* H. Johnson, M.D., resigned. —Mr. H. Clayton, M.R.C.S.E., has been appointed Surgeon to the Birmingham Bluecoat School, *vice* W. Tarleton, F.R.C.S.E., resigned. —T. R. C. Downes has been elected Medical Officer and Public Vaccinator for the Munslow District of the Ludlow Union, Salop,

vice T. Wetherhead, F.R.C.S.E., resigned.—R. Fennelly, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the Finglas and Glasnevin Dispensary District of the North Dublin Union, *vice* L. A. Renehan, L.R.C.S.I., deceased.—F. Ffolliott, L.R.C.P. Ed., has been elected Medical Officer and Public Vaccinator for the Kilworth Dispensary District of the Fermoy Union, Co. Cork, *vice* F. W. Smartt, M.D., appointed to the Workhouse and Ballymahon Dispensary District of the Ballymahon Union, Co. Longford.—T. J. Gelston, M.D., has been appointed Physician to the Limerick County Infirmary, *vice* D. Griffin, M.D., deceased.—R. W. W. Griffin, has been elected Medical Officer and Public Vaccinator for District No. 2 of the Southampton Incorporation, *vice* H. Dusautoy, L.R.C.P. Ed., deceased.—G. D. Harding, M.R.C.S., has been appointed Medical Officer for the West Woolwich District of the Greenwich Union, *vice* W. W. Harding, M.R.C.S.E., deceased.

APPOINTMENTS FOR THE WEEK.

Wednesday, September 2.

Operations at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.. University College Hospital, 2 p.m.; London Hospital, 2 p.m.

Thursday, September 3.

Operations at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; London Surgical Home for Diseases of Women, Vesico Vaginal Fistula; Ruptured Perinæum, at 2 p.m.

Friday, September 4.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, September 5.

Operations at St. Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Lock Hospital, Dean street, Soho, 1 p.m.; Royal Free Hospital, 1½ p.m.

Monday, September 7.

Operations at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1¼ p.m.

Tuesday, September 8.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Mentone in its Medical Aspect. By J. L. Siordet, M.B., &c. London: John Churchill and Sons.

Report of the Main Drainage Committee on the Tenders for the Metropolitan Sewage.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor, may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *beforenoon* on Monday, as we are compelled to go to press on the afternoon of that day

We must request our Country Correspondents who favour us with copies of Provincial Newspapers, to mark the passages to which they desire to draw our attention.

INQUIRER.—The Museum of Comparative Anatomy in the London College of Surgeons is now one of the finest in the world, but it is still unequal in the number of its specimens to the celebrated museum of the same kind in the *Jardin des Plantes*, of Paris.

DR. B. T.—We are not aware that the individual alluded to possesses any special qualifications for the appointment.

OBSCURUS.—The question of buying a partnership is a very difficult one to determine, and the result will be but doubtful in many cases. Still, under the guidance and advice of a respectable agent, the experiment may be worth trying.

A. B.—The phenomenon in question is due to an optical illusion, whereby the images of objects appear to be the same as the objects themselves. The subject is explained in any treatise on optics, under the division of Catoptrics or the Law of Reflection of Lights.

MR. A. MORISON'S letter is published, and his contribution shall be forwarded to the secretary of Mr. Adams's Fund.

Dr. D. E. is thanked for his communication.

A CHEMIST AND DRUGGIST.—The sweet spirits of nitre of the shops is a compound of alcohol, aldehyde, and the hyponitrite of the oxide of ethyle. These are not impurities, but ingredients formed in the process of manufacture. The substitution of methylated spirit, however, for spirits of wine is a fraud, but the crime must carry detection along with it, as nobody can mistake the nauseous taste and smell of methylated spirit (commonly but erroneously called naphtha) for alcohol.

PATERFAMILIAS.—The letter shall be inserted.

J. W. BEAUMONT, M.D.—The letter is unavoidably postponed until next week.

TRADE MARK



CHLORODYNE

WAS DISCOVERED AND INVENTED IN THE YEAR 1848 BY

DR J. COLLIS BROWNE, M.R.C.S.L., EX-ARMY-MED. STAFF.

AND IN 1856 HE CONFIDED

THE ORIGINAL AND ONLY FORMULA

FOR ITS MANUFACTURE

SOLELY TO J. T. DAVENPORT, PHARMACEUTIST,

33, GREAT RUSSELL ST. BLOOMSBURY SQUARE, LONDON.

REGISTERED, 1856.

NOTIFICATION.

THE attention of Medical Men is directed to the Piratical application by some parties in the Trade, of the term "Chlorodyne" to various mixtures compounded of Chloric Æther, Opium, Indian Hemp, and Peppermint, in imitation of the ONLY Genuine preparation of this name.

EXTRACT OF LETTER FROM DR. SHORTHOUSE, IN REPLY TO "INQUIRER."

"The effects (of Chlorodyne) produced are utterly unlike those which follow the administration of Morphia or Opium. Secretion is not checked but the contrary; the pupils are not contracted, the breathing is not laboured nor does the patient complain of any head symptoms afterwards. Many persons who cannot tolerate Morphia in any of its forms can take (Dr. Browne's) Chlorodyne not only with impunity but advantage..... Sooner or later (Dr. Browne's) Chlorodyne will replace every other remedy."

The fact of these Piracies must fully convince the Profession of the extraordinary efficacy of the Genuine Chlorodyne; whereas the sad results and disappointment arising from the use of spurious compounds cannot be expressed.

Each Genuine Bottle bears a Red Stamp, with the words, "Dr. J. COLLIS BROWNE'S CHLORODYNE," in White Letters.

NOTICE.—REDUCTION OF PRICE TO THE PROFESSION.

In Bottles, 1oz., 3s.; 2oz., 5s.; 4oz., 8s.; 10oz., 15s. To Hospitals and Charities in large quantity, a Liberal Discount.

The Occhiombra, or Transparent Ventilating Eye and Sun Shade excludes wind and dust, and modifies the light, keeping the eye perfectly cool; it can be worn over spectacles, and is easily removed when required. Patentee, J. CALKIN. Sole Agents, JOHN WEISS and SON, 62 Strand, London. Price in case, 5s. 6d.; post free, 6s. 6d.

Bowles and Sons, Label and General Printers, Stationers, and Account-Book Manufacturers, 14 George Street, Mansion House, London, E.C.—Established 1831.—Labels of every description, Account Notes, Account Books, Wrapping Papers, and all other requirements in Surgeons' Printing and Stationery on the best terms.

HOSPITALS, DISPENSARIES, and large Consumers supplied by contract or otherwise.—A Catalogue and Pattern-book of Labels, with Samples of Account Notes and Demys, free, on application.

BASS'S EAST INDIA PALE ALE.

This Season's Brewings of this celebrated ALE are now arriving in Casks of 8-gallons and upwards. Our stock of Ale in Bottles is in good condition. Barclay's Porter and Stouts, in bottle and cask, and Devonshire cider may also be had of BERRY BROS. & CO., 3 ST. JAMES'S ST., LONDON

Microscopic Glass.—Thin Glass for Mounting Objects, in squares or circles Slides 3 in. by one in., and Cells of every kind, supplied Wholesale and Retail, by CLAUDET and HOUGHTON 89 High Holborn London N.B.—Aquariums, Fern Cases, and Glass Shades.

Millikin, late Bigg and Millikin, Surgical Instrument Maker and Anatomical Machinist to Guy's and St Thomas's Hospital, No. 9 St Thomas's street Southwark S.E.

Bennett's Watches, 65 & 6 CHEAPSIDE, in gold and silver, in great variety of every construction and price, from 3 to 60 Guineas. Every Watch skilfully examined, and its correct performance is guaranteed. Free and safe by post. Money Orders to JOHN BENNETT, Watch Manufacturer 65 and 64 Cheapside, and 62 Cornhill, E.C.

Pepsine and Pepsine Wine —BOULDAULT begs to state that he cannot be answerable for the purity and strength of any Preparation sold under his name unless obtained from his sole Agent Mr. PETER SQUIRE, Chemist in Ordinary to the Queen and H.R.H. the Prince of Wales, 227 Oxford street, London, to whom all applications respecting it must be addressed

Third Edition, with Further Remarks by Dr. CORVISART Physician to the Emperor of the French, edited by S. SQUIRE, Ph. D.: published by J. Churchill, London may be also had of the Author, 277 Oxford street, Sixpence.

PARISIAN MEDICAL NEWS.

HOTEL DIEU.

PROFESSOR JOBERT'S CLINICAL WARDS.

Perinephric Abscess.

On the 16th of July, Mr. Jobert exhibited in the lecture-room a man suffering from deep-seated abscess in the lumbar region. The following is a summary of his remarks on this interesting subject:

The patient was an apparently athletic journeyman in the prime of life, but displaying in his countenance the signs of some deep-seated and painful affection. He had been admitted twenty-four hours before into hospital, and stated that he had in the course of his life contracted five times gonorrhœa, and that the duration of the disease had never been unusually long. He acknowledged, however, that the inflammation had not been confined to the urethra, but had involved the prostate and bladder; now from the bladder to the ureter and kidney, the communication is easily established, and thus urethritis may readily occasion inflammation of the lining membrane of the pelvis and tubuli (pyelitis), in which the kidney itself often participates (pyelo-nephritis). Mr. Jobert has traced the connection between these various morbid conditions by actual dissection; all forms of gonorrhœa, however, do not run into pyelitis; it must have been the result of contamination from matter of an especially virulent description.

The subject who suggested the present remarks had, however, undergone various kinds of treatment in hospital and elsewhere, when, on the 29th of June, he experienced the first symptoms of the affection for which he was admitted into the Hôtel Dieu. On the 17th of July, the day after his admission, the urine was tested, and was found to contain a large quantity of lithic acid, some pus, and very little albumen—a circumstance which Mr. Jobert conceives to be incompatible with the presence of a foreign body such as a calculus. The patient complained of a fixed pain in the lumbar region, which had now endured eighteen days. He had suffered no external injury, and had experienced no chills or general illness, an immunity exceptionally observed in some persons in whom serious organic disease may exist unattended by any marked disturbance of health. The painful region was the seat of a distinct swelling, and a tumour was detected which decreased, without entirely disappearing, under pressure, being limited below by the crista ilii, above by the short ribs, posteriorly by the vertebræ, and in front by the iliac fossa. Fluctuation was evident, and the case presented all the characters of *perirenal* or *perinephric* abscess.

Perinephric abscess, said Mr. Jobert, is not a very unfrequent disease. The professor has observed several instances of the affection in Mr. Trousseau's wards, and another which was under Mr. Rayer's care. In the latter case, the abscess had formed in the cellular and adipose structures in which the kidney is imbedded. The abscess was laid open, and the pus which escaped emitted effluvia compounded of the various odours peculiar to peritoneal liquid, intestinal matter, and putrescent fluids.

These abscesses are not always the result of an affection of the kidneys; exposure to cold may in this region, as in the thigh or arm, induce diffused phlegmonous inflammation. In other cases a fall or a blow may have occasioned the disease. In one instance. the abscess was the result of a bruise experienced in the upsetting of a carriage; copious suppuration was the result, and a sinus formed which required incision and cauterisation. Inflammation of the kidney, or of the pelvis and tubuli, may also extend to the cellular tissue, and give rise to a phlegmon. Thus, concretions or coral-shaped calculi, developed in the tubuli, have been known to give rise to abscesses and subsequent tracts and sinuses, several instances of which may be found in the records of the old *Académie de Chirurgie*. The abscesses in this case may be consequent on pyelitis, which, in a secondary manner, has extended to the cellular tissue, or the concretions, after perforating the renal structure, may have occasioned urinous infiltration and abscess.

Whatever its origin, the suppuration gradually finds its way to the surface, or is discharged into the intestine. It may likewise run into the iliac fossa, or in the direction of the crural arch, and has even been known to perforate the diaphragm, and reach the air-passages. It has been alleged that perinephric abscess may be absorbed: this assertion, in Mr Jobert's opinion, reposes on erroneous diagnosis. Absorption is possible only when the case is one of mere congestion or sclerema of the cellular tissue, morbid conditions usually unaccompanied by any premonitory indications, or feverish excitement. Mr. Jobert does not believe that a genuine phlegmon of the cellular tissue can be dispelled by absorption. Whenever phlegmon is present, puriform matter is secreted in the course of four-and-twenty hours, and must find an issue at the cutaneous or mucous surfaces.

The symptoms consist in the incipient stage, in the sudden manifestation of pain in the back and abdomen, accompanied by frequent and copious emesis, due to muscular contraction, and sympathetic disturbance of the gastric functions. The pain is more deep-seated than in lumbago, and fever sets in, usually ushered in by rigors. If this condition continues, the surgeon may, in the course of six or seven days, feel confident that pus has formed in the cellular structures. Now, moreover, although fluctuation is seldom perceptible, the side is more or less tumefied, and œdema may generally be observed in the lumbar region. But even in the absence of any external sign calculated to assist the diagnosis, the general condition of the patient taken in combination with his previous history, if the phlegmon is not primary, in which case the discriminating powers of the surgeon are more severely tested, would be sufficient to establish in favour of phlegmon an amount of probability nearly equivalent to positive certainty.

The disease is, of course, a very serious one; if the presence of the phlegmon be ignored, and the accumulated pus be not removed by an operation, it may run beneath the peritoneum or burst into its cavity, causing promptly fatal symptoms. The inflammatory action may also extend to the adjacent viscera, and the spleen or lung become involved. In the most favourable case, when the abscess spontaneously opens through the integument, tracts form which heal with the greatest difficulty; the puriform secretion putrefies, and the worst form of pyæmia is to be apprehended.

Medical interposition may doubtless effect some good when the pyelitis is not the consequence of calculi; and in the incipient stage of primary perinephritis, before suppuration, its usual consequence, has set in, remedial agents may be of real service. But when pus has formed, and when medical assistance is called in, this is generally the case, cupping and leeching unprofitably weaken the patient who, from the very nature of the disease, must undergo the debilitating influence of protracted suppuration. The surgeon's duty is to give free issue to the morbid secretion, when he has positively ascertained its presence.

The practice formerly adopted consisted in puncturing these abscesses, a procedure obviously insufficient, and which is justifiable as a means of exploration only. It has been recommended to insert into the tumour a narrow-bladed bistoury, but this is a highly perilous operation; the instrument must penetrate at considerable depth through the sacro-lumbalis, latissimus dorsi, a portion of the lumbo-costalis, and quadratus lumborum. If in this long tract a deep-seated artery is injured, how is it to be secured? External pressure will no doubt succeed in checking the outward flow of blood, but the hæmorrhage will continue inwardly, and the blood will accumulate in the abdomen.

These undesirable contingencies are obviated by a liberal incision, and, as the parts to be traversed are highly vascular, the different layers must be divided cautiously and in succession; after each sweep of the knife, the forefinger must be inserted into the wound; if an artery is felt it should be taken up, and veins, which in this region are larger than the arteries, be cut between two ligatures. At last, after cautious dissection, the operator will find that the abscess is separated from the finger but by a thin partition, which should be punctured.

Pus escapes and nothing remains but to enlarge the aperture with scissors or a probe-pointed bistoury, in order to allow of a free exit of the secretion and calculi, if any are present.

In the case which suggested the present remarks, Mr. Jobert performed, three inches from the spinous processes of the vertebræ, a vertical incision four inches and a half in extent. The quadratus lomborum was found to have been perforated and destroyed, and the finger inserted through the orifice came in contact with the kidney. The pus, which escaped in large quantities emitted no peculiar odour. A few sheets of agaric were interposed between the lips of the wound to check any tendency to hæmorrhage, but no large blood-vessel had been opened. The patient was replaced in bed, and a simple dressing was applied. The next morning he was found to be free from fever; poultices were subsequently resorted to, and on the 28th of July, although cicatrisation was not complete, the progress of the case was satisfactory, and justified the hope of a speedy and complete cure.

HOTEL DIEU.

MR. MAISONNEUVE'S WARDS.

— Glycerine and Phenol Dressings—Plaster Bandages—Wens of the Scalp—A simple Procedure for the Cure of Hydrocele and Serous Cysts.

The simplification of surgical procedures is the favourite object of Mr. Maisonneuve's studies.

In his wards, the attention of the visitor is at once arrested by the manner in which wounds are dressed. Cerate, fenestrated compresses, lint, etc., are in general replaced by a simple compress impregnated with pure glycerine, or with the same substance containing in certain cases, phenic or carbolic acid in the proportion of one part to a thousand of the solvent.

In the treatment of chancre, Mr. Maisonneuve prefers glycerine to aromatic wine.

If the sore assumes an unhealthy aspect, or if the presence of decomposed pus is to be apprehended; in the case of cancerous, or simply of atonic or varicose ulcers, the dressing is moistened with the solution of phenol in glycerine, this preparation, according to the professor, being a more powerful disinfectant than permanganate of potash.

— The application of plaster to the dressing of fractures is not a very recent invention, but the manner in which this substance is used in Mr. Maisonneuve's wards, is distinctly original.

The plaster is mixed with equal parts of water; for a fracture of the leg, two large bowl-fulls of plaster and the same quantity of water are required, one-half only that quantity being necessary in a case of fractured arm. Before proceeding to mix the ingredients the surgeon should supply himself with the different parts of the apparatus, consisting in a long linen roller, and several squares of linen which are intended to be soaked in the plaster. With these compresses folded eight times over, splints are prepared of about two and a half or three inches in width, and equal in length to that of the fractured limb, or to twice that length if intended for the leg, when they should pass beneath the sole of the foot, and embrace both sides of the extremity. These compresses are laid upon a table unfolded, and ready for use. The part is then shaved and lubricated with oil, and with or without the assistance of chloroform, the fracture is reduced. While the assistants support the limb in an appropriate position, the operator mixes the plaster with tepid water, so as to form a homogeneous fluid, steeps the linen squares into this preparation, and when thoroughly impregnated, folds them in the most appropriate shape, and lays them side by side on a plate. They are then applied to the limb, and supported by the roller, which is sufficiently tightened to model accurately the plastered linen splints over the surface of the parts. In fractures of the leg, the roller should in the first place be applied over the foot, in order that the assistant who has been entrusted with its support should, without any unnecessary delay, be enabled to resume that duty. We have observed that Mr. Maisonneuve purposely applies the roller with much slowness and deliberation, so as to conclude this part of the dressing, only a short time before the expiration of the ten minutes necessary for the consolidation of the plaster. The limb is then laid upon a cushion.

This new apparatus was first applied by Mr. Maisonneuve in his own case, for fracture of the fibula; it is extremely simple, and readily admits of frequent examination of the injured extremity. For this purpose, the roller can be removed, every day, if necessary; the wound being thus exposed to view, is dressed as occasion may require, and portions of the apparatus may even be cut away without injury to the solidity of the remainder.

In fractures of the thigh only, in which reduction can be maintained but with difficulty, the roller should be impregnated with liquid plaster, and the preparation differs but in the material used from that of the common starch bandage.

— A woman afflicted with three wens of the scalp was relieved of these tumours by two different procedures. The largest was removed by incision, the simplest of all the operations recommended for the purpose, Mr. Maisonneuve divided the integument *without opening the tumour*, and cut the cellular tissue with scissors, when the growth was spontaneously detached. The wound was then dressed with the solution of phenol in glycerine.

For the two remaining wens, the professor had recourse to linear cauterization with nitric acid. We did not watch the case, but it is a well-known fact that under the influence of the caustic the integument shrivels up, the eschar falls away from eight to fifteen days after the application, and the tumour drops out. This procedure is said to be innocuous; it has however occasionally proved otherwise, and in general Mr. Maisonneuve prefers incision, which, when dexterously performed, always proves successful.

— The treatment of hydrocele would scarcely appear to be open to much improvement, and yet Mr. Maisonneuve may be said to have rendered valuable service to country practitioners, in supplying them with the means of curing hydrocele without assistants and without any iodised or vinous injection. Surgical instrument-makers, by flattening the handle of the trochar, have made it a much more portable instrument; it can be placed in the common dressing case, and no peculiar apparatus is now required for the operation. A radical cure can be effected with the trochar, a common conductor probe, and a stick of nitrate of silver. The procedure is instituted as follows: The cylinder of caustic and the probe are placed together in the flame of a candle, the nitrate of silver melts, and one drop adheres to the conductor, and solidifies on its point. The tumour is then punctured and its contents removed. The style after being cleansed of the lamp-black on its surface, is inserted into the tunica vaginalis through the canula, and carried rapidly three or four times over its surface. The nitrate of silver dissolves in the cavity, and induces a sufficient amount of inflammation to secure satisfactory results.

After this operation, Mr. Maisonneuve is of opinion that the patient should remain in bed for a week or ten days. In one month a complete cure is effected. We should add that the same procedure is applicable to all small serous cysts, in which the tincture of iodine is habitually injected.

AURAL SURGERY.

MR. TRIQUET'S DISPENSARY.

Herpetic Otitis.

Mr. Triquet concluded his series of lectures on the subject of otitis by a description of the *herpetic* variety; the general

endency of the professor's observations being to throw into relief the predominance of diathetic predisposition in diseases of the ear not referrible to traumatic causes.

The progress of civilisation, and we are compelled to add the deterioration of public morals, have so widely spread affections of a herpetic character that they now form one of the most, if not actually the most important group of the morbid manifestations of the skin and mucous membranes, and have a considerable share in the production of otitis. Mr. Triquet still adheres to Alibert's views, and agrees with this pathologist, that the herpetic diathesis, like scrofula, syphilis, and rheumatism is a general disease of the system, the course of which is slow but progressive, and may be continuous or intermittent. Its manifold and various symptomatic manifestations frequently alternate with each other. The herpetic virus or ferment sometimes passes from the integument to the ear, and suddenly invades the pharynx and drum. Cutaneous irritation of the auditory duct is soon followed by catarrh, which, in its turn, is replaced by low, latent fever, and after a more or less protracted interval, organic visceral disease generally supervenes, and induces fatal consequences, or asthma or gout make their appearance, and persist throughout the entire duration of the patient's life. These preliminary remarks may serve as a natural preface to Mr. Triquet's description of the form of otitis exclusively peculiar to *herpetic* subjects.

The affection frequently coincides with the eruptions of the face so commonly observed in childhood ; in the adult and in the aged it is usually one of the symptoms of scrofula. Mr. Triquet, however, chiefly applies the denomination of herpetic otitis to a variety of inflammation marked by tumefaction and redness of the skin of the pinna, meatus, and membrana tympani, with yellowish or more generally dark-coloured scabs, and chaps and induration of the diseased surfaces. A more or less fetid secretion exudes at the same time from one or both ears, and is supplied by pustules of impetigo or ecthyma, or vesicles of herpes, to the presence of which on the internal and external membranes of the organ of hearing, herpetic otitis must, in most cases, be ascribed.

The predisposing causes are those of cutaneous diseases, which being in general but the expression of general derangement of the system, and more or less subject to hereditary influence, may invade simultaneously or in succession every texture of the human body, the skin, scalp, lids, ears, pharynx, nasal fossæ, bladder, anus, intestine, joints, etc., a fact peremptorily demonstrated by Alibert in his justly celebrated lectures. Amongst the causes should also be numbered coarse diet, insufficient or too highly nutritious food, the two opposite excesses entailing the same injurious consequences.

This kind of otitis is seldom observed in the acute stage, but very commonly occurs in the chronic form. In either case its progress may be divided into three periods, viz., the eruptive, the catarrhal, and the period of desiccation. When the disease at once assumes the chronic aspect, the eruption is absent or insignificant, and the oozing unimportant ; the only symptoms observable are the lamellar induration of the skin, chaps, and furfuraceous desquamation, together with marked deafness.

A minute inquiry into the pathology of herpetic otitis leads to a division of its anatomical symptoms into primary and secondary.

The primary objective symptoms are the redness and the eruption ; the pinna is red, turgid, shining, and presents a squamose appearance ; the orifice of the meatus is more or less obstructed by the tumefaction, which in the incipient stage is always considerable ; the surface is studded with pustules of impetigo *sparsa*, or vesicles of eczema, disseminated or in patches, or of herpes *madidans*. On the surface and margin of the pinna, in the auditory duct, and even on the cutaneous aspect of the membrana tympani, bullæ of pemphigus may be descried. In most cases, it is utterly impossible to inspect the membrana tympani, on account of the pain occasioned by the introduction of the smallest speculum, into the diseased meatus.

In several patients exhibited by Mr. Triquet to his audience, neither impetiginous pustules nor vesicles of herpes or eczema were to be seen ; but a papular eruption of lichen or prurigo, or the desquamation of pityriasis, the squamæ of lepra vulgaris, or the indurated tubercles of a furuncular eruption.

The secondary anatomical symptoms consist in an ichorous discharge, scabs, ulcers, hypertrophy of the tissues, and obliteration of the meatus. The discharge is always scanty, its colour varying according to the pustular or vesicular nature of the eruption in which it originates. It is generally fetid, and in many instances, of so acrid a nature that it leaves a red and ulcerated furrow in the parts of the skin of the pinna, cheek, or neck with which it has come in contact. This secretion, characteristic of the second or catarrhal stage is intermittent, and may cease for days, weeks and months, reappear for a short time, again yield, and return after a further interval. During these periods of desiccation, yellowish, brown, and dark coloured scabs form, which become stratified in thick layers. When the crusts fall away spontaneously or after the application of poultices, the denuded and ulcerated derm of the pinna and auditory duct are exposed to view, and is the seat of sharp pain which persists until the surface is again protected by the formation of a fresh scab. Under these circumstances, the patients scratch the parts with violence, causing increased tumefaction of the ear, which often acquires extraordinary dimensions. The meatus is then entirely closed up, and total deafness is the consequence.

The thickening of the structures of the ear is the natural result of these successive phenomena. It may extend to the membrana tympani, which in some cases may also become softened and be perforated, or even destroyed, the laceration being sometimes traceable to a pustule of impetigo, herpes, or eczema ; or the immediate cause of the injury may be the propagation of the inflammatory action to the membrane, which is thus rendered liable to rupture during a fit of coughing, or sneezing. The herpetic eruption may then penetrate into the drum, where it becomes established, and gives rise to interminable local catarrh.

The most important physiological symptoms are pain and deafness. The former is characterised by a sensation of smarting, and itching, which irresistibly impels the subject to scratch the part, a process which induces the consequences above enumerated. The deafness is not at first very considerable, and generally appears to be a result of the swelling and obstruction of the auditory duct.

None of the varieties of the disease we have described can be mistaken for herpetic otitis. In the catarrhal form the membranes are swelled it is true, and a discharge is present, but the ear is not the seat of any pustular or vesicular eruption, and its surface is not studded with chapped scabs. In catarrhal inflammation, the discharge is yellow or greenish, and copious, whereas in herpetic otitis an extremely acrid oozing of ichorous nature exudes from the meatus. The pathognomonics of scrofulous and rheumatic otitis are also too distinct to admit of any confusion. No uncertainty can therefore exist as to the diagnosis ; in some few obscure cases of syphilitic otitis, a superficial observer might hesitate in his diagnosis. It is indeed sometimes no easy matter to discriminate certain syphilitic eruptions from simple ecthyma, or even boils, or eczematous impetigo. Pustular syphilitic eruptions, squamous or tubercular syphilidæ might also possibly be mistaken for mere herpetic manifestations. But a careful survey of the existing symptoms, an attentive exploration of every part of the body, and a searching inquiry into the patient's previous history, in general lead to the detection of the truth, and if syphilis be present, specific sore throat or other evidences of the presence of the taint will be discovered, and assign its true character to the affection of the ear. The effects of the treatment would, in addition, dispel any remaining doubts as to the diagnosis.

Herpetic otitis, is an obstinate disease, and if neglected or mismanaged entails deafness, and is, therefore, a very serious affection ; the prognosis derives additional gravity from the fact, that the inflammation of the ear is but the symptom of a condition of the system, upon which the influence of remedies is uncertain, and which is subject to frequent relapse. It may however be remarked that eczematous is not so serious as impetiginous otitis, or that which is characterised by the presence of lepra. The more or less obstinate nature of the eruption,

the various methods of treatment previously instituted without success, the complications such as herpetic sore throat, eruptions of the nose and scalp, enlargement of the cervical or maxillary glands, perforation of the tympanum, catarrh of the middle ear, etc., must also be taken into account, in forming an opinion as to the prospects of the case.

These remarks imply that the treatment should correspond to a three-fold indication, viz., the removal of the diathesis, the modification of its symptoms in the ear, and the cure of complications.

As a remedy for the diathesis, Mr. Triquet conceives that the combination of arsenic with iron and soda is by far the most effective. We may, for instance, point out the following which the professor frequently prescribes :—

℞ Ferri arseniatis, gr. j.;
Aq. destill, ℥iijss. M.

Dose: one teaspoonful to be taken in the morning before breakfast in an infusion of hops, gentian, soap-wort, or wild pansy.

℞ Sodæ arseniatis, gr. ij. ;
Syr. corticis aurantii, ℥v. M.

To be taken in the same manner.

The dose of these medicines should be progressively increased ; thus, if one teaspoonful causes neither colics nor diarrhœa, a second should be taken in the evening after ten days or a fortnight. In severe cases, Mr. Triquet has exhibited as many as three teaspoonfuls in the day, but has never exceeded this amount. Every week, this practitioner thinks it advisable to discontinue the medicine for two or three days, after which it may be resumed, and should be persevered in for two or three months, in order to effect the desired result.

Once a week, at least, a saline aperient should be administered.

If scrofula be present, Mr. Triquet also resorts to cod-liver oil ; or he prescribes the arsenic and oil alternately, a system which he has often found productive of the most satisfactory effects. Baths containing corrosive sublimate complete the series of measures calculated to improve the system ; they are prepared by adding a solution of half-an-ounce of corrosive sublimate in four ounces of alcohol, to the water of a common bath.

The local treatment consists in the application of starch poultices to the ear during the acute stage of the disease, in order to detach the crusts ; in anodyne or astringent fumigations ; in the use of tar, cade oil, or the oil of the mahogany nut pure, or if necessary, diluted with cod-liver oil. The following formulas have also been found useful :—

℞ Cinnabaris, gr. xv.;
Sol. gum. tragâcanth, ℥jss.

To be painted over the ear every second day.

℞ Hydrarg. oxydi. sulphurici, gr. xv.;
Adipis. recentis, ℥v.

Mix carefully, and insert at night into the meatus the size of a pea of this ointment.

These remedies are all useful when resorted to at an appropriate time, and must be according to expediency, prescribed, discontinued, and resumed. The treatment of the complications of herpetic otitis, must of course depend upon their nature.

Mr. Triquet lays much stress on the necessity of light, lacteal diet during the acute stage, and of generous and restorative food during the chronic period of the malady. A small quantity of good wine should be allowed, and open-air exercise be prescribed, stimulants of every description, coffee, spirits, highly seasoned dishes should be avoided, and perfect calm of body and mind enjoined.

We should not omit to add, more especially at the present season, that the waters of Mont-Dore are extremely beneficial in this disease ; next in efficacy, are the spas of Saint-Nectaire, and Saint Sauveur.

Such are the remedies most appropriate to the management of herpetic otitis. It must, however, be borne in mind that favourable results can only be attained by the most untiring perseverance. Relapses are extremely frequent ; the treatment must in many instances be instituted *de novo*, and the auditory duct be carefully inspected at short intervals, and catheterism of the Eustachian passages be performed occasionally, in order to remove the obstructions which frequently occur during the progress of the disease.

The Medical Circular.

ORIGINAL COMMUNICATIONS.

LECTURES
ON DISEASES OF THE SKIN.

By George Ross, M.D.

(Continued from page 116.)

Subjects: Action of the Syphilitic Virus on the Blood Corpuscles ; The remedies most Efficacious in the Treatment of Syphilis ; Rationale of their Action ; Cases showing that Mercury is not a Preventative of Secondary Eruptions ; The Absorption of Virus from the Chancre.

The syphilitic virus appears to me to affect principally the blood corpuscles, and by damaging them, to prevent the secretion of a healthy blastema, and consequently of normal epithelial and epidermic cells. Hence the predominance of scaly eruptions in secondary symptoms. The parts chiefly, and almost exclusively attacked are the iris, the cutis, and the fauces, all having a common physiological relationship.

The remedies that are most efficacious in the treatment of syphilis are potash, mercury, and iodine, the two former in accelerating the destructive process, and causing elimination of the poisoned red corpuscles, and the latter as a powerful stimulant of the lymphatic and glandular system. Mercury enjoys the double virtues of potash on the one hand, and of iodine on the other. It is remarkable, also, that the best and most popular combination of iodine is with potash ; thus combining in one chemical compound the two actions which mercury alone is well known to possess. If we study the action of those remedies for syphilis which experience has proved to be most available, and indeed specific, it will be found that they possess the double property of destroying red corpuscles and of stimulating the vital glandular system. The action of iodine, though exerted upon the same organs as mercury, is nevertheless different in character ; moreover, we find that in advanced secondary and tertiary forms of syphilis, iodine may be combined with a mineral tonic as iron, and help, in this combination, to build up again the debilitated system by renewing the red corpuscle. Thus, then, we get a series of remedies for syphilis, beginning with one which is a simple solvent, and ending with another which is a pure restorative. But neither potash nor iron is of any use alone in the treatment of syphilis ; we must combine them with those agents that act specifically on the glandular system, such as mercury and iodine. The order in which these remedies stand may be thus described—potash, mercury, iodine, iron. Their chief combinations for internal administration are the iodides of mercury, the iodide of potash, and the iodide of iron. To these Donovan's solution may be added, which is a combination of iodine, mercury, and arsenic. This triple combination is ingenious, but my experience is against attempting too much at one time with elaborate medicaments. When the object to be attained is clearly seen, simple remedies, properly directed, will generally suffice ; and it is an error to suppose that, at the same moment in the progress of a disease, three powerful metals like arsenic. mercury, and iodine, can be required. It is probable that one only is the efficient remedy, and the others superfluous, if not mischievous. There are doubtful cases in which it may be reasonable to resort to Donovan's solution ; but in the management of obvious cases of syphilitic infection, it is better to rely upon the simple remedies or their primary compounds, which will do everything medicine can effect for the eradication of the disease. A complicated prescription is a confession of ignorance.

I have adverted on a previous occasion to the occurrence as well as the recurrence of secondary symptoms, even after a course of mercury, and I will now briefly cite cases in illustration.

Mr. W. æt. thirty-six consulted me for a copper coloured scaly eruption which had appeared on his face. The tonsils also were ulcerated. Five months before he consulted me he had been treated on the continent for primary symptoms and had been salivated. On his return home he found that he was not quite cured, and was

again subjected to the action of mercury; when he seemed to have recovered from the primary symptoms. Nevertheless, the scaly rash appeared. This case shows that when once the system is impregnated with the virus, the free action of mercury will not prevent the occurrence of secondary symptoms, even though it may cure the primary sore. I prescribed for this gentleman iodide of potassium with iodide of iron, and he rapidly improved. I am not aware that there was any return of the eruption; had there been I should have been informed of it, as I have seen him on numerous occasions since the treatment.

Although mercury is in my opinion necessary in the primary stages of syphilis, and expedient even in many instances of secondary eruptions, yet in broken-down and irritable constitutions, and in cases where a considerable amount of mercury has already been administered, the treatment is conducted more prudently and with equal success with iodide of potassium. Sometimes, indeed the iodide of potassium, trusted to alone, fails, and mercury, in some shape, the green iodide, for example, is indispensable. Much depends upon idiosyncracy, and much upon the previous treatment. The following case is interesting.

A. Z. has a deep indurated Hunterian chancre of seven week's duration, with slight inguinal swellings: has been taking pills and using black-wash. He was ordered four grains of blue pill three times a day and to continue the black-wash. This treatment was continued for seven days, when the mouth was becoming sore and the ulcer was improving. The doses of mercury were then diminished. Three days afterwards the salivation was excessive, but the chancre much better, and within a fortnight from the commencement of treatment, the chancre was healed and the indurations in the groin had disappeared. The mouth however continued sore for more than a fortnight from the period of apparent cure.

Eight weeks from the time I first saw him and fifteen weeks from the first appearance of the primary symptoms, he presented himself again with a roseolar rash covering his trunk. The cervical glands were indurated, but there was no ulceration of the throat. He was treated with iodide of potassium, and in the course of a short time the rash disappeared. I need not recite more cases of thisnature; for they are abundantly numerous; they are intended to show that where the system is affected mercury will not prevent the appearance of a secondary eruption.

The tubercular forms of syphilitic ernption are the most loathsome and intractable. A woman, married, miserable and emaciated, presented herself with a most offensive eruption. Her hair was matted together with a discharge from several tubercles about the size of boils on the scalp. There were some also on the forehead and neck, and a large one on the skin of the left leg. They began with a small elevated crimson spot, which then enlarged and indurated. In a short time the centre became livid and soft, as if containing fluid. Then bursting, a thin serous pus escaped, the centre was depressed; a thicker pus was afterwards secreted. The tubercle on the leg of this woman was two inches long, hard, elevated and livid, and secreting the same unhealthy sanies. Under the iodide of potassium, iron, and cod-liver oil, this woman got well.

The cases sufficiently illustrate the course of secondary syphilitic eruptions, but I have this to add, that in my opinion Ricord is right in his view of the infection of the system by the virus secreted by the chancre. I hold this opinion also of the vaccine vesicle and of the small-pox pustule —an opinion formed in entire independence of Ricord's doctrine of syphilis, and without reflecting at the time on that branch of the inquiry. Ricord's doctrine did not occur to me, in fact, until my own views were subjected to discussion, but I was glad to find in it a corroboration of my own inductions. I shall, however, treat upon these important questions on another occasion.

(To be continued.)

SCIENTIFIC ARTICLES.

THE HOSPITALS OF ROME.

After the girls are weaned, they are returned to the institution, as a general rule, where they form a large establishment of several hundred, and where they are carefully trained and educated; and if they marry, each one receives a hundred dollars. Many kinds of feminine work are carried on in the institution, such as sewing, knitting, embroidery, etc.; the manufacture of wool and hemp was introduced, indeed, at a very early period in its history. One cannot walk through the departments of the adult female foundlings without a feeling of satisfaction and real pleasure, for they are models of neatness and good order, while the occupants are cheerful, industrious, and tidy. In one apartment we see them pursuing their studies, in another their work, in another still, they are receiving religious instruction from some of the nuns. Thus are these poor abandoned children nursed, watched over, trained, educated, and provided with a dowry; in short, everything done that is possible to compensate for a parent's care and affection, and even to efface the ignominy of an ignoble birth. The whole system is only Christianity in action, and does honour to the church which originated and carries it on. Indeed, it is due to truth and justice to say that the Catholic church has, from the earliest ages, paid much attention to the protection and education of exposed or abandoned children, whatever their origin or parentage. It was even made a subject of earnest discussion in various Councils as far back as the fourth century, or even earlier. The tenderness and compassion of Christian affection were substituted in the place of pagan cruelty, neglect, and remorselessness, and we find Constantine, the first Christian emperor, devising measures to assist those who, from poverty or other causes, could not support their children. One motive which evidently influenced him was to prevent infanticide, a very common crime at that period, and one that we find to have been generally practised, not only throughout Greece, but every part of the then known world. Early records show, moreover, that it was common in the early history of Greece and Rome, and was not regarded as a criminal act. It was an archbishop of Milan, in the year 995, who opened the first asylum for foundlings. and that in his own house. Not only this: he left all his wealth for its support, directing in his will that the children should be maintained till the age of nine, and then taught a trade. Pope Innocent III., also, in the twelfth century, collected all abandoned children, whatever their parentage or origin, and opened an asylum for them in a department of a building which he had prepared as a hospital for the sick; and in 1638 St. Vincent de Paul, who is justly regarded as a saint by the Catholic church, opened a similar institution in Paris; and it was not till the following century that London followed the example.

P.S.—This is the rainy season in Rome; the weather, though mild, is not favourable to invalids, it being wet, damp, and chilly. There are many strangers here labouring under or threatened with pulmonary disease; but the crowded state of the Protestant burying-ground and the early ages of most of the deceased, show that this climate is no panacea, and that many, at least, of those who come here for health find it only a final resting-place.

The Hospital of St James, *San Giacomo*, as it is called by the Romans, is one of the most beautiful of the Roman hospitals, though not as large as some of the others. It dates as far back as 1339, and was founded by the executors of Cardinal Culonna, in compliance with his testamentary request. During the present century it has been much enlarged and improved by Pius VII. and Leo XII. It was founded originally for the treatment of ulcers and other loathsome diseases, but in 1515 Leo X. set it apart especially for the reception of leprosy and syphilitic affections. In 1855 the whole building was restored, or rather re-erected, by the present Pope, Pius IX., and opened for the reception chiefly of syphilitic diseases in persons of both sexes, in August, 1856. The main ward is one of the noblest halls in Rome, being 340 feet in length, and of corresponding height and width; giving ample room for two rows of beds on each side of the centre, along which runs throughout its whole length a pavement of pure white marble, six feet in width, and of the finest quality. The windows are placed high above the floor, thirty feet or more, and access to them is furnished by a light gallery on each side. The register showed the present number of patients to be 265, 110 males, and 155 females. The female ward is not so elegant or so well fitted up as that of the males, the ceiling being lower. In both two rows of beds extended on each side of the centre throughout their whole length. Many of the females were sitting up and busily engaged in knitting, sewing, &c. The institution is managed by a government commission, appointed by the Pope, and is attended by four principal physicians, aided by several assistants, one or more of whom must be in the house all the while. One ward was principally occupied by sick children; there being no hospital in Rome especially appropriated for children, they are scattered about through all the hospitals, an arrangement liable to many serious objections. The male nurses were *Brothers of the Religious Order of St. John of God* (aided sometimes by other orders), a confraternity devoted to the care and nursing of the sick. The female department was in charge of the *Sisters of Mercy*, an order devoted to the same pious vocation. There was a small clinical ward set apart for cases illustrating the lectures which are given here from time to time by professors of the University, and a similar arrangement exists in the other large Roman hospitals. All the patients are visited three times daily, morning, noon, and evening, and the utmost care bestowed on every case. The institution is designated as the Hospital of Incurables, but although formerly it may have deserved such an appellation, it does so no longer, as the former rules of admission have been greatly relaxed, and large numbers of cases are annually discharged. There is a good lecture-room, and a very respectable library connected with the hospital. Patients are admitted here, as in all the Roman hospitals, irrespective of age, country, or religion, and all receive equal care and attention. This hospital was a favourite resort of the celebrated St. Philip Neri, and it is constantly visited by ladies belonging to the wealthiest and noblest families of Rome, for the purpose of using their gentle but powerful influence in consoling and reclaiming the unfortunate females whose vicious

(Continued at page 149.)

THE MEDICAL CIRCULAR.

WEDNESDAY, SEPTEMBER 9, 1863.

THE PSYCHOLOGICAL ASPECTS OF PRIZE-FIGHTING, KILLING ANIMALS FOR SPORT, AND VIVISECTION.

The subjects grouped together at the head of this article may seem to be placed in heterogeneous juxtaposition, and yet the fortuitous circumstances of the passing moment appear to justify their present association. In the remarks which follow, we have no intention to enter into the details of prize-fighting, of the amusement of killing the inferior animals, or of dissecting the bodies of living creatures; but we may venture, as we think appropriately, to examine philosophically the mental condition of those who engage in such pursuits.

The psychology of prize-fighting is vividly brought before our minds by a brutal conflict of this kind which has taken place during the past week, and the details of which have been duly recorded in the newspapers; and the association of prize-fighting with vivisection is rendered less anomalous by the circumstance that the avowed organ of the prize-ring was the most vehement in its denunciations of vivisection as practised in France. We learn then, from the daily papers, that some five hundred people assembled at midnight to ascertain the locality of a proposed prize-fight, and that at half-past three in the ensuing morning, the same number started off in an excursion-train to the West of England to enjoy the promised sport (?) The amusement, however, was interrupted by the police, and the scene of the fight was shifted to the marshes of Kent, where it eventually came off, and was finally settled by one of the combatants inflicting upon the other a terrific blow which felled him as a butcher would fell an ox, and rendered him insensible for several minutes, so that indeed many of the bystanders thought he was dead. Now if an exhibition, such as we have here briefly adverted to, had taken place among a brutal and uneducated crowd, there would be little scope for remark, except to dwell upon the vulgarity and coarseness of the lower orders, and to expatiate upon the blessings of mental culture; but it is evident that, whatever might have been the admixture of classes upon this occasion, the blackguardism was not confined to those who had shabby coats on their backs, for we are informed that no less a sum than two sovereigns was paid by each person for the railway ticket alone, and the dresses and jewellery of many of the spectators (much of which, by the way, was stolen from its owners during the crush at the railway station), and the fact that many attended on horseback, proved pretty clearly that many of the patrons of the sport belonged to what are usually called the better classes of society, who are presumed to have been educated at public schools, and to have received the tuition belonging to gentlemen. Here, then, is the psychological problem, namely, to explain how five hundred persons (to say nothing of the thieves and other rabble who followed or attempted to follow the cavalcade) could leave their beds at midnight, pay two sovereigns each for a railway journey at three or four in the morning, should come back to London and then start off for Essex, afterwards scramble to get into half-a-dozen small boats, at the imminent risk of being drowned, to gain the opposite land on the Kentish shore, and all for the purpose of seeing two human beings pummel and bruise one another until one is knocked down insensible and apparently lifeless on the ground.

The psychological aspect of killing the inferior animals for sport is suggested by the season of the year, which is devoted by thousands in all classes of life, to the destruction, for amusement, of what is called game. It would be quite absurd for us to argue for a moment that the inferior animals ought not to be sacrificed for the sustenance of man, for the structure of the human teeth and of the digestive system proves that he is destined to live upon animal as well as vegetable food; and as to the destruction of animal life generally, it is evidently a law of nature, for whether in the abysses of the deep, in the regions of the air, or upon the solid ground, one animal plays upon another in obedience to the instinct implanted in each. Our present question is merely to ask how civilised and educated men can take *pleasure* in what must be considered at best only as a painful duty, which might just as well be performed by persons who are impelled by necessity to the task. A nobleman or gentleman who would boast of the number of hares, or pheasants, or partridges, he had bagged in a day's sport, would be horrified, disgusted, and insulted, at being supposed capable of killing an ox, a sheep, or a pig; and yet, psychologically and physically speaking, what is the difference between killing a pig and killing a hare? Again, some of these field sports are more cruel, and we might add, more cowardly than others; thus, it may be assumed that there is something noble in hunting a tiger or a wild boar, because the danger imparts something heroic to the sport; but surely there is nothing heroic in what is called *coursing* a poor timid hare, who is pursued by a multitude of dogs and men for many miles, until he is mercifully relieved from his sufferings by the death which might have been inflicted at first. But then, it will be argued, there would be no sport (!) and we are further told that the flesh eats more tenderly in the animal which has been subjected to this amusement (!) We dwell no longer on these themes; we are not averse to eating hares, pheasants, or partridges, but we merely ask the psychological explanation of the death of these animals affording sport and amusement to mankind.

We now come to the subject of Vivisection, on which we publish a letter in our columns of this day. We fear from the tone of our correspondent's letter that he has hardly read throughout the article in our pages which he deprecates. We therein expressly stated our aversion and abhorrence of the atrocities, under the name of vivisection, said to be perpetrated in France, but we certainly defended our English anatomists and physiologists against the charge of needless cruelty which has, we think, been somewhat unfairly brought against them. We must also remind our correspondent that the testimony of Sir Charles Bell on this subject is hardly to be considered of much weight, because his earlier researches were conducted by means of experiments on living animals, although in his after-life he condemned the practice. How, we ask, would it have been possible to determine which roots of a nerve were sensitive and which motor, if the experiments had been performed only on dead animals, in whom sensation and motion were both extinct?

On the psychological bearings of Vivisection, therefore, while again utterly and emphatically deprecating the unnecessary torture of living animals, we maintain that those who practise operations on living animals are not actuated by any sentiment of cruelty, that they are not for an instant to be

compared with those who patronise prize-fights, cock-fights, or bull-fights, or even with those who hunt or kill animals for mere amusement. We say nothing for Majendie, and we shudder at the pathetic story of the poor dog clasping the neck of his murderer, as if to avert the stroke of the uplifted weapon, and we can sympathise with those who in France were compelled to hear the howling of the poor beasts kept in a mutilated state for the purpose of further anatomical torture. But we cannot ignore the fact that many of the most important discoveries in physiology and pathology have been obtained by means of such researches carried on, we hope and believe, in a philosophical spirit, and in as humane a manner as circumstances would permit. For any experiments otherwise conducted we have not a word of excuse or palliation to offer, and we leave the perpetrators to the stings of their own conscience, and the indignation of their fellow-creatures.

ROYAL HUMANE SOCIETY.

At the request of the Secretary of this Society, we publish the following Directions for Restoring the Apparently Dead, and we hope that they will be perused by every Medical man in the British Empire. They are founded upon Dr. H. R. Sylvester's method of restoring the apparently dead or drowned, and are the result of the labours of a Committee recently appointed by the Royal Medical and Chirurgical Society at the request of the Royal Humane Society. The Report of the Committee is printed in full in the last volume of the 'Transactions of the Medico-Chirurgical Society,' and the Committee comprises some of the most distinguished physiologists of the present day.

I.—If from Drowning, or other Suffocation, or Narcotic Poisoning.—Send immediately for Medical assistance, blankets, and dry clothing, but proceed to treat the patient instantly, securing as much fresh air as possible.

The points to be aimed at are—first, and immediately, the Restoration of Breathing; and secondly, after breathing is restored, the promotion of warmth and circulation.

The efforts to restore life must be persevered in until the arrival of Medical assistance, or until the pulse and breathing have ceased for at least an hour.

Treatment to Restore Natural Breathing.

Rule 1.—To Maintain a Free Entrance of Air into the Windpipe.—Cleanse the mouth and nostrils; open the mouth; draw forward the patient's tongue, and keep it forward: an elastic band over the tongue and under the chin will answer this purpose. Remove all tight clothing from about the neck and chest.

Rule 2.—To Adjust the Patient's Position.—Place the patient on his back on a flat surface, inclined a little from the feet upwards; raise and support the head and shoulders on a small firm cushion or folded article of dress placed under the shoulder-blades.

Rule 3.—To Imitate the Movements of Breathing.—Grasp the patient's arms just above the elbows, and draw the arms gently and steadily upwards, until they meet above the head (this is for the purpose of drawing air into the lungs); and keep the arms in that position for two seconds. Then turn down the patient's arms, and press them gently and firmly for two seconds against the sides of the chest (this is with the object of pressing air out of the lungs. Pressure on the breast-bone will aid this).

Repeat these measures alternately, deliberately, and perseveringly, fifteen times in a minute, until a spontaneous effort to respire is perceived, immediately upon which cease to imitate the movements of breathing, and proceed to induce circulation and warmth.

Should a warm bath be procurable, the body may be placed in it up to the neck, continuing to imitate the movements of breathing. Raise the body in twenty seconds in a sitting position, and dash cold water against the chest and face, and pass ammonia under the nose. The patient should not be kept in the warm bath longer than five or six minutes.

Rule 4.—To Excite Inspiration.—During the employment of the above method, excite the nostrils with snuff or smelling-salts, or tickle the throat with a feather. Rub the chest and face briskly, and dash cold and hot water alternately on them.

(Drawings are given to illustrate the position of the body during the employment of this method of inducing respiration.)

Treatment after Natural Breathing has been Restored.

Rule 5.—To Induce Circulation and Warmth.—Wrap the patient in dry blankets and commence rubbing the limbs upwards, firmly and energetically. The friction must be continued under the blankets or over the dry clothing.

Promote the warmth of the body by the application of hot flannels, bottles or bladders of hot water, heated bricks, &c., to the pit of the stomach, the arm-pits, between the thighs, and to the soles of the feet. Warm clothing may generally be obtained from bystanders.

On the restoration of life, when the power of swallowing has returned, a teaspoonful of warm water, small quantities of wine, warm brandy and water, or coffee should be given. The patient should be kept in bed, and a disposition to sleep encouraged. During reaction large mustard plasters to the chest and below the shoulders will greatly relieve the distressed breathing.

II.—If from Intense Cold.—Rub the body with snow, ice, or cold water. Restore warmth by slow degrees. In these accidents it is highly dangerous to apply heat too early.

III.—If from Intoxication.—Lay the individual on his side on a bed with his head raised. The patient should be induced to vomit Stimulants should be avoided.

IV.—If from Apoplexy or from Sun-stroke.—Cold should be applied to the head, which should be kept well raised. Tight clothing should be removed from the neck and chest. Stimulants should be avoided.

REVIEW OF THE PERIODICALS.

The 'British Medical Journal.'

Dr. Hyde Salter contributes a clinical lecture on the "Diagnosis of Dropsies," which he divides into Parenchymatous and Cavitary, and which he also arranges according to the diseases giving rise to them. Some forms of dropsy he regards as *mechanical*, both local and general, arising necessarily from some obstruction to the circulation; but others may depend on some disease of the liver or kidney, or on inflammation or loss of blood. The latter is much more common in females than in males, but Dr. Salter has occasionally seen it in men who have lost much blood from hæmorrhoids. Dr. Graily Hewitt contributes a paper read by him at the late Annual Meeting of the British Medical Association, "On the Operation of Transfusion in Obstetric Practice, with a description of a more convenient Transfusion Apparatus." Dr. Hewitt observes that many of the women who die in childbirth sink from hæmorrhage, and that many lives thus lost would probably have been saved if transfusion had been adopted; and he then shows the advantages in favour of this practice, and combats the objections made against it. The operation, however, should be very carefully performed, in order to obviate the risk of failure, and the apparatus recommended is considered by Dr. Hewitt to be an improvement upon that which has been previously employed. The most recent record of cases of transfusion in obstetric practice is by Professor Martin, of Berlin, who reports forty-three successful cases out of fifty-seven in which the operation was performed. Dr. Thomas K. Chambers gives a short paper, also read at the British Medical Association Meeting, on the "Statistics of the Treatment of Rheumatic Fever." His own experience seems to corroborate the views of those who believe that the best treatment of this disease is by large doses of bicarbonate of potash, frequently repeated, but he lays great stress upon the necessity of the patients being kept in blankets, as a means of warding off pericarditis.

REVIEW OF BOOKS.

A Manual of Zoology. By M. Milne Edwards. Translated from the last French edition by R. Knox, M.D., F.R.S.E. Second edition. With many additional observations, and illustrated by 572 highly-finished wood-engravings. Edited by C. Carter Blake, F.G.S., F.A.S.L., Pp. 564. London: Renshaw, 1863.

This Manual of Zoology is one of three volumes, which together form the elementary course of natural history, prescribed and sanctioned by the Council of Public Instruction in France; the three subjects being Botany, Mineralogy and Geology, and Zoology. M. Milne-Edwards' work had passed through seven editions in France, when Dr. Robert Knox, a friend of the author, conceived the idea of presenting it to the public in an English form. The first edition

was rapidly exhausted, and Dr. Knox had completed the revision of the present edition, but the hand of death interrupted him when he had corrected only a few pages of the proofs. The work thus incomplete has been entrusted to Mr. Carter Blake, a rising anatomist and zoologist, who has executed his task in a very creditable manner, and has added two tables of Zoological Classification, and a Glossary, giving the etymology of all the technical terms employed in the volume, and the pages where they occur. This work is, we believe, already recommended as a text-book at some of our Universities, and at the Army Medical Board, and from its clearness, and conciseness, its portable shape, and the multitude of illustrations with which the text is elucidated, it is admirably calculated for the purpose. It is an excellent manual for the study of zoology, and the external forms presented by the animal kingdom are associated with the anatomical structures discovered by dissection.

GENERAL CORRESPONDENCE.

VIVISECTIONS.

To the Editor of the Medical Circular.

SIR,—"Experiments have never been the means of discovery, and a survey of what has been attempted of late years in Physiology will prove that the opening of living animals has done more to perpetuate errors, than to confirm the just views taken from the study of Anatomy and Natural Motions."—Sir C. Bell on the "Nervous System," 1854, page 184.

In the CIRCULAR of Thursday week, I read with pain, your unargumentative apology for Vivisections.

After the exposures by the 'Times' Paris correspondent, of the atrocious cruelties committed by the French physiologists, and the powerful leader in the same journal condemnatory of these barbarities, I did hope that the conductors of our medical press—if they had not sufficient humanity to denounce—would at least have remained silent on the subject, and not lead the public to infer that the members of our noble profession are cruel, bloodthirsty men, delighting to spend leisure hours in cutting up God's living creatures, "perpetuating errors."

You surely, before penning your apology for vivisections, could not have read the 'Times' correspondent's letter, and the leader in the same journal (Aug. 8th). I ask your numerous readers, who may not have seen that day's paper, to procure it, and see what Dr. Roche writes; again, Dr. Kée; read the short, but truthful extract from the 'Medical Recorder,' read what says Dr. Latour on "Cutting up Living Animals." He relates the following shocking anecdote, witnessed by himself:—

"A poor dog, the roots of whose vertebral nerves, he (Majendie) desired to lay bare to demonstrate Bell's theory, which he claimed as his own. The dog, already mutilated and bleeding, twice escaped from the implacable knife, and threw his paws round Majendie's neck, licking his face, as if to soften his murderer and ask for mercy!!!"

Poor brute, vain were his mute appeals for mercy, to a man without a heart, or a scintilla of humanity in his soul.

May I ask you, Mr. Editor, is it to excuse such diabolical barbarities, you venture to put forth your plea.

Again, in Saturday's (Aug. 21st) issue of the 'Times,' their humane correspondent renews the painful subject, and he thus quotes from the 'Opinion Nationale'—

"The poor brute's cries of pain sadden the wards of the Clinique, rendering the sojourn there insupportable to patients and nurses. Only imagine, that when a dog has not been killed at one sitting, and that enough life remains in him, to experiment upon him in the following one, they put him back in the kennel, all throbbing and palpitating; there the unhappy creatures, all torn by the scalpel, howl until the next day, in tones rendered hoarse and faint by another previous operation, intended to deprive them of pain, &c., &c."

Really, Sir, one can scarcely believe it possible, that in the nineteenth, nay, in any century, men could be found so totally lost to humanity as to find pleasure in torturing helpless animals, prostituting the name of science, as an excuse—in reality "perpetuating error."

I regret to say we have Majendies in England, as well as on the Continent, but, thanks to the humane Professors of our Veterinary College, we are not shocked by the barbarities perpetrated by the Veterinary Professors of Alfort and Lyons.

These cowardly and atrocious doings must be put an end to. The majority of the members of the Profession, view it in the same light that I do. Independent of the cruelty and wickedness, they consider it worse than useless—they consider that it misleads. I ask them, then, to join with me in condemnation, and not fear being called goths and ignoramuses. If not, the prison doors must be thrown open, and its horrors revealed to public gaze.

Sir C. Bell says, "Vivisections have done more to perpetuate errors than to confirm the just views, taken from the study of Anatomy and Natural Motions."

This is an incontrovertible fact, and those who read in medical literature the physiological experiments, will not fail to find "confusion worse confused."

Experiments of a most cruel kind are performed on helpless animals, the deductions are disputed, the experiments are again and again repeated, the result is a "curious fact" of no practical use.

In one of the Medical Journals I recently read, that a Continental Physiologist had been repeating the experiments of Majendie, performed about forty years since, and had disputed the inferences of the latter. Up start other men, *pro.* and *con.*, hecatombs of animals are cruelly butchered, and pray, Mr. Editor, enlighten my ignorance by informing me as to any useful results. Cui bono? Is it not unmanly, cruel, cowardly, and wicked? Let us see how these men perform these fearful experiments to "perpetuate errors."

A poor faithful dog is scalped alive! his skull cap sawn off! his brain removed by slices! his cerebrum and cerebellum are irritated by pricking here and there, the poor brute moves in a circle, or backwards and forwards, or lies, panting with suffering, on his right or left side, these sufferings often continuing a day or two, until relieved by death.

I call this scientific sport for scientific men, for who can show any aids to medicine resulting from these barbarities?

The unerring path for the attainment of Physiological truths, is patient investigation with the scalpel and microscope. Minute anatomy, comparative anatomy, and then, above all, pathological investigations, will prove unerring lights, leading us to a true knowledge of health and disease, and enabling us to succour our fellow-man, when assailed by the many ills to which flesh is heir.

Here is no "rudely rending the veil of Nature." Our civilisation is not questioned, on the score of barbarity. The feelings of humanity are not lacerated, nor the Omnipotent Creator offended.

I am, &c.,

R. SKEGG, L.S.A., M.R.C.S., England,
L.R.C.P., Edin.

Aug. 31st, 1863.

THE UNIVERSITY OF ST. ANDREWS' AND ITS ADVANTAGES.

To the Editor of the Medical Circular.

Another winter session draws rapidly on. Many are the candidates for the Profession of Medicine. High are the hopes, and deep the anxieties of both students and parents. At such a juncture a few remarks on the place to be chosen for study may be more useful than at any other time. There is under all circumstances great danger when a young man leaves the parental home with its restraints and its admonitions, and enters thus early on a course in which he is left almost entirely to his own self-governance. In large towns that danger is especially great, inasmuch as temptations to vice beset the young on every hand, and meet them at every turn. Those temptations are garbed under an exterior the most attractive, so that their moral ugliness is only found out after indulgence. Although many scholarly men—men of high scientific attainments—have been addicted to vicious pursuits, more particularly in the French capital, and in other continental towns, vicious indulgences as a rule are utterly inconsistent with the successful pursuit of study. A very large percentage of young men who enter the ranks as students of medicine, make shipwreck within three or four years, of health, prospects, position, and life itself. I have myself known a fearfully large number of fine and intelligent youths, who have succumbed under the seductions of the gaming-table, the tavern, and the companionship of lewd women; and in almost every instance where men in *middle* life have given themselves up to profligacy and drunkenness, the "seeds of the malady" have been sown in early life and during their career as students. The habits formed by a professional man during his academic course, generally speaking, remain with him for life—mould him and stamp him as long as he lives. Evil propensities indulged in then, if even afterwards overcome, ever awake renewed calls for indulgence at a future part of life. It is of the greatest importance then, that the student's career be one of moral purity and rectitude, and I trust that every student, whose eye may catch these remarks, will profit by the suggestion.

The two great conditions of success to the student are *moral safety* and *studious habits*, and I know of no place where these conditions are so likely of attainment as at the University of St. Andrew's. The city itself enjoys a healthy sea-side situation, with a fine and bracing sea-breeze; it is thus in the highest degree favourable to health; and when we recount the numbers who sink annually under the close and debilitating air of our large college-towns, this circumstance appears in its true importance. The population is comparatively small, the town quiet, and well regulated; with a larger proportion of educated people and refined society, considering its size, than can be found within the limits of Scotland or the whole British Empire.

There is thus everything favourable to the pursuit of study and

the formation of good and studious habits, and added to this, the Professors in the University rank amongst the most learned men of the day in their several branches of science. They are all of them men whose names are highly esteemed and familiar in the literary world. St. Andrews' has reason to be proud of its Professors, and especially as many of their pupils, after graduation, have been called to distinguished positions in other universities and colleges.

If, then, the advantage of eminent professors, the formation of studious habits, and the avoidance of the evils of densely populated towns, be matters of primary importance in determining the place of settlement for the student, surely St. Andrews' is that which should be chosen.

Let me offer a few words on the curriculam. The preliminary education of candidates for the medical profession is a subject to which much attention has of late been given, and it is now required, and most justly so, that they should be men of first class attainments in literature and the several branches of a good education. I would therefore strongly recommend the student to "go in" for the degree of *B.A.* or *M.A.* previously to beginning attendance in medical classes. The St. Andrews' degree in Arts is equal to that of Oxford or Cambridge, and confers the same advantages. It is a benefit to its possessor, for life, and should not be overlooked. The medical lectures might be attended in part at St. Andrews', and partly in some other medical college: while the Hospital practice would have to be taken in London, Edinburgh or elsewhere, as allowed by the regulations of the Senatus. It would be well, however, to ask the advice of the Professor of Medicine, who would be glad to aid the student on every occasion.

A medical student is always improved by witnessing some variety of practice; if, therefore, he were to pursue his studies up to a given point at St. Andrews', and then spend a session in one or other of the recognised places referred to, he might return for graduation in medicine, and thus come out an accomplished and experienced practitioner, equal to all the emergencies and requirements of medical life.

In speaking thus favourably of the University of St. Andrews', its Professors, and its degrees in Arts and in Medicine, I am influenced by no motive whatever but the single and sincere desire to advise the student for the best. I have nothing to gain by my advocacy. There are, however, advantages at St. Andrews' which are of no trifling order, and I doubt not that if they were more generally known the old university would soon stand as high,in regard to the number of students, as she does in point of excellency and true merit.

J. W. Beaumont, M.D.

Sheffield.

SYMPATHETIC IRRITATION IN INFANCY

To the Editor of the Medical Circular.

Sir,—In your notice of "M. Bouchut's Clinical Conferences," the following occurs:—"It is unnecessary to dwell on the frequent connection of diarrhœa and teething in infancy, the fact being fully established; but whether the diarrhœa is to be referred to mere sympathetic action, as M. Bouchut inclines to believe, or to an extension of inflammation from the lining of the mouth to the intestinal mucous membrane is a more difficult problem." Allow me to state that two facts corroborate M. Bouchut's opinion.

1st. That there is not always present stomatitis, or even oulonitis (inflammation of the gum), so that there cannot be an *extension* of inflammation from a part not inflamed.

2nd. The rapid cessation of the diarrhœa, when the gums are lanced; the source of sympathetic irritation being removed.

This mode of treatment I have found most efficacious; and is so much superior to drugging the delicate stomach and bowels of infants, that I never think of administering any remedial agent, till I have given it a fair and full trial.

Yours, &c.

G. de Gorrequer Griffith, M.R.C.S., Eng.
L.R.C.P., Lond., L.M., Dublin,
House-Surgeon, "London Surgical Home."

17 Stanley Terrace, Notting Hill, Sept. 2, 1863.

THE ADAMS DEFENCE FUND.

To the Editor of the Medical Circular.

Sir,—Permit me, through the medium of your journal, to tender my best thanks to Mr. Morison for his kind letter, which appeared in your last number. I can only hope that it will produce the effect which it so generously attempts to accomplish—viz., the liquidation of the balance of that iniquitous law suit. I trust I am not trespassing too much upon your valuable space in endeavouring to direct the attention of the Profession to that letter, for indeed it is, in my opinion, well worthy the serious consideration of our entire body. The author, although retired for some years from practice, evidently retains a deep regard for the members of that band to which he has been so long attached, and comes forth from his retirement with an affectionate call upon it to join with him in this good work. He cannot see Mr Adams suffer this heavy loss without subscribing his mite, accompanied by a letter which is worth fifty times the amount of the offering. He points out how this matter concerns us all, and how by a little unity and promptness of action this balance may be easily wiped out, and a grievous wrong removed from the door of a most worthy, kind hearted, and eminent member of our Profession. Although I have already subscribed to this fund, still I cannot resist this appeal to our sympathies, and I beg to forward you my further mite of 6s., fervently hoping that the example which Mr. Morison has so kindly set will be speedily followed up, and that the fund will not close till the balance is cleared away.

I remain, &c.,

Augustus Brown, M.D., M.R.C.S. Eng.

11 Minerva terrace, Barnsbury park, Islington.

To the Editor of the Medical Circular.

Sir,—As you have mentioned a case of part of a bougie remaining in the bladder, and removed by Mr. Fergusson, I will recite a case which occurred about five years since. A girl of about twenty-two had often great difficulty in passing water from the bladder; for which she was in the habit of using the catheter. After being much worn and broken, about five inches remained in the bladder, which caused great pain, and at the end of three months came away in five pieces of an inch long, almost daily, when she quickly got well. It may be interesting to some of the junior members of the Profession to know that an operation is not always necessary.

I am, Sir, yours truly,

F. P. Hoblyn.

10 Bladud buildings, Bath,
August 31, 1863.

THE HOSPITALS OF ROME.

Continued from page 145.

lives have driven them to seek refuge and treatment within its walls. It speaks well for the kindness and benevolence of the Pope that he occasionally makes unexpected visits to the hospitals and other public institutions of Rome, and examines personally into all the details of their management. This insures perpetual vigilance and untiring devotion to duty.

I next visited *San Giovanni di Calabita*, situated on the island of Bartholomew in the Tiber, and occupying the very spot where once stood the pagan temple of Esculapius, or a hospital attached to it. It sometimes is called *dei Benfratelli*, or *Fate bene, fratelli* ("Do good, brethren,") derived from the inscription on the begging-box of the friars of the order of the Spanish *San Juan de Dois de Calabita*, by whom it was founded in 1538, during the pontificate of Gregory XIII. It is under the care of the Brothers of St. John of God, an order especially instituted by its holy founder for attendance on the sick. It is devoted solely to male patients affected with acute diseases. The principal hall or ward is 200 feet in length, 40 feet in width, and of equal height, containing ninety-four beds, a majority of them occupied. The mortality is on an average about 8 per cent. Like most, if not all the Roman hospitals it has a small but elegant chapel rising in the centre of the corridors, thus giving an opportunity to all the patients of witnessing and participating in the religious services. As to the particular treatment of the acute affections which are here received, I could gain no very definite information: I however ascertained that bleeding and leeching were often resorted to in connection with the other well known antiphlogistic measures. I was pleased also to observe in this hospital a ward set apart especially for strangers and the clergy who may happen to fall sick in Rome. There is a pleasant promenade in the rear of the main building overlooking the Tiber, where convalescent patients take their daily walks. The hospital is entirely supported by voluntary contributions, each contributor or benefactor having the privilege of sending patients, the number being proportionate to the amount of his subscription. The apothecary department was in a large, splendid room, with marble floors, frescoed ceiling, and adorned with statues and paintings, marble counters, cases with glass doors, &c., &c. In the centre of the room stood a beautifully polished granite column, surmounted by an elegant statue of the Virgin Mary.

The next hospital I visited was *San Gallicano*, in the Trastavere, for cutaneous diseases in persons of both sexes. It was founded in 1722 by Emilio Lami, a priest, as an hospital for leprosy, a disease now rarely met with in any part of Italy. It was enlarged in 1754 by Benedict XIV., but many of its improvements are owing to the pious care of the present Pope. There is ample accommodation for 250 to 300 patients, of both sexes, adults and children, but at the time of my visit the register showed but 160. There were two rows of beds on each side of the wards, and canopies, as usual, for curtains. A majority of the children were afflicted with tinea and psora in some of their forms. The service is rendered by three physicians. There is a beautifully fitted-up chapel for each sex. The average duration of treatment for cases of tinea is about one

year, many being a year and a half under treatment. But their time is not wasted. The boys are placed under the care of the Mothers of St. John of God, by whom they are taught reading, writing, and arithmetic, and are thoroughly grounded in catechism and Christian doctrine, thus undergoing a course of education and a course of physic at the same time. The girls not only receive literary and religious instruction, but are also taught needlework and various useful occupations. They are under the special charge of the Sisters of Charity, who spare no pains to indoctrinate them in the priniciples of religion, to impart useful information, &c. Separate bath-rooms are provided for both sexes. In short, the whole establishment seems complete in all its departments, clean, and well ventilated, and reflects the highest credit on its managers. The *Santissima Trinita di Pellegrini* is the great convalescent hospital of Rome, containing full five hundred beds, and affording relief to more than 11,000 patients annually. It was founded by St. Philip Neri in 1550, and was destined for the reception of pilgrims on their visit to Rome during Jubilee and Holy Week, as well as on other occasions. Boniface VIII. instituted the Jubilee in the year 1300, and this has been the great source of pilgrimage to Rome from that time to the present. It was intended at first to have it take place every hundred years, but the time was shortened by Clement VI., whose seat of government was at Avignon, who ordained it in the year 1350; and it was further shortened to a quarter of a century by Paul II., in 1475. To succour and relieve these pilgrims, St. Philip Neri founded the confraternity of the Holy Trinity in 1550, and, in the absence of such, for the reception of convalescent patients from other hospitals. "Paul IV. granted the confraternity a convenient building for a hospital, and Clement XII. added refectories, in which about a thousand persons can receive their meals at the same time. In Jubilee years the number of pilgrims is immense, and even in ordinary years, especially at Easter, it is considerable. To be received they must have come from a distance of at least sixty miles, and have brought with them certificates from their bishop and parish priest, that the objects of their journey was to visit the holy places. Italians are entertained for one day, Ultramontanes two, Portuguese five, and so on. In the Jubilee of 1825, the number of pilgrims who received hospitality was 263,592: and the expenses of that under this head amounted to 64,644 dollars." In ordinary years, however, only about 4,000 of these travellers are lodged in this hospital. There has been a gradual falling off during Jubilee years, for we read that in 1625 as many as 582,169 were entertained in this hospital, and in 1728, 382,401.

The wards in this establishment are of immense size, I should judge over three hundred feet in length, and corresponding proportions. Two are appropriated solely as eating saloons for pilgrims, of whom there are several hundred every day, at meals; they are also furnished with comfortable lodging in the dormitories. There is a large church or chapel connected with the hospital. There are two large rooms connected with this hospital set apart for the bathing of the feet of the poor pilgrims on the Wednesday, Thursday, and Friday of Holy Week. The rooms are about forty by twenty-five feet, with a seat running around the walls, and beneath are niches each holding a foot-tub of five or six gallons' capacity in which the Roman nobility, and several of the cardinals and other high church dignitaries, perform the office of washing feet. The tubs are all numbered, and I noticed that there were seventy-two in each room. Ladies of the highest rank, including the Queen of Naples and other princesses, perform the same office for the poor women. As a religious custom I have no objection to it—indeed, it has many beautiful features about it, and scripture can be quoted in its favour; but a hygienist might wish that the ablutions could be extended to the whole body. The next hospital, in the order of visitation, was *La Consolazione*, situated near the Tarpeian Rock, now reduced by accumulations of rubbish to about thirty feet in height. It stands at the base of the Capitoline Hill, and was founded and enlarged by Cæsar Borgia. Its main hall is about two hundred feet long, and contained ninety beds, of which forty only were occupied. The present Pope has added a new wing to this, containing about twenty beds. The width of the halls, forty feet, and the great height of the ceiling, allow of two beds to be placed at each side, as at San Spirito, should occasion require. It is appropriated to patients of both sexes for surgical diseases, especially accidents, as wounds, burns, fractures, etc. Being situated near the populous quarters of the Monti and Trastavere, most of the cases of stabbing are taken to it, and it is never free of cases of this kind. I witnessed a post-mortem examination here of a poor fellow who had been stabbed in the thigh, wounding both femoral artery and vein, and although the artery had been tied, he died of venous hœmorrhage twenty-one days after the accident. The wards were perfectly clean, and admirably ventilated by the large windows above and openings in the walls below near the floor. The beds, which were about five feet apart, were good clean, and comfortable, the bedsteads of iron and everything bespoke the utmost care and attention. The brick floor, as usual, was the only drawback. Six ecular clergymen constantly reside in a house attached to the hospital, which is also attended by Jesuits and other religious orders. A number of novices also give their constant attention to the sick. Here, also, there is a handsome chapel, the altar of which is visible from every side, where mass is daily celebrated for the benefit of the patients. From all I have seen and heard, I can have no doubt that this salutary provision for the comfort and consolation of the patient is of great value in aiding the efforts of the physician and contributing towards a cure, and I cannot withhold my tribute of admiration for a clergy who show such fearlessness, faithfulness, zeal, and devotion, in promoting the spiritual and temporal interests of the afflicted poor— an example worthy of all imitation by the religious, both clerical and lay, of all Protestant denominations. On the opposite side of the street is the hospital for women. There were but thirty or forty patients, but everything betokened the best management. The hall was large, clean, and well aired, and similar arrangements as regards chapel, etc., as in the male department. There is a small museum in this hospital, containing some beautiful wax preparations by Professor Sartori. There are also some handsome dissections showing the nerves of the arm and leg, etc. One or more physicians are always in attendance here, ready to attend any cases that may be brought in.—Professor Lee, in 'American Medical Times'.

MEDICAL SOCIETIES.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, JULY 1ST, 1863.

DR. OLDHAM, PRESIDENT, IN THE CHAIR.

DR. ED. E. DAY was elected Fellow of the Society.

A CASE OF FIBROID TUMOUR SITUATED IN THE ANTERIOR WALL OF THE UTERUS, WHICH OBSTRUCTED LABOUR.

BY ROBERT BARNES, M.D., F.R.C.P.,

LECTURER ON MIDWIFERY AT ST. THOMAS'S HOSPITAL, ETC.

DR. BARNES exhibited the uterus of a woman who had died soon after labour from the effects of ruptured bladder. The labour had been obstructed, and there had been retention of urine for many hours. The patient had been attended by an unqualified practitioner. The cause of the obstruction to the delivery and of the retention of urine was a fibroid tumour situated in the anterior wall of the uterus near the cervix, which had been driven down by the child's head and jammed against the symphysis pubis, closing the urethra. Dr. Barnes observed that in the decidual *débris* taken at a distance from the seat of the placenta he had in this case found atrophied remains of the chorion villi, which had not been wanted for the formation of placenta.

DR. BARNES also exhibited a stereoscopic photograph representing a child in whom Hydrocephalus coexisted with Spina Bifida. The child was a year old. The hydrocephalus only became developed at the age of nine months. Dr. Barnes cited this case as an illustration of the views of Mr. Hutchinson, who regarded spina bifida as due to an affection of the spinal arachnoid, similar to the disease of the cerebral arachnoid which resulted in hydrocephalus, and not as a malformation dependent upon arrest of vertebral development.

DR. BARNES likewise exhibited a stereoscopic photograph of a Child's Head remarkably distorted in consequence of delivery by face presentation. The occipital region was flattened in, whilst the forehead was enormously raised and projected. Dr. Barnes observed that such cases illustrated the mechanism of face-presentation, and remarked that, although the deformity would quickly disappear in a great measure, yet that some degree of the peculiar moulding imparted to the head by the mode of birth would probably remain in after-life. In like manner, the sugar-loaf occipital elongation resulting from the common mode of birth was *not* unfrequently retained in adult age.

CASE OF TUBERCULOSIS OF THE UTERUS.

BY R. S. TOMLINSON, ESQ., M.R.C.S.

The case related, which was one of very unusual occurrence, was that of a lady aged fifty-five, who had been suffering from a profuse uterine discharge upwards of two years. The discharge was of a dirty-brown colour, without smell. The uterus was found to be enlarged, but no conclusion could be formed as to the nature of the disease. She died fifteen months afterwards. The uterus was found enlarged, and the cavity of the organ was filled with tubercular masses; the Fallopian tubes were enlarged, and similarly affected. The inner surface of the uterus presented, on removal of the tuberculous masses, a honeycomb appearance.

DR. OLDHAM remarked that he had seen at least six cases of uterine phthisis. The disease appeared to attack the cavity almost always, and he had usually found the uterus to be of small size. In one case, however, he had seen the organ enlarged, and the patient died of tubercle elsewhere.

ON THE USE OF WIRE LOOPS, HORSE-SHOE WIRES, &c., &c., FOR CORRECTING ANTE- AND RETRO-VERSION, OBLIQUITY, AND PROLAPSE OF THE UNIMPREGNATED UTERUS.

BY CHARLES CLAY, M.D., OF MANCHESTER.

The author, in this paper, endeavours to point out the positive

injury done by the use of the generality of pessaries, particularly the old class, which, on account of their cheapness, are still sanctioned by the profession. Improved stem pessaries are shown to be so expensive as to be little applicable to the extent of the evil for which they are proposed. In order to meet this difficulty, the author proposes a new and very simple series of instruments suitable for various malpositions of the uterus, ante- and retroversion, obliquity, and prolapse, and at a cost so extremely small as to favour their general application. These instruments are made of medium-sized copper wire, bent and soldered in a convenient form, and tinned.

Dr. GRAILY HEWITT believed that in the majority of cases of retroflexion of the uterus a mechanical treatment was not applicable ; but that in a few cases, on the other hand, such mechanical treatment was required, and in which a cure of the distortion was possible. He had been in the habit of using an instrument, with the results of the action of which he was perfectly satisfied. It consisted of a stem of ivory the length of the uterine cavity, and straight; this stem was mounted on a globular air pessary. The air pessary, when distended with air, maintained the stem in the uterus, and prevented it slipping out. The instrument in question was less liable than others, he believed, to injure the uterus.

Dr. ROUTH said the use of internal pessaries for retroversion was always a hazardous expedient, sometimes giving rise to serious and even fatal results. Dr. Hewitt's instrument he believed to be very ingeniously contrived; but even this failed sometimes to give relief. Dr. Simpson's was very efficient ; but that also produced occasionally serious results. One drawback in this and in Dr. Hewitt's was that the stem in utero was too long, and irritated especially the fundus uteri. This part once inflamed was accompanied with far more distressing as well as severe consequences to health. Moreover, it was chiefly due to this fundal endometritis that retroverted womb gave annoyance at all. In the absence of this fundal inflammation, many patients went about with retroverted wombs without inconvenience. Hence one advantage of using short-stemmed pessaries, by which all further irritation at the fundus was avoided. The reason of this distress to patients was obvious. That part of the uterus was supplied by nerves from the renal plexus, and not the inferior aortic, and was therefore in direct nervous relation with the splanchnic nerves and semilunar ganglia superiorly, and with the ovaries (also supplied from the same sources) inferiorly. Hence the greater general discomfort. Moreover, Dr. Simpson's instrument fixed the uterus *in situ*, and so every jerk of the body was felt by the uterus. Dr. Hewitt's instrument was likewise too long in the stem, though this might be remedied ; but although it admitted considerable freedom of movement of uterus, it was sometimes forcibly ejected by the uterus, because not always firmly secured inferiorly. To meet these difficulties, he (Dr. Routh) had devised a modification. His instrument could sometimes be borne where others were not tolerated. It consisted of a coiled wire bell-spring, covered with caoutchouc, and at about two inches or less from its upper end separated by gutta-perch disc from the lower portion. Upon the disc, with the coiled wire within the organ, the uterus rested, while the lower end was secured by tapes or a napkin from ejection. By means of a sound to which the curve of the retroverted uterus was previously given, and then passed within the coil, it might be easily applied. The spring, once the organ was replaced, would by its elasticity maintain the organ *in situ*, while it would not impede full movement of the uterus with the movements of the body. Of course the instrument should not be used till after all inflammation had subsided, under the use of leeches or other local depletion, aperients, &c. Sometimes the use of sponge tents to reduce the uterine volume, after Dr. Moir's plan was also of great use as a previous meaaure.

Dr. GREENHALGH stated that among the patients at St. Bartholomew's Hospital and in private practice he found misplacements of the uterus extremely common, and productive of considerable distress both in their complicated and occasionally in their uncomplicated forms. In prolapsus and procidentia he strongly recommended the cautious use of a modified Zwanke's pessary, which possessed the advantages of forming a floor upon which the uterus could rest, and took off all tension from the ligamentous supports of the uterus, enabling them to recover their tone ; while astringent injections could be thrown into the vagina, with a view of constringing the dilated and relaxed parts forming the floor of the pelvis. In retroversions and retroflexions he had used a great variety of mechanical contrivances, both intra-uterine and vaginal, but he was compelled to admit with little or no benefit. He entirely concurred with most practitioners that all intra-uterine supports should be done away with, on account of the irritation and inflammation thereby occasioned, which had too frequently led to fatal results. The plan he at present pursued in such cases was, first to remove all complications, when possible, by appropriate local and general treatment ; and then from time to time to replace the uterus by means of the finger or uterine sound, and in some few cases to introduce sponge tents into the neck of the uterus: thus he had succeeded occasionally in rectifying the faulty position of the uterus, after which, in a small proportion of cases, impregnation had followed.

Dr. BARNES said, in reference to the treatment of retroflexion of the uterus, that he regarded the subject as one of great importance. He had seen severe distress, mental as well as physical, produced by this form of uterine displacement. The treatment was difficult, and not always successful. He had occasionally, by the adaptation of various forms of pessary he had constructed for special cases, however, succeeded in relieving this complaint. With reference to prolapsus uteri, he could not understand how anyone largely engaged in the treatment of uterine disease could ignore the value of pessaries if these were constructed on sound principles. It was important to distinguish the varieties of prolapsus. There was one class which occurred in women who had passed the child-bearing age, in which the prolapsus depended upon atrophy of the uterus and absorption of the fat and other tissues, which in younger women padded the pelvis and helped to keep the pelvic organs *in situ*. Wanting this support, the uterus was apt to fall through under straining from cough or from labour. This form he called prolapsus from senile atrophy. It was so purely a mechanical disorder that it required mechanical means as a substitute for the natural support that was lost. Nothing answered so well here as a pessary. The form he used had a small cup which received the uterine neck ; this cup was supported on a curved stem so small as not in any way to disturb the vagina, which, on the contrary, was able to grasp the stem and almost to support the pessary by itself. The end of the stem was, however, suspended by elastic bands to an abdominal belt. This elastic support enabled the uterus and pessary to move freely, as in the natural condition, under the various movements of the body. This form of pessary he understood had been in use at King's College Hospital. In a vast majority of cases it answered admirably. He had never less than a hundred women under his care wearing this instrument. It gave complete relief, and enabled them to follow even laborious occupations with comfort. In another class of cases occurring during the child-bearing period, and commonly dependent on inflammation or congestion with enlargement of the uterine neck caused by delivery, pessaries were not so useful. It was often found that the prolapsus was cured by removing the uterine engorgement which caused it. But even here there were cases in which the support and rest afforded by the pessary he had described were of essential service in removing the congestion and inflammation. When the uterine neck was prolapsed, the circulation of the blood was mechanically retarded. When the uterus was replaced, the vessels being restored to their natural position, the circulation was freed, congestion and œdema disappeared, the bulk and weight of the organ diminished, and the vagina, being enabled to contract around the stem of the pessary, gradually recovered its tone ; and thus the pessary might fairly be said to cure the prolapsus. The value of the stem-pessary in procuring "rest" for the prolapsed uterus, complicated with œdema and engorgement, was, he felt satisfied, not sufficiently appreciated. But the pessary must be well constructed on the principle he had described. The balls, still too often used, which acted only by stretching the vagina and filling the pelvis, only made matters worse, and were the most absurd and mischievous contrivances.

Dr. OLDHAM, being asked by some of the Fellows to give the results of his experience as to the use of pessaries generally, stated that he rejected them ; he had tried them all, but had come finally to confine his mechanical treatment to the employment of simple external support by means of a well-arranged pad and bandage, and that only in very bad cases ; the internal treatment consisting in the use of the cold douche, and attention to the state of the general health. In very many cases constipation was a troublesome complication. Small doses of aperients were most efficacious ; out-door exercise, especially horseback exercise, was most valuable.

CASE OF DIFFICULT LABOUR ; DELIVERY BY FORCEPS ; RETENTION OF URINE AND SUBSEQUENT SLOUGHING OF LINING OF BLADDER.

BY WILLIAM MARTYN, M.D., F.R.C.S.

Mrs. H——, in labour at full time, her fourth confinement. I was called in to assist in her delivery on April 17th, at seven p.m. Sharp pains began the night before, the liquor amnii having escaped three or four days. For the last seven hours the pains had been violent and incessant, without satisfactory progress. The forehead of the child presented, the face looking towards the right sacro-iliac joint. I found the brim of the pelvis small and round ; meconium appeared in the discharges ; the patient was much exhausted. We at once determined to deliver by forceps. After drawing off the water, I brought down the child (full size), dead, in twenty minutes; head much disfigured, and the occiput forced back between the shoulders. The patient was now doing well.

Her first labour was at seven months ; child born dead. The second, at full time, was very severe ; child killed by the labour. At the third, a male child at full time was born alive, after a very hard labour. In each of these cases the face was said to present.

April 22nd.—Four days after delivery I was again called in. The patient was very ill, not expected to live ; she was fevered, ex-

hausted, and very restless; complained of much pain in her belly; vaginal discharges offensive. On inquiring if she had passed water, I learned that it had dribbled away for some time, but she had passed none naturally since her labour. Her belly was very full and tender; pulse very quick. I drew off fully five pints of bloody highly ammoniacal urine; the room stank with it. For eight days the catheter was required twice a day; the urine became putrid-like, and was loaded with dirty offensive matter. There was much pain and distress about the bladder.

May 6th.—Constant irritation and distress in her bladder; no control over it; the urine dribbled away.

17th.—She could not pass any urine except by drops. Lumps of thick offensive matter escaped by the urethra from time to time.

19th.—Again she could not pass urine; she was often upon her knees making great efforts to do so. I found a portion of slough hanging out of the urethra, which I drew out easily; it was not a large piece. In the evening more appeared, which the patient drew out of the urethra; it was followed by a gush of offensive urine. The slough appeared to be the whole lining of the bladder, and consisted of mucous and sub-mucous tissue, some muscular fibres, and a patch about the size of a half-crown, with the appearance of a peritoneal surface; the mucous surface had some grit of phosphates upon it. The slough measured eight inches by five or six. (This specimen was exhibited to the Society.)

Such a specimen had been shown by Mr Spencer Wells under similar circumstances, when it was doubted whether it was human bladder tissue at all, as reported in the "Transactions" of the Society.

The patient has recovered, but the bladder is irritable; she cannot retain urine more than an hour or so.

My opinion is that the urine, in being long retained, becomes sufficiently ammoniacal to produce the well-known caustic effects of ammonia on the animal tissues, and hence all the results; the mucous lining, in fact, becomes blistered and destroyed by the changed urine. The catheter then is the efficient means to prevent such a destructive process in every case.

ON A CASE OF ASCITES WITH OVARIAN DISEASE.

BY GUSTAVUS MURRAY, M.D.,
Obstetric Physician to the Great Northern Hospital.

The subject of this case was a young woman, twenty-eight years of age, married, but without family. She was admitted into the Great Northern Hospital, and was tapped on the 12th of June, when thirty-three pints of fluid (ascitic) were drawn off. She refilled in the course of three days, and was again relieved by the wound giving way; but nevertheless she still rapidly continued to fill, and died on the 27th from peritonitis, which set in on the fifth day after tapping.

Post-mortem examination disclosed an ovarian multilocular, solid tumour, weighing six pounds. It was firmly bound down in the cavity of the pelvis, but capable of easy and complete removal. Dr. Murray found that the trocar had pierced one of the upper cysts of the tumour, which contained a thick creamy fluid, and thought it likely that this coming in contact with the peritoneum acted as an irritant, and gave rise to the inflammation which proved fatal. The state of the patient on her admission to the hospital was such that it was considered better to tap first, and endeavour to improve her general health, which had not been good for eighteen months, before proceeding to do ovariotomy.

The author brought this case before the Society as one showing the fatal result of tapping; whereas, even in her emaciated condition, he believed that had ovariotomy been performed, the case might have done well.

THE BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.

SECTION D.

Mr. Wm. Turner, M.B. (London), F.R.S.E., senior demonstrator of anatomy, University of Edinburgh, and one of the secretaries of the sub-section, read a paper on "Cranial Deformities, more especially on the Scaphocephalic Skull." The author commenced by stating that deformities of the skull might be occasioned by artificial means, by posthumous changes, by pathological changes, and by developmental irregularities and deficiences. He, in a great measure, restricted himself to the consideration of the influence which premature or retarded synostosis may exercise in the production of abnormal cranial forms. He arranged the suture of the skull cap into a vertical-transverse group, a median longitudinal and two lateral longitudinal, and, carrying out the important proposition first clearly enunciated by Professor Virchow, he pointed out that if a premature ossification takes place in one or more than one of the whole or a part of a sutures, then, necessarily, the growth of the skull corresponding to and in a direction perpendicular to the line of synostosis will occur, and diminished length or breadth or height, as the case may be, will be occasioned. He then illustrated this proposition by describing the peculiarly elongated and laterally compressed form of skull to which Professor Von Baer, of St. Petersburg, has given the name of Scaphocephalus. The whole of these crania agreed in possessing the following characters: Absence of sagittal suture, and consequent blending of the two parietal bones, absence of parietal eminences, lateral compression, great elongation. He then described at length the theories which had been advanced in explanation of these characters. The first, proposed by Minchin, and adopted by Von Baer, supposes that the bi-parietal bone is developed from a single median vertical centre. The second, proposed by Virchow, and concurred in by the author, supposes the two bones to have been formed in the usual way, each from its own centre, but that at a very early period they coalesced along the sagittal line, so as to form but a single bone. The author then directed attention to the importance of attending to the above proposition in ethnological inquiry, and suggested that various aberrant forms of skull, occuring in individuals of any given nationality, possessing a shape quite different from that of the race to which they belong, might be thus explained. He pointed out, moreover, that obliteration of the sutures was not unfrequently met with in skulls such as the Chinook Indians, which had been artificially flattened. He was of opinion that premature synostosis did not necessarily occasion any disorder of the faculties of the mind, or any tendency to cerebral disease. Persons possessing crania of this form do not belong to any particular race. The author concluded by a few remarks on the effects which retarded union of the sutures might produce on cranial form.

Mr. James Samuelson read a paper, illustrated with diagrams, on "Life in the Atmosphere." He stated that no subject in natural history, excepting the allied one, the origin of species, has of late excited greater interest in the scientific world than the origin of the lowest type of living beings on the globe; and although the problem was far from being solved, yet the investigations that had accompanied the discussion, and which were indispensable to its elucidation, had already served the useful purpose of throwing new light upon the anatomy and life-history of the mysterious little forms of which it treated. It was rather with the latter object, than in the expectation of being able to assist in the solution of the general question, that he ventured to lay before the association the results of some original experiments which he had recently undertaken. He had taken rags imported from various countries, and shaken the dust from them into distilled water, which he then exposed to the atmosphere. After describing generally the character of the living forms he discovered in these waters, he stated that the general results of a microscopical examination of these fluids between the 27th of July and the 15th of August, showed that in dust from Egypt, Japan, Melbourne, and Trieste, life was the most abundant, and the development of the different forms was very rapid. The author described in detail the forms of life found in each kind of dust, and among these were some new species of rhizopoda and infusoria, and an interesting ciliated worm-shaped form, which he beleived to be the larva of some other infusoria. He said that if he was correct in supposing the germs of the living forms that he had described to be present in the dust conveyed by the atmosphere (and from the fact of some of them appearing in dust from a window, and even in water exposed to the air, there could be little doubt that was so), it was worthy of notice that these germs retained vitality for a long period—one of which he could not pretend to define the limit. In his experiments they outlived the heat of a topical sun and the dryness of a warm room during a whole winter, but in cases in which Dr. Ponchet was concerned (and he feared Dr. Ponchet would not thank him for thus construing the result of his labour) they retained their life 2,000 years, for he obtained his from the interior of the Pyramids of Egypt, and they survived in an oil bath of 400 degrees of heat. Mr. Samuelson concluded by suggesting that it might be a question of consideration how far these affected epidemic diseases, and by expressing the hope that parties who are connected with hospitals will use them with a view of judging of the air in which the disease existed.

SECTION, F.—ECONOMIC SCIENCE AND STATISTICS.

The proceedings commenced in this section with a discussion on Dr. Camps's paper "On the Sanitary Condition of the Troops in India."

Dr. Bird said he had no fear of the climate of India if what was necessary to be done for the health of the army was accomplished. Intemperance and vice were very important causes of the mortality, but they were not the sole causes of the mortality. The cheif causes of mortality were heat, moisture and bad *lo*calities. In some cases where disease prevailed in the army, the greatest part of the outbreak was occasioned by the overcrowding of the barracks and the filthy cesspools in the midst of them. He believed that men by proper care might preserve their health in India as well as in this country. Men could be acclimated to elevated degrees of temperature, but it was impossible to acclimate any human being to the effects of locality and miasmatic diseases. He decidedly objected to the view by Colonel Sykes, that vice and intemperance were the main causes of disease in the army in India; and maintained that the mortality chiefly arose from filthy localities, unsuitable and ill-ventilated barracks and bad water,

with the climate. Good barracks alone, however, would not secure good health unless all other accessories were attended to in the same way.

Dr. Hunt said he thought there was no evidence at all to show that the excessive mortality in India was due principally to intemperance. On the contrary, he thought a certain amount of stimulant was required. To advocate a teetotal system for India was, he thought, entirely objectionable, as the troops certainly required some amount of stimulent for that climate. There was one very important question which he would suggest to the meeting namely, as to the selection of men suited for hot climates. He thought that by a judicious selection of men suited for the climate very much of this mortality might be done away.

Colonel Sykes entirely concurred with Dr. Bird that where great heat and moisture were combined there was the greatest injury to health ; but where there was great heat with considerable dryness it was not detrimental to health. He contended that the conclusions arrived at by Dr. Bird were erroneous, and not to be relied upon in comparison with those come to by the Royal Commission.

Dr. Hancock pointed out the increased mortality of the unmarried officers and men in the army as compared with that of the married, and dwelt on some of the evils that arose from the restrictions put upon marriage in the army.

OBITUARY.

THE LATE CHARLES PARDEY, M.B. LOND. OF SOUTHAMPTON.—Dr. Joseph Bullar, Physician to the South Hants Infirmary, and President of the Southampton Medical Society, has lately read before that Society an elegant and feeling paper on the death of Mr. Pardey, one of its members, who died of consumption at the early age of thirty-six. He passed his pupilage at Southampton, whence he repared to London, and entered as a student at King's College, and although he was quite unknown, and provided with very scanty means, he succeeded, by his own hard work and perseverance, in obtaining, both at King's College and at the University of London, honours in nearly every subject of his study, including some exhibitions of pecuniary value which were of essential service to him in prosecuting his career. For a short time he was Medical Tutor at Queen's College, Birmingham, but he soon married and entered into private practice, first in Yorkshire, and since 1854 in Southampton, where he died. Dr. Bullar thus sums us Mr. Pardey's professional merits :—He brought to the bedside of his patients a mind well stored with the knowledge of disease and of remedies, vigorous, quick and well-cultivated mental powers, and his characteristic faculty, that of concentrating his attention. He was particularly cool and self-possessed in operating. He was a good practical anatomist, and in difficult cases he studied carefully every step before he began. He showed in operating neat mechanical skill, boldness with caution, and resources under difficulties. He was public-spirited in his profession : willing to work for the general medical weal—and in those works of benevolence, which are the usual channels in which the public spirit of our profession runs, he was usefully active. No one could converse with Dr. Pardey without recognising his mental power. He spoke with the clear decision of one who had reflected for himself on the matter in hand, and had either made up his mind on it, or would discuss its bearings logically. He liked such exercises of his argumentative power, and was quick at detecting fallacies. In his intercourse with his medical brethren in practice, he was honourable and peaceable. What he won was not by puffery, or that self-exaltation which attempts to raise itself on the depreciation of others, or by any of those modes of ensuring publicity, which we as a body strenuously discountenance, as the very means of lowering our scientific *status;* but what he gained, he gained honourably, by ways satisfactory to himself and to his medical brethren : by his real scientific culture, by diligent perseverance in attending to his patients, and by his unselfish kindness, to which many of them now testify by the real loss they feel to have sustained. It remains only to be added that Mr. Pardey died like a christian, accurately aware of the fatal disease which was consuming his frame, but pursuing his professional avocations to the very last, and fully prepared for the great change that he knew was awaiting him.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practice, on the 27th ult. :—James Chapman, Wingham, Kent ; William Galimore Hayden, Charing-cross Hospital ; Thomas Kelly, Tipton, Staffordshire ; Cuthbert Robert Kendal, Gateshead ; Robert Williams, Liverpool.

The following gentleman also on the same day passed his first examination :—Benjamin Lamb Powne, St. Bartholomew's Hospital.

DEATH OF MR. JOHN W. DAVIES, OF PRINCES-STREET LEICESTER-SQUARE.—Many of our readers knew, and respected this gentleman, whose death we are sorry to announce. For five-and-twenty years in the service of Mr. Churchill, Mr. Davies was well known to many in the Profession, and all can bear testimony to his obliging manners and businesslike habits. In October, 1860, he left Mr. Churchill, and commenced business on his own account as Medical bookseller and publisher. With small capital, and past the prime of life, he had difficulties to surmount, but the esteem and confidence in which he was held stood him in good stead. He was certainly making way and strengthening his connexion, when he has been called away after a brief three years' struggle. Since May he had been in indifferent health, attributing it to indigestion. It proved, however, to be much more serious, for about a fortnight since he took to his bed, and died on Wednesday morning, at nine o'clock, of disease of the kidneys, in the fifty-fourth year of his age, at his residence at Highgate.

BELFAST BOARD OF GUARDIANS.—Dr. M'Gee said he understood that Dr. Knox had made some investigation relative to the dispensaries, and he now requested him to give the Board some information as to the relative cost of patients in the Barrack Street and Frederick Street dispensaries ?.—Dr. Knox—In reply to Dr. M' Gee, I may say that there is a striking difference in the cost of patients treated at the two stations in town. This difference may be capable of an explanation ; and at any rate it is a difficult matter to deal with and an injudicious thing to interfere with the responsibility and discretion of medical officers. At the Frederick Street station the average cost of each patient is, I find, on referring to the invoice, 8d, while at the Barrack Street station it is only 4d and a fraction over. This expense is to be traced to the prescriptions ; it cannot be entirely attributable to the apothecaries, though it may to a certain extent, for they are bound to give whatever the medical officers prescribe. Another thing that struck me is that, in reporting quarterly as to the reception of medicines, I think it would be advisable that the apothecary, the party who receives them, should be the person whose duty it would be to report on the quality and quantity thereof, about which he has opportunities of knowing more than the medical officer. Dr. Knox concluded by referring to discrepancies which appeared to exist between the medical contractor's invoices and the contract sheet as compiled by the Commissioners. The discrepancies arose out of a misunderstanding of the list, and not intentionally, he believed.—Mr. Teirney—The medical charities are a piece of nonsense, I declare. They send us down from Dublin lists in Latin, and what do we know about that? The Commissioners in Dublin are making humbugs of us.—Dr. Knox—The faults referred to are not blameable on those who made out the lists.—Mr. Teirney—I tell you, Sir, that whoever made up the lists are donkeys. ("Oh.") Yes, donkeys, gentlemen.—Mr. Kavanagh— In answer to a question about the higher cost of patients at Frederick Street Dispensary, I was told that the difference pointed out by Dr. Knox arose from the large quantity of cod liver oil used there. It is said that that portion of the town—the North side—is a great deal more scrofulous than the South side. On this subject, the apothecary stated that, if he gave all that was ordered for patients, he might be ordering cod liver oil every day. I am afraid that a portion of that given to the applicants for medical relief is misapplied. The apothecary, in one instance, gave less oil than was ordered, and what I state was the explanation he gave of the matter. The medical officer stated that he was not in the habit of prescribing specific quantities ; he merely ordered cod liver oil when he considered it right to do so, and the apothecary knew what quantity to give.—Dr Knox—The apothecary has no right to deviate from the prescription of the physician as given to him.—Mr. Teirney and Mr. Kavanagh stated that the medical officers prescribed in many instances without seeing the patients for whom they prescribed.—Dr. Knox—They should not do so. (Hear.)—Mr. Teirney—It is my opinion that this medical charities business is eating the vitals out of this union—The Board decided that the apothecaries in future should certify for the quantity and quality of the medicines received under contract.—Dr. Knox—There is one thing I should state on this subject, that the higher of the two rates I have made out is not extravagant, as compared with other districts even in Ulster. (Hear.) Mr. Kavangh—And Belfast never was in so healthy a state as it is now.—(A Belfast Correspondent writes to us in indignant terms at the coarse language imputed to Mr. Teirney in the above extract, from the Belfast News-Letter; and used by him in reference to the Medical Officers of the Belfast Dispensaries. We think that comment on such language is useless, and the mere publication of the report is a sufficient reproof to the folly and arrogance of this would-be denouncer of the Irish Medical Officers.—ED. MEDICAL CIRCULAR.

APPOINTMENTS.—P. Albert, M.R.C.S.E., has been appointed Resident Surgeon and Apothecary to the Western General Dispensary, Mary-le-bone road, *vice* W. H. Griffin, M.R.C.S.E., resigned.—Bangham, M.R.C.S.E., has been elected one of the Vice-Presidents for 1863-64 of the Birmingham Medical Benevolent Society.—Bateman, M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for district No. 1 of the Nottingham Union, *vice* E H. Lineker, M.R.C.S.E., appointed to the Leighton Buzzard Union.—Broster, M.D., has been appointed one of the Acting Medical

Officers to the Southampton Dispensary and Humane Society, *vice* C. Pardey, M.B., deceased.—H. G. Buckley M.R.C.S.E., has been elected Treasurer for 1863-64 of the Bradford Medico-Chirurgical Society.—Edmundson, M.D., has been appointed Resident Physician and Superintendent to the Auxiliary Lunatic Asylum, Clonmel, *vice* T. C. Burton, M.D., appointed Resident Physician and Superintendent of the Waterford County Lunatic Asylum.—Ferguson, M.B., has been elected Surgeon to the Islington Dispensary, Upper-street, *vice* B. Shillitoe, F.R.C.S.E., resigned.—Fitzgerald, L.R.C.S.I., has been appointed Medical Officer and Public Vaccinator for the Carrick-on-Suir Dispensary District of the Carrick-on-Suir Union, *vice* J. Edmundson, M.D.—Foster, Assistant-Dispenser at the General Hospital, Birmingham, has been elected Senior Dispenser, *vice* C. D. Horton, resigned.—T. French, L.R.C.S.I., has been elected Medical Officer and Public Vaccinator for the Rathdrum Dispensary District of the Rathdrum Union, Co. Wicklow, *vice* C. Clarke, M.R.C.S.E., deceased.—C. Huthwaite, L.F.P. & S. Glas. has been elected Medical Officer and Public Vaccinator to District No. 2 of the Nottingham Union, *vice* Bateman, appointed to District No. 1.—J. F. Jones, M.R.C.S.E., has been elected one of the Vice-Presidents for 1863-4 of the Birmingham Medical Benevolent Society.—P. M. Kelty, L.R.C.P. Ed., has been appointed one of the Public Vaccinators for the Walsall Union, Staffordshire.—W. Latham, M.R.C.S.E., has been appointed one of the Public Vaccinators for the Walsall Union.—E. M'Carthy, M.R.C.S.E., has been elected Resident Medical Officer to the Tower Hamlets Dispensary, Commercial-road, East, *vice* W. Rivington, F.R.C.S.E., resigned, and appointed Assistant-Surgeon at the London Hospital.—D. S. Moore, M.R.C.S.E., has been appointed one of the Public Vaccinators for the Walsall Union.—J. Orrock, L.R.C.S. Ed., has been appointed Surgeon-Dentist to the Leicester Infirmary, *vice* C. G. Kemp, M.R.C.S.E., deceased.—T. W. Ransom, F.R.C.S.E., has been appointed one of the Public Vaccinators for the Walsall Union.—J. Russell, M.D., has been elected President for 1863-64 of the Birmingham Medical Benevolent Society.—W. H. Scott, M.R.C.S.E., has been elected Surgeon to the Islington Dispensary, Upper-street, *vice* W. S. Watson, M.B., resigned.—J. H. Somerville, M.R.C.S.E., Medical Officer for the Bloxwich District of the Walsall Union, has been appointed a Public Vaccinator.—T. Stevenson, L.R.C.P.L., has been elected Secretary for 1863-64 of the Bradford Medico-Chirurgical Society.—T. Taylor, F.R.C.S.E., has been re-elected Hon. Secretary of the Birmingham Medical Benevolent Society.—J. G. White, M.R.C.S.E., has been appointed Resident Surgeon to the Leith Hospital and Edinburgh and Leith Humane Society and Dispensary, *vice* R. Macnair, M.D., resigned.—G. H. Whymper, M.R.C.S.E., has been appointed one of the Public Vaccinators for the Walsall Union.

APPOINTMENTS FOR THE WEEK.

Wednesday, September 9.

Operations at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.. University College Hospital, 2 p.m. ; London Hospital, 2 p.m.

Thursday, September 10.

Operations at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m. ; Great Northern Hospital, King's cross, 2 p.m. ; West London Hospital, 2 p.m. ; Royal Orthopædic Hospital, 2 p.m. ; London Surgical Home for Diseases of Women, Coring Fibrous Uterine Tumour ; Ruptured Perinæum, and Restoration of Anus destroyed by Extensive Ulceration ; Restoration of the Floor of the Bladder, destroyed by Sloughing after Labour, at 2 p.m.

Friday, September 11.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, September 12.

Operations at St. Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m. ; King's College Hospital, 1½ p.m. ; Charing-cross Hospital, 2 p.m. ; Lock Hospital, Dean street, Soho, 1 p.m. ; Royal Free Hospital, 1½ p.m.

Monday, September 14.

Operations at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1¼ p.m.

Tuesday, September 15.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

The Dental Review (September). London: J. W. Davies, 54 Princes street, Leicester square.

Special Therapeutics ; an Investigation into the Treatment of Acute and Chronic Diseases by the Application of Water, the Hot-air Bath, and Inhalation. By J. C. Lory Marsh, M.D., &c. London : J. W. Davies, 54 Princes street.

Observations on the Sanitary State of the Indian Army, with Illustrations. By Florence Nightingale. London : E. Stanford, 6 Charing-cross.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor, may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day

We must request our Country Correspondents who favour us with copies of Provincial Newspapers, to mark the passages to which they desire to draw our attention.

In consequence of the great demands upon our space, we are compelled to omit this week our usual Summaries of News and Reviews of the Periodicals.

Mr. R. Skegg.—We willingly insert our correspondent's letter, and he will find that we have again alluded to the subject in our leading article.

Mr. F. P. Hoblyn's letter is inserted.

Mr. Charles Hill.—We have received the copy of a memorial issued by the Committee of Fishmongers and Poulterers in reference to the abolition of the unnecessary Sunday traffic in the fish, ice, and poultry trades. Although the subject is hardly one which comes within our cognizance, we readily give publicity to the fact that such a memorial has been drawn up, and express our concurrence in the opinion that the Sunday traffic in the articles alluded to appears to be quite needless.

Dr. Joseph Bullar.—The paper has been received and shall be noticed in our columns.

Mr. Lambton J. H. Young.—The important paper of Directions for Restoring the Apparently Dead shall receive due attention.

N. M.—We cannot venture to print the letter of our esteemed correspondent in its present form, but we have alluded to the subject in another part of our journal.

Mr. G. de Gorrequer Griffith.—The notice has been received, and the letter shall be inserted.

Dr. J. C. Lory Marsh.—The subject shall receive attention.

The University of London.—The lists have been received, but the names have been published in our columns several weeks ago.

BRITON MEDICAL AND GENERAL
LIFE ASSOCIATION.
OFFICES:—429 WEST STRAND.

Trustees.

G. H. BARLOW, M.D.
Sir JAMES DUKE, Bart., Ald., M.P.
Sir CHARLES HASTINGS, M.D., D.C.L.
R. PARTRIDGE, Esq., F.R.S.
JOHN PROPERT, Esq.
W. TYLER SMITH, M.D.
FRANCIS WEBB, Esq.

Directors.

Chairman of the Board.—GEORGE H. BARLOW, M.D.
Deputy-Chairman.—FRANCIS WEBB, Esq.

By the peculiarly equitable manner of dividing the profits, the Policies issued by this Association become payable during the life time of the person Assured without extra Premium. After having been in force a period of five years, all Policies are absolutely Indefeasable and Indisputable.

Attention is directed to the facility afforded by this Institution for the Assurance of Declined or Diseased Lives. The experience of the large staff of Medical Officers connected with this Association has enabled the Directors to prepare a set of Tables which they believe place such lives on an equitable footing in relation to other assured Members of the Company.

Qualified Medical Attendants who are named by proposers to this Association are consulted as the Medical Advisers of the Directors, by whom all Medical Fees are discharged.

New Business for the year ending 31st Dec., 1862.

No of Proposals.	Amount Proposed.	No. of Policies.	Amount Assured	Annual Premiums.
2,810	£653,238	2,023	£459,540	£15,275 13s. 6d.

Every description of Life Assurance transacted; terms for which, with detailed Prospectuses and every information, may be had on application to JOHN MESSENT, F.S.S., Secretary.

Applications for Agencies are invited.

☞ Special advantages to ministers and local preachers of every denomination.

Dr. Arnott's Hydrostatic or FLOATING BEDS FOR INVALIDS

also Air and Water Mattrasses. For prices and particulars, apply to Edward Spencer and Co., 18 and 19 Billiter street, London. E.C.

Struve's Seltzer, Fachingen

Vichy, Marienbad, and other Mineral WATERS.—ROYAL GERMAN SPA, Brighton, under Her Majesty's especial patronage. Struve's Pump-room, Brighton, is now open for the Thirty-ninth Season. The Bottled Waters are sold at the Pump-room, and by GEORGE WAUGH and Co., Pharmaceutical Chemists to the Queen, 177 Regent street, London, W., and by other respectable nouses in London and the provincial towns, where a prospectus with the highest Medical Testimonials, may be obtained gratis. Caution.—Owing to the use of Struve's bottles by other parties, please to observe that Struve's name is on the lable and red-ink stamp affixed to every bottle of Struve's manufacture.

TO THE MEDICAL PROFESSION.

Bragg's Charcoal Biscuits

for INDIGESTION, HEARTBURN, &c. &c., manufactured from the purest Vegetable Carbon. Sold only in tins, at 1s., 2s., 4s., and 8s. each, by J. L. BRAGG, Sole Manufacturer, 2 Wigmore street, Cavendish square, London. Also "IRON TONIC BISCUITS," in 2s., 4s., and 8s. Tins.

Chemists and others allowed a liberal discount.

Post-office Orders made payable at the Old Cavendish-street Branch.

THE MEDICAL CIRCULAR.

WEDNESDAY, SEPTEMBER 16, 1863.

GENERAL ADDRESS.

As a book requires a preface, so our STUDENTS' NUMBER seems to require at our hands a few prefatory remarks, in order to point out the nature of the information which it is intended to convey. Although mainly intended for the use of the students of our Profession, it cannot but afford materials for reflection to those who are of more mature years, and it must in particular be deeply interesting to those whose sons, or other relatives, are about to enter upon the duties of the Medical curriculum. In this belief we offer a few observations, in the first place, to those who may be called upon to advise the youth as to his course of study, or it may be to find the funds also to enable him to pursue it. As it is quite possible that our Number may fall into the hands of many who, although intending their sons for the Medical Profession, do not belong to it themselves, we beg to direct attention to certain features of a novel character, which mark the present epoch in Medical education.

It will be observed that we place the General Council of Medical Education and Registration the first on our list: because that body is intended to exercise supreme control over all the licensing, examining, and educational bodies connected with Medicine in the British Empire. The actual powers at present possessed by this Council are still somewhat undefined, but there can be little doubt that in a conflict of opinions on the subject of Medical education, it would prove in the end to be victorious, that is to say, if its Recommendations were founded upon sound policy, and dictated by a sincere regard for the interests of the Profession. Its chief aim at present is to harmonize the curricula of all the examining and licensing Bodies in England, Scotland, and Ireland, so that there shall be an uniformity in at least the minimum of education, and that all persons entering the Profession shall be allowed, as it were, to start fair. Our meaning is that the apparent object of the Council is to prevent one man with a very inferior qualification from taking the same status, on entering his career, as a man with a very superior one; and that while allowing all men to seek higher qualifications, if they think fit, the Council insist that *all* shall at least afford some adequate guarantee to the public of their professional competency.

Upon one point the Council is imperative—namely, the necessity of the possession of some preliminary attainments in general literature and science on the part of all Medical students at the early part of their career, the object being twofold; in the first place, to ensure a certain measure of literary and scientific preparation for the proper comprehension of Medical topics; and, secondly, in order to obviate the inconvenience of the student's acquisition of this preliminary information at the conclusion of his Medical studies. We, therefore, beg most emphatically to impress upon the minds of parents and guardians the necessity of providing a fair amount of classical and mathematical education for those who intend to embrace the profession of Medicine: and we beg of them, moreover, to test personally, or by means of some competent deputy, the progress made by the youth at his school, or college, or under his tutor, for otherwise the candidate may be rejected at the very threshold of his career, and his entrance on Medical studies be thereby inconveniently postponed. Parents and guardians are too often kept in ignorance (not, perhaps, intentionally) of the real progress, or the retrogression, as the case may be, of a boy at school: and those whose duty it has been to examine youths for the preliminary examinations of the public services, are but too well aware of the great deficiencies exhibited even by boys coming from large and well-accredited schools; and these deficiencies are very often not in matters involving profound scholarship or great strength of intellect, but in such elementary topics as spelling and grammar. Many a parent who has been paying 100*l.* a year or more for his son's education at some flourishing school, would be astonished if he were to get a sight of the young gentleman's examining papers, presented to the critical eyes of the Examiners for the civil or other public service.

Besides this caution on the subject of preliminary education, we should offer one or two others—namely, that those who are bringing up youths for the Medical Profession, should impress upon their pupils the necessity of *not despising small things* connected with the practice of their future art, and of *beginning things at the beginning.* Whatever may be the views entertained as to the path of practice to be ultimately pursued, let the youth acquire the habit of skilful manipulation in pharmacy and the minor operations of surgery. If the father or guardian is himself in the Profession, he will know how to afford the requisite facilities; if he is not, it is far the best plan to place the youth for a limited time under the care of some practitioner who has opportunities for such instruction, before entering him at a public Medical school.

As to the particular course of study to be pursued, and as to the degrees or licenses to be sought for by the candidates for Medical honours and titles, such points must of course be determined by a great number of collateral circumstances, as those of locality, individual attainments, and pecuniary resources, and only a very few general observations can be offered on such matters. We would say, however, that while, on the one hand, it is not very creditable for the candidate to be satisfied with the lowest qualification, it is sometimes dangerous to aspire all at once to the *highest.* Those who attempt the latter feat, often come, like Icarus, headlong to the ground, while, on the contrary, those who commence with a more humble flight, are often enabled, in no long time, to distance and eclipse their too ambitious and aspiring competitors.

We have printed the regulations and requirements of the different Medical Examining Boards, and it will be necessary for all persons interested to make themselves acquainted with the qualifications demanded by each, and to shape the course of the pupil accordingly. It is only necessary to remark that whatever may be the future prospects or hopes of the aspirants, they must all begin in the same way, and enter the Profession by the same portal. Some schools are cheaper than others, and it does not follow that the dearest are the best, but as to the work to be done by the Medical alumnus, all that can be said is that whatever school or whatever teachers he selects, he must labour earnestly himself in order to derive proper advantage from the instruction offered to him.

ADDRESS TO STUDENTS.

In the following remarks, which are of a strictly practical nature, we address ourselves to the students of every part of the kingdom; and knowing that the methods of instruction vary in the three divisions of the British dominions, we are compelled to generalise much more than if our observations were directed to a particular section of the community.

We presume that all those who are about to enter upon Lectures and Hospital Practice have passed, or are prepared to pass, their preliminary examinations in General Literature and Science. If they have not done so, or are not prepared to do so, they will experience very great inconvenience in their subsequent progress, and it would be almost worth while to postpone their attendance on Lectures until they have completed their preliminary studies.

We also presume that all who intend to enter upon the Medical curriculum possess at least some slight acquaintance with the practical duties of their future Profession. It is absolutely essential that the student should understand the nature of some of the principal drugs used in Medicine, and the modes of preparing and compounding them for use; and it is equally incumbent upon him to have practised the common and minor operations of Surgery, such as dressing wounds, applying bandages, drawing teeth, vaccinating, and even bleeding, although the latter operation is at present but seldom performed. If these preliminary steps have not been taken, our best advice is that the student should forthwith prepare to take them, even if he should be compelled to postpone for a while his entrance upon Lectures and Hospital Practice. As a part of his previous and preparatory medical

studies, he should acquire, if possible, some rudimentary knowledge of Chemistry, such as may be attained by attending a few popular lectures, reading some elementary books, and making a few easy and common experiments; he should, especially if he lives in the country, examine the structure and varieties of the wild plants which he meets with in his rambles, and he should diligently avail himself of every possible opportunity of attending post-mortem examinations, of witnessing the greater operations of surgery, and of studying osteology from dried bones.

When the student has selected his Medical School, he must at once devote himself with zeal and energy to the subjects of his first year's curriculum, and we would impress upon our young friends the necessity of not only diligently attending every lecture, but also of taking down short notes of each discourse, of copying, however roughly, the diagrams exhibited in the lecture-room, and of writing out in the evening, at greater length, the facts and reasonings which have been brought before his notice during the day. This task must never be neglected on any plea or consideration whatever, and however much we may advocate, on proper occasions, the necessity of recreation, we must advise the student to resist all invitations to amusement in the evening, while engaged in attending his first year's course of lectures. The arrangements of the Medical Schools and of the Examining Bodies allow him ample facilities for relaxation at the appointed times, but the few months set apart for study must be exclusively devoted to that purpose, especially at the early part of his career. It will also generally be advisable to have recourse to the services of the College Tutor, an official appointed at most of the Medical Schools, in order to obtain a more clear insight into some subjects of detail or of peculiar difficulty; and much as the practice of *grinding*, as it is called, is to be deprecated, this species of private and familiar tuition, carried on *pari passu* with the lectures, is not only to be excused, but warmly recommended.

The first subjects studied at all the Schools of Medicine are Anatomy, Chemistry, and Physiology, and each of these sciences deserves equal attention, inasmuch as they are all interwoven together as the foundations of Medicine, and each throws a light upon the other. It is almost needless to expatiate upon the necessity of a knowledge of Anatomy to the future practitioner of Medicine or Surgery, because every student is probably aware of its importance; but it is to be feared, and indeed it is a lamentable truth, that the science of Chemistry is by many too much neglected. The science of Physiology, used in its restricted sense to denote the knowledge of the functions of the human body, is based upon Anatomy and Chemistry, the former demonstrating the structure of the different organs and tissues, and the latter being intimately associated with, even if it does not directly control and originate, the various actions and operations of the living frame. In connexion with Physiology, the department of Histology (so called from ἱστος, a web or tissue) has lately been created, and this part of the science can be studied only by the help of the microscope, an instrument daily becoming more and more important in its application to Medicine, and one with which the student should make himself thoroughly acquainted.

If the first Winter Session has been diligently passed in the manner we have just briefly indicated, the transition to the Summer Session, after a short interval of vacation, will be easy and profitable. The subjects to be studied will now probably be Botany and Comparative Anatomy, and the Materia Medica. The structure, functions, and varieties of plants and animals, will form a suitable complement to the Winter Course of Human Anatomy and Physiology, and the various objects of the Materia Medica will derive new interest from their association on the one hand, with the animal, vegetable, or mineral kingdom, from which they are respectively obtained, and on the other hand, from their operation on the human organism in the cure or alleviation of disease.

The first year having thus been spent in the study of the human body, of the structure of the inferior animals and of plants, of the objects of the Materia Medica, and of the phenomena of Chemistry, the next Session, while still presenting the same pursuits to the notice of the student, will exhibit their application to the history and treatment of disease. The student will now be prepared to follow the lectures on the Practice of Medicine and Surgery, and to connect the symptoms and signs of morbid action, and the means taken for its removal, with the study of healthy structure and function. In his visits to the wards of the hospital, he will recognise in the aspect of disease, the internal changes indicated by external objective features or the subjective feelings of the patients, and he will verify, in his attendance in the dead-house, the accuracy of his diagnosis made during life. The object of the drugs prescribed, or of the surgical operations performed, will now be clearly understood, and whether the treatment be successful or otherwise, he will have the opportunity of watching the course of the phenomena, and witnessing the triumph of science over the disease, or of the disease over the powers of human art.

In his future course, the student's pursuits will be more and more practical, and he will now learn to rely more upon his own judgment and experience than he was formerly capable of doing. He will probably be entrusted with the partial charge of patients, in the capacity of dresser or clinical clerk under the superintendence of the Medical officers, and he will watch the course of disease for himself. He ought now faithfully to record the experience he has acquired, and he will find in after life that his diligence will be amply rewarded, for although the face of nature is ever varying, and every case of disease presents, perhaps, some features peculiar to itself, yet the habits of accurate observation he has acquired will give him promptness and decision in his diagnosis and in the application of appropriate remedies.

Such is a brief sketch of the duties of the Medical student in his period of attendance at the Medical Schools. Those who can afford the time and the money to spend a longer period in their studies than that which is prescribed by the Examining Bodies, will find it advantageous to do so: as for those who cannot, we can only remind them that art is long and life is short, and we advise them to seize the golden moments of study and observation before they fleet away, and to lay up for themselves such stores of knowledge in their student-career as may afford them sources of useful and pleasing reminiscence in their future lives.

SESSION 1863-64.

GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION.

Office—Soho square, London.

President—Joseph Henry Green, Esq.

The Roy. Coll. of Physicians of London .	Dr. George Burrows.
The Roy. Coll. of Surgeons of England .	Jas. Moncrieff Arnott, Esq.
The Apothecaries' Society of London. .	George Cooper, Esq.
The University of Oxford . .	Dr. H. W. Acland.
The University of Cambridge . . .	Dr. H. J. H. Bond.
The University of Durham . . .	Dr. Dennis Embleton.
The University of London . . .	Dr. John Storrar.
The Roy. Coll. of Physicians, Edinburgh .	Dr. Alex. Wood.
The Roy. Coll. of Surgeons, Edinburgh .	Dr. Andrew Wood.
The Faculty of Physicians and Surgeons, Glasgow	Dr. J. G. Fleming.
The Universities of Aberdeen and Edin. .	James Syme, Esq.
The Universities of Glasgow and St. Andrew's	Dr. Allen Thomson.
The King and Queen's College of Physicians in Ireland	Dr. Aquilla Smith.
The Royal College of Surgeons of Ireland .	Dr. Wm. Hargrave, Esq.
The Apothecaries' Hall of Ireland . .	Dr. Charles H. Leet.
The University of Dublin	Dr. James Apjohn.
The Queen's University of Ireland . .	Dr. John D. Corrigan.

Sir Charles Hastings. Dr. William Sharpey. William Lawrence, Esq. Thomas Pridgin Teale, Esq. Dr. Robert Christison. Dr. William Stokes.	Nominated by Her Majesty, with the advice of her Privy Council.

Treasurers of the General Council.—Dr. W. Sharpey and Dr. Burrows.

Registrar of the General Council.—Dr. Francis Hawkins.
Office: 32 Soho square, London, W.

Registrar of the Branch Council for Scotland.—Dr. Wm. Robertson.
Office: 28 Albany street, Edinburgh.

Registrar of the Branch Council for Ireland.—Dr. Wm. Edwd. Steele.
Office: 35 Dawson street, Dublin.

RECOMMENDATIONS OF THE GENERAL MEDICAL COUNCIL, IN REFERENCE TO GENERAL AND PROFESSIONAL EDUCATION;

As Amended in 1863.

I.—*General Education and Examination.*

The Medical Council are of opinion that it is desirable—

1. That all students pass an examination in general education before they commence their professional studies.

2. That the time of commencing professional studies shall be understood to be the time of commencing studies at a medical school, and that no qualifying body be held to have complied with the recommendation of the Council which shall allow the examination in general education to be passed after the commencement of professional study.

3. That, as far as may be practicable, testimonials of proficiency granted by the National Educational Bodies, according to the following list, be accepted, with such modifications as the Medical Council may from time to time think proper to make.

A Degree in Arts of any University of the United Kingdom or of the Colonies, or of such other Universities as may be specially recognised from time to time by the Medical Council; Oxford Responsions or Moderations; Cambridge Previous Examinations; Matriculation Examination of the University of London; Oxford Middle Class Examinations (Senior); Cambridge Middle Class Examinations (Senior); Durham Middle Class Examinations (Senior); Durham Examinations for Students in Arts, in their second and first years; Durham Registration Examination for Medical Students; Dublin University Entrance Examination; Queen's University, Ireland, two years' Arts' course for the Diploma of Licentiate in Arts—Preliminary Examinations at the end of A.B. course—Middle Class Examinations—Matriculation Examinations; First Class Certificate of the College of Preceptors; "Testamur" granted by Codrington College, Barbadoes; Degree of Associate of Arts granted by the Tasmanian Council of Education, with a Certificate that the Student has been examined in Latin and Mathematics.

4. That the examination in general education be eventually left entirely to the examining boards of the national educational bodies recognised by the Medical Council.

5. That no certificate of proficiency in general education, which does not affirm the proficiency of the candidate in Latin, be deemed a sufficient proof of preliminary education previous to the commencement of professional studies.

6. That students who cannot produce any of the testimonials referred to in the third resolution, be required to pass an examination in Arts, established by any of the bodies named in Schedule (A) of the Medical Act, and approved by the General Council, provided that such examination be in every case conducted by a special board of examiners in Arts.

7. That without professing to lay down any complete scheme of general education for persons intending to become members of the Medical Profession, the Committee recommend that the scheme of examination in Arts of the licensing bodies be, as nearly as practicable, similar to that of any of the national educational bodies above specified.

8. That after October 1st, 1861, all Medical students be required to be registered.

9. That the lists of students registered be closed within fifteen days after the commencement of each session or term.

10. That no student beginning professional study after September 1861, be registered, who has not passed an Arts examination, in conformity with resolutions 3 or 6.

11. That the several bodies in Schedule (A) of the Medical Act, either jointly or severally, open a register for students commencing their studies in Medicine, in the form annexed.

Schedule.—Register of Medical Students.

No.	Name.	Date of Registration.	Place of Study.	Arts Exam. & Date.

12. That after January 1863, all Junior Middle Class Examinations be excluded from the list.

13. That the said Register be opened on the first day of each session or term, and remain open for fifteen days; and that within seven days after its close, the officer in charge transmit a duly authenticated copy thereof to the Registrar of the Branch Council of that division of the United Kingdom to which the body or bodies belong.

14. That the Registrar of the Branch Council lay the copy of the said register before the Branch Council, in order that the Branch Council may take whatever steps may seem necessary to secure its accuracy; and that it be thereafter transmitted, with any remarks by the Branch Council thereon, to the Executive Committee.

15. That the licensing bodies shall have power to admit exceptions as to the time of registration, if satisfactory to them, and transmit lists of such exceptions to the Branch Council of the part of the United Kingdom in which such exceptions shall have been granted, with the grounds stated.

16. That the various educational and licensing bodies be requested to transmit to the Registrar of the General Council, returns, embodying any alterations which they may from time to time introduce into their courses of general study and examinations, which qualify for the registration of Medical students: and that a copy of such returns be sent to by the Registrar, as soon as convenient, to each member of the General Council.

II.—*Professional Education.*

17. That the age of twenty-one be the earliest age at which any professional licence shall be obtained.

18. That four years of professional study be required, after the examination in general education.

III.—*Professional Examinations.*

19. That the professional examinations be divided into at least two distinct parts; that the first be not undergone until after the termination of two years of study; and the final examination not until after the termination of four years of study.

20. That the first professional examination be conducted partly in writing and partly *vivâ voce;* and that such parts as admit of it be made as practical and demonstrative as possible.

21. That the second examination be conducted partly in writing partly *vivâ voce,* and practically, so far as may be convenient and attainable.

22. That the professional examinations be held by the several licensing bodies (except in special cases) at stated periods, to be publicly notified.

23. That returns from the licensing bodies in Schedule (A) be made annually on the 1st of January, and in the subjoined form, to the General Medical Council, stating the number and names of the candidates who have passed their first as well as their second examnations, and the number of those who have been rejected at the first and second examinations respectively; and that the Registrar forward a sufficient number of forms, with a notice for their being returned, in due time.

24. That it be recommended to all the examining boards that they should require from every candidate for examination before them, a statement, signed by himself, whether he has, or has not, been rejected within three months by any of the examining boards included in Schedule (A) of the Medical Act.

25. That it is not desirable that any University of the United Kingdom should confer any degree in Medicine, or Surgery, whether that of Bachelor, Doctor, or Master, upon candidates who have not graduated in Arts, or passed all the examinations required for the Bachelorship in Arts, or the examinations equivalent to those required for a degree in Arts.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

LIST OF THE COLLEGE OFFICERS.

President—Dr. Thomas Watson.
Censors—Drs. Owen Rees, Birkett, West, and Handfield Jones.
Treasurer—Dr. Alderson.
Registrar—Dr. Pitman.
Harveian Librarian—Dr. W. Munk.
Bedell—Mr. W. Copney.

EXTRACT FROM BYE-LAWS.

Licentiates.

The College will, under its Charter, grant licenses (which are not to extend to make the Licentiates Members of the Corporation) to persons who shall conform to the following Bye-laws and Regulations:—

Every candidate for the College Licence (except in cases specially exempted) is required to produce satisfactory evidence to the following effect:—

1. Of having attained the age of twenty-one years.
2. Of moral character.
3. Of having passed a preliminary examination in the subjects of General Education.
4. Of having been registered as a medical student by one of the bodies named in Schedule (A) of the Medical Act.
5. Of having been engaged in professional studies during four years, of which at least three years shall have been passed at a recognised medical school or schools, and of having attended the Medical Practice at a recognised hospital or hospitals, during two

years of that period; and the Surgical Practice during twelve months; and of having been engaged during six months in the Clinical Study of Diseases peculiar to Women.

The last of the four years of professional study must be passed at a medical school, hospital, infirmary, or dispensary recognised by the College.

6. Of having studied the following subjects:—Anatomy (with dissections), during two winter sessions, of six months each; Physiology, two winter sessions, of six months each; Chemistry, six months; Practical Chemistry, three months; Materia Medica, three months; Practical Pharmacy, three months. (By Practical Pharmacy is meant instruction in the laboratory of a registered medical practitioner, or of a member of the Pharmaceutical Society of Great Britain, or of a chemist and druggist recognised by the College on special application, or of a public hospital or dispensary recognised by the College.) Botany, three months; Morbid Anatomy, six months, or certified attendance in the post-mortem room during the period of clinical study); Principles and Practice of Medicine, two winter sessions, of six months each (it is desired that the study of the principles and practice of medicine should comprise the study of the principles of public health); Principles and Practice of Surgery, six months; Clinical Medicine, one winter session, and one summer session, or nine months; Clinical Surgery, six months (by clinical medicine and clinical surgery are intended lectures on cases under observation, or special instruction at the bed-side, certified by the teacher); Midwifery and the Diseases peculiar to Women, three months (a certificate must also be produced of having attended not less than twenty labours); Forensic Medicine, three months.

7. Of having passed the professional examinations.

Any candidate, being a "registered medical practitioner," whose qualification or qualifications shall have been obtained before the 1st day of January, 1861, having been, with the consent of the College, admitted a candidate for the licence, will be examined on the Principles and Practice of Medicine, Surgery, and Midwifery; but he will be exempted from such other parts of the professional examinations as his qualifications may seem to the Examiners to render in his case unnecessary.

Any candidate who has already obtained the degree of Doctor or Bachelor of Medicine at an University, approved and recognised by the College, after a course of study and an examination satisfactory to the College, shall be exempt from the first part of the professional examination for the licence.

Any candidate who has already obtained the licence of the Royal College of Physicians of Edinburgh, or of the King and Queen's College of Physicians in Ireland, after a course of study and an examination satisfactory to the examiners appointed by the College, shall be exempt from the first part of the professional examination for the licence.

Licentiates of this College shall not compound or dispense medicines except for patients under their own care.

The fee to be paid for the licence to practise physic as a licentiate of the College shall be 15 guineas.

The Preliminary Examination.

The preliminary examination will be held at the College in March and September:—Tuesday and Wednesday, March 22nd and 23rd, and September 27th and 28th, 1864. Tuesday morning, ten to one, English and Latin. English will include English Grammar and Composition. Latin will include selections from the following authors:—March, 1864: Cornelius Nepos—Vita Miltiadis. Virgilii Æneis, Lib. ii. September, 1864: Cicero de Amicitia. Horatii Carmina, Lib. ii. Wednesday morning, ten to one. English History and Modern Geography; Wednesday afternoon, two to five, Mathematics and natural Philosophy. Mathematics will include the ordinary Rules of Arithmetic, Vulgar and Decimal Fractions, Simple Equations, and the First Book of Euclid. Natural Philosophy will include Mechanics; Accoustics; Hydrostatics, Hydraulics, and Pneumatics; Optics. Such a knowledge of these subjects will be expected as may be obtained from attendance on a course of lectures, or from elementary treatises on Physics, or Natural Philosophy.

The examination will be conducted in writing; but the examiners are not precluded from questioning any candidate orally, if they think fit.

The Preliminary Examination must be passed previously to the time of commencing studies at a medical school; but in the case of candidates who have commenced the prescribed course of medical studies before the 1st day of October, 1861, the examination in General Education may be passed at any time before the examination for the licence.

A candidate who shall fail to pass the examination will not be readmitted to examination until after the lapse of six months.

Every candidate intending to present himself for the preliminary examination must give fourteen days' notice in writing to the Registrar of the College; and before he is admitted to the examination he must pay a fee of two guineas. Should he fail to pass the examination, the fee will not be returned, but he may be admitted to a subsequent Preliminary Examination without the payment of an additional fee.

Testimonials of proficiency granted by the national educational bodies, according to the following list, with such additions as may from time to time be made, will be accepted by the examiners as satisfactory, in lieu of the Preliminary Examination conducted at the College:—A Degree in Arts of any University of the United Kingdom, or of the Colonies, or of such other Universities as may be specially recognised, from time to time, by the Medical Council; Oxford Responsions or Moderations; Cambridge Previous Examinations; Matriculation Examination of the University of London: Oxford Middle Class Examinations, Senior; Cambridge Middle Class Examinations, Senior; Durham Middle Class Examinations, Senior; Durham Examinations for Students in Arts, in their second and first years; Durham Registration Examination for Medical Students; Dublin University Entrance Examination; Queen's University, Ireland, two years' Arts' course for the Diploma of Licentiates in Arts; Preliminary Examinations at the end of A.B. Course; Middle Class Examinations; Matriculation Examinations; First Class Certificate of the College of Preceptors; Examination in Arts at Codrington College, Barbadoes; Second Class in Literature and Science of the Cape of Good Hope; an Examination established by any of the bodies named in Schedule (A) of the Medical Act, approved by the Medical Council.

Any certificate of proficiency in General Education which does not affirm the proficiency of the candidate in Latin, will not be deemed a sufficient proof of preliminary examination.

After September, 1865, the preliminary examination in the subjects of General Education will cease to be conducted at the College, and no other testimonials of proficiency than those granted by the national educational bodies, approved by the Medical Council, will, after that date, be accepted as proof of a sufficient General Education.

The Professional Examination.

Every candidate for the College Licence is required to produce satisfactory evidence, before admission to Examination, of having been registered as a Medical Student by one of the Bodies named in Schedule (A) of the Medical Act.

Every Candidate, before he is admitted to Examination, will be required to sign a Declaration, stating whether he has or has not been rejected within Three months by any of the Examining Boards included in Schedule (A) of the Medical Act.

The Examination is divided in two parts.

The First Part will be conducted as follows:—

On the First day.

Evening, from Seven to Ten, by written questions on "Anatomy and Physiology.

" " Second day,

Afternoon, from One to Four, by written questions on "Chemistry, Materia Medica, and Practical Pharmacy.

Evening, commencing at Seven o'clock, *vivâ voce*, on the subjects stated above.

The Second Part will be conducted as follows:—

On the First day.

Evening, from Seven to Ten, by written questions on "The Principles and Practice of Medicine.

" " Second day.

Morning—The Candidate's practical knowledge will be tested, by requiring him to examine persons labouring under disease, either at the College or in the Medical Wards of a Hospital.

Evening from Seven to Ten, by written questions on "Midwifery and the Diseases peculiar to Women," and on "The Principles and Practice of Surgery."

" " Third day.

Morning—The Candidate's practical knowledge will be tested, by requiring him to examine persons labouring under disease, in the Surgical Wards of a Hospital.

Evening, commencing at Seven o'clock, *vivâ voce*, on the subjects stated above.

The First part of the Professional Examination is to be undergone after the termination of the Second Winter Session of Study at a recognised Medical School, and the Second part after an interval of at least Eighteen months from the First Examination, except in the case of Students who have commenced their Professional Education before October 1861.

Any Candidate who shall fail to pass either of these Examinations, will not be re-admitted to Examination until after the lapse of Six months.

Every Candidate intending to present himself for Examination, must give Fourteen days notice, in writing, to the Registrar of the College, with whom all Certificates and Testimonials must be left Fourteen days before the day of Examination.

Blank forms of the required Certificates of Attendance on Hospital Practice and on Lectures may be obtained on application at the College.

The Fee for admission to the First part of the Examination is Five Guineas; the Fee for admission to the Second part of the Examination is Ten Guineas; and there is no further Fee for the Licence; and should any Candidate fail to pass either Examination, the Fee will not be returned, but he may be admitted to a subsequent Examination, as the case may be, without the payment of an additional Fee.

Any Candidate who has already obtained the degree of Doctor or Bachelor of Medicine at an University, approved and recognised by the College, after a Course of Study and an Examination satisfactory to the College, shall be exempt from the First part of the Professional Examination for the Licence.

Any Candidate who has already obtained the Licence of the Royal College of Physicians of Edinburgh, or of the King and Queen's College of Physicians in Ireland, after a Course of Study and an Examination satisfactory to the Examiners appointed by the College, shall be exempt from the First part of the Professional Examination for the Licence.

Any "Registered Medical Practitioner," whose Qualification or Qualifications shall have been obtained before the first day of January, 1861, having been, with the consent of the College, admitted a Candidate for the Licence, will be examined on the Principles and Practice of Medicine, Surgery, and Midwifery; but he will be exempted from such other parts of the Professional Examinations as his Qualifications may seem to the Examiners to render in his case unnecessary.

The Fee for admission to Examination is Fifteen Guineas, and there is no further Fee for the Licence.

Examination of Candidates for the College Licence will take place as follows:

1863.

First Part, commencing:—		Second Part, commencing:—	
Tuesday . . .	October 6th.	Tuesday . . .	October 13th.
Tuesday . . .	December 1st.	Tuesday . . .	December 8th.

1864.

First Part, commencing:—		Second Part, commencing:—	
Tuesday . . .	February 2nd.	Tuesday . . .	February 9th.
Tuesday . . .	April 5th.	Tuesday . . .	April 12th.
Tuesday . . .	June 7th.	Tuesday . . .	June 14th.
Tuesday . . .	July 5th.	Tuesday . . .	July 12th.
Tuesday . . .	October 4th.	Tuesday . . .	October 11th.
Tuesday . . .	December 6th.	Tuesday . . .	December 13th.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Lincoln's-inn Fields.

President—F. C. Skey, Esq.
Vice-Presidents—J. Hodgson and T. Wormald, Esqs.
The Council — W. Lawrence, Jos. Swan, J. H. Green, J. M. Arnott, J. F. South, G. W. Mackmurdo, F. Kiernan, G. Gulliver, R. Partridge, J. Hilton, R. Quain, E. Cock, S. Solly, A. Shaw, W. Fergusson, J. Adams, T. Paget, H. Hancock, J. R. Lane, G. Busk, and J. Luke, Esqs.
Court of Examiners—President, F. C. Skey, Esq.; Vice-Presidents, J. Hodgson, and T. Wormald, Esqs.; W. Lawrence, J. F. South, J. H. Green, Cæsar Hawkins, J. M. Arnott, J. Luke, F. Kiernan, Esqs.
Examiners in Midwifery—Drs. A. Farre, H. Oldham, and R. Lee.
Examiners for the Fellowship in Classics, Mathematics, and French —G. Smith, G. G. Stokes, and I. Brasseur, Esqs.
Professor of Human Anatomy and Surgery—S. Solly, Esq.
Professor of Comparative Anatomy and Physiology—G. Gulliver, Esq.
Professor of Histology—T. H. Huxley, Esq.
Conservator of the Museum—W. H. Flower, Esq.
Librarian—Mr. J. Chatto.
Secretary—Mr. E. Belfour; Assistant-Secretary, Mr. Trimmer.
Clerk—Mr. T. M. Stone.

REGULATIONS RESPECTING THE EDUCATION AND EXAMINATION OF CANDIDATES FOR THE DIPLOMA OF MEMBER OF THIS COLLEGE.

Section I.

Preliminary General Education and Examination.

Candidates who have commenced their professional education on or after the 1st of January, 1861, will be required to produce one or other of the following certificates:—1. Of graduation in Arts at a University recognised for this purpose. The following are the Universities at present recognised: viz., Oxford, Cambridge, Dublin, London, Durham, and Queen's University in Ireland; Calcutta, Madras, and Bombay; Canada—McGill College, Montreal; and Queen's College, Kingston. 2. Of having passed an examination for Matriculation, or such other examination as shall, in either case, from time to time be sanctioned by the Council of this College, at a University in the United Kingdom, or at a Colonial or Foreign University recognised by the Council of this College. The following are the examinations at present recognised under this clause (No. 2), viz., Oxford—Responses or Moderations; Middle-Class Examinations, Senior. Cambridge—Previous Examination; Middle-Class Examinations, Senior. Dublin—Entrance Examination. London—Matriculation Examination. Durham—Examination of Students in Arts in their second and first years; Middle-Class Examinations, Senior; Registration Examination for Medical Students. Queen's University in Ireland—Two years' Arts Course for diploma of Licentiate in Arts; Preliminary Examination at end of B.A. Course; Middle-Class Examinations; Matriculation Examinations. Queen's College, Belfast—Preliminary Examination for non-Matriculated Students. Edinburgh—Extra Professional Examination for Graduation in Medicine. Calcutta, Madras, and Bombay—Matriculation Examinations. McGill College, Montreal —Preliminary Examination in General Literature. Queen's College, Kingston, Canada—Matriculation Examination; Preliminary Examination of Students in Medicine. 3. Of having passed the preliminary examination of the Royal College of Physicians of London. 4. Of having passed the preliminary examination for the Fellowship of this College. 5. Of having passed the preliminary examination of the Royal College of Surgeons in Ireland. 6. Of having passed the preliminary examination of the Royal College of Surgeons of Edinburgh. 7. Of having passed the preliminary examination of the Faculty of Physicians and Surgeons of Glasgow. 8. Of having passed the examination in Arts of the Society of Apothecaries of London. 9. Of having passed the first-class examination of the Royal College of Preceptors. 10. Testamur of the Codrington College, Barbadoes. 11. Candidates who shall not be able to produce one or other of the foregoing certificates will be required to pass an examination in English, Classics, and Mathematics, conducted by the Board of Examiners of the Royal College of Preceptors, under the direction and supervision of the Council of this College.

The following are the subjects of the examination (No. 11) during the years 1863 and 1864, viz., Part I.—1. Reading aloud a passage from some English author. 2. Writing from dictation. 3. English grammar. 4. Writing a short English composition, such as a description of a place, an account of some useful or natural product, or the like. 5. Arithmetic. No candidate will be passed who does not show a competent knowledge of the first four rules, simple and compound, of vulgar fractions and of decimals. 6. Questions on the geography of Europe, and particularly of the British Isles. 7. Questions on the outlines of English history—that is, the succession of the sovereigns and the leading events of each reign. 8. Euclid, Books I and II. 9. Translation of a passage from the first book of Cæsar's Commentaries, "De Bello Gallico." Part II. Papers will also be set on the following seven subjects; and each candidate will be required to offer himself for examination on one subject at least, at the option of the candidate; but no candidate will be allowed to offer himself for examination on more than four subjects:—1. Translation of a passage from St. John's Gospel in Greek. 2. Translation of a passage from Voltaire's "Histoire de Charles XII." 3. Translation of a passage from the first two books of Schiller's "Geschichte des dreissigjahrigen Krieges." Besides these translations into English, the candidate will be required to answer questions on the grammar of each subject, whether compulsory or selected. 4. Mathematics. Algebra to simple equations inclusive. 5. Mechanics. The questions will be chiefly of an elementary character. 6. Chemistry. The questions will be on the elementary facts of chemistry. 7. Botany and zoology. The questions will be on the classification of plants and animals. The quality of the handwriting and the spelling will be taken into account.

Section II.

Professional Education.

I. Candidates who have commenced their professional education on or after the 1st of October, 1862, will not be allowed to register such commencement before they shall have passed an examination in general knowledge, in conformity with the regulation of the Council in the preceding section.

II. The following will be considered as the commencement of professional education:—1. Attendance on the practice of a Hospital, or other Public Institution recognised by this College for that purpose. 2. Instruction as the pupil of a legally-qualified Surgeon, holding the appointment of Surgeon to a Hospital, General Dispensary, or Union Workhouse, or where such opportunities of practical instruction are afforded as shall be satisfactory to the Council. 3. Attendance on Lectures on Anatomy, Physiology, or Chemistry, by Lecturers recognised by this College.

The commencement of professional study, otherwise than by attendance on lectures in recognised Medical schools, or by attendance on the practice of recognised Hospitals, will not be admitted until a certificate thereof shall be furnished to the Secretary for registration at the College, by the practitioner whose pupil the candidate shall have become, or by the Medical Superintendent of the Hospital or other Institution to the practice of which he shall have entered; and will, consequently, date only from the reception of such certificate by the Secretary, the certificate to be accom-

panied by proof of having passed the necessary preliminary examination in general knowledge.

III. Candidates will be required to produce the following other certificates, viz.:—1. Of being twenty-one years of age. 2. Of having been engaged during four years in the acquirement of professional knowledge. 3. Of having studied practical pharmacy during three months. 4. Of having attended lectures on anatomy, delivered not less frequently than four times in each week, during two winter sessions. 5. Of having performed dissections during not less than two winter sessions. 6. Of having attended lectures on physiology delivered not less frequently than twice in each week, during two winter sessions. 7. Of having attended lectures on surgery during two winter sessions, of which one course must not be earlier than the third winter session at a recognised Medical school. 8. Of having attended one course of lectures on each of the following subjects, viz., chemistry, materia medica, medicine, and midwifery. 9. Of instruction and proficiency in the practice of vaccination. 10. Of having attended, at a recognised Hospital or Hospitals in the United Kingdom or Colonies, the practice of surgery, and clinical lectures on surgery, during three winter (*a*) and two summer (*b*) sessions. 11. Of having attended, at a recognised Hospital or Hospitals in the United Kingdom or Colonies, the practice of medicine, and clinical lectures on medicine, during one winter and one summer session. 12. Of having subsequently to the completion of two years' professional education taken charge of patients under the superintendence of a surgeon during not less than six months, at a Hospital, General Dispensary, or Parochial or Union Infirmary recognised for this purpose, or in such other similar manner as, in the opinion of the Council, shall afford sufficient opportunity for the acquirement of practical surgery.

N.B.—Blank forms of the required certificates may be obtained on application to the Secretary, and all such certificates will be retained at the College.

SECTION III.

I. Certificates will not be received on more than one branch of science from one and the same lecturer; but anatomy and dissections will be considered as one branch of science.

II. Certificates will not be recognised from any Hospital in the United Kingdom unless the surgeons thereto be members of one of the legally-constituted Colleges of Surgeons in the United Kingdom; nor from any School of Anatomy and Physiology or Midwifery, unless the teachers in such school be members of some legally-constituted College of Physicians or Surgeons in the United Kingdom; nor from any School of Surgery, unless the teachers in such school be members of one of the legally-constituted Colleges of Surgeons in the United Kingdom.

III. No metropolitan hospital will be recognised by this College which contains less than 150, and no provincial or colonial Hospital which contains less than 100 patients.

IV. The recognition of colonial Hospitals and schools is governed by the same regulations, with respect to number of patients and to courses of lectures, as apply to the recognition of provincial hospitals and schools in England.

V. Certificates of attendance upon the practice of a recognised provincial or colonial Hospital unconnected with, or not in convenient proximity to, a recognised Medical School, will not be received for more than one winter and one summer session of the hospital attendance required by the regulations of this College, and in such cases clinical lectures will not be necessary, but a certificate of having acted as dresser for the period of at least six months will be required.

VI. Certificates will not be received from candidates who have studied in London, unless they shall have registered at the College their cards of admission to attendance on lectures and hospital practice within fifteen days from the commencement of the session; nor from candidates who have studied in the provincial schools in England, unless their names shall be duly returned from their respective schools.

N.B.—At the registration in October, candidates who shall have commenced their professional education subsequently to the 1st of October, 1862, will be required to produce a certificate of having passed one or other of the preliminary examinations in general knowledge recognised by this College.

VII. Those candidates who shall have pursued the whole of their studies in Scotland or Ireland will be admitted to examination upon the production of the several certificates required respectively by the College of Surgeons of Edinburgh, the Faculty of Physicians and Surgeons of Glasgow, and the College of Surgeons in Ireland from candidates for their diploma, together with a certificate of instruction and proficiency in the practice of vaccination; and in the case of candidates who shall have pursued the whole of their studies at recognised foreign or colonial universities, upon the production of the several certificates required for their degree by the authorities of such universities, together with a certificate of instruction and proficiency in the practice of vaccination.

VIII. Members or licentiates of any legally-constituted College of Surgeons in the United Kingdom, and graduates in surgery of any university recognised for this purpose by this College, will be admitted to examination on producing their diploma, licence, or degree, together with proof of being twenty-one years of age, of having been occupied at least four years in the acquirement of professional knowledge, and of instruction and proficiency in the practice of vaccination.

IX. Graduates in medicine of any legally-constituted College or University recognised for this purpose by this College, will be admitted to examination on adducing, together with their diploma or degree, proof of being twenty-one years of age, of having been occupied at least four years in the acquirement of professional knowledge, and of instruction and proficiency in the practice of vaccination.

SECTION IV.

Professional Examination.

This Examination is divided into two parts. 1. The First or Primary Examination, on Anatomy and Physiology, is partly written and partly demonstrative on the recently dissected subject, and on prepared parts of the human body. 2. The second, or pass examination, on pathology, surgery, and surgical anatomy, is partly written and partly oral. 3. The primary examinations are held in the months of January, April, May, July, and November, and the pass examinations generally in the ensuing week respectively. 4. Candidates will not be admitted to the primary, or anatomical and physiological examination, until after the termination of the second winter session of their attendance at a recognised school or schools; nor to the pass, or pathological and surgical examination, until after the termination of the fourth year of their professional education. 5. Candidates, being graduates in medicine of either of the universities of Oxford, Cambridge, or London, will be required to present themselves for the pass examination in pathology and surgery only. 6. The fee of five guineas paid by each candidate prior to his primary examination will not be returned, but will be allowed in the fee on his admission as a member. 7. A candidate having entered his name for either the primary or pass examination, who shall fail to attend the meeting of the court for which he shall have received a card, will not be allowed to present himself for examination within the period of three months from the date at which he shall have so failed to attend. 8. A candidate referred on the primary examination is required, prior to his admission to re-examinatson, to produce a certificate of the performance of dissections during not less than three months, subsequently to the date of his reference. 9. A candidate referred on the pass examination is required, prior to his admission to re-examination, to produce a certificate of at least six months' further attendance on the surgical practice of a recognised hospital, together with lectures on clinical surgery, subsequently to the date of his reference.

(*a*) The winter session comprises a period of six months, and in England commences on the 1st October and terminates on the 31st of March.

(*b*) The summer session comprises a period of three months, and in England commences on the 1st of May and terminates on the 31st of July.

SOCIETY OF APOTHECARIES.

Blackfriars, E.C.

Master—H. Combe, Esq.

Wardens—J. L. Wheeler, Esq., and Charles Higham, Esq.

Court of Examiners—Dr. Ansell, Chairman, Drs. W. Dickinson, Esq., R. H. Robertson, R. King, G. Corfe, R. H. Semple, W. G. T. Dyer, C. Taylor, S. H. Ward, J. S. Lavies, J. S. Stocker, and F. C. Webb.

Secretary to the Court of Examiners—A. M. Randall, Esq.

Special Board of Examiners in Arts.—George Buchanan, M.D., B.A., Lond., John Clwin Griffith, M.A., M.B., Cantab., Uriah Perrin Brodribb, M.B., B.A., Lond.

Clerk to the Society—R. B. Upton, Esq.

Professor of Chemistry and Materia Medica, and Examiner for the Society's Prizes in Materia Medica and Pharmaceutical Chemistry—W. T. Brande, D.C.L., F.R.S.

Examiner for the Society's Prizes in Botany—J. D. Hooker, M.D., F.R.S., F.L.S.

Curator to the Botanic Gardens—Mr. T. Moore, F.L.S.

Beadle—Mr. J. C. Sargeant.

Every candidate for a Certificate of Qualification to practise as an Apothecary, will be required to produce testimonials—1. Of having passed a preliminary examination in Arts as a test of general education. (This examination must be passed before the commencement of professional studies, which is defined by the Medical Council "to be the time of commencing studies at a medical school.") 2. Of having served an apprenticeship or pupilage of not less than five years to a practitioner qualified by the Act of 1815. (N.B.—This period may include the time spent in attending Lectures and Hospital Practice.) 3. Of having attained the full age of twenty-one years. (As evidence of age, a copy of the baptismal register will be required in every case where it can possibly be procured.) 4.

Of good moral conduct. 5. And of having pursued a course of medical study in conformity with the regulations of the Court.

Course of Study.—Every candidate whose attendance on lectures shall commence on and after the 1st of October, 1863, must attend the following lectures and medical practice during not less than three winter and three summer sessions; each winter session to consist of not less than six months, and to commence not sooner than the 1st nor later than the 15th of October; and each summer session to extend from the 1st of May to the 31st of July.

First Year.	Winter Session.	Chemistry. Anatomy and Physiology. Dissections.
	Summer Session.	Botany. Materia Medica and Therapeutics. Practical Chemistry.(*a*)
Second Year.	Winter Session.	Anatomy and Physiology, including Dissections and Demonstrations. Principles and Practice of Medicine. Clinical Medical Practice.
	Summer Session.	Midwifery and Diseases of Women and Children. (*b*) Forensic Medicine and Toxicology. Clinical Medical Practice.
Third Year.	Winter Session.	Principles and Practice of Medicine. Clinical Medical Lectures. Morbid Anatomy. Clinical Medical Practice.
	Summer Session.	Practical Midwifery and Vaccination. (*b*) Morbid Anatomy. Clinical Medical Practice.

Registration of Testimonials.—All Testimonials must be given on a printed schedule, and the blanks therein *must* be filled up by the lecturers themselves. Students will be supplied with schedules at the time of their first registration: in London, at the Apothecaries' Hall; in the provincial towns, from gentlemen who keep the registers of the medical schools, and whose names may be known on application to the Secretary of the Court.

All students in London are required *personally* to register the several classes for which they have taken tickets; and those only will be considered as complying with the regulations of the Court whose names and classes in the register correspond with their schedules.

Tickets of admission to lectures and medical practice must be registered in the months of October and May. Due notice of the days and hours of such registrations will be given from time to time.

The Court also require students at the provincial medical schools to register their names in their own hand-writing, with the registrar of each respective school, within the first fifteen days of October, and the first fifteen days of May.

Examination in Arts.

An examination in Arts will take place at the Hall three times in the year, viz., on the last Friday and Saturday, in the months January, April, and September. By order of the Medical Council, an examination in Arts is compulsory on all gentlemen commencing their studies on or after the 1st of October, 1861, and must be passed previous to registration. Testimonials of proficiency in general education will be received, as exempting from the examination in Arts, at this Hall from the national educational bodies, and also from any of the licensing bodies under the Medical Act of 1858.

Professional Examinations.

The Court of Examiners meet in the hall every Thursday, where candidates are required to attend at a quarter before four o'clock. Every person intending to offer himself for examination must give notice in writing to the Clerk of the Society on or before the Monday previous to the day of examination, and must at the same ime deposit all the required testimonials and the fee at the office of h (Beadle where attendance is given every day except Sunday, rom ten to four o'clock, Saturday 10 to 2.

The examination of candidates is divided into two parts, and is conducted partly in writing and partly *viva voce*.

The First Examination, which may be passed after the second winter session, embraces the following subjects:—Latin, of the Pharmacopœia and physicians' prescriptions; Anatomy and Physiology; General and Practical Chemistry; Botany and Materia Medica.

Second Examination, after the third summer session (the five years' pupilage being completed):—Practice of Medicine and Pathology; Midwifery, including the Diseases of Women and Children; Forensic Medicine and Toxicology. The Court of Examiners have determined that all Graduates in Medicine of the British University be in *future* admitted to a practical Examination in the Practice of Medicine and Midwifery only.

The examination of candidates for certificates of qualification to act as assistant, in compounding and dispensing medicines will be as follows:—In translating physicians' prescriptions and the Pharmacopœia Londinensis; in Pharmacy and Materia Medica.

By the 22nd section of the Act of Parliament, no rejected candidate can be re-examined until the expiration of six months from his former examination; and no rejected candidate as an assistant, until the expiration of three months.

Fees.—For a certificate of qualification to practise, six guineas; for an assistant's certificate, two guineas.

Student's Prizes.—The Society of Apothecaries annually offer two prizes for proficiency in the knowledge of Botany, and also two prizes for proficiency in the knowledge of Materia Medica and Pharmaceutical Chemistry.

The Prizes consist of a Gold Medal awarded to the Candidate who distinguishes himself the most in the Examination; and of a Silver Medal, and a Book, to the Candidate who does so in the next degree.

The Examination in Botany will be held at the Hall of Society not he *second* Wednesday in August, at ten in the Forenoon, and will be conducted by printed papers and *vivâ voce* questions.

Each Gentleman intending to compete for these Prizes must send a written notice of his intention to the Beadle, on or before the First day of August, which notice must be accompanied by evidence of his having entered upon the *Second Summer Session* of his Medical Studies, and by Certificates from his Teachers of his having attended their respective Lectures and Class Examinations with diligence and regularity.

In the Examinations in Materia Medica and Pharmaceutical Chemistry, will be held at the Hall of the Society on the *secoud* Wednesday, and on the following Friday in October, from Ten in the Forenoon at One in the Afternoon of each day, by printed papers on the Wednesday, and by *viva voce* questions on the Friday.

Each Gentleman intending to compete for these Prizes must send a written notice of his intention to the Beadle, on or before the First day of October, which notice must be accompanied by evidence of his having entered upon the *Third Winter Session* of his Medical Studies, and by Certificates from his Teachers of his having attended their respective Lectures and Class Examinations with diligence and regularity.

(*a*) By Practical Chemistry is intended, a *specific* course of instruction in the Laboratory, with an opportunity of Personal Manipulation in the Ordinary Processes of Chemistry, and of acquiring a knowledge of the various Re-Agents for Poisons.

(*b*) A Certificate of attendance, on not less than 20 cases, will be received from a legally qualified Practitioner.

ARMY MEDICAL DEPARTMENT.

6 *Whitehall yard.*

Director-General—Dr. Gibson, C.B., Honorary Physician to Her Majesty.

Head of Sanitary Branch—Inspector-General Dr. Logan, C.B., Honorary Physician to Her Majesty.

Head of Medical Branch—Deputy Inspector-General Dr. Mapleton, F.R.C.P.

Head of Statistical Branch—Deputy Inspector-General Dr. Balfour, F.R.S.

Staff-Surgeons—Dr. Crawford, Dr. Irvine, and T. G. Fitzgerald, Esq.

Staff Assistant-Surgeon—W. H. Yates, Esq.

Chief Clerk—W. W. Bassano, Esq.

Senate of the Practical Army Medical School.—Dr. J. B. Gibson, C.B., Director-General Army Medical Department; Sir J. R. Martin, C.B., Physician to the Council of India; Thomas Longmore, Esq., Deputy Inspector-General, Professor of Military Surgery; Dr. W. C. Maclean, Indian Medical Service, Professor of Military Medicine; Dr. E. A. Parkes, Professor of Hygiene; Dr. W. Aitken, Professor of Pathology; Dr. A. Anderson, Insp.-General of Hospitals, Principal Medical Officer, Chatham.

QUALIFICATIONS AND EXAMINATION OF CANDIDATES FOR COMMISSIONS IN THE MEDICAL SERVICE OF HER MAJESTY'S ARMIES.

(*By Royal Warrant, Oct. 17th,* 1859.)

Every candidate presenting himself for admission to the competitive examination required for the Medical Service of the Armies must be unmarried. He must produce a birth certificate from the district registrar, or a certificate of baptism, in which the date of birth is stated. If neither of these can be obtained, an affidavit from one of the parents, or from some other near relative who can attest the date of birth, will be accepted. The certificate or affidavit must show that the candidate is not above twenty-six, nor under twenty-one years of age. He must also produce certificates of moral

conduct and character, one of them from the parochial minister if possible.

He must make a declaration that he labours under no mental or constitutional disease, nor any imperfection or disability that can interfere with the most efficient discharge of the duties of a medical officer in any climate. He must also attest his readiness to engage for general service immediately on being gazetted.

He must possess a diploma in surgery, or a license to practise it, as well as a degree in medicine or a licence to practise it in Great Britain or Ireland.

Degrees, diplomas, licences, and certificate of their registration in accordance with the Medical Act of 1858, and certificate of character, must be lodged at the Army Medical Department for examination and registry, at least one week before the candidate appears for examination.

On producing the foregoing qualifications, the candidate will be examined in Anatomy and Physiology; Surgery; Medicine, including Therapeutics, the Diseases of Women and Children, and Pharmacy; Comparative Anatomy, Zoology, and Botany, with especial reference to Materia Medica. The examination in Medicine and Surgery will be in part practical, and will include operations on the dead body, the application of surgical apparatus, and the examination of medical and surgical patients at the bedside.

Candidates who may desire it, may be examined in the Elements of Physics and in Physical Geography.

After passing his preliminary examination, every candidate will be required to attend one entire course of practical instruction at the Army Medical School, before being admitted to his examination for a commission, on Hygiene, Clinical and Military Medicine, Clinical and Military Surgery, and Pathology of Diseases and Injuries incident to Military Service. These courses to be of not less than four months' duration.

At their conclusion the candidate will be required to pass an examination on the subjects taught in the school.

During the period of his residence at the Army Medical School, each candidate will receive an allowance of 5s. per diem with quarters, or 7s. per diem without quarters, to cover all costs of maintenance. And he will be required to provide himself with uniform—viz., the regulation undress uniform of an assistant-surgeon, but without the sword.

NAVAL MEDICAL SERVICE.

Admiralty Office, Somerset House.

Director-General of the Medical Department of the Navy—
Sir John Liddell, C.B., M.D., F.R.S.

A candidate for entry into the Royal Navy as assistant-surgeon shall make a written application to the Secretary of the Admiralty, on the receipt of which he will be furnished with a printed form to be filled up.

No person is admitted as an assistant-surgeon in the Royal Navy who does not produce a certificate of being registered under the Medical Act, and a Diploma from one of the Royal Colleges of Surgeons of England, Edinburgh, or Dublin; from the Faculty of Physicians and Surgeons of Glasgow; from Trinity College, Dublin; or from some other incorporate body legally entitled to grant a diploma in surgery; nor as a surgeon, unless he can produce a certificate from one of the said colleges, faculty, or corporate body, founded on an examination to be passed subsequent to his appointment of assistant-surgeon, as to his fitness for the situation of surgeon in the Navy; and in every case the person producing such diploma and certificate shall undergo a further examination touching qualifications in all the necessary branches and points of medicine and surgery, both at the time of his entry and after serving three years, to render himself eligible for surgeon. Previously to the admission of assistant-surgeons into the Navy, it will be required that they produce proof of having received a preliminary classical education, and that they possess in particular a competent knowledge of Latin; also that they are of good moral character, the certificate of which must be signed by the clergyman of the parish or by a magistrate of the district; that they have served an apprenticeship, or have been engaged for not less than six months in practical pharmacy; that their age be not less than twenty nor more than twenty-six years; that they have actually attended a recognised hospital for eighteen months subsequently to the age of eighteen, in which hospital the average number of patients is not less than 100; that they have been engaged in actual dissection of the human body twelve months, the certificate of which, from the teacher, must state the number of subjects or parts dissected by the candidates; that they have attended lectures, &c., at the recognised Colleges of Physicians and Surgeons in the United Kingdom for periods not less than hereunder stated; observing, however, that such lectures will not be admitted if the teacher shall lecture on more than one branch of science, or if the lectures on Anatomy, Surgery, and Medicine be not attended during winter sessions of six months each.

Anatomy, eighteen months; or General Anatomy, twelve months, and Comparative Anatomy, six months.
Surgery: General Surgery, twelve months; or Military Surgery, six months, and General Surgery, six months.
Theory of Medicine, and Practice of ditto, six months each. If the lectures on the Theory and Practice of Medicine be given in conjunction, then the period required is twelve months.
Clinical lectures (at an hospital as above) on the Practice of Medicine and on the Practice of Surgery, six months each.
Chemistry, six months; or lectures on Chemistry, three months, and Practical Chemistry, three months.
Materia Medica, six months.
Midwifery, six months.
Botany, three months.

UNIVERSITY OF LONDON.

Burlington House.

Visitor—Her Majesty the Queen.
Chancellor—The Earl Granville, K.G.
Vice-Chancellor—George Grote, Esq., D.C.L., &c., &c.
Registrar—W. B. Carpenter, M.D.
Chairman of Convocation—Dr. Foster.
Clerk of Convocation—Wm. Shaen, Esq., M.A.
Clerk to the Senate—Mr. H. Moore.
Assistant Clerk—Mr. J. Donce, B.A.

EXAMINERS IN THE FACULTY OF MEDICINE.

Medicine: Dr. E. A. Parkes, Dr. F. Sibson.
Surgery: T. B. Curling, John Hilton, Esqs.
Anatomy and Physiology: Professor Redfern, Professor G. V. Ellis.
Physiology, Comparative Anatomy, and Zoology: Mr. G. Busk, W. Savory, M.B.
Midwifery: Dr. Tyler Smith, Dr. C. West.
Chemistry: Professors W. A. Miller, A. W. Williamson.
Botany and Vegetable Physiology: Dr. J. D. Hooker, Dr. J. Lindley.
Materia Medica and Pharmacy: Professor Garrod, Dr. F. Farre.
Forensic Medicine: Professor Guy, W. Odling, M.B.

EXAMINATION FOR THE DEGREE OF BACHELOR OF MEDICINE.

Candidates are required—1. To have passed the matriculation examination of this University, or to have taken a degree in Arts in one of the Universities of the United Kingdom. 2. To have been engaged in their professional studies for four years subsequently to matriculation or graduation in Arts, at one or more of the medical institutions or schools recognised by this University; one year at least of the four to have been spent in one or more of the recognised institutions or schools in the United Kingdom. 3. To pass the Preliminary Scientific Examination, (*a*) and two examinations in Medicine.

The *Preliminary Scientific Examination* takes place once in each year, commencing on the third Monday in July. The candidate must have completed his seventeenth year, and have either passed the Matriculation Examination or taken a degree in Arts in one of the Universities of the United Kingdom. Fourteen days' notice of his intention to present himself must be given to the registrar. The fee for this examination is 5*l*.

Candidates are examined in Mechanical and Natural Philosophy; Inorganic Chemistry; Botany and Vegetable Physiology; and Zoology and Comparative Anatomy.

HONOURS.

FIRST M.B. EXAMINATION.

This takes place once in each year, commencing on the last Monday in July.

Each candidate must produce certificates—1. Of having completed his nineteenth year. 2. Of having passed the Preliminary Scientific Examination at least one year previously. 3. Of having, subsequently to having taken a degree in Arts or passed the Matriculation Examination, been a student during two years at one or more of the medical institutions or schools recognised by this University. 4. Of having attended a course of lectures on each of three of the subjects in the following list: Descriptive and Surgical Anatomy, General Anatomy and Physiology, Comparative Anatomy, Pathological Anatomy, Materia Medica and Pharmacy, General Pathology, General Therapeutics, Forensic Medicine, Hygiene, Midwifery and Diseases peculiar to Women and Infants, Surgery and Medicine. 5. Of having dissected during two winter sessions. 6. Of having attended a course of Practical Chemistry, comprehending practical exercises in conducting the more important processes of General and Pharmaceutical Chemistry; in applying test

(*a*) Candidates who have matriculated previously to January, 1861, will not be required to pass the Preliminary Scientific Examination in any other subjects than Chemistry and Botany; and they will be allowed to pass the Preliminary Scientific Examination and the first M.B. Examination in the same year, if they so prefer.

for discovering the adulteration of articles of the Materia Medica, and the presence and nature of poisons; and in the examination of mineral waters, animal secretions, urinary deposits, &c. 7. Of having attended to Practical Pharmacy, and of having acquired a practical knowledge in the preparation of medicines.

These certificates must be transmitted to the registrar at least fourteen days before the examination begins. The fee for this examination is 5*l*.

Candidates are examined in Anatomy, Physiology (including questions in Histology and Comparative Anatomy), Materia Medica and Pharmacy; Chemistry in relation to Physiology, Pharmacy, and Toxicology; partly by printed papers, and partly *viva voce* and by experiment and demonstration.

Honours.

SECOND M.B. EXAMINATION.

This takes place once in each year, commencing on the first Monday in November. No candidate will be admitted to this examination within two academical years of the time of his passing the first examination, nor unless he produces certificates to the following effect:—1. Of having passed the first M.B. examination. 2. Of having, subsequently to having passed the first M.B. examination, attended a course of lectures on each of two of the subjects comprehended in the list for the first M.B. examination, and for which the candidate had not presented certificates at that examination. 3. Of having conducted at least twenty labours. (Certificates on this subject will be received from any legally qualified practitioner in medicine.) 4. Of having attended the surgical practice of a recognised hospital or hospitals during two years, with clinical instruction and lectures on clinical surgery. 5. Of having attended the medical practice of a recognised hospital or hospitals during two years, with clinical instruction and lectures on clinical medicine. N.B.—The Student's attendance on the Surgical and the Medical Hospital Practice specified in Regulations 4 and 5, may commence at any date after his passing the Preliminary Scientific Examination, and may be comprised either within the same or within different years; provided that in every case his attendance on Hospital Practice be continued for at least eighteen months subsequently to his passing the first M.B. Examination. 6. Of having, subsequently to the completion of his attendance on surgical and medical hospital practice, attended to practical medicine, surgery, or midwifery, with special charge of patients in an hospital, infirmary, dispensary, or parochial union, during six months. The candidate must also produce a certificate of moral character from a teacher in the last school or institution at which he studied. These certificates must be transmitted to the registrar at least fourteen days before the examination begins. The fee for this examination is 5*l*.

Candidates are examined in General Pathology, General Therapeutics, and Hygiene; Surgery, Medicine, Midwifery; Forensic Medicine, in its relations to Medicine, Surgery, and Midwifery. The examinations include questions in surgical and medical anatomy, pathological anatomy, and pathological chemistry; and are partly in writing and partly oral. They also include the performance of surgical operations upon the dead subject; application of surgical apparatus; examination, and report on cases of surgical and medical patients; demonstrations from specimens and preparations; and writing prescriptions in Latin without abbreviations.

Honours.

DOCTOR OF MEDICINE.

The examination for the degree of M.D. takes place once in each year, commencing on the fourth Monday in November. Each candidate must produce certificates—1. Of having taken the degree of Bachelor of Medicine in this University. 2. Of having attended, subsequently to having taken the degree of Bachelor of Medicine in this University (*a*) to clinical or practical medicine during two years in an hospital or medical institution recognised by this University; (*b*) or to clinical or practical medicine during one year in an hospital or medical institution recognised by this University, and of having been engaged during three years in the practice of his profession; (*c*) or of having been engaged during five years in the practice of his profession, either before or after taking the degree of Bachelor of Medicine in this University. One year of attendance on clinical or practical medicine, or two years of practice, will be dispensed with in the case of those candidates who at the second examination have been placed in the first division.) 3. Of moral character, signed by two persons of respectability. These certificates must be transmitted to the registrar at least fourteen days before the examination begins. The fee for the degree of Doctor of Medicine is 5*l*.; and no candidate is admitted to examination unless he have previously paid the fee to the registrar.

Candidates are examined in the following subjects:—Logic and Moral Philosophy (*a*); Medicine. A commentary on a case of medicine, surgery, or midwifery, at the option of the candidate, and report on hospital cases. *Viva voce* interrogations on the answers to the printed papers, and on the commentary and report.

UNIVERSITY OF CAMBRIDGE.

Chancellor—The Duke of Devonshire.
High Steward—Lord Lyndhurst.
Vice-Chancellor—E. Atkinson, D.D.
Registrar—H. R. Luard, M.A.
Professors—Regius Professsor of Physic: H. J. H. Bond, M.D.
Professor of Chemistry: G. D. Liveing, M.A.
Professor of Anatomy: William Clark, M.D., F.R.S.
Professor of Botany: C. C. Babington, M.A., F.R.S., F.L.S.
Downing Professor of Medicine: W. W. Fisher, M.D.
Linacre Lecturer on Physic: G. E. Paget, M.D.
Lecturer on Surgery and Anatomy: G. M. Humphry, M.D., F.R.S.
Lecturer on Chemistry: G. D. Liveing, M.A.

New Regulations, confirmed Feb. 17th 1859.

For the degree of Bachelor in Medicine.—Five years of medical study are required with the exception of medical students who have graduated with honours as Bachelors of Arts, in whose case four years of medical study are deemed sufficient.

Of the time required to be spent in medical study, six terms to be spent in the University, commencing not earlier than after the expiration of the first three terms of residence, provided that four terms so spent shall suffice in the case of any B.A. who shall have graduated with honours.

There are two examinations the first three years of medical study, and the second after the completion of the course of medical study.

The course of study previous to the first examination consists of one course at least of lectures on each of the following subjects:—Chemistry (including manipulations), Botany, Elements of Comparative Anatomy, Human Anatomy and Physiology, Pathology, Materia Medica and Pharmacy; and the practice of dissection during one session at least. The certificates must show that the lectures on Pathology were attended subsequently to those on Chemistry and Human Anatomy and Physiology, and the lectures on Materia Medica and Pharmacy subsequently to those on Chemistry and Botany.

The first examination is in Chemistry, Botany, Elements of Comparative Anatomy, Human Anatomy and Physiology, Materia Medica and Pharmacy, Pathology; and selected portions of Celsus, Hippocrates, and Aretæus.

Previous to the second examination the student is required to produce certificates of having attended one course at least of lectures on the principles and practice of Physic, Clinical Medicine, Clinical Surgery, Medical Jurisprudence, and Obstetrical Medicine; also Hospital Practice for three years.

The second examination is in Pathology and the Practice of Physic, Clinical Medicine, Medical Jurisprudence, and the medical treatment of surgical and obstetrical diseases.

The first and second examinations for the degree of M.B. take place each twice annually: in the Michaelmas and Easter terms.

The degree of Doctor in Medicine may be taken three years after M.B. An Art has to be kept with *viva voce* examination. A Master of Arts proceeding to M.D. has to produce the same certificates and pass the same examinations as for M.B.

For the degree of Master in Surgery the course is the same as for M.B., till the first examination; and the first examination is the same.

The second examination (at the completion of the period of study) is in Surgical Anatomy, Pathology, and the Principles of Surgery, Clinical Surgery (at the bedside), Midwifery and Medical Jurisprudence.

Previously to the second examination Lectures must have been attended on Human Anatomy (a second course), the Principles and Practice of Surgery, Midwifery (with ten cases), Medical Jurisprudence; also a second season of Dissections, three years Surgical, and one year's Medical Practice at a recognised Hospital, and a House-Surgeonship or Dresserships for six months.

Attendance at the Hospital and Lectures in Cambridge is recognised by the Universities of Cambridge and London, and (for one year) by the College of Surgeons and Society of Apothecaries.

UNIVERSITY OF DURHAM.

Warden—The Very Rev. Geo. Waddington, D.D., Dean of Durham.
Reader in Medicine—Denis Embleton, M.D., F.R.C.S.
Lecturer in Chemistry—T. Richardson, M.A.
Registrar—The Rev. T. Chevallier, B.D.

Students who matriculate are enabled to proceed to a licence in medicine, and then to the degrees of Bachelor and Doctor of Medicine and of Master in Surgery.

Regulations relating to Medical Students, passed in Convocation, in Easter Term, 1861.

1. No one shall be held to be a student in medicine who has not been registered in a register kept for that purpose. No one shall be so registered unless he has passed the registration examination,

or such other examination as the Warden and Senate shall deem equivalent.

2. No grace for a licence in Medicine shall be granted, unless the petitioner is of the age of twenty-one years, has spent four years in medical study since his registration at one or more of the following places—namely, Durham, Newcastle-upon-Tyne, or in the other medical schools approved by the University, and has passed two public examinations. No one shall be admissible to the first and second of these examinations unless he has spent four years at least in medical study as above prescribed. No one shall be admissible to either of these examinations unless he has produced satisfactory testimonials of conduct, and such certificates of attendance on Lectures and hospital practice as the Warden and Senate shall require.

3. No grace for the degree of Bachelor in Medicine shall be granted, unless the petitioner is a Licentiate in Medicine, and is of the standing of twenty-one terms (seven years) at least from the date of his registration or matriculation. No one, who is not a Bachelor of Arts, shall be admissible to the degree of Bachelor of Medicine, unless he has kept three terms by residence at Durham, and has passed both the final examination for the degree of Bachelor of Arts, or an equivalent to it, and also the examination for the degree of Bachelor of Medicine. The Warden and Senate shall have authority to arrange for medical students an examination equivalent to that for the degree of Bachelor of Arts, by substituting for the theological part of it an examination in Higpocrates, Galen, or such other ancient medical author or authors as they may think fit.

4. No grace for the degree of Doctor of Medicine shall be granted unless the petitioner is a Bachelor of Medicine of twenty-four terms at least (eight years) standing from his registration or matriculation, nor unless he has performed such exercises as the Warden and Senate require. This regulation shall be held to apply to those who are already Bachelors of Medicine.

5. No grace for the degree of Master in Surgery shall be granted unless the person is of the age of twenty-one years, has spent four years in medical and surgical study since his registration as a student in medicine, in some one or more of the following places—namely, Durham, Newcastle-upon-Tyne, or other medical school approved by the University, and has passed two public examinations. The first of these examinations shall be the first examination appointed for students in medicine. The second shall be partly the same as that appointed for students in medicine, and partly different from it. No one shall be admissible who has not spent four years at least in medical and surgical study, as above prescribed, and passed the first examination. The second examination for the degree of Master in Surgery may or may not be passed at the same time with the second examination for a licence in Medicine.

Regulations relating to Persons now Students in Medicine at the Newcastle-upon-Tyne School of Medicine.

Any student in medicine who has pursued his medical studies in the Newcastle-upon-Tyne College of Medicine before the 1st day of August, 1861, and has been matriculated at the University of Durham before the same date shall be entitled to count the time thus spent at Newcastle as if it had been spent after registration, provided he passes one of the ordinary registration examinations before the 31st of October, 1862.

Any student in medicine, who has spent two or more years in medical study at the Newcastle-upon-Tyne College of Medicine before the 1st day of August, 1861, and has been matriculated at the University of Durham before the same date, shall be admissible to the second and final examination for a licence in Medicine, or for the degree of Master in Surgery, without having passed the first examination, provided he has passed one of the ordinary registration examinations before the 31st of October, 1862, and has completed four years of medical study since his admission as a medical student at Newcastle.

The registration examination at Durham shall be held twice yearly, shortly before the winter session, and shortly before the summer session of the Medical School of Newcastle-upon-Tyne. The exact day shall be fixed in each case by the Warder.

The registration fee 1*l.* must be sent by the candidate when he transmits his name to the Registrar. The Warden shall have authority, in case of urgency, to appoint an extraordinary registration examination at any time. Any one who receives a certificate at an extraordinary registration examination shall, instead of the usual fee of 1*l.*, pay the sum of 2*l.*

Order of Senate relating to the Registration of Students in Medicine, and to the Registration Examination, made May 21, 1861.—1. The name of every Student in Medicine shall be placed on a Register kept by the Registrar of the University of Durham.—Every Student who has been thus registered shall be regarded as a Matriculated Student of the University of Durham in the Faculty of Medicine.—Every Student who has been thus registered shall receive a Certificate of his Registration, signed by the Registrar, for which he shall pay the sum of five shillings.—2. No one shall be registered unless he has produced to the Warden the requisite Certificates of Examination and character.—The requisite Certificate of Examination shall be a Certificate of his having passed either the Registration Examination appointed by the University of Durham, or any one of the Examinations named in the Minutes of the Medical Council for England, No. 24 ;—The requisite Certificate of Character shall be determined by the Warden, and, in case of the Candidate offering himself for the Registration Examination at Durham, shall be approved by the Warden before the candidate is admitted to that Examination.—The Warden shall appoint an Officer to receive applications for Registrations and examine Certificates at Newcastle-upon-Tyne.—This Officer shall report in each case to the Warden, and the Warden, if satisfied of the applicant's fitness, shall direct his name to be placed on the Register at Durham.—3. The Registration Examination at Durham shall be held twice a year, shortly before the Winter Session and shortly before the Summer Session of the Medical School of Newcastle-upon-Tyne. The exact day shall be fixed in each case by the Warden.—Every Candidate for the Registration Examination shall send in his name to the Registrar one month at least before the day of Examination, and pay at the same time a Fee of £1.—If he passes that Examination he shall receive a Certificate, signed by the Examiners, without further payment.—The Warden shall have authority, in case of urgency, to appoint an Extraordinary Registration Examination at any time. Any one who presents himself at the Extraordinary Registration Examination shall, instead of the usual Fee of £1, pay the sum of £2.

Subjects of Examination for the Registration of Medical Students at Durham, in September 1863.—The History contained in St. Matthew's Gospel. English Grammer and Writing from Dictation. Arithmetic, including Vulgar and Decimal Fractions. History of the Reign of Elizabeth. To draw from memory an outline map showing the coast line, the chief ranges of mountains, and the principal rivers of some one of the following countries, to be selected by the Examiners:—Great Britain, Ireland, Italy. Questions also will be set in the geography of these countries. Translations, with grammatical questions, from some one of the following subjects, to be selected by the Candidates: 1. Cæsar de Bello Gallico, Book iv. 2. Cicero, de Amicitia. 3. Virgil. First Book of the Æneid. 4. Horace. First Book of the Odes. Any Candidate, may, if he pleases, offer himself for examination in any one or more of the following three subjects. 1. The first book of Euclid. 2. The first book of Xenophon's Anabasis, in Greek, and Greek Grammar. 3. Voltaire's History of Charles XII., in French and French Grammar. Candidates who wish to be examined in any of the last three subjects must give notice of their intention, ten days, at least, before the Examination. The Examination will begin at *Durham*, on Tuesday, Sept. 22, 1863, and April 26, 1864.

PRIVATE TEACHERS.

Dr. BARRON gives courses of medical and surgical tuition adapted to students for professional examination, at his class room, 16 St. Thomas's street East, Borough.

Mr. G. HIND, F.R.C.S., gives daily demonstrations and examinations at 29 Newman street, Oxford street.

Dr. STEGGALL gives instructions to medical students in all the branches of their studies, at his residence, 2 Southampton street, Bloomsbury square.

Mr. TUSON continues his instructions and demonstrations in anatomy, physiology, pathology, and surgery, daily, at his residence, 6 Devonshire street, Portland place. These instructions and examinations are illustrated by recent dissections, models, and anatomical preparations.

NATIONAL VACCINE ESTABLISHENT.

North Educational Station.

(Under the Authority of Government.)

Tottenham Court Chapel.

For teaching and granting Certificates of Qualification in Vaccination, Mr. Simpson, F.R.C.S., attends Monday and Wednesday from one till two o'clock. Fee, one guinea. Attendance six weeks.

Mr. Simpson being appointed by the Privy Council, his Certificate of Proficiency authorises the student to hold a Poor Law appointment.

9 Gower street, Bedford square.

NOTICE.—In our next and succeeding Numbers we shall publish the particulars relating to Medical Degrees and Licences, and the names of Lecturers, Subjects and Hours of Lectures, &c., in connection with the British Provincial Medical Schools, and those of Scotland and Ireland.

THE STUDENTS' GUIDE.

A New and Improved GUIDE FOR MEDICAL STUDENTS (Session 1863-64) containing all the information respecting the various Schools and Hospitals.

ST. BARTHOLOMEW'S HOSPITAL AND COLLEGE.

Winter Session.

ANATOMY AND PHYSIOLOGY—Mr. Savory, Monday, Tuesday, Thursday, and Friday, at half past nine. One course, 5*l.* 5s.; two courses, 7*l.* 7s.; perpetual, 10*l.* 10s.

ANATOMY, DESCRIPTIVE AND SURGICAL—Mr. Skey and Mr. Holden. Tuesday, Wednesday, Thursday, and Friday, at half-past two. One Course, 5*l.* 5s.; two courses, 7*l.* 7s.; perpetual, 10*l.* 10s.

ANATOMICAL DEMONSTRATIONS—Mr. Callender and Mr. T. Smith. Daily, from half-past ten to two. One course, 3*l.* 3s.; two courses, 5*l.* 5s.

CHEMISTRY—Dr. Frankland and Dr. Odling, Monday and Friday, at half-past ten; Mr. Broughton (dem.), Wednesday, at ten. One course, 5*l.* 5s.; perpetual, 7*l.* 7s.

MEDICINE—Dr. Black, Monday, at half-past two; Dr. Kirkes, Tuesday and Thursday, at half-past three. One course 5*l.* 5s.; perpetual, 7*l.* 7s.

SURGERY—Mr. Lawrence and Mr. Coote. Monday, Wednesday, and Friday, at half-past three. One course, 5*l.* 5s.; two courses, 8*l.* 8s.; perpetual, 7*l.* 7s.

HOSPITAL PRACTICE—Physicians—Dr. Burrows, Tuesday, Thursday, and Saturday; Dr. Farre, Monday, Wednesday, Thursday, and Friday; Dr. Jeaffreson and Dr. Black, Monday, Wednesday, Thursday, and Friday, at half past one. One course (six months) 12*l.* 12s.; two courses (twelve months), 18*l.* 18s.; perpetual, 31*l.* 10s. Assistant-Physicians—Dr. Kirkes, Tuesday and Friday; Dr. Martin, Monday and Thursday; Dr. Edwards, Saturday; Dr. Harris, Wednesday at eleven. Surgeons—Mr. Lawrence, Tuesday, Friday, and Saturday; Mr. Skey, Monday, Thursday, and Saturday; Mr. Wormald, Monday, Thursday, and Saturday; Mr. Paget, Tuesday, Friday, and Saturday. One course (six months) 15*l.* 15s.; two courses (twelve months), 21*l.*; perpetual, 31*l.* 10s. Assistant Surgeons—Mr. H. Coote, Wednesday and Saturday; Mr. Holden, Friday; Mr. Savory, Friday; Mr. Callender, Tuesday, at twelve.

CLINICAL MEDICINE—Drs. Burrows, Farre, and Black. Weekly.

CLINICAL SURGERY.—Mr. Lawrence, Mr. Skey, and Mr. Paget. Weekly.

CLINICAL MIDWIFERY, &c.—Dr. Greenhalgh. Weekly operations, Saturday, at half-past one; post-mortem examinations, at twelve.

Summer Session.

MATERIA MEDICA, &c.—Dr. Farre. Tuesday, Thursday, and Saturday, at ten. One course, 5*l.* 5s.; perpetual, 6*l.* 6s.

MIDWIFERY &c.—Dr. Greenhalgh, Tuesday, Wednesday, Friday, and Saturday, at half-past eight. One course, 5*l.* 5s.; perpetual, 6*l.* 6s.

BOTANY—Dr. Harris. Monday, Wednesday, and Saturday, at nine. One course, 3*l.* 3s.; perpetual, 4*l.* 4s.

MEDICAL JURISPRUDENCE—Dr. Martin. Monday, at eleven; Thursday and Friday, at ten. One course, 3*l.* 3s.; perpetual, 4*l.* 4s.

PRACTICAL CHEMISTRY—Dr. Frankland, Dr. Odling. Monday, Tuesday, Thursday, and Friday, from eleven to one. One course, 2*l.* 2s.; perpetual, 3*l.* 3s.

COMPARATIVE ANATOMY—Mr. Callender. Tuesday and Friday, at two. One course, 2*l.* 2s.; perpetual, 3*l.* 3s.

PATHOLOGY AND MORBID ANATOMY—Dr. Andrew.

MICROSCOPICAL ANATOMY—Mr. Savory.

PRACTICAL PHARMACY—Mr. Wood.

OPERATIVE SURGERY (Demonst.)—Mr. Callender and Mr. T. Smith. One course, 2*l.* 2s.

Fee for all the Lectures required by the College and Hall, 52*l.* 10s.

Fee for ditto, and Hospital Medical and Surgical Practice, 99*l.* 15s.

DRESSERSHIPS—Three months, twelve guineas; six months, eighteen guineas; twelve months, twenty-five guineas.

In 1864 will be awarded seven scolarships, of the value of from 20*l.* to 50*l.* The Wix Prize for the best essay "On the Connection between Revealed Religion, and Physical Science." The Treasurer's Prize for the best Dissection and the best Practical Examination on Anatomy. The Bentley Prize for the best report of Surgical Cases. The Hichen's Prize for the best examination in Bishop Butler's "Analogy of Natural and Revealed Religion." The Foster Prize for the greatest industry and skill in the dissecting-rooms.—(Practical Anatomy).

CHARING CROSS HOSPITAL AND COLLEGE.

Winter Session.

ANATOMY AND PHYSIOLOGY—Dr. Hyde Salter. Daily, except Saturday, at half-past 3. One session, 4*l.* 4s.; two sessions, 6*l.* 6s.

ANATOMY, DESCRIPTIVE AND SURGICAL—Mr. E. Canton. Daily, except Saturday, at nine a.m. One session, 4*l.* 4s.; two sessions, 6*l.* 6s.

ANATOMICAL DEMONSTRATIONS.—Dr. Goldsbro. Daily. One session, 2*l.* 2s.; two sessions, 4*l.* 4s.

CHEMISTRY—Mr. C. W. Heaton. Tuesday, Thursday, and Saturday, at ten. One session, 5*l.* 5s.; two sessions, 6*l.* 6s.

MEDICINE—Dr. Chowne and Dr. Willshire. Monday, Wednesday, and Friday, at half-past two. One session, 4*l.* 4*l.*; two sessions, 6*l.* 6s.

SURGERY—Mr. Hancock. Monday, Wednesday, and Friday, a half-past twelve. One session, 3*l.* 3s.; two sessions, 5*l.* 5s.

HOSPITAL PRACTICE—Physicians—Dr. Chowne and Dr. Willshire. Daily, at one. One session (six months), 10*l.* 10s.; two sessions (twelve months), 15*l.* 15s.; full period, 21*l.* Assistant-Physicians—Dr. Hyde Salter and Dr. Headland, from twelve to two. Surgeons—Mr. Hancock and Mr. E. Canton. Daily, at one. One session (six months), 10*l.* 10s.; two sessions (twelve months) 15*l.* 15s.; full period, 21*l.* Assistant-Surgeons—Mr. Hird and Mr. Barwell. From twelve to two.

CLINICAL MEDICINE.—Weekly.

Operations, Saturday at two.

Summer Session.

MATERIA MEDICA, &c.—Dr. Steggall. Monday, Wednesday, and Friday, at nine. One session, 3*l.* 3s.; two sessions, 5*l.* 5s.

MIDWIFERY, &c.—Dr. Chowne. Monday, Wednesday, and Thursday at three. One session, 3*l.* 3s.; two sessions, 5*l.* 5s.

BOTANY—Dr. Edwd. Head. Monday, Wednesday, and Friday, at ten. One session, 2*l.* 2s.; two sessions, 3*l.* 3s.

MEDICAL JURISPRUDENCE—Mr. Hird. Monday, Wednesday, and Friday, at 4. One session, 2*l.* 2s.; two sessions, 3*l.* 3s.

PRACTICAL CHEMISTRY—Mr. Heaton. Monday, Wednesday, and Friday. One session, 2*l.* 2s.

NATURAL PHILOSOPHY—Wednesday, Thursday, and Friday, at a quarter past eleven. One session, 3*l.* 3s.

COMPARATIVE ANATOMY—Mr. Barwell. Tuesday, Thursday, and Saturday, at half-past three. One session, 3*l.* 3s.; full period, 4*l.* 4s.

PATHOLOGY AND MORBID ANATOMY.—Dr. Salter (with Physiology).

Fee for all the Lectures required by the Colleges and Hall, 44*l.* 2s.

Fee for Ditto, and Hospital Medical and Surgical Practice, 68*l.* 7s.

Matriculated students are admitted free to the lectures upon Diseases of the Eye, delivered by Mr. Hancock at the Royal Westminster Ophthalmic Hospital. Dr. Salter gives, in the summer, a course of Microscopical Demonstrations, free to matriculated students. Free scholarships, medals, &c., are given. The fee for matriculation is 2*l.* 2s., to be paid on entering. Medical tutor's class, one session, 2*l.* 2s.; two sessions, 3*l.* 3s.

THE STUDENTS' GUIDE—*Continued.*

ST. GEORGE'S HOSPITAL.

Winter Session.

ANATOMY, DESCRIPTIVE, AND SURGICAL—Mr. Pollock, and Mr. Holmes. Monday, Wednesday, Thursday, and Friday, at a quarter to three. One course, 6*l.* 6s.; perpetual 8*l.* 8s.

PHYSIOLOGY, GENERAL, AND COMPARATIVE ANATOMY—Dr. Wm. Ogle. Tuesday and Saturday, at a quarter to three. One course, 6*l.* 6s.; perpetual 8*l.* 8s.

ANATOMICAL DEMONSTRATIONS—Mr. Freeman, and Mr. T. Edgelow. Daily.

CHEMISTRY—Dr. H. M. Noad. Tuesday, Thursday, and Saturday at twelve. One course, 6*l.* 6s.; perpetual, 8*l.* 8s.

MEDICINE—Dr. Pitman. Monday, Wednesday, and Friday, at half-past eleven. One course, 6*l.* 6s.; perpetual, 6*l.* 6s.

SURGERY—Mr. Tatum. Monday, Wednesday, and Friday, at four. One course, 4*l.* 4s.; perpetual 6*l.* 6s.

HOSPITAL PRACTICE—Physicians—Dr. Page, Dr. Pitman, Dr. Fuller, Dr. Barclay, and Dr. Lee (acc.) Daily, at one. One course, (six months), 8*l.* 8s.; two courses, (twelve months), 16*l.* 16s.: perpetual, 25*l.* 4s. Assistant-Physicians—Dr. W. Ogle, and Dr. Wadham. Surgeons—Mr. Tatum, Mr. P. Hewett, Mr. Pollock, and Mr. Henry Lee. Daily, at one. One course (six months), 15*l.* 15s.; two courses (twelve months), 21*l.* 0s.; perpetual, 52*l.* 10s. Assistant-Surgeons—Mr. Pollock, Mr. H. Lee, and Mr. Holmes.

CLINICAL MEDICINE— . Tuesday and Saturday, at a at a quarter to two.

CLINICAL SURGERY— . Tuesday and Saturday, at a quarter to two.

CLINICAL MIDWIFERY, &c.—Dr. R. Lee.

OPERATIONS on Thursdays, at one.

Summer Session.

MATERIA MEDICA, &c.—Dr. Barclay. Daily, except Saturday, at half-past two. One course, 5*l.* 5s.; perpetual, 6*l.* 6s.

MIDWIFERY, &c.—Dr. R. Lee. Monday, Wednesday, and Friday, at nine. One course, 6*l.* 6s.; perpetual, 6*l.* 6s.

BOTANY—Mr. M. T. Masters. Daily, except Saturday, at twelve. One course, 3*l.* 3s.; perpetual, 4*l.* 4s.

MEDICAL JURISPRUDENCE—Dr. Fuller. Monday, Wednesday, Thursday, and Friday, at ten. One course, 3*l.* 3s.; perpetual, 4*l.* 4s.

PRACTICAL CHEMISTRY—Dr. Noad. Daily, at half-past nine. One course, 4*l.* 4s.

COMPARATIVE ANATOMY—Dr. Wm. Ogle (with Physiology.)

PATHOLOGY AND MORBID ANATOMY—Dr. Ogle and Mr. H. Lee.

MICROSCOPICAL ANATOMY—Dr. Ogle. In winter.

OPHTHALMIC SURGERY—Mr. Tatum. In summer.

DENTAL SURGERY—Mr. Vasey. In summer.

PRACTICAL PHARMACY— . One course, 12*l.* 12s.: perpetual, 15*l.* 15s.

OPERATIVE SURGERY (DEMONST.)—Mr. Holmes. In summer. One course, 4*l.* 4s.

Fee for all the Lectures required by the College and Hall, 59*l.* 16s.
Fee for ditto, and Hospital Medical and Surgical Practice, 90*l.*

Gentlemen may become Perpetual Pupils by paying a compounding fee of One Hundred Pounds. Perpetual Pupils are entitled to admission to the practice of the Physicians and Surgeons, to all the Lectures, to compete for all prizes and exhibitions, to hold the appointments of Assistant House-Surgeon and House-Surgeon, and to become Clinical Clerks for two periods of three months each, and Dresser for two similar periods.

Gentlemen will be admitted to the Hospital Practice and Lectures required for the License of the Royal College of Physicians, for the Membership of the Royal College of Surgeons, and for the License of the Society of Apothecaries, on the payment of a fee of 90*l.* One-half of this fee may be paid at the commencement of the first Winter Session, and one-half at the commencement of the second Winter Session. This fee entitles a pupil to hold the office of Clinical Clerk and Dresser for three months each, but does not admit him to compete for prizes and exhibitions, or for the offices of Assistant House-Surgeon and House-Surgeon.

There is a Maternity Department for the delivery of married lying-in women at their own homes. Vaccination is performed every Thursday morning at ten o'clock, and instruction in vaccination given by the Obstetrical Assistant. Fee one guinea.

Pupils entering to the Medical or Surgical Practice must hold the office of Clinical Assistant or Dresser for periods of three months each; and Perpetual Pupils will have the privilege of holding the office of Dresser for two periods of three months each without additional fee. The Dresser of the Surgeon of the week boards at the hospital free of expense. Perpetual Pupils are eligable to be Assistant House-Surgeon for six months, and House-Surgeon for twelve months (without additional fee), when properly qualified for the office. The Obstetric Assistant resides and boards in the hospital, and has an annual salary of 100*l.*

EXHIBITION OF PRIZES.—The "William Brown Exhibition," of 40*l.* per annum, tenable for three years, for "the best general fitness for the exercise of the Medical Profession." For first years' students, a prize of twenty guineas at the end of the session for general medical proficiency. Prizes of twenty guineas each for the encouragement of clinical study, to Surgeons' and Physicians' pupils in their second years respectively. Sir B. Brodie's Clinical Prize in Surgery for the best report of not more than twenty surgical cases. The Lewis Powell Clinical Prize for the best report of no more than twenty medical cases. The Thompson Medal for the best clinical report of medical and surgical cases observed in the hospital during the preceding twelve months. Sir Charles Clarke's Prize for good conduct.

A Curator of the Pathological Museum is appointed annually on the recommendation of the Medical School Council, with a salary of 50*l.* per annum.

Two Registrars are appointed annually, each with a salary of 20*l.* per annum.

GUY'S HOSPITAL.

Winter Session.

ANATOMY AND PHYSIOLOGY—Dr. Pavy. Tuesday, Thursday, and Saturday, at a quarter-past twelve. One course, 5*l.* 5s.

ANATOMY, DESCRIPTIVE AND SURGICAL—Mr. Poland and Mr. C. Forster. Daily, except Wednesday, at nine. One course, 5*l.* 5s.

ANATOMICAL DEMONSTRATIONS—Dr. Moxon, Mr. Barkart, and Dr. Fagge. Daily, from nine to four. One course, 5*l.* 5s.

CHEMISTRY—Dr. A. Taylor. Tuesday, Thursday, and Saturday, at eleven. One course, 5*l.* 5s.

MEDICINE—Dr. Owen Rees and Dr. Gull. Monday, Wednesday, and Friday, at half-past three. One course, 5*l.* 5s.

SURGERY—Mr. Hilton and Mr. Birkett. Tuesday, Thursday and Saturday, at half-past three. On course, 5*l.* 5s.

HOSPITAL PRACTICE—Physicians—Dr. Barlow, Monday and Friday, at half-past one; Dr. Owen Rees, Monday and Thursday, at half-past one; Dr. Gull, Wednesday and Saturday, at half-past one; Dr. Oldham (obst.), Tuesday and Thursday at half-past one. Assistant-Physicians—Dr. Habershon, Monday; Dr. Wilks, Wednesday; Dr. Pavy, Friday: out-patients at twelve; Dr. Hicks (obs.), Monday and Friday, at half-past one; Mr. Cock, Monday, Thursday, and Saturday, at half-past one; Mr. Hilton, Monday and Thursday, at half-past one; Mr. Birkett, Monday and Friday, at half-past one; Mr. Poland. Clinical Surgery, Mr. Cock, Mr. Hilton, Mr. Birkett (six months), 15*l.* 15s.; perpetual, 26*l.* 5s. Surgeons—Mr. France, Mr. Poland, Mr. Bader (oph.), Wednesday and Saturday, at half-past one; Mr. Salter (dent.); Thursday, at twelve. Mr. Hington, Aural Surgeon. Assistant-Surgeons—Mr. C. Forster, Wednesday, at twelve; Mr. T. Bryant, Monday and Thursday, at twelve; Mr. Durham, Saturday, at twelve; Dr. Barlow, Dr. Owen Rees, and Dr. Gull. Six months, 15*l.* 15s.; perpetual, 26*l.* 15s.

CLINICAL MEDICINE—Dr. Habershon, Dr. Wilks, Dr. Pavy. In summer.

CLINICAL SURGERY—Mr. C. Forster, Mr. Bryant, and Mr. Durham. In summer.

CLINICAL MIDWIFERY—Dr. Oldham and Dr. Hicks. Saturday, at a quarter to nine, a.m.

OPERATIONS on Tuesdays, at half-past one; on the eye, Wednesday, at half-past eleven.

For the entire of the Lectures and Hospital Practice—In the first year, 40*l.*; second year, 40*l.*; and every succeeding year, 10*l.*; perpetual to the whole, 100*l.*

Summer Session.

MATERIA MEDICA, &c.—Dr. Habershon. Tuesday, Thursday, and Saturday, at three. One course, 4*l.* 4s.

MIDWIFERY, &c.—Dr. Oldham. Tuesday, Wednesday, Thursday, and Friday, at a quarter to nine, a.m. One course, 5*l.* 5s.

BOTANY—Mr. Johnson. Tuesday, Thursday, and Saturday, at half-past eleven. One course, 4*l.* 4s.

MEDICAL JURISPRUDENCE—Dr. A. Taylor. Tuesday, Thursday, and Saturday, at ten. One course, 4*l.* 4s.

PRACTICAL CHEMISTRY—Monday, Wednesday, and Friday, from ten to one. One course, 4*l.* 4s.

NATURAL PHILOSOPHY—Dr. Fagge. Wednesday, at eleven.

COMPARATIVE ANATOMY—Dr. Pavy and Dr. Moxon. Tuesday and Thursday, at half-past twelve. One course, 4*l.* 4s.

PATHOLOGY AND MORBID ANATOMY—Dr. Wilks. Daily, at half-past two; in summer, Monday, at twelve.

OPERATIVE SURGERY—Mr. Bryant. Monday, at three. One course, 4*l.* 4s.

OPHTHALMIC SURGERY—Mr. Poland and Mr. Bader. Wednesday and Friday, at three.

USE OF THE MICROSCOPE—Mr. Durham.

DEMONST. OF CUTANEOUS DISEASES—Dr. Habershon. Tuesday, at two.

Fee for all the Lectures required by the College and Hall, and Hospital Medical and Surgical Practice, 90*l.*

House-Surgeons are appointed for three or six months. Clinical clerks, dressers, ward clerks, dressers' reporters, obstetric residents, and dressers in the eye wards, are selected according to merit. Two dressers in rotation have the privilege of rooms and commons in the hospital, free of charge. The obstetric clerks have the like privilege. A resident House-Surgeon is appointed every six months from those students who have obtained the College diploma. Six scholarships, from 25*l.* to 40*l.* each, are awarded at the close of the summer session for general proficiency.

Voluntary examinations will be held at four periods of the student's course, as follows:—First, at entrance, on Tuesday, October 15th. It will comprise Elementary Classics, Ancient and Modern History, and Mathematics. The candidate who shall most distinguish himself will receive 25*l.*; the second candidate, 20*l.*; and the third, 15*l.*—Second: at the end of July, in the first year, on all the subjects of the first years' course of study. One sum of 30*l.*, and another of 25*l.*, will be given according to proficiency.—Third: at the end of July in the second year, on the subjects which form the course of study up to that time; 35*l.* and 30*l.*—Fourth: at the end of July of the third year, on all the subjects of the curriculum; 40*l.* and 35*l.*

THE STUDENTS' GUIDE—*Continued.*

KING'S COLLEGE AND HOSPITAL.

Winter Session.

ANATOMY AND PHYSIOLOGY—Dr. Beale. Monday, Wednesday, Thursday, and Friday, at four. One course, 6*l.* 6s.; perpetual 9*l.* 9s.

ANATOMY, DESCRIPTIVE AND SURGICAL—Mr. Partridge. Daily, at nine. One course, 6*l.* 6s.; perpetual, 9*l.* 9s.

ANATOMICAL DEMONSTRATIONS—Mr. J. Wood. Daily, at nine.

CHEMISTRY—Dr. Miller. Monday and Wednesday; Mr. E. A. Hadow, Thursday and Saturday, at a quarter past ten. One course, 7*l.* 7s.; perpetual, 9*l.* 9s.

MEDICINE—Dr. Johnson, Tuesday and Saturday at four, Thursday at five. One course, 7*l.* 7s.; perpetual, 7*l.* 7s.

SURGERY—Mr. Fergusson. Monday, Wednesday, and Friday, at five. One course, 5*l.* 5s.; perpetual, 7*l.* 7s.

HOSPITAL PRACTICE—Physicians—Dr. Budd, Monday, Wednesday, and Friday, at half-past one; Dr. Beale, Tuesday, Thursday, and Saturday, at nine; Dr. G. Johnson, Tuesday, Thursday, and Saturday, at half-past one; Dr. G. Farre (acc.), Tuesday, Thursday, and Saturday, at half-past twelve; Dr. W. A. Guy, Monday, Wednesday, and Friday, at one. One course (six months), 10*l.* 10s.; eighteen months, 15*l.* 15s.; perpetual, 21*l.* Assistant-Physicians—Dr. C. Evans, Monday, Wednesday, and Friday; Dr. Duffin, Monday, Wednesday, and Friday; Dr. Thompson, Tuesday, Thursday, and Saturday; Dr. Liveing, Tuesday, Thursday, and Saturday, at one. Surgeons—Mr. Fergusson, Tuesday, Thursday, and Saturday, at half-past one; Mr. Partridge, Monday, Wednesday, and Friday, at half-past one; Mr. S. Cartwright, Surgeon-Dentist, Tuesday and Friday, at ten. One course (six months), 15*l.* 15s.; 21 months, 21*l.*; perpetual, 26*l.* 5s. Assistant-Surgeons—Mr. Watson, Tuesday, Thursday, and Saturday; Mr. J. Wood, Tuesday, Thursday, and Saturday; Mr. H. Smith, Monday, Wednesday, and Friday; Mr. Mason, Monday, Wednesday, and Friday, at one.

CLINICAL MEDICINE—Dr. Budd, alternate Mondays, at half-past one; Dr. G. Johnson, alternate Tuesdays, at half-past one; Dr. Beale, Saturday, at nine.

CLINICAL SURGERY—Mr. Fergusson, alternate Thursday, at half-past one; Mr. Partridge, alternate Fridays, at half-past one.

Fees to Medical and Surgical Practice, 31*l.* 10s., or 36*l.* 15s.

Operations, Saturday, at half-past one.

Summer Session.

MATERIA MEDICA, &c.—Dr. Garrod. Monday, Wednesday, Thursday, and Friday. One course, 4*l.* 4s.; perpetual, 6*l.* 6s.

MIDWIFERY, &c.—Dr. W O. Priestley. Monday, Wednesday, Thursday, and Friday, at nine. One course, 6*l.* 6s.; perpetual, 6*l.* 6s.

BOTANY — Mr. Bentley. Monday Tuesday, Thursday, and Friday, at a quarter past twelve. One course, 3*l.* 3s.; perpetual, 4*l.* 4s.

MEDICAL JURISPRUDENCE—Dr. W. A. Guy. Monday, Tuesday, Wednesday, and Friday, at three. One course, 3*l.* 3s.; perpetual, 4*l.* 4s.

PRACTICAL CHEMISTRY—Mr. C. L. Bloxam. Daily, at a quarter past ten. One course, 4*l.* 4s.; perpetual, 8*l.* 8s.

COMPARATIVE ANATOMY—Mr. T. R. Jones. Monday, Wednesday, and Friday, at twelve. One course, 3*l.* 3s., perpetual, 4*t.* 4s.

PATHOLOGY AND MORBID ANATOMY—Dr. Beale (with Physiology). Tuesday, at four. One course, 2*l.* 2s.

DENTAL SURGERY—Mr. Cartwright. Tuesday and Friday, at nine. One course, 6*l.* 6s.; perpetual, 8.. 8s.

Fee for all the Lectures required by the College and Hall, 61*l.* 19s.

Fee for ditto, and Hospital Medical and Surgical Practice, 93*l.* 9s.

The physicians' assistants, the physician-accoucheur's assistant, the clinical clerks, and the house-surgeons and dressers, are selected by examination from amongst those matriculated students of the College, who are pupils of the hospital. No fee is paid for any of these appointments.

The fees for matriculation amount to 5*l.* 15s. 6d., and must be paid on entrance. Registration fee at hospital, 10s. 6d.

Scholarships.—Warneford Scholarships: Two of 25*l.* per annum for three years; one of 25*l.* per annum, for two years. College Scholarships: 1, one of 40*l.* per annum, for two years; 2, one of 30*l.* for one year; 3, three of 20*l.*, for one year. The Daniell Scholarship of the annual value of 20*l.*

Prizes.—Two Medical Clinical Prizes, one of 3*l.* for the winter session, and the other of 2*l.* for the summer session; and two Surgical Clinical Prizes of the same value. A prize of 3*l.* in each class, summer and winter.

LONDON HOSPITAL.

Winter Session.

PHYSIOLOGY—Mr. J. Couper and Dr. J. Hughlings Jackson. Monday, Wednesday at four, and Thursday at three. One session, 4*l.* 4s.; perpetual, 6*l.* 6s.

ANATOMY, DESCRIPTIVE AND SURGICAL—Mr. J. Adams. Monday, Tuesday, Thursday, and Friday, at a quarter past nine. One session, 5*l.* 5s.; perpetual, 8*l.* 8s.

ANATOMICAL DEMONSTRATIONS—Mr. L. S. Little and Mr. W. Rivington. Daily from ten till three. One session, 5*l.* 5s.; perpetual 8*l.* 8s.

CHEMISTRY—Dr. Letheby. Monday, Wednesday, and Friday, at half-past ten. One session, 7*l.* 7s.; perpetual, 7*l.* 7s.

MEDICINE—Dr. N. Parker. Tuesday, Thursday, and Saturday at a quarter past ten a.m. One session, 5*l.* 5s.; perpetual, 6*l.* 6s.

SURGERY—Mr. Hutchinson. Monday, Tuesday, and Friday, a three. One session, 5*l.* 5s.; perpetual, 6*l.* 6s.

HOSPITAL PRACTICE—Physicians—Dr. Fraser, Dr. H. Davies, Dr. R. Parker, daily, at eight a.m. or one; Dr. Barnes (Obst.), Tuesday at two, and Wednesday and Saturday at one. One session (six months), 6*l.* 6s.; twelve months, 11*l.* 11s.; perpetual, 21*l.* Assistant-Physicians—Dr. J. Hughlings Jackson, Dr. A. Clark, Dr. Ramskill, Dr. Down, and Mr. Hutchinson. Daily at one.. Consulting Surgeon—Mr. Luke. Six months, 8*l.* 8s. Surgeons—Mr. Adams, Mr. Curling, and Mr. Hutchinson daily at one; Mr. Barrett (Dental), Tuesday and Friday, at eight a.m. One session (twelve months), 12*l.* 12s.; eighteen months, 18*l.* 18s.; three years, 26*l.* 5s Assistant-Surgeons—Mr. J. Couper, Mr. Maunder, Mr. Little, and Mr. Rivington. Daily at one.

CLINICAL MEDICINE—The Physicians.

CLINICAL SURGERY—The Surgeons.

Summer Session.

MATERIA MEDICA—Dr. H. Davies. Monday, Wednesday, and Friday, at a quarter past nine. One session, 3*l.* 3s.; perpetual 4*l.* 4s.

MIDWIFERY, &c.—Dr. Ramsbotham and Mr. J. E. D. Rodgers. Monday, Tuesday, Thursday, and Friday at three. One session, 3*l.* 3s.; perpetual, 6*l.* 6s.

BOTANY—Dr. Dresser. Monday, Wednesday, and Friday, at ten. One session, 3*l.* 3s.; perpetual, 4*l.* 4s.

MEDICAL JURISPRUDENCE—Dr. Ramsbotham. Daily (ex S.) at a quarter past ten. One session, 3*l.* 3s.; perpetual, 4*l.* 4s.

PRACTICAL CHEMISTRY—Dr. Letheby. Monday, Wednesday, and Friday, at a quarter past eleven. One session, 2*l.* 2s.; perpetual, 3*l.* 3s.

COMPARATIVE ANATOMY—Dr. J. H. L. Down. Thursday, at nine. One session, 2*l.* 2s.

PATHOLOGY AND MORBID ANATOMY—Mr. Cooper and Dr. J. Hughlings Jackson (with Physiol.) P. M. exam., two and half-past two p.m.

HISTOLOGY AND THE MICROSCOPE—Mr. Couper and Dr. J. Hughlings Jackson (in summer.)

OPHTHALMIC SURGERY—Mr. Murchison. Tuesday and Saturday, at nine a.m. (in summer.)

DENTAL SURGERY—Mr. Barrett. Tuesday, at ten a.m. One session, 2*l.* 2s.

Fee for all the Lectures required by the Colleges and Hall, 50*l.*

Fee for ditto, and Hospital Medical and Surgical Practice, 88*l.* 4s.

A resident medical officer, who resides and boards in the Hospital, and receives 75*l.*, is appointed for twelve months, is eligible for re-election for the further period of twelve months, and then receives 100*l.* Two house-surgeons, elected every three months, reside in the hospital. A resident accoucheur is appointed for six months, free of all expense. An assistant medical officer, chosen from amongst the pupils, remains in the hospital day and night. Two surgical dressing pupils, in rotation day and night for a week. All the foregoing are provided with commons. Additional dresserships for twelve months are given annually. An assistant-dentist is elected for three months. Post-mortem clerks are selected from amongst the students.

Special certificates are given to those gentlemen who have faithfully performed their various duties.

In the selection of candidates preference is given to those pupils who are most distinguished by general good conduct, by ability, and by industry.

THE STUDENTS' GUIDE—*Continued.*

ST. MARY'S HOSPITAL.

Winter Session.

PHYSIOLOGY—Dr. Broadbent. Monday, Tuesday, Thursday, and Friday, at nine a.m. One session, 6*l.* 6s.; perpetual, 8*l.* 8s.

ANATOMY, DESCRIPTIVE AND SURGICAL—Mr. Gascoyen. Monday, Tuesday, Thursday, and Friday, Mr. James Lane (oper. surg.) at a quarter to three p.m. One session, 6*l.* 6s.; perpetual, 8*l.* 8s.

ANATOMICAL DEMONSTRATIONS—Mr. Norton and Mr. Philps. Daily. One session, 3*l.* 3s. Free to general students.

CHEMISTRY—Dr. Matthiessen. Tuesday, Thursday, and Saturday, at a quarter past ten a.m. One session, 5*l.* 5s.; perpetual, 7*l.* 7s.

MEDICINE—Dr. Chambers. Monday, Wednesday, and Thursday at four p.m. One session, 4*l.* 4s.; perpetual, 6*l.* 6s.

SURGERY—Mr. Lane and Mr. Spencer Smith. Tuesday and Friday at four p.m., and Wednesday at three p.m. One session, 4*l.* 4s.; perpetual, 6*l.* 6s.

CLINICAL MEDICINE—Dr. Alderson, Dr. Chambers, and Dr. Sibson, twice a week at two.

CLINICAL SURGERY—Mr. Lane, Mr. Ure, and Mr. Spencer Smith twice a week at two.

Operations, Wednesday at half-past one; post-mortem examinations at two.

Summer Session.

MATERIA MEDICA—Dr. Sieveking. Tuesday, Wednesday, Thursday, and Friday, at eight a.m. One session, 4*l.* 4s.; perpetual, 6*l.* 6s.

MIDWIFERY, &c.—Dr. Tyler Smith and Dr. G. Hewitt. Daily (ex S.) at nine. One session, 4*l.* 4s.; perpetual, 6*l.* 6s.

BOTANY—Dr. C. Dresser. Monday, Wednesday, and Friday, at twelve. One session, 3*l.* 3s.; perpetual, 4*l.* 4s.

MEDICAL JURISPRUDENCE—Dr. Randall. Monday, Tuesday, and Thursday at ten. One session, 3*l.* 3s.; perpetual, 4*l.* 4s.

PRACTICAL CHEMISTRY—Dr. Matthiessen. Saturday, from nine to one. One session, 3*l.* 3s.

NATURAL PHILOSOPHY—Mr. G. R. Smalley. Friday at a quarter to two. One session, 2*l.* 2s.; perpetual, 3*l.* 3s.

COMPARATIVE ANATOMY—Mr. Mivart. Wednesday and Friday at ten. One session, 2*l.* 2s.; perpetual, 3*l.* 3s.

PATHOLOGY AND MORBID ANATOMY (WITH PHYSIOLOGY—Dr. Broadbent; also on Friday at two during Summer Session.

OPHTHALMIC SURGERY—Mr. Ernest Hart. Tuesday at half-past two. One session, 2*l.* 2s.

AURAL SURGERY—Mr. Toynbee. Thursday at half-past two. One session, 2*l.* 2s.

DENTAL SURGERY—Mr. Sercombe. One session, 2*l.* 2s.

PRACTICAL PHARMACY AND DISPENSING—Three months, three guineas; six months, six guineas; twelve months, ten guineas.

HOSPITAL PRACTICE—Physicians—In-patients—Dr. Alderson, Monday and Thursday at a quarter past one; Dr. Chambers, Wednesday and Saturday at a quarter past one; Dr. Sibson, Tuesday and Friday at a quarter past one; Dr. Tyler Smith (obst.), Tuesday and Saturday at half-past one; Out-patients—Dr. H. Jones, Monday and Thursday at half-past twelve; Dr. Sieveking, Tuesday and Friday at half-past twelve; Dr. Markham, Wednesday and Saturday at half-past twelve. Three months, 5*l.* 5s.; one session (six months), 7*l.* 7*l.*; (twelve months), 12*l.* 12s.; perpetual, 21*l.* Surgeons—In-patients—Mr. Lane, Tuesday and Friday at a quarter past one; Mr. Ure, Monday and Thursday, at a quarter past one; Mr. Sp. Smith, Wednesday and Saturday at a quarter past one; Out-patients—Mr. H. Walton, Wednesday and Saturday at half-past twelve; Mr. J. Lane, Tuesday and Friday at half-past twelve. Assistant-Surgeon—Mr. Gascoyen, Monday and Thursday at half-past twelve; Mr. Ernest Hart (ophthalmic), Tuesday and Saturday at half-past one; Mr. Toynbee (aural), Monday and Thursday at half-past one; Mr. Sercombe (dental), Monday and Thursday at half-past nine a.m. Three months, 6*l.* 6s.; one session, (six months) 9*l.* 9*l.*; (twelve months), 21*l.*; perpetual, 31*l.* 10s.

Fee for all the Lectures, and Hospital Medical and Surgical Practice required by the Colleges and Halls, 89*l.* 5s.; perpetual, 105*l.*

Three resident medical officers are appointed for twelve months, and an obstetric officer for six months, who board free of expense in the hospital. There are also four non-resident medical officers. All these appointments are awarded after competition without additional fee.

All general students are required to perform the duties of clinical clerks and dressers during the last two years of their curriculum.

Prizes, &c.—A Scholarship in Anatomy of the annual value of 25*l.* A prize of 20*l.* for students of the first year. Prizes in each session, of the average value of five guineas for students of the first, second, and third years. Prizes are also given in Comparative Anatomy, Natural Philosophy, and Practical Anatomy. A prize of 4*l.* 4s. for the best anatomical preparation.

Two prosectors are annually appointed who each receive 5*l.* and a certificate.

Students can receive instruction in vaccination from Mr. Gerrans; fee 1*l.* 1s. Some lectures on the subject are given by Dr. Graily Hewitt.

Entrance to the hospital practise and lectures required for the examination in Dental Surgery by the College of Surgeons, 52*l.* 10s.

All the entrance fees may be paid by instalments, by arrangement with the Dean of the School. There is no fee for registration.

MIDDLESEX HOSPITAL.

Winter Session.

PHYSIOLOGY.—Mr. de Morgan, F.R.S. Monday, Wednesday, and Friday, at four. One session, 4*l.* 4s.; perpetual, 6*l.* 6s.

ANATOMY—Mr. Moore. Daily at twelve, except Saturday. One session, 6*l.* 6s.; perpetual, 10*l.* 10s.

ANATOMICAL DEMONSTRATIONS—Dr. Liveing. Tuesday and Thursday, at three. One session, 4*l.* 4s.; perpetual, 6*l.* 6s.

CHEMISTRY—Mr. Taylor and Mr. Heisch. Monday, Wednesday, Friday, and Saturday, at eleven. One session, 6*l.* 6s.; perpetual, 8*l.* 8s.

MEDICINE—Dr. Stewart and Dr. Goodfellow. Tuesday, Thursday, and Saturday, at nine. One session, 4*l.* 4s.; perpetual, 6*l.* 6s.

SURGERY—Mr. Shaw. Monday, Wednesday, and Friday, at nine. One session, 4*l.* 4s.; perpetual, 6*l.* 6s.

HOSPITAL PRACTICE—Physicians—Dr. Stewart, Dr. Goodfellow, and Dr. H. Thompson, daily, at one; and Dr. John Hall Davis (obst.), Wednesday and Saturday, at twelve. Assistant-physicians—Dr. J. Burdon Sanderson, Dr. Murchison, and Dr. Greenhow. One session (six months), 10*l.* 10s.; two courses (eighteen months), 16*l.* 16s.; perpetual, 21*l.* Surgeons—Messrs. Shaw, De Morgan, Moore, and Nunn. Assistant-surgeons—Messrs. Hulke and Lawson. Solberg Wells (ophthalmic), Tomes, F.R.S. (dental). One session (six months), 10*l.* 10s.; two courses (twelve months), 12*l.* 12s.; perpetual, 21*l.*

CLINICAL MEDICINE.—Wednesday and Saturday, at three.

CLINICAL SURGERY.—Monday and Friday, at three.

Operations on Wednesday, at one; post-mortem examinations at two.

Summer Session.

MATERIA MEDICA—Dr. H. Thompson. Monday, Wednesday, and Friday, at nine. One session, 3*l.* 3s.; perpetual, 5*l.* 5s.

MIDWIFERY—Dr. J. Hall Davis. Monday, Wednesday, and Friday, at ten. One session, 3*l.* 3s.; perpetual, 5*l.* 5s.

BOTANY—Dr. T. S. Cobbold. Monday, Wednesday, and Friday, at two. One session, 3*l.* 3s.; perpetual, 4*l.* 4s.

MEDICAL JURISPRUDENCE—Dr. Greenhow. Tuesday, Thursday, and Saturday, at nine. One session, 3*l.* 3s.; perpetual, 5*l.* 5s.

PRACTICAL CHEMISTRY—Mr. Taylor and Mr. Heisch. Monday, Thursday, and Friday, at half-past eleven. One session, 3*l.* 3s.

COMPARATIVE ANATOMY—Dr. T. S. Cobbold. Wednesday and Friday, at four. One session, 2*l.* 2s.; perpetual, 3*l.* 3s.

PATHOLOGY AND MORBID ANATOMY—Mr. Sibley and Dr. Murchison. Tuesday and Thursday, at four. One session, 2*l.* 2s.; perpetual, 3*l.* 3s.

HISTOLOGY AND MICROSCOPE—Dr. W. W. Webb. Tuesday and Thursday, at three. One Session, 3*l.* 3s.

OPHTHALMIC SURGERY—Mr. Soiberg Wells.

AURAL SURGERY—

PRACTICAL PHARMACY—Mr. Devereux. One session, 8*l.* 8s.; two courses, 12*l.* 12s.

PRIZES.

Written periodical class examinations will be held in the course of each session, and must be attended by all general students.

To those students who have most distinguished themselves in all the subjects of study embraced in these examinations, the following prizes will be awarded:

First Winter Session—A prize of the value of six guineas, and a prize of the value of four guineas.

First Summer Session—A prize of the value of three guineas, and a prize of the value of two guineas.

Second Winter Session—A prize of the value of six guineas, and a prize of the value of four guineas.

Second Summer Session—A prize of the value of three guineas, and a prize of the value of two guineas.

Certificates of Honour will also be given for proficiency in each of the classes.

Clayton Prize.—An annual prize, of the value of three guineas, given by Oscar Clayton, Esq., will be awarded for proficiency in comparative anatomy.

Third Winter Session—A prize of the value of six guineas, and a prize of the value of four guineas for reports in clinical medicine; a prize of the value of six guineas, and a prize of the value of four guineas, for reports in clinical surgery.

Certificates of Honour will also be given for good clinical reports.

The Governors' Prize, of twenty guineas, will be awarded to the student who, having distinguished himself generally by conduct and acquirements in the school, shall present the best joint clinical reports in medicine and surgery.

THE STUDENTS' GUIDE—*Continued.*

ST. THOMAS'S HOSPITAL AND SCHOOL.

Winter Session.

ANATOMY AND PHYSIOLOGY.—Dr. Brinton. Monday, Wednesday and Saturday, at four.

ANATOMY, DESCRIPTIVE AND SURGICAL—Mr. S. Jones. Daily (ex. S.) at twelve.

ANATOMICAL DEMONSTRATIONS—Mr. Rainey and Mr. Croft. Daily, nine to three.

CHEMISTRY—Dr. A. J. Bernays. Tuesday, Thursday and Saturday, at eleven.

MEDICINE—Dr. Peacock. Tuesday, Thursday, and Saturday, at two.

SURGERY—Mr. Le Gros Clark. Monday, Wednesday, Thursday, and Friday, at three.

HOSPITAL PRACTICE—Physicians—Dr. Barker, Dr. Bennett, Dr. Goolden, Dr. Peacock, Dr. Brinton, Dr. Bristowe, and Dr. Barnes (acc.) Assistant-Physicians—Dr. Clapton and Dr. Gervis (acc.) Surgeons—Mr. Solly, Mr. Le Gros Clark, and Mr. Simon. Assistant-Surgeon—Mr. S. Jones. Daily, at half-past eight or nine.

CLINICAL MEDICINE—Dr. Barker, Dr. Bennett, Dr. Goolden, and Dr. Bristowe. Monday and Wednesday at two.

CLINICAL SURGERY—The Surgeons in rotation. Friday at two.

CLINICAL MIDWIFERY, &c.—Dr. Barnes.

Post-mortem examinations at half-past two. Operations, Saturday, at half-past one.

Summer Session.

MATERIA MEDICA, &c.—Dr. Bristowe. Monday, Tuesday, Wednesday, and Thursday, at two.

MIDWIFERY, &c.—Dr. Barnes. Monday, Tuesday, Thursday, and Friday, at a quarter-past one.

BOTANY—Dr. Clapton. Monday, Wednesday, and Friday, at three.

MEDICAL JURISPRUDENCE—Dr. Stone. Tuesday and Thursday at twelve; Saturday at eleven.

PRACTICAL CHEMISTRY—Dr. A. J. Bernays. Friday at twelve; Saturday, ten to one.

COMPARATIVE ANATOMY—Mr. Ord. Tuesday and Thursday at eleven.

PATHOLOGY AND MORBID ANATOMY—Mr. Simon.

DENTAL SURGERY—Mr. Elliott. Tuesday and Friday at eleven.

MICROSCOPIC DEMONSTRATIONS—Mr. Rainey. Saturday at twelve.

Fees for the entire of the Lectures and Hospital practice in the first year, 40*l.*; second year, 40*l.*; and every succeeding year. Perpetual to the whole, 90*l.* Special entries may be made to any course of Lectures or to Hospital Practice.

Fee for all the lectures required by the College and Hall, and Hospital Medical and Surgical Practice, 90*l.*

PRIZES AND APPOINMENTS—1863-1864.—For First Year's Students. 1st. THE WM. TITE SCHOLARSHIP, founded by W. Tite, Esq., M.P., F.R.S., the proceeds of 1,000*l.* Consols tenable for three years. 2nd. A PRIZE of 20*l.* 3rd. A PRIZE of 10*l.* for Second Year's Students. A PRIZE of 30*l.*, 20*l.*, and 10*l.*, with the DRESSERS, and the CLINICAL CLERKS to Third Year's Students. A PRIZE of 30*l.*, of 20*l.*, and 10*l.* to Fourth Year's Students. 1st. 20*l.* 2nd. 20*l.*

The Grainger Testimonial Prize, of the value of twenty pounds, will be awarded biennially to Third or Fourth Years' Students, for the best Physiological Essay, to be illustrated by preparations and dissections.

The Cheselden Medal, founded by George Vaughan, Esq., is awarded in respect of a Special Examination in Surgery and Surgical Anatomy.

The Treasurer's Gold Medal is given annually for general proficiency and good conduct to whichever student has passed through his pupilage in the most meritorious manner.

The Smith Prize of Five Pounds, founded by Newman Smith, Esq., for the best essay on "Neuralgia."

The House Surgeons and Resident Accoucheur are chosen according to merit from gentlemen who have obtained their professional diplomas: the former to hold office for six or twelve months; the latter for three or six. All are provided with Rooms and Commons.

Two Hospital Registrars, at an annual salary of 40*l.* each, or one at 80*l.*, will be selected from gentlemen who have been distinguished for merit, and have completed their studies in the School.

Students of each year are classed according to their respective total merits in the examinations; and all of the first class in each year receive certicates of honour.

The Committee of the "Nightingale Fund" has arranged with the authorities of St. Thomas's, for educating women as Hospital Nurses, who, on the satisfactory completion of one year's training, will be considered eligible to receive appointments as Nurses in the Metropolitan or Provincial Hospitals.

Prior to Midsummer in each year, application should be made to Mrs. W. W. Wardroper, at St. Thomas's Hospital, either by women as candidates for Training or by Institutions for Trained Nurses.

UNIVERSITY COLLEGE HOSPITAL.

Winter Session.

ANATOMY AND PHYSIOLOGY—Dr. Sharpey. Daily, except Saturday, at ten. One course, 6*l.*; perpetual, 9*l.*

ANATOMY, DESCRIPTIVE AND SURGICAL—Mr. Ellis. Daily, at nine. Lectures and Practical Anatomy. One course, 7*l.* 7s.; perpetual, 10*l.* 10s.

ANATOMICAL DEMONSTRATIONS—Mr. Ellis and Mr. B. Hill, M.B., F.R.C.S. Daily. One course, 4*l.* 4s.

CHEMISTRY—Dr. Williamson. Daily, except Saturday, at eleven One course, 6*l.*; perpetual, 9*l.*

MEDICINE—Dr. Jenner. Daily, except Saturday, at four. One course, 6*l.* 10s.; perpetual, 8*l.*

SURGERY—Mr. Erichsen. Tuesday, Thursday, and Friday, at five. One course, 4*l.* 10s.; perpetual, 6*l.*

HISTOLOGY AND PRACTICAL PHYSIOLOGY—Dr. Harley. Monday and Wednesday, at four. One course, 3*l.*

HOSPITAL PRACTICE—Physicians—Dr. Jenner, Dr. Hare, and Dr. Reynolds, at one and two; Dr. Murphy (Acch.), thrice weekly. Twelve months, 15*l.* 15s., or with Surgical Practice, 21*l.* Surgeons—Mr. Quain, Mr. Erichsen, Mr. Marshall, and Mr. Hy. Thompson, daily, at one and two; Mr. W. Jones (Oph.), and Mr. Sheasfield (Asst.-Oph.), thrice weekly. Twelve months, 15*l.* 15s. Mr. Ibbetson, Dentist, Wednesday, at ten. One course, 5*l.* 5s. Assistant-Surgeon (office vacant)—Fees for the whole course (perpetual), 26*l.* 5s., or 36*l.* 15s.

CLINICAL MEDICINE—Dr. Jenner and Dr. Hare, fortnightly; Dr. Reynolds, bi-weekly.

CLINICAL SURGERY—Mr. Quain, bi-weekly; Mr. Erichsen, weekly.

CLINICAL MIDWIFERY, &c.—Dr. Murphy. Weekly.

Summer Session.

MATERIA MEDICA, &c.—S. Ringer, M.B. Daily, except Monday, at eight. One course, 4*l.*; perpetual, 6*l.*

MIDWIFERY, &c.—Dr. Murphy. Daily, except Saturday, at twelve. One course, 6*l.*; perpetual, 6*l.*

BOTANY—Mr. Oliver. Daily, except Saturday, at four. One course, 3*l.*; perpetual, 6*l.*

MEDICAL JURISPRUDENCE—Dr. G. Harley. Monday, Tuesday, Thursday, and Friday, at ten. One course, 3*l.*; perpetual, 4*l.* 4s.

PRACTICAL CHEMISTRY—Dr. Williamson. Daily, except Saturday, at eleven. One course, 4*l.*

NATURAL PHILOSOPHY—Mr. Potter. Monday, Wednesday, and Friday, at three. One course, 4*l.*

COMPARATIVE ANATOMY—Dr. Grant. Daily, except Saturday, at three. One course, 4*l.*; perpetual, 9*l.*

PATHOLOGY AND MORBID ANATOMY—Dr. W. Fox. Tuesday, Wednesday, and Friday, at nine. One course, 3*l.*; perpetual, 4*l.*

LOGIC (Required by the Army Board)—Dr. Hoppus. Tuesday, Wednesday, and Friday, at a quarter past ten, 4*l.*

OPHTHALMIC SURGERY—Mr. Wharton Jones. Tuesday and Thursday. One course, 2*l.*

DENTAL SURGERY—Mr. Ibbetson, Tuesday and Thursday, at six. One course, 1*l.* 1s.

OPERATIVE SURGERY—Mr. Marshall. Daily, at half-past seven a.m., and six p.m., 5*l.* 5s., or 7*l.* 7s.

Fee for all the Lectures required by the College and Hall, 65*l.*

Fee for ditto, and Hospital Medical and Surgical Practice, 91*l.* 10s.

Examinations are held in each class at the end of the session. Gold and silver medals awarded.

A course of practical instruction in operative surgery, bandaging, &c., is given by Mr. Marshall, surgeon, in the summer term. Fee, 1*l.* 1s.

Practical Pharmacy.—Instruction for three months, 3*l.* 3s.; six months, 5*l.* 5s.

At the end of every session there will be awarded a Filliter exhibition of 30*l.*, as a prize for proficiency in pathological anatomy; the Longridge exhibition of 40*l.*, as a prize for general proficiency; and the Atkinson Morley Scholarship, for the promotion of the study of surgery, 45*l.* for three years. Fellowes' Clinical Medals, one gold and one silver, and further certificates of honour, awarded for the best reports on medical cases. The Liston Clinical Gold Medal, and further certificates of honour, awarded for similar reports on surgical cases.

Analytical Chemistry.—The Birkbeck laboratory is open daily, from nine a.m. to four p.m. Fee, exclusive of the expense of materials—session, 26*l.* 5s.; three months, 10*l.* 10s.; one month, 4*l.* 4s.

Physicians' assistants, house-surgeons, midwifery assistants, physicians' clerks, surgeons' dressers, and ophthalmic surgeons' assistants, are selected from the pupils without additional payments. The physicians' assistants, obstetric assistant, and house-surgeons, reside in the hospital, paying for their board.

THE STUDENTS' GUIDE—*Continued.*

WESTMINSTER HOSPITAL.

Winter Session.

ANATOMY AND PHYSIOLOGY.—Mr. Power. Monday, Wednesday, and Friday, at three. One course, 5*l.* 5s.; two courses, 7*l.* 7s.

ANATOMY, DESCRIPTIVE AND SURGICAL.—Mr. Christopher Heath. Tuesday, Wednesday, Thursday, and Friday, at a quarter-past nine. One course, 5*l.* 5s.; two, 7*l.* 7s.

ANATOMICAL DEMONSTRATION.—Mr. Teevan. Daily from ten to two. One course, 2*l.* 2s.: two courses, 3*l.* 3s.

CHEMISTRY.—Mr. F. Dupré, Ph. D. Tuesday and Thursday, at three; Friday, at half-past ten. One course, 5*l.* 5s.; two courses, 7*l.* 7s.

MEDICINE.—Dr. Basham. Monday, Tuesday, Thursday, and Friday, at four. One course, 5*l.* 5s.; two courses, 7*l.* 7s.

SURGERY.—Mr. Holthouse. Monday, Wednesday, and Friday, at five. One course, 5*l.* 5s.; two courses, 7*l.* 7s.

HOSPITAL PRACTICE.—Dr. Basham, Monday and Thursday, at half-past one; Dr. Fincham, Wednesday and Saturday, at half-past one; Dr. Radcliffe, Tuesday and Friday, at half-past one. One course (twelve months), 12*l.* 12s.; two courses, perpetual, 21*l.* 0s. Assistant-Physicians—Dr. Anstie, Monday and Thursday, at one; Dr. Gibb, Tuesday and Friday, at one; Dr. Willis, Wednesday and Saturday, at one. Surgeons—Mr. B. Holt, Monday and Thursday, at half-past one; Mr. Brooke, Tuesday and Friday, at half-past one; Mr. Holthouse, Wednesday and Saturday, at half-past one; Mr. Walker (surgeon dentist.) One course (twelve months), 15*l.* 15s.; perpetual, 21*l.* 0s. Assistant-Surgeons—Mr. Hillman, Monday and Thursday at one; Mr. Power, Wednesday and Saturday, at one; Mr. Heath, Tuesday and Friday, at one.

CLINICAL MEDICINE—Dr. Basham, Thursday, at two; Dr. Fincham, Saturday, at a quarter to one; Dr. Radcliffe, Friday, at half-past one.

CLINICAL SURGERY—Mr. Holt, Thursday, at a quarter to two; Mr. Brooke, Friday, at a quarter-past one; Mr. Holthouse, Saturday, at 9.

Post-mortrm examinations at two; Operations, on Tuesday, at 2.

Summer Session.

MATERIA MEDICA, &C.—Dr. Radcliffe. Monday, Thursday, and Friday, at three. One course, 3*l.* 3s.; 4*l.* 4s.

MIDWIFERY, &C.—Dr. F. Bird. Tuesday, Thursday, and Friday, at four. One course, 4*l.* 4s.; two courses, 5*l.* 5s.

BOTANY—Mr. Syme. Monday, Wednesday, and Friday, at half-past eleven. One course, 3*l.* 3s.; two courses, 4*l.* 4s.

MEDICAL JURISPRUDENCE—Dr. Fincham and Dr. Anstie. Monday, Wednesday, and Friday, at three. One course, 3*l.* 3s.; two, 4*l.* 4s.

PRACTICAL CHEMISTRY—Mr. F. Dupré. Tuesday and Thursday, at half-past nine. One course, 2*l.* 2s.

NATURAL PHILOSOPHY—Mr. Brooke, Monday, at 4. One course 2*l.* 2s.

COMPARATIVE ANATOMY—Mr. Power. Tuesday and Friday, at nine. One course, 2*l.* 2s.; two courses, 3*l.* 3s.

DENTAL SURGERY—Mr. Walker. One course, 2*l.* 2s.

PRACTICAL PHARMACY—One course, 3*l.* 3s.; two courses, 5*l.* 5s.

Fee for all the Lectures required by the College and Hall, 49*l.* 7s.

Fee for ditto, and Hospital Medical and Surgical Practice, 78*l.* 15s. in three instalments. Perpetual, 84*l.*

PRIZE-APPOINTMENTS AND PRIZES.

House-Physician and House-Surgeon.—The offices of House-Physician and House-Surgeon, who, in the absence of the Physicians and Surgeons, have the sole charge of the medical and surgical patients respectively, are open to competition amongst gentlemen who have been educated at the Hospital, and who are qualified to practise under the Medical Registration Act, the successful competitors being appointed by the House-Committee upon the recommendation of the Physicians and Surgeons. Candidates are required to produce testimonials as to moral character, and certificates of having acted for six months as Clinical Clerk or Dresser—as Clinical Clerk for the office of House-Physician, as Dresser for that of House-Surgeon. The House-Physician and House-Surgeon are not only appointed without the payment of any fee, but they are provided with board and lodging in the Hospital, free of xpense.

Assistant House-Surgeon.—Is appointed without fee from among the senior students by examination, and is required to attend at the Hospital from ten a.m. to seven p.m. daily. He is provided with commons at the hospital table.

Clinical Clerks and Dressers.—These appointments are conferred without fee, in rotation, upon the most diligent students. The Clinical Clerk and Dresser of the week are entitled to have luncheon in the Hospital, free of expense.

PRIZES.—The following Prizes will be offered for competition to the Students of the Hospital and Medical School

I. A prize of books or instruments for each of the Winter Courses; and similar prizes for each of the Summer Courses, to be competed for by Students attending those classes.—II. Certificates of Honour to the second best Candidate in each class.—III. A prize of the value of five guineas, to be competed for by all Students who have not presented themselves for their final examinations before any of the Examining Boards, the subject being Clinical Medicine.—IV. A prize of similar value, and under similar conditions, for Clinical Surgery.—V. A special prize will be given for Clinical Midwifery by the Westm nster Maternity Charity.—VI. Chadwick Prize for General Proficiency. A sum of twenty guineas will be awarded, in one or more prizes, to the most meritorious Student or Students who are attending Lectures and Hospital Practice for the second or third year.

The examinations for the Clinical Prizes will take place at the end of each Winter Session.

A Public Distribution of the prizes will be held at the commencement of each Summer Session.

All communications respecting the School to be addressed to Mr. Power, 3 Grosvenor terrace, Belgrave road, S.W., or to any of the Lecturers.

METROPOLITAN SCHOOL OF DENTAL SCIENCE,

149 *Great Portland street.*

Lectures will be delivered on DENTAL SURGERY, by Mr. R. T. Hulme, on Wednesdays, at 7 p.m. 3*l.* 3s.

DENTAL MECHANICS—Mr. A. Hockley. Tuesdays, at 7 p.m. 3*l.* 3s.

METALLURGY—Dr. Bernays. Thursdays, at 7 p.m. 3*l.* 3s.

Summer Session.

DENTAL ANATOMY AND PHYSIOLOGY—Perpetual Fee, 12*l.* 12s.

The Session will commence on Wednesday, October 7th.

Mr. H. T. Kempton, Hon. Sec.

A TABULAR VIEW OF THE DAYS AND HOURS OF THE INTRODUCTORY LECTURES

To be delivered at the different Medical Schools in the Metropolis.

	Days and Hours.		Lecturers.
Guy's Hospital .	. Oct. 1st,	2 ...	Mr. Frederick William Pavy, F.R.S.
St. George's Hospital .	„	2 ...	Mr. Henry Lee.
St. Mary's Hospital .	„	8 ...	Dr. Markham.
Charing cross Hospital .	„	3 ...	Mr. C. W. Heaton, F.C.S.
London Hospital . .	„	3 ...	Mr. Maunder.
King's College . .	„	8 ...	Mr.
University College . .	„	3 ...	Prof. Reynolds, M.D.
St. Bartholomew's Hospital	„	4 ...	Mr. Paget.
St. Thomas's College .	„	3 ...	Mr. Sydney Jones, (the Dean).
Middlesex Hospital .	„	8 ...	Mr. Nunn.
Westminster Hospital .	„	8 ...	Mr. Christopher Heath

NOTICES TO CORRESPONDENTS.

In consequence of the space required by our STUDENTS' NUMBER, we are compelled to postpone our Answers to Correspondents and all other matters until next week.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, September 10:—John Leigh Becker, Maidstone; John Rigg, Southport; Thomas Miles, Totnes, Devon. The following gentlemen, also, on the same day passed their first examination:—Edward Reynolds Ray, Guy's Hospital; William Reuben Booth, St. George's Hospital.

At the recent examination for prizes in botany, given by the Society of Apothecaries', the successful candidates were:—1. Henry Greenway Howse, Guy's Hospital, gold medal; 2. Ralph Gooding, King's College, silver medal and a book.

GIFT TO EDINBURGH UNIVERSITY.—Sir David Baxter—who last week so generously presented the people of Dundee with a park of the value of 50,000*l.*—has funded 3,000*l.* for the purpose of establishing two scolarships in the University of Edinburgh, of the value of 60*l.* each per annum.

MANSLAUGHTER BY A MEDICAL HERBALIST.—On Friday W. C. Maynard, Esq., held an inquest at Newcastle, on the body of Jane Sumby, aged forty-nine, who died from the effects of a dose of meadow saffron, prescribed for her by Joseph Markus, a German Jew medical herbalist, residing in Church-street. Mr. Robson attended, on behalf of the Town Clerk, for the prosecution; and Mr. Graham watched the case on behalf of Markus, who was present in the custody of a policeman. The evidence proved, that the prisoner, when applied to for some medicine, sent a mixture of meadow saffron, of such strength as to cause the deceased great pain, and then her death. The coroner, in summing up, said they would agree with him there could be little doubt that the woman's death had resulted from the mixture prescribed by Mr. Markus. There seemed to be some little question as to whether Markus said a teaspoonful or a table-spoonful; but that did not touch the question, for the law said that a man was not to practise in such matters until by education, training, and a long course of study, he had qualified himself to deal with these things, which were very dangerous. If they thought Markus gave the medicine, however well intentioned, he was guilty of manslaughter. As to Markus not receiving any pay for the medicine, that was of no moment, and would not form an element in their consideration. The jury, after an hour's consultation, returned a verdict that deceased had "Died from an overdose of meadow saffron." The coroner said he took that as a verdict of manslaughter, and thereupon committed Markus for trial on the charge. The prisoner was then committed for trial on the coroner's warrant.

PARISIAN MEDICAL NEWS.

MEDICAL CORRESPONDENCE.

Efficacy of Tar in Cutaneous, Phagedenic, Ulcerous, and Diphtheritic Affections.—We stated in a recent article (Art. 6460), which has erroneously been attributed to the 'Bulletin de Thérapeutique,' the editor of that journal having omitted to quote the 'Journal of Practical Medicine' as the source whence he derived his information, that Mr. Bouchut was engaged in testing the efficacy of the different kinds of tar, and especially of *coal-tar*, in the treatment of skin-diseases, wounds of unhealthy aspect, and diphtheria of the skin and mucous membranes. In phagedenic ulcers, coal-tar is now universally admitted to be advantageous, and may be prescribed with the same confidence as phenic acid which is extensively used in Mr. Maisonneuve's wards. For this purpose, any one of the formulas we have described will be found appropriate. But in order to effect a solution of a more permanent character, Mr. Bouchut previously dissolves the coal-tar in spirit, and mixes the tincture with water. We recently noticed in this gentleman's wards, a little girl affected with phagedenic ulcers of the anus, consequent on follicular inflammation, who was threatened with extensive destruction of tissue, and formidable gangrene. The unhealthy aspect of the wound was speedily modified by the application of compresses moistened with a liquid containing $\frac{1}{50}$ part of tincture of coal-tar, and the condition of the child is now perfectly satisfactory. Coal-tar also produced most beneficial effects in a case of diphtheria of the eye, in another in which false membranes had formed on the surface of a blister, and in several cases of diphtheria of the wound in the neck resulting from tracheotomy. With regard to pseudo-membranous angina, the matter is still under investigation. In three cases of diphtheritic sore-throat accompanied by fever, the applications of coal-tar induced a favourable change in the space of twenty-four hours; but in these cases, the lymphatics of the neck were not enlarged, nor was any albumen detected in the urine, as usually occurs in diphtheritic angina, and we have therefore no conclusive evidence that the solution of tannis in glycerine, nitrate of silver, or any other such remedial agent might not have proved equally efficient.

With regard to the uses of tar in skin diseases, Mr. Bouchut by no means claims the merit of discovery; we reproduce the following letter on the subject, less with a view of elucidating an unimportant point of prior invention, than for the purpose of once more pointing out the benefits derivable from coal-tar in the treatment of cutaneous affections. The following is the communication of our learned correspondent:—

"Sir,—

". . . Some four years since I resorted to a formula closely analogous to that now recommended by Mr. Bouchut, for the treatment of *eczema*, more especially *eczema rubrum*, *impetigo*, *intertrigo*, *prurigo pudendi*, *mentagra*, *acne rosacea*, and other eruptions, varying the strength of the pomades according to the requirements of each case.

"So far back as 1857, Mr. Gibert, of Hospital Saint Louis, publicly professed his belief in the efficacy of resinous and empyreumatic substances in diseases of the skin, and daily prescribed in his wards, as the very best local modifier and siccative in squamous eruptions, and in chronic impetigo and eczema, a pomade containing from 15 grains to half-a-drachm of purified tar to one ounce of lard. He has since replaced the axunge by glycerine thickened with starch, as prepared by Messrs. Gap and Garot, and now frequently resorts to the following liniment for the formula of which we are indebted to Mr. Lecocq:—

℞ Glycerinæ, ℥j.;
Amyli, ℥j.;
Picis purif., ℥ss.

Boil the starch and glycerine, stirring the mixture uninterruptedly, until it has attained syrupy consistency, add the tar, and mix carefully.

The following is the formula I have used myself, in accordance with Mr. Gibert's precepts:—

℞ Glycerinæ, ℥j.;
Picis purif., ℥ss.

Heat: add pulv, amyli, q.s., to make a thin and homogeneous liniment.

I remain, etc.,
Oscar Rapin, M.D.,
Tuileries de Grandson,
(Switzerland).

SCIENTIFIC MISCELLANEA.

Reduction of the Size of the Head of the Fœtus when Impacted after Expulsion of the Body.—In a letter to the *Gazette Médicale*, of Paris, Mr. Hubert, of Louvain, examines what is the most judicious course to be followed when, after the passage of the body of the fœtus, the head is retained in consequence of its unusual size, or of deformity of the maternal pelvis. He begins by remarking that division of the symphysis is not to be thought of, when hydrocephalus is present, because the child cannot live. When the shape and size of the head are natural, and the diameter of the pelvis does not exceed 6½ centimetres (2¾ in.), and if, despite efforts of extraction attempted with the hand, forceps or lever, the child still lives, the propriety of symphyseotomy might be discussed. But it must not be forgotten that, although some faint indications of life may still persist under these circumstances, they will almost certainly be extinguished before the completion of the procedure.

It is, therefore, necessary to reduce the size of the head and to effect this result is the only urgent indication.

The safest method, that which is best calculated to secure the descent of the head through passages which have already been traversed by the trunk, is to act on the sphenoid bone, which is the key-stone of the cranium. This solid structure is the abutment on which the temporal and parietal bones directly or indirectly rest, and, after its destruction, they readily collapse. The occipital bone bends so as to descend obliquely into the pelvis, a fact recently demonstrated in a pelvis measuring but two inches in diameter.

Starting from these anatomical data, Mr. Hubert proceeds as follows:—

A transversal incision, nearly three inches in extent, is performed at the upper part of the sternum, in a line with the clavicles; the upper flap is separated from the other structures in the extent of a few lines, and through this aperture a pair of blunt-pointed scissors is inserted as far as the base of the cranium; the instrument is then opened and withdrawn, so as to establish a passage into which the perforator can easily be introduced so as to reach the roof of the pharynx.

The lower jaw may during the operation be fixed with the fingers, but this precaution is not indispensably required, gentle traction of the body being in general sufficient to secure the steadiness of the head.

With regard to the choice of a perforator, Mr. Hubert prefers the terebellum invented by Dugès to Smellie's or Blot's scissors, which might also be used. Mr. Hubert's objection to these instruments is, that when the surgeon employs them, or has recourse to a knife, he is not sufficiently aware of the exact moment of penetration into the skull, and when the perforation, as in Mr. Chailly's procedure, includes the roof as well as the basis of that cavity, he may not insert the blade to a sufficient depth, or more serious consequences may arise from pushing it too far and piercing through the cranium. In addition, the instrument being impacted in solid bone, does not play with sufficient ease to break down the cerebral structure, whereas when the terebellum is resorted to, the mobility acquired by its extremity when penetration has been fully effected, warns the operator; and the shaft, working in an aperture wider than itself, easily assumes all the changes of direction required for the destruction of the brain. The

t erebellum of Dugès, slightly altered *(a)*, penetrates with ea se and rapidity, and not only bores a hole, but often occa s ions fractures or more or less extensive cracks, which greatly assist in the reduction of the proportions of the head.

After having prepared in the neck a passage for the terebellum, Mr. Hubert inserts this instrument, and guides it along two fingers introduced into the vagina, as far as the roof of the pharynx; with these fingers he then secures the lower-jaw, whilst the basilar groove or the sphenoid bone are being pierced through. When the perforator has entered to a depth of two inches or thereabouts, and its mobility shows that it has passed into the cranium, it is moved in all directions in order to break down the cerebral substance. The instrument is then again reapplied to the base of the skull, and one or more holes are drilled through the solid structures, according to the extent of the pelvic deformity.

The surgeon might in these cases be induced to decapitate the fœtus in order to operate more freely on the head with the trepan or cephalotribe, but on principle, the section of the neck should very seldom be resorted to. Indeed after the accidental detachment of the body or intentional amputation of the head, the os uteri contracts, and closes on the cephalic xtremity, which loses at the same time the steadiness necesary for the application of instruments. During the present ear, an experienced accoucheur, Mr. Chailly, communicated o the Medical Society of the Département de la Seine, an instance of the difficulties attendant on extraction under the circumstances alluded to. The head of a fœtus after section of the neck, being incarcerated within the womb, Mr. Chailly was obliged to apply the cephalotribe no less than seven times, and effected his purpose only after having crushed the bones and splinters into a jelly; the mother recovered.

This expert obstetrician further stated that in the entire course of his practice he had never applied the forceps or lever *(b)* on a head to which the trunk was still attached. He has always succeeded in extracting the head by the method recommended by Madame Lachapelle, which consists in inserting two fingers into the mouth, and lowering the maxillary, whilst the nape of the neck is bent forward with the other hand. In this procedure, it is true, the mouth may be lacerated and the jaw-bone fractured; but when the fœtus has ceased to live, this is of little consequence, and even the more radical plan suggested by Mr. Hubert, of Louvain, may be perfectly justifiable.

FRACTURES OF THE JAW-BONE; THE GUTTA-PERCHA APPARATUS.—A glance at the various modes of dressing fractures of the lower jaw shows that the simplest contrivances answer the practitioners' purposes in mild cases, but that in the more complicated forms of injury, the most ingeniously contrived appliances effect but unsatisfactory results, induce more or less serious inconvenience, and sometimes even utterly defeat the object for which they were intended.

Mr. Morel-Lavallée has been successful in discovering in the gutta-percha mould a more simple and effective mode of dressing than all those hitherto in use for fracture of the jaw; Surgeons desirous of information on the subject will find the many advantages of the system fully expounded in a pamphlet *(c)* recently published by this Surgeon; from this paper we borrow t ıe following description of the construction and mode of application of the apparatus.

The fracture having been reduced, the fragments are in the first place secured to each other with very fine, annealed wire, fixed to the teeth and twisted over the dental arch.

From a sheet of the best gutta-percha, of the size of the hand, and about half an inch in thickness, a piece of the same width and about four inches in length is carefully cut, one being usually sufficient.

The gutta-percha is then softened in water at 60° (140° Fahr.), and soon acquires the malleability of putty. This is the proper density; were it less consistent, it would not so accurately mould itself to the shape of the teeth.

It is then incurvated in the form of the maxillary. If, as usually is the case, the fracture is situated in the anterior part of the bone, the extremities of the gutta-percha horse-shoe are flattened, in order to accommodate them to the interval which separates the jaws, and one end only receives the wedge-shape, if the fracture occupies the lateral region of the maxillary.

The soft gutta-percha is then laid upon the upper surface of the teeth, in such a manner that its middle should repose on the fracture, and that both fragments be equally secured. The thumbs of the operator are then placed beneath the chin, whilst regular pressure is exercised with the other fingers on the malleable gutta-percha; this pressure is persevered in until the crown of the teeth is distinctly felt through the mould.

With cold water injections the gutta-percha is restored to its natural consistency, and its refrigeration may be hastened with ice. Cold should be carefully applied to every part, especially behind the lower lip.

During these various operations the tongue must remain immovable, in order not to deform the mould. For the same reason, the patient must allow the water to run spontaneously out of his mouth into a basin, and make no effort at voluntary exspuition.

In a few minutes the gutta-percha resumes its solidity, but for further security Mr. Morel-Lavallée recommends a lump of ice or cold water to be kept for full half-an-hour in the mouth.

The model is then extracted and finished; it is proper, before removing it, to cut a notch in its superior surface, opposite the interval between two teeth of the upper jaw, as a guide when the appliance is definitively replaced.

With a straight and sharp blade, the superfluous portions are pared off, and it is reduced to a convenient size. Its lower edge should be on a level with the festooned margin of the gums.

All angles and asperities having thus been smoothed off, the mould is fitted on, and if it causes pain, is amended and improved until it sits easily.

The wire is then extracted.

Should the fragments of the bone separate, the surgeon must reduce them anew, and replace the cast, the complete adaptation of which is indicated by a peculiar sound, and by its perfect immobility. The retraction caused by cooling tightens the apparatus, and a little pressure is necessary to adjust the gutta-percha to the jaw, with which it then seems to make one. It never can become loose, unless all the teeth are decayed or insecure.

After an interval of a fortnight the dressing is removed and cleaned, and the fracture examined. It is then replaced, and in a month or six weeks a complete cure is generally effected.

When callus has begun to form, and has acquired a certain amount of solidity, the cast can be more frequently cleaned, and the patients take it off and replace it themselves.

"In no fracture," says Mr. Morel Lavallée, "does the application of the dressing procure such immediate relief. Pain is almost entirely allayed, and the power of speech and mastiaction are at once restored. The recovery of speech, in itself an inappreciable benefit, greatly adds to the comfort of the patient and in severe and complicated cases, probably adds to the chances of ultimate success. But the facility of mastication and the possibility of immediately allowing meat diet is a matter of far greater importance; with the other modes of dressing, soups only can for a long time be swallowed, perfect silence is enjoined, and moreover the fragments of the injured bone cannot be kept in such perfect apposition, as with the apparatus which for ten years the author has been in the habit of using."

In almost every instance, this plan will be found most efficient. The tendency to displacement upwards may, however, be difficult to conquer, or the absence of the teeth may prove an obstacle. In these cases, Mr. Morel applies pressure to the gutta-percha mould by means of a steel spring, which rests on the chin. This has been found a convenient auxiliary. A more simple method would however consist in protracting as

---

(a) Mr. Hubert has somewhat increased the size of the terebellum, and supplied it with a treble screw; these changes add to the promptness and efficiency of its operation. It has also received a spindle-shape, the screw travelling over the lower and shorter segment, which facilitate its extraction.

(b) *Vide* uses of the lever Art. 6209 and 6244.

(c) A Pamphlet, 8vo., pp. 40. Germer Baillière, Paris.

long as may be necessary the presence of the wire originally attached to the teeth.

Extraction of Foreign Bodies from the Bladder.—The *Gazette Médicale de Lyon* relates a case which was recently communicated to the Academy of Medical Science of that city, by Dr. F. Bron; the author especially dwells on the operative measures to be adopted for the extraction of foreign substances from the bladder.

The patient was a clear-starcher, aged twenty-one, who accidentally introduced into that cavity, for purposes it is needless to explain, a spindle shaped bone needle, four inches in length, pointed at one extremity and blunt at the other. She consulted Mr. Bron one week only after the occurrence.

This gentleman ascertained by the introduction of a catheter the presence of the needle in the bladder, and proceeded as follows to its extraction: anæsthesæ having in the first place been induced, an injection of water was thrown into the urinary reservoir. Mr. Bron then inserted one finger into the vagina, and passed the blades of a long dressing case forceps down into the cavity of the bladder. The position of the needle was soon detected. One extremity reposed behind the pubes, and the other on the posterior surface of the viscus. Combining the action of the forefinger of the left hand placed in the vagina, with the movements of the right hand, in which he held the forceps, he succeeded in grasping the foreign body, and gently caused it to tilt downwards when it was promptly extracted. Unimportant cystitis followed, which yielded in the course of two or three days.

Efficacy of the Leaf of Cherry-laurel in the Treatment of Wounds.—Dr. Julia, Surgeon of the 6th Regiment of Rifles, describes as follows in the *Gazette des Hôpitaux* a mode of dressing, which he has found highly conducive to cicatrisation in atonic wounds of unhealthy aspect.

"I cover the wound," says the author, "with one or more leaves of cherry-laurel placed in a very thin muslin bag; in the course of twenty-four hours suppuration increases, and exuberant granulation is checked. The same application daily repeated promptly modifies the appearance of the sore, and imparts considerable activity to cicatrisation."

Mr. Julia has frequently tested the efficacy of this mode of treatment, and relates several cases in illustration. A student in descending from the top of a stage-coach, severely grazed his right leg, inflicting a serious wound on its anterior surface, over the ridge of the tibia. The injury at first progressed in a satisfactory manner, but became after a time converted into an atonic sore, which no local treatment seemed to modify. A leaf of cherry-laurel was applied, and in the course of five days the healing process actively set in. Somewhat later, at Boulogne-sur-Mer, a cure was effected in a very few days, in the case of an officer suffering from wounds of the head, which displayed no tendency to heal. A washerwoman was also relieved in the same manner of a varicose ulcer of the leg, for which imbricated bands of adhesive plaster had long and unavailingly been resorted to. In Syria Dr. Julia had another opportunity of testing the cicatrising power of the cherry-laurel leaf; a young Italian had been kicked in the leg by a horse, and the bone was exposed. For three weeks the wound appeared to be doing well, when the healing process was suddenly arrested, and various remedies were fruitlessly prescribed. The patient lost heart, and feared that recovery was unattainable. Laurel leaves were, however, applied, and a cure was promptly effected.

From these and other similar cases, the author concludes that this kind of dressing is highly beneficial, and will soon acquire the popularity it deserves.

Anatomical Changes in Hemeralopia, Efficacy of Cod-liver oil, and Dark Rooms.—Professor Blot of Bordeaux, recently read at the Academy a paper in which is described for the first time an anatomical condition of the conjunctiva, alleged to be coincident with hemeralopia. The change is observable on the sides, and more especially on the outer side of the cornea, and consists in a patch formed by the agglomeration of a large number of nacreous specks. The progress and duration of this objective sign are proportionate to the injury sustained by the visual function. The motion of the lids seems utterly powerless to induce any change in the aspect of the patch, which is the result of a peculiar scaly condition of the epithelium. It was observed in every instance of hemeralopia, (upwards of thirty cases) admitted from 1859 to 1862, into the hospital for children at Bordeaux. The disease appears almost as frequent in girls as in boys, between the ages of nine and eighteen, and has been more commonly observed in vigorous than in weak subjects; the individuals affected were chiefly employed in workshops.

Much difference of opinion still prevails as to the pathology of hemeralopia; but on the practical points connected with the disease, surgeons are very generally agreed. We may, for instance, infer from an excellent memoir presented on the subject to the Academy in 1858, by Mr. Blaizeau, "that hemeralopia spontaneously disappears in most cases after a few days." According to this author, the treatment, when remedial measures are necessary, should be governed by the sthenic or asthenic condition of the subject. Dr. Desponts, of Fleurance (Gers,) states in a pamphlet recently published, that cod-liver oil must be considered as the specific remedy for hemeralopia. Dr. Netter, chief surgeon of the Strasbourg military hospital, must also be ranked with those who conceive that medical interposition is beneficial in this disease. Mr. Netter recommends that in the middle of the day the patient be placed in a darkened room, and urged to make every effort to see the surrounding objects. After two or three hours of this exercise, the visual power is restored, and when it has once been established in the dark, night-blindness need no longer be apprehended.

PRESCRIPTIONS AND FORMULAS.

Blennorrhœa; Bougies, Injections. — The obstinate duration of gleet almost always depends, as Béniqué remarked many years ago, on the presence of stricture. Hence the necessity of carefully exploring the urethra, and of dilating the contracted portions of the duct. In a recent paper inserted in the *Gazette des hopitaux*, Dr. Montanier recommends the treatment to be conducted as follows:

The urethra should, in the first place, be examined with a large sized bougie, which should be passed down about one inch beyond the stricture, and no farther.

The surgeon having thus acquired accurate knowledge as to the condition of the urethra, should insert into the passage a much smaller bougie; instruments of very gradually increasing diameter must afterwards be used in order to restore, by slow degrees, the proper calibre of the duct.

The operation must be performed every second day only. At first the bougies will be allowed to remain but ten minutes, in the urethra, and the time may cautiously be increased to fifteen, twenty and thirty minutes.

The susceptibility of the passage must carefully be watched, and the catheterism postponed, until such time as the operation ceases to induce any local irritation.

In general, the discharge promptly diminishes in abundance, becomes more watery, and altogether ceases in the course of a fortnight or three weeks. In some few instances, the gleet still persists, and the following injections almost always prove efficacious.

No. 1. ℞. Rosæ Gallicæ, ℥ij.
Boil in coarse red wine ℥x.

Inject three times daily.

No. 2. ℞. Acidi. tannici, Plumbi diacetatis, } ā gr. xx ij.
Aq. rosæ, ℥vij. M.

Three injections daily.

No. 3. ℞. Zinci sulphatis, Acidi tannici } ā ℥
Laudan. liq. syd. ♏xx;
Aq. rosæ, ℥x.

M. Three injections daily.

After these injections it may be necessary to resume the use of the bougies.

In some cases, catheterism three or four times repeated effects a cure of blennorrhœa; in others the operation must be much more frequently resorted to; and in a few unfrequent instances, which amount to about 4 per cent., gleet resists all the best directed efforts of the surgeon.

Bowen's plan for the Prevention of Pitting in Small-pox.—After describing in the *Union Medicale* the epidemic of small-pox, recently prevalent in London, Dr. Garnier states that the efficacy of the famous Indian specific, lately imported from America, *sarracena purpurea*, was extensively tested, but with entirely negative results. When it was too late to vaccinate the patients it was therefore necessary to have recourse to some measure calculated to prevent pitting, and the plan adopted by Dr. Bowen, is deserving of notice.

This gentleman's method consists in opening on the fifth or sixth day of the eruption each pustule with a needle, and after steeping the instrument in a solution of nitrate of silver (ʒj to ʒj), reinserting it into the aperture.

This method is not a new one, though the operative procedure has some claim to originality, and appears preferable to the use of the lunar caustic, inasmuch as its performance may be entrusted to any one, and as it is applicable to all the pustules situated in regions habitually exposed to view. "The system was resorted to at Quebec," says the author, "on one side of the face of a man labouring under small-pox, and after recovery, that side was perfectly smooth, whereas the other was frightfully scarred." The author does not state how far the subject of this ingenious experiment may have been satisfied with his appearance under the circumstances.

We may also add that strips of mercurial plaster applied over the face as a mask, have been productive of very satisfactory results.

Cheap Beer.—Mr. Parisel's Formula.—The *Année Pharmaceutique* supplies us with a formula communicated by Mr. Parisel, for the fabrication of a kind of beer which would barely cost a penny per quart:

℞ Sugar, Oij.;
Common gum, ʒvij;
Hops, ʒv.;
Juniper berries, ʒj.;
Elderflowers, ʒss.;
Water, Olxx.

Infuse the hops, elder flowers and juniper berries; strain; add the sugar and gum; cool to 68° Fah.; beat up with an ounce of yeast, and pour into a six gallon cask, which should be placed in a warm room. Fermentation promptly sets in; bottle in twelve or fifteen hours.

This beverage is fit for drinking in the course of a week, and the amount of juniper berries or elder flowers may be increased to suit the taste of the consumer. In Mr. Parisel's chemical works, this beer was brewed on a large scale and served out to the workmen at 7 centimes (3 half-pence) a quart, its cost price.

LEARNED SOCIETIES.

Academy of Sciences.—The lovers of geology were at first staggered by Mr. Eliede Beaumont's statements with regard to the nature of the soil of Moulin Quignon, but have appealed from a judgment for which that gentleman has assigned no reasons. Mr. Garrigou again endeavours to show that the layers in which the far-famed jaw-bone was found, are formed of genuine diluvium, *i.e.*, a deposit due to a flood anterior to Noah's deluge. (*a*)

Mr. Garrigou brings forward in support of his views, the authority of Messrs. d'Archiac, de Verneuil, de Passy, Buteux, Prestwich, Lyell, Lubloct, etc., and remarks that in the north of France the diluvium consists in pebbles more or less worn by friction, and covered with a layer of clay of variable thickness, the lower deposit of flint, being formed at the expense of the tertiary cretaceous soil. Now the soil of Moulin-Quignon is precisely of this description, and is similar in all respects to the diluvium of the other northern provinces of France.

The comparative antiquity of the flint implements discovered in this and other localities, is not an insoluble problem. A comparison of the vertical section of the Mundesley Cliff (Norfolk), supplied by Mr. Prestwich, with the structure of the quarries of Hoxne, in Suffolk, and of the valleys of the Waverney, Lark, and Ouse, affords us the means of acquiring the information sought for. The first flint instruments manufactured by the hand of man, were found for the first time with the remains of the Mammoth, Rhinoceros-Tichorhinus, in layers corresponding to the sub-angular silex deposits of the ravines of the Boulder clay. The earliest remains of human industry were deposited in virgin and regularly stratified layers, after the formation of the first deposits on the striated and characteristic rocks of the icy period, in the north and north-west of Europe, and of the American continent.

Hence Mr. Garrigou concludes that the co-existence of man with the extinct Mammoths is unquestionably demonstrated.

Academy of Medicine.—Mr. Pajot, a candidate for the vacant seat in the section of Obstetrics, read a paper on presentations of the trunk or shoulder, in cases of extreme deformity of the pelvis. The question examined by the author is one of great import, although the coincidence he describes is necessarily of very unfrequent occurrence. Thus in thirty cases of deformed pelvis, which Mr. Pajot has met with at the lying-in hospital of the School of Medicine, in the course of ten years, thirteen only were instances of excessive deformity, in which the longest diameter was inferior to three inches. In five of these patients, the trunk of the fœtus presented, and the contraction was so great as absolutely to prevent the introduction of the hand. In cases of this kind, natural parturition is impracticable, and the very anxious question of the relative value of the life of the mother and of her child, forces itself on the practitioners' consideration; one life must be sacrificed, and the surgeon has no choice but between embryotomy and the Cæsarean operation. Mr. Pajot conceives that, under the circumstances alluded to, both are equally desperate resources, and adduces in support of his views the history of his five cases of tranverse presentation, which all proved fatal with one exception; he therefore unhesitatingly declares himself favourable to the Cæsarean section.

He concludes with the following remarks:

In the case of a full-grown, living child, if some part of the trunk presents, and the diameter of the maternal pelvis is less than $2\frac{3}{4}$ or 3 inches, after the accoucheur has vainly endeavoured by external manipulations to turn the child, the Cæsarean section is justifiable.

If labour sets in before the full time, and turning is impracticable, amputation of one arm will much facilitate the evolution of the fœtus, and the section of the neck may be performed by a new procedure discovered by the author.

If a full grown child has ceased to live, whatever be the difficulties attendant upon delivery, *per vias naturales*, the Cæsarean operation must on no account be instituted. Embryotomy must be resorted to, and the fœtus extracted by repeated applications of the cephalotribe.

Mr. Pajot's method of dividing the neck of the fœtus is of a very simple character, and consists in passing round the neck a strong silken or hempen ligature, by means of a blunt hook bearing a groove for the reception of the thread; at one extremity of the latter is attached a leaden ball, for its more easy

(*a*) Although nothing has been said in the newspapers, we believe discoveries have been made of the character of the osseous fragments which now change into certainty, the doubts expressed by English geologists. Mr. Godwin Austen, after skilfully conducted inquiries of one of the French labourers, procured the exhumation of certain remains that had been interred by the individual referred to; and on the examination of a particular skeleton which wanted the jaw, the Abbeville bone was found to fit exactly. —*Galignani's Messenger.*

extraction, and the operator holding both ends, divides the tissues by a see-saw movement.

The same procedure is applicable even when the cervical region of the fœtus cannot be reached, and the ligature divides with the same ease the parts of the body situated between the lower angle of the scapula and the crista illi.

Mr. Tarnier effects the same result with an enlarged model of Bêclair's sound. But the blunt hook may be used with entire success, and it is needless to increase without necessity the arsenal of the accoucheur.

— Mr. Mattei, another candidate to the vacant seat in the section of Midwifery, read a paper on the average duration of pregnancy, and on the indications which beforehand point out the probable period of labour.

Dr. Mattei summarises his remarks as follows :

Gestation in the human female has a fixed average duration within or beyond which all births are premature or protracted.

The period of two hundred and eighty days, ten lunar months, or forty weeks, was assigned by Hippocrates, not as an average, but as the utmost limit of pregnancy ; this calculation was inaccurate, and it is now fully demonstrated that gestation may exceed these bounds.

An interval of nine solar months, or two hundred and seventy days between intercourse and delivery, an estimate not to be found in the works of Hippocrates, is nearer to the truth, although still somewhat too high.

The author's personal observation, and the facts recorded in the first and second volume of his work on obstetrics, bear him out in the statement that the average length of gestation is two hundred and sixty-five days.

The actual time of conception is generally unknown, and the inquirer must be guided by the date of the last menstrual discharge, and the duration of pregnancy be estimated by the number of missing catamenial periods ; the uterine congestion continuing regularly to recur every month, although no blood may escape, the fœtus is generally born on the ninth return of the *molimen hæmorrhagicum*.

The period at which labour may be expected to set in is the ninth catamenial period after conception. These menstrual intervals may be counted by epochs of thirty days or solar months, although before pregnancy they may have been more or less considerable.

Exceptions to this rule are not unfrequent and depend on the advanced age at which fecundation has been accomplished, on the undeveloped state of the fœtus, or on the unprepared condition of the inferior segment of the womb and of the cervix, circumstances which can be readily ascertained by examination of the organs.

This mode of estimation is more rapid and correct than the methods habitually prevalent in England, Germany, Poland and France. They may, however, all be simultaneously employed, and a comparison of the results leads to as close an approximation of the truth, as can be expected in the present state of science.

— Dr. Josat then read a paper on the history of the ophthalmia of armies.

According to the author, this disease, which since the Campaign of Egypt has afflicted so many Europeans, prevailed on the banks of the Nile from the most remote antiquity. We have, on the other hand, no historical proof of the existence of epidemic ophthalmia in France, previously to the date of Bonaparte's expedition. Mr. Josat endeavours to show that the French fleet, destroyed at the battle of the Nile, could not have been the means of importing the disease into France, but that it is on the contrary, easy to follow the footsteps of the soldiers who suffered from this affection in Egypt, and brought it back to their own country.

Dr. Josat further inquires how this pre-eminently contagious disease has become almost exclusively localised in Belgium. "No disease," says he, "is absolutely speaking contagious. It can only be propagated under the influence of various co-operating circumstances, which he alleges are to be found united in Belgium, a country in which the greater part of the population spend their lives in mines and workshops."

— Another communication was made by Mr. Delioux de Salignac, on the efficacy of acetate of ammonia in pneumonia, especially when the pulmonary inflammation occupies the apex of a lung and gives rise to delirium, or when it is a complication of typhoid fever.

Spiritus Mindereri which contains the impure acetate was formerly prescribed in typhoid. Mr. Delioux exhibits the purified salt in doses varying from half-an-ounce to two ounces, in a mixture sweetened with syrup of tolu, or poppies.

Giacomini and his school have, according to Mr. Delioux, improperly attributed contro-stimulant properties to acetate of ammonia. The drug should more properly be viewed as an arterial sedative and regulator of the circulation. With this remedy alone, Mr. Delioux has obtained most satisfactory results in numerous cases of pneumonia, in which delirium was present.

— Mr. Magne, Director of the Veterinary School of Alfort, was then elected a member of the Academy, *vice* the late Mr. Renault.

The Medical Circular.

ORIGINAL COMMUNICATIONS.

LECTURES
ON DISEASES OF THE SKIN.

By George Ross, M.D.

(Continued from page 144.)

Syphilitic Affections.—Congenital Syphilis.

Some of the more salient phenomena of syphilitic eruptions having been described, we will now consider other points in connection with those diseases. Before any form of cutaneous disease breaks out there is always a certain amount of feverishness ; this remark holds good of the syphilitic affections. The constitutional disturbance is not, however, generally so striking as in the other cases, because the syphilidæ are less acute. The eruption is, in fact, symptomatic of a general condition, and marks a crisis of the disease. This observation is most readily verified in the roseolar forms of eruption, which usually cover a larger surface than the scaly or vesicular, and come more suddenly under the eye. A man feels a little "out of sorts" over night, having been indulging, perhaps, in a holyday revelry, and he awakes in the morning to find an eruption on his body, at which he is greatly surprised. From that time it goes on increasing, and he is quickly covered with the rash. The mental despondency which usually accompanies secondary eruptions tends to depress the vital powers, and is unfriendly to the curative process. This anxiety and depression are almost peculiar to syphilitic affections ; you do not find it in their non-syphilitic congeners. If a man enter your consulting-room with a gloomy brow and lowering eye, his complexion having a dusky unwashed hue, and if he express a serious solicitude to be informed as to the nature of his complaint, you may accept that frame of mind and dingy aspect as pathognomonic symptoms in the case. The depression partly arises from a secret consciousness that he has got no more than he deserves, partly from an apprehension of the consequences, and partly from a debilitating operation on the nervous system characteristic of syphilis. I have hardly ever known an exception to this ; a man of so rollicking a character that he can despise syphilis, is rarely to be found. Associated with the dingy skin there is also an offensive fœtid odour.

The febrile excitement which precedes the outbreak of a secondary rash, may recur at distant and uncertain intervals. I have already said that we may have a recurrence of the rash, so also by a parity of reasoning, we may expect a recurrence of the fever. Occasionally this feverishness runs high, causing considerable constitutional disturbance ; but ordinarily the excitement is moderate, and in old cases would hardly be noticed but for the advent of the local symptoms.

When treating of the peculiarities of the eruptive diseases associated with an attack of gout, I cited instances of roseolar, lichenous, and tuberculous affections, and even of an eruption exhibiting the characteristics of these various forms at the same time. Similar phenomena will be occasionally noticed among the syphilodermata. A tuberculous lichen will seem to be planted on a roseolar base. This observation only shows that there is nothing special in these venereal eruptions ; that in the main, they are the same as those that occur under ordinary circumstances, and are only modified by the syphilitic taint. It is unnecessary after what I have said to

dilate upon the different forms of venereal eruption; they are as various as common eruptive diseases.

There are manifestations, however, which must not be overlooked; I allude to the syphilitic erythema and syphilitic pemphigus which attack children, and are the most characteristic hereditary expressions of the disease. Perhaps there is no malady in the entire range of medicine that has been more debated in recent years than this—congenital syphilis. Some surgeons seem to regard almost every aspect of infantile degeneration as syphilitic, whilst there are others who, with difficulty, recognise syphilis even in its most obvious characters. I have no doubt that there has been much exaggeration on this subject, and that some enthusiasts have been apt to see syphilis everywhere. It is of great importance that an accurate diagnosis of the syphilitic infection should be established, because where it exists it requires to be treated with energy; on the other hand, if it do not exist, and a mistake occur, much mischief to the child's health may result. As a rule, syphilis in an infant is sooner or later a fatal disease. I know that we frequently hear of cures of congenital syphilis in children; but I suspect that most of such cases were non-syphilitic. I have seen, I know not how many, unmistakeable instances of inherited syphilis; they are perpetually under my eye among the depraved of a poor population, and the result of my observation is that recovery is a rare event. The excessive mortality among infants in the first year of life is due to this taint. In those quarters of London where prostitutes abound, the deaths among young children under five years of age amount to 80 or 90 per cent. of the number of children born. Now it is not wilful neglect or starvation altogether that inflicts this great mortality, but in a large degree the poisoned constitutions which the children have inherited.

It may be well to guard against an error likely to arise from a want of discrimination—an error in confounding the lichenous eruption, which breaks out a few days after birth in the neighbourhood of the vulva, nates, and folds of the abdomen, with that graver malady which is due to syphilis. In some constitutions, the denudation of the cutis, and the accompanying inflammatory action, cause the child great suffering, and unless relief be given, wasting and exhaustion ensue. As the child's health fails, aphthæ, which are in fact the concomitants of the cutaneous eruption, appear in the mouth, the lips are fissured, diarrhœa sets in, and death is the result. Sometimes this eruption covers the entire surface. I was called in to see an infant a few days after birth, in consequence of some difference of opinion between the parents and the Medical attendant as to the nature of the disease from which the child was suffering. I need scarcely add that the Medical practitioner was right. The father, in his anxiety, had come to the conclusion that the infant was labouring under small-pox,—an opinion which might be excused by the fact that the child was literally covered with a lichenous eruption in a highly-inflamed condition. The little sufferer, at the time I saw it, was well formed and plump, but it was so tortured by the disease that I did not hesitate to say that it would die of the irritation. I did not see it again, but I understood that in a very few days it succumbed. Well, cases of that kind are not syphilitic; they resemble these in many particulars, especially in their advanced stages, and are, I fancy, often mistaken for them, but they have no connection with the venereal taint.

In true syphilitic disease, the affection is not so painful and irritating. The cachexia does not follow the local disorder, but precedes it, or, at least, is a leading primary symptom. The child is usually born in a weakly and shrivelled condition, the skin is dusky, and the erythematous rash is of a dull colour, a little raised above the skin at its margin, and patchy; when there are ulcers, they are more definite, and have more or less thickened edges. The hands and feet, moreover, are most commonly affected, and these are the principal seat of the syphilitic pemphigus, which is so intractable a form of the disease.

Nothing but mercury is of any use for the relief of these symptoms; and it is desirable, in most instances, to subject the mother to treatment as well as the child. Of course it would be desirable to get a healthy nurse for the infant, or if that should be inexpedient, to give it artificial nutriment. I have found that when children are fed from birth or very soon afterwards with prepared food, they do as well upon it as with the mother's milk—far better than with the milk of a delicate or unhealthy mother.

(To be continued.)

REGULATIONS OF UNIVERSITIES, &c.

UNIVERSITY OF EDINBURGH.

I. Three Medical Degrees are conferred by the University of Edinburgh, viz., Bachelor of Medicine (M.B.), Master in Surgery (C.M.), and Doctor of Medicine (M.D.) The degree of Master in Surgery is not conferred on any person who does not also, at the same time, obtain the Degree of Bachelor of Medicine.

II. The preliminary branches of Extra-Professional Education are English, Latin, Arithmetic, the Elements of Mathematics, and the Elements of Mechanics; and the proficiency of students in these branches is ascertained by examination, as far as possible, prior to the commencement of their Medical study.

III. No candidate is admitted to a Professional Examination who has not passed a satisfactory examination on at least two of the following subjects, in addition to the subjects mentioned above:—Greek, French, German, Higher Mathematics, Natural Philosophy, Logic, Moral Philosophy; and the examination on these latter subjects also takes place, as far as possible, before the candidate has entered on his medical curriculum.

The examinations under Sections 2 and 3 are conducted by Examiners in Arts, together with some of the Medical Examiners.

IV. A degree in Arts (not being an Honorary Degree) in any one of the Universities in England, Scotland, or Ireland, or in any Colonial or Foreign University, specially recognised for this purpose by the University Court, exempts from all preliminary examination.

V. No one is admitted to the Degree of Bachelor of Medicine or Master in surgery, who has not been engaged in Medical and Surgical study for four years,—the Medical Session of each year, or *Annus Medicus*, being constituted by at least two courses of not less than 100 lectures each, or by one such course, and two courses of not less than fifty lectures each; with the exception of the Clinical Courses in which Lectures are to be given at least twice a-week during the prescribed periods.

VI. Every candidate for the Degrees of M.B. and C.M. must give sufficient evidence by Certificates:—

1. That he has studied each of the following departments of Medical Science, during Courses of not les than 100 lectures, viz:—Anatomy, Chemistry, Materia Medica, Institutes of Medicine or Physiology, Practice of Medicine, Surgery, Midwifery, and the Diseases peculiar to Women and Children; two courses of Midwifery, of three months each, being reckoned equivalent to a six months' Course, provided different departments of Obstetric Medicine be taught in each of the Courses, and General Pathology, or in schools where there is no such Course, a three month's Course of Lectures on Morbid Anatomy, together with a supplementary Course of Practice of Medicine, or Clinical Medicine; Practical Anatomy, six months, Practical Chemistry, three months; Practical Midwifery, three months at a Midwifery Hospital, or a certificate of attendance on six cases from a Registered Medical Practitioner; Clinical Medicine and Clinical Surgery, during Courses of six months, or two Courses of three months, Lectures being given at least twice a-week; Medical Jurisprudence, Botany and Natural History, including Zoology, during Courses including not less than fifty Lectures.

2. That he has attended, for at least two years, the Medical and Surgical Practice of a General Hospital, which accommodates not fewer than eighty patients, and possesses a distinct Staff of Physicians and Surgeons.

3. That he has been engaged, for at least three months, by apprenticeship or otherwise, in compounding and dispensing drugs at the laboratory of an Hospital, Dispensary, Member of a Surgical College or Faculty, Licentiate of the London or Dublin Society of Apothecaries, or a Member of the Pharmaceutical Society of Great Britain.

4. That he has attended, for at least six months, by Apprenticeship or otherwise, the Out-practice of an Hospital, or the Practice of a Dispensary, Physician, Surgeon, or Member of the London or Dublin Society of Apothecaries.

VII. The studies of candidates for the Degree of Bachelor of Medicine and Master in Surgery are subject to the following Regulations:—

1. One of the four years of Medical and Surgical study, required by Section 5, must be in the University of Edinburgh.

2. Another of such four years of Medical and Surgical study must be either in the University of Edinburgh, or in some other University entitled to give the Degree of Doctor of Medicine.

3. Attendance during, at least, six winter months on the Medical or Surgical Practice of a General Hospital, which accommodates at least eighty patients, and during the same period, on a Course of Practical Anatomy, may be reckoned as one of such four years, and to that extent shall be held equivalent to one year's attendance on Courses of Lectures, as above prescribed.

4. One year's attendance on the Lectures of Teachers of Medicine in the Hospital Schools of London, or in the School of the College of Surgeons in Dublin, or of such Teachers of Medicine in Edinburgh, or elsewhere, as shall from time to time be recognised by the University Court, may be reckoned as one of such four years, and to that extent shall be held as attendance on Courses of Lectures, as above prescribed.

5. Candidates may, to the extent of four of the Departments of Medical study required by Section 6, Sub-section 1, attend in such year or years of their Medical and Surgical studies, as may be most convenient to them, the Lectures of the Teachers of Medicine specified in the foregoing Sub-section 4.

6. All candidates, not students of the University, availing themselves of the permission to attend the Lectures of Extra-Academical Teachers in Edinburgh must, at the commencement of each year of such attendance, enrol their names in a book to be

kept by the University for that purpose, paying a fee of the same amount as the Matriculation fee paid by the students of the University, and having, in respect of such payment, a right to the use of the library of the University.

7. The fee for attendance on the Lectures of an Extra-Academical Teacher in Edinburgh, with a view to graduation, must be of the same amount as that exigible by Medical Professors in the University.

VIII. Every Candidate must deliver before the thirty-first day of March of the year in which he proposes to graduate, to the Dean of the Faculty of Medicine—(1.) A Declaration in, his own handwriting, that he has completed his twenty-first year ; and that he will not be, on the day of graduation, under articles of Apprenticeship to any Surgeon or other master :—(2) A statement of his Studies, as well in Literature and Philosophy as in Medicine, accompanied with proper Certificates :—(3.) A Thesis composed by himself, to be approved by the Medical Faculty.

IX. Each Candidate is examined both in writing and *vivâ voce* —first, on Chemistry, Botany, and Natural History ; secondly, on Anatomy, Institutes of Medicine, and Surgery ; and, thirdly, on Materia Medica, Pathology, Practice of Medicine, Clinical Medicine, Clinical Surgery, Midwifery, and Medical Jurisprudence. The Examinations on Anatomy, Chemistry Institutes of Medicine, Botany, and natural History, are condducted as far as possible, by Demonstrations of objects placed before the Candidates ; and those on Medicine and Surgery in part by Clinical Demonstrations in the Hospital.

X. The Degree of Doctor of Medicine may be conferred on any Candidate who has obtained the Degree of Bachelor of Medicine and is of the age of twenty-four years, and has been engaged subsequently to his having received the Degree of Bachelor of Medicine, for at least Two Years in attendance on an Hospital, or in the Military or Naval Medical Services, or in Medical and Surgical Practice ; provided always that the degree of Doctor of Medicine shall not be conferred on any person, unless it be a Graduate in Arts of one of the Universities of England, Scotland, or of such other Universities as are above specified, or unless he shall before or at the time of his obtaining the Degree of Bachelor of Medicine, or within three years thereafter, have passed a satisfactory Examination in Greek, and in Logic or Moral Philosophy, and in one at least, of the following subjects—namely, French, German, Higher Mathematics, and Natural Philosophy.

XI. The Medical Examiners of all Candidates for Graduation in Medicine are the Professors in the Faculty of Medicine, and, in addition, three persons appointed annually by the University Court.

XII. The provisions of these Statutes came into operation on February 4, 1861.

XIII. Persons who begin their Medical Studies before February 4, 1861, are entitled to graduate under the system in force before or after that date, according as they may comply with the regulations in force in the University before or after that date.

UNIVERSITY OF OXFORD.

(Founded 872.)

	Elected.
Chancellor, the Earl of Derby	1852
High Steward, the Garl of Carnarvon . . .	1859
Vice-Chancellor, J. P. Lightfoot, DD., Rector of Exeter College	1862
Registrar, E. W. Rowden, D.C.L., late Fellow of New College	1853

The following statement gives the chief particulars concerning the *University of Oxford* as a place of education in its relations to Medicine.

The affairs of the University are managed, and its regulations are made, either by a Convocation consisting of all Doctors in Divinity, Law, and Medicine, and Masters of Arts, or by the Resident Doctors and Masters, or by the Council.

There are twenty-four Colleges and Halls in Oxford. Every Student must reside in one or other of these for a period of three years.

During these three years, he has to pass three Examinations in Arts, and one in either Mathematics, Natural Science, or Law and Modern History.

A Student deciding to graduate in Medicine should proceed as follows :—

1st. To enter at a College or Hall.
2nd. To pass all the Examinations in Arts.
3rd. After the Final Classical Examination, to pass two years in study prior to a Scientific Examination for the Degree of Bachelor of Medicine ; and two years more prior to the final or practical Examination for the same degree.

This Degree confers the Licence to Practise. There is no subsequent Examination for the Degree of Doctor in Medicine. For this Degree a dissertation has to be publicly read three years after the B.M.

4th. Besides the three Examinations in Arts the Student must pass one of the three schools above-named—Mathematics, Natural Science, and Law and History.

The instruction in Natural Science is carried on at the Museum, where the following Teachers have their Departments :—

Regius Professor of Medicine, and Clinical Professor, H. W. Acland, M.D., LL.D., F.R.S.
Savilian Professor of Astronomy, W. F. Donkin, M.A., F.R.S.
Savilian Professor of Geometry, Henry, J. S. Smith, M.A., F.R.S.
Professor of Experimental Philosophy, R. Walker, M.A., F.R.S.
Deputy-Professor of Experimental Philosophy, G. Griffith, M.A.
Professor of Natural Philosophy, B. Price, M.A., F.R.S.
Professor of Geology, J. Phillips, M.A.., LL.D., F.R.S.
Professor of Mineralogy, M. H. N. Story Maskelyne, M.A.
Professor of Chemistry, Sir B. C. Brodie, Bart., M.A., F.R.S.
Linacre Professor of Physiology, G. Rolleston, M.D., F.R.S.
Professor of Zoology, J. O. Westwood, M.A., F.L.S.
Lee's Reader in Anatomy, W. S. Church, B.A.
Lee's Reader in Chemistry, A. G. V. Harcourt, M.A.
Demonstrator in Anatomy, Charles Robertson.
Radcliffe Librarian, H. W. Acland, M.D., F.R.S.
Sherardian Professor of Botany at the Botanical Garden, C. G. B. Daubeny, M.D., F.R.S.

The Medical Examinations take place annually in the Michaelmas Term.

Scholarships of about the value of 75*l.* are obtainable at Christ-Church, Magdalen, and other Colleges, by competitive examination in Natural Science. Every year a Radcliffe Travelling Fellowship is competed for by any who, having taken a first class in the Natural Science School, propose to study Medicine. The Travelling Fellows receive 200*l.* a year for three years, half this period being spent in study abroad.

More detailed information concerning the University may be obtained from the University Calendar, to be purchased of any bookseller ; concerning the General Education, from the Heads of Colleges ; concerning the Medical Examinations, from the Regius Professor of Medicine ; and concerning the Scientific Education, from the Professors in the several Departments.

MEDICAL DEGREES. PRELIMINARY EXAMINATIONS IN ARTS.

Programme for 1863-64.

1. In conformity with Section II. of the Statutes (see printed Statutes of date February 4, 1861), Examinations on the Preliminary Branches of Extra-Professional Education will take place on Wednesday, 28th October 1863, and on Saturday 2d April 1864.

1. *English*—Writing out a narrative, with strict attention to correct spelling, the proper selection of words, the form of the sentences, and punctuation.
2. *Latin.*—Sixth Æneid of Virgil, and an easy passage from a Latin Prose Author.
3. *Arithmetic.*—The Common Rules, including Decimals.
4. *Elements of Mathematics.*—Euclid, Books i., ii., and iii., and the Rudiments of Algebra, including Simple Equations.
5. *Elements of Mechanics.*—Lardner's Mechanics.

II. At the same dates Examinations will take place in conformity with Section III. of the said Statutes, which enacts that no Candidate shall be admitted to a Professional Examination who has not passed a satisfactory Examination on at least *two* of the following subjects (in addition to the subjects mentioned above) :

1. *Greek.*—An easy passage from the Memorabilia of Xenophon.
2. *French.*—Voltaire, Histoire de Charles XII.
3. *German.*—Laokoon, by Lessing.
4. *Higher Mathematics.*—Euclid, Books i. to vi.—Algebra, Trigonometry and Conic Sections.
4. *Natural Philosophy.*—Elements of Natural Philosophy by Golding Bird and Brooke.
6. *Logic.*—Fallacies and their Causes.—Theory and Methods o Induction.*
7. *Moral Philosophy.*—The springs of Action—The Mora Faculty—Ethical Theories.†

III. In Section XVIII. of the said Statutes it is enacted : That the Degree of Doctor of Medicine shall not be conferred on any person unless he be a Graduate in Arts, or unless he shall, before or at the time of his obtaining the Degree of Bachelor of Medicine, or

(Continued at page 180.)

* Candidates may consult Whately's "Elements." and Mill's Logic on Fallacies, and Mill's Logic (Book iii), on Induction.

† Candidates may consult Dr. Thomas Brown's Lectures on the Emotions, and on Ethics.

NOTICE.—*In compliment to our numerous Irish Subscribers, we have determined to publish the* PROSPECTUS OF THE IRISH SCHOOLS OF MEDICINE *complete in our next number, instead of placing it at the end of the English and Scotch Schools in our present number.*

THE MEDICAL CIRCULAR.

WEDNESDAY, SEPTEMBER 23, 1863.

MEDICAL CHANGES IN 1863.

Although there has lately been no sudden convulsion in the Medical world, a number of interesting changes have been effected, which will have an important bearing upon the future status and prospects of the Profession. These changes have been managed so quietly and gradually that many people are quite unaware of their occurrence, and what is a curious circumstance, they have been brought about by no hostile influences, but by the mere course of events.

In the first place, it is to be observed that degrees in Medicine will no longer be conferred without a residence in a University town. For many years the Universities of Aberdeen and St. Andrew's were in the habit of conferring Medical Degrees upon practitioners who had not had the opportunity of attending the prescribed curriculum in a University, but who proved to the Examiners their competency to practise Medicine; and it must be admitted that the convenience thus afforded was a great boon to the Profession. The fact is, that a man who has studied at St. Bartholomew's or Guy's Hospital, or any similar Medical establishment, is quite as likely to make a good doctor as one who has studied at Glasgow or Aberdeen, the only difference being that the latter are Universities and the former are only Schools of Medicine. But the fates have determined otherwise, and Aberdeen aad St. Andrew's are shorn of their privilege of granting degrees to non-residents; and the blow has been struck, not by the rival Universities of England and Ireland, but by the Scottish University Commission. The only exception of the granting of degrees to non-residents is in the case of the University of London; but the privilege here is more apparent than real, for in consequence of the number of the examinations, the distant intervals at which they are held, their great stringency, and the numerous chances of rejection, the fact of non-residence in London is a decided disadvantage, only to be overcome by extraordinary powers of application and the devotion of abundant time.

Another important, although silent and almost imperceptible change, is to be found in the abolition, so far as London is concerned, of private schools and private teachers. The last private teacher, we believe, was Dr. Hall Davis, who was permitted by the authorities to continue the delivery of lectures at his own residence; but his appointment as Lecturer on Obstetric Medicine at the Middlesex Hospital, an honour tardily conferred on a most estimable and accomplished physician, has put the *coup de grâce* on private teaching by recognised lecturers. The last private school, by which we mean a school unconnected with an hospital, was the Grosvenor place School of Medicine, which has disappeared from the list, in consequence of the expiration of the lease of the premises in which the School was placed.

This latter change, if a benefit at all, is by no means an unmixed one, and indeed both on special and general grounds, the extinction of the School of Medicine in question is to be deplored. It comprehended, among its teachers, many distinguished men, who, by merely accidental and fortuitous circumstances, were excluded from the Hospital Schools, and it educated many meritorious alumni who have since become ornaments of the Profession. On general grounds, also, the entire abolition of the small Schools of Medicine, unconnected with Hospitals, is to be regretted. In such institutions an opportunity was afforded for men to exercise such abilities as they possessed in the art of teaching, and those schools often acted as stepping-stones to the higher professional appointments. Amidst a host of illustrations which might be offered, we may enumerate the names of Lawrence, Skey, Quain, Todd, Pereira, who thus commenced their career as teachers; and if such an opening had not existed, many men, now illustrious in their calling, would have been condemned to perpetual obscurity. Those who have been fortunate enough to keep up their connexion with the great Hospitals, have (as indeed they deserve) the first claim to such appointments as the Hospital authorities may have at their disposal; but those who may have studied in the provinces, or those who may have changed their views as to their professional aspirations, are hopelessly debarred from attaining to any public distinction, although both their talents and their elocutionary powers peculiarly fit them for the professorial chairs. The small schools offered a home to such aspirants, who, if incompetent, would soon relapse into their primitive obscurity, but, if men of mark, would be likely to assert and maintain their claims to distinction. For these reasons, we regret the closing of the small Medical Schools, and we shall willingly second any efforts made to revive such establishments.

The spirit of change has also crept into the time-honoured institutions at the head of the Profession. The College of Physicians, once the most exclusive of the Medical Corporations, and into the portals of which only the *élite* of the Profession could gain admittance, now throws open its doors to all comers, and enters into competition with the Surgeons and the Apothecaries, whom formerly it despised. Urged on by the progressive tendency of the age, it has abandoned many of its ancient prejudices, and bestows its honours with a pretty liberal hand; and, indeed, if it makes any mistake at all in the present day, it is certainly not in the direction of exclusiveness. The election of its President is no longer an annual farce, but a *bonâ fide* expression of the wishes and feelings of the Fellows; and the appointments of Censors and Examiners reflect credit upon the whole body.

The College of Surgeons has also been shaken to its centre by the force of public opinion; and although an attempt was made to render nugatory the provisions of its own Charter, the Fellows of the College have interpreted that instrument in its obvious meaning, and have infused new life into the hitherto torpid and inert mass.

The Society of Apothecaries, although they do not change themselves, change their Examiners every year, and thus the continual cycle of change is made complete. In after years no doubt the circle will go on progressively widening, till all remnants of exclusivism are abolished, and the whole mass of the Profession are fully and fairly represented.

SUMMARY OF THE WEEK.

EPIZOOTIC DISEASE IN CATTLE.

The present high price of meat has become a most important economic question in every household, and the astonishment is great that, under the system of free trade inaugurated by Sir

Robert Peel, this necessary of life should be sold at almost prohibitory rates. It appears that the importation of foreign cattle, which is carried on to a very great extent, so far from lowering the prices, has tended to augment them, by introducing a vast amount of epizootic disease into this country and causing a great annual loss to the breeders. The chief diseases are pleuro-pneumonia and epizootic aphtha, which are brought over from the continent and spread among our own cattle with fatal violence. Out of the 12,000 cows kept in London, there is said to be an annual loss of 80,000*l.*, but the pecuniary loss is somewhat reduced by the sale of the diseased animals for human food. Professor Gamgee, who has paid very great attention to this subject, has made some investigations of the highest importance, and his results are of the very gravest character as affecting the food of the people. He states his opinion that in the case of town-cows, at least half the animals are slaughtered in a diseased state and sold for food. In the Edinburgh market he has himself bought for dissection diseased yearlings, which farmers have purchased in the same market a week or two before, and had afterwards found to be infected. The annual loss upon stock in the United Kingdom, from the ravages of epizootic disease, is said to amount to no less than 6,000,000*l.*, and this enormous waste might be prevented by the application of those sanitary measures which have proved efficient in human epidemics. At present it seems that what is everybody's business is nobody's, and that the spread of disease among cattle, and the sale of diseased meat goes on unchecked, but Professor Gamgee's revelations ought to call forth the assistance of the Legislature in repressing the existing evils.

THE PREVENTION OF INFANTICIDE.

The great prevalence of infanticide in the present day has at last attracted public attention, and a number of benevolent persons, including ladies, have been exerting themselves in establishing a new Society termed the National Society and Asylum for the Prevention of Infanticide. A preliminary meeting was held some weeks ago, and another was held on Thursday evening last, when a long discussion took place as to the best means to be adopted for the furtherance of the proposed object. It was stated that the present laws for the protection of women and their illegitimate offspring were quite inadequate, and that while numerous inducements existed for women to conceal their shame by the destruction of their newly-born infants, it was very seldom that the crime was followed by adequate punishment, or indeed by conviction. Tracing the evil to its source, it was proposed that the women should be compelled to protect and maintain their offspring, and that the men, who were in fact quite as guilty, or even more guilty than the women, should be made to contribute to the support of the children in a more equitable ratio than was now required by law. In order to alleviate the miseries which now impel females to the crime of infanticide, it was proposed to receive the women, previously to their confinement, into an asylum and moral reformatory, where they would receive shelter until they were able to return to their occupation. The institution, it was proposed, should assume the control of the children, and possess the power of compelling the putative fathers to contribute to their support. At some of the meetings of this society, the system of employing wet-nurses was strongly denounced, as tending to encourage vice and immorality among unmarried women, who were said to desire pregnancy rather than to avoid it, for the purpose of obtaining employment as wet-nurses among the rich. We can foresee that the operations of this proposed society are beset with difficulties, but this is no reason why an attempt should not be made to establish it. The co-operation of the ladies we consider to be an essential element of success, and we are glad to learn that many of the gentler sex are disposed to aid in this benevolent movement, and to help their unfortunate sisters in retracing their steps to the paths of virtue.

REVIEW OF THE PERIODICALS.

THE 'DUBLIN QUARTERLY JOURNAL OF MEDICAL SCIENCE.' No. LXXI. AUGUST 1863.

The first article is by Dr. ROBERT JOHNS, consisting of "Some Practical Observations on the Prevention and Cure of Puerperal Inflammations." The causes of *post-partum* inflammations, according to Dr. Johns, are very numerous, but may be classified in the following order—viz., impaired health during pregnancy, want of cleanliness and ventilation, contagion and epidemic influence, distress of mind from seduction, &c., anxiety, and excitement caused by visitors, errors in diet and the use of stimulants, hæmorrhage during delivery, retained placenta, or putrefied clots in the uterus, drawing the breasts too soon after delivery, exposure to cold, going out too soon, puerperal convulsions, either actual or threatened, uterine disease, and the inhalation of chloroform during labour, to which latter cause Dr. Johns attaches very great importance. Having described the above causes at length, together with the means to be adopted for their prevention or removal, Dr. Johns points out the remedies to be adopted when the disease has actually commenced, and he places mercury in the first rank as an antagonistic to puerperal inflammation, recommending its very early use in order to secure its beneficial effects, and advocating the perseverance of its employment until it has affected the system, nothing short of salivation being sufficient in very bad cases. The abstraction of blood, either locally or generally is often requisite, but the application of leeches is preferable, at the present time, to venesection, owing to the prevalent asthenic type of inflammations. With respect to the use of mercury, however, Dr. Johns thinks he may safely assert that in no case has there been a fatal issue where there were distinct proofs of the system having been affected by it, but the soreness of the mouth is not a sufficient evidence, and unless there were the characteristic fœtor of the breath, and other proofs of mercurialisation, it cannot be said that the system is really under the influence of the mineral. Opium is also very useful in combination with mercury, and Dr. Johns strongly recommends also the simultaneous administration of bismuth, as suggested by Dr. Alfred Hudson. Dr. Johns illustrates his very interesting paper by the details of fifty-two cases, and he draws the following conclusions from a review of the whole subject:—1. That the rate of mortality in childbirth is by far too high. 2. That some form of puerperal inflammation is, in the great majority of instances, the cause of death. 3. That puerperal inflammation is very frequently fabricated. 4. That it is often overlooked either from ignorance or want of a careful examination. 5. That chloroform in many ways predisposes to a fatal issue. 6. That the advent of puerperal inflammation may, in very many instances, be prevented; as also that it may be cured more frequently than it is. 7. That from the insidious character of puerperal inflammation, and its rapid and fatal course, an early and active treatment is required for its removal. 8. That apart from other reasons, it is of the utmost importance to remove *post partum* inflammation quickly and completely, because upon imperfect cures of the malady it is not unusual for secondary forms of inflammation to follow during the puerperal period. DR. THOMAS HAYDEN relates a "Case of Poisoning with the Berries of the Atropa Bella-

donna; with Observations on the Mode of Action of Belladonna." The treatment of the case related was successful, the remedies employed being a mustard emetic and subsequently repeated doses of compound ipecacuan powder. Dr. Charles Croker King contributes some "Further Observations on Death by Hanging;" with an account of the execution of a murderer, and the subsequent examination of the body. Dr. King having had the opportunity of examining after death two cases of hanging, contrasts the appearances found in each, and he shows that, as Casper has observed, the presence of swelling and congestion in the countenance is by no means general in this mode of death, but the appearance of the face is like that of any other corpse. Dr. Thomas A. Wise contributes some "Remarks on the Hæmostatic Treatment of Cholera, Hæmorrhage, Exhaustion, &c.;" his first experience of the efficacy of this plan having been obtained in India, when a regiment prostrated by fever was once unexpectedly placed under his charge. He had but a small supply of quinine, and he determined to employ tourniquets to intercept the blood in the extremities, and this plan was followed by such considerable success, that he extended its application to other diseases, and especially to the cure of intermittent fevers. The conclusions drawn by Dr. Wise as to the beneficial results of the use of the tourniquet in the collapsed stage of cholera, in exhaustion, &c., are somewhat curious. He considers that by its obstructing the circulation it immediately stops the distressing cramps of the extremities in cholera, and that by increasing the quantity of the circulating fluid in the trunk, it stimulates the heart's action, removes morbid congestions, and increases the animal heat. The next article is a translation of a long and elaborate paper by Dr. Debout, of Paris, the Editor of the '*Bulletin Genêral de Thérapeutique Médicale et Chirurgicale*,' on the "Mechanical Restoration of the Apparatus of Vision," and is illustrated by numerous wood-engravings. Dr. J. B. Hamilton contributes some "Observations on the Endemic Diseases of Britsh Honduras," which he divides into medical and surgical, the former being mostly of miasmatic origin, and the latter being principally caused by the reptiles and insects which infest the country, and render the climate dangerous and unpleasant to Europeans. Dr. B. W. Foster relates two cases of "Patency of the Foramen Ovale, attended with Cyanosis, and a Faint Murmur Synchronous with the First Sound of the Heart." The subjects of the cases were a brother and sister, aged respectively about four and two years. Dr. John F. Mc Veagh gives some account of the "Datura Tatula, and its Use in Asthma." This species of Datura is more efficacious than the Datura Stramonium, it is more anti-spasmodic and less narcotic, and rarely causes any headache.

REGULATIONS OF UNIVERSITIES, &c.

(Continued from page 177.)

within three years thereafter, have passed a satisfactory Examination on *three* of the subjects mentioned in No. 11. Two of these must be Greek and Logic or Moral Philosophy, and the third may be any one of the following subjects—namely, French, German, Higher Mathematics, Natural Philosophy.

Examinations of the same extent at other British Universities granting the Degree of M. D. will exempt from these Preliminary Examinations. Certificates of having passed such Examinations must be produced, with an official notice of the subjects of Examination.

Examinations in Latin for Students who come under the old Statutes, in consequence of having commenced their Medical Curriculum by attendance on Classes before 4th February, 1861, will take place on Wednesday, 28th October, 1863, and on Saturday, 2d April, 1864; and will be confined to the following works:—

1. Life of Agricola by Tacitus.
2. First Book of Cicero de Officiis.
3. Sixth Æneid of Virgil.

Candidates who mean to appear at any of these Examinations must inscribe their names, with the number of their Matriculation Ticket and their address, ten days at least before the date of the Examination, in a Book which is kept at the Secretary's Office College. Those who claim to be under the old Statutes must produce evidence of having attended qualifying *Classes* before February 4, 1861.

NOTICES TO CANDIDATES FOR DEGREES.

In provincial schools a candidate can make *one annus medicus only*, and this is constituted by attendance on a qualified Hospital, along with a course of Practical Anatomy. In the Hospital Schools of London, in the Extra-Academical School of Edinburgh, and in the School of the College of Surgeons of Dublin, a candidate may make *two anni medici*—one of which must be constituted by Hospital attendance and Practical Anatomy, and the other by at least two six-months' courses, or by one six-months' course, and two three-months' courses. The classes at these schools only qualify to the extent of 4.

The Edinburgh Extra-Academical Classes only qualify if the fee paid at the commencement of the Session is the same as that paid to the Professors in the University.

The Preliminary Examinations in Arts take place on the *last Wednesday of October*, and the *first Saturday of April*.

The Professional Examinations take place in April, June, and July.

The Examinations in July are confined to those candidates who have obtained leave from the Medical Faculty to appear at that time.

No candidate can appear for his second Examinations unless his Thesis has been previously sent to the Secretary, in conformity with the Statutes.

Candidates who appear for Examination in Chemistry, Botany, and Natural History, at the end of their second *annus Medicus*, must produce certificates of *complete* courses of these subjects.

The Fee for Examination must be deposited with the Secretary before the day of Examination. In the event of the candidate not passing, the fee is not returned, but he may appear at future Examinations without paying an extra fee.

For full particulars as to Graduation, see the University Calendar, *Published by Messrs.* Maclachlan & Stewart, *South Bridge, Edinburgh. Price 2s.; per Post, 2s. 2d.*

UNIVERSITY OF ST. ANDREWS.

REGULATIONS REGARDING MEDICAL DEGREES.

1. The Degree of Doctor of Medicine may be conferred by the University of St. Andrews on any registered Medical Practitioner above the age of forty years, whose professional position and experience are such as, in the estimation of the University, to entitle him to that degree, and who shall, on examination, satisfy the medical examiners of the sufficiency of his professional knowledge; provided always, that degrees shall not be conferred, under this section, to a greater number than ten in any one year.

II. Any person presenting himself as a candidate for the Degree of Doctor of Medicine, under the first section, without having previously obtained the Degree of Bachelor of Medicine, shall, on so presenting himself, pay a fee of fifty guineas, inclusive of the *stamp* duty.

III. The Degrees in Medicine to be hereafter granted by the University of St. Andrews shall be divided into three classes, and be designated respectively Bachelor of Medicine (M.B.), Master in Surgery (C.M.), and Doctor of Medicine (M.D.)

IV. The preliminary branches of extra-professional education, in the case of candidates for the Degrees of Bachelor of Medicine and Master in Surgery, shall be English, Latin, Arithmetic, the Elements of Mathematics, and the Elements of Mechanics; and the proficiency of students in these branches shall, as far as possible, be ascertained by examination prior to the commencement of their medical study.

V. No candidate shall be admitted to a professional examination for either of the last mentioned degrees, who has not passed a satisfactory examination on at least two of the following subjects in addition to the subjects mentioned above:—Greek, French, German, Higher Mathematics, Natural Philosophy, Natural History, Logic, Moral Philosophy; and the examination on these subjects also shall, as far as possiole, take place before the candidate has entered on his medical curriculum.

VI. A Degree in Arts (not being an honorary degree) of any of the Universities of Scotland, or of England, or of Ireland, and also a Degree in Arts of any Colonial or Foreign University, which may for this purpose have been specially recognised by the University Court, shall exempt candidates from all preliminary examination.

VII. No one shall be admitted to the Degree of Bachelor of Medicine or Master in Surgery, who has not been engaged in Medical and Surgical Study for your years—the Medical session of each year, or *Anus Medicus*, being constituted by at least two courses of not less than one hundred lectures each, or by one such course, and two courses of not less than fifty lectures each; but, in the case of the clinical courses, it shall be sufficient that the lectures be given at least twice-a-week during the prescribed periods.

VIII. Every candidate for the Degrees of Bachelor of Medicine and Master in Surgery shall give sufficient evidence by Certificates:—

(1) That he has studied each of the following departments of Medical Science, and during courses including not less than one hundred lectures, viz. :—

Anatomy, Chemistry, Materia Medica and Pharmacy, Institutes of Medicine, or Physiology, Practice of Medicine, Surgery, Midwifery, and the Diseases peculiar to Women and Children : two courses of Midwifery, of three months each, being reckoned equivalent to a six months' course, provided different departments of Obstetric Medicine be taught in each of the courses. General Pathology, or, in schools where there is no such course, a three months' course of lectures on Morbid Anatomy, together with a supplemental course of practice of Medicine, or clinical medicine.

Practical Anatomy, six months.

Practical Chemistry, three months.

Practical Midwifery, three months at a Midwifery Hospital, or a certificate of attendance on six cases from a registered medical practioner.

Clinical Medicine, Clinical Surgery, during courses of six months; or two courses of three months ; lectures being given at least twice a week.

Medical Jurisprudence, Botany, Zoology, with Comparative Anatomy, during courses including not less than fifty lectures.

(2) That he has attended for at least two years the medical and surgical practice of a general hospital, which accommodates not fewer than eighty patients, and possesses a distinct staff of physicians and surgeons.

(3) That he has been engaged for at least three months, by apprenticeship or otherwise, in compounding and dispensing drugs at the Laboratory of a hospital, Dispensary, Member of a Surgical College or Faculty, of a Licentiate of the London or Dublin Society of Apothecaries, or of a Member of the Pharmaceutical Society of Great Britain.

(4) That he has attended for at least six months, by apprenticeship or otherwise, the out-practice of a hospital, or the practice of a dispensary, or of a physician, surgeon, or Member of the London or Dublin Society of Apothecarias.

IX. No one shall be received as a candidate for the Degree of Bachelor of Medicine or Master in Surgery, unless two years at least of his four years of medical and surgical study, as above defined, shall have been in one or more of the following Universities and Colleges, viz. :—The University of St. Andrews ; the University of Glasgow, the University of Aberdeen ; the University of Edinburgh ; the University of Oxford ; the University of Cambridge ; Trinity College, Dublin; Queen's College, Belfast; Queen's College, Cork ; and Queen's College, Galway.

X. Subject always to the condition specified in the ninth section, the studies of candidates for the Degrees of Bachelor of Medicine and Master in Surgery, shall be under the following regulations :—

(1) The remaining years of medical and surgical study, other than those for which provision is made by the ninth section, may be either in one or more of the Universities and Colleges above specified, or in the Hospital Schools of London, or in the School of the College of Surgeons in Dublin, or under such private teachers of medicine, as may from time to time receive recognition from the University Court :—

(2) Attendance during at least six Winter months on the medical or surgical practice of a general hospital which accommodates at least eighty patients, and during the same period on a course of practical anatomy, may be reckoned as one of such remaining years ; and to that extent shall be held equivalent to one year's attendance on courses of lectures, as prescribed in the seventh section :

(3) Attendance on the lectures of any private teacher in Edinburgh, Glasgow, or Aberdeen, shall not be reckoned for graduation in St. Andrews, if the fee for such lectures be of less amount than is charged for the like course of lectures in the University of Edinburgh, of Glasgow, or of Aberdeen, according as the teacher lectures in Edinburgh, Glasgow, or Aberdeen.

XI. Every candidate for the Degrees of Bachelor of Medicine and Master in Surgery shall, at such period of the year in which he proposes to graduate as may be fixed for the purpose by the Senatus Academicus, lodge with the Senatus—

(1) A declaration, in his own handwriting, that, on the day of graduation, he will have completed his twenty-first year, and will not be under articles of apprenticeship :

(2) A statement of his studies, as well in literature and philosophy as in medicine, accompanied with proper certificates :

(3) An inaugural dissertation, composed by himself, to be approved by the Senatus Academicus.

XII. Every candidate for the Degrees of Bachelor of Medicine and Master in Surgery, shall be examined, both in writing and *viva voce*.—First, on chemistry, botany, elementary anatomy, and materia medica : secondly, on advanced anatomy, zoology with comparative anatomy, physiology, and surgery ; and, thirdly, on practice of medicine, clinical medicine, clinical surgery, midwifery, general pathology, and medical jurisprudence.

XIII. Students, who profess themselves ready to submit to an examination on the first division of these subjects at the end of the second year of their course, may be admitted to examination at that time.

XIV. Students, who have passed their examination on the first division of these subjects, may be admitted to examination on the second division at the end of the third year of their course.

XV. The examination on the third division shall not take place until the candidate has completed the fourth year of his course.

XVI. Candidates may be admitted to examination on the first two of these divisions at the end of their third year ; or to the three examinations at the end of their fourth year.

XVII. If any candidate, on examination, be found unqualified, he shall not be again admitted to examination, unless he shall have completed another year of medical study, or such portion of another year as may be prescribed by the examiners when he is found unqualified.

XVIII. The degree of Master in Surgery shall not be conferred on any person, who does not at the same time obtain the degree of Bachelor of Medicine.

XIX. The degree of Doctor of Medicine may be conferred on any candidate who has obtained the degree of Bachelor of Medicine, and is of the age of twenty-four years, and has been engaged, subsequent to his having obtained the degree of Bachelor of Medicine, for at least two years in attendance on an hospital, or in the Military or Naval Medical Service, or in medical and surgical practice : provided always, that, subject to the provisions of the first section, the degree of Doctor of Medicine shall not be conferred on any person, unless he be a graduate in arts, or unless he shall, before, or at the time of his obtaining the degree of Bachelor of Medicine, or within three years thereafter, have passed a satisfactory examination in Greek, and in logic or moral philosophy, and in one, at least, of the following subjects, namely, French, German, higher mathematics, natural philosophy, and natural history.

XX. Except under the provision of the first section, the degree of Doctor of Medicine shall not be conferred on any person who has not previously obtained the degree of Bachelor of Medicine.

XXI. There shall be paid by each candidate for the degree of Bachelor of Medicine, a fee of five guineas in respect of each of the three divisions of the examination on professional subjects specified in the eleventh section of this ordinance ; each such fee of five guineas being payable at the time at which the candidate comes forward to be examined in that division in respect of which it is payable ; and, if the candidate desires to be admitted to the degree of Bachelor of Medicine only, he shall not, on admission thereto, be required to pay any farther fee in addition to the fifteen guineas so paid by him ; but, if he desires to be admitted to the degree of Master in Surgery also, he shall, on being admitted to such degree, pay a farther fee of five guineas : and every candidate for the degree of Doctor of Medicine, who has previously obtained the degree of Bachelor of Medicine, shall pay, in addition to the fees paid by him as a candidate for the degree of Bachelor of Medicine, a fee of five guineas, exclusive of any stamp duty which may for the time be exigible.

CHARGE AGAINST A HOMŒOPATHIC PRACTITIONER IN AUSTRALIA —*Macfarlane v Hickson.*—This was a complaint brought by a medical man against the defendant, under the Medical Practitioners' Act, sec. 7, for assuming the style and title of "doctor," without being registered according to the Act, and therefore unlicensed to act as a medical man. Mr. Walsh appeared for the prosecution, and stated the case. He also produced the list of legally qualified medical men, as issued from the office of the Registrar-General. The defendant denied that he called himself a doctor. William Macfarlane deposed that he knew the defendant; he resided in Peel street, and had a sign over the door with "Dr. Hickson" on it. He had a sign-board in the hall of the Mechanics' Institute also with "Dr. Hickson" on it. The defendant's name did not appear in the medical registry as issued by the Registrar-General. The defendant's name did not appear in the supplementary list. Cross-examined : On your signboard I saw "Dr. Hickson." The word doctor was contracted. It would stand as contracted for other words. It would stand for debtor. The defendant having addressed the bench in defence, Mr. Clissold said the case was quite clear. There was an appeal, and the defendant could, if he chose, take an appeal to a higher court. If the defendant chose, the bench would increase the fine from what it intended to be. The bench would fine the defendant one shilling.—*Ballaarat Star.*

NEW REGULATIONS OF APOTHECARIES' HALL.—In accordance with the recommendations of the General Council of Medical Education and Registration, the Court of Examiners of the Apothecaries Society have recently modified their regulations, so that students will in future be admitted to the examination for the degree of L.S.A. after three (instead of four) years of professional study, irrespective of pupilage ; and students being medical graduates of one of the recognised British Universities will only be required to pass a *practical* examination in the practice of medicine and midwifery.

THE STUDENTS' GUIDE.

(Continued from our last Number.)

BIRMINGHAM SYDENHAM COLLEGE.

Winter Session.

ANATOMY AND PHYSIOLOGY—Dr. Jordan and Dr. Bartleet. One session, 4*l.* 4s.; perpetual, 9*l.* 9s.

ANATOMY, DESCRIPTIVE AND SURGICAL—Mr. Elkington, Mr. Jones, and Mr. Johnson. One session, 4*l.* 4s.; perpetual, 7*l.* 7s.

PRINCIPLES AND PRACTICE OF MEDICINE—Dr. Fletcher and Dr. Russell. One session, 4*l.* 4s.; perpetual, 7*l.* 7s.

PRINCIPLES AND PRACTICE OF SURGERY—Mr. Baker and Mr. Bolton. One session, 4*l.* 4s.; perpetual, 7*l.* 7s.

SURGICAL PATHOLOGY—Mr. Pemberton.

DENTAL PHYSIOLOGY AND SURGERY—Mr. Howkins.

CHEMISTRY—Dr. Hill. One session, 4*l.* 4s.; perpetual, 7*l.* 7s.

Summer Session.

MIDWIFERY, AND THE DISEASES OF WOMEN AND CHILDREN—Dr. Elkington. One session, 3*l.* 3s.; perpetual, 4*l.* 4s.

MATERIA MEDICA AND THERAPEUTICS—Mr. Basset and Mr. Harrison. One session, 4*l.* 4s.; perpetual, 7*l.* 7s.

PRACTICAL CHEMISTRY—Dr. Hill. One session, 2*l.* 2s.

BOTANY, STRUCTURAL AND SYSTEMATIC—Mr. Westcott, One session, 3*l.* 3s.; perpetual, 4*l.* 4s.

FORENSIC MEDICINE—Dr. Hill and Mr. Swain. One session, 3*l.* 3s.; perpetual, 4*l.* 4s.

CLASSICS AND MATHEMATICS—Mr. Bates.

Composition fee for all the Lectures required by the College and Hall, 42*l.* Perpetual fee to all the Lectures, 50*l.* Entrance fee, 2*l.* 2s.; Medical tutor, 2*l.* 2s.

The Medical Tutor will assist the Students in the subjects of their Lecture and in the Dissecting Room. He will also hold classes daily for the practical instruction of the junior students.

Clinical courses will be given by those Lecturers who are attached to the various public institutions of the town.

Prizes will be awarded in each class, under fixed regulations; and a Council Prize will also be given for general proficiency.

Some of the Lecturers will receive Students in their houses; and Parents or Guardians are requested to communicate with the Principal before placing Students in lodgings.

Students entering Sydenham College are requested to furnish proof of having had a sufficient preliminary education, of being of good moral character, and are required to observe the bye-laws of the College.

BIRMINGHAM QUEEN'S COLLEGE.

Winter Session.

ANATOMY AND PHYSIOLOGY—Professor Lawson. One course, 4*l.* 4s.

ANATOMY, DESCRIPTIVE, AND SURGICAL—Professor F. Jordan. One course, 4*l.* 4s.

ANATOMICAL DEMONSTRATIONS—Professor F. Jordan and Dr. Foster. One course, 4*l.* 4s.

CHEMISTRY—Mr. Anderson. One course, 4*l.* 4s.

MEDICINE AND PATHOLOGY—Professor Wade. One course, 4*l.* 4s.

SURGERY—Professor Sands Cox. One course, 4*l.* 4s.

HOSPITAL PRACTICE—Queen's Hospital—Physicians—Dr. Wade, Dr. A. Fleming, Dr. Sutton; Dr. Foster (Asst.) One course (six months), 6*l.* 6s. Surgeons—Mr. J. F. West, Mr. Gamgee, Mr. F. Jordan; Mr. Wilders (Asst.) One course (twelve months), 10*l.* 10s. Professors Berry and Suckling (obst.) One course (three years), 21*l.*

Summer Session.

MATERIA MEDICA, &c.—Professor Divers. One course, 4*l.* 4s.

MIDWIFERY, &c.—Professors Clay and Suckling. One course, 4*l.* 4s.

BOTANY—Professor Hinds. One course, 4*l.* 4s.

MEDICAL JURISPRUDENCE — Professor Postgate. One course, 4*l.* 4s.

PRACTICAL CHEMISTRY—Professor Anderson. One course, 3*l.* 3s.

COMPARATIVE ANATOMY—One course, 3*l.* 3s.

DENTAL PHYSIOLOGY AND SURGERY—Mr. Parker.

OPHTHALMIC MEDICINE AND SURGERY—Mr. Hunt.

CLINICAL MEDICINE—Drs. Wade and Fleming.

CLINICAL SURGERY—Messrs. West, Gamgee, and F. Jordan.

Fees for all the Lectures required by the College and Hall, and for Hospital Medical and Surgical Practice, 68*l.* 5s.

Scholarships and Prizes for strictly Professional Knowledge.—The Warneford Scholarships: Four scholarships of 10*l.* each, held for two years, conferred for diligence and good conduct. The Warneford gold medals, two prizes for essays of a religious as well as scientific nature. Dr. Wade's prize of 5*l.* 5s. for Clinical Reports in Medicine. Professor Sands Cox's prize of 5*l.* 5s. for regular attendance on surgical practice and clinical lectures, and the best report of Surgical cases. A silver medal is also given annually by the professors for superior answering in each class.

BRISTOL MEDICAL SCHOOL.

Winter Session.

ANATOMY AND PHYSIOLOGY—Dr. Martyn and Dr. Fripp. Monday and Saturday, at a quarter-past nine, and Wednesday and Friday, at a quarter-past ten. One course, 5*l.* 5s.; perpetual, 9*l.* 9s.

ANATOMY, DESCRIPTIVE AND SURGICAL—Mr. Coe and Mr. Leonard. Monday, Tuesday, Thursday, and Saturday, at a quarter-past ten. One course, 5*l.* 5s.; perpetual, 9*l.* 9s.

ANATOMICAL DEMONSTRATIONS—Mr. F. Lansdown, Mr. Winter, and Mr. Atchley.

CHEMISTRY—Mr. Herapath. Tuesday, Wednesday, Thursday, and Friday, at a quarter-past nine. One course, 5*l.* 5s.; perpetual, 8*l.* 8s.

MEDICINE—Dr. Brittan. Monday, Wednesday, and Friday, at a quarter-past eight. One course, 4*l.* 4s.; perpetual, 6*l.* 6s.

SURGERY—Mr. Prichard. Tuesday, Thursday, and Saturday, at a quarter-past eight a.m. One course, 4*l.* 4s.; perpetual, 6*l.* 6s.

HOSPITAL PRACTICE—Physicians—Bristol Royal Infirmary, and Bristol General Hospital. Daily, at half-past eleven to two. Surgeons—(See Additional Information on Schools.)

Summer Session.

MATERIA MEDICA—Dr. Burder. Daily (except Saturday), at nine a.m. One course, 4*l.* 4s.; perpetual, 6*l.* 6s.

MIDWIFERY—Dr. Swayne. Daily (except Saturday), at ten. One course, 4*l.* 4s.; perpetual, 6*l.* 6s.

BOTANY—Mr. T. E. Clark. Monday, Tuesday, Thursday, and Friday, at ten. One course, 3*l.* 3s.; perpetual, 5*l.* 5s.

MEDICAL JURISPRUDENCE — Mr. Marshall and Mr. Herapath (Toxicology). Monday, Tuesday, Thursday, and Friday, at *nine*. One course, 3*l.* 3s.; perpetual, 5*l.* 5s.

PRACTICAL CHEMISTRY—Mr. Herapath. Daily (except Saturday), at eight a.m. One course, 3*l.* 3s.

CLINICAL MEDICINE—Weekly.

CLINICAL SURGERY—Weekly.

Fees for all the Lectures required by the College and Hall, except Practical Chemistry, 47*l.* 5s.

Fee for all the Lectures and for Hospital Medical and Surgical Practice, 87*l.* 5s.

Prizes are awarded after competition amongst students of the first, second, and third years' respectively. The interest of 500*l.* will be given to the prizeman of the third year, who shall have been educated at the Infirmary, and can produce certificates of good conduct and moral character. The prizemen of the third year, who shall have been educated at the General Hospital, will receive in addition to the School prize, the sum of twenty guineas, given by the committee of that institution.

BRISTOL GENERAL HOSPITAL.—130 beds. Physicians—Dr. S. Martyn, Dr. Geo. F. Burder, Dr. H. E. Fripp. Surgeons—Mr. R. W. Coe, Mr. W. Michell Clark, Mr. F. Poole Lansdown, Mr. Henry Marshall. Physician-Accoucheur—Dr. J. G. Swayne. Resident-Surgeon—Dr. R. C. B. Holland.

Medical or Surgical Practice—Six months, 6*l.*; one year, 10*l.*; perpetual, 20*l.* Library fee, one guinea per annum. Dressership or clinical clerkship, five guineas for six months. Two scholarships of 15*l.* each are awarded annually, and a prize of twenty guineas is given to the hospital student who is successful in the third year's competition at the School. Dressers reside in the Hospital in weekly rotation free of expense.

BRISTOL ROYAL INFIRMARY.—This hospital contains 242 beds. Physicians—Drs. Brittan, Fairbrother, E. L. Fox, and Beddoe. Surgeons—Messrs. Green, Prichard, Bernard, H. A. Hore, and C. Leonard.

Fees—Surgeon's pupil, first year, 12*l.* 12s.; two years, 21*l.*; three years, 26*l.* 5s. Dresser (extra fee), 12*l.* 12s.; two years, 21*l.*; three

THE STUDENTS' GUIDE—*Continued.*

years, 26*l.* 5s. Physicians' pupil, six months, 8*l.*; one year, 15*l.*; eighteen months, 20*l.*; perpetual, 25*l.*

Each physician appoints a clinical clerk without extra fee. Each pupil is required to pay an entrance-fee to the Infirmary of 5*l.*, and a subscription of 1*l.* 1s. per annum to the library.

Dressers reside in the house for one week in rotation to attend on casualties.

Prizes—Suple prize: A gold medal, value 5*l.* 5s., and 7*l.* 7s. in money, annually, to successful candidates, medical and surgical. Clark's prize: Interest of 500*l.* annually to the prizeman of his third year's examination at the medical school, if educated at the Bristol Royal Infirmary.

HULL AND EAST RIDING SCHOOL OF MEDICINE.

Winter Session.

ANATOMY AND PHYSIOLOGY—Mr. R. M. Craven. Daily at eight a.m. Sessional course, 5*l.* 5s.; perpetual, 8*l.* 8s. (Pathology.)

ANATOMY, DESCRIPTIVE AND SURGICAL—Dr. King. Daily, at five. Sessional course, 4*l.* 4s.; perpetual, 6*l.* 6s.

ANATOMICAL DEMONSTRATIONS—Dr. King.

CHEMISTRY—Mr. Walton. Tuesday, Wednesday, Thursday, and Friday, at eight p.m. Sessional course, 5*l.* 5s.

MEDICINE—Dr. Daly. Daily, at three. Sessional course, 5*l.* 5s.; perpetual, 7*l.* 7s.

SURGERY—Mr. J. H. Gibson. Tuesday, Thursday, and Saturday, at four. Sessional course, 3*l.* 3s.; perpetual, 5*l.* 5s.

HOSPITAL PRACTICE—Hull General Hospital—Physicians—Sir H. Cooper, Tuesday and Friday; Dr. Owen Daly, Wednesday and Saturday, from twelve to two. Surgeons—Dr. W. J. Lunn, Monday and Thursday; Mr. R. M. Craven, Tuesday and Friday; Dr. K. King, Wednesday and Saturday, from twelve to two.

Summer Session.

MATERIA MEDICA—Mr. Arden and Mr. Holden. Daily, at eight a.m. Sessional course, 5*l.* 5s.; perpetual, 7*l.* 7s.

MIDWIFERY—Mr. H. Gibson. Daily, at seven a.m. Sessional course, 4*l.* 4s.; perpetual, 6*l.* 6s.

BOTANY—Mr. Niven. Monday, Wednesday, Friday, and Saturday, at three. Sessional course, 3*l.* 3s.

MEDICAL JURISPRUDENCE—Dr. Munroe. Monday, Wednesday Friday, and Saturday, at three. Sessional course, 3*l.* 3s.

PRACTICAL CHEMISTRY—Mr. Walton. Sessional course, 2*l.* 2s.

HISTOLOGY—Dr. Munroe.

CLINICAL MEDICINE—Sir H. Cooper and Dr. Daly. Twice weekly. Sessional course, 1*l.* 1s.

CLINICAL SURGERY—Dr. Lunn, Mr. Craven, and Dr. King. Twice weekly.

Fee for all the Lectures required by the College and Hall, exclusive of Chemistry, 42*l.*

Fee for ditto, and Hospital Medical and Surgical Practice, 64*l.* 1s.

LEEDS SCHOOL OF MEDICINE.

Winter Session.

ANATOMY AND PHYSIOLOGY—Mr. Ikin and Mr. Wheelhouse. Monday and Tuesday, at twelve. First course, 4*l.* 4s.; second course, 3*l.* 3s.

ANATOMY, DESCRIPTIVE AND SURGICAL—Mr. T. P. Teale, Jun. Mr. Atkinson, and Mr. Seaton. Tuesday, Thursday, and Saturday, at twelve. First course, 6*l.* 6s.; second course, 5*l.* 5s.

ANATOMICAL DEMONSTRATIONS—Mr. Teale Jun.

CHEMISTRY—Mr. Scattergood and Mr. Reynolds, F.C.S. Monday, Wednesday, Thursday, and Friday, at six. First course, 4*l.* 4s.; second course, 3*l.* 3s.

MEDICINE—Dr. Chadwick, Dr. Heaton, and Dr. Hardwick. Monday, Tuesday, Wednesday, and Thursday, at five. First course, 5*l.* 5s.; second course, 3*l.* 3s.

SURGERY—Mr. Nunneley and Mr. S. Hey. Monday, Wednesday, and Friday, at eight p.m. First course 4*l.* 4s.; second course, 3*l.* 3s.

HOSPITAL PRACTICE—Leeds General Infirmary. Physicians—Dr. Chadwick, Dr. Heaton, and Dr. Hardwick. Surgeons—Mr. Smith, Mr. T. P. Teale, F.R.S., and Mr. Hey.

Summer Session.

MATERIA MEDICA, &c.—Dr. Bishop. Daily (ex. S.), at half-past five. First course, 4*l.* 4s.; second course, 2*l.* 2s.

MIDWIFERY, &c.—Mr. Smith and Mr. W. N. Price. Daily, at seven a.m. First course, 4*l.* 4s.; second course, 2*l.* 2s.

BOTANY—Mr. W. Hall. Monday, Tuesday, Thursday, and Friday, at ten. First course, 3*l.* 3s.; second course, 1*l.* 11s. 6d.

MEDICAL JURISPRUDENCE—Dr. P. Smith. Tuesday and Friday, at three. First course, 3*l.* 3s.; second course, 1*l.* 11s. 6d.

PRACTICAL CHEMISTRY—Mr. Scattergood. Monday and Thursday, at four. First course, 2*l.* 2s.

OPTHALMIC MEDICINE AND SURGERY—Mr. Nunneley.

CLINICAL MEDICINE—Dr. Chadwick and Dr. Heaton, twice weekly; Dr. Hardwick and Mr. Smith, ditto.

CLINICAL SURGERY—Mr. Teale and Mr. S. Hey.

Fees for all the Lectures required by the College and Hall, except Pract. Chem., 42*l.*

Three clinical clerkships and dresserships are at the disposal of the Physicians and Surgeons to the General Infirmary, and are gratuitous.

Clinical lectures are given on opthalmic and aural practice at the Eye and Ear Infirmary, by Mr. Nunneley.

LIVERPOOL ROYAL INFIRMARY, AND SCHOOL OF MEDICINE.

Winter Session.

HOSPITAL PRACTICE—Liverpool Royal Infirmary. Physicians—Dr. Vose, Dr. Turnbull, and Dr. Inman. Surgeons—Mr. Stubbs, Mr. Dong, and Mr. Bickersteth. Ten to one.

ANATOMY AND PHYSIOLOGY AND DESCRIPTIVE ANATOMY—Mr. Fletcher and Dr. Waters. Daily, at half-past eight and (ex. Saturday) half-past nine a.m., 8*l.* 8s.

ANATOMICAL DEMONSTRATIONS—Dr. Graham.

CHEMISTRY—Dr. J. B. Edwards. Tuesday, Thursday, and Saturday, at four. 5*l.* 5s.

MEDICINE—Dr. Cameron. Daily, at five (ex. Saturday) 5*l.* 5s.

SURGERY—Mr. Long, and Mr. E. R. Bickersteth. Four days weekly, at six. Courses required 5*l.* 5s.

HOSPITAL PRACTICE, AND CLINICAL LECTURES, MEDICAL AND SURGICAL—Six months, 10*l.* 10s.; first year, 18*l.* 18s.; second year, 12*l.* 12s.; third year, 10*l.* 10s.

Summer Session.

MATERIA MEDICA—Dr. J. B. Nevins. Daily, at eight a.m. 4*l.* 4s.

MIDWIFERY, &c.—Mr. Batty, Dr. Grimsdale, Dis. of Children, 4*l.* 4s.

BOTANY—Dr. Collingwood. Tuesday, Wednesday, Thursday, and Friday, at half-past nine. 3*l.* 3s.

MEDICAL JURISPRUDENCE—Dr. E. Whittle. Four days, at three. 3*l.* 3s.

PRACTICAL CHEMISTRY—Dr. Edwards. Monday, and Thursday, at six. Courses required, 3*l.* 3s.

PATHOLOGY AND MORBID ANATOMY—Dr. Gee. Wednesday, at three. 1*l.* 1s.

OPHTHALMIC SURGERY—Dr. R. H. Taylor. Tuesday and Friday, at two. 1*l.* 1s.

DENTAL SURGERY—Mr. Snape. Tuesday at nine, 1*l.* 1s.

DENTAL MECHANICS—vacant.

DENTAL ANATOMY AND PHYSIOLOGY—Mr. Fletcher, and Dr. Waters. Monday and Thursday, at a quarter-past ten. 2*l.* 2s.

METALLURGY—Dr. Edwards. Monday, at five p.m., 1*l.* 1s.

Fee for all the Lectures required by the College and Hall, 45*l.*

Ditto, and for Hospital Medical and Surgical Practice, 81*l.* 15s.

Students are admitted to the Medical and Surgical practice of the Liverpool Royal Infirmary, from ten a.m. to one p.m. daily. The certificates are received by the University of London, the Royal College of Physicians of London, the Royal College of Surgeons of England, the Worshipful Society of Apothecaries, &c.

The Liverpool Royal Infirmary contains 35 beds, and operating and lecture theatres; and a good museum of healthy and morbid anatomy is attached to the School.

Clinical lectures are delivered by the Physicians and Surgeons of the Infirmary.

Six Dressers and six Clinical Clerks will be elected quarterly, by selection and examination, from amongst the house and out-pupils of the Infirmary, from the students attending the School in their second or third session, and from all Medical pupils who have entered on their third year of professional education. The office will be tenable for two successive periods. Pupils of the Infirmary are admitted to learn Pharmacy in the dispensing department for six months. Clinical wards have been set aside for select cases, and a clinical prize instituted for annual competition.

Four apprentices are admitted for five years to reside and board in the house, for 60 guineas per annum; and for one, two, or three years, upon payment of 70, 130, or 190 guineas. These sums include library and *lecture* fees, but not hospital practice.

For further particulars apply at the Infirmary.

Students are admitted to the practice of the Lock Hospital attached to the Royal Infirmary; fee, 3*l.* 3s. per annum; six months, 2*l.* 2s.

To the Lying-in Hospital, Myrtle street, by permission of the Committee, without fee. Students may have midwifery cases assigned to them under the superintendence of the Medical Officers.

Eye and Ear Infirmary, 3*l.* 3s. for three months.

Children's Hospital, Hope street, 3*l.* 3s. for six months, 5*l.* 5s. perpetual. Dental practice, 1*l.* 1s. per annum, 1*l.* 11s. 6d. perpetual.

Rainhill County Asylum, 4*l.* 4s. for three months.

THE STUDENTS' GUIDE—*Continued.*

MANCHESTER ROYAL SCHOOL OF MEDICINE.

Winter Session.

ANATOMY AND PHYSIOLOGY—Mr. Turner and Mr. W. Smith. Tuesday, Wednesday, and Thursday, at twelve. One course, 4*l.* 4s.

ANATOMY, DESCRIPTIVE—Mr .Lund and Mr. F. Heath. Tuesday, Wednesday, Thursday, and Friday, at a quarter to nine. One course, 4*l.* 4s.

ANATOMICAL DEMONSTRATIONS—Mr. Daw, J. Leech.

CHEMISTRY—Mr. D. Stone. Tuesday at one, Wednesday at two, Friday at half-past twelve. One course, 4*l.* 4s.

MEDICINE—Dr. Wm. Roberts. Monday at one, Tuesday and Thursday at one. One course, 4*l.* 4s.

SURGERY—Mr. G. Southam. Monday, Tuesday, and Thursday, at two. One course, 4*l.* 4s.

Winter Course.

HOSPITAL PRACTICE: Manchester Royal Infirmary—Physicians—Drs. Ainsworth, E. Wilkinson, Renaud, Watts, Browne, and Roberts. Daily, ten to twelve. Full period, 20 guineas. Surgeons—Messrs. Jordan, Ransome, Beever, Smith, Dumville, and Southam. Daily, ten to twelve. Full period, 31*l.* 10s.

Summer Session.

MATERIA MEDICA—Mr. A. Somers. Tuesday and Wednesday at twelve, and Friday at half-past twelve. One course, 4*l.* 4s.

MIDWIFERY, &c.—Mr. Greaves. Monday, Wednesday, Thursday, and Friday, at nine. One course, 4*l.* 4s.

BOTANY—Mr. Grindon. Monday, Wednesday, and Thursday, at two. One course, 3*l.* 3s.

MEDICAL JURISPRUDENCE—Mr. G. M. Harrison. Monday and Wednesday at one, and Friday at half-past one. One course, 4*l.* 4s.

PRACTICAL CHEMISTRY.—Mr. D. Stone. Tuesday and Thursday, at one. One course, 3*l.* 3s.

PATHOLOGY AND MORBID ANATOMY—Dr. Morgan. Monday and Thursday, at twelve. One course, 4*l.* 4s.

OPHTHALMIC SURGERY—Mr. Hunt and Mr. Lund. Monday, at a quarter to nine; Mr. Lund (in winter,) Saturday, at a quarter to nine. One course, 2*l.* 2s.

CLINICAL MEDICINE—Physicians, Royal Infirmary. Wednesday, at eleven.

CLINICAL SURGERY—Surgeons, Royal Infirmary. Tuesday, at eleven.

Fee for all the Lectures required by the College and Hall, 42*l.*

Fee for ditto, and for Hospital Medical and Surgical Practice, 90 guineas, including fee for dresserships.

Three scholarships offered for competition: one of 20*l.* for third year's students; one of 15*l.* for second year's students; and one of 10*l.* for first year's students, for general proficiency. Also, prizes for first, second, and third year's students, from 1*l.* 1s. to 5*l.* 5s.

NEWCASTLE COLLEGE OF MEDICINE.

Winter Session.

ANATOMY AND PHYSIOLOGY—Dr. Embleton, Twice a week, at a quarter to nine, a.m. One course, 4*l.* 4s.

ANATOMY, DESCRIPTIVE AND SURGICAL—Dr. M'Nay. Four days a week, at nine. One course, 4*l.* 4s.

ANATOMICAL DEMONSTRATIONS—Mr. W. Murray. Daily, from ten to four.

CHEMISTRY—Dr. Richardson, Mr. E. J. J. Browell, and Mr. A. F. Marreco. Monday, Tuesday, Thursday, and Friday, at four, p.m. One course, 4*l.* 4s.

MEDICINE—Dr. Charlton. Monday, Wednesday, and Friday, at five p.m. One course 4*l.* 4s.

SURGERY—Dr. Heath. Monday, Wednesday, and Friday, at seven p.m. One course, 4*l.* 4s.

HOSPITAL PRACTICE: Newcastle Infirmary—Physicians—Dr. White, Dr. Charlton, Dr. Embleton, and Dr. Humble. Each twice. weekly, at eleven. Surgeons—Sir John Fife, Dr. Heath, Mr. Annandale, and Dr. Gibb. Daily, at half-past nine. One course, (six months), 5*l.* 5s.; (twelve months), 7*l.* 7s.; perpetual, 17*l.* 17s.

Summer Session.

MATERIA MEDICA AND THERAPEUTICS—Dr. Humble. Daily, at five. One course, 3*l.* 3s.

MIDWIFERY, &c.—Dr. Dawson, and Dr. Gibson. Daily at half-past eight, a.m. One course, 3*l.* 3s.

BOTANY—Mr. Thornhill and Mr. H. B. Brady. Monday Wednesday, Thursday, and Friday,, at nine, a.m. One course, 3*l.* 3s.

MEDICAL JURISPRUDENCE—Dr. Donkin. Monday, Tuesday, Thursday, and Friday at six, p.m. One course, 3*l.* 3s.

PRACTICAL CHEMISTRY—Dr. Richardson and Mr. E. J. Browell. Daily, from ten to five. One course, 3*l.* 3s.

PATHOLOGY AND MORBID ANATOMY—Dr. Fenwick and Dr. Gibb. Wednesday, at four, p.m. One course, 3*l.* 3s.

MILITARY SURGERY—Sir John Fife.

OPERATIVE SURGERY—Dr. Heath. One course, 3*l.* 3s.

Fee for all the Lectures required by the College and Hall, 46*l.* 4s.

Fee for ditto, and Hospital Medical and Surgical Practice, 64*l.* 1s.

Medical Scholarships in the University of Durham.—Four scholarships of 25*l.* a year each, tenable each for four years by students pursuing their medical studies in the University, or at Newcastle, and not of sufficient standing to proceed to a licence in Medicine. Two non-resident clinical clerkships and four dresserships are conferred for merit.

SHEFFIELD MEDICAL INSTITUTION.

Winter Session.

PHYSIOLOGY.—Dr. Keeling. Daily. One course, 4*l.* 4s.

ANATOMY, DESCRIPTIVE AND SURGICAL—Mr. Skinner and Dr. Allanson.

ANATOMICAL DEMONSTRATIONS—Mr. H. Walker and Mr. Le Tall. Daily. One course, 2*l.* 2s.

CHEMISTRY—Dr. Bingley. Daily. One course, 6*l.* 6s.

MEDICINE—Dr. Bartolome. Daily. One course, 4*l.* 4s.

SURGERY—Mr. Barber and Mr. Favell. Three days weekly. One course, 3*l.* 3s.

HOSPITAL PRACTICE: Sheffield General Infirmary—Physicians—Dr. C. Thomson, Dr. Bartolomé, and Dr. Elam. Surgeons—Mr. H. Jackson, Mr. Barber, and Mr. W. H. Favell. Twelve months, 10*l.* 10s.; perpetual, 15*l.* 15s.; 21*l.*

Summer Session.

MATERIA MEDICA—Dr. Kemp. Daily. One course, 4*l.* 4s.

MIDWIFERY, &c.—Mr. Arden. Daily. One course, 3*l.* 3s.

BOTANY—Mr. Birks. Daily. One course, 3*l.* 3s.

MEDICAL JURISPRUDENCE—Dr. Griffiths. Daily, at eight, p.m. One course, 3*l.* 3s.

PRACTICAL CHEMISTRY—Dr. Bingley.

DENTAL SURGERY—Mr. Merryweather.

CLINICAL MEDICINE.—Dr. Bartolomé and Dr. Elam.

CLINICAL SURGERY—Messrs. Jackson, Barber and Favell.

Fee for all the Lectures required by the College and Hall, except Practical Chemistry, 42*l.*

Fees for the Dental Diploma of the Royal College of Surgeons 21*l.*

SCOTTISH MEDICAL SCHOOLS, &c.

UNIVERSITY OF EDINBURGH.

Winter Session

ANATOMY, DEMONSTRATIONS, &c.—Dr. Goodsir. Nov. 3, one. and four. Fee 8*l.* 8s.

CHEMISTRY.—Dr. Lyon Playfair. Nov. 3, at ten. Fee 4*l.* 4s.

MATERIA MEDICA.—Dr. Christison. Nov. 3, at nine. Fee 4*l.* 4s.

PHYSIOLOGY (INSTITUTES OF MEDICINE)—Dr. Bennett. Nov. 3, at eleven. Fee 4*l.* 4s.

PATHOLOGY AND PATHOLOGICAL ANATOMY.—Dr. Henderson. Nov. 3, at four. Fee 4*l.* 4s.

MEDICINE—Dr. Laycock. Nov. 3, at three. Fee 4*l.* 4s.

SURGERY.—Mr. Miller. Nov. 3, at ten. Fee 4*l.* 4s.

MIDWIFERY, &c.—Dr. Simpson. Nov. 3, at eleven. Fee 4*l.* 4s.

MEDICAL JURISPRUDENCE.—Dr. D. Maclagan. Dec. 1. Fee 4*l.* 4s.

NATURAL HISTORY.—Prof. Allman. Nov. 3.

HOSPITAL PRACTICE.—Edinburgh Royal Infirmary—Physicians: Dr. Bennett, Dr. Simpson, and Dr. Laycock. Daily, at twelve Surgeon: Mr. Syme. Daily, at twelve.

CLINICAL MEDICINE.—Dr. Bennett and Dr. Laycock. Tuesday and Friday, at twelve. Fee 4*l.* 4s.

CLINICAL SURGERY.—Mr. Syme. Monday and Thursday, at twelve. Fee 4*l.* 4s.

Summer Session.

BOTANY.—Dr. Balfour. Eight o'clock. Fee 4*l.* 4s.

HISTOLOGY.—Dr. Bennett.

MEDICAL JURISPRUDENCE.—Dr. D. Maclagan. Eleven o'clock. Fee 4*l.* 4s.

COMPARATIVE ANATOMY.—Mr. Goodsir. Fee 2*l.* 2s.

PRACTICAL CHEMISTRY—Dr. Lyon Playfair. Fee 3*l.* 3s.

NATURAL HISTORY.—Mr. Allman. Two o'clock. Fee 4*l.* 4s.

MEDICAL PSYCHOLOGY AND INSANITY.—Dr. Laycock.

MATRICULTION.—Every student, before entering with any Professor, must produce a matriculation ticket for the ensuing session. Tickets will be issued at the Matriculation Office in the College, every lawful day, from ten till four o'clock. Enrolment in the general album is the only legal record of attendance in the University.

LIBRARY.—The library will be open for the purpose of giving out books to students, either on loan or for reference, in the hall appropriated for that purpose, every lawful day during the Winter Session from ten o'clock, a.m. till four o'clock p.m., except on Saturdays, when it will be shut at one o'clock precisely.

THE STUDENTS' GUIDE—*Continued.*

Every student applying for books must present to the Librarian his matriculation ticket for the session, with the ticket of at least one Professor.

Every book taken out must be returned within a fortnight, uninjured.

N.B.—Information relative to the *curricula* of study for degrees, examinations, &c., may be obtained, on application to the Secretary, at the College.

A table of fees may be seen in the Matriculation Office, and in he reading-room of the Library.

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS, EDINBURGH.

Winter Session.

The following Courses of Lectures on Medical and Surgical Science, and also those delivered in the University, qualify for Examination for the Diplomas of the Royal Colleges of Physicians and Surgeons :—

Classes open on Tuesday, November 3.

SURGERY—Mr. Spence, 10 a.m.

SURGERY—Dr. F. H. Watson, 10 a.m., at 4 High School Yards.

SURGERY—Mr. A. M. Edwards, 10 a.m., at 5 High School Yards.

CHEMISTRY—Dr. Stevenson Macadam, 10 a.m., School of Arts, Adam square.

PRACTICAL CHEMISTRY—Dr. Stevenson Macadam, 9 a.m. till 5 p.m., at Surgeons' Hall.

ANALYTICAL CHEMISTRY—Dr. Stevenson Macadam, 9 a.m. till 5 p.m., at Surgeons' Hall.

CHEMISTRY—Dr. Murray Thompson, 10 a.m., 8 Infirmary street.

PRACTICAL CHEMISTRY—Dr. Murray Thompson, 9 a.m. till 5 p.m., 8 Infirmary street.

ANALYTICAL CHEMISTRY—Dr. Murray Thompson, 9 a.m. till 5 p.m., 8 Infirmary street.

CHEMISTRY—Dr. A. C Brown, 11 a.m., 4 High School Yards.

PRACTICAL CHEMISTRY—D. A. C. Brown, 9 a.m. till 5 p.m., 4 High School Yards.

ANALYTICAL CHEMISTRY—Dr. C. Brown, 9 a.m. till 5 p.m. 4 High School Yards.

PHYSIOLOGY—Dr. Sanders, 11 a.m.

MEDICAL JURISPRUDENCE—Dr. Littlejohn. (Course commences on December 3).

CLINICAL MEDICINE.—Drs. Warburton Begbie, Sanders, J. Matthews Duncan, and Rutherford Haldane. 12 noon. Royal Infirmary.

CLINICAL SURGERY.—Mr. Spence, Dr. Gillespie. 12 noon. Royal Infirmary.

ANATOMY.—Dr. P. D. Handyside. 1 p.m.

ANATOMICAL DEMONSTRATIONS.—Dr. P. D. Handyside 4 p.m.

PRACTICAL ANATOMY.—Dr. P. D. Handyside. 9 a.m. till 5 p.m.

PRACTICE OF PHYSIC.—Dr. Rutherford Haldane. 3 p.m.

PRACTICE OF PHYSIC.—Dr. Warburton Begbie. 3 p.m. 4, High School-yards.

PATHOLOGICAL ANATOMY.—Dr. Grainger Stewart (to commence in February).

By order of the Royal College of Physicians,
Dr. R. Haldane, Secretary.

By order of the Royal College of Surgeons,
James Simpson, Secretary.

The Introductory Address will be delivered by Dr. Warburton Begbie, on Monday, November 2, at 11 o'clock.

DISEASES OF CHILDREN.—Dr. Keiller. Sick Children's Hosital.

NATURAL PHILOSOPHY.—W. Lees, A.M. 12 noon. Three months course, School of Arts

PRACTICAL INSTRUCTION.—Royal Infirmary. 12 noon ; perpetual ticket, at one payment, 10*l.*; annual, 5*l.* 5s. ; half yearly, 3*l.* 3s. ; quarterly, 1*l.* 11s. 6d. ; separate payments, for two years entitle the student to a perpetual ticket. Sick Children's Hospital, ticket, three months, 1*l.* 1s. ; perpetual, 2*l.* 2s. Dispensary Visit.—Royal Public Dispensary, and New Town Dispensary, each, six months, 3*l.* 3s. Practical Midwifery.—Royal Maternity Hospital, Royal Public Dispensary, New Town Dispensary, ticket, 1*l.* 3s. Diseases of the eye, ear, and teeth.—Dispensaries, Cockburn-street. Practical Pharmacy.—Royal Public Dispensary, New Town Dispensary, six months, 3*l.* 3s. Vaccination.—Dr. Husband, Royal Dispensary.

FEES.—For the first of each of the above course, 3*l.* 5s.; for the second, 2*l.* 4s.; perpetual, 5*l.* 5s. To those who have already attended a first course in Edinburgh, the perpetual fee for that class is 2*l.* 4s. The fees for the following courses are :—Natural Philosophy, 2*l.* 2s. ; practical chemistry and practical anatomy, 3*l.* 3s. ; anatomical demonstrations, 2*l.* 2s., when taken along with practical anatomy, 1*l.* 1s. ; analytical chemistry, 2*l.* a month, 5*l.* for three months, or 10*l.* for the session of six months.

During the *Summer Session*, 1864, the following Three Months Courses will be delivered :—

MIDWIFERY—Dr. Keiller, Dr. J. Matthews Duncan. 4 High School Yards.

MEDICAL JURISPRUDENCE—Dr. Littlejohn.

MATERIA MEDICA AND DIETETICS—Dr. Scoresby Johnson.

CLINICAL SURGERY—Mr. Spence, and Dr. Gellespie.

CLINICAL MEDICINE—Drs. Warburton Begbie, Sanders, J. Matthews Duncan, and Rutherford Haldane.

PRACTICAL AND ANALYTICAL CHEMISTRY—Dr. Stevenson Macadam. At Surgeons' Hall. Dr. Murray Thomson. 8 Infirmary street. Dr A. C. Brown. 4 High School Yards.

PRACTICAL ANATOMY AND DEMONSTRATIONS—Dr. P. D. Handyside.

OPERATIVE SURGERY AND SURGICAL ANATOMY—Dr. P. D. Handyside.

PATHOLOGICAL ANATOMY—Dr. Grainger Stewart.

NATURAL PHILOSOPHY—W. Lees, A.M.

HISTOLOGY—Dr. Sanders.

HISTORY OF MEDICINE—Dr. Warburton Begbie.

VENEREAL DISEASES—Dr. P. H. Watson.

SURGICAL APPLIANCES—Mr. Edwards.

VACCINATION—Mr. Husband.

DISEASES OF THE EYE—Dr. Argyll Robertson.

INSANITY—Dr. Skea.

The above courses qualify for examination for the diplomas of the Royal Colleges of Physicians and Surgeons of Edinburgh ; the Royal Colleges of Physicians and Surgeons of London ; the Royal Colleges of Physicians and Surgeons of Dublin ; the Faculty of Physicians and Surgeons of Glasgow ; the Apothecaries' Societies of London and Dublin ; and the Boards of the Navy, Army, and Indian Medical Service.

The above courses also qualify for the Universities of Oxford and Cambridge, and the Queen's University in Ireland, during the years in which residence is not required.

In accordance with the regulations of the University of Edinburgh, any four of the entire medical classes required may be attended under the above teachers ; and one of the four years of study required may be constituted by attendance, in one year, or two of the above six months' courses, or on one of these and two three months' courses. The regulations require that in this case the fee for any of the above classes shall be the same as that for the corresponding class in the University. When surgery and clinical surgery are taught by the same lecturer, they do not qualify for the University of Edinburgh, but for every other public board.

The whole of the education required for graduation at the University of London may be taken under the above teachers.

Those who hold the double qualification of physician and surgeon from the Royal Colleges of Physicians and Surgeons of Edinburgh are eligible for English Poor-law appointments equally with those who hold English medical and surgical diplomas ; and are, under the Medical Act, entitled to practise medicine and surgery in any part of her Majesty's dominions.

NOTICE.—The regulation requiring the preliminary examination in general education to be passed before the commencement of professional study will not come into operation this session. The register closes on November 18th, except for those who can give a satisfactory reason for delay.

EDINBURGH DENTAL DISPENSARY, Cockburn street.—Consulting Surgeons—Professor Goodsir, F.R.S., James Spence, F.R.C.S.E. Consulting Surgeon-Dentist—Robert Nasmyth, F.R.C.S.E. Surgeon-Dentists—F. B. Imlach, F.R.C.S.E., Dr. J. Smith, F.R.C.S.E., Dr. Orphoot, Chas. Hutchins, Esq., Dr. Roberts, Dr. Hogue.

EDINBURGH EYE INFIRMARY, 140 George street.— Number of beds, 6. Surgeons—Mr. B. Bell and Dr. P. H. Watson. Average number of patients, 900. Open daily at 1.

ROYAL INFIRMARY, EDINBURGH.—No fees are payable for any medical or surgical appointment. Four resident physicians and four resident surgeons are from time to time appointed ; they live in the house free of charge. Candidates must be legally qualified to practise. The appointment is for six months. Non-resident clinical clerks are appointed by the physicians and surgeons. Each surgeon appoints from four to nine dressers for six months. Assistants in the pathological department are appointed by the pathologist.

EDINBURGH ROYAL MATERNITY HOSPITAL.—Number of beds, 26. Consulting Physicians—Drs. J. Y. Simpson and J. Moir. Physicians—Drs. A. Thomson, T. G. Weir, A. Keiller, and A. Wood. Consulting Surgeon—Dr. A. Zeigler. Ordinary Surgeon—Dr. Jas. Dunsmure. Jas. Buchanan, S.S.C., Secretary. Ticket, 1*l.* 3s.

EDINBURGH NEW TOWN DISPENSARY, 17 East Thistle street. Consulting Physician—Dr. Maclagan. Consulting Surgeon—Dr. J. Duncan. Acting Medical Officers—Drs. J. A. Hunter, Edwards, Watson, Dycer, Scoresby Jackson, and Grainger Stewart. Physicians-Accoucheur—Drs. Dumbreck, Pagan, J. Y. Simpson, and T. G. Weir. Apothecary—Mr. Milne. Secretary to Managers—Dr.

THE STUDENTS' GUIDE—*Continued.*

T. G. Weir. Secretary to Medical Officers—Dr. Jas. Hunter. Average number of patients prescribed for at the Dispensary during the past year, 4,981; out-patients, 2,788. Six months, 3*l.* 3s.

EDINBURGH ROYAL PUBLIC DISPENSARY AND VACCINE INSTITUTION.—Medical Officers—Drs. Pattison, Haldane, Somerville, W. T. Gairdner, Husband, Wright, Sanders, Littlejohn, Wilson, and Messrs. Spence Ritchie, and Paw. Apothecary and Cupper—Dr. Gordon. Physicians-Accoucheur—Drs. Keiller, Wright, and J. M. Duncan. Vaccinator—Dr. Husband. Medical Secretary—Dr. Pattison. Average number of patients, 10,356.

GLASGOW UNIVERSITY.

ANATOMICAL DEMONSTRATION, &c.—Dr. A. Thomson. At eleven, two and ten. One course, 3*l.* 3s.

CHEMISTRY—Dr. T. Anderson. At ten. One course, 3*l.* 3s.

MATERIA MEDICA—Dr. Easton. At eleven. One course, 3*l.* 3s.

PHYSIOLOGY (INST. OF MEDICINE)—Dr. Buchanan. At four. One course, 3*l.* 3s.

MEDICINE—Dr. Gardner. At ten. One course, 3*l.* 3s.

SURGERY—Mr. Lister. At one p.m. One course, 3*l.* 3s.

MIDWIFERY, &c.—Dr. Pagan. At three. One course, 3*l.* 3s.

MEDICAL JURISPRUDENCE—Dr. Rainy. At twelve. One course 3*l.* 3s.

NATURAL HISTORY—Dr. Rogers. At ten.

GEOLOGY (Feb. to April), 2*l.* 2s.

NATURAL PHILOSOPHY—Mr. W. Thomson. At nine and eleven. One course, 4*l.* 4s.

LECTURES ON THE EYE—Dr. Mackenzie. At six. One course, 2*l.* 2s.

HOSPITAL PRACTICE—Glasgow Royal Infirmary. Physicians—Drs. Tannahill, Bell, Fraser, Ritchie, and Orr, at half-past eight. Surgeons—Dr. Lyon, Dr. Morton, Dr. G. Buchanan and Mr. Lister; at half-past eight. Assistant-Surgeons—Dr. Dewar and Dr. G. H. B. M'Leod. One year, 5*l.* 5s.; perpetual, 10*l.* 10s.

CLINICAL MEDICINE—The Physicians. Monday and Thursday at nine.

CLINICAL SURGERY—The Surgeons. Tuesday and Friday at nine.

Summer Session.

BOTANY—Dr. W. Arnott.

MEDICAL JURISPRUDENCE—Dr. Rainy. At twelve. One course, 3*l.* 3s.

PRACTICAL CHEMISTRY—Dr. Anderson.

NATURAL HISTORY—Dr. Rogers.

ZOOLOGY, 3*l.* 3s.

MEDICAL PSYCHOLOGY AND INSANITY (Operative Surgery)—Dr. Lister.

Bursaries tenable by Medical Students—The Brisbane Bursary, of 50*l.* yearly, held for four years by a student of Medicine, who is a Master of Arts. The Walton Bursary of 20*l.* yearly, held by a medical student (a native of England being preferred) for four years. The Armagh Bursaries, three in number, amounting each to 25*l.* yearly, for three years, open to students of divinity, law and medicine, who have taken the degree of M.A.

GLASGOW LYING-IN HOSPITAL, North Portland street (formerly St. Andrew's square). This hospital contains 24 beds. The number of women delivered in connection with the hospital exceeds 1,000 annually. Surgeon—Dr. J. G. Fleming. Physician—Dr. J. G. Wilson. House-Surgeons — Mr. Shoolbraid, and Mr. Mouat. Student's fee for six months' attendance (including certificate), one guinea.

ABERDEEN UNIVERSITY.

Winter Session.

ANATOMY—Dr. John Struthers. At twelve. One course 3*l.* 3s.

ANATOMICAL DEMONSTRATIONS—At two. Dr. John Smithers.

PRACTICAL ANATOMY—Dr. John Smithers and the Demonstrator. From nine to four. One course, with Demonstrations, 2*l.* 2s.

CHEMISTRY—Mr. Brazier. At three. One course, 3*l.* 3s.

PHYSIOLOGY—(Inst. of Medicine)—Dr. Ogilvie. At 4. One course 3*l.* 3s.

MEDICINE—Dr. Macrobin. At three. One course 3*l.* 3s.

SURGERY—Mr. Pirrie. At one. One course, 3*l.* 3s.

MIDWIFERY, &c.—Dr. Doyce. At four. One course 3*l.* 3s.

MEDICAL JURISPRUDENCE—Dr. Ogston. At nine. One course 3*l* 3s.

NATURAL HISTORY—Mr. Nicol. At two. One course 3*l.* 3s.

NATURAL PHILOSOPHY—Mr. Thompson. At nine and ten. One course, 3*l.* 3s.

Summer Session.

BOTANY—Dr. Dickie. At eight. One course, 3*l.* 3s.

MATERIA MEDICA, 100 Lectures—Dr. Harvey. At twelve and three. One course, 3*l.* 3s.

ANATOMICAL DEMONSTRATIONS—Dr. John Struthers. At two.

OPTHALMIC SURGERY—By Dr. Wolfe, 2*l.* 2s.

MORBID ANATOMY—(in Winter), and on General Pathology (in Summer), by Dr. Beveridge, 1*l.* 11s. 6d. for each course.

PRACTICAL ANATOMY—Dr. John Struthers and the Demonstrator From nine to four. One course, 2*l.* 2s.

PRACTICAL CHEMISTRY—Mr. Brazier. One course, 3*l.* 3s.

ZOOLOGY, WITH COMPARATIVE ANATOMY—Mr. Nicol, F.R.S.E. At nine a.m. One course, 3*l.* 3s.

HISTOLOGY—Dr. Ogilvie and Mr. J. Thompson. From one to three. One course, 2*l.* 2s.

HOSPITAL PRACTICE—Aberdeen Royal Infirmary—Physicians—Drs. Kilgour, Williamson, Harvey and Carr. Daily at ten. Surgeons—Mr. W. Keith, Mr. W. Pirrie, Mr. D. Kerr, Mr. D. Fiddes. Daily, at ten. Fee to the Hospital, perpetual, 6*l.* or first year, 3*l.* 10s. second year, 3*l.*

CLINICAL MEDICINE—Dr. Kilgour. One course, 2*l.* 2s.; subsequent, 1*l.* 1s.

CLINICAL SURGERY—Mr. Keith. One course, 2*l.* 2s.; subsequent, 1*l.* 1s.

The Regulations relative to the Registration of Medical Students, and the granting of Degrees in Medicine and Surgery, may be had of Dr. Macrobin, Dean of the Faculty of Medicine.

*** With reference to the Medical School of this University, the Scottish Universities' Commissioners, in their General Report to the Queen in Council (1863), remark as follows:—

"*University of Aberdeen.* In the Faculty of Medicine the number of Students shows an increase over the aggregate of former years. This Faculty has received a wider constitution, and is furnished with ampler means for affording instruction in the various branches of Medical Science, than it possessed before the Union of the Colleges. There is, indeed, every reason to expect that the Aberdeen School of Medicine will continue steadily to increase in importance, and to extend the high reputation which it has already deservedly acquired."

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, September 17:—George Wall, Stourbridge; Sidney Rossell Henson, Hull. The following gentlemen also on the same day passed their first examination:—George E. Legge Pearse, Westminster Hospital; Philip Cowen, St. Thomas's Hospital.

SOCIAL SCIENCE MEETING AT EDINBURGH.—The arrangements for the seventh Annual Meeting of the National Association for the promotion of Social Science commencing at Edinburgh on the 7th of October are rapidly approaching completion. The President of the Public Health Department is Professor Christison; Vice-President Dr. Craigie (Pres. Coll. Physicians), Dr. Newbigging (Pres. Coll. of Surgeons), and Mr. Lindsay, Provost of Leith. The Secretaries of the Department are Dr. Markham and Mr. R. Rawlinson, C.E., in conjunction with Dr. Littlejohn, Dr. Scoresby Jackson, and Dr. Stevenson Macadam, who act as local secretaries. The following are among the prominent subjects of discussion in this department. The changes that have occurred in the type and form of disease in Edinburgh during the last fifty years; the contamination of water by manufactories, especially distilleries and paper works; the effects of sewage irrigation on the health; the use and abuse of poisons for agricultural purposes; the sanitary arrangements of Edinburgh and the condition of towns in the neighbourhood; questions relating to public vaccination. The meeting will be opened by Lord Brougham (the President), who will deliver the annual address in the Free Church Assembly Hall, on Wednesday evening, the 7th of October. The business of each of the six following days will be opened by addresses from the Presidents of the different departments in rotation, delivered in the Free Church Assembly Hall, and after the address the departmental meetings will be held in the Law Courts and Free Assembly Hall. The concluding general meeting will take place in the Church of Scotland Assembly Hall, on Wednesday the 14th of October. The Council will meet in the Library of the Writers to the Signet, and the Parliament House will be open as a reception room; the College and Law Libraries and other public buildings and places of exhibition will be open to members during the week. Conversaziones will be held in the University, in the museum, and Hall of the Royal College of Surgeons, and in the National Gallery on the evenings of the 8th, 9th, and 12th. A working men's meeting will be held in the Corn Exchange on the evening of the 9th, at which Lord Brougham will preside, and on the 13th the association dinner will take place in the Music Hall. The Royal Scottish Academy intend to hold an exhibition of the books of deceased and living artists of Scotland, collected for the occasion during the

meeting of the association. There is to be a great reunion of the bars of the three kingdoms, which will be represented by very distinguished members of the English and Irish bars. The Scotch Railways generally have agreed to give return tickets to members and associates, and the leading English lines will afford facilities to visitors through their tourists tickets. A reception Committee of which Lord Ardmillan is convener, and Mr. C. Lawson sub-convener, has been engaged for some time in arranging for the hospital reception of the large and distinguished circle of visitors who will be present. It is expected that Prince Alfred and one of the Danish Princes will be present at one of the concluding meeting of the Association.

ARMY MEDICAL DEPARTMENT.—The Director-General of the Army Medical Department presents his compliments to the Editor of the "Medical Circular," and begs to enclose a list of the candidates who were successful at the competitive examination at Chelsea Hospital, on the 10th of August last :—

C. J. Atkins.	J. R. Greenhill.
J. Y. Beattie.	H. R. Greene.
Jas. Barker.	C. Haines.
F. A. Byrne.	F. Howard.
J. E. Barker.	W. R. Kynsey.
R. H. Bolton.	R. W. Lawless.
J. Barry.	P. P. Lyons.
R. Cunynghame.	H. Morris.
C. M. D. Cuffe.	A. F. Preston.
E. H. Condon.	J. A. Shaw.
H. C. Collier.	W. P. Smith.
J. P. Delmege.	A. W. Troup.
F. Dick.	R. Thomson.
W. Elgee.	A. Turner.
R. W. Forsayeth.	C. J. Weir.
Geo. Fearon.	Thos. White.
V. Gouldsbury.	

APPOINTMENTS.—Dr. John Syer Bristowe, M.D. Univ. Lond., F.R.C.P. Lond., M.R.C.S. Eng., has been elected Physician to the Asylum for Female Orphans, Westminster road, vice Sir Charles Locock, M.D, Univ. Edin., F.R.C.P. Lond., resigned.—Dr. William Abbotts Smith, M.D. Univ. St. And., M.R.C.P. Lond. (exam.), M.R.C.S. Eng., and L.M. and L.S.A. Lond., Assitant-Physician to the Metropolitan Free Hospital, has been elected Physician, vice Dr. Hughlings Jackson, M.D., M.R.C.P. Lond., resigned; and Dr. Edward Head, M.B. Univ. Lond., M.R.C.P., has been elected Assistant-Physician, vice W. Abbotts Smith.—Mr. James Wiltshire, M.R.C.S. Eng., L.S.A. Lond., has been appointed Surgeon to the Military Hospital at Marchwood, near Southampton, vice Dr. William Spear, M.D. Univ. Aberd., L.R.C.P. Edin., M.R.C.S. Eng., deceased.—Dr. John B. Tuke, M.D. Univ. Edin., L.R.C.S. Edin., has been appointed Assistant-Physician to the Royal Lunatic Asylum, Morningside, Edinburgh, vice Dr. David Yellowlees, M.D. Univ. Edin., L.R.C.S. Edin., appointed Medical Superintendent of the Glamorganshire County Lunatic Asylum, Bridgend.—Dr. John Miller Pirrie, M.D. Univ. Dub., L.R.C.S. Irel., and L.M., has been re-elected Physician, and Dr. Samuel Browne, L.K.Q.C.P. Irel., and L.M., M.R.C.S. Eng., Surgeon to the General Hospital, Belfast.

THE CASE OF DR. LINGEN, OF HEREFORD.—A preliminary meeting of the Medical Profession was held on Friday last, at the house of Mr. Clover, of Cavendish place, to form a committee for the purpose of considering the best mode of testifying the general sympathy entertained for Dr. Lingen under the extraordinary circumstances which have lately caused him so much personal discomfort. At the meeting a committee was formed, having power to add to their number, and letters were read from some of the most distinguished members of the Profession, offering their warm co-operation in the proposed movement, the particular direction of which will shortly be announced. Among the non-medical members of Dr. Lingen's Committee are the Right Hon. Lord Saye and Sele and the Very Rev. the Dean of Hereford.

APPOINTMENTS FOR THE WEEK.

Wednesday, September 23.

Operations at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m., University College Hospital, 2 p.m.; London Hospital, 2 p.m.

Thursday, September 24.

Operations at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; London Surgical Home for Diseases of Women, Vesico-Vaginal Fistula, and Restoration of Anus and Ruptured Perinæum, at 2 p.m.

Friday, September 25.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, September 26.

Operations at St. Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Lock Hospital, Dean street, Soho, 1 p.m.; Royal Free Hospital, 1½ p.m.

Monday, September 28.

Operations at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.

Tuesday, September 29.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor, may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day

We must request our Country Correspondents who favour us with copies of Provincial Newspapers, to mark the passages to which they desire to draw attention.

We are compelled to postpone our Reviews of Books until next week.

BRIGHTON—We believe that "Kamptulicon Floor Cloth" is very extensively used in both public and private buildings. The specimen we have seen is from Gough and Boyce, and it appears to possess very valuable properties. The fact of its being perfectly dry, very durable, noiseless, and free from dust and damp, renders it deserving of attention by Hospital and other authorities.

VERITAS.—We doubt whether the case is of sufficient interest to justify its insertion, and some of the statements, although they may be true, appear to us to be almost libellous. It does not seem to us that the Poor-law Commissioners are fairly open to censure for the part they have taken in the transaction. If, however, they have sanctioned the appointment of a Medical man with only one qualification, while there were gentlemen who were candidates with a double qualification in the district, they have acted in opposition to their own rules, and this part of the case we will publish if our correspondent will favour us with the particulars.

DR. G. DE GORREQUER GRIFFITH.—The paper has been received.

MR. J. L. LAURENCE'S wishes shall be attended to.

MR. HASTINGS.—The notice is inserted.

To the Editor of the Medical Circular.

SIR,—Will you kindly give your opinion respecting the produce (the grass) of churchyards? Do you think animal food fed on churchyard produce injurious to man? The butchers admit that such produce gives to sheep (after a time) the diarrhœa, or what they call the scour, and that it will neither fatten a sheep nor any other herbivorous animal.

Does not the herbage in question absorb or assimilate an overabundance of ammonia and carbonic acid, or can you say what is the cause of the diarrhœa? Yours, &c.,

CHEMICUS.

[We have referred this note to a distinguished chemist, who has favoured us with the following reply.—ED. MED. CIR.]

"I have no knowledge of the effects referred to in the enclosed letter. I think I should have met with them if they ever occurred. My opinion is that churchyard grass (in the country) is as good for sheep as any grass: indeed it is a common practice for parsons to allow their neighbours' sheep to feed in the country churchyard, and I should think no ill effects resulted from the practice, or it would have been abandoned. The grass of a London churchyard is rank and bad from the wet and putrid soil, and from the absence of light. This, no doubt, may cause diarrhœa or *scour* to sheep; and it results from the putridity of the vegetation."

S. M.—In our opinion the husband is liable to the payment of the fee. S. M. is engaged to attend the wife in her confinement, and when the time arrives, another medical man is called in. S. M. in fact is willing and ready to fulfil his engagement, and the fact of his services not being called into requisition is the fault of the patient.

A SECOND YEARS' SUBSCRIBER.—1. Mr. Jabez Hogg's Manual of Ophthalmoscopic Surgery. 2. The fee for those who possessed a legal qualification before 1859 is 2*l.*; for those whose qualifications were subsequently obtained, 5*l.* It is only necessary to send the fee with your diplomas or licenses to the Registrar, Dr. Hawkins, 32, Soho Square, London.

SOUTHAMPTON.—We have received a copy of the 'Hampshire Independent' containing a leading article on the Position and Payment of Medical Officers, and advocating Dr. Hearne's proposition that the guardians ought to pay for medical attendance at a fixed sum per case, leaving the patient at liberty to select his own doctor. It is admitted in the article that there are two sides to the question, and that objections on the score of economy may very fairly be urged against the system proposed by Dr. Hearne, but still it is urged that the existing arrangements are very unfair both to the medical officers and to the sick poor, and urgently demand revision.

SCALPEL'S letter shall appear next week.

W. W.—It is compulsory on a medical practitioner in case of recovering a debt in a County Court to send in the items of his claim, as, for instance, the days of his visits, and the charge made for each visit, &c.

F. D. shall receive an answer next week.

St. Bartholomew's Hospital

and Medical College.—The WINTER SESSION will commence Oct. 1, with an Introductory Address by Mr. Paget at 4 o'clock, p.m.

LECTURES.

Medicine—Dr. Black and Dr. Kirkes.
Surgery—Mr. Lawrence and Mr. Coote.
Descriptive Anatomy—Mr. Skey and Mr. Holden.
Physiology and General Anatomy—Mr. Savory.
Chymistry—Dr. Frankland and Dr. Odling.
Demonstrators of Anatomy—Mr. Callender and Mr. Smith.
Demonstrator of Morbid Anatomy—Dr. Andrew,

SUMMER SESSION, commencing May 1, 1864.

Materia Medica—Dr. Farre.
Botany—Dr. Harris.
Forensic Medicine—Dr. Martin.
Midwifery—Dr. Greenhalgh.
Comparative Anatomy—Mr. Callender.
Practical Chymistry—Dr. Frankland and Dr. Odling.

The Hospital contains 650 beds, and Clinical Lectures are delivered—On the Medical Cases, by Dr. Burrows, Dr. Farre, and Dr. Black; on the Surgical Cases, by Mr. Lawrence, Mr. Skey, and Mr. Paget; and on Diseases of Women by Dr. Greenhalgh.

Collegiate Establishment.—Students can reside within the Hospital walls, subject to the collegiate regulations. Some of the teachers connected with the Hospital also receive students to reside with them.

Seven Scholarships, varying in value from 20*l.* to 50*l.* are awarded annually. Further information respecting these and other details may be obtained from Mr. Holden, Mr. Callender, or any of the Medical or Surgical Officers or Lecturers; or at the Anatomical Museum or Library.

Charing-cross Hospital

MEDICAL COLLEGE, West Strand.—The WINTER SESSION will COMMENCE on THURSDAY, October 1st, 1863, when the INTRODUCTORY ADDRESS will be delivered by C. W. HEATON, Esq., F.C.S., at 3 o'clock.

Anatomy—E. Canton, Esq., F.R.C.S.
Chemistry—C. W. Heaton, Esq., F.C.S.
Demonstrations and Dissections—T. W. J. Goldsbro, M.D.
Physiology and Pathology—Hyde Salter, M.D., F.R.S.
Medicine—W. D. Chowne, M.D., and W. H. Wiltshire, M.D.
Surgery—H. Hancock, Esq., F.R.C.S.

SUMMER SESSION, May, 1864, to the end of July, 1864.

Materia Medica—J. Steggall, M.D.
Botany—E. Head, M.B.
Comparative Anatomy—R. Barwell, Esq., F.R.C.S.
Midwifery, &c.—W. D. Chowne, M.D.
Forensic Medicine—F. Hird, Esq., F.R.C.S., and R. V. Tuson, Esq., F.C.S.
Practical Chemistry in the Laboratory—C. W. Heaton, Esq., F.C.S.

Fee to Matriculated Students for all the Lectures required by the Colleges of Physicians and Surgeons and Society of Apothecaries (including Practical Chemistry). 42*l.* 2s.

HENRY HANCOCK, Dean of the College.

HOSPITAL PRACTICE.

Physians—Dr. Chowne and Dr. Wiltshire.
Assistant-Physicians—Dr. Salter and Dr. Headland.
Surgeons—Mr. Hancock, and Mr. Canton.
Assistant-Surgeons—Mr. Hird and Mr. Barwell.

Medical Practice—full period required, 15*l.* 15s. Surgical, 15*l.* 15s. Both Medical and Surgical Practice, full period, 26*l.* 5s.

HENRY WOOLCOTT, Sec.

Royal School of Mines.

DIRECTOR.

Sir RODERICK IMPEY MURCHISON, K.C.B., F.R.S., &c.

During the Session 1863-4, which will commence on the 5th of October, the following COURSES of LECTURES and PRACTICAL DEMONSTRATIONS will be given:

1. Chemistry—By A. W. Hofmann, L.L.D., F.R.S., &c.
2. Metallurgy—By John Percy, M.A., F.R.S.
3. Natural History—By T. H. Huxley, F.P.S.
4. Mineralogy } By Warrington W. Smyth, M.A., F.R.S.
5. Mining }
6. Geology—By
7. Applied Mechanics—By Robert Willis, M.A., F.R.S.
8. Physics—By John Tyndall, F.R.S.

Instruction in Mechanical Drawing, by Rev. J. Haythorne Edgar, M.A.

The fee for students desirous of becoming Associates is £30 in one sum, on entrance, or two annual payments of £20, exclusive of the laboratories.

Pupils are received in the Royal College of Chemistry (the laboratory of the school,) under the direction of Dr. Hofmann, and in the Metallurgical Laboratory, under the direction of Dr. Percy.

Tickets to separate course of lectures are issued at £3 and £4 each.

Officers in the Queen's service, her Majesty's consuls, acting mining agents and managers, may obtain tickets at reduced prices.

Certificated schoolmasters, pupil teachers, and others engaged in education, are also admitted to the lectures at reduced fees.

His Royal Highness the Prince of Wales has granted two scholarships, and several others have also been established.

For a prospectus and information, apply at the Museum of Practical Geology, Jermyn street, London, S.W.

TRENHAM REEKS, Registrar.

St. Mary's Hospital Medical

SCHOOL.

The WINTER SESSION, 1863-64, will commence on THURSDAY, OCTOBER 1, at Eight o'clock p.m., with an Introductory Address by Dr. MARKHAM.

At this Hospital the Medical Appointments, including five House Surgeoncies, are open to the Pupils without additional fee.

Physicians—Dr. Alderson, F.R.S., Dr. Chambers, Dr. Sibson, F.R.S., Dr. Handfield Jones, F.R.S., Dr. Sieveking, and Dr. Markham.
Surgeons—Mr. Lane, Mr. Ure, Mr. Spencer Smith, Mr. Walton, and Mr. James Lane.
Assistant-Surgeon—Mr. Gascoyen.
Physician-Accoucheur—Dr. Tyler Smith.
Ophthalmic Surgeon—Mr. Ernest Hart.
Aural Surgeon—Mr. Toynbee, F.R.S.
Surgeon-Dentist.—Mr. Sercombe.

LECTURERS.

Clinical Medicine — Dr. Alderson, Dr. Chambers, Dr. Sibson.
Clinical Surgery — Mr. Lane, Mr. Ure, Mr. Spencer Smith.
Medicine—Dr. Chambers.
Surgery—Mr. Lane and Mr. Spencer Smith.
Physiology—Dr. Broadbent.
Anatomy—Mr Gascoyen.
Operations on the Dead Body—Mr. James Lane.
Dissections—Mr. Norton and Mr. Philps.
Chemistry and Practical Chemistry—Dr. Matthiessen, F.R.S.
Midwifery—Dr. Tyler Smith and Dr. Graily Hewitt.
Materia Medica—Dr. Sieveking.
Botany—Dr. Christopher Dresser, F.L.S.
Medical Jurisprudence—Dr. Randall.
Ophthalmic Surgery—Mr. Ernest Hart.
Aural Surgery—Mr. Toynbee.
Dental Surgery—Mr. Sercombe.
Comparative Anatomy—Mr. St. George Mivart, F.L.S., F.Z.S.
Natural Philosophy — Mr. Smalley, B.A. Cantab. F.R.A.S.

The Fee for the Hospital Practice and Lectures required by the Royal Colleges of Physicians and Surgeons, and the Society of Apothecaries is £89 5s., payable by instalments.

A detailed Prospectus will be sent, and further information obtained on application to

GEO. G. GASGOYEN,
Dean of the School.

Surgical Diseases in Women.

—Mr. BAKER BROWN will deliver a Course of SIX LECTURES on the Diseases of Women Remediable by Operation, at "The LONDON SURGICAL HOME," in November and December next. The course will be illustrated by Cases.

Fee for the Course, Two Guineas.

A Syllabus of the Lectures may be obtained by application to Dr. Gorrequer Griffith, House-Surgeon at "The London Surgical Home, 17 and 18, Stanley terrace, Notting-hill, W.

The London Surgical Home,

17 & 18 STANLEY TERRACE, NOTTING HILL, W.

PHYSICIAN.

C. Handfield Jones, Esq., M.D., 49 Green street, Grosvenor square.

SURGEONS.

I. Baker Brown, Esq., F.R.C.S., 17 Connaught square.
Philip H. Harper, Esq., F.R.C.S., 30 Cambridge street, Hyde park.

ASSISTANT-SURGEON.

A. Boyer Brown, Esq., M.R.C.S., 25 Landsdowne crescent. Notting hill.

HOUSE SURGEON.

Dr. G. de Gorrequer Griffith.

VISITING SURGEONS.

W. F. Wratislaw, Esq., 1 Archer villas, Westbourne grove, West.
G. Spencer, Esq., 1 Horbury terrace, Notting hill.
J. Stewart Tulloch, Esq., M.D., 1 Pembridge place, Bayswater.
Dr. Holt Dunn, 7 Carlton place, Westbourne park.

The HOME contains 34 beds, and is only partially self-supporting, the patients paying variously according to their means and position, from 10s. 6d. to 2*l.* 10s. 6d. per week towards the household expenses and nursing, the services of the Medical Officers being entirely honorary. Six of the beds are appropriated to FREE patients, recommended by Life Governors, in addition to which a large number of OUT-patients receive Medical aid.

The OPERATING DAY is Thursday, at 2 p.m., when the HOME is open to all QUALIFIED Medical Men on presenting their card; it is open at other times also, but by special arrangement with the Assistant-Surgeon, Mr. BOYER BROWN, or the House Surgeon, Dr. G. DE GORREQUER GRIFFITH.

JOHN GRIFFITH WILLIAMS, Secretary.

Important.—An Opportu-

nity presents itself to place in a superior school, the son of a gentleman, who may desire his admission to Eton, &c. The advantages are great both in a pecuniary and Educational point of view.—Address, DELTA, care of Mr. HARRIS, 20 King William street, Charing cross, W.C.

Education.—Private

PREPARATORY SCHOOL for the SONS of CLERGYMEN and MEDICAL MEN of LIMITED INCOME between the ages of Six and Thirteen. The design of this Establishment is to thoroughly ground LITTLE BOYS for the Public and Private Schools. The pupils form a part of the principal family, and receive careful religious and mental training, with every home comfort.—For Prospectus, address the Principal, Hurstbourne House, Whitchurch, Hants.

N.B.—A School for a limited number of LITTLE GIRLS, DAUGHTERS of CLERGYMEN and MEDICAL MEN, under Thirteen years of age (in connection with this Establishment) is conducted by Mrs. SCOTT. Apply to Hurstbourne House.

Mr. G. Hind, F.R.C.S., has

resumed his DEMONSTRATIONS and EXAMINATIONS at 29 Newman street, Oxford street (hours, from 10 to 12 A.M., and 6 to 8 P.M.)

Anatomy, Physiology,

PATHOLOGY, and SURGERY.—Mr. TUSON, formerly Surgeon to the Middlesex Hospital, continues his PRIVATE INSTRUCTIONS daily at his residence, 6 Devonshire street, Portland place. These demonstrations and Examinations are illustrated by recent Dissections, Models, and Anatomical preparations. Each Course Five Guineas. A vacancy for a House Pupil.

6 Devonshire street, Portland place

Microscopic Glass.—Thin

Glass for Mounting Objects, in squares or circles Slides 3 in. by one in., and Cells of every kind, supplied Wholesale and Retail, by

CLAUDET and HOUGHTON 89 High Holborn, London.

N.B.—Aquariums, Fern Cases, and Glass Shades.

REMOVAL OF ST. THOMAS'S HOSPITAL.

John Millikin, 33, St.

Thomas's Street, East Borough, Surgeons' Instrument Maker to Guy's and St. Thomas's Hospitals, Manufacturer of Artificial Legs, Arms and Hands, Trusses, Bandages, Elastic Stockings, Orthopædic Apparatus, Spinal Supports, Crutches, &c. &c.

Dissecting and Pocket Instruments in great variety.

REMOVING TO SOUTHWARK STREET,

No connection with any other house.

Millikin & Lawley's £2 2s.

Case of POCKET INSTRUMENTS contains 22 Instruments—viz.: Seton Needle, Female Catheter Abscess Lancet, Bistoury, Tenaculum, Scalpel, Gum Lancet, Curved Scissors, Straight do, Bow Forceps, Spring do., Caustic Case, Spatula, Director, 2 Probes, 4 Bleeding Lancets, Packet of Needles, Skein of Silk. In handsome Leather Case. Sent to any part on receipt of Post-office Order.—MILLIKIN & LAWLEY, Surgical Instrument Makers, &c., 161, Strand, (adjoining King's College), London.

Catalogue of Surgical Instruments, &c., forwarded *gratis*.

Pocket Cases from 15s. 6d.

Second-hand Microscopes,

by Smith and Beck, Ross, Pillischer, and a variety of others, from £2 to £20. A 3 ft. 6 in. Astronomical Telescope, with 3½ in. object-glass, by Troughton and Simms. A large stock of Photographic Lenses, Opera and Race Glasses, Telescopes, and Mathematical Instruments, by Ross, Voigtlander, Dallmeyer, Troughton and Simms, Elliott, &c. The largest and best stock in London of Second-hand Surgical Instruments, by Weiss, Savigny, Coxeter, Durroch, Ferguson, and others.

Are to be had at WM. LAWLEY'S, 78 Farringdon-street City.

Instruments of all kinds Bought or Exchanged.

Catalogue of Cameras and Lenses, also of Pocket, and Dissecting Cases, forwarded on receipt of Postage Stamps.

T. Weedon, Surgical

INSTRUMENT MAKER and CUTLER, 41 Hart street, Bloomsbury square, (near the Church), W.C., London, Surgical Instruments, &c., ground and repaired. Table Cutlery, Instruments for Microscopic Dissection. Trusses, Elastic Stockings, Knee-caps, and other Bandages. Dental Instruments made to any pattern.

Whicker and Blaise, late

SAVIGNY and Co., Wholesale and Retail Cutlers and Surgeons' Instrument Makers, No. 67 St. James's street, from Pallmall and King street, London, and at their Manufactory, Wilton road.

Prize Medal, International, Exhibition, 1862.

F. R. Gustav Ernst, Ortho-

PÆDIC and ANATOMICAL MACHINEST, Manufacturer of Surgical Instruments, Elastic Bandages, &c &c.

19 Calthorpe street, Gray's-inn road, W.C.

PARISIAN MEDICAL NEWS.

BIBLIOGRAPHY.

Traité d'Anesthésie Chirurgicale (a Treatise on Anæsthesia during Operations), *by Messrs. Perrin and Ludger-Lallemand, Fellows of the School of the Val de Grâce.* (*a*)

It is with a feeling of melancholy that we turn to the consideration of this volume, one of the authors of which has recently died in a Foreign land. Mr. Ludger-Lallemand is no more, but his labours are not lost, and the survival of his works is the noblest recompense of his industry. We must express our thanks to Mr. Perrin, who in editing this publication, the produce of his and Mr. Lallemand's joint labour, pays to the memory of his lamented friend deep and well-deserved homage.

The first chapter of the treatise before us, is devoted to an exhaustive historical account of the manifold methods which have been resorted to for the purpose of neutralising pain; the various practices of the Assyrians, Greeks, and Romans are enumerated in succession; somnambulism and hypnotism are not omitted, and the authors conclude with a description of Jackson's discovery, popularised by Morton, which opened a new era in Surgical practice, and yet carries us back but a few years, to 1846.

Since the discovery of the anæsthetic powers of ether, a great advance has been made; chloroform has taken its place, and operators must now learn how to exhibit its vapours without risk to the patient. "In persons who die under the influence of chloroform," say the authors, "the sudden cessation of life seems to be brought about by syncope." This view is in harmony with the well-known experiments of Messrs. Flourens and Longet, but is in opposition with the opinions of Messrs. Edward Robin, Ozanam, and L. Le Fort, who attribute the unconsciousness to asphyxia. Mr. Le Fort, it is true, propounds a modified theory and conceives death to be the result of a combination of both syncope and asphyxia. Whatever be the mechanism by which calamitous results are brought about, it seems but too true that we are not in possession of any means of foreseeing the fatal effects of the anæsthetic. It should therefore be exhibited only when it is absolutely necessary to do so. Hence, Messrs. Perrin and Lallemand forbid the use of chloroform in all the minor operations (such as scarification, cauterisations, puncture); in all operative procedures which can be rapidly accomplished, or in which the deadening action of cold may be employed, such as the removal of a nail, fistula in ano, lachrymal tumour, phymosis, the extraction of teeth, opening of an abscess, etc.; in all operations which are not strictly necessary, but are performed in compliance with the wishes of the patient, and in all endeavours to detect suspected simulation of disease, or in medico-legal investigations.

Chloroform has hitherto proved less dangerous in children than in grown persons, and the foregoing prohibitions may in general be raised in the case of young subjects. Neither has sudden death been observed in the aged; but in advanced years the anæsthetic should be slowly exhibited, and with a sparing hand.

It is undesirable to proceed rapidly in any case with the inhalation so as to produce prompt collapse of the nervous system; but in accordance with the precept laid down by Mr. Chassaignac, the operation should not be commenced before tolerance has been established. The fear of exposing the patient to the ill-effects of chloroform, too often induces the Surgeon to begin his work before perfect insensibility has been attained. These ill-effects seem on the contrary more likely to occur when the sensation of pain combines with the period of excitement, to disturb the action of the heart. But when sleep has obviously been induced, and the breathing is regular, the circulating system performs its functions in a normal manner, and no apprehension need be felt. This organic condition, which may almost indefinitely be protracted by the inhalation of very small quantities of the chloroform, allows the Surgeon to operate in perfect safety and as slowly as he may deem necessary.

This chapter, in which will be found in addition, Messrs. Chassaignac and Roberts's useful precepts, abounds in valuable information. The authors, after describing the best mode of administration of anæsthetics, expatiate on the various means of arresting the untoward symptoms to which they occasionally give rise, and allude to the influence of the inhalations on the sequelæ of operations. They conclude with remarks on the use of anæsthetics in special surgical procedures and on their applications to the practice of midwifery.

(*a*) A thick vol. roy. 8vo., Chamerot, 1863.

Traité de Chirurgie d'Armée, (a treatise on military surgery,) *by Dr. Legouest, professor of clinical surgery at the school of Val de Grace.* (*a.*)

What Mr. Stromeyer and Mr. Guthrie have done for English and German surgical science, Mr. Legouest has attempted to perform in France. This gentleman may be said to have presented us with a treatise on military surgery, which is in perfect harmony with the improvements introduced of late years in the manufacture of fire-arms. The tendencies of the work and the object of the author may be inferred from the concluding remarks of the preface: "I have carefully avoided," says Mr. Legouest, "mere theoretical disquisition, and confined myself to the exposition of precepts, the soundness of which experience has demonstrated; my object has been to supply young military surgeons with a trustworthy guide, and to present the profession with a practical work on the subject of army surgery." We may remark that if the kind of injuries chiefly considered in this volume, are distinguished at first by features which impart a peculiar character to surgical practice in the camp or on the field of battle, the principles applicable to every kind of surgical injury soon resume their sway, and should therefore be familiar to civil as well as to military practitioners.

In another number of the present Journal we reproduced (Art. 6423) from the proof sheets of the work, Mr. Legouest's views on the subject of wounds of the penis and urethra This important chapter gave our readers a foretaste of the author's opinions, and the volume fully confirms the favourable impression conveyed by these fragments. The author, who, in Africa, in the Crimea, in Italy, accompanied our armies, handles his subject in the most masterly manner, and the reader will find that the wounds inflicted in warfare are described by one who not only has studied them under fire and at the ambulance, but has watched in hospital their secondary results, which he also minutely depicts with his usual lucidity.

In this *treatise* will be found a full description of the latest improvements in fire-arms and projectiles, and a comparison of their effects with those in previous use. The author endeavours to elucidate certain obscure questions of military surgery, viz., hæmorrhage, injuries of the head, the indications for the use of the trephine, the treatment of penetrating wounds of the chest and abdomen, fractures caused by bullets, and inflammation of the medullary canal of bones after amputations. Mr. Legouest discusses the relative advantages of amputations and excisions, treats of burns, congelation, tetanus, puriform infection, and hospital gangrene, and more especially dwells on the most appropriate remedial measures for these various conditions.

Further enumeration of the contents of the work is needless. Numerous carefully executed diagrams and engravings are interspersed in the text, and the author not only thus makes us acquainted with the aspect and arrangements of the new ambulance wagons, litters, and cacolets, but he also supplies us with a correct delineation of every injury of the bones, and of the most important preparations of morbid anatomy contained in the museums of the school of medicine, and of the Val de Grace and in the private collection of the Inspector-general of the army, Dr. Hutin.

(*a*) One vol. 8vo. J. B. Bailliere and Son, Paris. 1863.

MISCELLANEA:

At a recent meeting of the Council of the General Association of the Physicians of France, Mr. Rayer expressed a hope that all practitioners would consider it their duty to forward regularly to the Association well authenticated cases which might come to their knowledge of the disastrous effects of quackery.

In the last number of the *Journal des Connaisances Médicales Pratique*, Mr. Caffe relates several striking instances of the kind: "A professor of the School of Medicine of Paris," says he, "has three times, to my knowledge, been obliged to perform amputation of the arm, rendered necessary by grossly ignorant treatment previously recommended by nuns belonging to a well-known religious order.

"On another occasion, Mr. Velpeau admitted into his wards a man whose thigh had been fractured by a notorious female bone-setter, during attempts at reduction of a dislocation.

At Hospital Saint-Louis, a patient was received into Mr. Gerdy's wards for an injury of the eye. In a fall the organ had been lacerated, and by the advice of some old woman a pitch plaster was applied over the orbit; intense inflammation set in, reached the brain, and a fatal issue was the consequence.

"I have witnessed with my friend, the late A. Thierry, three cases of death from tetanus, and two amputatıcns of the foot consequent on the empirical treatment instituted by a pedicure for the cure of common corns. Mr. Thierry reported on the subject to the Common Council of the City of Paris.

"The divulgation of facts which so closely interest the health of the public should not be the task of any single person, but the duty of all, otherwise we shall never succeed in extirpating quackery. . . ."

— In a paper forwarded to the Institute, Mr. Davaine describes certain infusoria which are to be found in the blood of sheep affected with what in French is called *sang de rate*, and in English *red-water*. In 1850, Mr. Rayer inoculated a sheep with the blood taken from the spleen of another which had died of the disease in question, and the inoculation caused death in the course of three days. Further experiments showed that the disease is transmissible to the horse, ox, and other animals, which it kills in two or three days. Mr. Davaine has since been engaged in researches, from which it appears that the blood of sheep that have perished from this disorder, contains a vast number of *bacteria*, a kind of animalcule shaped like a cylindrical wand, and which is never found in the blood of healthy subjects. In February 1861, Mr. Pasteur showed that butyric ferment is composed of the same kind of infusoria, and hence Mr. Davaine concluded that they must act as a ferment upon the blood. Having, therefore, obtained some fresh blood from a sheep that had died of the disease, he inoculated, on the 21st of July, two rabbits and a rat, having previously ascertained that their blood was in a pure and untainted condition. Twenty-four hours later, their blood still appeared perfectly free from bacteria. Forty-three hours after inoculation, one of the rabbits was in a dying state, and blood drawn from the tongue contained an immense number of bacteria identical with those of the sheep. The blood of the second rabbit, examined forty-eight hours after inoculation, presented no trace of bacteria, but on the following day, sixty-three hours after the inoculation, the creature died suddenly, and its blood, inspected half-an hour after death, also contained a large number of bacteria. Another rabbit, inoculated with this blood, died seventeen hours after, and was also found infected. The rat, which still appeared to be in perfect health, was inoculated a second time with the blood of the first rabbit, but is still alive, and its blood is in its usual normal state.—*Galignani's Messenger.*

— After a brilliant competition, Messrs. Simon and Tillaux have been appointed Surgeons of the Hospitals of Paris.

—The Medical Society of Amiens has awarded a gold medal of the value of 8*l.* to Dr. T. Picard of Guebwiller (Haut-Rhin), the author of the best memoir on the subject of the *Hygiene of Operatives employed in Spinning-mills.*

A medal of the same value will be presented, at the public meeting of the Society in 1863, to the author of the best paper on the effects of *Alcoholism.* Another similar prize will also be presented to the author of the best memoir on *Rachitism.*

— It is our melancholy duty to record the recent deaths of Mr. Delcroix and of Mr. Gabalda, of Paris.

The Medical Circular.

ORIGINAL COMMUNICATIONS.

LECTURES
ON THE SYMPTOMS, PATHOLOGY, AND TREATMENT OF DISEASES OF THE HEART.

By Robert Hunter Semple, M.D.

Member of the Royal College of Physicians of London, Senior Physician to the St. Pancras and Northern Dispensary, Physician to the Standard Life Assurance Office.

(Continued from page 102.)

Having described in former communications some of the usual causes of heart-disease, I now proceed to make some remarks upon the prevalence of this affection, the means of detecting its existence, and the greater or less danger which attends it.

The knowledge of heart-diseases has undoubtedly most materially extended of late years, and this improvement in medical science is altogether due to the employment of the stethoscope, or of immediate auscultation, coupled with the more frequent and systematic performance of post-mortem examinations, and the careful comparison of the phenomena observed during life with the lesions presented after death. Before the commencement of the present century, the knowledge of the existence of heart-disease was generally acquired only after the death of the patient, and the phenomena observed during life, even if noted, were not referred to their true causes. The great Laennec, who described the morbid sounds of the heart, failed to explain their pathological signification, and even at present much remains to be learned in this direction. Making due allowance for difficulties in diagnosis, there can be no doubt that serious lesions of the heart often escape detection during life, even when the examination is made by the most competent observers, and on the other hand the existence of the most marked murmurs does not possess the pathological importance which was once attached to those abnormal sounds. The first result of the general diffusion, among the profession, of more correct methods of making the diagnosis of heart-disease, was the detection of many such cases which had before been undetected and unsuspected; and as heart-disease in any form was considered to be a most dangerous affection, and almost necessarily fatal, a great amount of alarm was excited in the public mind, the bad effects of which almost counterbalanced the benefits which the revelations of the stethoscope had conferred upon mankind. In fact, in some cases the knowledge acquired by the stethoscope led to the very consequences which medical science is intended to avert, and an amount of nervous suffering was caused in susceptible patients, who would have perhaps suffered nothing at all from the actual disease. In one case which occurred some years since, an amiable and distinguished member of our profession, on being informed by a medical friend that he had a slight murmur over the cardiac region, was so depressed by the unwelcome intelligence that he destroyed himself a day or two afterwards.

The incident just related opens the question how far it is advisable for the medical attendant who has discovered some abnormal sound or impulse in the heart of a patient, to inform the latter of the fact. In my opinion, it is better, in most cases, for the medical man to keep the discovery to himself, and for the following reasons. In the first place, it is probable that the information would produce an unfavourable effect upon the patient, for there are very few persons, even of the strongest mental powers, in whom the continual thoughts of death would not exert a depressing influence and perhaps cause the supervention of actual disease. It has been truly observed, that the veil which conceals the future is woven by the hand of mercy, and although it is the duty of all to be prepared for death, which must come to every one sooner or later, it is not necessary that the idea of dissolution, especially of sudden death which is usually attributed to heart-disease, should be always present to the mind, for such an idea instead of familiarising the patient with death, too often makes him unfit for life. In the second place, the most recent experience has shown that the course of heart-disease

is by no means so rapidly and necessarily fatal as was generally supposed, and that persons so afflicted may nevertheless reach the ordinary term of human existence.

The forms of heart-disease which are usually and correctly described as the most common causes of sudden or early death, are hypertrophy and dilatation of the heart, disease of the valves, and fatty degeneration of the organ. These affections, and more especially the latter, are often so insidious in their invasion and progress, and cause so little inconvenience, that they very frequently escape detection, and are only revealed by post-mortem examination. One of the most extraordinary instances of the kind was that of the late Judge, Sir Cresswell Cresswell, who died suddenly while being lifted into bed, and in whom, on post-mortem examination, there was found fatty disease of the heart, but no disease of the valves. The case is related in the 'Lancet' of the 1st of August last, but it is very much to be regretted that the microscopical examination of the muscular fibres of the heart was either omitted, or was not recorded; for in the absence of such examination, there is no proof of fatty degeneration of the organ. All writers on the latter affection draw a very clear and marked distinction between mere fatty accumulation *on* the heart and an interstitial fatty deposition within its muscular fibres; and the mere softness and paleness of the muscular walls do not necessarily indicate fatty degeneration. However, the fact remains that the late Judge did actually die of a weak heart, the condition of which was known to no one, and not suspected by himself, during life; and any reflection against the trustworthiness of medical science must be silenced by the statement of the circumstances that no medical man was ever asked to examine the organ, that the deceased always believed himself to be in perfect and robust health, and that death took place immediately from the shock of an accident at a somewhat advanced period of life.

But not only is there this comparative immunity from suffering in those cases of heart-disease which steal on, as it were, in this gradual and imperceptible manner; but even the more severe and well-marked forms of valvular and other disease, supervening on the progress of rheumatism, are often quite compatible with the enjoyment of life, and the performance of its ordinary duties, as I shall hereafter show.

Some years ago, when I was attending many old persons and was rather largely engaged in post-mortem investigations, I was somewhat surprised to find a great number of persons suffering from heart-diseases who, nevertheless, attained a considerable age, and many of whom were quite unconscious of having any affection of the heart at all. I presented a paper on this subject, which was read at the Medical Society of London, and was illustrated by cases which had fallen under my own observation. I then argued that the most serious diseases of the cardiac valves might exist without being attended with any remarkable symptoms, and might neither have the effect of shortening life, nor even of materially deranging the health. I did not assert, nor do I assert now, that such diseases are unattended with danger and risk to human life; but I maintained that the fatality and importance of such cases was exaggerated by the then existing race of practitioners. In one of the cases described, I ascertained the existence of disease of the mitral and aortic valves in a woman aged seventy-three, and I watched the case till death ensued at eighty-three, when I found, on post-mortem examination, that the mitral valves were thickened and hardened and contained a considerable quantity of osseous matter, and the aortic valves were completely rigid and converted into bone; they met in the centre, leaving only a small chink at their junction in the middle line In another of the cases, which was that of a lady with whom I was personally well acquainted, but who had never required medical advice, death occurred suddenly at the age of nearly seventy, and on post-mortem examination the mitral valves were found to be thickened by a deposition of semi-cartilaginous substance, and the aortic valves were converted into masses of bone, which nearly filled up the valvular orifice, leaving only a small chink for the passage of the blood. These bony masses were rough and nodulated, and were deposited apparently within the sinuses of the valves, and one portion of great size extended from one of the valves down into the cavity of the ventricle.

From a consideration of these and other circumstances, I expressed an opinion, although a cautious one, that the fatality of heart disease, even when it was well ascertained, was considerably over-rated, and that the expectation of life under such circumstances was greater than was generally supposed. I recollect that my opinions on this point were combated at the time, but their truth is now pretty generally admitted, and many practitioners are astonished to observe the comfort enjoyed by persons who are known to be suffering from disease of the heart.

Since I wrote that paper my opinions have been rather strengthened than otherwise as to the toleration of heart disease and its compatibility with moderate length of days and enjoyment of life, and I am also confirmed in my view, that it is better not to inform the patient of the existence of a malady of which he himself may be happily unconscious, and the knowledge of which may embitter his life.

In the case of a gentleman with whom I was intimately acquainted, I detected the presence of mitral disease several years before his death, but, as he was a man of nervous and desponding temperament, although of a highly intelligent, philosophic, and religious mind, I did not acquaint him with the fact, but I mentioned it to his family. The consequence was that, with the exception of chronic bronchitis, usually coming on in the winter, he continued to enjoy very fair health till nearly seventy years of age, when he died of the disease alluded to. What is also remarkable is, that being desirous of making a provision for his family, he managed to get his life insured at some assurance offices, although he was declined at others; and, as he paid large premiums, in consequence of his somewhat advanced age, and extra premiums for bronchitis, and after all lived to the usual period, perhaps neither he nor the insurance offices suffered any loss. If I had been consulted in this matter, I could not have recommended the life in a strictly medical and scientific point of view, but he took the step himself.

Besides the instances of persons advanced in years, I have watched some cases where rheumatism of a very severe character, attended by aggravated forms of heart-disease, has occurred in youth; and notwithstanding the severity of the symptoms and the marked character of the stethoscopic signs, the persons in question are pursuing the active business of life without any particular inconvenience.

(To be continued.)

FRACTURE OF THE BODY OF THE SCAPULA, OF THE RIBS BENEATH, WOUND OF THE LUNG, AND EMPHYSEMA.

By G. de Gorrequer Griffith, M.R.C.S. Eng., L.R.C.P., L.M. Dublin.

House-Surgeon London Surgical Home.

Fracture of this nature is not, I believe, a very common accident, and is produced usually by direct and great violence.

Ferrad Adjee, a native Indian Fireman, was seen by me, when I was Surgeon in the service of the Peninsular and Oriental Steamship Company, on the 2nd June, 1862. He complained of a very severe hurt, which he had received on the night of the 1st, while at work in the "stoke hole," getting up ashes from the engine fires.

It occurred as follows: As the ashes bucket, which is of iron, and weighs about 20 lbs., was being hauled up, the chain to which it was attached gave way, and the bucket, falling through a space of about thirty feet, struck him as he was stooping down, upon the back and shoulder. He is a man of slender build, small boned, of little muscular development naturally, and somewhat emaciated, owing to the mode of employment.

When I saw him there were these symptoms, indicative of the nature of the injuries:—Drooping of the right shoulder, the muscles being apparently, and, perhaps, really paralysed by the blow; a leaning of the entire body toward the injured side; a puffy swelling at, and extending for some distance around the seat of injury; acute and lacerating pain in the site of the accident, a pain aggravated by full respiration, by sneezing and coughing; cough, which had not been present before the occurrence; hæmoptysis; dyspnœa. Immediately on laying the hand upon the swelling it was evident that the puffiness resulted from extravasation of air into the areolar tissue.

By very careful manipulation I found what I considered to be starred fracture of the body of the scapula (the spinal and other processes of that bone being uninjured), there was also the grating crepitus of fracture, evident to the ear by means of the stethoscope, and to the sense of touch by the hand, while the patient himself was also conscious of it. As the man was suffering from the shock, small quantities of stimuli were administered, and a pad of lint being placed upon the fractured scapula, I tightly swathed the upper part of the body with a calico bandage, in its folds securing the arm to the trunk, and making all fast by shoulder-straps. This seemed effectually to check the effusion of air, eased the pain, and afforded comfort, by compelling the diaphragm and abdominal muscles to carry on respiration, to the relief of the intercostals. I then placed him upon an ordinary hair mattress, and insisted on the supine position being maintained.

A day had only elapsed, when, indignant that I had given him wine (he being by caste a Mussulman), he removed the bandage with the indifference characteristic of the fatalist, nor could he be induced to allow its re-adjustment; being, however, in a weak condition, he was kept lying upon the mattress.

No bad symptom declared itself up to the 17th June, the day on which he left our ship to go on shore at Bombay.

SCIENTIFIC ARTICLES.

ON THE THERAPEUTIC PROPERTIES OF CARBOLIC ACID,

By Crace Calvert, Ph.D., F.R.S.

I deem it my duty to draw the attention of the medical profession to the valuable therapeutic properties of carbolic acid, which I have during the last two years brought under the notice of some of the leading medical practitioners of Manchester and London. Before giving particulars of the chief applications of this substance which have been made by these gentlemen, I will first state what carbolic acid really is.

Carbolic acid, hydrated oxide of phenyle, or phenic acid, is a white substance, which crystalises in long prisms, fusible at 93deg. Fahr., and boiling at 37 deg. It has a slight tarry and aromatic smell, resembling that of wood creosote, and is freely soluble in alcohol, ether, and glycerine, partially so in glacial acetate acid, and only slightly so in water, of which 100 parts will dissolve only three parts of carbolic acid. It is easily prepared by treating the oils of tar, which distil between 350 deg. and 400 deg., with caustic lye, removing the caustic lye solution from the neutral oils and adding hydrochloric acid to the alkaline solution, when the carbolic acid is liberated, and rises to the surface as an oily fluid, from which, by distillation, the above-mentioned therapeutic agent is obtained.

My friend and colleague, Thomas Turner, Esq., F.R.C.S., and Senior Surgeon at the Manchester Royal Infirmary, read, at the last meeting of the Lancashire and Cheshire Branch of the British Medical Association, a lengthy paper "On the uses of Carbolic Acid as a Remedial Agent," from which I extract the following :—

"In cases of relaxation of the mucous surfaces, the solution of carbolic acid in glycerine, applied by means of a brush or sponge is most beneficial. Thus its use is indicated in polypi of the nostrils, as well as ozæna, and in all putrid discharges from the mouth, throat, nostrils, ears, rectum, and vagina.

"I shall next call your attention to the use of carbolic acid in *Diptheria*, in which disease it is a most valuable remedy used topically to the throat. . . . . To apply it I use a sponge mop, which should be used freely, but not saturated, lest a drop should fall into the larynx. The escharotic effect of carbolic acid is confined to the surface to which it is applied, there being no spreading to the contiguous parts, which may happen in the case of nitric acid. The aqueous solution of carbolic acid may be also used as a gargle.

"*Ulcers.*—I apply carbolic acid in different degrees of solution, according to the character of the sore, to carbuncle and ill-conditioned sores.

"*Fistulæ.*—I apply it by means of a wax taper used in lighting gas, or, if the fistula will admit of it, I use a catgut or wax bougie, taking care to carry it to the bottom of the fistula. I have never succeeded in anal fistula where there is a communication with the gut. In these cases an operation is still necessary.

"*Hæmorrhoids.*—The action of carbolic acid is mainly to corrugate, and therefore to obliterate, the sac of the pile. It coagulates the contents, which may be squeezed out; and by corrugation it empties the pile, by which the two surfaces are brought into contact, and thus the sac is obliterated."

Mr. Turner also, in a private note to me, speaks of the use of carbolic acid to fetid ulcers in the following terms :—"It may be advantageously use, as a solution of one part of acid in forty parts of water, in fetid ill-conditioned ulcers. It alters the action of the bloodvessels, causing a purulent instead of a sanious discharge, and destroys almost immediately the offensive smell of the secretion. In ulcers having a communication with carious bone, or even necrosis (where the bone is dead), it has, in its diluted state, a good effect when injected into the sinuses leading to the diseased bones. When there is mere caries or ulceration of the bone it effects the healing process, and in necrosis it promotes the exfoliation of the dead portion. In gangrenous and all offensive sores, it removes all disagreeable smell and putrescency, and may render the discharge innocuous to the contiguous living and unaffected tissues. In its diluted state, therefore, it is a great boon to patients labouring under that class of disease."

When Mr. Turner wishes to employ carbolic acid in a less diluted state than the aqueous solution, and yet not in its full strength as a caustic, he prefers the following solution. He mixes two drachms of pure carbolic acid in one drachm of liquor potassæ and half a pint of water.

It is with pleasure that I am able to add that Mr. Oscar Clayton, F.R.C.S., and Mr. Campbell De Morgan, F.R.C.S., have informed me of several successful applications which they have made of carbolic acid, confirming many of the results of Mr. Turner's, above described.

Mr. Oscar Clayton states that in two cases of fetor of breath arising from a diseased state of the mucous membrane covering the tonsils, he applied to the parts a mixture of equal proportions of glycerine and carbolic acid, and with perfect success.

Mr. Campbell De Morgan has also applied the glycerine solution of carbolic acid with success to several cases of lupus.

Dr. James Whitehead, of Manchester, prefers treating this diseaes (lupus) with an ointment made of half-a-drachm of carbolic acid to one ounce of spermaceti ointment.

Mr. Oscar Clayton has also successfully employed the aqueous solution to several skin diseases—viz., lepra, tinea capitis, rupia, &c.

Dr. Roberts and other medical men have employed carbolic acid with advantage internally for dyspepsia and other derangements of digestion.

Dr. Pattison, of St. John's wood, writes to me as follows :—"I have prescribed your carbolic acid in several cases of fungoid disease during the last nine months with marked success. In three cases of fungus hæmatodes in which I employed it, the disease in all was checked in a remarkable manner. A thick crust was speedily formed on the ulcerated and bleeding surfaces, the exhausting discharges were completely arrested, and in one case there was great diminution in the size of the fungous mass. Your carbolic acid is almost a specific in cases of anthrax."

I also think it well to insert the following remarks from Dr. Thomas Hughes, M.R.C.S., F.S.A, London :—"Sir,—I have used Dr. Calvert's carbolic acid as an external application in cases of sloughing wounds with the most marvellous effect; and in no case was its effect more strikingly manifest than in the case of Rogers, one of your miners, who received such a contusion of the hand as to destroy the arteries leading to the index and little fingers; and, in spite of every effort made to restore the circulation in the fingers, sloughing took place, and which appeared to spread and extend to the hand and arm with such rapidity that if it had not been for the timely application of the carbolic acid the man would have lost his arm from the most destructive sloughing I ever witnessed. The effect of carbolic acid was so decidedly marked as to leave no doubt of its wonderful effects in checking the spreading of sloughing, and in accelerating the separation of slough. It seemed almost to have the effect of promoting the growth of granulations, and hastening the healing of the wounds. I have used carboli acid in several other cases with the same happy effect.

"Amlwch, Aug. 29th, 1863."

I have found it very successful in one or two cases of intestinal worms, given in doses of a teaspoonful of the aqueous solution in a tumbler of water morning and evening. I have also applied the water solution externally with perfect success in several cases of psora.

Two eminent French physiologists, MM. Gratiolet and Lemaire, have published a most interesting paper on the "Action of Carbolic Acid in arresting Putrefaction;" and they have made the important observation that, whilst it does not interfere with chemical fermentations, such as the conversion of amygdaline into hydruret of benzoile, and the conversion of myronic acid by myrosyne, it completely arrests all vegetable and animal fermentations which arise from cryptoganic life. They have also observed that when carbolic acid is mixed with the vaccine virus, it entirely prevents its peculiar action upon animal organisation.

These valuable observations of MM. Gratiolet and Lemaire strongly impress me with the idea that the use of carbolic acid might prove of great advantage in the early stages of consumption, if applied in the following manner—viz., by making the patient frequently inhale the vapour of the acid by means of an inhaler containing some cotton-wool saturated with the acid so that the inspired air must pass through the wool. I would at the same time administer a teaspoonful of the aqueous solution mixed with two ounces of peppermint-water three times a day. I think also that the same treatment might be advantageously tried in cases of scarlatina and typhoid fever, with the addition of saturating the air of the chamber as far as possible with the vapour, by placing lint or wool steeped in carbolic acid in various parts of the room. I would also administer once a day an enema consisting of a weak solution of carbolic acid.—'Lancet.'

The Polytechnic Institution.—The celebrated optical illusions, patented by Professor Pepper and Mr. Dircks, continue to draw immense crowds to the Polytechnic Institution. Those who are unacquainted with the optical principles on which the phenomena depend regard the exhibition as almost magical; and those who are better informed may still admire the mechanism by which the effects are produced. The other scientific objects of the Polytechnic are not neglected in consequence of the great popularity of the "Ghost," and among other interesting features, the lecture given by Mr. W. Stokes, on Natural and Artificial Memory, is well worthy of attention, and his illustrations demonstrate that memory is a faculty which may be cultivated and improved to a far greater extent than most persons imagine.

Plymouth Dispensary.—After a service of forty-eight years, Dr. Arkworthy is about to resign his appointment as physician to this institution.

REVIEW OF THE PERIODICALS.

The 'Lancet.'

Dr. Fuller commences the number with a "Clinical Lecture on Gout and Rheumatism, Rheumatic Gout and Sciatica." He describes particularly the symptoms of rheumatic gout, which he considers to be a disease *sui generis*, and distinct both from gout and rheumatism, although in the recent stage it is difficult to distinguish it from acute rheumatism. Rheumatic gout does not attack robust and vigorous persons' but usually arises in persons of a feeble constitution and delicate habit, is more common in women than in men, and is often associated with hereditary phthisis. When it attacks men its victims are usually those who are cachectic from excessive venery or syphilis, or who have suffered from gonorrhœal rheumatism, or from the depression caused by anxiety or excessive mental exercise. It resembles acute rheumatism in many of its features, but the skin, though hot, is less so than in the latter disease; the perspiration does not present the peculiar rheumatic odour in any marked degree; the pulse, though quick, is feeble; the tongue is usually less furred, and the local pain and swelling are not confined to the large joints, but invade the wrists and small joints of the fingers. The malady originates in mal-nutrition, resulting, not unfrequently, from some hereditary infirmity of constitution, but sometimes in connexion with cachexia induced by a variety of causes which exhaust the nervous system. If this view as to the nature of the disorder is correct, then the treatment must have for its object the improvement of the general health and the restoration of tone to the system. Colchicum, iodine, guaiacum, and other similar remedies, if prescribed with a view to eradicate the disease, will prove mischievous rather than beneficial. The most effectual remedies are bark, quinine, strychnia, iron, cantharides, arnica, sarsaparilla, the mineral acids, and cod-liver oil; and their action must be assisted by fresh air and exercise, change of scene, and a generous diet; meat twice or thrice a day, with a full allowance of porter or ale, or wine. The cold shower-bath is often beneficial, especially in those persons who state that they are stronger and more vigorous in winter than in summer; and even when the patient expresses a dread of cold water, this circumstance is not to contra-indicate the employment of this remedy. Mr. T. Holmes continues his "Contributions to the Practical Surgery of the Diseases of Childhood." His present communication is on excision of the elbow in childhood, an operation which, although sometimes necessary, should be avoided if possible. Diseased joints in children will often result in anchylosis if they are properly managed and the treatment is continued for a sufficient length of time. Hence neither excision of the knee nor amputation of the thigh are often practised at the Hospital for Sick Children, of which Mr. Holmes is the Surgeon. But still the operation is sometimes imperatively necessary, and danger is incurred if too much time is spent in the attempt to save the diseased joint. Besides, in the case of the elbow-joint, the limb is less valuable when the joint is anchylosed than when excision has been performed; and the natural cure requires a great length of time for its accomplishment. Mr. Holmes relates the particulars of six cases in which excision of the elbow-joint was performed in children: in four the results were favourable, but in one the child died from convulsions after the operation, and in another death was accidentally caused by an attack of measles caught by the child when it was convalescent. Dr. Crace Calvert communicates a paper "On the Therapeutic Properties of Carbolic Acid," which we have elsewhere printed entire. Mr. G. H. Philipson reports a "Case of Extreme Mobility of Both Kidneys." The patient was a woman of middle age, the mother of ten children, in whom a tumour was easily discovered in each lumbar region upon relaxation of the abdominal parietes. She was very nervous and apprehensive as to her condition, but on being informed that no disease existed, she rapidly improved and became cheerful and happy, but the condition of the kidneys of course remained the same as when they were first examined.

The 'Medical Times and Gazette.'

Dr. R. Dundas Thomson contributes a paper on "Chemical Aids to the Medical Practitioner," and while advocating the great importance of a knowledge of chemistry, as a branch of medical education, he thinks that more time ought to be devoted to the instruction of the student in practical details, and less to lectures on the theory of the science. Dr. Thomson thinks it would be well to afford facilities to students of medicine for making themselves acquainted with the characters of acids and bases by their own experiments from the commencement of the course of lectures. In testing for poisons, it is practically useful to be thoroughly acquainted with the characters of the oxides and sulphides of the metals, and this knowledge is chiefly obtained by the agency of the caustic alkalies, alkaline sulphides, and sulphuretted hydrogen (sulphohydric acid) gas. But it is very important that these reagents should themselves be perfectly pure, and Dr. Thomson describes their chief impurities, and the means by which the latter may be detected. The most important of the reagents are, caustic ammonia, which sometimes contains solid impurities introduced during its manufacture; caustic soda and caustic potash, which sometimes contain lime, alumina, iron, copper, and sulphur; sulpho-hydric acid; and sulphide of ammonium (hydrosulphate of ammonia). Oxalic acid is used as a test for lime, but the oxalic acid of commerce often contains a portion of lime. Dr. J. W. Ogle continues the relation of his "Cases of Epilepsy, Convulsions, Giddiness, &c.," the patients being children, some of whom died, others recovered, and many were lost sight of. In the fatal cases, no remarkable appearances, beyond congestion, were found in the brain on post-mortem examination. The cases which originated from excentric irritation were improved by the administration of medicines tending to remove the exciting cause, such as ascarides, &c. Mr. A. E. Sansom contributes an interesting paper on the "Administration of Chloroform," in which he gives the results of many recorded cases, including some which have fallen under his own observation. The mortality from chloroform is very small, in comparison with the number of cases in which it is administered, but still it is important in every instance to investigate the causes of the fatal termination. Mr. Sansom proves that the mortality is by no means the greatest in the most severe operations, but rather the reverse, and also that the feeble are not the principal victims. Children seldom die under chloroform, and Mr. Sansom has found no case recorded of the death of a child from the anæsthetic under five years of age. The chloroform employed should be pure and freshly prepared, and should have a density of not less than 1·48. Dr. Robert Walker contributes a paper on the "Winter Climate of Ajaccio, which he describes as being very equable and well suited to invalids. The middle of October would be a proper time for going to Ajaccio with the view of passing the winter months, but the summer, which begins at the end of April, is very hot, and the temperature is then too high for invalids to remain with comfort or safety.

The British Medical Journal.

Dr. Morell Mackenzie contributes a paper on the "Treatment of Hoarseness and Loss of Voice" by the direct application of galvanism to the vocal cords, and he illustrates his remarks by the history of fourteen cases. Dr. Mackenzie believes that cases of hysterical aphonia are extremely rare, and that the affection often depends on purely local paralysis, in which case the application of galvanism is highly beneficial. Dr Mackenzie figures and de-

(Continued at page 197).

THE MEDICAL CIRCULAR.

WEDNESDAY, SEPTEMBER 30, 1863.

THE NEW MILITARY HOSPITAL AT NETLEY.

As the establishment of the Hospital at Netley was for many years a subject of great public interest, and occasionally also of no little adverse criticism, it is satisfactory to reflect that the experiment has been a successful one, and that the institution is now fulfilling the purposes for which it was originally designed.

It is not, perhaps, generally known that the idea of its erection originated in the mind of Her Gracious Majesty herself, who, during the period of the Crimean war, was so touched with compassion at the sight of some wounded soldiers, that she conceived the design of providing for that class of her afflicted subjects a more satisfactory kind of accommodation than was supplied for them under the then existing arrangements. It is almost needless to add that this benevolent intention was at once warmly seconded by his late Royal Highness the Prince Consort; and the invalid soldiers who may hereafter look upon the portraits of Her Majesty and her late lamented husband, recently presented to the Hospital by Her Majesty herself, will gratefully recognise in the stately edifice on the banks of the Southampton Water the noble realisation of the generous wishes of their royal benefactors.

The idea of the Hospital having been entertained, the next point to be determined on was the site which should be selected, and this question gave rise to many conflicting opinions, inasmuch as it was extremely difficult to combine together in one spot the various advantages of salubrity of climate, elevation of soil, protection from wind and weather, and ready access to the sea. Sir James Clark and Sir Andrew Smith, who was then the Director-General of the Army Medical Department, having been consulted upon the subject, regarded the site near Netley as being admirably well suited for the purpose, as it seemed to afford all the conditions which were required. The ground was elevated, rising gradually from the water, the soil was composed chiefly of gravel, and was consequently dry, the aspect of the slope was towards the south, and the north and east winds were intercepted by the rising ground, the sea was at a moderate distance, while the banks of the Southampton water and the Isle of Wight moderated the force of the gales, and afforded a secure harbour for ships, and the landing-place of the proposed Hospital was accessible to vessels at all times of the tide. Another advantageous circumstance was subsequently discovered—namely, the existence of plastic clay in the immediate vicinity, so that the bricks of which the Hospital was to be constructed were furnished by the site itself. The geological structure of the soil is, in fact, that of the London clay, continuous with the analogous beds on the northern face of the Isle of Wight, and consisting of layers of dry sand, gravel, and brick earth. From the sloping nature of the bank, and the constitution of the strata, the facilities of drainage were very great, and the drinking-water was found to be of excellent quality.

Notwithstanding all these favourable conditions, very strong objections were raised in some quarters to the proposed site, and the opposition certainly was based upon some rather specious grounds. It is well known that the town of Southampton itself lies upon a marshy plain, having a large quantity of water in its immediate vicinity; that a great portion of the banks of the Southampton Water are left uncovered at low tide; that the salt and the fresh water are mingled together in this tidal estuary, and that the sewage of Southampton is discharged into the stream. Hence it was urged that the site above Netley, being only about three miles distant from Southampton, would present the same unfavourable conditions as the town itself; that the great extent of mud and slime left periodically uncovered by the recession of the tide would generate malaria, and that, moreover, the discharge of the town sewage into the Southampton Water would tend still further to augment the production of miasmatic emanations. It was represented that the conditions which are known to produce fever in tropical climates, existed on the banks of the Southampton Water, and that the relaxing nature of the climate would tend further to induce epidemic disease, or to retard convalescence.

It was, therefore, thought expedient by the then existing Government to appoint a committee to report upon the site of the proposed Hospital, with especial reference to the objections to which we have just alluded; and this committee consisted of Colonel O'Brien, Captain Laffan (who, being taken ill, was replaced by Colonel Owen, C.B.), Dr. Mapleton, and Dr. Sutherland. Practically, the only Medical member concerned in drawing up the Report was Dr. Mapleton, for Dr. Sutherland did not concur in the opinions it expressed, and Dr. Mapleton deserves very great credit for the part he appears to have taken in the sanitary portion of the questions involved. Instead of deciding for themselves, the Committee called in the assistance of men eminent in chemistry, geology, and sanitary science, and also of the Medical residents of Southampton and its neighbourhood. The results were that the geologists could find no fault with the structure of the soil, the chemists could discover no deleterious properties in the adjacent Southampton Water, and the engineers found that the soil, the elevation of the site, the facility of drainage, the proximity of the sea, and the abundance and excellence of the drinking-water, were all favourable conditions for the proposed edifice. With regard to the sanitary question, a common-sense view, rather than an abstract scientific one, was taken upon the subject. It was argued that although in a tidal estuary, the banks of which were uncovered during some portion of the twenty-four hours, malaria *might* be generated, yet the practical inquiry was whether disease really existed among those persons who were habitually subjected to the influences supposed to be so unfavourable. The evidence obtained showed that it did not; and, in fact, a party of the Preventive Service, with their wives and children, who lived in a brig permanently fixed and imbedded in the mud and sand just opposite to the proposed site, all declared that their dwelling was healthy, and their statement was fully borne out by the personal appearance of the whole party, especially the children. Similar evidence was given by many other persons, who either lived upon the Southampton water or its banks, in the vicinity of Netley, and a return from the Registrar-General proved that the average mortality of the parishes immediately adjoining Netley was very nearly the same as that of the most healthy districts in England. The local Medical practitioners also all testified to the absence of epidemic disease in the district.

The results observed since the completion of the Hospital and the opening of its wards for the reception of patients, have completely justified the views of those who recommended its erection on its present locality. No cases of epidemic disease have ever been observed within its walls, nor has any

miasmatic danger to the patients followed from its proximity to the Southampton Water. Boats have been enabled to land their consignments of invalids at all times of the tide (which here presents the peculiarity of running up nearly seven hours and running down less than three, while the high water lasts for nearly three hours), and a pier will soon be constructed where vessels will at once land the sick, who will be conveyed on couches along a tramway direct into the Hospital wards.

Such are a few of the particulars connected with the construction of the magnificent building, which the gracious sympathy of Her Majesty, aided by the liberality of the nation, has provided for the reception of the sick and wounded of the British army.

But while thus eulogizing the building itself and the salubrity of the site, it is only right to remark that it is not well adapted for the treatment of acute diseases, either medical or surgical, and in fact it is not employed for that purpose. The great size of the wards, and the existence of long corridors (which, however, are open in summer, and closed in winter or in bad weather) are unfavourable to the cure of fevers, inflammations, chest affections, and mechanical injuries, and such cases will continue to be treated in the regimental hospitals, which it is to be hoped will be hereafter furnished with all necessary sanitary appliances. But for the cure of convalescents, especially those coming from a warm climate, the mild but invigorating air of the Netley site is peculiarly beneficial, and to the reception of such patients the Hospital is more especially and appropriately devoted.

SUMMARY OF THE WEEK.

THE ARMY MEDICAL SERVICE.

We are unable to join our Medical contemporaries in their denunciations of the Army Medical Service, or to share in the exultation sometimes expressed at the want of candidates for this branch of our Profession. That many evils and hardships exist is no doubt true, but there are grievances in all departments of the Public Service, and the combatant officers (as they are called) are full of them, and are continually entertaining one another and their mutual friends with their recital. Anyone who happens to have a considerable acquaintance with officers of the Army or Navy knows full well that the common staple of conversation among them is the subject of their unrequited claims to public notice, patronage, and emolument, mingled with bitter complaints of the abuse of Government patronage for political purposes, the influence of wealth and favouritism over merit, and such like topics. That these charges are in many instances unfortunately too true, is exemplified in the career of the late illustrious Lord Clyde, who, because he had neither wealth nor influential friends, was most unjustly superseded by men his juniors in years and his inferiors in military achievements, and the hero of a hundred fights at last forced his way to distinction at a time when he was too old to enjoy the honours which he had so amply deserved at the hands of his country. We have carefully noticed, from time to time, the complaints made against the Army Medical Department, but we think that they are scarcely sufficient to explain the unpopularity into which it appears to have fallen, and we hope that the unwillingness on the part of our young Medical men to enter the service arises from the circumstance that they have better prospects in civil life than any which the Military Profession can offer. The expatriation usually involved by the acceptance of a commission, the danger of sickness and death in foreign or colonial stations, the separation from home ties, and the fatigues and responsibilities of a camp life in time of war, are, no doubt, formidable objections to be surmounted; but, on the other hand, in a country like England, whose fleets are in every sea, and whose dominions extend to all parts of the globe, the temptation to explore foreign lands is very strong, and the spirit of adventure itself, as well as the necessities of our insular position, send thousands of our sons annually away from our shores, and as our own population increases, the necessity of a still more extensive emigration will no doubt be eventually felt. We can recollect the time when a Medical commission in the army was an object of eager though hopeless desire to many ambitious Medical youths, and when loud complaints were made that the selection of officers depended entirely on patronage, as was really the case. In the present day, patronage in this department is entirely abolished, and any Medical man, of suitable age and acquirements, may obtain that which many of his predecessors sighed for in vain. The misfortune is that if the present state of things should continue, the Army Medical Service will suffer in every respect; for if suitable candidates are not to be found and a war should break out, the authorities will either remain satisfied with a deficient staff of Medical officers, or the service will be recruited with incompetent persons, and a state of matters will ensue analogous to that which we observe in the Medical Service of America, in the fratricidal war now raging in that country. We have only to point to our columns and those of our Medical contemporaries to prove the lamentable results which ensue to the reputation of the whole Profession from the indiscriminate reception of Medical candidates in the American armies.

THE SOCIAL EVIL AND ITS CONSEQUENCES.

The dangerous topic of the physical effects of the social evil has been suddenly dropped by the leading organ of the daily press, which has fallen back upon other less exciting, but safer questions. But the 'Saturday Review' has had some highly-spiced articles on the subject, and the adoption of a plan analogous to that existing in some foreign countries is pretty plainly and boldly advocated. In fact, the Government is called upon to prevent the spread of syphilitic disease on the ground that it has already taken measures for the prevention of small-pox. Here, surely, the argument of the 'Saturday Review' is fallacious, for the fact is that the Government of Great Britain takes *no* effectual measures for the suppression of small-pox, but leaves helpless children and ignorant persons generally, to die or be disfigured by this loathsome disease, which, by efficient legislation, might be exterminated altogether in this country as it has been in some continental nations. Small-pox, also, it must be remembered, is not a self-inflicted disease, which syphilis undoubtedly is: and before Government legislates for the latter malady, it ought certainly to take steps to exterminate the former. Besides this, it appears to us to be impossible to separate the inspection and licensing of prostitutes from the direct encouragement of vice: and great as are the vice and immorality unfortunately prevalent in our country at the present day, they would prevail with double force under a Government protection of prostitution, and every wife and mother in the empire would denounce such a system as directly leading to conjugal infidelity and youthful indiscretion. Thank Heaven, notwithstanding the number of unfortunate females who pander to the unruly passions of the other sex, our wives, our daughters, our sisters, and our mothers, are the most virtuous in the world, and, married or single, they would shudder with abhorrence

at any attempt to convert what is now a clandestine and shameful commerce into an open and licensed trade. Such is a part of the mere moral aspect of the question; but we would ask whether the physical evils are really obviated by the supervision and registration adopted in some foreign countries? Is syphilis or its allied affections less common in France or Austria than in England? We are aware that it is very difficult to procure statistical evidence on such a subject, but our own present impression is that the *surveillance* exercised in foreign states, while it decidedly encourages vice, does *not* obviate its consequences. We do not refer to foreign armies, because we know that in a limited number of men, subjected to strict sanitary rules, and, moreover, to military discipline, the onset of disease may be detected and checked; but with reference to the populations generally (and it is to the whole community that legislative measures must be applied), we believe that syphilitic diseases are quite as prevalent on the continent as at home. If we are wrong upon this point, we shall be ready to confess our error, but we shall require evidence to support the other side of the question, and shall not be satisfied by the mere unsupported opinions of writers, who, in many cases, understand but little of the subject of syphilitic contagion, or of the difficulties of its practical investigation.

THE UTILISATION OF THE METROPOLITAN SEWAGE.

The important question of the disposal of the Sewage of the Metropolis, when the Main Drainage Scheme shall have come into active operation, is at present by no means settled, and is attracting, as it deserves to do, a great amount of public attention. The Metropolitan Board of Works have fulfilled their promise of publishing the Report of their Committee on the tenders made for the sewage, by which it appears that nine communications have been received, but that none fully comply with the terms of the advertisements, and three do not make any proposals in the nature of a tender. It is by no means to be wondered at that so gigantic a project as the Utilisation of the Sewage of our overgrown metropolis should be the subject of anxious deliberation, or that no man or association of men, will at once bind themselves to any definite plan. It is of course quite plain, on scientific grounds, that the matters which are now carried down by the river and swept into the ocean, might become the sources of immense fertility if spread upon the land, according to the obvious intentions of Nature, but the difficulty consists in the practical working of any system for carrying out this object. The accumulation of the sewage at any given spot, or indeed its distribution over the country, might become the actual or the probable source of disease, and the mere conveyance of such enormous quantities of putrescent fluid would involve proportionate expense. The present state of affairs seems to be that the Metropolitan Board of Works are quite willing to accept any well-devised plan for the Utilisation of the Sewage, provided that the contractor will pay for the material, and incur all the risk and expense of the undertaking, while on the other hand, the contracting party requires something like a guarantee from the Board or from the Government, that they will afford him assistance in carrying out his designs. We fear that this state of indecision will long continue, and that in the end Parliament will be obliged to interfere in a matter, which, after all, is of national importance, and concerns not only the British Metropolis and the present century, but every large city in the world, and generations yet unborn.

MISS NIGHTINGALE ON THE SANITARY STATE OF THE ARMY IN INDIA.

In the abstract lately published of the Report of the Commissioners appointed to consider the Sanitary State of the Army in India, the observations made by Miss Florence Nightingale, were only briefly alluded to, and were lost to the great mass of the public by being incorporated with the bulky documents constituting the folio volumes, on which the abstract is founded. It has been thought, however, that the cause of Sanitary Reform in India would be promoted by the separate publication of Miss Nightingale's observations which she addressed, at the request of the Commissioners, in the form of comments on the Stational Reports, to Lord Stanley, who succeeded to the Presidency of the Commission on the lamented decease of Lord Herbert. The observations are now, therefore, placed within the reach of all in a small volume written in the vigorous style which characterises all Miss Nightingale's publications, and illustrated by a number of plans and engravings, showing the present defective state of Sanitary Science in India. As we have lately alluded, in a series of leading articles, to the present high rate of mortality among our troops in India, and have commented upon the neglect of hygiene in that country as developed in the Report of the Commissioners, it is unnecessary to repeat our remarks but we cannot help adverting to the timely appearance of Miss Nightingale's little work, which exhibits a great amount of practical knowledge in a department which this excellent lady has cultivated with no less zeal than success, but which many of her sex would have avoided as foreign to their tastes or inclinations. Miss Nightingale attacks with no sparing hand, the evils, both moral and physical, which sap the foundations of the soldier's life in a warm climate, and too often consign him to a premature grave; and while she is careful in pointing out, one after another, the causes of the physical insalubrity of almost all the Indian stations, she is no less emphatic and plain-spoken when denouncing the habits of the soldier himself, which corrupt his mind and injure his bodily frame. The publication of Miss Nightingale's observations is very opportune, and they will no doubt be extensively read, both in this country and in India.

ASPHYXIA.

In 1857 the 'Dublin Medical Press' assisted the Royal National Life Boat Institution in eliciting the opinions of the Medical Profession on the relative merits of the plans for the restoration of the apparently drowned, of the eminent physiologist the late Dr. Marshall Hall and the Royal Humane Society of London. The result was that the favourable opinions of the principal Medical bodies and of three hundred Medical men in this country, as also those of the chief Medical bodies on the continent were obtained by the Royal National Life Boat Institution in favour of Dr. Marshall Hall's plan. These directions were then at once extensively circulated by the Institution throughout the United Kingdom, and in the colonies. They are also in use in Her Majesty's fleet.

Last year some important investigations were made by the Royal Medical and Chirurgical Society on the relative merits of the plans of Dr. Marshall Hall and Dr. H. R. Silvester for restoring suspended animation. The result was decidedly in favour of Dr. Silvester's method, which, in principle, is now adopted by the Royal Humane Society.

Under these circumstances the National Life Boat Institution is naturally anxious to elicit the opinion of the Medical Profession generally on the relative merits of the two plans, and we readily give insertion to the following circular of the Institution on the subject, feeling assured that those of our readers who have had experience in cases of asphyxia will render every help in their power to the Life Boat Institution in arriving at a correct conclusion on so vital a matter.

ROYAL NATIONAL LIFE-BOAT INSTITUTION.
(Incorporated by Royal Charter.)
14 John street, Adelphi, London, September, 1863.

SIR,—I am instructed to acquaint you that until the year 1857, the rules of the Royal Humane Society, for the restoration of the apparently drowned, were circulated by this institution at its life-boat stations on the coasts of the United Kingdom; but in that year, the eminent physiologist, the late Dr. Marshall Hall, having pronounced those rules to be wrong, the committee of the Royal National Life-boat Institution obtained, as far as they were able, the opinions of the most eminent Medical authorities in this country, and of some on the continent, on the relative merits of the two systems.

Those opinions were so generally, indeed almost exclusively, in favour of Dr. M. Hall's plan, that the Committee felt they had no option but to modify the rules, for the circulation of which they were responsible, in accordance with it.

Since that period, Dr. Henry Robert Silvester, of London, has proposed a modification of the rules of Dr. Marshall Hall, which, although similar in principle, uses a different mode of promoting artificial respiration, which he alleges to be more convenient, and to more effectually perform the same.

Dr. Silvester's plan has been carefully considered and favourably reported on by the "Royal Medical and Chirurgical Society of London," and has been recently adopted by the Royal Humane Society in lieu of their previous system.

The committee of the Royal National Life-Boat Institution, not being a Medical body, and feeling the serious inconvenience of there being two different plans in circulation which might lead to hesitation and delay, where decision and promptness of treatment are admitted to be all-important, are desirous once more to have the advantage of the opinions of the chief Medical authorities in this country on the subject.

I am therefore directed to solicit the favour of your opinion on the relative suitableness of the two systems of Dr. M. Hall and Dr. Silvester, as embodied in the rules of this Institution, and of the Royal Humane Society, copies of which are herewith annexed, in order that the present rules of this Institution, founded on Dr. M. Hall's plan, should, if necessary, be modified, or those of the Royal Humane Society be adopted in lieu of them.

I am, &c.,
RICHARD LEWIS,
Secretary,
Royal National Life-boat Institution.

[We regret that want of space prevents us from printing, this week, the details of the two systems, but that of Dr. Marshall Hall recommends the person to be placed on his face and to be moved from side to side, and that of Dr. Silvester recommends that he should be laid on his back, and respiration excited by the movement of the arms.]

REVIEW OF THE PERIODICALS.

(Continued from page 193).

scribes his "laryngeal galvaniser," the use of which, he states, requires but little skill on the part of the operator, and still less fortitude on the side of the patient. It is of little importance whether magnetic or chemical electricity is employed, but the current is to be directed to the vocal cords, the laryngoscope being, of course, employed at the same time to indicate the position of the parts. DR. T. J. WALKER has a communication on the "Laryngoscope and its Clinical Application," and enters into a minute practical description of the methods of employing the instrument in examining either the larynx or the posterior nares, the Eustachian tubes, and the upper part of the pharynx. DR. W. H. O. SANKEY gives some "Illustrations of the Different Forms of Insanity," the cases being taken from the female wards of the Hanwell Asylum, the number of patients daily under observation varying from six hundred to a thousand. Dr. Sankey very truly remarks that this large number, while it affords a wide scope for the selection of cases, unfortunately occupies so much time in treating as to leave but little opportunity for keeping up a rigorous record of the details of each case. His first cases are those suffering from melancholia, because this condition is usually the first indication of mental disease. Melancholia is not to be considered a disease *per se*, but rather a condition or state of mind, or a group of symptoms included in a general term. A state of mental depression or melancholy, in its mildest form, is probably due to some slight mal-assimilation, or nutrition-change, perhaps dependen upon some state of the blood conveyed to the cerebral organs. Long continued and habitual constipation appears in some of the cases to have acted as the cause of the attack of melancholia.

GENERAL CORRESPONDENCE.

VIVISECTIONS.

To the Editor of the Medical Circular.

SIR,—As the subject of vivisection has been opened for discussion in your pages, perhaps I may be allowed to make a few remarks.

Your correspondent, Mr. Skeggs, in an able letter, pathetically condemns the practice as cruel, diabolical, and barbarous, especially as it produces no results, but *perpetuates errors.*

If sufficient evidence could be adduced in support of this assertion, so as to place it beyond doubt, then, in the name of humanity, society should check such cruelties.

Although it is idle to suppose that our physiologists are actuated by any but the purest motives, and that their labours are nothing but scientific sport for scientific men; yet, if no benefit has resulted from their researches, then must we regard their enthusiasm as culpable.

On the other hand, if science has been advanced by such means, then, as the lower animals were created in subservience to the good of mankind, they ought, in my opinion, to be sacrificed with as little compunction in such a noble cause as the alleviation of human suffering, as they are for the supply of our ordinary wants. This is the point at issue.

Your correspondent maintains that anatomy, and, "above all, pathological investigations will prove *unerring lights* leading us to a true knowledge of health and disease." Without for a moment disputing the inestimable value of such measures, they cannot be considered as infallible; indeed, the following single example is sufficient to overthrow such a statement, and to prove that they are far from being *unerring lights*, but occasionally *perpetuate errors.*

The result of pathological investigations led Bernard to construct the theory of the glycognic function of the liver, and apparently his deductions were indisputable. Dr. Pavy, however, by the agency of vivisections, has demonstrated their entire fallacy. To use his own words, "a change (as will be proved by experimental evidence) occurs so rapidly after death, that the result of any ordinarily conducted post-mortem examination can no longer be accepted as affording, in reference to this particular inquiry, a representation of the *ante-mortem* state." If this be the case in this particular instance, may we not with reason suppose that it possibly occurs in others?

Of course, in conducting these experiments due care should be taken against the infliction of unnecessary pain, especially by the use of anæsthetics whenever practicable; and, moreover, the experiment should be undertaken by competent persons only.

These remarks cannot apply to the disgraceful mutilations performed at the French Veterinary Schools, for they are simply atrocious, and call for suppression. I am, &c., SCALPEL.

VACANCIES.—The office of House Surgeon, at the Male Lock Hospital, Dean-street, Soho, and the Female Lock Hospital, Westbourne-green will shortly be vacant.

CORONERS' INQUESTS IN MIDDLESEX.—From an official document just published, it appears that last year the expenses of the coroners and their courts cost the county of Middlesex 9,357*l.*

CIVIL HONOURS TO MEDICAL MEN.—His Excellency, the Lieutenant-Governor, has been pleased to appoint the Honourable Robert Hamilton, M.D., to be Keeper of the Rolls and Records of the Peace of the Parish of St. Andrew.—'Jamaica Gazette,' August 13, 1863.

CATTLE INOCULATION.—For the prevention of the contagious typhus among cattle, inoculation with the saliva of an affected animal has been recommended in a communication to the School of Medicine at Berlin by a grazier of Pomerania.

SULPHATE OF SEWAGE.—Mr. Henry Bird, of Cheltenham, has lately addressed several letters to the 'Cheltenham Free Press' on his mode of deodorising and precipitating sewage by the addition of the sulphate of iron and alum and sulphuric acid. He finds that the sulphates of metals and earths have powerful precipitant and deodorising properties. In virtue of the latter he recommends the substitution of sulphate of zinc for the chloride as a disinfectant, on the ground that the sulphate if swallowed accidentally would, owing to its emetic action, be less likely to produce fatal consequences. The addition of sulphuric acid to sewage produces the evolution of carbonic acid and sulphurretted hydrogen gases, after the escape of which the smell is much lessened.

PRESTWICH LUNATIC ASLYLUM.—The county magistrates of Lancashire have just voted 6,500*l.* for the completion of the Prestwich County Lunatic Asylum, and for other expenses connected with it.

IRISH MEDICAL SCHOOLS, &c.

UNIVERSITY OF DUBLIN.

Winter Session.

ANATOMY AND PHYSIOLOGY, AND COMPARATIVE ANATOMY—Dr. M'Dowel. Dialy, at one (Saturdays excepted).

PRACTICAL ANATOMY—Drs. Barton and Bennett. University Anatomists. Daily, at twelve (Suturdays excepted).

THEORY AND PRACTICE OF SURGERY—Prof. Smith. Thursday, Friday, and Saturday, at three.

INSTITUTES OF MEDICINE AND PATHOLOGY—Prof. Law. Wednesday, Thursday, Friday, and Saturday, at ten.

MATERIA MEDICA AND PHARMACY—Prof. Osborne. Wednesday, Thursday, Friday, and Saturday at eleven.

CHEMISTRY—Prof. Apjohn. Monday, Tuesday, Wednesday, and Thursday at two.

PRACTICE OF MEDICINE—Prof. Banks. Monday, Tuesday, Wednesday, and Thursday, at three.

MIDWIFERY—Prof. Churchill. Monday, Tuesday, Wednesday, and Thursday at four.

Summer Session.

BOTANY—Prof. Harvey.

MEDICAL JURISPRUDENCE—Prof. Brady.

PRACTICAL CHEMISTRY—Prof. Apjohn.

Certificates from this School are received by all licensing bodies in Medicine and Surgery.

University students in Arts are entitled to attend, without payment, one course in each of the following subjects: Anatomy, and Physiology, Chemistry, Botany and Surgery.

The fee for each course is three guineas; a reduction of one-sixth is made to perpetual pupils paying in advance for all the Lectures.

Dr. Barton will commence the course of lectures on Practical Anatomy upon Monday, the 26th of October, at twelve.

The Dissecting rooms, which are furnished with every appliance whereby the study of Practical Anatomy may be aided, will be opened upon the 1st of October. Dissections will be superintended throughout the session, and every assistance given to the pupils, by the Professor of Anatomy and Physiology, by the University Anatomists and by the Demonstrators, one or more of whom will constantly attend in the dissecting room.

The Scholarships, founded by the Board of Trinity College, value respectively 20*l.* per annum for two years, and the Exhibitions, founded by the Professors of the school, will be examined for in April and in June.

Sir Patrick Dun's Hospital will be visited at nine, a.m., daily, by the Clinical Professors, and Clinical Lectures delivered twice in each week during the winter session, as also during the month of May, June, and July.

The Library of the College of Physicians is open on every Tuesday and Friday at three o'clock, for the delivery of books to students subscribing 10s.

DUBLIN LYING-IN HOSPITAL, Rutland square.—Consulting-Surgeon: Mr. Rob. Adams. Consulting-Physician: Dr. C. W. Croker. Master: Dr. John Denham. Assistants: Dr. J. R. Kirkpatrick and Dr. John Cronyn. Secretary: J. G. Strickland, Esq. The diploma (which is recognised as a qualification in midwifery) is to be acquired by six months' attendance on the practice and lectures of the hospital, and by passing an examination before the Master and Assistants. The lectures are recognised by all the licensing bodies. The pupils of this hospital are privileged to attend the Cow-pock Institution, Sackville street and York street. Attendance for six months: Intern pupil, 21*l.*; Extern pupil, 10*l.* 10s. Fee on Diploma, 10s. 6d. The winter course of theoretical and clinical instruction will commence in November.

WESTMORELAND LOCK HOSPITAL, Townsend street, Dublin.—Extern Surgeon: Mr. T. Byrne, A.B., M.B. Resident Surgeon: Mr. R. Emerson, L.R.C.S.I. and E. Pupils admitted to a course of clinical instruction.

DR. STEEVENS' HOSPITAL AND MEDICAL COLLEGE, DUBLIN.

ANATOMY AND PHYSIOLOGY—Mr. Hamilton, at ten. Course, 3*l.* 3s.

ANATOMY, DESCRIPTIVE AND SURGICAL—Mr. Symes, at twelve. Course, 7*l.* 7s.

PRACTICAL ANATOMY AND DISSECTIONS—Mr. Symes, Mr. Swan, and Mr. Young.

CHEMISTRY—Dr. Aldridge, at twelve. Course, 3*l.* 3s.

PRACTICAL CHEMISTRY—Dr. Cameron. Course, 3*l.* 3s.

MATERIA MEDICA AND PHARMACY—Dr. Gordon, in Summer. Course, 3*l.* 3s.

BOTANY AND ZOOLOGY—Dr. T. W. Grimshaw, in Summer. Course, 3*l.* 3s.

NATURAL PHILOSOPHY—Dr. Cameron, in Summer.

HOSPITAL PRACTICE—Dr. Steevens' Hospital. Daily at half-past eight.

CLINICAL LECTURES—Mr. Collis and Mr. Wilmot, at eleven. Course, 3*l.* 3s.

SURGERY—Dr. Hardy, thrice weekly. Course, 3*l.* 3s.

MIDWIFERY, &c.—Dr. Freke and Dr. Burke, at eleven. Course, 3*l.* 3s.

MEDICINE—Dr. Pollock, in Summer.

MEDICAL JURISPRUDENCE—Dr. Pollock, in Summer.

COMPARATIVE ANATOMY—Dr. Hamilton.

Physicians: Dr. Croker, Dr. Freke, and Dr. Burke. Surgeons: Mr. Colles, Mr. Wilmot, Mr. E. Hamilton, and Mr. Symes. Resident Surgeon: Mr. Tyner. Operations on Saturday at ten.—Fees: Six months' attendance, 7*l.* 7s.; nine months, 9*l.* 9s. Lectures and Hospital Practice for College and Hall, 63 guineas.

DUBLIN, CARMICHAEL SCHOOL AND RICHMOND HOSPITAL.

ANATOMY AND PHYSIOLOGY—Mr. Curran. Daily, at one o'clock.

ANATOMY, DESCRIPTIVE AND SURGICAL—Dr. Cruise, and Mr. O'Grady. Daily at twelve o'clock.

PRACTICAL ANATOMY AND DISSECTIONS—Mr. O'Grady, Mr. Wallace, Drs. Madden, Stokes, and Purser.

CHEMISTRY—Dr. Davy. Tuesday, Thursday, and Saturday, at two.

PRACTICAL CHEMISTRY—Dr. Davy. Tuesday, Thursday, and Saturday, at two.

MATERIA MEDICA AND PHARMACY—Dr. Fraser.

BOTANY AND ZOOLOGY—Dr. Campbell.

HOSPITAL PRACTICE—Richmond, Whitworth, and Hardwicke Hospitals.

SURGERY—Dr. R. M'Donnell. Monday, Wednesday, and Friday, at eleven.

MIDWIFERY, &c.—Dr. Jennings. Tuesday, Thursday, and Saturday, at three.

MEDICINE—Dr. Mayne. Monday, Wednesday, and Friday, at two.

MEDICAL JURISPRUDENCE—Dr. O'Reilly.

COMPARATIVE ANATOMY—Mr. Curran.

Fee for each course, 3*l.* 3s., except Comparative Anatomy, free.

DUBLIN CATHOLIC UNIVERSITY.

ANATOMY AND PHYSIOLOGY—Dr. T. Hayden and Dr. Cryan. Daily, except Saturday, at twelve.

ANATOMY, DESCRIPTIVE AND SURGICAL—Dr. R. Cryan. Daily, except Saturday, at one.

PRACTICAL ANATOMY AND DISSECTIONS—Dr. H. Tyrell and Dr. P. Hayes. Daily.

CHEMISTRY—Dr. W. K. Sullivan. Tuesday, Thursday, and Saturday, at two.

PRACTICAL CHEMISTRY—Dr. W. K. Sullivan. Monday, Tuesday, Wednesday, and Friday, at two. (Summer.)

MATERIA MEDICA AND PHARMACY—Dr. Quinlan. Tuesday, Thursday, and Saturday, at twelve, and Wednesday, at eleven, (summer.)

INSTITUTES OF MEDICINE AND PATHOLOGY—Dr. R. D. Lyons. Tuesday, Thursday, and Saturday, at three, (summer.)

NATURAL PHILOSOPHY—Mr. H. Hennesey.

SURGERY—Mr. A. Ellis. Monday, Wednesday, and Friday, at three.

MIDWIFERY, &c.—Dr. Byrne. Monday, Wednesday, and Friday, at two.

MEDICINE—Dr. R. D. Lyons. Tuesday, Thursday, and Saturday, at three.

MEDICAL JURISPRUDENCE—Dr. Macswiney, Monday, Wednesday, and Friday, at twelve, and Saturday at one, (summer.)

COMPARATIVE ANATOMY—Mr. T. Hayden and Dr. R. Cryan.

LOGIC—Dr. B. D. Dunne.

Fees—All students, 3*l.* 3s. each course.

BELFAST QUEEN'S COLLEGE.

ANATOMY AND PHYSIOLOGY—Dr. P. Redfern. except Saturday, at two. First course, 3*l.*; second course, 2*l.*

ANATOMY, DESCRIPTIVE AND SURGICAL—Dr. P. Redfern.

PRACTICAL ANATOMY AND DISSECTION—Daily, except Saturday at twelve. First course, 3*l.*

CHEMISTRY—Dr. T. Andrews. Daily, except Saturday, at three. First course, 2*l.*; second course, 1*l.*

Practical Chemistry.—Dr. T. Andrews. Monday, Wednesday, and Friday at eleven. First course, 2*l.*

Materia Medica and Pharmacy—Dr. J. S. Reid. Monday, Tuesday, Wednesday, and Thursday, at four. First course, 2*l.*; second course, 1*l.*

Botany and Zoology—Dr. W. Thomson. Monday, Tuesday, Wednesday, Thursday, and Friday, at one. First course, 2*l.*; second course, 1*l.* 10s.

Natural Philosophy—Dr. Stevelly. Monday, Wednesday, and Friday, at eleven. First course, 1*l.* 10s.

Hospital Practice—Belfast General Hospital.

Surgery—Dr. A. Gordon. Monday, Tuesday, Wednesday, and Thursday, at one. First course, 2*l.*; second course, 1*l.*

Midwifery—Dr. W. Burden. Monday, Tuesday, Thursday, and Friday, at three. First course, 2*l.*; second course, 1*l.*

Practice of Medicine—Dr. J. C. Fergusson. Monday, Tuesday, Wednesday, and Thursday at four. First course, 2*l.*; second course, 1*l.*

Medical Jurisprudence—Dr. J. F. Hodges. Wednesday at three, and Friday at one. First course, 2*l.*; second course, 1*l.*

Logic—Tuesday, Wednesday, Thursday, and Friday, at two.

GALWAY QUEEN'S COLLEGE.

Anatomy and Physiology—Dr. C. C. King. Daily (ex. S.) at two. First course, 3*l.*; second course, 2*l.*

Practical Anatomy and Dissections—Mr. R. Reid. Daily at one. First course, 3*l.*; second course, 3*l.*

Chemistry—Dr. Rowney. Monday, Wednesday, and Friday, at twelve. First course, 2*l.*

Practical Chemistry—Dr. Rowney. Tuesday, Thursday, and Saturday, at two. First course, 3*l.*

Materia Medica and Pharmacy—Mr. S. M'Coy. Monday, Wednesday, and Friday, at four. First course, 2*l.*; second course, 1*l.*

Botany and Zoology—Dr. A. G. Melville. First course, 2*l.*

Natural Philosophy—Mr. A. H. Curtis. Monday, Wednesday, and Friday, at twelve. First course, 1*l.* 10s.

Hospital Practice—Galway Infirmary and Town Hospital. First course, 4*l.*; second course, 4*l.*

Surgery—Dr. J. V. Browne. Monday, Wednesday, and Friday, at four. First course, 2*l.*; second course, 1*l.*

Midwifery, &c.—Dr. R. Doherty. Tuesday, Thursday, and Saturday, at three. First course, 2*l.*; second course, 1*l.*

Medicine—Dr. Colahan. Monday, Wednesday, and Friday, at three. First course, 2*l.*; second course, 1*l.*

Medical Jurisprudence—Mr. S. M'Coy. Tuesday, Thursday, and Saturday, at four. First course, 2*l.*; second course, 1*l.*

Practical Pharmacy—Mr. S. M'Coy. First course, 2*l.*

Logic—Dr. T. W. Moffett. Monday, Wednesday, and Friday, at one.

The Town Fever Hospital contains 30 beds, with a capability of accommodating a far greater number when epidemics prevail. Physician: Dr. Nicholas Colahan.

ORIGINAL SCHOOL OF ANATOMY, MEDICINE, AND SURGERY,

PETER STREET, DUBLIN.—FOUNDED 1810.

Anatomy, Physiology, and Pathology, &c.—Mr. T. P. Mason and Mr. Edward Ledwich. Five days weekly, at one o'clock.

Theory and Practice of Surgery—Mr. J. Wharton. Tuesdays, Thursdays, Fridays, and Saturdays, at twelve o'clock.

Surgical and Descriptive Anatomy, Demonstrations and Dissections—Mr. Edward Ledwich. Daily, at eleven a.m., and from seven till nine o'clock p.m.

Theory and Practice of Medicine—Dr. W. Moore. Mondays, Wednesdays, and Fridays, at three o'clock.

Midwifery, and Diseases of Women and Children—Dr. J. Ringland. Tuesdays, Thursdays, and Saturdays, at three o'clock.

Materia Medica and Therapeutics—Dr. H. Minchin. Mondays, Wednesdays, and Fridays, at two o'clock.

Forensic Medicine and Hygiene—Dr. Robert Travers. Mondays and Wednesdays, at four o'clock.

Theory of Chemistry, Practical Chemistry, and Natural Philosophy—Dr. C. Cameron. Tuesdays, Thursdays, and Saturdays, at two o'clock.

A Course of Operations to be performed by the student, under the superintendence of the lecturer (subjects, &c., included), 5*l.* 5s.

This School, claiming priority of foundation many years before any of its kindred unchartered institutions were projected, was established in 1810, by John Kirby, LL.D. At this period, the schools of the College of Surgeons and University were the only sources of Medical education in Ireland, and this necessarily involved an absence of that competition always so conducive to the true spirit of improvement. Since its foundation, this institution has maintained its character for the sound principles of its anatomical and surgical instruction, and numbers amongst its former pupils several of the most distinguished teachers of the Irish School of Medicine.

Endowments in favour of Students, subject to the conditions prescribed by the Founder, in the following departments:—two in Anatomy and Physiology; two in Minute Anatomy; two in Practical Anatomy, and one in Surgery. The usual prizes in the other departments will be awarded at the termination of the session.

Certificates of attendance upon these lectures are recognised by the Queen's University, Ireland; the King and Queen's College of Physicians; by the Dublin and London Universities; the College of Physicians of London; the Colleges of Surgeons in Dublin, London, and Edinburgh; the University of Glasgow, as constituting an "*Annus Medicus*;" the Faculty of Glasgow; by the Army and Navy Medical Boards; and the Apothecaries' Halls, London and Dublin.

Royal College of Surgeons of England.—The following are the Hospitals and Schools of Surgery and Medicine from which Certificates of Professional Education for the Fellowship will be received for 1863-64:—Hospitals.—London.—St. Bartholomew's, St. Thomas's, Westminster, Guy's, St. George's, London, Middlesex, University College, Charing-cross, King's College; St. Mary's, Paddington. English Provincial.—Bath United hospital, Bedford General Infirmary; Birmingham.—General hospital; Queen's hospital; Bristol Infirmary; General hospital; Cambridge.—Addenbrooke's hospital; Derbyshire General Infirmary, Devon and Exeter hospital, Gloucester General Infirmary, Hants County hospital, Hull Infirmary, Kent and Canterbury hospital, Leeds General Infirmary, Leicester Infirmary; Liverpool—Royal Infirmary, Northern hospital, Southern hospital; Manchester Royal Infirmary, Newcastle-upon-Tyne Infirmary, Norfolk and Norwich hospital, Northampton General Infirmary, Nottingham General hospital; Oxford—Radcliffe Infirmary; Salisbury General Infirmary, Salop Infirmary, Sheffield General Infirmary, Staffordshire General Infirmary, Sussex County hospital, Worcester Infirmary. Dublin.—Richmond, Dr. Steevens's, City of Dublin, Mercer's Meath, Jervis street, St. Vincent's, Adelaide. Irish Provincial.—Belfast General hospital; Cork—North and South Infirmaries; Galway—County Infirmary and Town hospital. Edinburgh.—Royal Infirmary. Scotch Provincial.—Glasgow Royal Infirmary, Aberdeen Royal Infirmary. Schools.—London.—St. Bartholomew's St. Thomas's Guy's, St. George's, London, Middlesex, University College, King's College, Westminster, Charing-cross, Grosvenor place, Kinnerton street, St. Mary's. English Povincial.—Birmingham—Royal School of Medicine and Surgery, Sydenham College; Bristol—Old Park Medical School; Hull and East Riding School of Medicine, Leeds School of Medicine, Liverpool Infirmary School of Medicine, Manchester Royal School of Medicine and Surgery, Newcastle-upon-Tyne College of Medicine, Sheffield Medical Institution, York School of Medicine. Dublin.—Royal College of Surgeons, Trinity College, Apothecaries' Hall, Carmichael School of Medicine, Dublin School of Medicine, Original School of Medicine, Peter street, Cecilia street Medical School, Dr. Stevens's hospital. Irish Provincial.—The Queen's Colleges of Belfast. Cork, and Galway, the several schools recognised by the Royal College of Surgeons in Ireland. Edinburgh.—University. Scotch Provincial.—Glasgow University. Aberdeen.—King's College, Marischal College, and University. The several schools recognised by the Royal College of Surgeons of Edinburgh. Schools and hospitals in the British Colonies.—The Medical Colleges of Bengal and Madras, the Grant Medical College of Bombay, the Church University of Toronto, Melbourne hospital, Australia. In Foreign Countries.—Paris, Montpellier Strasburg, Berlin, Vienna, Heidelburg, Bonn, Gottingen, Wurzburg, Leyden, Liege, Pavia, Pisa, Stockholm, Copenhagen, New York, Philadelphia Harvard University, Boston.

MEDICAL NEWS.

Apothecaries Hall.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, September 24:—Arthur Tuxford, Boston, Lincolnshire; Edmund Vallance, Brighton; Joseph Peeke Richards, Oxford terrace, Islington; David Maurice Serjeant, Queen's road, St John's wood. The following gentleman also on the same day passed his first examination:—James Thomas M'Mahon, Charing-cross Hospital.

Retirement of a Venerable Public Benefactor.—At a meeting of the Committee of the Newcastle Dispensary held on Tuesday, the 15th inst., Dr. Headlam personally tendered his resignation, after a faithful service of fifty-eight years. This resignation

was reluctantly received by the committee. During this long period he has scarcely ever been absent from consultation. Dr. Philipson has announced his intention of becoming a candidate for the vacant appointment, the filling of which is fixed for Monday next.

CHATHAM GENERAL HOSPITAL.—The large general hospital just erected at Chatham, which is on the eve of being opened, will have a commodious ward attached for the reception of female patients suffering from venereal diseases, the expenses connected with which department will be almost entirely defrayed by Government. A considerable portion of the funds for the erection of the hospital has been contributed by the Admiralty and the War Department, the Government at the same time making an annual grant on the express condition that one portion of the hospital shall be devoted exclusively to Lock cases. This is the first step taken by the Government to establish Lock hospitals in our large garrison and seaport towns.

THE ALDERSHOT DISPENSARY AND INFIRMARY, which was established for the treatment of diseases specially prevalent in the army, has been found so efficient that it is the intention of the authorities to enlarge the accommodation of the building and to extend the charity.

HEALTH OF MADRAS.—We regret to learn that the city of Madras is becoming yearly more unhealthy. The report by Dr. Cornish on the Causes of Death in Madras, for the year 1861, states that the mortality for that year was 13,370. In 1857 it was only 6,968; in 1858 it was 10,148; in 1859, 10,292. In 1861 the death-rate was slightly less than in 1860, but there is good reason to believe that the mortality in the next two years will show a great increase. Surely there must be causes for this sad increase of mortality which are preventable.

HEALTH OF KESWICK.—The disinfection of the sewers has had a marked effect on the health of the town. The ravages of small-pox have also ceased.

LOSS OF LIFE IN COLLIERIES.—In 1862 there were 738 fatal accidents in collieries in Great Britain, causing 1,133 deaths. Such a terrible mortality does not indicate the efficiency of the inspectorship of mines, as the public have been led to anticipate. Accidents affecting life amongst the mining population are in the majority of instances preventable. There are many difficulties in carrying out precautionary efforts for the salvation of life, but these are not insurmountable. The ignorance of the workmen is a fertile cause of mischief. This ignorance must be met, as it no doubt will be, by the spread of information amongst those immediately interested.

PERCHLORIDE OF IRON AS A HÆMOSTATIC.—The 'Antwerp Journal' states that perchloride of iron combined with collodion is a good hæmostatic in the case of wounds, the bites of leeches, &c. To prepare it, one part of crystalised perchloride of iron is mixed with six parts of collodion. The perchloride of iron should be added gradually and with care, otherwise such a quantity of heat will be generated as to cause the collodion to boil. The composition when well made is of a yellowish-red colour, perfectly limpid, and produces on the skin a yellow pellicle, which retains great elasticity.

FORT PITT, CHATHAM.—Instructions have been forwarded from the War Office, directing the whole of the staff of Medical officers and others attached to the Military General Hospital at this garrison to be removed forthwith to Fort Pitt, which for the future is to be devoted to the purpose of a general hospital for the troops. A small portion of the old hospital at Brompton will still be retained for patients, and the remainder is to be converted into barracks.

PHARMACEUTICAL CONFERENCE.—The opportunity afforded by the presence of the British Association at Newcastle was embraced by several influential chemists and druggists for holding a conference. The meeting was held at Baker's Hotel, Mr. Deane, F.L.S., in the chair, when the organisation of an association was completed, with a view to the following objects—viz.:—The advancement of pharmaceutical science by the allotment amongst its members of subjects especially deemed to merit inquiry; the check of sophistication in medicine by the operations of a committee upon adulterations; and the union of existing provincial societies having allied objects. It was felt by the promoters of the conference that the material advance in the education of the pharmaceutists consequent upon the labours of the Pharmaceutical Society for the last twenty years, rendered it incumbent upon those who had enjoyed its facilities for professional study, and upon chemists and druggists generally, to make more systematic efforts in the cultivation of pharmacy. The rational position of pharmacy being manifestly that of a subordinate branch of medicine, its cultivators in this country have seen the necessity for combined effort to reach a position more analogous to that of their brethren on the Continent. A cordial and joint invitation from Bath and Bristol to hold a conference at the former city next year was read and accepted. At an evening sitting communications were read upon "Metric weights and measures" and "adulterations," which gave rise to general discussion.

COUNTY LUNATIC ASYLUMS.—The expense last year of the County Lunatic Asylums in the United Kingdom amounted to 107,663*l.* 5s. 10½d.

RANGOON.—The medical authorities of the Indian army have decided that the climate of Rangoon has been found to admit of European troops being sent there direct from Europe, without undergoing any previous Indian acclimitization.

REMOVAL OF ST. THOMAS'S HOSPITAL.—At a meeting of the St. Olive's District Board of Works, Southwark, it was resolved that the removal of the hospital to Stangate should be resisted, and that a union with other parishes of Southwark for the same purpose should be formed. 50*l.* was voted for this object.

THE MEDICAL OFFICERS OF THE CHANNEL FLEET were entertained by the members of the Ulster Medical Society at a sumptuous dinner at the Society's house, in High street, Dublin, on the 9th inst. The chair was occupied by the president of the Society, Dr. Patterson. A large number of medical gentlemen were present.

EDUCATIONAL VACCINE STATIONS.—In order to provide for the granting of those special certificates of proficiency in vaccination which, under the regulations of the Privy Council, are required to be part of the medical qualification for entering into contracts for the performance of public vaccination, or for acting as deputy to a contractor, the following arrangements are made:—1. The vaccinating stations enumerated in the subjoined list are open, under conditions appointed by the Privy Council, for the purposes of teaching and examination. 2. The public vaccinators officiating at these stations are authorised by the Privy Council to give the required certificates of proficiency in vaccination to persons whom they have sufficiently instructed therein. 3. The public vaccinators to whose names an asterisk is prefixed are authorised to give such certificates after satisfactory examination to persons whom they have not themselves instructed:—*Mr. Marson (Principal Station), Surrey Chapel, Blackfriars road; Mr. Gerrans (North West Station), Lisson grove; Mr. Jorden (West Station), Lower Belgrave street; Mr. Lewis (East Station), Well street, Wellclose square; Mr. Simpson (North Station), Tottenham court Chapel, Tottenham court road. *Mr. Garner, the General Dispensary, Birmingham. *Mr. Sheppard, St. Augutin's place, Bristol. *Mr. Gibson, Nile street, Hull. *Messrs. Steele, Wilson, and Fenton, acting conjointly, or at least two of them together, the Ladies' Charity, Parr street, Liverpool. *Mr. Guest, Rochdale road, Manchester. *Dr. M'Nay, Bricklayers' Hall, Castlegarth, Newcastle. *Mr. Allanson, St. Georges terrace, Sheffield. *Dr. Husband, the Royal Public dispensary, Edinburgh. *Dr. Dunlop, the Hall of the Faculty of Physicians and Surgeons, Glasgow.

ROYAL ORTHOPŒDIC HOSPITAL.—The half-yearly court of the governors and subscribers of this hospital was held last week in the Board-room of the institution, 315 Oxford street, Mr. Thomas Pollock in the chair. The report read by the secretary stated the number of deformed patients admitted during the past half-year had been 1,313, being 481 more than in the previous six months, and making a total of 31,600 since the first opening of the hospital. Among the cases successfully treated were adults who had never previously enjoyed the use of their limbs, and thousands of infants had, by timely treatment, been prevented from becoming cripples, the funds of the hospital were improving, but were still far from adequate to meet the demands upon them, and nearly 100 severe cases were waiting for admission as in-patients who could not be received for want of funds. Towards the reduction of the mortgage debt 1,000*l.* was raised last year, in contributions of 25 guineas each, and 31 contributions of the like amount have been obtained towards a second instalment of 1,000*l.*, and it is hoped the remaining 10 names will be procured before Christmas. The Prince of Wales had consented to become the patron of the hospital in succession to the late lamented Prince Consort.

THE PRIMARY EDUCATION OF MEDICAL STUDENTS IN AMERICA.—It cannot be denied that society has good grounds for forming a mean opinion of the educational qualifications of medical men. They judge the character of the whole body by the many examples of physicians whose general education is much inferior to that of the more prominent and respectable citizens. We may be thought to be too sweeping in our statements of the prevalent deficiency in the primary education of medical men, but a large correspondence with the profession, extending over many years, bears us out in the assertion. We would not care to see the profession of any city or section of the country publicly brought to the test of writing correctly. This is a humiliating confession to be made in regard to a learned profession, but it is time we fully appreciated these facts, and attempted the necessary reform. The first and most important improvement in our system of medical education is clearly that of compelling a thorough preliminary examination of every student as to his qualifications for the study of medicine. This examination should not be limited to his primary education, but should rigidly scrutinize his moral and intellectual qualifications; and the standard of primary education established should be so high that the candidate would hereafter find no superiors in the best educated and most cultivated communities. The agents by which this prelimi-

nary examination should be made are the schools. At the commencement of every session they should examine each student who presents himself, and determine whether or not he has the requisite qualifications for commencing or pursuing the study. If he is found deficient, admission should be refused until he has properly qualified himself. We commend this subject to the medical colleges. If they would unitely adopt the plan of preliminary examinations, they would render a most essential service to the profession.—'American Medical Times.' [In corroboration of the opinions of the 'American Medical Times' on the Primary Education of Medical men, a correspondent of that paper forwards to the Editor the following Medical certificates taken from the files of a public institution in an American city]:—

"This may cirtafy that —— —— has been confined on board of Canal Boat A Nelson laying at Pear 17 East River. It would be better for boath mother and child to have her removed amediately.

"This man sick under inflammatory rhumatisme has spent his last money to Doctor to cure and unsuccesfull he has been sick since last 6 weeks. has been in the dispensary nothing can relieve him. . . I deliver him this present certificat.

"This Certifies that —— —— born in the state of Conneticat lived in this City sence last Feby. has been an inmate of this institution about one month. She has one hip dislocated and rerequires surgical treatment which are not at hand at this institution, she is therefore recommended to——

"This is to certify that —— —— has been under my phisical atention for the last three months suffering severely from a cold wich settled on her lungs but as she is not able to pay any more exspenses she wishes to be taken where she can have a proper attention hoping to recover ones more to health. This certificate is written in favor of —— —— and as a true fackt I singnely the same with my own hand.

Fatal Neglect of Vaccination.—Dr. Lankester, the coroner for Central Middlesex, held an inquest lately, in Hornsey road, on the body of Henry Tant Hambrook, one of three children, then lying dead in the house of No. 2 Smith terrace. When a jury had been empanelled, the coroner observed that in this case there were two points for their consideration—first, the fact of the child having died without medical attendance; and, secondly, that the child, who died of small-pox, had not been vaccinated. They would hear the evidence of the father and mother of the child, and also that of a medical gentleman. Samuel Smith Hambrook was then examined—He said he was by trade a carpenter. He was father of the deceased child, who was two years and a half old at the time of his death. On Monday week he left his home to go to where he was working. He was sent for on Friday, when he received a message that the child was dead. At that time no one else in the house had the small-pox, but since then two more of his children had died of it. The deceased Henry Hambrook had had no medical attendance during his illness, and had never been vaccinated. He thought the child ought to have had medical attendance. The two other children who had since died of the small-pox had not been vaccinated. He had two children now living who had been vaccinated; but he did not have the others vaccinated because he once lost a child through vaccination. Selina Hambrook, mother of the deceased child, was the next witness. She said that the child was taken ill on Monday week, and exhibited small-pox. He went on very favourably till Thursday evening, but died at six o'clock on Friday morning. She sent for Dr. Wilkinson on Friday morning, who came when the child was dead. She had had eight children, two by a former husband and six by her present husband. Of these she had lost two by vaccination. Dr. Richard Wilkinson said he was called to see the child on Friday morning. The deceased was dead and covered with the eruption of small-pox when he saw him. The child ought to have been vaccinated, and he thought deceased would have had a better chance if he had had medical attendance. Dr. Lankester, in summing up, said this was a case of very gross neglect in the child having been permitted to dle without medical attendance. There was also the other point, which the jury ought to take into their consideration, and that was the neglect ef vaccination. It appeared that the mother had been served with the usual notice to have her child vaccinated, and for neglecting to comply with the terms of that notice she and her husband were liable to a penalty. They had, in fact, broken the law, and if death resulted from their having broken the law they were liable to a verdict of manslaughter. It was his opinion that verdicts for manslaughter in such cases would have a very beneficial effectin inducing persons to have their children vaccinated. The found that the death had resulted from an attack of small-pox, and that the "said death was accelerated by the deceased not having been vaccinated, and not having had proper medical attendance." They also adopted a resolution calling "the attention of the parish authorities of Islington to the prevalence of small-pox in the neighbourhood, and the necessity of inspection for the purpose of procuring the vaccination of all children in the neighbourhood."

Military Surgery in America.—A writer in the 'Medical Times and Gazette' gives the following information on the State of Military Surgery during the present war:—"Since this civil war has lasted now two years and a-half, since so many great battles have been fought, and since time and opportunity have been afforded the Surgeons for familiarising themselves with the diseases common in camp, it might be said that surely they now ought to be able to treat skilfully most of the cases which fall under their observation; and, undoubtedly, those who have had these advantages are so. But men who have been in the field since the first outbreak of the rebellion are rarities in the camp. There is a continual change going on in the constituents of the Medical force, which prevents it from improving as a body, although the members of it are daily being taught lessons by experience. It is very unfortunate that the army cannot retain in its service the Surgeons it has made. The force, I think, during the last six months has deteriorated, the skill and attainments lost to it by men leaving the ranks having been greater than the additions brought by those who fill the vacancies. Many Medical men come out, and, after a few months trial of soildering, get tired of it, just at the time, perhaps when experience has begnn to render with services of value. Others spend a longer or shorter period with the army, when they become prostrated by sickness; they obtain a short leave of absence to recruit their health, and the home comforts they then experience contrasts so strongly with the fatigues and privations of camps and campaigns, that when recovered they have not moral courage sufficient to enable them to undertake a return to the field. Others enter the service with the intention of leaving it again after a short time, their object being simply the possession of the commission which they intend using as a reputation trap to snare patients. It was only the other day that in loking over the advertisement sheet of the "Herald,' I observed a notification to the public of New York city that So-and-So, late Surgeon of Such-and-Such regiment, had resumed the practice of his Profession, etc. Again a number of the Surgeons attached to the nine months' and two years' regiments did not return to the army when mustered out, in consequence of the disbandment of their commands at the expiry of their term service. But the greattest loss the Surgical force in the field has suffered has been caused by the institution of the United States Corps of Volunteer Surgeons. The members of this body are commissioned by the President, and are employed as Surgeons of Divisions, Medical Directors of Army Corps, or are attached to the various military Hospitals now soc ommo n throughout the country. No inefficient men belong to this corps, —that of the U.S.V., as it is termed,—the searching examination to which they are subjected before being commissioned obviates all chance of the admission of any but those possessed of superior talents. The surgeons in charge of regiments hold their commissions from the Governor of that State which has furnished the troops to which they are attached, and their duty is to be with their commands wherever stationed. Now, although the pay in both services is the same, the superiority of the position attracts the best talent in the field to the ranks of the U. S. V. corps. The men who come from civil life to fill the vacancies are but poor substitutes for those we lose. Good men come, as may be supposed, but the proportion of indifferent Practitioners is very large. They are young men of no experience, and of superficial education from the schools; men good, bad, and indifferent from the cities, who, having but poor practices, attempt to better their fortunes by going a-soldiering; men from the country, whose duty for years previously had been to attend midwifery cases. A few creep into the service too, possessed of no papers but the commission which by some means they have managed to obtain, such as dentists and druggists who have read perhaps a little. But the purest example of ignorance commissioned in the American Medical Service that I have yet met was in the person of one who might have been styled a political Surgeon. The case I believe and hope, is unique. He had been a politician. He had represented a county in a certain State during the previous session, and to reward him for party services, probably, he had received the appointment. He knew nothing of Medical science, nor of any other science whatever. He was very illiterate. It amused me to look over the books of the regiment, as kept by him. From his Register I learned that *diorhe*, *rhumatism*, and *chills* and *fever* were the only diseases of which he was cognisant, with the exception of one case of *sore leg*. His prescription-book showed that, in his opinion, the compound cathartic pill of the U. S. Pharmacopœia, or, as he ordered it, *pill cat. co.*, iii., was a specific for all the diseases to which the soldier is liable. His ignorance was too gross for him to be able to keep up appearances for any time, and on a gentle hint having been dropped him concerning the existence of a Board of Examiners at Washington, he took sick, and found not the least difficulty in having his resignation—based upon his ill-health—accepted.

Appointments.—T. Andrew, L.R.C.P. Ed., has been elected Medical Officer and Public Vaccinator by the Parochial Board of Kilmadock, Perthshire, vice H. S. Hooper, L.R.C.S. Ed., deceased. —T. L. Brittain, M.D., has been appointed House-Surgeon to the Chester General Infirmary, vice Dr. T. H. Hughes, deceased.—E Colden has been appointed Junior Dispenser to the Westminster Hospital, vice A Hill, resigned.—D. Crume, M.R.C.S.E., has been appointed Visiting Surgeon to the Chester General Infirmary.—J. R. Davies, M.R.C.S.E. has been elected one of the acting Surgeons

to the Birmingham and Midland Free Hospital for Sick Children, it having been determined to increase the medical staff.—J. E. Dawson, M.D., has been elected Medical Officer to the Brookland District of the Romney-marsh Union, Kent, (being part of District No. 1, which has been divided into two—viz., Brookland and Lydd), vice H. B. Wood, M.D., resigned.—W. H. Dewar, L.R.C.S. Ed. has been appointed Surgeon to the County Prison, Kinross, vice J. Gall, L.R.C.S. Ed., deceased.—E. E. Earle, M.R.C.S.E., has been elected Medical officer and Public Vaccinator for the District No. 4 of the Shepton Mallet Union, Somersetshire, vice F. P. Smith, M.B. resigned.—M. J. Egarr, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for District No. 6 of the Wisbeach Union, Cambridgeshire, vice R. Hunt, M.R.C.S.E., deceased.—M. W. Fisher, L.F.P., & S. Glas., has been elected Medical Officer and Public Vaccinator for Districts Nos. 4 and 5 of the Wisbech Union, vice Hunt, deceased.—J. Ellis Freeland, M.D., has been appointed Public Vaccinator for Port Glasgow.—T. Webb Fryer, M.R.C.S.E., has been elected Medical Officer for the district of Bitton, in the Keynsham Union, vice J. Lodge, M.R.C.S.E., whose appointment has expired.

APPOINTMENTS FOR THE WEEK.

Wednesday, September 30.

Operations at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m., University College Hospital, 2 p.m.; London Hospital, 2 p.m.

Thursday, October 1.

Operations at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; London Surgical Home for Diseases of Women, Vesico-Vaginal Fistula, and Restoration of Anus and Ruptured Perinæum, at 2 p.m.

Friday, October 2.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, October 3.

Operations at St. Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Lock Hospital, Dean street, Soho, 1 p.m.; Royal Free Hospital, 1½ p.m.

Monday, October 4.

Operations at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1¼ p.m.

Tuesday, October 5.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor, may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day

We must request our Country Correspondents who favour us with copies of Provincial Newspapers, to mark the passages to which they desire to draw attention.

We are compelled to postpone our Reviews of Books until next week.

Z. Y. X.——The publication of our correspondent's letter might involve us in an action for libel, but we print the following instructions from the Medical Council as to the course to be pursued in such cases as those to which allusion is made:

"If an un-registered person can be *proved* to pretend to be registered, or to be a legally qualified practitioner of Medicine or Surgery, he can be prosecuted *by any one* before the magistrates in Petty Sessions, under the 40th section of the Medical Act (1858) for the penalty imposed by that section.

"The Medical Council is not enabled to institute or conduct such prosecutions, but it will remit a part, or the whole, of any penalty that may be recovered towards defraying the expenses of the prosecution."

F. D.—Phenol is another name for carbolic acid, which has recently been employed in Medical and Surgical practice, and a paper on which appears in our columns of this day. The "plaster" referred to is probably plaster of Paris.

MR. M. B is thanked for his letter, and is assured that the subject shall not be forgotten.

MR. S.—The paper has been received, and we shall be glad to hear again from the same quarter.

DR. L.—The letter has been received, and will be noticed in due time.

A STUDENT.—There is an Ergot of Wheat as well as an Ergot of Rye, and the effects of both are analogous.

DR. J. W.—The amount of the fee will entirely depend upon the circumstances of the case and the pecuniary means of the parties, but it is better to have an understanding beforehand.

THE ORIGINAL CHLORODYNE.

"INVENTED AND DISCOVERED IN 1844 BY RICHARD FREEMAN."

(*Extract from* Affidavit made before S. C. WARD, Esq., Chancery Record Office, Chancery-lane, London, June 16th 1862.)

The Inventor begs to thank the Medical Profession for the liberal support he receives from them, and to assure those who have not yet tried his Chlorodyne that it is superior to any other maker's, being more certain and more lasting in its effects; and the low price which he charges for it allows the poorest sufferer to enjoy its extraordinary beneficial influence. The immense demand for it by the Profession is a convincing proof that they find it a most valuable therapeutical agent. The following are a few out of many voluntary Medical Testimonials:—

From W. VESALIUS PETTIGREW, M.D., Hon. F.R.C.S Eng., formerly Lecturer upon Anatomy and Physiology at the St. George's School of Medicine.

"I have had the opportunity of trying the effects of Mr. Freeman's Chlorodyne, and find it an excellent Anodyne and Antispasmodic medicine."

From H. J. O'DONNELL, M.R.C.S.E., & L.M., &c. &c.,
Albert-terrace, London-road. S.

"I can with much confidence bear testimony to the efficacy of Mr. Freeman's Chlorodyne as a Sedative and Antispasmodic, having used it for some years in Colic, Neuralgia, Phthisis, and Asthma. I DAILY ADMINISTER IT IN AFTER-PAINS, and in all cases find it infallible. It is the most valuable medicine we have in Labour cases. I find, since, I have used it, the pains seldom or ever exceed the third day, while with the former remedies my patients suffered eight or nne days. In fact, I cannot speak too highly of it."

From F. W. HOOPER, M.D., M.R.C.S.Eng., &c. &c., Medical Officer,
Christ Church District, Camberwell.

"I have much pleasure in stating, that after a sufficient trial of Mr. Freeman's Chlorodyne, I am fully pursuaded that it is superior to any preparation of the kind, and for its moderate price, is a great boon to the suffering poor, who daily acknowledge its salutary benefit."

From W. G. KING, M.D., M.R.C.S.Eng., Hackney.

"I have used your Chlorodyne for some time, and can bear testimony to its efficacy and value in ALL CASES in which a Sedative has been indicated."

Manufactured by RICHARD FREEMAN, Pharmaceutist, Kennington-road, London, S.

And Sold by all Wholesale Houses in bottles 1 oz. 1s. 6d.; 4 oz., 5s.,; and 8 oz. 8s. 6d. each.

Second-hand Microscopes, by Smith and Beck, Ross, Pillischer, and a variety of others, from £2 to £20. A 3 ft. 6 in. Astronomical Telescope, with 3½ in. object-glass, by Troughton and Simms. A large stock of Photographic Lenses, Opera and Race Glasses, Telescopes, and Mathematical Instruments, by Ross, Voigtlander, Dallmeyer, Troughton and Simms, Elliott, &c. The largest and best stock in London of Second-hand Surgical Instruments, by Weiss, Savigny, Coxeter, Durroch, Ferguson, and others.

Are to be had at WM. LAWLEY'S, 78 Farringdon-street City.

Instruments of all kinds Bought or Exchanged.

Catalogue of Cameras and Lenses, also of Pocket, and Dissecting Cases, forwarded on receipt of Postage Stamps.

T. Weedon, Surgical INSTRUMENT MAKER and CUTLER, 41 Hart street, Bloomsbury square, (near the Church), W.C., London. Surgical Instruments, &c., ground and repaired. Table Cutlery, Instruments for Microscopic Dissection. Trusses, Elastic Stockings, Knee-caps, and other Bandages. Dental Instruments made to any pattern.

Just published, free by post, 3 stamps,

Gabriel's Practical Treatise ON TEETH, and the only effectual mode of supplying them without extracting stumps, and without metals, springs, or wires; warranted to prove successful even when all other methods fail; and supplied at half the ordinary cost. Messrs GABRIEL Surgeon-Dentists Diploma 1815, 27 HARLEY STREET, CAVENDISH SQUARE, and 34 LUDGATE HILL, LONDON; Liverpool, 134 Duke street, Birmingham, 65 New street.

Bowles and Sons, Label and GENERAL PRINTERS, STATIONERS, and ACCOUNT-BOOK MANUFACTURERS, 14 GEORGE STREET, MANSION HOUSE, LONDON, E.C.—Established 1831.—Labels of every description, Account Notes, Account Books, Wrapping Papers, and all other equirements in Surgeons' Printing and Stationery on he best terms.

HOSPITALS, DISPENSARIES, and large Consumers supplied by contract or otherwise.—A Catalogue and Pattern-book of Labels, with Samples of Account Notes and Demys, free, on application.

Jozeau's Copahine Mege.- Copaiba and Cubebs are doubtless the best remedies but are of a repulsive taste and odour, and occasion colicky pains, nausea, and gastric disturbance. M. Jozeau has succeeded in rendering them perfectly inoffensive by increasing all their curative properties. It has been adopted by the Paris Academy of Medicine after more than a thousand trials in Paris and the different London hospitals, viz., St. Thomas's, Guy's, and St. Bartholomew's, under the care of Messrs. Lloyd, Foster and Legros Clark.—'Lancet,' Nov 6, 1857. The Copahine which is in form of a pretty pink sugar plum, effects a cure in about six days. 100 Capsules, 4s. 6d.; post-free 5s. 2d.—At G. JOZEAU'S, French Chemist, 49 Haymarket London; 22 Rue St. Quentin, Paris; and all Chemists

Established 1812.

H. Potter's Depot for h CELEBRATED LEECHES, TURKEY and other SPONGES, MEDICAL HERBS, &c., 65 FARRINGDON STREET, London, E. C.

For price and quality they cannot be excelled.

Priced Catalogues free to any address.

INTRODUCTORY LECTURES

DELIVERED AT THE

METROPOLITAN MEDICAL SCHOOLS.

UNIVERSITY COLLEGE.

The introductory lecture at University College was delivered by Dr. J. Russell Reynolds, in one of the large lecture rooms of the Institution, before a numerous audience, comprising, besides students, most of the Professors, and many friends and supporters of the College. Dr. Reynolds, in his capacity of Special Professor of Clinical Medicine, gave the following amusing clinical description of the various classes of Medical students who frequent the Medical Schools, and the quaintness and fidelity of the portraits were recognised by the laughter and applause of the assembly.

Case 1.—Cyrus Vane Velox is between nineteen and twenty-four years of age. His last year or two have been nominally spent at the College. It was observed while he was there that his attendance upon lectures often assumed a remittent form; that occasionally prolonged intermissions occurred; that the intervals between his paroxysms of attendance gradually increased in length; and that some curious repulsive influence seemed to become developed, not only between himself and the lecture-room, but between himself and the professor; for it was noticed that upon each period of his return he withdrew himself further and further from the professor's position in the lecture-room or the theatre. At first he sat in the lowermost row of seats, and occasionally took notes of the lectures that were delivered; but afterwards, having eaten his pens, he was reduced to the necessity of making such notes and illustrations as he could with his penknife on the surface of the benches. A disadvantage attached to this process was, that he could not carry these notes away for private use; but he succeeded in taking his note-book away, and it was subsequently ascertained to have passed gradually from the desk to his pocket, from his pocket to his locker, and he appeared quite devoid of it after a little time, having substituted for it a walkingstick, the proximal extremity of which he usually kept in his mouth as he sat at the top row of the theatre, or removed it from that locality only to make slightly audible rhythmic movements upon the floor. Another fact noticed about him was that the commencement of his attendance upon individual lectures became gradually delayed; so that on one week it was five minutes past the hour before he arrived, the next week ten minutes, and so on until he disappeared altogether. A curious infirmity affected him in the dissecting-room. He was usually seen seated between his "upper" and his "Ellis," as unhappy as if he were about to be dissected himself; and looking abjectly into mid-air, as if he expected that anatomical knowledge might, by some strange occult projection, penetrate his own "head and neck," and perchance remain there. But instead of this happy result, he soon verified in his own experience the old anatomical and physiological discovery, that there is a passage by which truth that has entered in at one ear may very readily pass out at the other. And so, instead of "cleaning the muscles," he cleaned his scalpels; cut up his "part," or allowed some one to do it for him; and promised to himself to "get up his anatomy," at some time or another, by the aid of one of those rotatory machines which must be nameless.

Having thus finished at the College, he came across to the hospital, and was admitted. A delay appeared to attend his admission; and, in a chronic form, it affects him still. It takes him generally from ten to twenty minutes to get through the lobby of the hospital, and he has been known sometimes—so great is the obstruction—to get no further. A casual observer might think he was not trying to effect the passage, as he often seems to be standing with his face to the street, conversing with others afflicted like himself, and producing severe "portal congestion" of the institution; or sometimes talking even to the out-patients as they pass the door into their waiting-room; but his conversation has not, so far as I have observed, been directed to the discovery of their diseases; his principle of selection amongst these out-patients, who are rarely if ever of the male sex, appearing to be rather closely associated with the presence of good looks, and the not very conspicuous presence of modesty. The stick, with which he broke out a year and a half ago, is still visible; there is often a want of correspondence between the vertical line of his body and the median line of his hat; and the detrusion of the latter towards the one or the other side has of late shown a marked tendency to increase. This little symptom has been observed a great many times, and its exacerbation has been thoroughly established. There can be no doubt of the correctness of the observation, for our patient usually keeps on this appendage of his when others are in the habit of removing theirs. After, however, the considerable delay occasioned in the manner I have described, our case arrives in Ward III., and the "present state," as entered in my note-book, is as follows:—

C. V. V., found sitting, with his hat on, upon the corner of the table in the middle of the ward; thus, during the early part of the visit, maintaining as great a distance as he conveniently can between himself and the patient first examined. Moving gradually towards the fire-place, he places his back opposite that calorifying arrangement, so that he can take a comprehensive view of the ward by seeing all the patients it contains at one glance. He yawns frequently, comes into the outermost circle of students around the bed, looks first over the shoulders and then under the axillas of those in front of him, fails to see anything of the case under examination, and so talks and jokes with his nearest neighbour, not loudly, but in a tone which does not materially assist those who are commencing the practice of auscultation. He walks to a distant bed, looks knowingly at the bed-card, sees the patient's name, age, and occupation; makes his diagnosis by reading that which is written on the card; judges of the treatment by smelling the bottle of physic; is thus able to say there is a case of rheumatic fever in Ward III.; and having ascertained that important fact, he seizes an opportunity, when the physician appears to be looking the other way, and rather quietly,—out of consideration, let us now hope, for those who are listening to cardiac murmurs,—he takes his leave. The periods of his return to the wards are singularly uncertain; but it has been observed that they bear some curious relation to lunar time, and that they are often synchronous with the recurrence of those days on which the names of students have to be entered in the book kept near the door. It was most mercifully arranged that this book should be kept so near the outer door, for the fatigue occasioned by effecting the passage of the lobby was often so great that all our patient could accomplish, after he had encountered it, was sometimes to take fresh air in the operating theatre, or entrance to the dead-house, or, when not equal to those exertions, to return into the street. Towards the end of each session there is a singular propensity for his reappearance in the wards; and it has occurred to some of the medical staff that this may be determined, in some mysterious manner, by the presence of an unsigned schedule in the pocket. I do not insist upon this explanation; but, whatever may be the theory, the fact is one which has been frequently observed, and which I have no doubt some of you will observe again.

There are a few negative characters in Vane's case that are worthy of notice. He never obstructs the house surgeons or physician's assistants in their morning duties. It is confidently asserted by some who know him that he never was seen in any one of the wards before one o'clock. Again he has never complicated the work of the physicians and surgeons in selecting either clerks or dressers by placing his name upon the list of candidates for those most valuable appointments. It is a rule of the hospital that no one shall appear in the area of the dead house, during a post-mortem examination, except the physician or surgeon, and his assistants engaged in conducting it. This rule, often broken by others, C.V. most diligently observes; and indeed he is so scrupulous to avoid even the appearance of this evil that he absents himself altogether from the room. He may, however, be observed in the operating theatre when there is anything exciting to be seen; but even in this place he is faithful to the law of his being—viz., that of maintaining as great a distance as is possible between himself and the object he is supposed to study; and it is well known that he never makes himself acquainted with a case before it is submitted to operation, and that he never troubles himself to learn its subsequent history. Thus his view of the nature and value of operations is somewhat broad, and the breadth of his view is often expressed somewhat freely. I remember one of the family of young Vane, who was in hospital some years ago, giving very decided criticisms upon the operations of Mr. Liston, and enlightening the students of his own class as to the improved manner in which he should have treated the case had it been so fortunate as to have been placed under his care. You will often find this combination of great learning and great modesty, just as you do elsewhere that of great ignorance and great presumption; they are too affections having an interesting clinical association, developed often *pari passu*, and forming as it were the right and left handed accomplishments of a college course as it affects an individual like young Vane Velox.

Enough had been said to enable you to recognise the case. I shall advance to a consideration of its pathology by and by, but will now sketch for you another type of malady by which some students have been known to be affected, and which was well represented by—

Case 2.—David Superficialis Hurry. This gentleman entered college, dissecting-room, laboratory, and hospital at once, and he has been in all of them ever since. He was in his fourth year at the time my notes of his case were taken, and this was his "history." He had attended and taken notes of every lecture that it was possible for him to attend; sometimes, indeed, so busy was he, that he gave finishing touches to his notes of that on physiology while the lecture on chemistry was going on. He had dissected the body several times in all its parts. He had gone through the courses of "practical chemistry" and "practical histology." He

had been both clerk and dresser. He had taken notes voluminously. There was a very complete body of medical science in his reams of manuscript. So large was it, however, that it was like the Sphynx upon a close examination; and D. S. H. wandered and climbed over it in vain to find the features, the facts or principles that he wanted; but he had the satisfaction of believing, as he looked upon his shelves, that they (the facts or principles) were there; and he hoped that upon some future occasion he should be able to sort this objective knowledge, make a catalogue and index of the library he had created, and turn it to his real advantage. As yet, however, he had found no time for this worthy end. He was generally in desperate hurry; the day was too short for him, and the night often saw him performing the well-known process of "consuming midnight oil" in the futile attempt, between his snatches of sleep, to bind into bundles the numerous broken sticks of science he had so assiduously gathered through the day. His great trial was that he could not manage to be in two places or hear two or more lectures at the same time. The attempt to accomplish this he had relinquished; but often, even recently, he was known to have tried to do some two or more things at once, and this he performed with the success commonly attendant on that process.

Now in his fourth year he comes before us in Ward III., at two p.m. He has seen all the patients in the hospital this morning, having "gone round" at a "double quick," with or without the house-surgeons or physiciains' assistants. He is fresh from an operation, where, one of the dressers being absent, his fingers ever ready, were found of use: he is bent upon a post-mortem examination to come off immediately; the clerk is away, and he is to take the notes. The skin department, the eye department, the dental surgeon, the obstetric physician, have all been attended at their proper times. There is not an inquest at which, somehow or other, his evidence is not required; not an accident which does not fall in his way. He is even present in the casualty room at midnight, whenever a drunken cabman is brought in for the stomach-pump and cold affusions. He feels the crepitus of every broken bone; he hears something of every cardiac murmur; he percusses every morbid chest; he handles every morbid specimen. He seems almost as ubiquitous as he could wish to be; he is up both early and late; he gives himself no time for rest, no time for play. He is in a condition of educational pyrexia, and even when he sleeps exhibits a "low muttering delirium" of broken bones, triple phosphates, rheumatic fever, and typhoid spots.

The case of D. S. H. is an example of extreme disturbance, and is interesting on account of the rarity with which the affection is met with when carried to so high a degree of intensity. It usually proves fatal long before it has reached this pitch. But the same malady milder and somewhat modified in character, is commonly observed. Cases radiate around types, which may be regarded as the centres of large groups of diseases; and it is convenient, for the purpose of contrast, to describe these tppes. I wish you, therefore, to retain Hurry in your memory, for I shall have presently to analyse his affection; but before doing so, I must bring under your notice another case, equally important and interesting; that of—

Case 3—Chemicus Profundus, who is a fair specimen of a malady not very unfrequently to be observed in our wards. C. P. had a taste for chemistry when he was quite a boy, and upon several occasions horrified his venerable parents by his early scientific experiments. Once he wrote with phosphorus upon their bedroom walls, so that some ghastly letters gleamed at them in the dead of night, when their rushlight accidentally went out, and they started with terror equal to that of the guilty Belshazzar at the incomprehensible writing of his doom. During his apprenticeship, when, as became the dignity of his new position, he of course gave up childish tricks, he was noticed by his master to care little for anything but the chemistry of that early period of his career. True, he looked at the bones of the well-articulated skeleton that hung in the surgery cupboard; and he advanced in osteological study so far as to know the occipital from the astragalus; but his chief delight was found in calcining some bones and dissolving others. True, he learned the difference between exogens and endogens—between mammalia and insects; but his favourite occupation was to catch the gases that rose from the valisneria leaves in the aquarium, to experiment on every drug in the dispensary, and to compose and decompose multitudinous mixtures which were not prescribed for the patients in his master's day-book. When he entered this College, four years ago, his eyes gleamed with delight over the syllabus of our chemical professor's course, and he attended the lectures on his favourite science with a zeal and regularity that were to himself both profit and pleasure. He was always at his post, and between the hours of lecture was to be found in the library diligently mastering, step by step, the grand science that was brought before him. Books differing in opinion helped him to understand each other; and he often put his theoretic knowledge to the test of experiment. The other students knew well that he could help them in their puzzles, and he was often appealed to with success to solve some mysteries that had defied their efforts. He attended the other lectures of his year; he dissected; and was a diligent student generally. He competed for honours in the classes of Anatomy and Physiology, but obtained only very low certificates; while of course he gained, as everyone knew he would do, the gold medal in the class of Chemistry, and his papers were such as have seldom been presented by any student of the College.

At length he came over to the hospital for clinical study. His honours at once secured for him the office of clinical clerk, and here he had many opportunities for considerable chemical research. He ingeniously managed always to secure for himself those cases in which some special interest attached to the examination of the secretions, and these he noted with a carefulness that did him the highest credit. But it may be observed, now that his clerkship is completed and he is pursuing his own way in the wards, that he often passes over some of the most important features of a case in order that he may be quite accurate about some, as yet understood, unimportant detail. It is said that C. P. could tell you correctly all the daily changes in the urine of each case of pneumonia, chorea, and gout that has presented itself during the last twelve months; but that he would be puzzled to distinguish a case of pneumonia from one of bronchitis, and that there are many forms of disease of which h scarcely knows the names. A relative of C. P., who was in the hospital some years ago, exhibited a similar affection, but it took another form; and the result in him was that he was thoroughly *au fait* in all chest diseases: his ear was tuned to the detection of the very finest departures from healthy sound; "he knew," as his fellow-students used to say, "his Walshe by heart;" but he was sorely perplexed to make a diagnosis when examined for the office of physician's assistant. Indeed, the case was one that baffled him completely. He made out the presence of sonorous ronchi in the chest; he was confident that he heard some fine crepitation at the juncture of the middle and lower thirds of the posterior surface of the left lung—the resonance was defective there; and he occasionally caught, as it were, the dubious ghost of some grazing friction. On these points he was as clear as noonday; but he failed to see that the patient was suffering from measles!

The last class of cases that I wish to bring before you is, I am glad to say, far from uncommon in our hospital. Perfect examples we do not expect to find often; it is rare for any case to resemble exactly that which is described in books. Nature does not move in the narrow ruts or lines along which our thought seems, as it were, compelled to travel. But again I say it is useful to consider types; and—

Case 4.—Orbicularis Goodman, is a fair type of the class to which he belongs. His brother—(Case 5) Longitudinalis—is here also. Their family and early history is the same; they are very much alike. I shall point out their differences as I proceed. Both brothers diligently attended to their College duties, having prepared themselves to enter upon these studies by some acquaintance with general physics, and with those laws of thought which regulate all forms of scientific inquiry. They studied equally each branch of knowledge; became competent, by their acquaintance with anatomy, physiology, and chemistry, to comprehend the principles of morbid change in both function and structure of the body. They attended lectures, when professing to attend them, with punctuality and regularity; but they did not waste time by going uselessly over the same ground again and again. They did not lose the continuous thread of information which a course of lectures can supply; but having gained that, they used other means to confirm and enlarge their knowledge. They asked themselves and others, before commencing the study of a subject, what it was that they were about to learn. They acquired, as it is most important to acquire, some knowledge of the subject to be known; and thus they understood what it was they wanted to learn when they came to the hospital to use their own eyes, hands, and ears in the observation of disease. In their clinical work it may be seen that they follow this general plan. They attend for a time the practice of one physician or surgeon, and then for a time that of another. They pay special attention to four or six cases, endeavouring to select those which are examples of the same or of allied diseases; they compare them with each other; they compare them with written descriptions of such diseases; they endeavour to make out the causes of symptoms, and their relations with one another; they hear what is said about them by the physicians and surgeons; they take time in their examinations, and go to see these cases in the morning as well as at the hour of visit; they master each case, and keep a careful record of it; they do not try too much at once; they endeavour to know thoroughly what they know at all; they are not afraid to ask questions; and they are very successful in the advance, not only of their knowledge, but of their power to know. There is this difference between them: the elder appears satisfied when he finds a case that corresponds exactly with a book; the younger is always trying to show his brother that the book is wrong. The one is disposed sometimes to fit his facts to the ideas he entertains of what facts ought to be, and to strain them a little, sometimes this way, sometimes that, in order to make the fit complete and creditable;

the other is so averse to believe that facts ever do correspond with statements, that he sometimes looks at them through a distorting medium, and imagines that there are exceptions when there are only blank spaces or wrong entries in his own information. The elder sees things that do not exist; the younger as often fails to see those that do. The one is ever trying to verify the wisdom of the past, the other to show that it fails to meet the knowledge of the present; while the former looks somewhat hopelessly at the future of our science, the latter believes that it will witness the solution of every enigma, the unravelling of every tangled skein of truth. The two brothers, while they counteract, yet supplement each other, and help each other onwards in the pursuit of their common end, the acquirement of all that knowledge which, however imperfect it now may be, is yet the best that can at this time be brought to bear upon the sufferings and sorrows of their fellowmen.

The Professor then continued in a more serious vein to point out the defects or excellencies typified in the imaginary characters he had drawn, and in very eloquent terms he recommended the students to enter with zeal and earnestness upon the noble career which was before them. The laughter caused by the bantering and sarcastic tone of the first part of the lecture was exchanged for the deep attention excited by the latter portion, and Dr. Russell's lecture was concluded amidst the unanimous plaudits of the numerous audience.

KING'S COLLEGE.

The Introductory Address at this Institution was delivered on Thursday evening, October 1st, by A. B. Garrod, M.D., F.R.S., Physician to King's College Hospital.

Dr. GARROD, after a few preliminary remarks, proceeded to speak of the object of an Introductory Address, which he considered to be to point out to the Medical Student, more especially at the commencement of his career, the nature of the Profession he had selected, its advantages and disadvantages, the character of the various studies he would have to pursue, the difficulties to be encountered, and the shoals to be avoided. The Profession of Medicine he regarded as one of the noblest which could engage the attention of man, having for its end the alleviation of human suffering and the cure of disease. Furthermore, it is one which, when properly pursued, necessitates an acquaintance with many other sciences, the study of which, to an intellectual mind, must be in itself a source of the greatest pleasure. In this respect Dr. Garrod considered that the Profession of Medicine stood pre-eminent.

It has often been urged that the highest honours of the State are not gained, that large fortunes are seldom made by the practice of Medicine, still nearly all are enabled to obtain a fair competence, some even affluence; besides which, the greatest success in the Profession must not be measured by its mere pecuniary rewards.

Dr. Garrod then proceeded to speak of the studies and acquirements necessary to enable any one to carry out the practice of his Profession with satisfaction and honour to himself, and with advantage to those who might be under his charge; and first of preliminary education. At the present time all the principal examining bodies demanded of the Medical student a proof of the possession of a certain amount of erudition before being allowed to present himself for examination in subjects more strictly professional.

These preliminary requirements would doubtless not only exercise a beneficial influence upon the status of the Profession, but likewise enable the student more readily to grapple with the difficulties he would have to encounter in studies strictly Medical. At the same time, they involve a certain amount of previous mental discipline and training. Dr. Garrod then spoke of the more important sciences immediately in connexion with the study of Medicine and Surgery. All would allow that a thorough knowledge of Anatomy is absolutely essential to the Medical man, and that its study has also the advantage of disciplining the mind and engendering precision of thought. Physiology is equally indispensable to the Physician and Surgeon, and without its aid the phenomena of disease would be altogether unintelligible. Dr. Garrod instanced that form of disease called facial paralysis, and showed how all its features might be perfectly explained, provided we had even what would now be considered a most elementary acquaintance with the functions of the nervous system; but that without such knowledge the affection would be most perplexing and apparently of the gravest danger. He then went on to review the advantages which Chemistry had conferred on the study of Anatomy, Physiology, Materia Medica, and all the departments of Clinical Medicine. Speaking of the rapid strides it had itself made, and the stimulus which had been communicated by it to the other sciences, he instanced several examples of the value of a chemical investigation of the functions of the healthy body—as the function of respiration, the renal function—showing that by a proper quantitative examination of the secretions from the kidneys, and the chemical estimation of some of its more important proximate principles, a clue could be obtained to the changes going on in the system at large. Dr. Garrod also spoke of the extreme importance of an accurate knowledge of the chemistry of the food, in reference to the proper nutrition of the body both in health and disease. Botany also was a science not to be neglected; physiological Botany was useful as enabling us to complete the series of relations between inorganic matter and animal life, and, by the aid of systematic Botany, we are often enabled to determine by mere structure alone the nature of the important principles contained in a plant, and thus obtain a clue to its action on the system, and its value as a remedy in disease. Dr. Garrod afterwards alluded to Comparative Anatomy and Physiology, and their great importance in connexion with human physiology and pathology. By the aid of these sciences we are often enabled to elucidate the value of certain structures in the human subject, and of the functions of many organs. Lastly, among the preliminary Medical studies he spoke of Materia Medica, defined its real boundary, and how it should be studied by the student of Medicine, in contradistinction to one of pharmacy only. He referred to the forthcoming British Pharmacopœia, and the advantages which would accrue to the Profession from the union of the existing Pharmacopœias of the three kingdoms into one national work.

Having reviewed the subjects necessary to enable the student to commence the real investigation of disease, Dr. Garrod passed on to the consideration of medicine and surgery when studied in the lecture-room, but more especially at the bedside of the patient. He affirmed that the preliminary subjects, although useful as aids, were in themselves quite inadequate to teach medicine; that medicine was as independent a science as any other; that disease had its own data, which must be carefully observed and recorded, and that from these data laws might be arrived at by the same processes of reasoning as obtain in other subjects. He, however, fully admitted that the value of the data obtained from careful observation depended greatly upon the amount of knowledge which was brought to play upon them, and that thus by the aid of chemistry, physiology, and other sciences, new facts could be elicited; and hence the physician who in his early career has thoroughly devoted himself to the acquirement of such knowledge, must be far better prepared for the successful investigation of the phenomena of disease than he who is deficient in such information.

Dr. Garrod then dwelt upon the fact, which he felt should be openly and frankly confessed, that therapeutics is far in arrear of pathology; to some extent this is inevitable, as, for the successful treatment of a case, it is first necessary to understand its nature; but, independently of this, clinical therapeutics had not been so carefully or diligently studied as pathology; and this want of advancement had given rise to much mischief, and had favoured the promulgation of various systems of quackery, many of them most absurd and even outrageous to common sense.

Dr. Garrod then proceeded to speak of the method which should be pursued in studying the treatment of disease, and expressed a hope that ere long we should have good ground for congratulation on this subject. That medicines have great power in combatting morbid action, must be apparent to any one who has paid the least attention to the subject, and, on the other hand, that the natural progress of disease is not always easily diverted, is equally patent; still, the expectant plan of treatment, so much in vogue on the Continent, and which has recently influenced some of the Medical profession in this country, although most valuable as a means of obtaining data in the natural history of disease, is certainly not the one most conducive to the welfare of the patient. Already the clinical study of therapeutics, by the aid of modern methods of investigation, has done much, if not in the discovery of new modes of treatment, at least in at once demonstrating the value of those which accident had arrived at, and which otherwise would have required the experience of many years to confirm.

Dr. Garrod then endeavoured to show that although the sciences in connexion with Medicine, and even Medicine itself, are rapidly progressing, yet the difficulties which the student has to encounter are not necessarily increased, for as a science advances and facts multiply, generalisations take place, laws are discovered, and the whole reduced to greater simplicity. In conclusion, Dr. Garrod impressed upon the student the absolute necessity of hard work in order to become eminent or even successful in his Profession; no superiority of intellect, nor the possession of the so-called genius could make up, he affirmed, for want of industry. He then alluded to the impression abroad that the study of some of the sciences in close connexion with Medicine, more especially Physiology, had a tendency to engender infidelity; he asserted that this circumstance could only arise from taking a narrow view of the subject, from regarding man as a mere animal, only a little higher than the brute, from measuring him by his material organisation, and regarding his higher faculties simply as products of such organisation. Were this correct, he would indeed be helpless, yet "Man is the undisputed lord of the creation." To explain this elevated position, we have proof obtained from higher sources, and more convincing evidence than can be derived from the study of matter, that man possesses, what has been denied to other animals, the "Breath of Life,"—an immortal soul which assures him that his existence will not terminate with the dissolution of his corporeal frame.

ST. BARTHOLOMEW'S HOSPITAL.

Mr. PAGET delivered the Introductory Address. After making some preliminary remarks on the relation which the Hospital bears to the School, he said :—

It would be hard to conduct the necessary work of a large Hospital without the services of students, giving daily and hourly assistance in the wards ; but, in another and much more important way, the presence of a large class of students serves the interests of a hospital, and to-day may well remind us of it. For the 1st of October renews, every year, an honourable rivalry among the Medical Schools of England ; to-day the Medical Officers of every Hospital that has a School pledge their reputations to a fair and open trial ; to-day students are, in every such hospital, invited to see through the whole year what is done by the whole Medical staff ; and what they see they make public ; and what they make public will form a great part of the reputation, good or bad, of those who have charge of the sick. Therefore, although to-day has, indeed, its prime interest for the Schools—that is, for teachers and students—yet it is scarcely less important for the patients of the hospitals, in that it renews to them the annual assurance that all that is to be done for them will be done with those safest safeguards—publicity and competition.

Mr. Paget then proceeded to speak of what, he said, he considered the proper business of their meeting, namely, that of helping their students, if possible, to a prosperous career. It was needless, he said, to speak of the motives that may have led them to the choice of their profession ; but it was enough that they were engaged in it, and that the engagement bound them, not only by consideration of their own interest, but by the weightiest responsibility to God and man, to do their duty in it with all their might. And keeping this in view, they should remind themselves that they proposed to take in hand the lives and welfare of their fellow-men ; and they should think daily of what all this involves, and then they would decide that their own life must not be much dearer to them than the duties of their profession. Keeping plain principles of duty such as these in view, their profession would be a source of true happiness, and in the best sense of the word, they would be successful. For, the lecturer added, by success and prosperity we must mean, not only money-making, but the possession of a good social and professional station ; the respect of wise and good men ; the gratitude of those whom we serve ; and, above all, at the close of life, a honourable consciousness of well-done duty. Before entering on the details of the work to be done, Mr. Paget said that the first and last means of success must be devotion to work, and that, on looking round, either on the men of his own time, or on the histories of those who had gone, he saw, more and more clearly, every year, that the working men are the successful men. The only thing that deserves to be called work, or that is secure of success, is the work that makes us more able to prolong and comfort human life ; and there is no calling in which the true success is, on the whole, more fairly proportioned to the true work than in our own.

Mr. Paget then spoke of the science and art of the Medical Profession, and laid special stress on the necessity of studying them together, and of not fancying that the science of Medicine must be first studied by itself before any attempt is made to lay upon it, or rather incorporate with it, the practical lessons to be learnt amongst the sick in the wards of the hospital. It sounds very well, he said, that first must be laid the foundation of principles, and that then the superstructure of practice must be built upon it, and this would be right if Medicine were a perfect science, and if all practice had a scientific basis, and if it were a matter of necessity to study first one and then the other of the component science and art. But Medicine is a very imperfect science, and a great deal of good practice has no science at all in it, and there is no necessity to study one part of it before the other. On the other hand, they who have the best success are they who, from the first, spent some part of every day of their student lives in the personal study of the actual practice of their profession,—who daily see, and hear, and touch the signs of disease, and daily see the influence of remedies. This manner of studying should be more particularly carried out, not only because so much of good practice depended on the early education of the senses for the perception of those signs of disease which, to one who has attended to the science only of the profession, are utterly imperceptible, but also because this education of sight, hearing, and touch, if not begun early in life, becomes more and more difficult with increasing age, and at last impossible Mr. Paget illustrated this by speaking of the analogy between the education of the senses and that of the muscles ; for in the same way that, with repeated well-directed efforts of the will, new movements of are acquired, or greater precision, greater swiftness, or greater ease in those learned long ago ; till, at last, the hand can certainly, and almost without effort, do such things as were before not merely difficult, but simply impossible ; so with the senses. The case is just the same. The eye, which is practised and skilled, will discern expressions of disease—colours, and forms, and slight movements—which, to the unpractised, are invisible. The ear will detect sounds as of the heart and of the breathing, in their finer modifications, which, to the beginner, are inaudible ; and the hand will feel, with practice, such fine differences of sensation as are at first imperceptible, but yet may become as definite as any objects that are sensible even to the coarsest touch.

For the purpose therefore of acquiring this dexterity as well with the senses as with the muscles, some part of every day should be spent in the wards or out-patients' rooms, or in both, and some additional time should be past in reading about what has been observed, and in recording some part of it. It is for these things especially that a large hospital has very great advantages ; for, amongst the innumerable facts to be seen in it, there are at all times some of the highest and most attractive interest, and the less rare facts occur so frequently that they may be studied in every form and become familiar to the student in all the varieties that they can present.

Mr. Paget then went on to speak of the intellectual discipline that was necessary for the gaining of a habit of observing and thinking accurotely, and said that, for this discipline, the subjects of study required by the examining boards were particularly well adapted. It is too commonly believed, he said, that the only use of anatomy, physiology, chemistry and botany, as they are taught in Medical Schools, is in the facts that they supply, bearing directly on practice ; and it is true that they do, all of them, contain very many facts of daily utility ; but this is far from being their only, or their chief use as subjects of study. Their much greater value is, as means of mental exercise in sciences, as means by which, while learning useful knowledge, students may be also learning how to observe and to think accurately in things appertaining to the living body, how to become, when they are their own masters, their own teachers also.

Passing on to the consideration of the other subjects of study Mr. Paget spoke first of Physiology and especially of its great value in educating the mind to study pathology—the whole process of inquiry and of reasoning being the same in both. Indeed, the student of physiology can bring to his study of practice not only the store of facts with which, as with standards, everything that he observes must be measured, but the methods of investigation and of thinking which he must pursue in his researches, and the general laws with which his endeavours must be conformed.

In Botany, which perhaps stands only second to Anatomy in the accuracy and largeness of its descriptions, may be found the most perfect examples of classification yet attained in science, and the striceest use of terms. The mind, otherwise fit for science, which lacks the element of order, should be drilled in botany, of which, as well as of comparative anatomy, it is of no little commendation that they may be the best scientific recreations of even the most active life in practice.

In Chemistry there is that which among all our studies approaches most nearly to the characters of an exact science ; counting and weighing the very elements of which we are composed, and gradually unveiling the forces that combine them. This is, of all the branches of physical science, that which should most affect the course of our inquiries and reflections. It seems to offer more hopeful guidance than any other towards understanding the very nature of disease, and towards the detection of those highest unknown laws which we are too content to call the mysteries of life. After dwelling on this subject a little more fully, Mr. Paget said that the School of St. Bartholomew would lose this year some of the services of Dr. Frankland, who had given up a part of his lectureship, because, as he himself expressed, he had an "earnest desire to devote a larger portion of his time to original research," a motive, Mr. Paget remarked, worthy of the worthily elected successor of Davy, Brande, and Faraday. But although, the lecturer added, it is impossible without regret to lose anything of the cooperation of so distinguished a colleague, yet with Dr. Odling for his associate in the chair, there is no question that everything by which chemistry can minister to Medical knowledge will be put within the student's reach.

It was no argument, Mr. Paget continued, against the study of these subjects, that many justly successful and distinguished men in the Medical Profession of the present day knew little or nothing about any of the sciences of which he had been speaking. They well studied them, but they long ago forgot them ; and many more, of times past, knew or believed only what we now know or believe to be erroneous,—as erroneous as much of what we believe will be found to be by our successors. But this only proves that the chief value of these things is not in their direct instruction in what is useful, but in the mental exercise which they provide. And they must be learnt, at least in their first principles, now, and thoroughly ; for, in all the facts which they supply for help in practice, there is no safety except in being accurate. Inaccurate anatomy, Mr. Paget said, is as bad as none,—it can only lead to error. Inaccurate chemistry is nearly as bad ; and erroneous physiology has been, at all times a most plausible and prolific part of erroneus physic.

When once the mind has been disciplined by careful and exact study, its strength and pliancy may be maintained by continued exercise in whatever may be the chief pursuit of life. He who has studied the scientific part of his Profession need not, when in prac-

tice, continue to pursue pure science, or to study it with the same zeal, or at the same cost of time.

After a few more remarks, Mr. Paget said—It is only with mental strength and mental skill that real experience can be gained. Experience is of no natural growth—it is not commensurate with age; time will not mend the defects of early study. If a man has not begun to observe carefully before he is of age, and gained some skill both in observing and in reasoning upon his observations, before twenty-five, it is to be feared that he never will. After about thirty, wise men may grow wiser, but unwise men rarely grow wise; therefore there are many old men with no experience at all; at the right time of life they did not learn to learn, and ever since, though walking in the field of knowledge, working, it may be, as hard as other men, they have been gathering only weeds.

The experience of a well educated man—of one educated in science—does not thus err. Its defects tend to the side of doubt and hesitation; but against these, the lecturer said, few men of the age of those whom he was addressing need be warned. To them, he continued, the advantages of good education would be unalloyed; with it they would get real experience, and with experience acquired in careful study and reflection they would gain the best security they could have, not only against the gross errors of a miserable credulity, into which men who are uneducated in natural sciences are prone to fall, but against many temptations to which the Medical Profession is peculiarly exposed.

Mr. Paget then spoke of the various temptations to which he alluded more in detail, such as displays of cleverness, hatred of progress, dishonesty, especially in the form of various degrees of quackery, pretensions of knowledge, etc., and summed up by saying that he had tried to give his hearers some guidance towards a really successful career. For this, in its broadest and best sense, the simple rule is devotion to duty, and a part of your duty, he said, will be constantly, and all your life long, so to work that you may be always gaining more skill in doing good, and this augmenting skill is to be gained by continual labour in the art and practice of your Profession, while yet, with steady observation, and with the calm and exercised reflections of well-educated men, who may be always increasing not only in knowledge but in mental power.

The lecturer concluded in the following words—And for the exercise of virtue, our life is full of occasions, I had almost said of inducements to it. We live in the study of that which seems to us the most elaborate and most perfect of God's works, marvellous in its perfection, marvellous in the manner of its decay and final change; therefore, in our common tasks, we may cultivate an habitual reverence and homage, and may find constant aids to faith in the analogies between what we see of the earthly life and what, as revealed to us, we believe of the heavenly. We live among the suffering; and every one who needs our help may claim to be an object of our compassion, or may exercise our gentleness and patience. We live among the dying, and every day shows us, more plainly than it does to other men, the need of watchfulness and Christian prudence, and their reward in the final victory of faith.

Surely all these should be deemed great privileges, and the profession that offers them should be very highly esteemed, if we think how vast are the issues that will be decided by our conduct in this fragment, this poor beginning, of our endless life, and how much we allow our conduct to be affected by the circumstances among which we live.

Let me recount to you the good things that your profession freely offers:—Competency of living, the society of educated men, blessings from the poor, recompence and gratitude from the rich, boundless fields for intellectual exercise, access to the richest storehouses of knowledge "for the glory of the Creator and the relief of man's estate," inducements to the practice of the highest Christian virtues.

The lecture was delivered without any notes and was received with great favour by a crowded audience.

GUY'S HOSPITAL.

Dr. Pavy delivered the introductory address at the opening of the Medical School of Guy's Hospital. He commenced by saying: The same—yes, the same old garment comes round for wear again. Year after year, and for how many years past had it not been regularly brought forward and placed upon somebody's shoulders. In use for such a length of time, not a particle of it remained that had not long since been worn quite threadbare. It had been turned and re-turned, and every fresh part in its turn had been picked out and put foremost, until all freshness had been extracted from it. The garment had this year been placed on his back, and he must endeavour to make the best appearance with it he could. To begin, he must tell the students that he did not intend to take them far from their every-day life in what he was going to say. There would be ample time to engage—he hoped profitably to engage—their attention during the time he could reasonably ask them to allow him. If in proceeding along his course he should happen to tread on any one's corns he could only say he should be sorry for it, but there ought by right to be no corns to tread upon. (Laughter.) As students they must place a high value on their time. Covetousness, as a rule, was a hateful quality for a person to possess, but with time it might be said that it was a virtue to be covetous. His time was everything to the student, and it behoved him to see that it was turned to profitable account. It was always gliding so rapidly and imperceptibly along, that it was necessary for him to grasp it with eagerness and determination, in order to succeed in bringing it into his service. There was something melancholy in the picture drawn by the great Dr. Johnson, in saying about time that when we had deducted all that was absorbed in sleep, all that was inevitably appropriated to the demands of nature, or irresistibly engrossed by the tyranny of custom; all that passed in regulating the superficial decorations of life, or was given up on the reciprocations of civility to the disposal of others; all that is torn from us by the violence of others; all that is torn away from us by the violence of disease, or stolen away imperceptibly by lassitude and languor,—we shall find that part of our duration very small of which we can truly call ourselves masters, or which we can spend wholly at our own choice. Students, therefore, should be constantly on their guard. They would be constantly beset by thieves, striving to rob them of their time. Let them beware of thief No. 1—sleep. Sleep kept them in their beds. They were not up sufficiently early to attend their nine o'clock anatomical lecture, or if they did put in an attendance they did not arrive until it was half over. Such half-price attendance as they called it—What was it? A conscience-offering. Their principle of industry was not sufficiently strong to bring them to the lecture in time, and their conscience would not allow them to remain away altogether. Under these circumstances they took a middle course, which was of little or no good to themselves, and led to the disturbance of others. If they rose late, they might depend upon it they would find themselves behindhand all day. They allowed sleep to rob them in the daytime; the evening might find them napping over their books, or they might be caught—yes, even so—nodding at lecture. Resolution, my friends, said the lecturer; the influence of Morpheus may be strong, but your will, if you choose to exercise it, is stronger still. Thief No. 2 was idleness. There were those amongst the students who came there almost exploding with eagerness at first for work. They were scrupulously punctual in attending every lecture—lectures amongst the rest that they had no need of at present. They rendered themselves conspicuous in the dissecting-room, and bustled about in the museum over their "bones." They were foremost amongst the students in going round the wards, and were to be seen at all operations. They had stocked their rooms with books, and altogether it would seem as though they meant that the whole of their comrades should be eclipsed. But, alas, in many of these cases, the fire had been too strong to burn long. This excessive ardour vanished as the charm of novelty wore away. Such men soon began to make themselves scarce in places where they ought still to be seen; and unless aroused by the chance of circumstances, might ultimately sink into the position—he was going to say, and why should he not say it?—the deplorable position of idle men. Let them not then be over eager at first, for they might be disappointed in finding that their eagerness did not last. Beginning quietly they would have an opportunity of looking round them, and applying themselves in the most advantageous manner to work. Steadily advancing they would, day by day, strengthen their resolution, until ultimately they became, both by habit and tastes, industrious men. Thief No. 3 was the solicitation of friends. Save the student from his friends, if they happened to be idle men. Those who would not work were not content with doing nothing themselves, but preyed upon the time of others. They were just going into lecture, perhaps, or had just sat down to study, when their friend dropped in upon them with an "I say, old fellow, come, put that aside. It's all serene; there's plenty of time. You can do it by-and-by." Resist, and they would make themselves safe from future attacks; yield, and they would very soon see their robber again. The lecturer pointed out in felicitous language that there was no royal road to learning; and, though geniuses might occasionally spring up amongst them, a genius had to work like others for what he acquired. Besides, eccentricity was a frequent accompaniment of genius. Men giving themselves up so much to one particular direction became neglectful in their observance of the ordinary customs and manners of society. But let them not think that in eccentricity there was any characteristic of genius, or that, through eccentricity, either of them could become a genius. If a man were not a genius, it was not the cultivation of odd ways, it was not by denying common things in an uncommon way, as, like Hudibras, telling the clock by algebra, or like the tailor in Dean Swift's Travels, who was measuring his customer for a coat by this quadrant—it was not such as this that would make him one. The lecturer having cited the cases of Madame de Genlis and the Earl of Chatham as examples of the necessity of securing for some useful purposes the least fragments of time, said that, although he

(Continued at page 210.)

THE MEDICAL CIRCULAR.

WEDNESDAY, OCTOBER 7, 1863.

THE OPENING OF THE MEDICAL SESSION.

The commencement of the Lectures in the Metropolitan Medical Schools must always form an interesting epoch for all classes of the Medical Profession, as well for those who are engaged in active practice as for those who are only just entering on their career. The former, at this period, will have an opportunity of renewing the associations of their youth, and the latter must, or ought, to regard the occasion as one of the deepest importance to their future welfare. The kind encouragement and the warning voice, often solemn and serious, of the Lecturers at the various Schools, are not to be regarded as the ordinary common-places of the season, but as words of earnest admonition to a number of young men, about to enter upon one of the most responsible, and at the same time, one of the noblest professions which can engage the faculties of the human mind. If the duties of the approaching Session are regarded with levity or indifference, there is little hope either for proficiency during pupilage or success in practice, while a due sense of the importance of a good beginning, and an earnest endeavour to bend all the faculties of the mind to the allotted tasks, will seldom fail to secure such a good foundation as must lead the way to a happy career in student-life and to a profitable employment of time in after days.

It is to be regretted that the period of commencing lectures in the English Schools of Medicine does not correspond with that which is fixed for the Scotch and Irish Schools; and as recent legislation has secured equality of privileges and uniformity of education for the whole Profession in the three kingdoms, it is to be hoped that there will also be an equalisation of the times devoted to Medical study. It is, of course, a matter of little comparative importance whether the lectures begin in October or November, or in September or December, but it is an object of great convenience to all parties that they should all begin together, and that the Professors and Students throughout the British Islands should have an equal amount of study and of work. We do not assert that a six months' course of lectures is too long in England, or that a five months' course is too short in Scotland or Ireland, but we maintain that it is unfair to impose a month's additional study in each year in the English schools, and to omit it in the two other countries. Whether, too, from custom and prejudice, or from what Mr. Square would call the fitness of things, we confess that we are inclined to advocate the opening in October, when the days are sufficiently cool and the nights sufficiently long for the purposes of study, and when a period of three clear months is secured before Christmas and three months afterwards for the completion of the Winter Session. By delaying the opening of the Schools until November, the period of study before Christmas is dwarfed to ridiculous dimensions; and if, as sometimes happens, the Christmas festivities are a little prolonged, it is likely enough that the first three months of the new year are seriously encroached upon. If, however, it should be necessary to obtain uniformity by mutual concession, it might be agreed upon to allow the Session to begin at some intermediate period, as, for instance, the middle of October.

It has been lately the custom with some superficial, and for the most part non-Medical writers, who know very little of the real facts of the case, to represent the present class of Medical students as incomparably superior to their predecessors in gentlemanly habits and studious pursuits. We do not, however, find that these sentiments are expressed in the introductory lectures, and, in fact, we very much doubt the truth of the proposition. Those who are now in the fulness of their practice, or it may be in the decline of their years, were the students of thirty or forty years ago, and they would very indignantly and very truthfully repudiate the charge that they were in the habit of getting drunk during their student-life, or of wrenching off knockers, or of kicking up street rows. It is quite true that some few Medical students, as well as other students, may have indulged in such freaks, and they have probably long ago reaped their reward in ruined constitutions, or in ignominious obscurity, or premature death; but the Bob Sawyers and the Mr. Ledbury's were either very isolated examples or gross exaggerations, or were mere creations of the writer's imagination. The period is not so far distant that the present generation cannot recollect the crowded lecture-rooms in which an Abernethy, a Lawrence, a Grainger, a Turner, a Quain, an Elliotson, a Green, or a Bell, were in the habit of discoursing; and the effects of their teaching are too well marked in the present intelligence of the mature members of the Medical Profession, to allow us to believe that those illustrious teachers, some of whom are now no more, threw away their eloquence upon brains besotted with beer and tobacco, or muddled with midnight revels. On the contrary, we speak from experience when we recall from the memory of the past, the crowds of eager students, three or four hundred in number, who covered the benches of some of the great schools, nearly all with note-books in their hands, and often assembling to the lectures at eight o'clock every winter morning. Nor was this a mere casual or evanescent exhibition of industry, but through clouds and fog, and ice and snow, or rain, have the same crowds been drawn in continuous streams, morning after morning, and day by day, to the discourses of the teachers.

We by no means assert that the present race of students are less industrious than their predecessors, but we do not admit that they are more so. Those who are best fitted to form an opinion upon the subject are the lecturers of the Medical Schools and the examiners attached to the various Examining Bodies, and if their opinion could be expressed, it would probably be uttered to the effect that young Medical students are pretty much the same at all periods; that it is difficult to put old heads on young shoulders; and that admonition and guidance are as necessary now as they ever were in restraining the minds of youth from folly, idleness, and vice, and in keeping them in the straight but rather thorny path which leads to learning and honour. For these reasons we approve the earnest and serious tone which characterises the Introductory Lectures given last week, and we hope that the advice and warning will be duly appreciated and acted upon by those whom these admonitions most concern.

SUMMARY OF THE WEEK.

THE INTRODUCTORY LECTURES: REPORTING EXTRAORDINARY.

The delivery of the Introductory Lectures at the eleven Hospital Schools in the Metropolis has given an opportunity to our Contemporaries, both Medical and non-Medical, of displaying a wonderful proficiency in the art of reporting. The representatives of the daily newspapers were all present except

the 'Times,' upon the auspicious and important occasion, for they marked the cheers and applause which greeted some of the more prominent remarks made by the respective lecturers, and the accuracy of the reports is decisively and incontrovertibly proved by the fact that the accounts of the lectures given in the 'Daily News,' the 'Daily Telegraph,' the 'Morning Advertiser,' and the 'Morning Herald,' are all precisely the same, word for word, and what is more remarkable still, not only is this verbal accuracy manifest in all, but wherever it was necessary to curtail the observations of the speakers, and to reserve the more prominent features, the principle of selection has struck all the reporters in precisely the same light. Nay more, we find that the reporters have kindly favoured the public with some particulars, with which the lecturers themselves did not acquaint their audiences, as far as we are aware; for in introducing each lecturer, not only is his position in the hospital faithfully recorded, but even his private dwelling is accurately described. Thus, for instance, we are told that Dr. A. lives in St. Timothy Street; Mr. B. in Gravel Row, Dr. C. in Barley Street, &c., &c., so that the general public who read the introductory discourses are carefully informed of the localities inhabited by the authors of so much eloquence. What is however a very extraordinary circumstance, is that our own staff of reporters, who were of course distributed, in he exercise of their duties, at all the Metropolitan Schools of Medicine, could discover no traces of the stenographic artists who favoured the British nation with such full and accurate particulars on Friday morning last. They would of course have been discerned with note-books and pencils in their hands, if they had been visible to human eyes, but we had informed our subordinates beforehand that, after consultation with Professor Pepper, it had been determined that the short-hand writers should ply their vocation on the ghost-principle, and that their material forms should be concealed from the view of the audience. If the lecture-rooms had been darkened, their spectres might have been visible, but as the lectures were delivered either in broad daylight or in the blaze of gas-illumination, they were of course imperceptible. Our own numerous reporters, being determined not to be outdone by their contemporaries, and availing themselves of the most recent discoveries in psychological science, dispensed entirely with any stenographic apparatus, and also declined the offer (kindly made to them by Professor Pepper) of concealment by the ghost-appliances. The fact is, that in anticipation of the coming event, we had caused them all to attend a short course on Mnemonics, by which they were enabled, after only once hearing the lectures, to carry them all away in their minds without the necessity of making any notes at all, and hence the accuracy and fulness of our own report of the introductories, which will be found quite equal, if not superior, to that of any of our contemporaries. As we did not hear the lecturers mention anything of their private residences, we have omitted any information on this point, but it can of course be obtained, by those who desire it, in the pages of the 'British Medical Directory.'

THE TREATMENT OF ASPHYXIA.

In our last number we drew attention to the very proper appeal made to the Medical Profession by the Committee of the Royal National Life-boat Institution for information as to the best method of restoring animation in cases of drowning. It will be remembered that in the year 1857 the general opinion of the principal Medical authorities in this country was given in favour of the method suggested by Dr. Marshall Hall, and which even at present is known and distinguished by the affix of the name of that physiologist. It is hardly necessary for us to point out the principal features or the details of that method, which were fully discussed at the period of their promulgation, and are now well understood by the Profession. But recent investigations, and especially those lately pursued with very great care by a Committee of the Royal Medical and Chirurgical Society, have led to the conclusion that the method advised by Dr. H. R. Sylvester has several advantages over that recommended by Dr. Marshall Hall. The latter physiologist advises that the asphyxiated person should be laid upon the face, and moved gently from side to side, while Dr. Sylvester advocates the supine position, the movements of breathing being imitated by the movement upwards and downwards, of the arms. The Royal Humane Society has adopted the latter plan, which we published in our Number of Sept. 9, page 147, while the Royal National Life-boat Institution, not being a Medical body, still retains the former, but being only anxious, in the interests of humanity, to adopt the *best* measures for restoring animation, it now asks for the opinion of the Profession on this important subject, which we hope will meet with the full attention it deserves.

ARMY MEDICAL SCHOOL.

The Seventh Session opened on the 1st of October with an Address by Professor Maclean, Deputy Inspector-General. There was a numerous and distinguished audience, including many officers of both services, and most of the civil practitioners of Southampton, and its neighbourhood. More than 100 gentlemen were entertained at luncheon in the officers' mess room by the members of the Staff, before the lecture. The lecture itself was an eloquent and vigorous discourse, and was extremely well delivered. The chief topics of interest to the Army Surgeon at the present moment were adverted to, and the scheme of amalgamation of the Queen's and Indian Armies; the Indian Sanitary Report; the possibility of lessening the death-rate in the Army, and other similar topics were dwelt on. After the lecture, the commandant of the hospital, Colonel Wilbraham, C.B., made a short address, in which he took occasion to refer to the position of Medical men in the Army, and affirmed that no class of men were more esteemed by their combatant brethren, and that the status and consideration enjoyed by a Medical Officer were entirely dependent on the officer himself, who if able in his Profession, and gentlemanlike, and honourable in conduct, never failed to occupy as good a position as any officer in the corps. After the lecture, the audience dispersed to examine the magnificent hospitals, the museums, and other objects of interest.

GENERAL CORRESPONDENCE.

OUR MEDICAL SCHOOLS.

To the Editor of the Medical Circular.

SIR,—An epitome of the opening addresses will, of course, duly appear in the MEDICAL CIRCULAR; but having visited three of the hospitals yesterday, I could not but be struck with the crowded theatres, and the practical character of the addresses delivered. I first attempted, a few minutes after two o'clock, to enter Guy's, but to get a seat was out of the question, and the utmost enthusiasm was manifested during the delivery of the address by Dr. Pavy. Doubtless some good advice was given, but I do not see with him the great loftiness or superiority of Guy's over other schools. Surely the atmosphere of science is not confined exclusively to Guy's! It may be a good school, and the pupils should be united amongst themselves as well as with their professors; but let this feeling of brotherhood be advocated and urged on the whole profession throughout the world; and further, let the really scientific mind take the first place, without favour or regard to school, or any other consideration.

The propriety of the first years' students excluding themselves so completely from the wards of the hospital, as was recommended, can hardly be justified; for an occasional visit, if only for an hour or two, to the wards, as well as the out-patient's department, must clearly, as was stated by Mr. Paget, be training the senses, though imperceptibly, to the character and symptoms of disease. "Note something," says Mr. Nunn, "every day that you enter the wards," and this is good advice.

The attention to lectures is also most desirable and commendable

but let the lecturers see that they really instruct as well as lecture, in which case the hour of lecture will not appear long, or the pupils prove inattentive. I have observed this in the class-room of a well-known and eloquent teacher out of the hospitals, to whom the most marked attention is paid, and where every part of the lecture is so strikingly delineated that it cannot fail to suit every capacity, and impress every mind.

But let me now turn to St. Bartholomew's; and here I arrived just in time to get seated before an influx of visitors filled the theatre to overflowing. Mr. Paget soon made his appearance, together with the staff of the hospital, and with a dignity and self-possession which at once commanded attention, he commenced an address which will not be easily forgotten by those who were present. Seldom have I seen such a marked attention by a mixed and youthful audience as was manifested during its whole delivery, and rarely have I listened to a more thoroughly practical or more beautifully delivered address. Without a note or pause did this gentleman rivet the attention of all present by his remarks.

In the evening I made my way to the Middlesex Hospital where I found the most perfect arrangements. The paths across the grounds were marked out by lamps, and the convenience and comfort of all were amply provided for. The library and museum were fitted up with microscopes and various other instruments, whilst in a third, tea, coffee, &c., were supplied. Indeed, I could not but be struck with the air of comfort and order which everywhere prevailed. Taking, or being fortunate enough to get a seat (as very many could not even get in), I waited the arrival of the much respected Dean, Mr. Nunn, by whom the address was to be delivered, and rarely have I heard a more flattering reception than greeted that gentleman, as well as all his colleagues, who took their places around him. Indeed, hardly one of all the well-known professors of this school was absent, and it was some minutes before the enthusiasm subsided. I could not, however, but regret the absence of one face radiant with intelligence, who last year was not only present, but delivered the address in that theatre, viz., Dr. Priestly. Uncertain indeed is the future—but if Dr. Odling was regretted at Guy's, surely Dr. Priestly is missed at Middlesex, both as a physician and teacher. The address will, I think, be read with much interest by those who had not the pleasure of listening to it, and it will well bear perusal by those who had. Not a word was indistinctly spoken, and it was as carefully and well delivered, as it was practical in its character.

The *conversazione* at its close afforded opportunity for that friendly recognition which was manifested on all sides, and the utmost good feeling and gentlemanly bearing appeared to exist among the numerous students who again assembled to continue, or were about to commence, their studies.

I regarded them one and all with the deepest interest, and I was glad to listen to every word of encouragement which was offered to them on the threshold of so important and responsible a career as that on which they are now entering.

I am, &c.

London, Oct. 2, 1863. OBSERVATIO.

INTRODUCTORY LECTURES

DELIVERED AT THE

METROPOLITAN MEDICAL SCHOOLS.

(Continued from page 207.)

had laid down the law so strictly as to studying, he did not wish the students to be always at work, and never to seek amusement. They were aware of what all work and no play did in the case of that renowned personage going by the name of Jack. (Laughter.) He pointed out that recreation was necessary, but that there was a proper limit to which it should be carried. There had been many a student who in working for university honours had fallen into the error of not allowing himself the necessary time the mind required for repose, and when the day of examination arrived the mind had been so overworked, the bodily energies had become so exhausted, that the nerves had been agitated and the memory had failed; and thus he fell short of what otherwise he might have attained. Addressing the first year's men, he reminded them that they could not be expected to study advantageously until their resolution was their own, and they could fix and hold their attention as they pleased. A man accustomed to deep thought could so rivet himself to his point that ordinary impressions failed to make themselves felt. He did not mean to say that it was desirable for them to encourage the development of such a power of abstraction like that. Far from it; for, in the practice of their Profession, the perspective faculties had to be employed as much, or even more, than the reflective, and they would have, as part of their duties in that school, to especially tutor their organs of sense, the eye, the ear, the touch, so that their delicacy of action, their power of appreciation, might be increased, and the mind be supplied with the requisite information for the exercise of the judgment in the part it had to play. Dr. Pavy adverted to the unattractive nature of the preliminary studies in which the students would have to engage, but assured them that perseverence would make them agreeable. Their studies had all been planned for them by the Examining Boards, and they would have no difficulty in discovering what course they were to pursue. The lecturer defended the prize system which prevailed in the school, spoke of the strong kind of freemasonry which existed amongst Guy's men, expressed the deep regret which all connected with the hospital had felt at the departure of Dr. Odling and then concluded with some remarks on the important subject of vivisection, which has lately excited much attention. He said: The point that I am about to touch upon is one which has recently attracted a great deal of public attention, and in connection with which the gauntlet has been so pointedly thrown down to physiologists that it might be interpreted as evidence of weakness on our side if we did not take it up; and this is as fitting an occasion as any for the purpose. The matter I refer to is that of vivisection. Happily for society, it may be taken as admitted, that in every well regulated mind a feeling of horror is experienced at the unnecessary infliction of pain upon any animal being. Now there exists in our metropolis a society composed of benevolent and well meaning persons who have specially espoused the cause of the lower animals, and have doubtless effected the prevention of an immeasurable amount of suffering amongst them. Latterly this society, looking upon any infliction of pain as unjustified, has been exerting its influence towards repressing the performance of experiments upon living animals for physiological or surgical purposes, and there are few that will not admit that room has here existed for their interference. But because the scenes that have been described of the suffering that has been occasioned for the mere purpose of acquiring dexterity in operative veterinary surgery, which could just as well be effected upon the dead as upon the living animal—because these scenes have justly excited popular indignation, are all operations upon living animals to be placed in the same category, and denounced as reprehensible? Are those who undertake operations purely for the advancement of science and the benefit of the community to be held up to public odium for doing so? Gentlemen, I belong myself to the class of experimental physiologists, and I am not afraid or ashamed to admit it, for I am ready to justify and defend my course. It is no argument to say that suffering, and often great suffering, is occasioned from the pursuit of many of the sports which the gentlemen of England engage in as a pastime or amusement; and why is there no popular outcry with these? I willingly grant that one evil being left untouched affords no justification for the existence of another. My argument rests upon a totally different foundation to this. I accept the challenge that has been thrown down, and I am prepared to meet the denunciators of experimental physiology upon their own ground. It cannot truthfully be denied that the knowledge which has been acquired through physiology has not been the means of placing us in a position for averting premature death and alleviating the sufferings of humanity. It will suffice for me to mention the arteries; and is there anyone who will confront me and tell me that surgery, from the information supplied by physiology has not over and over ag in averted impending death, and mitigated an immense amount of suffering? If physiology, then, can be shown to have already done this, is it not fair to presume that it remains capable of doing more? Now, are these anti-vivisection agitators prepared to take upon themselves the responsibility of restricting the progress of science and defeating the efforts which are being directed towards enlarging our sphere of usefulness in affording relief to the sufferings of humanity? Let these persons picture to themselves the mourning and distress occasioned by the premature removal of a husband and father—the grief at the untimely loss of a wife or child—and say if they are prepared to incur the responsibility of frustrating the attempts to lessen these calamities, for such, and much bodily suffering besides, have oftentimes been averted by the aid that physiology has already given to medicine and surgery. Have these persons so far espoused the cause of the lower animals? Have they so far allowed their feelings to get the better of their judgment as to deny to their own species the benefits that may reasonably be expected to arise out of extended physical research? Upon which side, I would ask, does the greatest infliction of suffering lie! And especially when it is taken into consideration that, in by far the majority of experiments, agents can be and are used for deadening the sensibility, and thus allowing the operation to be performed without the production of pain. Unhappily for us our forefathers have not allowed the policy to reign that is advocated now. Gentlemen, I love the lower creatures, but I love my fellow species more. It gives me pain to witness sufferings in any living being, and carefully in my experiments have I weighed the advantages likely to accrue from their performance. But in what I have done I have concientiously felt that I have been acting in the discharge of a duty for the benefit of the community; and I hope no maudlin spirit of philanthropy will in future deter me from continuing such a course. Let us all, gentlemen, no matter in whatsoever position we may be placed, fearlessly discharge, to the best of our ability, that which we conscientiously believe to be our duty,

and we can then have nothing to be ashamed of. Let us all have occasion to feel that we are employing, to the best of our judgment, for the benefit of the whole community, the gifts which nature has bestowed upon us, and place us at the head of the creation.

LONDON HOSPITAL.

Mr. Maunder, one of the surgeons to the hospital, delivered the introductory address. He regarded the 1st of October as a day of peculiar interest to the medical profession in this country. Old and young met together on the same benches, the former to shake hands with old friends and fellow-students, to chat over the pleasurable recollections of earlier days, and possibly to introduce a son to the well-remembered walls; the latter, full of hopes and fears—freed from the discipline of school, and eager to commence the great work of life. It was to the junior members of his audience that he should more especially address himself. He assured them, on behalf of his colleagues, that every assistance on their part should be given to those who earnestly desired to store up that fund of information which was to be the groundwork of future practice. Having offered a hearty welcome to all, he reminded those of his audience who were on the threshold of life that they had selected a profession the preparation for which was by no means agreeable, and the practice of which would indeed often be disheartening. It demanded great labour both mental and physical, also the exercise of the highest moral qualities, such as benevolence, charity, patience, and self-denial, and, even after exacting so much, would often fail to satisfy its disciples. Having further illustrated the dark side of the question, he trusted to dispel the overhanging cloud by the sunshine of hope, when he told them that the profession they had selected to follow out, with a view to fulfil the object of their being, was a truly worthy and beneficent calling, would afford a grand opportunity for independence of thought and of action, would ensure to the industrious an honourable competence, and had for its field of operations the noblest of God's creatures—Man. He could not hold out to them the prospect of amassing great wealth, or of obtaining great worldly distinction. Such so-called prizes were reserved for the Church, the law, and the two services; but he could offer them that which surpassed them all in his estimation—the ever recurring knowledge of the fact, that the honest exercise of their vocation tended to soothe and alleviate human suffering, and to elevate their own natures. In nothing did men approach so near to the gods as in giving health to men. Notwithstanding the complex character of the study of medicine, they would find order grow out of the apparent chaos if they would but take method as their guide, and cultivate to the highest degree the faculties of observation and imagination, or creative memory. Knowledge painfully and laboriously obtained, fought for, as it were, inch by inch, conquered and made their own, was worth whole volumes of theory, though they had them all at their fingers' ends, and could repeat them as readily as their multiplication table. In many cases the eye was comparatively useless, and must be replaced by memory; and so the intelligent practitioner, from slight superficial indications, should be able to detect what lay below with unerring accuracy, and should proceed as unhesitatingly to his work as if the hidden field of his operations lay spread out before his gaze. Mr. Maunder congratulated them on the paucity of the prizes so called bestowed on that college, and strongly urged them to seize the opportunity afforded of acquiring a practical general knowledge of the profession. Who would tell him that such information would not be of infinitely greater value to a man in after life than gold medals in elegant morocco cases, or certificates of merit handsomely framed and glazed? He advised those who had passed their examinations to travel if possible, and pointed out various methods by which in so doing they might derive both pleasure and profit. As a mental recreation, they should cultivate general literature to enable them to associate with all classes of society. Travel and reading would enlarge their views, and give them liberality of sentiment and manners which indicated the true gentleman and citizen of the world. Let the student cultivate easy and agreeable manners, which were quite compatible with sincerity, and avoid any eccentricity, either of dress or otherwise, which might offend society. He should be kind and courteous to his patients, but withal independent, never forgetting that he who possesses no self-respect has no right to exact respect from others. He should be no tattler. In speaking of the army medical department, Mr. Maunder expressed his surprise at the treatment to which it was subjected, and at the short-sighted policy of the Government. He was astonished that the combatant officers did not know their own interest sufficiently to lead them to encourage well educated medical men to enter the service. The lecturer then proceeded to allude to a subject highly interesting to the public. The very object of their vocation, truth, demanded that they should be honest, and he would take the opportunity briefly to revert to a subject which had for some time occupied his mind—they might call it a crotchet if they liked. He referred to the distinction between physician and surgeon—the "pure" physician and the "pure" surgeon—the hospital physician and the hospital surgeon. What was meant by the term "pure?" It implied, he presumed, that the individual purposed to practice either medicine or surgery only, and to qualify himself to take a high walk in his profession. All his abilities were concentrated upon the study of the one branch without a commensurate and progressive knowledge of the other. It was true that, during the first years of his professional life he had studied medicine and surgery equally; but his hospital appointment compelled him to give the preference to one or the other, and thus, while his opinion was valuable in the one case, it was of little worth in the other; and it was upon these grounds that he held the physician to be unqualified to give a sound opinion on a surgical case, and the surgeon to be incompetent to take a right view of a medical case. He was of opinion that the consulting physician or the consulting surgeon who took all fish that came to the net, who considered all patients who could pay a fee as belonging to his speciality, did a great injustice both to the patient and to his brother practitioners to whom custom and education assigned the care of individual cases. It appeared to be sufficient for a medical man to be thought clever, no matter whether physician or surgeon, and the public was eager to consult him in every imaginable case. Such a step, taken without the advice of his usual medical attendant by an individual, was consequent on unavoidable ignorance; but were they to take advantage of that ignorance, and perhaps jeopardise the health and life of a fellow-creature? Certainly not. It was their duty to refer the patient to the right man; to exercise those virtues which the practice of their profession taught—benevolence and charity. It would perhaps be said that it was useless to expose an evil without having a remedy to meet it; that the antidote was within the grasp of the individual practitioner, and its application too. There was possibly one means—the only one that had occurred to him—by which the public might be assisted in the selection of a physician or surgeon. It was that the consulting surgeon should emphatically declare his calling by replacing the "mister" now before his name by the word "surgeon," both on his door-plate and private card. The peculiarity would probably give rise to discussions and enquiries among the public. This object might be slowly attained, and the moral courage of individual practitioners in refusing a fee would be often tested. In Dublin it was usual to see on the door-plates "Surgeon So-and-so;" why should not the example be followed in this metropolis? Mr. Maunder concluded by reminding his audience that the study of medicine, if pursued in a right spirit, was such as to fill their minds with wonder and admiration at the creative powers displayed in the creation of man. Surely no profession could be more honourable than theirs, except that great profession whose ministrations were not physical, and whose influence did not cease with the term of our brief mortality.

The lecture-room was crowded, and many portions of the above address was loudly applauded.

ST. GEORGE'S HOSPITAL.

The introductory address at St. George's Hospital, was delivered by Mr. Henry Lee. Among the illustrations which the lecturer offered of the most public importance, and of the greatest interest, were the following: There were, he observed, a class of affections in which one part of the blood became separated from the rest, and converted into a material more or less solid, even while still within the vessels of the living body. The solid material thus separated had been called fibrin, and after it had ceased to be a part of the circulating blood it was liable to undergo various other changes, which resulted in its again becoming liquified and disintegrated. It was then in a condition in which it might again mix with the circulating blood, and might be carried to any part of the body. But, inasmuch as the blood vessels, as they proceeded from the heart, were constantly divided into tubes of smaller dimensions, if the process of liquefaction had not been completely carried out the particles of altered fibrin at length met with tubes of so small a diameter that they were unable to pass. They thus became impacted in the vessels, and sometimes masses of very considerable size were thus accumulated. (A drawing for which the museum is indebted to Mr. Prescott Hewitt afforded a beautiful illustration of this kind of fibrinous deposit.) In the process of liquefaction which he had mentioned the fibrin might undergo a greater or less amount of decomposition, very much in the same way as it would if allowed to remain at a high temperature out of the body. This decomposed or decomposing fibrin we know by experiment to act as a powerful poison when introduced into the circulation. It would kill an animal with great certainty. In endeavouring to impress upon the students the necessity of associating the different facts which came before them in the study of their profession with the general principles, powers, or laws by which they are regulated, he would not for a moment be understood to mean that they should be content with a general knowledge of any subject. On the contrary, he would have them, especially at the outset of their career, study each fact, at whatever cost of time and labour,

with the greatest possible accuracy, inasmuch as the accuracy of the general principles which were to last them through life would depend upon the accuracy of the observations upon which those principles were founded. And in order that they might be sure that they had laid a sound foundation upon which to build their conclusions, he would have them see, and touch, and hear for themselves, and never be satisfied with the description at second hand when they could use their own senses. There had not been wanting those who had maintained even in our own day, that the first principles of medicine, as of other branches of philosophy, must be developed in the mind by the pure light of reason, undisturbed by sensible impressions, and operating on the objects of its own consciousness alone. It was maintained that man had the faculty of obtaining the power of interpreting and of gaining an insight into nature's laws; and as a remarkable instance of this faculty it had been stated that Dalton was enabled at once, and without passing through the subordinate stages of painful inductive ascent, to announce, in its most general terms, the law of definite proportions in chemistry to which he had already alluded. But in these higher considerations, as in the study of simplest particulars, accuracy was all-important. Now, he had the privilege and the happiness of knowing Mr. Dalton personally, and of being for some time his pupil, and he knew that he attributed his success chiefly, not to any particular innate genius, but to a sound mathematical education. Again, there had been others who had maintained that a thorough acquaintance with classical literature was the best preparation for the student's mind, and one need go no further than their own hospital for brilliant examples of those on whom the highest classical attainments had coexisted with the deepest insight into nature's laws. One who now no longer adorned the profession of medicine was wont to say that, as it is the first impulse of instinct to acquire our native tongue, it is no less the first impulse of reason to extend the use of the same faculty to acquiring the languages of the dead. We possess ourselves, as he said, of the keys of the tomb in which antiquity is embalmed, to have access to those grander and more lasting than Egyptian monuments, in which not the shrunken form and lineaments of nations are preserved, but their wisdom and their wit, their inspiration and their genius, still breathe in "thoughts that speak and words that burn." But if they had those who attributed their success in life to mathematical or classical culture, they had, on the other hand, men not less distinguished, who had, without such advantages, gained as deep an insight into the numerous chemical, mechanical, and vital forces which govern this lower world. They might have found a Faraday congratulate himself that his attention had not been distracted from the contemplation of nature by any of the usual processes of education; and they might have noted that the greatest medical discovery ever made was not among the busy haunts of men, but in a country village. Unaided and alone, Jenner observed the beneficial effects of vaccination, as revealed to him by the silent and hitherto secret operation of one of nature's ordinary laws. If they had then found men with such different opportunities, and under such different modes of education, obtaining the same power of insight into what Harvey called the closest secrets of nature, must they not conclude that it was with the mind as with the body? that real strength and energy did not depend so much upon the kind of food presented to them, or in the manner in which it was prepared, as in their own power of digesting, assimilating, and making it their own?

MIDDLESEX.

The introductory address was delivered by Mr. T. W. Nunn. The lecturer pointed out that lectures, books, the dissecting-room, the museum, the wards of the hospital, and the dead-house, comprised the principal machinery by which students were to acquire a knowledge of the various branches of their study. The sigh of despondency which would, perhaps in spite of themselves, escape when they contemplated the broad back of some compendium of medicine or surgery, would give place to the smile of complacency when they had become thoroughly acquainted with it; so that, automatically, any page would turn up to their familiar touch. In reading through a book they must travel as along the road on a tour, with a light elastic step; if they only crawled along they would soon become exhausted, missing the exhilarating influence of continually changing scenery. Having dwelt upon these points, Mr. Nunn said that such being the nature of their studies and the means of prosecuting them, it would be well to consider what qualities of mind and body they must bring with them to succeed in their purpose. They must bring not the delicately-gloved hand, but the hard fist of determination and perseverance. They must never permit themselves to be disheartened. The first few weeks of their residence in London would sorely try their faith in themselves. The impressions they most desired to retain they would find indistinct and evanescent. It was frequently to be observed that students beginning energetically fainted after the first few paces of the race, losing heart at their inability to retain what they read and heard. Let them be persuaded that this treacherousness of memory was but a transient disorder, and ought not to lead to chronic despondency. The daily plodding, persevering effort is as the slow but irresistible lift of the screw compared with the sudden hoist of the lever—every inch gained is safe; there is no fear of a retrogression more rapid than the advance. Whether you work with yourself, continued Mr. Nunn, or your fellow as your competitor, the preservation of your bodily health is as important as your success; in fact, it is essential to it. Sufficient sleep, food, and exercise, more than you perhaps imagine, will contribute to your progress. There is no real gain in devoting to reading hours what Nature has assigned to rest. Without a healthy state of the body the intellectual faculties are unable fully to come into play. It is difficult in London, perhaps, to obtain the proper amount of out-door exercise; but cold bathing and the simplest gymnastics will in a great measure compensate. Assembled here with a common purpose, you cannot consider yourselves as a fortuitous concurrence of individuals, each entitled to pursue independently that course which may happen to be most agreeable to himself. The younger of you I would remind of solemn obligations, viz., to those at home, by whom your career will be anxiously watched—to the parents to whom your well-being is almost more than life itself, and by whose industry and self-denial, it may be, the means for your education and comfort have been provided. But to those whose term of studentship is drawing to an end I would earnestly recommend the devotion of this current session to clinical study. It is the permanence of your usefulness that will confer real dignity on your profession. You must endeavour to discover that which shall permanently benefit suffering humanity, and the discovery you should give ungrudgingly. It is the abstract open-handed benevolence of the ideal medical man that gives dignity to the whole profession. Millions of money gained by a secret remedy would confer no dignity on the possessor. What would Jenner's fame now be had he kept his immortal discovery, "the greatest physical good ever yet given by science to the world," a secret for his own pecuniary gain? Mammon and quackery are bosom friends; they are like evil genii, prowling about seeking whom they may entangle in their toils. There is no single function of a medical practitioner that is otherwise than honourable. Then, again, see how the science of medicine is gradually spreading out its roots, so as to assume an administrative importance. How steadily "state medicine" is advancing. The revelations lately made in sanitary matters especially connected with the public service will tend to put the physician in his proper place. The evidence of Sir Ranald Martin and others on the subject of the health of troops shows that the tenure of our Indian possessions will depend more on the skill of our physicians than on the strategy of our generals. I am far from undervaluing those worldly advantages and distinctions that men so ardently pursue, offered by other callings in life; but I earnestly trust that, having once entered the medical profession, you may never harbour for a moment a thought of distrust of it. Some of you whom I now address as students will assuredly attain to the highest honour accorded to our profession; but all of you, by a diligent and honest discharge of your duty, may carry with you a consciousness of having alleviated human suffering, and of having lightened the ills of life, which to have done "'twere sweeter than to wear what kings bestow."

ST THOMAS'S HOSPITAL.

The medical school connected with this hospital was opened with an introductory address, by Mr. Sydney Jones. After some prefatory remarks, in which he congratulated those whom he saw around him on their connection with the hospital, he expressed a hope that they would ever retain a lively recollection of any benefit conferred, and that they would take an interest in the realities, not the quackeries, of their profession. He was glad to see by the presence of so many old friends that their interest had not flagged, that they were willing to join with the teachers in giving a welcome to those who were about to make this for some time to come their future home. The profession on which the students had entered was one of great beneficence and reputation, and by becoming members of it they at once acquired a status of no ordinary kind. The exalted position it at present occupied was the accumulation of ages. It had gained by the talents and virtues of those who had preceded them, and was now handed down for their benefit and their guardianship. Let them try by all means in their power to raise the exalted character it already bore, and let them be careful that their prime object be to endeavour to sustain, at all events, the high position to which they had been raised with so little cost to themselves, and to be watchful, above all, that no act of theirs should have a tendency to detract from that position, and bring discredit upon the calling which they had selected.

Mr. Jones concluded as follows:—There are two points to which I must very briefly allude—the first is the much-mooted question of vivisection, to which I refer only to express the indignation which must be felt in the mind of every Englishman at the atrocious cruelties which have been perpetrated in some of the

veterinary colleges on the Continent. Although it is not necessary for us to use the same consideration as the Turks, who think it a sin to kill a dog, have hospitals for superannuated cats, and do not venture to destroy even their vermin, but put them tenderly on the ground to be received into the clothes of the next passer-by, yet all well-directed minds must recoil from inflicting any unnecessary cruelty. Surely it is not necessary for students to become adepts in surgery that their operations should be performed on living animals. Nor does it seem justifiable that experiments should be carried on simply for the purposes of demonstration, of impressing more vividly upon the mind certain physiological truths. But altogether to discountenance vivisection is quite out of the question, for it has already done much and promises to do more towards the alleviation of the sufferings of mankind, and the elucidation of some of the mysteries of our science. There is another point on which all those who take an interest in the well-being of St. Thomas's have to congratulate themselves, and that is the selection of a site for our future hospital. Notwithstanding the factious opposition which has been raised, the Stangate site will, there can be no doubt, be eventually determined on. It is much to be regretted that such opposition has occurred, but it has been got up without any good foundation to support it. All the arguments which have been adduced in opposition to this site are either not founded on fact, or are so weak as to require but little ability to refute them. The promoters of the opposition, seeing the weakness of their points, have sought to strengthen them by attributing unworthy motives to the governors and mamers of the medical staff; but this charge is paltry, and has been treated with the same merited silence as the unfounded assertions adduced against the salubrity of Stangate. During the past year the funds of the institution, although necessarily not made so available as might have been the case had we attained our old site, have, nevertheless, so far as circumstances have permitted, been well applied. Stangate occupies a position corresponding accurately with that with which we lost, and presents advantages not afforded by any other site which has been discussed. Our hospital should be in a densely-populated neighbourhood, of ready access to the masses, in proximity to factories and accident-making districts, and readily approachable by leading thoroughfares. The few nuisances enumerated as at present existing near our proposed site are remediable ones. The gas works have a limited term of existence; nuisances from factories we are furnished with full powers to abate; and we ought reasonably to expect, from the immense amount of treasure now being expended on the drainage of London, that the river will be comparatively pure. I consider that at Stangate we ought to have a hospital that will rival in appearance and appliances any hospital not only in London but in Europe, and that the opportunities for supplying the needs of the poor will be immense—perhaps not to be equalled, and certainly not to be surpassed, in any other district of London. These opportunities will be available not only to a large portion of the poor of Southwark, but to the densely-populated districts of Lambeth and to the western half of South London generally.

At the conclusion of the lectures, the prizes were distributed to the successful competitors in the respective classes.

WESTMINSTER HOSPITAL.

The introductory lecture at the Westminster Hospital was delivered by Mr. Christopher Heath, lecturer on anatomy and assistant-surgeon to the hospital. [We are compelled, through want of space, to postpone the publication of this lecture until next week.]

ST. MARY'S HOSPITAL, PADDINGTON.

Dr. Markham, delivered the introductory address at the Medical School of this hospital. He said that perhaps the students would excuse him if he ventured to leave the ordinary path, which was now, through former teachings, made so familiar to them all; he meant the attempt to enforce upon them the duties which they owed to themselves as students of medicine—the duties they owed to their parents who had sent them to that hospital for instruction—the duties which they owed to their teachers—and the duties which they owed to society at large in properly fitting themselves by study now for the great future business of their lives. Instead of reading them a homily demonstrative of their duties, he would venture to occupy their attention for a short time by saying a few words in reference to a phenomenon, which was thought by many estimable members of the profession to be a deplorable psychological malady characteristic of the present generation of medicine—he meant the existing scepticism concerning the effects of remedies over diseases. He would endeavour to show them that there was here, as in other matters of belief, a true and false scepticism, a reasonable and an unreasonable faith; and he hoped he might be able to satisfy them that a scepticism of the times, so far as it was reasonable, was simply the search of honest and inquiring minds, guided by the light of modern discovery, in pursuit of truth. In doing this he should have occasion to refer especially to what in his opinion appeared to have been two main obstacles, to the advance of their knowledge concerning the effects of remedies over diseases. The first of these was the unreasonable faith which they had been wont to repose in the effects of many remedies which they employed in the cure of certain diseases; and the second was the unreasonable practice, heretofore so common, and which they still sometimes pursued, of prescribing drugs in those cases in which drugs were not required for the cure. They were often told that they lived in a septical age; and if by the term was meant that they lived in an age when men refuse to accept without question the dogmata of the past merely because they were consecrated by the dust of antiquity, or had high and honoured names for their authors, he believed there was truth in the assertion. How could it be otherwise? The sciences alike of mind and of matter, the arts and manufactures, political creeds, the very face of the earth, had been revolutionised since the birth of the present generation of man. Who of them had not lived long enough to have seen articles of political, social, and every other kind of faith, rudely shaken; to have seen opinions long received as settled truths on matters touching on worldly, aye and even the more solemn interests of man modified or subverted? The progress of science had during this century outstripped all calculation. This generation had seen the world march onwards with giant strides on the path of civilisation such as centuries of its former years of progress had not witnessed. Science had subjected to her searching analysis the opinions and the credulities of mankind. She had made men give an account of the reason of their opinions. She had waged, and was still waging, combat with the ignorance, and the prejudices, and the thousand vain images which had so long kept and still keep the world from the clear vision of unclouded truth. How, then, should medicine—an art above all others based on empirical practice, or opinion, or the results of individual belief and experience—escape the questioning of an age in which all opinions were being thus remodelled? The questioning and revolutionary spirit had passed into medicine, and he would endeavour to show them what had been its workings, and how they might, as he ventured to think, best direct the inquiry so as most effectually to advance the knowledge of their art. Having adverted to the hindrances to the progress of medicine in past times, the lecturer said he believed that now, for the first time in its history, their art was finding something like a sure foundation to rest upon, and that, though the actual advances hitherto made by it towards the position of a science were small it had entered on the path by which alone it could ever reach that position. Their knowledge of disease and its treatment, though it was limited, was sure. Error was now no necessary associate of medicine. They could mark where their positive knowledge ended, and could calculate nicely the worth of the theories and the worth of the practices which they followed out in the cure of disease. They could estimate the limits of their therapeutical powers. The fermentation which medicine was now undergoing was a process of purification from the burdens of errors which centuries had gathered round it. This was why it was that their progress in a positive sense had been but small—why they had as yet made but small advances towards a knowledge of the essential nature of diseases, and of that kind of treatment of them which might be called specific. Men of this generation could not hope to witness the elevation of medicine to the rank of a science, but must be content with the humble task of assisting to remove the obstacles which still beset its progress. They must be content to collect materials for the reconstruction of the building. They must have the courage to cast aside the false goddess which men of their profession had so long and vainly worshipped. They must be satisfied with that true knowledge which came to them as the offspring of rational scepticism enlightened by science. Their medical faith must, like all other faiths, be passed through the fires of rational inquiry; and they must remember that the profoundest belief of the physician in the efficacy of the remedy which he administers imparted no real curative power to it. The lecturer expressed his opinion that the source of the deepest errors which attached or had attached themselves to medicine, was to be found in the trust which they were wont to repose in what was called experience—that infallible oracle, from whose dictum there was often no escape. He next pointed out what he thought might be considered as the proper and only test by which they could determine what was a therapeutical fact founded on experience, and then considered how far their daily practice was founded on, or was in accordance with, such rational experience. He believed that a therapeutical fact to be worthy of the title should have the following definition: It should be the resultant of very numerous observations made by fitting and capable inquirers, who after due investigation had arrived each at a like conclusion—the conclusion not being contradicted by the observation of other equally capable observers. Every practical deduction in therapeutics which would not bear this test seemed to him not to deserve the title of rational, in so far at least as it was accepted and acted upon as a positive fact. The wide and uncontradicted acceptation of the deduction alone gave it a stamp of genuine value,

Were they not indeed reasonably and logically forced to the conclusion that the real virtues of a remedy had yet to be decided; so long as the experience of half the world applauded its use, and the experience of the other half condemned it as useless—when men of equal repute and equal honesty were totally opposed concerning its use? From this reasoning there resulted this important conclusion—that, in every case in which there exists amongst competent observers discordance of opinion of the kind spoken of concerning the effects of any remedy over disease, the true effects of that remedy had not yet been decided. It was, he believed, the tacit and partial recognition of this truth which had given birth to what he had called the rational scepticism of the day on the effects of remedies over diseases; and as the truth spread, so would the consequences of an irrational belief, or, in other words, error be eliminated from the practice of medicine. He would venture to allude to what he was forced to think had heretofore been another great drawback to the advancement of their art, injuring it deeply both in its scientific and its social aspects. He referred to the practice of prescribing drugs on all occasions, whether they were or not required by the condition of the patient. They were all of them in this matter much under the pressure of custom—under a somewhat naturally slavish adhesion to the habits of their forefathers. In this matter of prescribing they were living somewhat in the dark ages of medicine. Were they, in so far as they kept up this delusion in practice, doing justice to their patients and themselves? and, above all, were they advancing the scientific standing and the social character of their profession? He verily believed that to this unfortunate custom of theirs might be traced the spread of many quackeries and delusions, and especially of that most remarkable of all delusions—homœopathy. The patient had been educated in the belief that the drugs he took were, in all cases, the chief elements in his treatment; and this even though the physic were as mild as coloured water, or as innocent as a bread pill. The result was evident. If he recovered not, he blamed the drug and him who gave it, and at length lost his faith in legitimate medicine, and so rushed into the hands of the homœopathist. He ventured to think that at this time of day they should come to another understanding with their patients. He could not think that it was worthy of the medicine of this day to play in any way to the false imagination of the patient. Medical men had created the delusion in the patient's mind, and it was now their duty to remove the scales from his eyes. (Cheers.) In the course of some excellent practical advice to the students, Dr. Markham observed that medicine was a stern and rugged business. Whoever tied himself to it as to the business of his life, must not expect to float calmly down the stream. He must be prepared for struggles and ready to encounter hardships and to meet with grievous disappointments. There was no profession, he believed, which brought more trials to the conscientious man, for there was none in which a want of conscience and of honesty was so frequently rewarded with what he would call great success. The judges and arbiters of a professional man's skill and success were the public, who, he need hardly say, were utterly incompetent so to act. If he alluded to this dark side of medicine, it was because he would earnestly beg them now to steel their minds to an unswerving adherence to honest duty, which taught them so to study as to become men of science. The greatest safeguards which they could have against the contagious influence of the vile quackeries and practices which beset their profession, both within and from without, was a well-grounded scientific knowledge of their art. It was a consoling fact that men of science did not practise quackery in medicine. The most successful of the quackeries of the day—he meant homœopatny—was a striking illustration of this fact. Men made much money at the business, but positively he did not know, nor did he ever hear, of an homœpathist who possessed a name known in the world of science. It was an instructive fact, that of the grand makers of impossible cures, of the successful workers upon human credulity, there was not one who had done a single deed, or made a single discovery tending to the progress of medical knowledge, or had left behind him a name honoured by any one whose praise was of price. The lecturer, therefore, urged upon his hearers to be scientific, honest, and conscientious students now, and they could not fail to be honourable practitioners hereafter. As men of science, they could never honestly fall into the deceits of charlatanry. Above all, let them never let their moral sense grow dumb. The voice of self-interest might well tempt them in many a form. They might have to choose between the rugged and hard path of an ill-requited but honest labour, and the easy and luxurious road which led to wealth and a certain popular repute. Let them train themselves up for that struggle now, and be brave and square with their consciences to the last. Their success in life might not have equalled their hopes or their deserts—it was not in the power of man to ensure success. They might even fail in the struggle; but so long as they obeyed the voice of conscience and of duty, they might, like that knight of chivalry who lost all in the battle, still boast that nothing was lost, because his honour was unstained.

CHARING-CROSS.

The introductory address was delivered by Mr. C. W. Heaton, the Lecturer on Chemistry to the School of Medicine. He commenced by remarking that there were many things which did not belong to any of the prescribed courses of study, which it was yet highly desirable for Medical students to hear at the commencement of their education. The 1st of October was a day which was an epoch in the career of all Medical men—one of those days which divide into two the brief span of our lives. The oldest and wisest felt it to be so, and so quite equally must those upon whom its sun had not yet set. In future years the students would look back to this day, either with pride as to the day which opened to them that career which had brought them comfort, independence, the grateful love and respect of their fellow-men; or with bitter shame, as they thought of wasted opportunities and mis-spent time.

The Lecturer remarked that the speaker on these occasions was usually a Medical man of high standing in his Profession. It was to such a one that the office most naturally belonged, for who could so well speak of the objects, hope, and difficulties of a Medical man's life, as one who had known them all—had fought through early trouble, and had arrived safely at the goal. The Lecturer felt acutely that he had not this advantage; he was not a member of their Profession, and must not presume to speak of the technical details of a Medical man's life. But this very deprivation enabled him to speak more freely than he could otherwise have done of the deep and universal respect with which the members of the Profession were regarded by mankind. And well indeed was that respect earned! Apart from religion and its ministers where could be found so noble a mission and so faithful a discharge of it? Medical men had good reason to pride themselves as they did on the unselfishness of their Profession. It was a rare thing to find a doctor in whom the thought of saving life and lessening human pain was not paramount to all other considerations—even that of fees. That the errand of mercy, the earnest endeavour, was not limited or measured by those fees, but that like God's rain it descended alike on the just and on the unjust—on the rich and on the poor. Mr. Heaton hoped and believed that this high character of the Profession would never be lost in his hearer's hands.

The students must not disguise from themselves at starting that their education would be a most difficult, complicated, and comprehensive one. They must be quick to read men's characters, must study their mental as well as physical infirmities. They must be prepared to humour their weaknesses, to keep their secrets, and to soften their fears. They would have to warn the sufferer of the near approach of death, and, as far as in them lay, to comfort the fatherless and widows in their affliction. The lecturer quoted an eloquent passage from Thackery's 'Pendennis,' in which the solemnity of a Medical man's trust, and the intense anxiety with which his visit and his words are looked for, are strongly exhibited. Speaking of the unselfishness of Medical men, naturally led Mr. Heaton to condole with all his hearers on the recent death of the lamented Dr. Golding, who, as he reminded them, had been the first promoter, and for thirty years the mainstay of Charing-cross Hospital. For the whole of that time, in spite of numerous difficulties and constantly increasing ill-health, he had toiled on with his good work. Could he have had on earth a nobler reward than the thought that more than 350,000 human beings had had cause to bless his name?

In attempting to advise them as to their general conduct, the lecturer's task would be a simple one. A complete alteration had taken place in the Medical student within the last few years, and it was indeed scarcely possible to trace in the quiet and gentlemanly student of the present day any of those peculiarities which Charles Dickens and Albert Smith had made immortal. Those eminent naturalists had described him as a kind of wild animal. His hands were dirty and gloveless; a large stick protruded from his coat pocket; he had a contempt for clean linen, and an utter freedom from all trace of collar! He breakfasted on raw brandy and full flavoured Cubas; he carved his name on the pew in church and made night hideous with his songs.

All this was gone by. All Medical students would reckon a man who did such things as a blackguard, and indeed we could hardly believe that some of those grave, well-conducted gentlemen who now alight from neat broughams at our doors, may have belonged in early life to such a wild, harum-scarum family. Much of this improvement was no doubt due to the higher education now expected in a Medical man. It was now almost a matter of necessity that a Medical man should be a gentleman, because the educational tests to which he was submitted would only be passed by those who had the education of a gentleman to fall back upon. All students of the present day must rejoice at the change, although it would debar them from the graceful pleasure of wrenching off door-knockers and other similar pastimes. On the other hand, there were plenty of good healthy amusements, which, so far from hindering the student, would enable him to work the harder. A good pull on the river, a ten-mile walk, or a stiffly-contested game at cricket, would send any man home to his work with braced fibres and cleared brain. The lecturer regretted to hear that the

Hospital cricket club had not hitherto been very successful, and hoped that a new and cricket-loving generation might arise, and that they might hereafter be equally celebrated for the success of students in examinations, and for the long scores they made at cricket.

Turning to more important subjects, the students must remember that the one point upon which their whole future careers would depend was diligence. It was a hard, though a most essential lesson to learn. The continued attention to lectures was very monotonous, and the temptation to allow the thoughts to stray was very great, but if the habit were once acquired how valuable it would be! Everything which it was necessary for them to learn, would be brought in succession before them, and, with trifling exceptions, nothing which was unnecessary. They must acquire the knowledge somehow, and if they followed all the lectures rigidly, and did not allow a single point to glide by them unperceived, their knowledge would grow up gradually and in a most firm and satisfactory manner. There were certain necessary drawbacks to all teaching by lecture. The first of these was the rapid succession of lectures on different subjects in one day. Students had complained that they had to rush from anatomy to chemistry at such a rate that the result was perhaps a curious jumble of metacarpal bones and sulphuric acid.

This, of course, could not be helped, but habit would do a good deal in getting over the difficulty. The other inconvenience was generally in the student's power to avoid. In a course of lectures there could generally be no repetition, and thence it often happened that when a student missed a lecture, he missed the key to a good deal of what followed, and many subsequent lectures became in consequence unintelligible to him. When the missing of a lecture was a rare thing, this might be remedied imperfectly by the student's carefully and immediately reading up the subject in his handbook, but how often was even this neglected?

This might be defined to be the best way of studying. Let the student attend *at* and *to* the lectures regularly. Let him, if possible, take notes—this, however, being to some men a matter of difficulty—and let him never neglect to read up in his handbook at the close of the day the subject he has heard in it. The student might, if he pleased, adopt a different and a far inferior system. He might set at nought the prescribed division of study, and taking up vigorously with some one subject, might for a time neglect all others. Then he might discard his first love, and take to something else. The result of this system generally was, that by working harder than he need have done on a good system, he might succeed in getting a vague smattering of each subject in exchange for the clear and satisfactory knowledge which he might have had.

There was yet another plan. The student might set himself sedulously to work to learn nothing, and in that case he would probably be successful. He might shirk his lectures, waste his time when at them, and devise a thousand other means of preventing a ray of reason from penetrating the stolid darkness of his soul. These floating logs must drift on in their own way, and would, no doubt, arrive safely some day or other at the great sea of mediocrity. They always went to a grinder, and frequently succeeded ultimately in passing their examinations.

Mr. Heaton next proceeded to speak of the course of scientific study which was to occupy the greater part of the first year of the students education. He remarked that it embraced Anatomy, Physiology, Chemistry, Botany, the Laws of Heat and Electricity, and some other branches of Physics, and Materia Medica. With the exception of the last, which might rather be regarded as an art than a science these things constituted important branches of physical science.

Births, Marriages, and Deaths.

BIRTHS.

LEARY.—On the 21st inst., at Forth Town House, Castlederg, the wife of Samuel Leary, Esq., L.K.Q.C.P.I. Pettigo, of a daughter.

DEATHS.

LINDLEY.—On the 12th ult., J. Ferguson Lindley, M.R.C.S.E., of Cheadle, formerly of Staleybridge, aged 36.

MACFEE.—On the 23rd ult., at Greenock, Malcolm Macfee, L.F.P. & S. Glasg., aged 27.

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At a general meeting of the Fellows held on Wednesday, the 30th ult., the following gentlemen, having undergone the necessary examination, were duly admitted Members of the College:—Samuel Fenwick, M.D. St. Andrews, 74, Harley-street; Edward Francis Fussell, M.B. Aberdeen, Brighton; William Withers Moore, M.D. Edin., Brighton.; William Boyd Mushet, M.B. Lond., Upper Norwood; Henry Gowen Sutton, M.B. Lond., Walter's-buildings, Holloway; John Charles Thorowgood, M.D. Lond., 10, Finsbury-circus.

At this meeting the following gentlemen were reported by the Examiners to have passed the examination in the subjects of General Education:—James W. Barry, Ramsgate; Edward N. Edwards, Chatham; David Evans, Wrexham; James Howard, Dukinfield; M. de Galway Hurlston, Great Russell-street, Bloomsbury; John C. F. Mc Donald, Denbigh-street, Belgrave-road; Alex. Acton McGregor, Norwich; Edmund W. Parkinson, Red Hill; Charles Parr, 16, Ashby-Place, Westminister; George Parr, Ashby-place, Westminister; Charles J. Rhodes, Pontefract; Frederick W. Strange Beenham, Reading; John L. W. Ward, Cardiff.

PRELIMINARY EXAMINATION IN ARTS.—The following gentlemen passed the Preliminary Examination in Arts, at the Hall, on the 25th and 26th of September, 1863, viz.:—W. C. Bucknill; John James Ridge; H. J. Kendrick Vines—Special Certificate of Honour. Samuel Alford, Taunton; Arthur Andrews, Hertford; S. C. Austin, Bilderton; Samuel Barrett, 29 Merrick-square; Chas. T. Bell, Sheffield; John B. Bevan, St. Ives, Cornwall; Jas. Webb Booth, Huddersfield; J. R. Bosworth, Weymouth; G. W. Brumwell, Kendal, Westmorland; W. C. Bucknill, Nuneaton; W. B. Burn, Fore-street, Limehouse; Louis C. A. Carré, Bath; W. R. Cheyne, 27 Nottingham-place; Eli Crew, Tetbury; James Cross, Prescot, Lancashire; Frederick Samuel Daldy, Broad-street Buildings; B. Gedly Derry, Plymouth; F. Edwards, Otten, Belchamp; Percy M. Ellis, Botesdale; G. E. F. Etheredge, Starston, Norfolk; F. W. Fowke, Byfield, Northampton; John Henry Gay, Wisbeach; Chas. Hedley, Richmond, Yorkshire; C. F. Hensman, Kimbolton; T. H. Hickman, Riseley, Bedfordshire; A. H. Higgins, St. John's Southwark; F. Hopkins, Birmingham; Samuel Hosegood, Willeton; W. W. Inglis, Commercial-road; Henry Mason Jay, Malmesbury; William George Kemp, Canterbury; William Lloyd, Carmarthen; Wm. George Maddox, Euston-square; Walter Moore, Warwick; Shirley F. Murphy, Gower-street; Charles Ogden, Rochdale; William Hill Payne, Bristol; Isaac Pitt, Willenhall, Stafford; Charles Read, 1 Guildford-place; John James Ridge, Thomas-street, Southwark; F. W. Rogers, 71 Finchley-road, N.W.; C. H. A. Sampson, Stoney Stratford; Ed. Sandwell, Gerrard-street, Soho; T. E. Scatchard, Boston Spa, Yorkshire; S. D. Shakelford, Husband, Bosworth; F. W. Slipper, 87 Leatherlane; Eldred N. Smith, Hertford; F. W. Strange, Liverpool; Lord Tattersall, Blackpool; Richard Tudge, Stoney Stratford; H. J. K. Vines, Reading; Clarence Visick, 14 Regent's-park road; Ed. D. Wallis, Bodmin, Cornwall; J. Wallwork, Tyldesley, near Manchester; E. A. Waterworth, Newport, Isle of Wight; W. E. Williams, Lanhilleth, Monmouth; G. A. Woods, Southport.

OBSTETRICAL SOCIETY, 53, BERNERS-STREET.—The first meeting of the Obstetrical Society is announced to take place this evening, October 7, at the usual hour.

THE CASE OF DR. LINGEN.—The movement in favour of Dr, Lingen, of Hereford, is going on in the most satisfactory manners and upwards of three hundred letters have been received by his committee, expressing sympathy and offering concurrence in the views expressed at a meeting held at the house of J. T. Clover, Esq., 3, Cavendish Place, Cavendish Square, London on Friday, 18th September.—At that meeting it was resolved:—"That the following be a Committee (with power to add to their number), to promote a Testimonial, and report progress to a Meeting to be held in London early in November." Medical:—Dr. C. J. B. Williams; Dr. Richard Quain; J. F. South, Esq.; Dr. Wm. Guy; Charles Hawkins, Esq.; J. T. Clover, Esq.; Dr. W. J. Little; Dr. Geo. Budd.; Dr. R. H. Semple,; Alfred Leggate, Esq.

Non Medical:—The Right Hon and Rev. Lord Saye and Sele; The Very Rev. the Dean of Hereford; Edward Griffiths, Esq., New Court; Richard Hereford, Esq., Hereford; George Unett, Esq., Broadward Hall, Salop; Col. Kennedy, Lansdown Crescent, Cheltenham; Thomas Cam, Esq., Hereford; R. B. Phillips, Esq., Longworth; W. Cadge, Esq., Norwich; Sir. R. C. Kirby, C. B., Harwood Square.

MORTALITY IN BETHNAL GREEN.—On Saturday Mr. Humphreys resumed at Bethnal Green, an inquiry respecting the mortality in a family, five of whom have died within five weeks, apparently from blood-poisoning from foul air, and from water fetid in quality and deficient in quantity. At the inquest held on Thursday last upon George Rogers, a boy twelve years of age, it was proved that he died from poisoning of blood; but Dr. Parnell, medical officer at the London Hospital, was of opinion that in his particular case the malady might have been attributable to a natural disease. It transpired, however, that two of deceased's sisters were then lying dead in the house, No. 19 Thorold square, and that they, as well as two others, had expired under similar circumstances. The coroner immediately issued his warrant to have the burial of the children deferred, and instructed Mr. Gay, the senior surgeon of the Great Northern Hospital, to make a careful *post mortem* examination of their bodies, which was therefore done. Thorold square

consists of twenty-two houses, within the wretched walls of which 350 people are stated to exist. It was built about seventy years ago, and its inhabitants are all either weavers or shoemakers, who earn but a very precarious living. The state of the cesspools is described as having been for years abominable, and unendurable even to those who were long accustomed to it. The water of the square was supplied by means of a tank four feet high and almost five feet long, which received water from a pipe from the main, and yielded it up through a pump which was nearly always useless from being out of order. A witness deposed that during a period of thirteen years that he lived in the square there had been no water for about eighteen months altogether, and in the hottest time of the present summer there was none to be had for three weeks at a stretch. In the twenty-two houses twenty children had been attacked, and twelve of them had died. The evidence went to show that the only water which could be obtained was derived from a pump in the "square," frequently known to be choked up with filth, that the soil from the closets ran over the yards, and there were instances where the inmates had been without water for seven weeks at a time to cleanse them. The most important, however, was that of Mr. Gay, who had made a *post mortem* examination of the body of one of the children, and from the appearances he had no hesitation in expressing an opinion that the child had died of blood disease, owing, in all probability, to the drinking of impure water, and from the want of sanitary measures, in the houses and in the whole locality. Verdict — "That the deceased being children of tender age, had died from the effects of blood disease, accelerated by want of water and sanitary measures in the district of Thorold square.

APPOINTMENTS FOR THE WEEK.

Wednesday, October 7.

Operations at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m., University College Hospital, 2 p.m.; London Hospital, 2 p.m.; Hunterian Society, 8 p.m. Mr. Hutchinson, "On the Supposed Effect of Tobacco in Producing Amaurosis." Obstetrical Society of London, 8 p.m. Mr. Hardey (Hull), "On Retroflexion of the Uterus." Dr. Madge, "On Hydrocephalus." Dr. Pritchard (Glasgow), "On Abortion produced by Tents of Sea Tangle."

Thursday, October 8.

Operations at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; London Surgical Home for Diseases of Women. (No operations.)

Friday, October 9.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, October 10.

Operations at St. Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Lock Hospital, Dean street, Soho, 1 p.m.; Royal Free Hospital, 1½ p.m.

Monday, October 11.

Operations at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1¼ p.m.

Tuesday, October 12.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

The Surgical Diseases of Children. By T. Bryant, F.R.C.S. London: John Churchill and Sons.

A Practical Treatise upon Eczema, including its Lichenous, Impetiginous, and Pruriginous Varieties. By T. McCall Anderson, M.D. London: John Churchill and Sons.

Remarkable Case of Necrosis and Exfoliation of the Central Portion of the Upper Maxilla and Vomer, producing Great Facial Deformity, successfully treated with Mechanical Appliances. By André Fresco. London: Robert Hardwicke, 192 Piccadilly.

Fifth Report of the Medical Officer of the Privy Council, with Appendix, 1862. London: Eyre and Spottiswoode. 1863.

The Glasgow Medical Journal, No. XLIII. October, 1863.

On Sufficient and Insufficient Dietaries, with Special Reference to the Dietaries of Prisoners. By William A. Guy, M.B. Cantab. London: Harrison and Sons. 1863.

The Arcus Senitis, or Fatty Degeneration of the Cornea. By E. Canton, F.R.C.S. London: Robert Hardwicke, 192 Piccadilly.

The Journal of Mental Science, October, 1863, No. XLVII. London: John Churchill and Sons.

The Medical Critic and Psychological Journal, October, 1863, No. XII. London: John Churchill and Sons.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor, may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day

We must request our Country Correspondents who favour us with copies of Provincial Newspapers, to mark the passages to which they desire to draw attention.

Dr. Graily Hewitt.—The notice has been received.

Mr. C. L. Alexander's case has been received.

Royal National Life-Boat Institution.—The *journal has been* received, and the subject shall receive attention.

Observatio.—The letter is inserted.

Senex will find that we have alluded to the subject in our leading article.

A Looker-on.—It is not difficult to understand the motives which have induced the parties to adopt the course of conduct to which allusion is made, but the subject is really undeserving of serious attention.

A First-Year's Man.—The book in question is a very good one, but it is too bulky for your present purpose. One of Churchill's Manuals would be more suitable, as it contains all the necessary information.

To the Editor of the Medical Circular.

Query 1st.—Can a Scotch M.D. recover for medical attendance and for me dicines supplied in a medical case?

2nd.—Can a Scotch C.M. recover for surgical attendance, and for medicines supplied in a surgical case?

A Scotch M.D. and C.M.

(The Apothecaries Act of 1815 is not repealed, and we question whether either a Scotch M.D. or a Scotch C.M. could recover for *medicines* to a patient in England.—Ed. Med. Circular.)

Dr. P. A is thanked for his communication.

Dr. J. T.—We are compelled by want of space to defer the particulars until next week.

Mr. S. L.—The notice shall appear.

Dr. G. de Gorrequer Griffith's letter shall appear next week.

THE ORIGINAL CHLORODYNE.

"INVENTED AND DISCOVERED IN 1844 BY RICHARD FREEMAN."

(*Extract from* Affidavit made before S. C. Ward, Esq., Chancery Record Office, Chancery-lane, London, June 16th 1862.)

The Inventor begs to thank the Medical Profession for the liberal support he receives from them, and to assure those who have not yet tried his Chlorodyne that it is superior to any other maker's, being more certain and more lasting in its effects; and the low price which he charges for it allows the poorest sufferer to enjoy its extraordinary beneficial influence. The immense demand for it by the Profession is a convincing proof that they find it a most valuable therapeutical agent. The following are a few out of many voluntary Medical Testimonials:—

From W. VESALIUS PETTIGREW, M.D., Hon. F.R.C.S Eng., formerly Lecturer upon Anatomy and Physiology at the St. George's School of Medicine.

"I have had the opportunity of trying the effects of Mr. Freeman's Chlorodyne, and find it an excellent Anodyne and Antispasmodic medicine."

From H. J. O'DONNELL, M.R.C.S.E., & L.M., &c. &c., Albert-terrace, London-road, S.

"I can with much confidence bear testimony to the efficacy of Mr. Freeman's Chlorodyne as a Sedative and Antispasmodic, having used it for some years in Colic, Neuralgia, Phthisis, and Asthma. I daily administer it in after-pains, and in all cases find it infallible. It is the most valuable medicine we have in Labour cases. I find, since, I have used it, the pains seldom or ever exceed the third day, while with the former remedies my patients suffered eight or nne days. In fact, I cannot speak too highly of it."

From F. W. HOOPER, M.D., M.R.C.S.Eng., &c. &c., Medical Officer, Christ Church District, Camberwell.

"I have much pleasure in stating, that aftera sufficient trial of Mr. Freeman's Chlorodyne, I am fully pursuaded that it is superior to any preparation of the kind, and from its moderate price, is a great boon to the suffering poor, who daily acknowledge its salutary benefit."

From W. G. KING, M.D., M.R.C.S.Eng., Hackney.

"I have used your Chlorodyne for some time, and can bear testimony to its efficacy and value in all cases in which a Sedative has been indicated."

Manufactured by RICHARD FREEMAN, Pharmaceutist, Kennington-road, London, S.

And Sold by all Wholesale Houses in bottles 1 oz. 1s. 6d.; 4 oz., 5s.; and 8 oz. 8s. 6d. each.

PARISIAN MEDICAL NEWS.

Legal Responsibility of Monomaniacs.—Reduction of Incarcerated Hernia by means of Elastic Bands.—Ophthalmia of Vine-dressers.—Absorbing Power of the Skin.—Conclusion of the Debate on Yellow Fever.—Vivisections.

The important question of the responsibility of Monomaniacs has again been mooted at the Academy of Sciences by Mr. Brierre de Boismont. The author's remarks do not apply to genuine lunatics, in whom the chain of mental operations is obviously broken, and whose actions are the result of vague and undefined impulse, but to that numerous class of individuals who labour under a delusion, and whose unsoundness of mind manifests itself only with regard to a limited set of ideas connected with their hallucination. In every other respect these persons enjoy perfect self-control and freedom of action, they appear, and as Casper observes, "they *really are* entirely sane."

The civil or criminal responsibility of these persons has often to be decided on by the medical jurist; individuals possessed of a fixed idea, but at the same time able to control their actions by the exercise of volition, who acknowledge the existence of the delusion in their minds, and a fact important to the diagnosis, allow it to be discussed, must be considered as responsible agents; but an opposite opinion must be held, when the delusion has struck deep root in the mind, and when the patient cannot, without displaying a morbid sensitiveness, permit it to be alluded to. In this instance moral liberty has ceased to exist, and the jurist is compelled to admit the insanity of the individual.

Mr. Brierre de Boismont opines that the best method of establishing this distinction, and of determining with precision the amount of moral responsibility of monomaniacs, consists in keeping a daily and long-continued record of their acts and conversation. A single examination, even conducted by the most sagacious expert, cannot supply the tribunals with the elements of satisfactory appreciation. Mr. B. de Boismont therefore suggests the creation of a special asylum for the reception of individuals accused of a crime, and whose mental condition is of a doubtful character. The asylum should likewise receive lunatics influenced by uncontrollable impulses, and labouring under transitory mental derangement, idiots, and epileptic subjects, because it is an undoubted fact that defective volition, or congenital imperfection of the brain, organic or functional, and the presence of insanity and epilepsy, must necessarily affect the nature of criminal acts.

— In another part of the present number will be found an extract from a memoir read by Mr. Maisonneuve at a recent meeting of the Institute, on a new method of reduction of strangulated hernia by means of elastic bands of India-rubber.

About seven years ago, the Professor was called in for the purpose of reducing an enormous inguinal hernia, and it occurred to him to replace the unavailing efforts of his hands by the elastic power of India-rubber bands. He therefore discontinued the taxis, and merely included the tumour in a caoutchouc roller five yards and a half in length, and two-and-a-half inches in width, the degree of pressure being gradually increased; the application was scarcely concluded, when a visible diminution in the size of the mass was observed, slight borborygmi indicating at the same time the progress of reduction, and the tumour became soft and flaccid, all its contents, save a small amount of omentum, having returned into the abdomen. This successful experiment induced the author to test more widely the value of the method, which he deemed susceptible of numerous applications. The first cases in which he resorted to elastic pressure were instances of voluminous rupture in which the accumulation of fæces or flatus had caused incarceration, and both in femoral and in inguinal hernia, the results were invariably satisfactory. In 1857, emboldened by success, Mr. Maisonneuve ventured upon the same plan, in cases of inflammatory strangulation, in which incision of the ring appeared to be the only remaining resource.

A serious objection, however, arose, and some apprehension was at first entertained, lest the inflamed and softened walls of the intestine might be lacerated by the powerful pressure of the India-rubber band. But reflecting on the amount of force usually applied with impunity in the performance of taxis, and encouraged by Mr. Amussat's experiments on the forcible reduction of hernia, the author banished these unfounded, or at least exaggerated fears, and applied the new method in cases of genuine strangulation. Success was not attained with equal facility in all; in femoral protusions which are habitually small and deep-seated, the application of the band proved difficult, and yielded but little benefit. But in inguinal and in umbilical hernia, the neck of which is always easily surrounded with the band, the results were almost magical; and in very severe cases, in which the most powerful efforts of taxis had previously been utterly unavailing, reduction was effected in a few minutes without accident, without violence, and even without fatigue to the patient or the surgeon.

Several of these cases were recorded in 1859 in the inaugural thesis of Dr. Gustave Morel, formerly a house-surgeon in Mr. Maisonneuve's wards. Dr. Vannebroucq, another pupil of the same Professor, also communicated three or four similar instances to the Medical Society of the Département du Nord, and in the course of the present year, Mr. Maisonneuve operated in the same manner, and with entire success on three patients, whose history will be found in our records of the proceedings of Learned Societies, together with a few remarks on the *modus operandi*.

In accounting for the mode of action of elastic pressure, it must not be forgotten that in strangulated hernia, the constriction is not the result of the tightening of the orifice, but of the swelling and distension of the protruding structures; hence, if the tumefied organs are restored to their original dimensions, they may always be expected to return through the passage which gave them issue.

— Amongst the other papers forwarded to the Academy of Sciences, we must notice a memoir by Mr. Bouisson, on a kind of ophthalmia peculiar to vine-dressers engaged in powdering the vines with sulphur, and another by Mr. X. Delore on the absorption of drugs by the skin, during health.

The ophthalmia of vine-dressers, or *ophthalmie des soufreurs*, the designation proposed by Mr. Bouisson for the disease, consists in an inflammation of the conjunctiva, which its peculiar causes only, distinguish from common conjunctivitis. The means best calculated to obviate its development are the use of unadulterated sulphur, and of good instruments; the eyes should further be protected with glasses or a veil. The mixture of lime and sulphur adopted for purposes of economy in the dressing of the vines, has proved injurious, and has multiplied the cases of ophthalmia. The compound plaster of Paris and sulphur powder, on the contrary, is less hurtful to the eyes, but cannot be inhaled with impunity, and it will perhaps be necessary to return to the use of glass-masks.

In the paper laid before the Academy by Mr. Cl. Bernard, Dr. Delore expresses his opinion that it is not by the therapeutic effects, that the absorption of drugs by the skin can best be estimated. The observation of their physiological action leads to more satisfactory conclusions, and this is the method which the author has invariably adopted in the course of his experiments. Thus salivation demonstrates the absorption of mercury, dilatation of the pupils shows that belladonna has passed into the system, and the discovery of iodine in the renal secretion affords the required evidence of the presence of that metalloid in the circulation. Mr. Delore performed 138 experiments; in 69 instances he acquired the proof of absorption; negative results were obtained in 60 cases, and in 9 they were dubious. In one half only of the cases was absorption distinctly proved to have taken place.

Hence the author concludes that the absorption by the integument of substances soluble in water is so difficult and irregular, that it cannot become the basis of a method of treatment endowed with any amount of certainty. Absorp-

tion through the lymphatics of the skin is moreover retarded, accelerated, or prevented by various circumstances, such as the vigour of the subject, the nature of the drug, and the manner in which it has been applied to the surface. The author opines that the *modus operandi* best calculated to promote absorption is the use of a stimulating substance, such as alcohol or an alkaline lotion, alone or in combination with each other. As excipients, Mr. Delore prefers fatty substances, with which friction may be protracted, and the pressure which is necessarily exercised during the operation greatly tends to promote the penetration of medicinal agents into the pores of the skin.

— At the conclusion of the debate which arose at the Academy of Medicine on the subject of the epidemic of yellow fever at Saint Nazaire, Mr. Mélier replied collectively to the remarks offered by Messrs. Beau, Rufz, Guérin and Poiseuille.

The learned reporter expressed his entire concurrence with the views of Mr. Beau, and adopted as perfectly just that gentleman's graphic remark that the principle of the disease can be imported with the same ease as vaccine-lymph in a tube.

Mr. Rufz having expressed his regret that Mr. Mélier had not thought proper to inquire into the practice adopted in England with regard to suspected ships, Mr. Mélier replied that although from motives not altogether derived from solicitude for public health, sanitary measures are not very strictly enforced in Great Britain ; and although the promptness of commercial transactions is viewed in that country as a matter of paramount importance, yet it is not fair to assert that our neighbours are wholly inactive and make no effort to prevent the propagation of contagious disease. They have no lazarets, and this is a great desideratum. On the arrival of an obviously infected ship, either the passengers are placed in quarantine on board, a most objectionable measure which increases the chances of the further extension of disease amongst persons compelled to reside in a tainted atmosphere ; or the passengers are transferred to hulks, which are said to be scarcely more habitable than those which were, at an other period, used for prisoners of war. The latter method is as much to be deprecated as the former, and should be resorted to only as a make-shift, as we were ourselves obliged to do at Saint Nazaire for want of any better arrangement. Hence serious consequences have arisen at Southampton and elsewhere, and although English authors generally show but little inclination to bring them to the knowledge of the public, yet Dr. Wiblin and Dr. Harvey have brought forward facts of the most conclusive character, supplied in 1852 by the ship *La Plata* homeward bound from the West Indies ; and in England, by 51° Northern Latitude, cases of primary and of secondary contagion were on this occasion, most undoubtedly observed.

We have acquainted our readers with Mr. Guérin's views and opinions on the subject of yellow fever, and infectious diseases in general. Mr. Guérin believes that yellow fever is preceded by protracted incubation ; now Mr. Mélier asserts, and supports his views by facts, that the incubation seldom lasts longer than three or four days. Neither has Mr. Mélier observed the premonitory signs which Mr. Guérin points out in the history of the patients of Indret, and of the *Anne-Marie*. The authors, whose testimony is adduced by Mr. Guérin, viz., Messrs. Bertulus, Bellot, of Havana, etc., are by no means so explicit in their statements on the subject as that gentleman implies. Finally, he does not seem to admit the possibility of the contagious principle being spontaneously introduced into a ship, without having been conveyed there by diseased persons, nor escape from the vessel in a distant locality. Thus, Mr. Guérin assumes that no ship can be infected but by the presence of affected individuals. Now Mr. Mélier reminded the Academy that on board the *Anne-Marie*, seventeen days elapsed before any case of fever was observed, and that the first victims were sailors who slept in a cabin, situated on the same level as the hold ; the other sailors were spared. The learned reporter assumed that the hold was the only receptacle of the taint communicated in the locality where yellow fever was prevalent, and that the ship became after its departure a floating appendage of that locality.

Mr. Mélier addressed himself in his concluding remarks to Mr. Poiseuille who also defends the opinion that the holds are the true fomites of infection, and proposes for their purification various procedures the utility of which Mr. Mélier inquired into. The learned reporter stated that the Minister of Marine, was actively engaged in the investigation of the different plans proposed for this purpose, and combated Mr. Poiseuille's objections to the system recommended by an eminent naval engineer, Mr. de Lapparent, which consists in burning gas in the holds after the unlading of the cargo. This operation does not, as Mr. Poiseuille alleges, cause the formation of a layer of charcoal calculated to absorb and retain poisonous miasmata, but merely hardens the wood, and the layer of charcoal produced is so superficial that it can be readily removed with a brush.

— The posthumous communication of a report by Mr. Moquin-Tandon, suggests the following remarks on the subject of vivisections ; this report was anxiously expected by the Academy, both on account of the important nature of the question, and of the high character of the author, who was a member of the Society for the Protection of Animals ; we must commend the very temperate and conciliatory tone of this paper, which was read by Mr. Robin, and gave rise to some discussion ; but we must acknowledge that the following conclusions of the report are remarkably tame and common-place :

"Vivisections are indispensable to the progress of physiological science, and operations on living animals are necessary for the study of operative and veterinary surgery.

"They should be resorted to sparingly, and be divested of all appearance of cruelty.

"Experiments should never be instituted but with a view to some really useful purpose.

"Students should be permitted to undertake researches of this description, but under the direction of professors, in universities and public schools.

"Experimentalists should consider it a *duty to have recourse* to every measure calculated to diminish the amount of pain unavoidably inflicted on the animals." (*a*)

This is not a satisfactory and practical solution of the question ; indeed, we are inclined to think that none can be found.

(*a*) In the debate which followed, Mr. Dubois d'Amiens, stated under what circumstances the question now mooted at the Academy had been brought before the Committee of which he was a member, together with Mr. Moquin-Tandon.

Complaints were laid before the Emperor by the London Society for the Prevention of Cruelty to Animals, and French vivisectors were denounced to his Majesty as addicted to the performance of most cruel experiments ; before replying to these complaints, Government officially referred the matter to the Academy, and requested an answer to the following questions :—

1. Is there any truth in the accusations brought by the English Society against French experimentalists ?
2. Are they deserving of notice ?
3. Is it desirable to adopt any measures in consequence ?

The offensive language indulged in by the complainants injured their cause. A committee of nine gentlemen, five of which belonged to the Paris Society for the protection of animals, and of which Messrs. Cloquet, Cruveilhier, Robin, Claude Bernard, Renault, and Leblanc were members, came to the conclusion : "that vivisection, as it is practised in our schools is not *an inhuman and abominable practice*, and does not lead to *monstrous cruelty ;* that it is not *a disgrace to modern civilisation, an outrage to nature and to the Almighty*, etc. The Committee was especially shocked by the assertion that *in France an infamous gratification is sought in a wanton prolongation of experiments on living animals*, the truth being that experimentalists *invariably endeavour to shorten and to mitigate these inevitable sufferings as much as possible, and employ for the purpose all the resources of science, such as chloroform, ether, narcotics, refrigeration. etc.*"

The predominance of this feeling of irritation actually prevented the Committee from inquiring whether any abuse exists in France in the performance of vivisections, and that body, as we have stated, merely expressed a general opinion. Now Mr. Dubois d'Amiens does not consider these conclusions as direct answers to the plain questions propounded by Government, and after having voted against them in committee, he now proposed, as a substitute, the following amendment :—

"1. The Academy, disregarding the offensive character of the

If vivisections are "indispensable to the progress of physiological science;" and if "operations on living animals are necessary for the acquirement of proficiency in veterinary surgery," it is impossible to apply to the practice any restrictions which do not clash with the dignity and interests of science.

documents submitted to its inspection, acknowledges that abuses have crept into the practice of vivisections.

"2. To prevent their recurrence, the Academy suggests that in future experimental researches on living animals be confined to inquiries concerning new or doubtful facts, and that vivisections performed for the purpose of demonstrating facts already proved, be discontinued for the future.

"3. The Academy further recommends that the pupils of veterinary schools be instructed in operative surgery on dead, and not on living horses."

Mr. Parchappe addressed the Academy after Mr. Dubois, and in a speech frequently interrupted by applause, expressed his indignation at the censure passed on the French Medical profession, which on more than one occasion has shown that it yields in humanity to no corporation in the world.

The learned member then showed that the practice of vivisection had realised considerable progress in science, and expressed his surprise that the severest criticisms on this mode of investigation should have originated in the land which gave birth to Harvey and Charles Bell, whose experiments on living animals, have been the source of the most important of modern discoveries.

"With regard to the abuses to which the method is liable," said Mr. Parchappe, "of course they cannot be defended; but to mitigate, or suppress them, we certainly require no interference from the authorities.

"At least, for the suppressions of those abuses which may be viewed as a peril to public morals, the provisions of the Gramont Act will certainly be found amply sufficient.

"The abuses complained of in laboratories and dissection rooms will be promptly and easily corrected by public opinion, enlightened by the decisions of the Academies and schools, and if necessary, by the authority of the Deans of our Universities, and the directors of our public schools."

H. C.

HOSPITAL FOR INFANCY.

(MR. BOUCHUT'S WARDS.)

Chronic congestion of the lungs.

Mr. Bouchut opines that many persons in whom a cure of phthisis in the first stage appears to have been effected by the waters of Luchon, Eaux-Bonnes, Saint-Honoré or Ems, were merely suffering from chronic congestion of the lungs. Cases of this description are not unfrequently met with in private practice, but are seldom observed in hospital, and a girl aged thirteen, who presented a well marked instance of this condition, having recently chanced to be admitted into his wards, the professor seized the opportunity of directing the attention of his pupils to a morbid state, in which the most momentous points of the diagnosis, prognosis and treatment of thoracic disease are obviously involved.

The child was the offspring of parents who had never displayed any tendency to pulmonary tuberculosis, and although herself feeble and anemic, she had not previously suffered from any serious disease. Two months before her admission cough set in, and once she threw up a small quantity of blood. The cough is now painless, and unattended with expectoration; on percussion slight dulness is discovered in the right supra-spinous fossa, and on auscultation the vesicular murmur is found to be evidently weaker beneath the left clavicle, without any increase in the length of expiration, without any superadded sounds, or increased resonance of the voice. In the corresponding region of the right side, the respiratory murmur is louder, and posteriorly, in the right supra-spinous fossa, the expiration is protracted, and the voice-sound louder, but no rhonchi whatever are audible. The child moreover is in a debilitated and anemic condition, and occasionally subject to feverishness in the evening.

Guided by these signs, which for ten days were invariably found the same, Mr. Bouchut, instead of pronouncing the case to be one of tubercular consolidation of the apex of the lungs, expressed his belief in the presence of chronic pulmonary congestion.

This affection already described by Mr. Andrael, Mr. Darralde, and other observers, consists in a degree of hyperæmia, which prevents the lung partially collapsed, from expanding to receive the usual amount of air, and induces a condition nearly approaching to inflammation, with induration of the pulmonary structure and consequently defective hematosis.

An analogous congestive state may occur in the brain, liver, and other viscera, and clinical observation demonstrates the possibility of its existence in the lungs. Mr. Bouchut met with a case in point in a little girl aged five years, who had recently recovered from hooping-cough, but who was continually attacked with feverishness without any obvious cause. She still coughed occasionally, and was losing flesh. By careful and repeated examination of the chest, dulness was discovered in the right supra-spinous fossa, and in the same region, the respiratory murmur was found to be weak, the expiration protracted, and the resonance of the voice increased. No improvement in this condition being observable after an interval of six months, the child was sent to the waters of Saint-Honoré, in the Département de la Nièvre. After a short residence at the springs amelioration set in, and a complete cure was effected the following year, by a second visit to the Spa.

Cases of the same kind are not unfrequent after hooping-cough, measles, pneumonia, or simple bronchitis; when they occur in Mr. Bouchut's practice, he invariably prescribes change of air, sea-bathing, the mineral waters of Saint-Honoré, cod liver oil, counter-irritants, &c., and he has often had the good fortune of thus effecting a cure of what was supposed to be incipient phthisis. The remedies above enumerated, of course would fail to remove tubercular consolidation; the morbid condition could not disappear in a few weeks or months, under the influence of change of air and mineral waters, and Mr. Bouchut conceives the lesion to consist in chronic pulmonary congestion. At the military hospital of Val de Grâce, in Paris, Mr. Champouillon has observed many facts which confirm this view, and has seen hundreds of soldiers presenting all the signs of the early stage of consumption, who recovered perfectly during a six months' leave.

Morbid anatomy further corroborates the suggestions of clinical experience; when persons suffering from bronchitis of a suspicious character, die from some intercurrent disease, pulmonary *sclerosis* is occasionally discovered; its physical signs during life having been precisely the same as those which would have been caused by tubercles, viz. comparative dulness on percussion, weakness of the respiratory murmur, prolonged expiration and increased resonance of the voice.

The foregoing remarks imply that the discrimination between the two diseases is necessarily difficult, and reposes upon the previous history of the case; but knowledge of the precedents does not entirely dispel the obscurity of the diagnosis. The embarrassment of the practitioner increases when permanent bronchitis is also present as a complication, giving rise to copious mucous secretion, and to moist and sonorous rhonchi. We are fortunately in possession of a valuable touch-stone, supplied by cold or warm sulphurous waters, assisted by country air. Those who are experienced in the use of those waters are well aware that they do not cure tuberculosis, but are truly beneficial in chronic pulmonary congestion.

This form of hyperæmia is an asthenic affection frequently connected with scrofula or herpetic tendencies, like many local chronic congestions situated in other organs. Under these circumstances, tonics and stimulants are most appropriate at all ages. Anodyne beverages and mixtures, together with cod oil, bark wine, arseniate of soda, counter-irritants, and generous diet and wine will be prescribed with benefit, and when the season and the circumstances of the patient admit, change of air and saline or sulphurous waters.

The Professor then alluded in detail to each element of the treatment above recommended.

Cod liver oil, said he, is essentially a winter medicine, and may be replaced by goose-grease, the fat of roast pork, or butter and salt. If the cod liver oil induces diarrhœa, it

should be exchanged for rapidly increasing doses of bark wine, the state of the bowels being, at the same time, carefully watched.

One of the best tonics the professor is acquainted with, is the arseniate of soda. In the case of a little girl, aged nine years, who for six months had been affected with a troublesome cough, and in whom he suspected the presence of chronic pulmonary congestion, he prescribed with much benefit the following medicine, to be taken in teaspoonfuls in the course of each day :—

℞ Sodæ arseniatis, gr. $\frac{1}{10}$;
Oxym. scillæ, ʒx ;
Syrupi papaveris, ʒij.

The oxymel of squill is an excellent expectorant which, in Mr. Bouchut's opinion, is not estimated at its full value. In general he exhibits the arseniate in the shape of a syrup, viz. :—

℞ Sodæ arseniatis, gr. j ;
Syr. cinchonæ, ʒx.

Dose : from one to five teaspoonfuls daily.

This remedial agent restores appetite, improves the circulation, invigorates the system, and may be useful in the more advanced stages of phthisis ; it should, however, be administered in the absence of fever only. If feverishness exists, it should in the first place be subdued with antimonials and emetics.

Cutaneous counter-irritation is an important element of treatment. Frictions night and morning with croton oil, or repeated blistering of the chest will be found beneficial, but Mr. Bouchut acknowledges his partiality for the application of tincture of iodine over the walls of the chest in the manner described in a recent article (*a*).

The Spas recommended by Mr. Bouchut, are those of Enghien, Pierrefonds, Eaux-Bonnes, Eaux-Chaudes, Saint-Sauveur, Cauterets, or Luchon in summer, and in winter those of Amélie les Bains and le Vernet. The waters should at first be exhibited in small doses, or inhaled in the shape of spray, or prescribed in the form of very warm baths, in which the subject should be immersed up to the waist only. This plan, which is much used at Mont-Dore, is extremely beneficial as a means of producing counter-irritation. It induces congestion of the blood-vessels of the lower parts of the body, and actively promotes the resolution of the congestive or inflammatory condition of the lungs and bronchi.

HOSPITAL SAINTE EUGENIE.

(MR. MARJOLIN'S WARDS.)

Fracture of the humerus above the condyles in children.

Mr. Velpeau is wont to observe in his lectures that one of the worst things that can happen to a young surgeon beginning practice, is to meet with a case of traumatic injury of the elbow in a child. The remark is so far true, that such injuries may be complicated, obscure, and occasion errors of diagnosis and of prognosis fatal to the practitioner's reputation.

In fortunate cases, a fall, a blow, or the passage of the wheel of a carriage over the elbow, may be productive but of simple contusion of the soft parts. Fracture is, however, too often the result of such accidents, and the shaft of the humerus may be fractured above the joint, either condyle may be broken off, the coronoid or olecranon processes of the ulna, or the neck of the radius may be separated. In addition, the injury may be complicated or compound. Our intention in the present article is to notice merely the fracture above the condyles, which may be mistaken for contusion or dislocation of the elbow-joint.

When the condyles of the humerus are separated from the shaft of the bone by an oblique or transverse fracture, ecchymosis and swelling are almost invariably present, and simple contusion may be supposed to have taken place. The nature of the lesion, says Mr. Marjolin, will however be known by the peculiar aspect of the deformity, the unnatural mobility, and the presence of crepitus after the swelling has subsided. In a child who was brought to this surgeon after the occurrence of this injury, the deformity was apparent in spite of the tumefaction, and consisted in an angular protrusion situated in front and somewhat above the joint. The inferior fragment on the contrary formed on the posterior aspect of the limb, a protuberance above which was a depression which suggested the idea of dislocation of the elbow. But this erroneous impression was corrected by the fact that the olecranon preserved its usual situation with respect to the processes of the os humeri, above which it would be found in cases of dislocation.

In Mr. Marjolin's opinion, this sign would be more characteristic than that pointed out by Sir. A Cooper, and consisting in the reappearance of the displacement after reduction of the fracture ; unless both dislocation and fracture are simultaneously present, when both injuries are attended with their respective features. Sir A. Cooper's sign should, however, be borne in mind, and will be found extremely valuable when a consequence of the tumefaction of the parts, the surgeon is unable to feel distinctly, and ascertain the precise situation of the osseous prominences.

Another circumstance inconsistent with the idea of dislocation, is the comparative facility pointed out by Mr. Maisonneuve of flexion and extension of the forearm in cases of simple fracture. Mr. Coulon, however, remarks in his *Clinical Treatise on Fractures in Childhood*, that the preservation of these movements is not very obvious previously to the reduction of the fracture, because the inferior fragment may form a mechanical impediment to flexion of the forearm, an assertion which the author illustrates by an instance which we will presently revert to.

For the discovery of the unusual mobility and crepitus, the surgeon must grasp the humerus in one hand, and the forearm in the other, and impart lateral movements to the limb, when both signs will promptly become apparent.

Reduction should be cautiously managed, and the surgeon must carefully avoid irritating the joint by too energetic efforts of traction. The operation is usually performed without difficulty, and the tendency to displacement of fracture above the condyles, is less considerable after reduction than Sir A. Cooper supposed. The considerable tumefaction consequent upon the injury should induce us to discard altogether starch and other immovable bandages. In uncomplicated cases, the limb should merely be laid upon a cushion of not too soft construction, and cold poultices be applied for a few days, after which the parts may be covered with compresses, impregnated with tincture of arnica and water. In order to obviate the dangers of involuntary motion of the arm, Mr. Marjolin places the extremity bent at right angles, in a pasteboard, or gutta percha groove, or a wire cradle extending from the fingers to the middle of the arm ; the condition of the limb can thus be carefully watched, and all anxiety as to the occurrence of displacement is removed. The cradle should be lined with cotton-wool, and adapted to the shape of the parts.

In a child of eight years, consolidation may be expected to take place after an interval of three weeks. It is then proper to begin to impart movements to the joint in order to obviate articular rigidity, which in general promptly disappears after fractures of this description. In mild cases, indeed, the extension of the arm is invariably restored in its integrity, and sometimes even in a greater degree than before the accident, whereas the power of bending the forearm is seldom completely recovered, unless the reduction of the fracture has been very accurate. Mr. Coulon relates a case in point : The patient was a boy, who was placed in Mr. Trélat's wards, at hospital Sainte Eugénie. In falling out of his bed, the child had fractured his arm obliquely above the condyles. The great amount of tumefaction which followed, interfered with reduction, and the inferior fragment was imperfectly replaced in its normal situation. After consolidation of the fracture, it was impossible to bend the forearm more than at right angles, whereas

(*a*) Mr. Trousseau is in the habit of prescribing the external application of the tincture, as a remedy for the congestion of the lungs which occasionally checks the progress of convalescence, after typhoid fever, and we recently witnessed the good effects of this mode of treatment, in a case in which we had occasion to call in that gentleman's assistance.—H. C.

the extension of the extremity could be carried beyond its habitual limits. The difficulty of flexion was here obviously caused by the inferior fragment being drawn downwards and backwards, thus mechanically impeding the action of the joint.

The Medical Circular.

INTRODUCTORY LECTURES

DELIVERED AT THE

METROPOLITAN MEDICAL SCHOOLS.

WESTMINSTER HOSPITAL.

The Introductory Lecture at the Westminster Hospital was delivered by Mr. Christopher Heath, lecturer on anatomy and assistant-surgeon to the Hospital. Mr. Heath began by saying that his lecture was addressed emphatically to students, and not to his colleagues or the medical friends he was glad to see around him, because he felt that from his long connection with students he might venture to offer a few words of advice which might be useful to them. Few men, he thought, entered at a medical school without some previous experience in the form of apprenticeship, which he believed to be fraught with much advantage when pursued under the tutelage of an able and enlightened practitioner, but at the same time he considered that preliminary general study was essential for a medical student, and therefore congratulated new students on having passed a preliminary general examination. Those who had already seen a considerable amount of medical practice were warned, moreover, not to neglect their practical studies, since different methods of treatment might be witnessed at an hospital, and on different classes of patients from those they were previously acquainted with. The lecturer maintained that a student could not keep too constantly in mind that the object of all his studies was to fit him to become a practitioner, and therefore that, though it was essential that the student should pass certain examinations in order to obtain his diploma, he should rather strive to cultivate a knowledge of the symptoms and treatment of disease, combined with tact and common sense. It must be allowed that individuals differed in capacity, but there was nothing in medical studies so difficult that ordinary ability, combined with diligence, could not overcome. Real genius was a rare, and perhaps dangerous possession, if its possessor were led to believe that he could dispense with hard work; and, as Buffon said, "invention depends on patience." Mr. Heath, in alluding to subjects of study of the past year, now took occasion to make some remarks respecting anatomical study as pursued in the present day, and believed that, though medical men might venture now-a-days to accept many statements without actually proving them themselves, yet the occurrences of every day medical life necessitated an acquaintance with surgical anatomy. He thought that anatomists were to blame for having overloaded their science with minutiæ, for having separated into distinct systems the parts composing the one perfect body, and for having kept asunder far too widely surgical and anatomical relations. The student was reminded that the creature he would have to treat in disease would be a man, whom he would not be able to dissect literally to find out the malady, but would have, as it were, to pierce the tissues with his mental eye, and discover the secret mischief by his cultivated senses. External form and general physiognomy, both in health and disease, were also urged upon the student's attention, and the necessity for the operating surgeon's being a thorough anatomist was illustrated by reference to the examples of Astley Cooper, Liston, and Fergusson. The lecturer earnestly deprecated the tendency to avoid responsibility which he believed to be prevalent, and thought that the "official fear of incurring responsibility," as Kinglake termed it, had invaded not only the army and navy, but to some extent the medical profession also. A proper feeling of responsibility regarding the life and death of patients was to be looked for in every medical man, and every one must feel it deeply at first; but the young practitioner was exhorted not to be overwhelmed when the results of treatment proved unfortunate. But if thoughts like these were apt to arise in the treatment of ordinary cases, what must be the feeling of the surgeon when about to commence a complicated and serious operation! Much to be pitied, indeed, was the man upon whose shoulders this great weight of responsibility rested if he felt himself unworthy of it, or if his mind reverted to opportunities neglected, and instruction despised; and therefore it was that he so strongly urged upon them the necessity for thorough acquaintance with anatomy, and for constant attendance in the wards and the operating theatre. But the most accomplished anatomist, the most skilful surgeon, could not command success—a higher power than that of human hands alone could govern all results, and they must be content to bow before Him. With regard to lectures and hospital practice, Mr. Heath said he did not wish the student, as was often absurdly done, to "live in the wards," because he knew that their time would be fully taken up with lectures, &c., except for two hours in the middle of the day, which hours should be devoted regularly to the wards or the out-patient rooms of the hospital. Nothing was a better stimulus to the energies of medical officers in the care of their patients than the presence of students, and he therefore believed it to be the very best policy of governors of hospitals to foster the medical schools attached to them. The offices of clinical clerk and surgical dresser were pressed upon the students' notice as giving the very best opportunities for acquaintance with practice; and allusion was made to the new regulations of the College of Surgeons requiring certificates of such appointments. Attendance upon post-mortem examinations was also shown to be requisite, since any practitioner might be called upon to decide as to the cause of a sudden death, and his evidence might involve the lives and liberties of his fellow-subjects. Mr. Heath then proceeded to speak of the rewards which were open to the student during his studies, and said that class prizes had always a tendency to induce the pursuit of one branch of study to the neglect of others. He cautioned his hearers against this error, whilst exhorting them to compete for the numerous prizes offered them. He alluded also to the valuable prizes founded by Mrs. Chadwick, the conditions of which guarded against the error he had mentioned, since they were awarded for general proficiency. The most valuable prizes offered to the students of the Westminster Hospital, however, were the offices of house physician, house surgeon, and assistant house surgeon, which were thrown open to all without fee; and the lecturer spoke in the warmest terms of his recollections of the tenure of similar offices by himself. Mr. Heath next proceeded to address individually the three great classes of medical students. To the student who was soon about to enter upon practice he would say, "Do not imagine that you have completed your studies because your three or four years here have expired. Ripe experience is necessary for your perfection; therefore observe diligently, record carefully; study not merely books, but men—and not merely men in disease, but men in health and in their social relations, that you may be prepared to take that high position to which, as successful practitioners of a noble art, you will be justly entitled." The second year a man was urged to concentrate his energies on the business of his education to make up for all past deficiencies, and to study to gain knowledge, and not merely to pass examinations; whilst the fresh man was warned not to let his inexperience lead him into difficulties. He was told not to imagine that the first year could be wasted with impunity, since each year had its allotted amount of study. Relaxation from study was shown to be occasionally necessary for the most diligent, but care in the choice of companions and amusements was inculcated. Amusements, if used rightly, rendered the student mote capable of subsequent work, but not if they were allowed to interfere with necessary rest, or the labours of the following day; whilst the choice of them must depend upon each individual's gentlemanly feelings and tastes. While disclaiming any wish to sermonise, Mr. Heath protested against the notion that it was necessary for a young man to "sow his wild oats," and in support of his views quoted a passage from Mr. T. Hughes's 'Tom Brown at Oxford.' He concluded his lecture as follows: "Now, gentlemen, in conclusion, let me beg you all to be in good heart as regards your studies and your future career. We all, I suppose, at one time or another feel inclined to despond and look at the black side of things; but, depend upon it, he who does so least is the happiest and most successful man. If the student allow himself to become so despondent in his early studies, how will he ever overcome the still greater obstacles which await him? If the more advanced student shirk his final examinations, how will he ever become a practitioner? But it is as practitioners, perhaps, that this 'equal mind' will be most necessary for you, since it may affect not merely your own, but your patient's welfare. The man who is over anxious unnerves himself in some degree, and is thus less fitted to take that calm view of his own affairs and of those of others which will be most conducive to a good result; and therefore I say again, be of good heart, not forgetting, however, to put your trust in Him who ruleth all things."

After the lecture the board-room of the hospital was thrown open for a *conversazione*, a large display of microscopes, instruments, and scientific appliances being prepared for the entertainment of the numerous visitors. Dr. Gibb demonstrated the use of the laryngoscope; Dr. Radcliffe exhibited some most interesting electrical experiments; and Mr. Brooke explained experimentally the telegraphic apparatus communicating between the hospital and his residence. Tea and coffee were served to the company, who did not separate till a late hour.

THE ANDERSONIAN CHAIR OF MIDWIFERY.—We understand that Dr. James G. Wilson, F.R.S.E., was on Friday last unanimously elected to the Andersonian Chair of Midwifery.

THE MEDICAL CIRCULAR.

WEDNESDAY, OCTOBER 14, 1863.

THE WANT OF SANITARY REFORM IN BETHNAL GREEN.

In our last number we briefly recorded the particulars of two inquests lately held in Bethnal Green on the bodies of some unfortunate children (five in one family), who had died apparently from no other cause than poisoning of the blood from the fetid exhalations abounding in the locality where the victims resided. Mr. Gay, the well-known surgeon, made a *post mortem* examination of one of the bodies, and found the lungs healthy, but almost bloodless, the heart pale and flabby and almost devoid of blood, and general dropsy over all parts of the system. His opinion, therefore, was, that the deceased died from blood-disease, and from his survey of the district, he attributed the blood-disease to the want of sanitary precautions. The houses were unwholesome, and several of the water-closets were choked up, and the families looked unhealthy, pale, and wan, and these appearances Mr. Gay attributed to the effects of an impure atmosphere. The locality is a place called Thorold Square, consisting of twenty-two houses, in which 350 people are reported to reside. The state of the cesspools is described as having been abominable for several years, and the supply of water generally deficient, sometimes for several months together. The Coroner, in summing up, observed that the facts were of a painful character, that the houses where the children had died were unfit for habitation, and that the deaths were probably caused by the inhalation of an impure and fetid atmosphere and the want of a good water-supply. The jury returned a verdict in accordance with these views.

Since the inquest, it has been suggested that the deaths of the children just alluded to were probably caused by scarlet-fever, and it is very much to be regretted, if such was the case, that the fact was not elicited at the late inquiry. But whether such was the case or not, it is admitted on all hands, that the sanitary condition of certain portions of Bethnal Green is of the most unsatisfactory character, and great blame is undoubtedly attributable to the local authorities for having allowed the present state of things to continue so long.

Our first questions to ourselves, on reading the circumstances which have been elicited by the late investigations, were whether the district of Bethnal Green was really within the metropolitan area, whether the poor people who lived there were under the paternal care of the Poor Law Board, whether the first principles of sanitary science were appreciated or comprehended by the local Guardians, whether the place boasted of a Medical Officer of Health, and whether the Medical Poor Law Officers had ever represented the insalubrious condition of the districts under their supervision. We find that Bethnal Green enjoys the immediate protection of the Poor Law Board, that it possesses a Medical Officer of Health, and that the Poor Law Medical Officers have repeatedly, although in vain, represented the monstrous neglect of all sanitary laws which was everywhere apparent.

We must all remember the alarm excited in the public mind at the beginning of the year by the expected outbreak of typhus, which never broke out, in the manufacturing districts; and the excitement caused at a subsequent period by the death of a poor dressmaker in Regent street, from alleged impurity of air, but who was afterwards proved to have died from wholly different causes; but here we have had in Bethnal green, a district contiguous to our own city, a multitude of our fellow creatures living in a chronic state of misery and filth which it is loathsome to contemplate, but which, it now turns out, was well known to, but wholly unnoticed by, the local authorities. Even now the leading daily journal which devoted several columns to the imaginary typhus cases in Lancashire, and which filled several pages with letters and communications regarding the poor apoplectic dress-maker, is entirely silent as to the Bethnal green abominations and the culpable negligence of the authorities as to their removal.

If the results were not so fatal to multitudes of the population, it is almost ludicrous to contemplate the manner in which ignorance, avarice, negligence, or selfishness on the part of local guardians (guardians, *lucus a non lucendo!*) are enabled to frustrate every measure designed for the sanitary improvement of our country. For some two score of years have philanthropic efforts been made, chiefly on the part of the Medical Profession, to show how disease may be removed, or how its attacks may be prevented by the application of sanitary science. It has been proved that the mysterious seeds of epidemic maladies may be often destroyed before they vegetate into a devastating plague, and how destructive epidemics already in their vigour, may be often stripped of half their terrors by the prompt application of hygienic laws. That the elements of such visitations are as yet but imperfectly known, is true, and that events have sometimes failed to verify the predictions of science, may be equally admitted; and these admissions are eagerly seized by the ignorant, the thoughtless, and the vulgar, as a sufficient justification for defying the laws of health and the dictates of dearly-bought experience. The Medical Profession has been, and still is, engaged *in a chronic* contest with local authorities, in which the Profession generally gets worst off; and although it is true that hygiene has received the patronage of a few noblemen and other public characters, and has in some way been recognised by the State, yet the successive Governments have done but little to maintain its supremacy or to defend its practical advocates and supporters.

In the year 1856, a bill was brought into Parliament and passed, containing a clause permitting, but not enjoining the respective Metropolitan Districts to appoint for each a Medical Officer of Health. This clause was, no doubt, well meant, and if it had been adequately framed, might have been attended with good results; but the qualifications of the Medical officers were so vaguely indicated, and the latter were left so entirely and helplessly at the mercy of the local Boards, as to their appointment, their salary, their duties, and their tenure of office, that their influence is reduced almost to a nullity. It is quite evident that a man, however honest he may be, would not like to tell his patrons unpalatable truths, when the fact of his doing so would probably entail upon him a reduction of his salary, or a dismissal from his office. Hence it has generally happened that the Medical Officers of Health have found it the best policy to keep things comfortable—*quieta non movere*—and to shut their eyes at convenient seasons. If also we are to believe the reports in the newspapers, some of their subordinates, the Inspectors of Nuisances, not only shut their eyes when unpleasant sights are placed beneath their notice, but they at the same time open their palms to the perquisites or bribes offered them by parties to whom such temporary obscurity of vision is advantageous.

It is probable that Bethnal Green is no worse than many other districts. But it is indubitable that the local authorities have too long shut their eyes to the sanitary defects which have

now been made patent by the recent disclosures. The Poor Law Medical Officers have made representations as to the filthiness and insalubrity of many localities, but their voice has been raised in vain, and some of them have even been reproved for their impertinence. It is alleged that some of the Guardians (?) actually derive a part of their property from the miserable hovels, where so much misery and filth prevail; and it is also alleged that the answer made to the wretched inmates, when they supplicate for water and fresh air, is a summary expulsion from their squalid tenements. The Medical Officer of Health, who, we believe, performs his duty to the best of his power, is, we understand, a General Practitioner in the district to which we refer, and as some of the Guardians are probably his friends and patients, he has, no doubt, frequently remonstrated with them upon their monstrous indifference to the sufferings of the poor wretches who are placed by Providence under their paternal supervision.

SUMMARY OF THE WEEK.

THE ARMY MEDICAL DEPARTMENT.

The question of the grievances endured by the Medical officers of the Army continues very naturally to excite the attention of the Profession. People are beginning to rub their eyes, and to ask themselves what the grievances are, against which complaints have been so loudly made, that young Medical men can scarcely be found in sufficient numbers to join the service. Some of our Medical contemporaries have inserted letters at various times from correspondents professing to belong to the Army, and setting forth the hardships under which they labour; but we confess that we ourselves attach no great importance to these communications, all of which are anonymous. This latter circumstance, however, should not in itself prevent us from listening to well-founded complaints, and we are fully aware that the publication of the names would entail serious consequences upon the writers. The senior Medical officers in the army, and the Medical public in general, appear to have hitherto treated these anonymous communications with indifference; but at the present moment when the service is threatened with inefficiency by the reluctance of Medical men to accept commissions, the subject has assumed a somewhat serious degree of importance. We have been rather amused at the present attitude of one or two of our Medical contemporaries, who, being called upon to substantiate their often repeated statements as to the disadvantages attending the Army Medical Service, appear to have really very little to say. The 'Lancet,' acting in a spirit of fairness, has admitted a very sensible letter into its columns from "A Deputy-Inspector General," taking the side of the authorities, and the Editor states that he is overwhelmed with answers on the part of the malcontents. He has, however, published only three, two of them being very short, and one of the latter being printed in very small type. It is a great pity that more have not been published, for the only important one of the three letters to which we allude is by no means a strong one, and many of the alleged grievances appear to us to be very trivial, and such as might be experienced, and with much greater force, in any other branch of the public service or in private practice. The 'Medical Times and Gazette' publishes an editorial leading article of a somewhat trimming character, in which the alleged wrongs of the Army surgeons are temperately discussed, and the surgeons are gently reminded that they enter the Army as men of science and not men of war, and that it is their special province to heal the sick and wounded, and not to take the command of regiments. In reference to the Army Medical Department, we may also allude to an article in the number just issued, of the 'Glasgow Medical Journal,' in which the subject is very ably and temperately handled. While thus hesitating to endorse the grievances complained of by some Army Medical Officers, we cannot conceal from ourselves a suspicion that our chief enemies in the Army are to be found at head quarters, and it is broadly alleged that the Commander-in-Chief is opposed to the Medical Department, and that he finds a too willing instrument in the person of the present Director-General of that Department, who is his personal friend. If such is not the case, we shall be happy to cancel our suspicions, but we must say that the withdrawal of the proposed amalgamation of the Indian and home Medical Services, and the rescinding of the warrant of 1858, are two circumstances well calculated to create dissatisfaction.

THE SOCIAL SCIENCE CONGRESS AT EDINBURGH.

The meeting of the Social Science Congress has been numerously attended, and the proceedings have hitherto given general satisfaction. The venerable President, Lord Brougham, has honoured the assembly with his presence and his active support, and a scion of Royalty has condescended to take part in the meetings. But Time, the great enemy, has made its mark at last upon the great scholar, statesman, and philanthropist, and the President's opening address was, it must be confessed, somewhat feeble and discursive. Social Science is comprehensive enough in its scope, but surely when there is so much amendment necessary at home it is hardly expedient to devote nearly the whole of an inaugural address to foreign politics. But independently of the presence and presidency of Lord Brougham, there was abundant attraction in the modern Athens to captivate the feelings of the members of the Social Science Congress, and whatever may be the practical results of the discussions in the different departments, there can be no doubt that the remembrance of the glorious scenery of the Firth of Forth, and of the hospitality of the residents of Edinburgh will live long in the recollection of all who took part in the re-union.

SCARLET FEVER AT EASTBOURNE.

Mr. G. A. Jeffery, Surgeon, of Eastbourne, has written the following letter to a morning journal on the subject of scarlatina. The following are the facts connected with the scarlet fever at Eastbourne:—

The first case was the child of a visitor, located on the Marine parade; it terminated fatally on the 4th of September, more than a month ago. The child was sent down to Eastbourne with the hope that it might escape the fever then prevalent in town, where the parents had buried three of their relatives immediately prior to their arrival at Eastbourne.

From this case the disease spread, and since that date to the present time there have been between 70 and 80 cases, and 12 deaths, or less than one in a thousand of the population. The residents have been particularly exempt from the disease, only one of their number having died. It is true that two of Mr. Hanbury's children have died, but they were not residents, having only recently arrived at Eastbourne. Mrs. Hanbury died from quite a different disease. Universal sympathy is felt for Mr. Hanbury in this crushing calamity.

During the last five weeks I have had in my own practice 36 cases, with one death, that of a lady aged 56; most of the cases were of a very mild type. I have had but one new case for the last three weeks. The disease has spread here, as elsewhere, by the utter carelessness of those infected, who have ridden in the public vehicles and frequented the churches and places of amusement.

These are the facts in connection with scarlet fever at Eastbourne, and I think it hard that ours should be the only town in England singled out, when just now scarlet fever is most prevalent throughout the country, not only along the coast, but also in the inland towns. I could name several where the fever is more prevalent and more fatal than at Eastbourne, and one where the deaths are four times as many in the thousand.

When the next return of the Registrar-General is brought before the public, I have no fear but that Eastbourne will there be classed among the healthiest, if not "the healthiest," town in England.

Eastbourne, Oct. 7. G. A. JEFFERY, Surgeon.

The subjoined suggestive letter has also appeared on the same topic:

SIR,—A paragraph in 'The Times' of yesterday respecting the prevalence of scarlet fever at Eastbourne has recalled to my mind a fact which fell under my notice not long since. The narrative may be not without interest as bearing on the possible causes of the spread of such a malady in a town generally reputed healthy. Four or five years ago I was spending a few weeks at a much frequented watering-place in England. A friend who had joined us there was during our stay attacked by scarlatina, contracted, we had reason to believe, in lodgings elsewhere. As soon as she could travel we quitted the place. On the morning of our departure a notice of "Lodgings to let" appeared in the window, the house was evidently being prepared to receive new inmates, and the bed which our friend had occupied was under our own eyes made up for the new-comers, with clean sheets certainly (they would be visible), but with the very same blankets on which the patient had lain, not even washed, much less subjected to any disinfecting process.

If necessity or cupidity leads often to similar neglect, may not the annual migration to the sea-side of the upper and middle classes have much to do with the unaccountable appearance from time to time of zymotic diseases in households and localities where all the conditions of health seem to be present?

I fear also that convalescents from scarlatina and measles, especially children, are, while still centres of infection, often placed in lodgings at the sea-side without any warning being given to the proprietors of the character of the disease.

Is it impossible that some penalty should be by law affixed to such criminal neglect? W. S. G.

Oct. 8.

Several other letters have appeared on this subject, both from Medical practitioners at Eastbourne, denying that scarlatina is prevailing to any great extent in the town, and from visitors who declare that it is. The point in dispute appears to be that while the local practitioners and lodging-house-keepers believe the disease to be imported by the visitors, the latter consider that the town itself is at present unhealthy. Several letters express a very great degree of just indignation that some lodging-house-keepers, who have received cases of scarlatina, neglect to take ordinary precautions, as to their furniture and bedding, to obviate the chance of infection to new-comers. The whole question is a very important one as affecting the interests of the generally healthy town of Eastbourne, and the principles of sanitary science.

THE SOCIAL SCIENCE CONGRESS AT EDINBURGH.

The meeting of the Social Science Congress commenced on Wednesday last by the performance of Divine Service in the parish church of St. Giles's, and the Inaugural Address of Lord Brougham, the President of the Congress, in the Free Church Assembly Hall. The Congress was very numerously attended, the number of tickets sold, up to Wednesday evening, being nearly 2,200. Many medical men were among the number, and also a large proportion of ladies.

Precisely at half-past eight in the evening, there was a sudden movement amongst those present, and, as if animated by one impulse, the whole of the vast assembly immediately arose, and with loud ringing cheers hailed the entrance of Prince Alfred, who was immediately followed by Lord Brougham and Mr. G. W. Hastings, the general secretary of the association.

The aged president, with tottering steps, reached the presidential chair, and, amid the renewed cheers of those present, took his seat for the purpose of opening the proceedings. It was a strange and suggestive sight. Side by side, sat the youthful prince and the venerable peer. The one with the flush of health upon his cheek; the other with the flickering remains of his olden eloquence and spirit yet burning within him, but too weak and infirm to give utterance to his thoughts. The increasing infirmity of the noble and learned lord was displayed at the commencement of the proceedings. Rising with difficulty, and leaning heavily on the desk placed before him, he in a few words, expressed his desire that the audience would kindly permit Mr. Hastings to continue the reading of the address, whenever he (his lordship) should find himself unable to proceed, to which the audience responded with a hearty cheer. The warning was not unnecessary, and it was evident from the very first that Lord Brougham would not be able to complete his self-imposed task. Commencing with a clear and distinct tone of voice, he became less and less able to proceed, and at last, handing the copy of his address to Mr. Hastings, he sank back in an apparently exhausted condition on his chair, amid the loud and repeated plaudits of all present, Prince Alfred himself looking on with an air of concern. Mr. Hastings then proceeded with the reading of the address. The allusions to the present state of the co-operative principle amongst the industrial classes were seemingly among the most popular portions. On the conclusion of the address a remarkable scene took place. The Lord Advocate rose, and, with a well-merited compliment, proposed a vote of thanks to the President; being seconded by the Right Hon. Joseph Napier, who asked those present to accord Lord Brougham a true ovation in passing the resolution with acclamation, in thanks for the wise, comprehensive, beautiful, and instructive address with which they had been favoured. This was followed by the audience again rising to their feet and cheering lustily, while a continual waving of handkerchiefs was maintained by the ladies. Prince Alfred looked on the scene with an air of deep interest, and gazed earnestly at the venerable president, who, rising slowly and with great effort, spoke a few words of thanks in return for the honour which had just been paid him. His voice faltered, and he appeared to be labouring under the influence of deep emotion as he proceeded. Mr. Hastings then read the annual report of the council of the association for 1863, after which the Right Hon. C. B. Adderley, M.P., moved the adoption of the report, the proposal being seconded by Lord Ardmillan. Lord Brougham then, as president of the association, put the resolution to the meeting, when it was enthusiastically carried; and after Mr. Hastings had stated the programme for this day, Lord Brougham and Prince Alfred left the hall.

Lord Brougham's speech was of a very discursive character, and beyond a passing tribute of respect to the memory of the late Sir Benjamin Brodie, contained very little to interest the Medical Profession.

In the subsequent proceedings of the several departments, we have reported some papers and discussions which bear upon medical pursuits.

In the Education Section papers were read by the Rev. G. R. Badenoch, "On Morning and Evening Classes in Universities;" by Mr. W. A. Brown, "Against the Admission of Women to Academical Degrees;" and by Dr. Lee, St. Andrew's, "On the Extension of Open Teaching to all the Faculties in the Scotch Universities."

Professor Blackie ridiculed the idea of young lads engaged during the day attempting a university course after work hours. What Scotland wanted was not greater faculties for elementary or fragmentary education, but for thorough education. They wanted a foundation to stand upon and a prize to run for.

Professor Lee, D.D., contended that the effect of Mr. Badenoch's proposal would be to depreciate education. He objected to open teaching as destructive of University interests, and differed from the opinion expressed against female graduation. He was at a loss to understand why there was any more incongruity in a lady who had been a great mathematician or Greek scholar, or a great theologian, to come to his own profession (laughter), receiving a degree than in a man doing so. Whatever a woman was capable of doing by nature, by education, by physical power, or mental capacity, that she ought to be enabled to do, and no fashion, or custom, or law should prevent her from doing that which her Creator had qualified her for. (Applause.)

Professor Blackie begged to add that, as a man and a gentleman, and an admirer of the fair sex (laughter), he was decidedly in favour of the admission of women to academical degrees. (Hear, hear.) Woman was naturally a ministering spirit, and she ought to be allowed to get her medical degree; and no professor, if he be a gentleman, ought to behave in an unkind and unpolite way to any woman. (Laughter and cheers.)

Mr. Hastings, honorary general secretary, vindicated the granting of degrees to women, whether with a view to medical or educational pursuits.

Professor Struthers, Aberdeen, said he had been applied to some time ago by a lady of great ability (Miss Garrett) who was desirous of entering the Medical Profession, and who he considered was as able to take her place as any doctor or professor he ever met. He felt that he had the monopoly of teaching in this matter, and that if he refused the lady would be shut out. He said he would not teach one lady pupil (a laugh), but that he would take up a ladies' class if one or more could be got to join her, and that though he would not like to do it, he would do so from a sense of duty. A ladies' class soon appeared, and he was going to teach them, when his Medical colleagues objected to it, and, consequently, he did not do so. He would not like to see a sister or a daughter of his entering the Medical Profession; but if women wanted to enter any pro-

fession, he felt that they had no right to throw any obstacles in the way. ("Hear, hear," and a laugh.)

Mr. Ernest Noel said that in the State of New York they had, after consulting eminent educational men, passed an Act of the Legislature for establishing a female college for Medical purposes, and this college had received the sanction of most of the leading men in that State, and it was believed by some most eminent men who had given their minds to the subject that that college would meet a very much felt want in this and all countries. (Applause.)

MISS NIGHTINGALE ON THE SANITARY STATE OF THE INDIAN ARMY.

The first paper in the Public Health Department was contributed by Miss Florence Nightingale, and read by Dr. S. Jackson.

The paper in the outset referred to the report of the Royal Commission on the Sanitary state of the army in India, which showed that, unless the health of British troops in India could be improved, and the enormous death-rate reduced, this country would never be able to hold India with a British army. The time had not yet arrived for the pressure of the death-rate which that report disclosed to the fully experienced, because the present large army was comparatively new to the country. But unless active measures be taken by the Indian Government to give effect to the recommendations of the Commission, it was unhappily certain that the mortality would increase with the length of service, and then will be felt the difficulty started by Sir Alexander Tulloch—viz., of filling up the ranks of those prematurely slain by preventable diseases from the recruiting depôts at home. In former times, when the Company's troops bore but a small proportion to the resources (in men) of this country, the death rate was not so much felt. The small army was swept away, and its place supplied, as often as necessary, from the recruiting offices at home. But now that a large proportion of the whole British army was stationed in India, the question whether we shall hold or lose India would depend very much on the steps taken by the Indian Government. The paper then went on to notice the death-rate of the troops serving in the country, which was stated, on undoubted authority, to be not less than 69 per 1,000 per annum. We have been endeavouring to explain away the obvious result of those figures by showing that the average was not constant; that in certain years or groups of years the death-rate was much greater than in others; that the mortality in the years of excess was due to wars and other causes; that peace, and not sanitary measures, was therefore the remedy; and, in short, that the statement of a death-rate averaging 69 per 1,000 per annum was not a fair representation of the case. To this there was the simple reply that during the present century there had been an average loss from death alone of 69 men out of every 1,000 per annum; and, while it matters not how the mortality had been distributed, there was every reason to believe that if things go on as they have done in the present century we shall go on losing our troops at the rate of 30, 50, 70, 90, or 100 and upwards per 1,000. The death rate above indicated was, in fact, understated, for it says nothing of the invalids sent home from India who die at sea, or within a short time of their arrival at home, nor of the loss to the service by destroyed health, nor of the mutiny years. Assuming the strength of the Indian army at 73,000 British troops, and taking the death rate at present alone, without the sickness and invaliding, such an army would lose on an average of years an entire brigade of 5,037 men per annum. It might lose some years half that number, but in other years it would lose two such brigades. It was said that the death-rate of the war years being the highest (not from wounds), peace, and not the sanitary measures, was the remedy. As well might it be said that the British army having nearly perished before Sebastopol, not from wounds but from the want of every supply of civilized life, peace, and not the supply of the wants of civilized life, was the remedy. The Royal commissioners had shown that if the death-rate reduced to even 20 per 1,000 per annum (which is too high) *i.e.*, double that of home stations, since these stations were improved —to India would be saved a tax equal to 1,000*l.* sterling per diem; and this represents the cost of replacing the men cut off by excess of premature and preventable mortality. In speaking of the cause of this high death-rate, Miss Nightingale referred to the want of attention to climate on the part of Britons, and to the ordinary system of dieting British soldiers in India, which, she stated, was more adapted to a cold climate than that of out-door farm servants doing work in England. More than that, the occasional dram at home was commuted by regulation in India into a permission to drink two drams—*i.e.*, six ounces of raw spirit each day; and be it remembered that, at the same time, the men had little or no work to do. The craving for spirits induced by this regulation habit of tippling leads to increase of drunkenness, so that with over-eating, over-drinking, and total idleness, and vice springing directly from these, the British soldier in India had small chance of coping with the climate so called. The regulation allowance of raw spirits which a man might obtain at the canteen was no less than 18½ gallons per annum, which, she believed, was three times the amount per individual which had raised Scotland, in the estimation of economists, to the rank of being the most spirit consuming nation in Europe. Of late years malt liquor had been partly substituted for spirits; but up to the present time every man, if he thought fit, might draw his 18½ gallons a year of spirits besides what he got surreptiously at the bazaar. The diseases, however, from which the soldiers mainly suffered there were miasmatic, such as foul air and foul water diseases, fevers, dysenteries, &c. The writer then noticed the total want of drainage and pure water in the Indian stations, and mentioned, as regards the latter, that there was certainly not a single barrack in India which was supplied, in our sense of the term, at all. Water was to be had either from tanks into which all the filth on the neighbouring surface was washed by the rains, or from shallow wells dug in unwholesome or doubtful soil. So simple a piece of mechanism as a pump was unknown. The quantity of water was utterly insufficient for health, and as to the quality, the less said about that the better. There was no reason to hope that any station had what in this country would be called a pure water supply; and at some, it was to be feared, that when men drank water they drank cholera with it. The overcrowding in barracks was next referred to, and the principle of building detached barracks in good situations and well-ventilated recommended. As to the climate, there was, the writer considered, not a shadow of proof that India was created to be the grave of the British race; the evidence, on the contrary, was quite in the other direction, and showed that all that the climate required was that men should adapt their social habits and customs to it, as indeed they must do to the requirements of every other climate under Heaven. That was a duty which devolved on men themselves; the construction of drains and the finding of a supply of pure water pertained to the Government. If these improvements, along with improved agriculture, and agricultural drainage were effected, the normal death-rate of the British soldier would be (say the commissioners) not 69 per 1,000, but 10 per 1,000. After alluding to the necessity of bringing European civilization and appliances to bear upon the natives of India, at the same time that the condition of the natives was improved, Miss Nightingale concluded by remarking that the whole question resolved itself into this—how to create a Public Health Department for India; how to bring a higher civilization into India. What a work—what a noble task for an Indian Government! That would, she said, be creating India anew. For God places his own power, His own life-giving laws, in the hands of man. He permits man to create mankind by those laws, even as he permits man to destroy mankind by neglect of those laws.

Dr. Jackson next read a paper by the Rev. Dawson Burns "On the Influence of Alcoholic Liquors upon Health, as illustrated by the experience of the British Army in India."

Mr. Edwin Chadwick, C.B., remarked that in one instance it had been ascertained that whereas the death-rate among the troops in the one station was 44 in the thousand, the death-rate of the troops in the same place who had been put upon temperance conditions was reduced to 14 in the thousand. (Hear, hear.) There was no doubt that by similar appliances, combined with habits of prudence and sanitary appliances, the reduction which Miss Nightingale had alluded to of 10 in the thousand, or 15 in the thousand, might be expected to prevail throughout the whole of India.

Dr. Neilson Hancock showed that the system of compelling the men not to marry was one of the most prolific sources of mortality.

Mr. Rawlinson, C.E., said that if care were taken to obtain the best sites on which to erect barracks, and to have them placed under better supervision,—if they got the soldiers better accommodation, and abolished the spirit rations, they might place the British army in India, now nearly 80,000 strong, in such a position that in place of its mortality showing about 60 or 70 per 1,000, it should not exceed 20.

The remaining papers, by Mr. Holland, M.P., and Mr. Gangee, referred to the subject of disease in cattle and inspection of markets.

Mr. Rawlinson quite agreed that this question of diseased meat had assumed a national importance and ought to be taken up by Government. It had fallen under his duty to inspect many slaughterhouses in different parts of England, and he found that the extent of the trade in diseased cattle was most appalling.

CONVERSAZIONE AT THE UNIVERSITY.

On Thursday night there was a brilliant gathering at the *conversazione* given by the University to the members and associates. Famous as Edinburgh is for its educational institutions, it would sadly miss the existence of that university, on the possession of which it prides itself so greatly. Founded by James VI., it has gradually risen to the position it now occupies, its reputation as a school of medicine being developed under the fostering care of Dr. Alexander Munro during the earliest part of the last century; and the talents and abilities of such men as Black, Ferguson, Robertson, and others whose names are inscribed on its roll of fame, tend to explain much of its present high position in the other branches of learning. The present building was erected from designs by Mr. Robert Adam, in 1789, and is a structure of some pretension with respect to taste. Entering the reception hall on the left hand side of the quadrangle, the visitors proceeded to the

grand staircase, which was tastefully decorated with native and rare exotic plants, and led into the magnificent library, said to be "one of the finest rooms in Europe." It is known as the Library Hall, and measures 198 feet in length by 50 in width. The library itself contains nearly 100,000 volumes. For the first time since its erection, this splendid apartment was last night lighted up with gas, and the effect was very striking. The eighteen side recesses of the hall were filled with carefully-arranged and instructive, as well as interesting, collections of specimens, models, materials, &c., illustrative of the progress made in photography, chemistry, insular defence, magnetic electricity, meteorology, astronomy, music, natural philosophy, agriculture, food, poisons, geology, botany, &c., including a curious display of rare manuscripts. The latter comprised, amongst others, several illuminated missals, and the original Protest of the nobles of Bohemia against the execution by burning of John Huss. The minor rooms of the library were converted for the occasion into splendid drawing-rooms, which were crowded by the members of the association and those belonging to the university, who amused themselves by inspecting the various expensively illustrated works, such as Robert's 'Holy Land,' Owen Jones's 'Grammar of Ornament,' &c., which had been borrowed from the shelves of the library. Prince Alfred was present, attired in a kilt of Royal Stuart tartan, and wearing the star of the Garter. He was accompanied by Lord Brougham, and attracted general attention. The visitors were received by Sir David Brewster, and the scene was extremely magnificent, many of those present wearing uniforms or official robes. Lord Brougham wore his robes as head of the university. There were between 2,000 and 3,000 visitors present, and there was much crowding and confusion towards the close of the conversazione, owing to the many rushes made to obtain a sight at the Prince.

PUBLIC HEALTH DEPARTMENT.

This department met, as formerly, in one of the large court-rooms.

Dr. Stevenson Macadam read a paper "On the Contamination of Water by Imperfect Drainage in Towns and Villages."

In the discussion which followed Professor Gairdner, Glasgow; Provost Whitelaw, Dunfermline; Rev. Mr. Farquharson, Selkirk; and Dr. Mackenzie, Kelso, bore testimony to the great benefits which had arisen from Provost Lindsay's Police Act.

Professor Bennett thought people were apt to confound offensive smells and impure water. He had a strong idea that smell did no harm, and it had not been proved that smells arising from drainage had the slightest effect on our health; at all events, not to produce ill-health. He remembered when the 'Times' and other newspapers were crying out about the Thames, and when, in the House of Commons, the members sat with cambric handkerchiefs at their noses on account of the terrible odour from the river, it was distinctly proved that during the whole of that summer there was not the slightest injury caused by it and no case of diarrhœa was produced.

Several gentlemen having spoken on various points connected with drainage and the utilisation of sewage,

Mr. Ford, Edinburgh, made a few remarks on experiments he had witnessed as to the solidification of sewage for manure purposes. When the water was drained off, the residuum was of no practical value, and hitherto all the beautiful and poetical visions of chymical men had ended in utter smoke. (Laughter.)

Mr. Elliott, Carlisle, maintained that fresh sewage did not injure water, and stated that fish had increased in the Eden, notwithstanding the introduction of sewage, which he held afforded food for the finny tribe. (Laughter.)

Dr. Alexander Wood expressed great surprise at what Professor Bennett had stated, and gave it as his opinion that in the majority of cases where a bad smell existed it was an indication given by the Almighty that something was wrong which required to be put right. With regard to the utilisation of sewage by solidification, he could not agree with Professor Bennett's views. He begged, in the name of most Medical gentlemen, to protest against the doctrine that pure water was of more importance than pure air, and he would beg all gentlemen who were interested in that measure not to wait until that extraordinary problem of the utilisation of sewage was solved, but to go forward and benefit the living generation.

MEDICAL REFORM.

Dr. Ogle read a paper on "Medical Reform," suggesting a change in the present mode of professional remuneration by the adoption of a fixed rate per annum for ordinary attendance, with extra fee for extraordinary occasions.

Newcastle College of Medicine.—Mr. F. W. Newcombe has obtained the University Medical Scholarship, tenable for four years; Mr. Hubert Ridley a prize for Medical Jurisprudence; Mr. George Cuthbert Gilchrist a prize for Practical Chemistry; and Mr. Thomas Joseph Fawcitt a Certificate of Merit for Chemistry.

REVIEW OF THE PERIODICALS.

'The Lancet.'

The number opens with Mr. Paget's "Introductory Lecture," which was delivered the week before last at St. Bartholomew's Hospital, and of which we gave a report in our last number. Dr. Willoughby F. Wade contributes a paper on the "Treatment of Rheumatic Fever," and recommends that the affected joints should be wrapped up in cotton wool, and a dose of calomel with compound jalap powder administered; a mixture is then to be given, containing a drachm of nitrate of potash and three drachms of acetate of potash, and repeated every two, three, or four hours, according to the urgency of the symptoms. Dr. Wade has found lemon-juice efficacious, but uncertain in its operation, and he does not admit the efficiency of opium except as a sedative. The administration of quinine at the outset of the disease, is not to be recommended, but as rheumatic fever is very prone to relapse, Dr. Wade advises that from two to four grains should be given as soon as there is any distinct remission of the febrile symptoms, and when the pain is quite gone, iodide of iron is very useful in completing the cure. Dr. John Gason reports a "Case of Retention of Urine from Diseased Prostate Gland," in which the bladder was punctured above the pubis. It appeared that in some unsuccessful attempts made to relieve the patient before Dr. Gason saw him, a false passage had been made by a catheter. The operation above the pubis was partially successful, but the patient died soon after, and no post-mortem examination was made, so that the case is incomplete.

The 'Medical Times and Gazette.'

Professor Huxley continues his Lectures delivered at the College of Surgeons, on the "Vertebrate Skull," and he now describes the Skull of Fishes, his observations being illustrated by numerous wood engravings. Dr. R. Dundas Thomson continues his papers on "Chemical Aids to the Medical Practitioner," but we question whether the aids he offers in this communication will be of much general service, although they are very valuable guides to the analytical chemist. The present paper is devoted to the analysis of bread, comprising the estimation of the water it contains, and its relative richness in nitrogenous constituents. The former is ascertained by drying the bread at a temperature not exceeding 350°, and the latter by combustion with the soda-lime mixture, which converts the nitrogen into ammonia, the amount of which is determined by union with chlorhydric (hydrochloric) acid, and precipitation by the bi-chloride of platinum. Mr. Henry Smith relates a "Case of Bony Anchylosis at the Knee, following a Gun-Shot Wound, treated by Excision of the Anchylosed Portion." The patient was a soldier, who had been shot through the knee-joint at the battle of Inkermann. The ball was extracted at Scutari, but the joint afterwards became inflamed, and finally anchylosed in an unfavourable position. Mr. Smith removed the anchylosed portion, and the man recovered with the use of a serviceable limb. Dr. Gabr. Taussig relates the particulars of "Two Successful Cases of Cæsarian Section," the operation having been performed in Italy, where, it would appear, this proceeding is often successfully adopted.

The 'Glasgow Medical Journal,' No. XLIII., October, 1863.

Dr. Easton, the Professor of Materia Medica in the University of Glasgow, commences the number with a paper "On the Use of so-called Expectorants in Diseases of the Mucous Membrane of the Lungs," being remarks suggested by Professor Gairdner's recent article "On the Action of Expectorant Remedies." Dr. Easton disapproves altogether of the term expectorant, and he combats the opinion of Dr. Gairdner that these medicines excite peristalsis in the bronchial tubes. Dr. Easton, indeed, denies that peristalsis can

be said to occur in these tubes, for according to Reisseisen they contain only transverse muscular fibres, whereas longitudinal and transverse muscles are both necessary to produce peristaltic motions by their combined agency. The condition of the bronchial mucous membrane is very different in the acute and chronic forms of bronchial inflammation, for in the former case the membrane is dry and harsh, from the diminution of its secretion, while in the latter the tubes are filled with an excessive muco-purulent secretion. Hence it is necessary to employ very different kinds of remedies in these two cases, our object in the first being to relax and moisten the membrane, and in the second we have a double object—viz., to remove the superabundant secretion, and to alter and improve the condition of the secreting surface. Dr. Easton would therefore divide the so-called expectorants into relaxing broncho-muco-alterants, as tartar emetic in small doses, ipecacuan in small doses, henbane, hemlock, aconite, hydrocyanic acid, &c., to be used in the acute cases; and stimulating broncho-muco-alterants, as squill, leek, onion, garlic, benzoin, styrax, copaiba, senega, sesquicarbonate of ammonia, &c., in the chronic cases, and as coughing is necessary for the removal of excessive muco-purulent secretion, and as this act is a muscular one, it should be excited by a class of medicines which might be called pneumo-musculo-excitants, such as the stimulating preparations of ammonia, alcohol, nux vomica, iron, cinchona, together with general hygienic measures, embrocations, sponging and friction, and the inhalation of stimulating vapours. Dr. LEISHMAN continues his critical and historical essay on the "Mechanism of Parturition," taking Naegele's work as the basis of his remarks, and illustrating his views by diagrams. In reference to the practice of supporting the perinæum during labour to prevent laceration, Dr. Leishman considers that this proceeding is calculated to produce the very result which it is intended to avert. An anonymous article on the "Army Medical Department," which evidently emanates from some one who is well acquainted with the subject, will well repay perusal. It gives a general view of the advantages and disadvantages attached to this department of the medical profession, and endeavours to explain the reasons for the unwillingness displayed by many to enter the service. While admitting that the army medical officers have some grievances to complain of, the writer considers that the complaints are often exaggerated, and that the attempt made to dissuade young medical men from joining the medical department of the army must be attended only with bad results. The writer asks why the discontented medical officers do not resign their own appointments, if they are dissatisfied, instead of remaining in the service and endeavouring to lower its position by vilifying the character of those who are now joining it, and by calling them "young snobs," "sweepings of the schools" and so forth. The writer shows, however, that service in India is very disadvantageous to staff or regimental assistant-surgeons, although the assistant-surgeons of cavalry and artillery are comparatively well-paid. Dr. T. MCCALL ANDERSON relates some "Cases Illustrative of Diseases of the Ear," the present series being cases of diseases of the ceruminous glands. Dr. Anderson carefully describes the method of syringing the ear for removing accumulation of wax in the external meatus. Mr. CHARLES D. DOIG contributes some "Notes on Fractures," and after giving some statistics on these accidents in general, he relates twelve cases of special fractures which have fallen under his own notice. Mr. W. J. MACLOSKY, of Greenock, gives a short paper on the "Treatment of Anchylosis of the Elbow-joint," illustrated by two cases in both of which the motion of the limb was in a great measure restored by traction performed under the use of chloroform. The first case had been the result of an accident, the second was caused by strumous disease of the joint.

Altogether, the present number of the 'Glasgow Medical Journal' fully maintains the character of this very meritorious periodical.

REVIEW OF BOOKS.

Mentone in its Medical Aspect: Being Letters Addressed to a Medical Friend. By James Lewis Siordet, M.B., Lond., M.R.C.P.L., London. Churchill and Sons. pp. 111. 1863.

The little town of Mentone, the capital of the former kingdom of Monaco, but now included in the French dominions, has lately become pretty extensively known to our countrymen by the writings of several medical practitioners who have resorted to the climate for the benefit of their own health, and have made known the results of their experience to others. Dr. Siordet belongs to this category, and the little work before us is the record of his own observations made during a residence at Mentone. The town is situated on the shores of the Mediterranean, and its principal street is part of the famous Cornice road which leads along the sea-coast from Nice to Genoa; it is open to the south, but is protected from the north winds by a portion of the maritime Alps, and hence the climate is very mild, even in winter, and is well-suited to persons suffering from pulmonary complaints. In proof of the beauty of the climate, Dr. Siordet quotes a meteorological report, made at Mentone for ten years, by which it appears that out of the 3653 days, only 808 were rainy, and in 2140 days the sun shone in a cloudless sky. Dr. Siordet made observations during the winters of 1861-62, and 1862-63, and arrived at analogous results.

Pulmonary consumption is the disease for which the climate of Mentone appears peculiarly well adapted, but the disease is most amenable to treatment in its first stage: scrofula, chronic bronchitis, and asthma, are also relieved by a residence in this place. Dr. Siordet cautions the invalid not to leave England until the end of September, or the beginning of October, as the temperature in the summer is very high; and to leave Mentone about the beginning of June. It is also better to break the journey, both going and coming, by halting at some intermediate places, so as to become acclimatized, and to avoid the bad effects of sudden changes of temperature.

Dr. Siordet's book will be found useful to that increasing class of invalids, who resort to Mentone for the improvement of their health.

A Catalogue of Surgical Instruments, Apparatus, Appliances, &c. Manufactured and sold by John Weiss and Son. 1863.

Independently of the fact of its emanating from the very respectable firm so long known in connexion with the manufacture of surgical instruments, this volume has several merits which entitle it to the notice of the Profession. It consists of several parts,—first, an illustrated list containing fifty-three plates, with explanatory letter press, and secondly, a classified list, in which the whole of the instruments are arranged in the order in which they are required for the various operations; thirdly, a list of sets or series of instruments and appliances, including those required for the different government services and public companies; and lastly, lists of other appliances, utensils, &c., including instruments used in veterinary practice and cutlery. The plates form a really interesting series of all the mechanical aids employed by physicians and surgeons in the treatment of disease, and they are so well executed as to convey an accurate idea of their construction and uses, which are further explained by the accompanying text. The volume is very well got up, and, from the entire absence of price-lists, it has more the appearance of a scientific work than a trade catalogue. Indeed, in a scientific point of view, as we have before remarked, it has very considerable value.

On the Influence of Weather upon Disease and Mortality. By R. E Scoresby-Jackson, M.D., F.R.S.E. From the Transactions of the Royal Society of Edinburgh. Edinburgh, Neill and Company, pp. 54, 1863.

The very important inquiry which forms the subject of this paper has been conducted by Dr. Scoresby-Jackson with especial reference to the weather in Scotland, and his researches are illustrated by a map showing the geographical features of that country, and the stations of the Meteorological Society; together with a series of most elaborate tables proving the connexion existing between the state of the weather and the prevalence of disease and mortality. The difficulties of the investigation are fully set forth by the author, but his present very meritorious contribution is calculated in some measure to surmount them. It is evident that no one person can adequately grasp so wide a subject, which requires the independent labours of numerous observers, and from its very nature is involved in great obscurity; but nevertheless, Dr. Scoresby-Jackson's paper will stimulate the zeal of other observers and we may hope at no very distant period to obtain some reliable data on which to ground some consistent theory of medical meteorology. We warmly recommend Dr. Scoresby-Jackson's paper to the notice of the Profession.

Statistical Tables of the Patients under Treatment in the Wards of the London Hospital during 1862. By Morell Mackenzie, M.D., Lond., Registrar to the Hospital. London, Fisher, 1863.

As the title implies, this publication consists of nothing more

than a series of tables showing the statistical details connected with the patients received into the Hospital, such as the number of admissions, of recoveries, and of deaths; the principal operations performed, and their results; the cases of accident, and a summary of the accidents during the last twenty-one years &c. The labour involved in this work is enormous, but the practice of keeping such a record in our great hospitals cannot be too highly commended, because statistics so obtained must be hereafter of incalculable benefit by establishing models for all similar institutions throughout the world Dr. Morell Mackenzie has executed his very difficult task with great ability.

Special Therapeutics: an Investigation into the Treatment of Acute and Chronic Diseases by the Application of Water, the Hot-Air Bath, and Inhalation. By J. C. Lory Marsh, M.D., M.R.C.P.L. Pp. 132. London: J. M. Davies. 1863.

The object of Dr. Lory Marsh in writing this book is not very apparent. He by no means professes to be a believer in the absurdities grouped together under the name of Hydropathy, nor does he assert that either the hot air bath, or inhalation is a cure for all diseases. As far as we can understand the book, Dr. Marsh wishes the profession to believe that the application of water to the skin in various ways, either hot or cold, or alternately hot and cold, the application of the hot-air bath, and the inhalation either of fresh air or of air mixed with various vapours or gases, are all, under suitable conditions, available and useful measures in the treatment of disease. All this we admit, but we knew it before, and we cannot say that after reading Dr. Marsh's cases and observations we have added anything to the amount of information which we already possessed on these matters, or that he has placed them before us in any new light. In public and private practice we are all in the habit of prescribing hot and cold bathing in appropriate cases; in all our hospitals, baths are fitted up as a part of the therapeutic appliances of each establishment; the efficacy of the hot air bath as a sudorific is universally admitted; the inhalation of fresh air is indubitably a hygienic agency of the first importance; and medicated inhalations have proved useful in a certain limited number of cases.

This summary, we think, fairly comprises the material principles laid down by Dr. Marsh, and when we look over his list of illustrative cases, they tell us very little more We have some cases of neuralgia said to be cured by two applications of the hot air bath, but we are not told that this bath is a cure for the disease; a case of sciatica is said to be cured by the same application, but then inunction of belladonna and olive oil was superadded; a severe case of eczema is reported as cured by the inhalation of fresh air, but cod-liver oil and arsenic were also employed in the treatment: acute rheumatism is said to have been treated successfully with the wet blanket and oil silk covering, but opium and bicarbonate of potash were given at the same time; and so on with many more cases.

But while making these reservations in our approval of Dr. Marsh's book, we have no hesitation in recommending it as a thoughtful collection of observations and cases bearing upon the subjects in the title-page, and we should express a stronger degree of approbation if we thought that the application of water and of fresh air, either hot or cold, or of medicated inhalations, was unduly neglected by the Profession. The public, however, may not yet sufficiently appreciate these measures as therapeutic agents, and they may, perhaps, need to be reminded of their undoubted efficacy and utility.

GENERAL CORRESPONDENCE.

ON THE DESTRUCTION OF VERMIN BY THE USE OF CHLOROFORM.

To the Editor of the Medical Circular.

SIR,—I know of no greater sources of annoyance and disgust in the examination of hospital patients, than having in the course of that examination to come into close proximity with the vermin, by which their persons, especially their heads, are sometimes infested, and the sometimes carrying away of pediculi from them to the sick rooms of our wealthy patients, even though the most scrupulous attention be paid on our part to avoid such an occurrence.

In some recent experiments upon the lower animals, which I have been prosecuting in relation to the use of chloroform in ovariotomy, I found that all the vermin with which those animals were covered speedily died from the anæsthetic which I employed, and which I administered in the following manner:—a chamber, little larger than the size of the animal upon which the operation was to be performed, and containing merely a sufficiency of air for the maintenance of the respiratory functions, having been thoroughly impregnated with the anæsthetic, had placed in it the subject of experiment, which was allowed to remain therein till it was brought completely under the influence of the soporising agent; when removed to the operating table all the vermin with which it was covered, were found dead and fell readily from its coat upon the cloth of the table.

It occurred to me, that we might most advantageously use this agent in the destruction and removal of the vermin found upon our hospital patients; while the methods of use are so very many and so very easy of application, that I would leave it to the ingenuity of the physician or surgeon to devise the manner, which may seem to him the best. I am, &c.,

G. DE GORREQUER GRIFFITH, M.R.C.S. Eng., &c.

DOUBLE HOUR-GLASS CONTRACTION OF THE UTERUS.

To the Editor of the Medical Circular.

SIR,—I am not aware that a case presenting this peculiarity is mentioned by any author on "Obstetrics," and therefore, wish briefly to bring the facts of this case before the Profession, through the medium of your valuable publication.

On Thursday, September 17th, I was called to assist a brother practitioner in a case of retained placenta from hour-glass contraction. On my arrival at the house, I ascertained that the patient had been delivered of a living child, with the forceps, about three hours before, hæmorrhage having ensued, and on an attempt being made to remove the placenta that the funis had given way at the root. Finding the patient in a depressed, though not very exhausted state, I resolved at once to remove the placenta, if possible. Accordingly, I introduced my hand about half way into the uterus, where I found a strong constriction, and this being passed, I found to my consternation that the placenta was not to be felt. After carefully exploring with my hand the walls of the uterus, I discovered another constriction directed backwards towards the spine.

Through this constriction I insinuated first one finger, and finally my hand, and there found the placenta, which, after some considerable trouble I was enabled to withdraw into the middle compartment, but experienced great difficulty in extracting it entirely, having had my hand and arm in the uterus nearly an hour. Up to this time (Sept. 29), the patient has gone on well, having been free from any further complication. I am, &c.,

158 Dover road, S.E., CHARLES LAITON ALEXANDER.
Sept. 29, 1863.

Births, Marriages, and Deaths.

BIRTHS.

HEFFERNAN.—On the 2nd inst., at the Royal Barracks, Dublin, the wife of Surgeon-Major Heffernan, 1st Battalion 11th Regiment, of a son.

LEARY.—On the 21st ult., at the Forttown, Castlederg, Co. Tyrone, the wife of Samuel Leary, L.K.Q.C.P.I., of a daughter.

MAY.—On the 2nd inst., at Pentonville road, the wife of E. H. May, M.R.C.S.E., of a daughter.

MARRIAGES.

DAVENPORT—M'INTYRE.—On the 3rd inst., at All Saints, Paddington, J. Davenport, M.D., late of the Bengal Medical Service, to Mary Sarah, daughter of the late W. M'Intyre, M.D., of Harley street.

HARLAND—ELLIOTT.—On the 30th ult., at Towcester, H. Harland, M.D., of Mayfield, Sussex, to Sarah Frances Julia, daughter of the late W. G. Elliott, Esq., of Blisworth.

MAY—HOLLINGSWORTH.—On the 29th ult., at Edgbaston, H. May, M.R.C.S.E., of Nechell's park road, Birmingham, to Sarah Bennett, daughter of J. Hollingsworth, Esq., of Edgbaston.

DEATHS.

CHAWNER.—On the 1st inst., at Lincoln, D. Chawner, M.D., Consulting Physician to the Lincoln County Hospital.

CROOKS.—On the 26th ult., at East Harling, Norfolk, H. Crooks, L.S.A., aged 62.

GILBERT.—On the 5th inst., at Upper Phillimore place, Kensington, Henry Gilbert, M.R.C.S.E., aged 56.

MACDONALD.—On the 16th ult., at Kilbeggin, Co. Westmeath, J. J. Macdonald, L.K.Q.C.P.I.

SAYER.—On the 28th ult., W. Sayer, M.D., of Great Homer street, Liverpool, aged 32.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 1st inst.:—Ralph Gooding, Ipswich, Suffolk; William Harmer, Milsted, Hawkhurst, Kent; James Ashburner Lightbourne, Preston; George Frederick Walford Meadows, Otley, Ipswich; George Miles, Gillingham, Dorset; Charles Holman Parks, St. Colmb, Cornwall; John Skelton, 105 Great Russell street, Bloomsbury; Alexander Towne, 19 Kingsland cresent.

The following gentleman also on the same day passed his first

examination :—Charles Edward Covey, St. Bartholomew's Hospital.

[By the accidental omission of the heading last week it appeared that the sixty gentlemen who passed their examination in Arts had been passed by the College of Physicians. The words APOTHECARIES' HALL should have preceded the words PRELIMINARY EXAMINATION IN ARTS].

UNIVERSITY OF DURHAM.—The following candidates have passed the Medical Registration Examination :—Andrew Aitchison, John Pitney Aston, Albert H. Baines, Wilmer Chorley, H. A. Crosthwaite, W. S. Davison, R. E. Deane, W. Dodds, W. Easby, J. H. Gornall, James A. Hall, F. S. Higgs, William Kipling, W. H. Middleton, R. C. Newton, Robert Ostlere, J. S. Parkinson, E. A. Phillips, Peter Ryder, John Taylor, G. E. W. Turner, Robert Wilkinson, C. W. Wood, W. Worthington.—F. F. Wabrond, J Dixon Hepple, Examiners.

LIVERPOOL ROYAL INFIRMARY SCHOOL OF MEDICINE—LIST OF PRIZE MEN, OCT. 1, 1863.—The Introductory Address was delivered by Mr. Batty. Distribution of Prizes :—*Surgery*—Medal, J. P. Irvine; Certificate, J. C. Rosseloty.—*Medicine*—Certificate, R. H. D. Johnson, J. C. Rosseloty.—*Anatomy, &c.*, senior class—Medal, J. P. Irvine; Certificate, W. H. Gornall.—*Anatomy, &c.*, junior class—Medal, W. H. Burgoyne.—*Chemistry*—Medal, H. Sewell; Certificate, H. M. Steele.—Special Examination—Book, H. G. Samuels ; Certificate, R. Leigh.—*Midwifery*—Medal, J. P. Irvine ; Certificate, J. Houghton.—*Materia Medica*—Medal, J. P. Irvine ; Certificate, F. Long.—*Medical Jurisprudence*—Book, J. P. Irvine; Certificate, G. Griffith.—*Botany*—Certificate, R. Leigh.—*Ophthalmic Medicine, &c.*—Medal, J. P. Irvine.—*Practical Chemistry*—Medal, R. A. Morell ; Certificate, R. Hughes.—*Pathology*—Medal, G. Griffith ; J. Houghton.

PHARMACEUTICAL SOCIETY OF GREAT BRITAIN.—The sessional prizes, with the Herbaria and Pereira Medals, and Jacob Bell Scholarships, were distributed at a meeting held at the Society's House, on Wednesday evening, the 7th inst.; Mr. Hills, Vice-President, in the chair. *Chemistry and Pharmacy*—Medal, Michael Carteighe; Certificate of Honour, Charles Umney.—*Botany and Materia Medica*—Medal, Michael Carteighe ; Certificate of Honour, John Watts; Certificate of Honour, Charles Umney ; Certificate of Merit, Jonathan Phillips.—*Practical Chemistry*—Medal, Charles Umney; Certificate of Honour, Henry A. Peele ; Certificate of Merit, John Bourdas.—*Pereira Medal*—Michael Carteighe.—*Herbaria*—Silver Medal, Thomas Harrison ; Bronze Medal, Edward M. Holmes ; Certificate of Honour, Henry Medd.—*Jacob Bell Scholarships*, value 30*l.* per annum, with free laboratory instruction—John Watts, Frederick E. Pasmore. Mr. Hills presented to the Society a bust of the late Jacob Bell, by J. Butler, which was recently exhibited at the Royal Academy.

SOCIETY FOR THE PREVENTION OF INFANTICIDE.—A meeting of the members of this society was held on Thursday at the offices, 16 Craven street, Strand, for the purpose of considering the best means to be adopted to suppress the evil in connection with which the society had been established. Mr. J. O'Neill, who occupied the chair, commenced the proceedings by reading a paper having reference to the present state of the law as regarded child-murder. He contended that an application should be made to Parliament for an addition to a clause in the act relating to capital punishment, which would enable juries to return verdicts of guilty, with extenuating circumstances, in all cases where a mother had killed her child in or before the agonies of unaided parturition could have subsided. That system was adopted in France and worked well. The case to be dealt with was one of temporary insanity, and as in such cases culprits were respited from the penalty of an ordinary murder, so he thought should that act of mercy be conceded to females under the circumstances he had indicated. He argued, also, that the recommendations to mercy under the present system were uncertain in their results, and the frequency of acquittals, originating in humanity, encouraged crime. The truth of that opinion was made more manifest every day, and therefore it was he made the present proposal. Mr. G. Brooke considered that one of the main causes of the present prevalence of infanticide was the poor-law system. The poor girls who became unfortunate, instead of finding a shelter in the workhouses and receiving counsel and encouragement, were driven from them, or, if admitted, treated as criminals and outcasts. He trusted this fact would not be lost sight of by the society. Papers were then read by Mr. A. H. Safford, Mr. Fleming, and Mr. Duncan, the secretary, of which the main features were the establishment of asylums, under well-organised management, for the reception of females in a state of pregnancy, for whom on their recovery situations should be provided, the children being kept and educated in the asylum, both father and mother being compelled to contribute to their support. They also recommended an alteration in the present bastardy law, compelling the father of a putative child to pay a larger sum for its maintenance than that now demanded by the present law.

PREVENTION OF INFANTICIDE.—On Monday week a public meeting on this subject was held at the Royal Oak Tavern, Spencer street, Goswell road. The meeting was convened by an association formed some eighteen months ago, having for its object the devising of some means for the arresting of this crime, which has of late become so lamentably prevalent. The meeting was presided over by the Rev. Dr. Worthington, who highly commended the object in view to the consideration of the public. A resolution was adopted, to the effect that the meeting regarded the many circumstances connected with the administration of the Poor-law as tending to increase infanticide, and that measures should be adopted for having the same remedied.

ST. THOMAS'S HOSPITAL.—The question of the removal of St. Thomas's Hospital was again brought under the consideration of the Bermondsey Vestry at a meeting held at the parochial offices, Russell street, Bermondsey, on Monday week. A letter was read from Mr. Rendle, chairman of the committee of parishes, forwarding a copy of a resolution stating, "the committee recommend to the three parishes specially entitled to appear in the Court of Chancery in the matter the appointment of one solicitor, who shall act for all the parishes represented on the committee, in opposing the application for the approval by the court of Stangate as a site for the hospital, and respectfully recommending Mr. Sturmy to be so appointed to conduct the proceedings under the direction of such committee of parishes." Mr. Legg (the representative of the vestry at the Metropolitan Board of Works), moved a resolution to the effect that the committee of parishes should be informed that the vestry of Bermondsey were willing to concert with them in opposing the Stangate site; but that they considered it desirable to take independent action in the Court of Chancery, which was agreed to. Mr. Collins said that if they intended to appear independently in the Court of Chancery they ought to lay some proposal before the court, and he moved that advertisements should be issued for a site or sites in or as near Southwark as possible. This also was agreed to.

SCARLET FEVER AT EASTBOURNE.—During the past week or two quite a panic has been caused among the fashionable residents at Eastbourne, in consequence of the alarming prevalence of scarlet fever in that town, and they have been taking their departure from it in great numbers, much to the dismay of the lodging-house keepers. A number of deaths have already taken place from this epidemic, and among those who have fallen victims to it are two sons of Mr. R. Hanbury, M.P. for Middlesex, whose family reside here. Mrs. Hanbury also died on Sunday week, although not from the prevailing malady, and much sympathy is expressed for Mr. Hanbury under this severe bereavement. Eastbourne has hitherto been considered the most healthy of all the watering-places, in consequence of the Registrar-General's returns showing a lower rate of mortality there than almost anywhere else.

WANTED—PURE WATER.— We are informed by the highest chemical authorities, that pure water so rapidly acts upon lead, that in a very short space of time it becomes impregnated with this metal in a soluble form. Nor are we to escape by the comforting assurance that the water is impure. Water that contains carbonic acid (and what water does not in a greater or less degree ?) equally appropriates to itself a portion of the metallic medium through which it passes ; these are facts from which we have no appeal. It is true that water may contain certain constituents that will act on the lead in a manner more favourable to a hygienic state of things ; but do we take the trouble to ascertain if such a quality exists in our water. We think not. The result is, therefore, that in the case of all new lead pipes, colic, next to poisoning, is the result upon all who use it ; and in all cases, unless specially protected, poison, in the form of salts of lead, is administered, whether in homœopathic doses or after the more liberal allopathic system, and a deleterious effect is produced on the system and health of all who partake of the liquid. The effect of sulphuric acid as a corrective, in the exceptional cases of which we have already spoken, is caused by the internal surface of the lead being changed from the metallic state into a sulphide of the metal which is insoluble in water. This reaction may be artificially produced by a simple yet highly scientific process, the discovery of Dr. Schwarz, of Breslau. This *savant* proposes the passing through lead pipes of a solution of sulphide of potassium, at a temperature of 212 degrees, which changes the metallic lead into a sulphide of lead, and, thus transmuted, the water passing through it is perfectly free from the risk of contamination by any poisonous salt from the lead. It remains for the public themselves to decide from our statement of facts, whether or not they will continue to tolerate even the skeleton of an evil that may be so easily exorcised.—'Building News.'

SANITARY PRECAUTIONS.—There are, no doubt, many benevolent persons to whom the social difficulties of the poor are matters of deep concern, but who do not always see the way to relieve them. It is a happy solution of the problem when the material interests of the benefactor are benefited by the advantages he procures for others. A pleasing instance of this nature is offered at present in Paris, where the humbler classes of workmen and artisans had been greatly inconvenienced by the construction of new and splendid streets, to

make room for which their lowly habitations had been demolished. A wealthy nobleman, the Count de Madre, has built a number of houses for the use of mechanics, were the health and comfort of the inmates are secured by excellent sanitary arrangements. These houses are four stories high, each tenement consisting of a sitting-room, a bedroom and kitchen, in which there is proper cooking apparatus and the means of letting off unclean water. A reservoir in the court-yard affords an abundant supply of water. The rent of each tenement is eight guineas per annum, and for three rooms neatly painted and papered, and well ventilated, this really is a very low rent. It is not quite 3s. 6d. per week, and what sort of lodging can a poor man find in the neighbourhood of London at such a price? The Count de Madre has not forgotten the children of his poor tenants. One courtyard in each cluster of houses is laid out as a playground. There is a washhouse for general use, perfect in all its appointments, and the count intends to add baths next year, for admission to which a slight charge will be made. This good landlord has pledged himself never to increase the rent of his lodgers, and never to eject a tenant except for two offences, very bad conduct or persistent non-payment of rent. He has also promised that should the tenant be really unable to pay, he will allow him to depart with his furniture. This benevolent scheme has worked well. The Count de Madre has had no quarrels with his tenants, who feel confidence in his good intentions, and appreciate the benefits they enjoy at so small a price. Not the least pleasing feature in the business is that the benevolent projector of this building scheme gets a return of 6½ per cent. interest on the money he has invested in these houses.

Appointments.—W. D. Adams, M.D., has been appointed a Public Vaccinator by the Edinburgh City Parochial Board.—T. H. Barker, M.D., has been appointed Senior Surgeon to the Bedford General Dispensary and Lying-in Institution.—W. A. Bracey, M.R.C.S.E., has been elected House-Surgeon to the Birmingham and Midland Eye Hospital, vice T. A. Bowen, M.R.C.S.E., resigned.—J. Cappie, M.D., has been appointed a Public Vaccinator by the Edinburgh City Parochial Board.—J. Constable, M.D., the Parochial Medical Officer, has been appointed Public Vaccinator for the Parish of Leuchars, Fifeshire.—R. Cowan, M.D., has been elected Secretary of the Glasgow Faculty of Medicine for 1863-64.—A. Duncan, M.D., has been appointed a Public Vaccinator by the Parochial Board of Dundee.—D. Dyce, M.D., has been appointed Resident Physician to the Clinical Wards of the Royal Infirmary Edinburgh.—G. P. Goldsmith, M.R.C.S.E., has been appointed Surgeon to the Bedford General Dispensary and Lying-in Institution.—R. D. Hacon, M.R.C.S., has been appointed Surgeon to the Bedford General Dispensary and Lying-in Institution.—J. Holden, M.R.C.S.E., has been appointed House-surgeon to the Ardwick and Ancoats Dispensary, Manchester, vice A. Pennington, M.R.C.S.E., whose term of office has expired.—G. H. Hopkins, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the Stone District and the Workhouse of the Stone Union, Staffordshire, vice J. Fallows, M.R.C.S.E., deceased.—W. J. Kite, M.R.C.S.E., has been re-elected Medical Officer for the South-East District of the Parish of West Bromwich, Staffordshire.—R. Langlands, L.R.C.S.Ed., has been appointed a Public Vaccinator by the Parochial Board of Tealing, Forfarshire, and by the Parochial Board of Mains and Strathmartine.—J. M'Carron, L.F.P. & S. Glas., has been elected President of the Glasgow Faculty of Medicine for 1863-4.—J. M'Dougall, L.F.P. & S. Glas., has been appointed a public vaccinator by the Parochial Boaad of Old Kilpatrick, Dumbartonshire.—J. M'Innes, L.F.P. & S. Glas., has been elected Treasurer of the Glasgow Faculty of Medicine for 1863-4.—J. W. R. Mackie, M.D., has been elected Public Vaccinator for the Parishes of Cupar, Cults, Logie, Darsie, and Kemback, Fifeshire.—A. J. Moore, M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Caversham District of the Henley Union, Oxfordshire, vice W. B. Young, M.R.C.S.E., resigned.—F. J. Padfield, M.B., has been appointed Junior House-Surgeon to the Liverpool Northern Hospital, vice N. Heelas, M.R.C.S.E., resigned.—C. E. Prior, M.D., has been appointed Senior Surgeon to the Bedford General Dispensary and Lying-in Institution.—W. F. Purland, L.S.A., has been re-appointed Medical Officer and Public Vaccinator for the East Woolwich District of the Greenwich Union, Kent.—R. Ransom, M.D., has been appointed Surgeon to the Cambridge Borough Police, vice C. Newby, M.R.C.S.E., deceased.—W. Rayner, M.R.C.S.E., has been elected Assistant Medical Resident Officer to the Leeds Public Dispensary, vice J. J. Corrie, M.R.C.S.E., elected House-Surgeon to the Leeds Fever Hospital and House of Recovery.—J. P. Richards, M.R.C.S.E., has been appointed Assistant House-Surgeon to the Stockport Infirmary, vice W. Barker, resigned.—C. Robinson, M.R.C.S., has been appointed Senior Surgeon to the Bedford General Dispensary and Lying-in Institution.—G. Robinson, M.R.C.S., has been appointed Surgeon to the Bedford General Dispensary and Lying-in Institution.—J. H. Simpson, L.S.A., has been re-appointed Medical Officer for the Marksbury District of the Keynsham Union.

APPOINTMENTS FOR THE WEEK.

Wednesday, October 14.

Operations at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m., University College Hospital, 2 p.m.

Thursday, October 15.

Operations at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; London Surgical Home for Diseases of Women, 2 p.m., Restoration of Anus and Perinæum; Vesico-Vaginal Fistula; Removal of Stone from Bladder by Vaginotomy; Prolapsus Uteri. Harveian Society, 8 p.m. Mr. J. Z. Laurence will exhibit his Reflecting Ophthalmoscope.

Friday, October 16.

Operations at Westminster Ophthalmic Hospital, 1½ p.m. Western Medical and Surgical Society of London, 8 p.m. Inaugural Meeting of the Session.

Saturday, October 17.

Operations at St. Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Lock Hospital, Dean street, Soho, 1 p.m. Clinical Demonstrations and Operations.; Royal Free Hospital, 1½ p.m.

Monday, October 19.

Operations at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1¼ p.m.

Tuesday, October 20.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

The Laryngoscope; Illustrations of its Practical Application and Description of its Mechanism. By Dr. G. D. Gibb. London: John Churchill and Sons.

The Dental Review for October. London: Robert Hardwicke, 192 Piccadilly.

The Diagnosis and Treatment of Diseases of Women. By Graily Hewitt, M.D., M.R.C.P., &c. London: Longman and Co.

Army Medical Department, Statistical, Sanitary and *Medical Reports* for the year 1861.

Skin Diseases of Parasitic Origin. By W. Tilbury Fox, M.D., &c. London: Robert Hardwicke, 192 Piccadilly.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor, may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day

We must request our Country Correspondents who favour us with copies of Provincial Newspapers, to mark the passages to which they desire to draw attention.

The Liverpool Royal Infirmary School of Medicine.—The list has been received.

The Harveian Society of London.—The notice has been received.

The Pharmaceutical Society of London.—The notice has been received.

The Medical Society of London.—The card has been received.

Ignoramus.—The etymology of the word "Orthopædic" has no connection with the Greek word signifying *a foot*; the term is derived from *ορθος*, straight, and *παις*, a child, and it is used in connection with the remedy of deformities in children.

B. C.—We know nothing of the person to whom you allude; but we advise you to be on your guard.

A Young Physician.—The subscription is one guinea a year, and the election is by ballot.

Expectans.—We shall publish the report in due time.

X. Y., Liverpool.—The manuscript has not yet arrived.

M.D. Edin.—The facts are not stated with sufficient clearness to enable us to give an opinion.

Dr. T. H. S. Pullen.—Inquiries shall be made upon the subject, and an answer will be given next week.

Dr. McClean is thanked for his kind communication, and for the Report, which shall appear next week.

PARISIAN MEDICAL NEWS.

MEDICAL CORRESPONDENCE.

On Instruments of Simple Construction calculated to Facilitate Labour.—The perusal of Art. 6492 of the Journal of Practical Medicine and Surgery, entitled *Reduction of the Size of the Head of the Fœtus*, etc., together with a careful study of the numerous cases of tedious labour recorded in that publication (*a*), emboldens me to forward a summary description of instruments of very simple construction, which, in the course of many years practice, have enabled me to deal victoriously with the most complicated cases of midwifery.

My instruments are all made of stout iron wire, are constructed by the village blacksmith, and their entire cost does not exceed four shillings. They consist in a double tractor, lever and perforator, and I have found these applicable in every emergency. Whether they be used for the extraction of the head after decapitation, or for the perforation of the fontanels in cases of hydrocephalus, they will be found much more handy than those in present use. I am fully justified by the results of my experience, in stating that with the assistance of these very simple and very effective auxiliary appliances, it is entirely unnecessary after detruncation, to endeavour to alter the position of the head in order to facilitate the removal of its contents; that their use is always destitute of risk to the mother, and that their small size admits of their being resorted to without causing any alarm, and without removing the left hand from its situation in the vagina, advantages incompatible with the use of the larger instruments habitually employed in obstetrical practice. (*b*)

Grevin, M.D.
Valence (Diome).

SCIENTIFIC MISCELLANEA.

On the Efficacy of Opium for the Relief of Delirium in Typhoid Fever.—The recent and frequently successful experiments which have been instituted to test the efficacy of opium and the solaneæ in chronic delirium have suggested to Dr. Limousin, physician of the hospital of Bergerac, the idea of applying the same treatment to the delirium which accompanies fever. If we are to form an opinion from the facts recorded in the *Archives de Médecine*, the results would appear satisfactory.

Six, or at least five of the eight cases published by the author, are undoubtedly instances of violent delirium occuring at various stages of typhoid fever, and the beneficial effects of opium were prompt and evident.

The first subject was a young man of twenty-one, in whom as a complication of typhoid, violent, incessant and noisy delirium was present; the patient recognised none of his attendants, and was prevented with much difficulty from throwing himself out of the window. Mr. Limousin prescribed:

℞ Extr. Opii., gr. iijss.;
Mist. acaciæ, ℥vj.

To be taken in tablespoonfuls every hour, until the production of sleep. On the first day, the medicine had no effect, and was again exhibited on the morrow; the delirium entirely ceased on the third day, and moreover, the sordes, abdominal distension and diarrhœa were removed, copious perspiration supervened, and the pulse fell from 130 to 90.

In the second patient, a lad of nineteen, opium again checked the delirium; two and a half grains only were prescribed, and the first doses removed the tremor, agitation, and loquacity. After an interval of a few days, the symptoms returned, and were again dispelled by the same remedy, and in this instance also copious diaphoresis was observed, the diarrhœa was arrested, and the sordes which covered the lips and tongue disappeared.

The third subject was a young man aged twenty-six, whose countenance on the fourth day of typhoid fever assumed a sardonic expression, whilst his answers became singular and incoherent. At night he talked incessantly in the most unconnected manner, jumped out of bed, ran out of the room, etc.; two-and-a-half grains of extract of opium were prescribed and produced the first day most distressing retention of urine which lasted twelve hours; a large quantity of water was then passed with great relief. The delirium in this instance yielded as promptly as in the former cases, but the drug had no visible effect on the fever, pulse, or secretions, a circumstance explained by the early stage of the disease. The cerebral complication was, however, entirely removed, and the fever henceforth steadily progressed towards a favourable issue.

The author after relating three other analogous cases, records the particulars of two instances of genuine inflammatory meningitis, the first observed in a boy of eleven, the second in a child aged two years, in both of which opium proved most beneficial. Ten drachms of syrup of morphia, a tea-spoonful to be taken every hour, were prescribed for the elder child, and to the younger, in whom the meningitis was connected with enteritis caused by teething, three enemas were administered, each containing three drops of laudanum. Under the influence of this treatment the infant fell asleep, and on awaking displayed every sign of returning intelligence; five drops of laudanum were perseveringly exhibited every day, and the recovery was delayed by diarrhœa only; the right side remained, however, for a long time weak and contracted.

Cases of this kind are highly interesting, although they are not invested with a character of absolute novelty. Upwards of twenty years ago, Mr. Morand, of Tours, succeeded in checking the delirium of subjects labouring under typhoid fever, by the exhibition of mixtures containing fifteen drops of laudanum. Dr. Limousins' practice shows that opium does not, as has too often been asserted, cause determination of blood to the head, and that the practitioner is not bound to dispense with this valuable medicine, because congestion of the encephalon is supposed to exist; morbid vascularity has moreover not been discovered in the brain of animals or individuals who have died from the effects of opium; we know very little more of its action on the system beyond Molières *virtus dormitiva*, and we should, therefore, not be deterred by any preconceived theory from the use of this drug in febrile delirium, in which bloodletting and antiphlogistic treatment are notoriously unavailing.

On the Efficacy of Catheterism of the Duodenum for the purpose of Inducing Peristaltic Action.—Mr. Blanchet, physician of the deaf and dumb Institution in Paris, has forwarded to the Academy of Sciences four cases, together with an account of various experiments on the dead subject, illustrative of the possibility of introducing a probang through the pilorus into the jejunum for diagnostic or therapeutic purposes.

The following are the cases related by the author:—

A deaf and dumb boy, aged thirteen, swallowed a rough, pointed, slate pencil about four inches in length. He complained of severe pain in the epigastric region, and pointed to this part as the place occupied by the foreign body. Mr. Blanchet introduced through the mouth a probang thirty-two inches in length, as far as the cardiac orifice of the stomach, where a certain amount of resistance was experienced caused by the pencil, which was promptly forced into the stomach. As the pain continued unabated, the probang was pushed through the pilorus into the duodenum, and by imparting backward and forward movements to the instrument, Mr.

(*a*) In the case of a woman who for thirty-two years had worn uninterruptedly a cork pessary, which had given rise to untoward symptoms, two surgeons failed in extracting the foreign body, and declared its removal impracticable. Mr. Grévin was more fortunate; being unable to insert into the contracted vagina his usual tractor, at the same time with his left forefinger, the operator introduced an incurvated piece of thin wire with which he divided and extracted the foreign body, without damage to the patient.
H. C.

(*b*) These remarks are an abstract of the contents of an important memoir, in which Mr. Grévin, the author, quotes 27 cases published in the present journal. H. C.

Blanchet determined the occurrence of a phenomenon which he had already observed in his vivisections, viz., a peristaltic action of the bowel, speedily followed by an evacuation, and the passage of the obnoxious pencil.

Another deaf mute intending to commit suicide swallowed several pieces of glass; with the assistance of the house-surgeon on duty, Mr. Blanchet introduced a probe in the same manner, and in a few hours the fragments of glass were ejected from the rectum, fortunately without having caused any material damage.

It is not, however, for the expulsion of foreign bodies only, that Mr. Blanchet resorts to this method. In two instances of ileus or intestinal obstruction in which the most powerful drastics had failed in giving relief, the introduction of the probang proved successful, and in another instance the operation arrested vomiting which had continued for twenty-five days, and entirely prevented the patient from taking any food. In the first instance of obstruction, rapid movements imparted to the probe induced in the course of three-quarters of an hour alvine evacuations followed by a prompt recovery. In the second case, the patient, a woman of forty-one, submitted for thirteen days in succession to the introduction of the instrument, when the symptoms at last yielded. The operation would seem to have checked spasmodic action, and facilitated the passage of fluid nutriment beyond the pylorus.

On the Efficacy of Juniper-berries in Ascites and Anasarca.—We formerly published (Art. 5539, and 5942), the formula of a diuretic wine for the preparation of which Mr. Trousseau gives the following directions:—

℞ Fol. Digital purpur, ℥ijss.;
Scillæ, ℥j¼.;
Fruct. Juniperi Contus, ℥xijss.;
Vini albi, ℥xxiv.

Macerate during six days; strain; add—

Potassæ acetatis, ℥iv.

Dose: Two or three table-spoonfuls every day.

The *Gazette Médicale de l'Algérie* relates a case communicated by Dr. Ronzier-Joly, in which this preparation was found most serviceable; the author further remarks on the efficacy of Juniper-berries in the treatment of the ascites occasionally consequent on attacks of paludal fever.

The case was a serious one; the patient, aged forty-one, was afflicted with organic disease of the heart, induced by rheumatic fever, and the ascites and anasarca were attributed to the disturbance of the circulation. The serous effusions had existed for several months, and were so considerable that Dr. Ronzier-Joly prescribed, more for form's sake than with any sanguine expectation of their good effects the following measures of treatment: embrocations with tincture of digitalis and squills; diuretic wine of the Hôtel Dieu of Paris; flannel clothing, and cotton wadding and oil cloth covering for the limbs.

These remedies at first caused diarrhœa, but the renal secretion promptly became extremely copious, and in the course of six weeks the œdema and effusion disappeared altogether. Two and subsequently three table-spoonfuls of the wine were exhibited every day, the total quantity taken during the entire treatment amounting to three pints.

"In many instances of anasarca resulting from the deleterious action of marsh miasma," says Mr. Ronzier-Joly, "the diuretic mixture here alluded to, which can be altered in its composition to suit the requirements of each case, will certainly prove beneficial. The learned Valmont de Bomare's remarks on the Juniper tree, and on the wine prepared with its berries, which he called the poor man's wine, imply that this composition will be often found a useful substitute for, or at least an adjuvant of other bitter tonics, such as bark wine, for instance. Lieutaud, an eminent practitioner well acquainted with the paludal diathesis, esteemed highly the wine made with Juniper-berries, and exhibited this remedy as a diuretic, a diaphoretic, and a most efficient tonic of the stomach. Alibert considers the Juniper tree as one highly interesting to the Medical botanist. 'Its invigorating effects on the system are well known; the berries are supposed to be possessed of diuretic virtues, and Dr. Hecker's observations confirm the surmise.' In nephritic colic and in gravel, Muller extols the therapeutic properties of the distilled water of Juniper-berries. Acetate of potash, which is an ingredient in Mr. Trousseau's formula, has been discovered by chemists in the berries, and is the most appropriate diuretic in cases in which debilitating or irritating drugs would be improper."

In his excellent treatise *on indigenous medicinal plants*, Mr. Cazin, after speaking favourably of the use of the berries in mild cases of anasarca and ascites, on the authority of Hegewisch, Van-Swieten, Vitet, Alexander, etc., states that he has often derived much advantage from the exhibition of the watery or vinous infusion of the berries (from half-an-ounce to one ounce of bruised berries for every quart of water or white wine). Mr. Cazin often superadds parsley or horse-radish roots, especially in dropsy consequent on intermittent fever, or coincident with chronic albuminuria.

On the Good Effects of Ice in Diphtheria.—Three years ago, Dr. Grand Boulogne published in the *Revue de Thérapeutique*, several cases in which he endeavoured to show that when small fragments of ice are uninterruptedly exhibited to persons suffering from diphtheritic sore-throat, the disease generally assumes a *benignant* aspect. Subsequent extensive experience at Havana, has confirmed this practitioner's opinions on this point, and he now reverts in the same journal to this important subject.

"In March and April 1861," says he, "an epidemic of diphtheritic angina broke out at Havana; adults were the chief victims of the scourge, and in one house of the *Chaussée de la Reine*, three girls were carried off in the course of a week. I was in the habit of visiting professionally in an adjacent house a young lady affected with granular ophthalmia. One morning she complained of severe sore-throat, and I was summoned in haste, but happening to be otherwise engaged, I was not able to see her before a late hour in the evening. Another physician had in the interim been called in, and struck with the malignant character of the sore-throat, he had prescribed an emetic and an astringent gargle. No relief had yet been experienced; the patient was terrified, could speak but of her approaching dissolution, and her friends were in the greatest anxiety.

"The tonsils were much tumefied, and covered with a thick false membrane. The case was obviously one of great peril; I unhesitatingly pronounced, however, that in a few hours the patient would be entirely out of danger. As I had foretold, the exhibition of ice was followed with its usual good effects; in the course of the night the swelling of the tonsils subsided, and the false membrane vanished almost entirely. Convalescence was evidently at hand; I recommended, nevertheless, the use of the ice to be persevered in, and on the same evening the sufferer was enabled to take food."

A few days after the brother of this young lady was suddenly attacked with a sore-throat similar to that of his sister, but he did not think it necessary to call in a physician; he took ice and was well in a few hours.

At *Vera Cruz*, Mr. Grand Boulogne was consulted for a young man suffering from genuine diphtheria. Astringents and muriatic acid had unavailingly been resorted to. Ice was exhibited, and convalescence set in in the course of twenty-four hours.

Mr. Grand Boulogne trusts that these instances of the efficacy of ice will induce the profession to have recourse to this simple and trustworthy remedy, in pseudo-membranous angina.

PRESCRIPTIONS AND FORMULAS.

On the Iodised Solution of Morphia.—We stated in our last number that the iodised solution of morphia which Mr. Bouchut has prescribed with benefit in neuralgia, is prepared by dissolving half a drachm of sulphate of morphia in half an ounce of tincture of iodine. We should add that Mr.

Réveil, the learned chemist attached to the Hospital for Infancy, has analysed the preparation, and that from his researches it appears that one-half only of the amount of morphia added to the tincture remains unchanged; the other half is decomposed, and gives rise to the formation of morphous acid, and of a peculiar substance called iodo-morphia. Enough of the morphitic salt remains, however, in solution, to modify the counter-irritant action of the tincture of iodine, diminish the pain of the application, and act as a direct sedative.

Professor Piazza's New Hæmostatic.—An interesting paper was recently read at the Brussels Society of Medical Science, by Mr. Janssens, on a New Hæmostatic Fluid, discovered by Mr. Piazza, Professor of Organic Chemistry at the University of Bologna.

This gentleman having ascertained that alkaline chlorides increase the consistency of the fibrinous coagulum formed under the influence of sesqui-chloride of iron, proposes to increase the efficacy of the latter by the addition of a concentrated solution of chloride of sodium. In order to reduce to 15 deg. (Areom.), one part of liquid sesquichloride of iron at 30 deg., two parts of water are required, hence the following formula for a safe and effective coagulating fluid:

℞ Ferri. sesquichloridi liquidi (30 deg.), ℥v.;
Sodii. chloridi purificati, ℥iv.;
Aquæ. destill., ℥ij.

Dissolve the chloride of sodium in the water, add the salt of iron, and the result is a mixture weighing 20 deg. by Baumé's areometer.

It is important to use absolutely neutral sesquichloride, which is not easily procured, even by following the directions of the French Codex. The above preparation will, however, be found useful in cases of hæmorrhage; it arrests immediately the escape of blood, and the application causes but a transient and easily bearable sensation of pain.

Efficacy of Cascarilla in Chronic Diarrhœa, Chlorosis and General Debility.—The *Gazette Médicale* reproduces from the pages of the *Deutsche Klinik*, an article in which Dr. Hebenus, of Dresden, complains of the undeserved oblivion into which Cascarilla appears to have fallen. After a few remarks on the effects and mode of administration of this drug, the author recommends the following formulas.

In the atonic diarrhœa of children, he prescribes the tincture:—

℞ Tinct. cascarillæ., ℥ss.;
Aq. dest. laurocerasi. ℥j.

Dose: Ten drops every three hours, in a decoction of salep or sago.

In chlorosis aggravated by the presence of constipation, he highly recommends the following prescription:—

℞ Pulv. cascarillæ., } á ℥j.;
— Rhœi., }
Ferri malatis., ℥iss.

Divide into four grain pills, three or four of which should be taken two or three times a-day.

In the debility which accompanies convalescence after serious illness, Mr. Hebenus extols the tonic properties of the extract of cascarilla:—

℞ Extr. cascarillæ., ℥j.;
Aq. tilii., ℥ij.;
— flor. aurantii, ℥j.;
Etheris nitrici., ℈j.

Dose: one teaspoonful four times a-day.

Dr. Hebenus also prescribes cascarilla with quassia, iron, and various essential oils, for the purpose of invigorating the system.

The author also regards this substance as a useful palliative in dilatation of the heart, when the walls of the viscus are thinned. Under these circumstances he represents the remedy as a valuable sedative of pain, spasmodic action and difficulty of breathing:—

℞ Extr. cascarillæ, } a ℥j.;
— myrrhæ., }
— Aloes. aquosi., ℈j.;
— Hyosciami., } ā gr. x. M.
— Acid. benzoici., }

Divide in two-grain pills; dose: from two to five pills every three hours.

Granular Preparation of Soap-Wort.—Tisanes, and more especially sudorific and depurative diet-drinks are frequently prescribed to persons who can neither prepare, nor readily procure them.

Patients and physicians have, therefore, often expressed a wish that it were possible to obtain, in a convenient and easily preserved form, the ingredients of the tisanes in most common use. In order to satisfy this desideratum, Mr. Guyot d'Annecy employs the system of granulation, and proceeds as follows, for instance, in the preparation of the granular extract of soap-wort (saccharure de saponaire):—

℞ Extr. saponariæ., ℥iijss.;
Aquæ., ℥iijss.;
Sacchari, ℥xl.

Dissolve the extract, add the sugar, boil over a quick fire, and stir uninterruptedly with a wooden spoon during refrigeration, until the mass is reduced to a granular form.

Each table-spoonful weighing ℥iiss., contains fifteen grains of the extract and is equivalent to ℥j of the dry leaves, the quantity required for each tumblerful of tisane.

Syrup of Pepsine.—On account of its very unpleasant flavour it is often desirable, especially in the case of women and children, to exhibit pepsine in the form of a syrup, and the *Union Pharmaceutique* proposes the following formula for its preparation:—

℞ Pepsinæ. puræ., ℥v.;
Aq, destillatæ., ℥x.

Mix in a mortar the pepsine and water; heat in a water bath for two hours, not exceeding a temperature of 104 deg. Fahr., stir occasionally. Add:—

℞ Tinct. aloes. compositæ., ℥jss.
Filter, add:
Syrupi simplicis., ℥xxx.

Dose: a table or desert-spoonful, according to the age of the patient.

Atropia Paper.—The same journal informs us that Dr. Streatfield has caused to be prepared a paper impregnated with atropia, for the use of oculists. A sheet of unsized paper, white or coloured with some inert substance, is ruled into divisions of about three square lines each. The paper is then immersed in a concentrated solution of atropia (two grains to the ounce), so as to incorporate into each small square a quantity equivalent to the saline contents of one drop. It is used as follows:—The patient is directed to look upwards, the inferior lid is lowered, and the moistened paper is laid upon the eye-ball. The eye is then closed and a monocular bandage is applied. In the course of a quarter of an hour the iris has fully expanded, and ophthalmoscopic investigation may be proceeded with. Mr. Squire binds this paper into small books which occupy but very little space.

The Death of Dr. Diaper, garrison surgeon, at Chunar, on the 31st of July, is reported in the 'Delhi News.' He had long been in declining health, suffering both from spleen and liver disease. The funeral ceremonies were conducted in the usual manner, except that there was no salute fired over the grave.

Important Sanitary Measure for Liverpool.—The Liverpool Town Council, on the recommendation of the Health Committee, have resolved to apply to Parliament for powers to purchase the courts and alleys of the borough, in order to effect a complete sanitary reform, and check the growth of fever in overcrowded localities.

The Medical Circular.

NETLEY HOSPITAL.

OPENING OF THE MILITARY MEDICAL COLLEGE.

INTRODUCTORY LECTURE BY DR. MCLEAN.

The objects this school is intended to fulfil, as laid down in the warrants of October, 1859, and March, 1860, have so often been explained in the introductory addresses which have been delivered on similar occasions at Chatham, and given to the public by the press, that I am spared the irksomeness of repeating a thrice-told tale. Before proceeding, however, to make a few observations on a subject of great public, as well as professional interest, I feel it incumbent on me to endeavour to remove some misapprehensions regarding the ordeal to which candidates for medical commissions in the army are subjected before they enter this school. I feel this to be all the more necessary, because these misapprehensions prevail in quarters of considerable professional influence, where we should least expect to find them. These it is desirable, if possible, to remove, as they have been used as arguments to deter competent candidates from entering on a useful and honourable public career.

We all know that commissions in the army medical department are open to public competition. Into the general question of competitive examinations I do not mean to enter. Like almost every important change in the conduct of public affairs which has come into operation in our time, it has given rise to much discussion, and to that wholesome conflict of opinion and enquiry which it is the privilege of this nation, alone of all the nations at this particular time, freely to enjoy. Under such an ordeal, if there be truth in the principle, it will prevail, if not, it will perish—as is right it should. For my own part, I believe this principle was born in the fulness of time. The extension of education, and the increase of wealth over a greater breadth of society, made it impossible to restrict public employment within the comparatively narrow limits of former days; and, if it be true, as undoubtedly it is, that some inconveniences attend its operation, it cannot, on the other hand, be denied that the recognition of this principle, and its more or less general application by the great officers of State, is, at least, one of the many causes of that political contentment and tranquillity, which, above all people, past or present, we enjoy.

If we are correctly informed, objection has been taken to the principle of competition in relation to medical commissions in the army, and not only is it by some desired that we should return to the old system of nomination, but it is proclaimed that an examination test of any kind prior to admission is an injustice to candidates or nominees, a work of supererogation, and an insult to the licensing bodies and universities of the kingdom. It is argued that as nothing but a degree or a diploma is required of a civil practitioner, nothing more should be demanded of those who are to follow the same profession in the army; that the life of a soldier is not more valuable than that of a civilian. It is curious that those who so argue do not see that the two cases, put in this way, will not bear comparison. Is it true that civil practitioners enter at once into the confidence of the public and the rewards resulting therefrom? Is it not rather the case that there is for them a trial, a competitive examination if you so choose to call it, so stringent, so chilling, so long continued, that in comparison with it, that which stands at the threshold of the public service, and bars the way to incompetence, sinks into insignificance. Into the cold and rapid river of public life those who seek public confidence must adventurously plunge; in that swift stream the strong swimmers only live; the idle, the dissolute, the incompetent, sink in its waters, or are swept away, and heard of no more. To drop metaphor—the public can protect themselves. With the soldier it is different; he has no choice, no freedom or selection, and the State must protect him. If the authorities could so far forget their duty to the sick or wounded soldier as to throw open the public service without a preliminary test, the medical department would soon become the refuge of the intellectually destitute, and the hope of the professional lounger, to whom the struggles of private practice offered nothing but starvation. In a brief time a department so constituted would become a national reproach; public indignation would be kindled against it, and consume it away.

When last I discharged the duty it has again fallen to me to perform to-day, I expressed a hope that the amalgamation of the British and Indian Medical Services would be soon effected, that success would crown the efforts of those who were seeking to bring about a real union between the two services, and that united under one head, and working together under one system and administration, I anticipated the final extinction of petty jealousies and conflicting authority, hurtful alike to the public interests, and the well being of the two services. My anticipations unhappily are not to be fulfilled. The desired union is not to take place, the banns have been forbidden. It has been found that difficulties bar the way. What these are it is useless to inquire, as the decision has been come to, and is final. The medical affairs of India, in time to come, as in time past, are destined to be conducted by two separate services, working under different administrations. Without offering any opinion on the cause of failure, I must take leave to express my unfeigned regret that this desirable amalgamation has not taken place. Some bonds of union, however, there will be. It is proposed that the medical staff corps of India shall be recruited from the departmental list of the British Army. The medical officers of both services will thus own a common stock, and as all will study here, two links at least will bind them one to the other, and we may hope that the only contention between them may be such as Bacon says should alone prevail among Christians, "who should contend, not as the briar with the thistle which can wound deepest, but as the vine with the olive, which bears the best fruit."

I understand that the Government of India has resolved to make its medical staff corps attractive by a scale of emoluments and pensions framed with wise liberality.

Disappointed on the subject of amalgamation, the anticipations indulged in by me on another subject on the same occasion have been more than realised. The Royal Commissioners, appointed to inquire into, and report on, the sanitary state of the Indian army, have presented their report. From this time forth between 70 and 80,000 British soldiers will constantly be quartered in India, requiring a large and competent staff of medical officers for their care. It is therefore certain that whatever may be the immediate destination of the young medical officers who pass through the Army Medical School, sooner or later they must take a tour of service in India, while no inconsiderable portion electing to join the medical staff corps of India will have a more permanent connection with that country. This being the case, all that relates to India, its military and political history, its physical geography, its climate, productions, and commerce, the ethnology and strange religious systems of the races that people it, and, above all, its endemic and epidemic diseases should be to those who have such a destination subjects of anxious study.

With the suppression of the Sepoy mutiny, we may, it is to be hoped, consider that the era of conquest has closed, and that India, emerging from blood and strife, is now entering on a new and happier phase of existence. Obliged to use the term conquest, I mean to express by it, *not* the hateful tyranny of a dominant over a subject race, such as we see exemplified in the position of Russia towards Poland. Unless I am greatly mistaken, the *government* and people of England have a far different conception of *the duties* they owe to the races brought, we cannot doubt, for some great purpose, ordained in the counsels of God, under the mild sway of one powerful sceptre. The people of this country desire the moral, religious, political, and social regeneration of India. The conquest of India by such a people, whatever may have been the immediate motive, was the first step towards this regeneration. Without the help and guidance of a power resolved to govern it on such principles, India could no more advance out of its condition of semi-civilisation than the leopard can change his spots, or the Ethiopian his skin.

The process of conquest was doubtless attended with suffering, not confined, however, as we shall presently see, to the conquered race, but so it has ever been—it is through much sorrow that nations, as well as individual men, are born again into a higher condition of life. Casting our eyes over India, everywhere we see hopeful signs, a turbulent soldiery that threatened destruction to the race it served, and oppression to that whence it sprung, has been effectually humbled, a highly-disciplined army secures peace, and does not oppress where it has subdued. Military expenditure, reduced within proper limits, leaves funds available for productive purposes. The railway, that great civiliser of modern times, is spreading its iron arms over ancient rivers, and across boundless plains, to cities renowned of old. Works of irrigation are sending fertilising streams that make glad the wilderness. The surplus population, instead of being sent across the, to them, dread waters of the ocean, to cultivate foreign lands, will soon, under the guidance of our countrymen, flood the markets of Europe with something better than "barbaric pearls and gold;" with tea, and sugar, and coffee, and silk, and with that staple more precious at present than them all, for which Lancashire, turning from the west to the east, looks with desiring eyes. Large grants of public money are being devoted to the work of education, for the generous policy of England in India is "to spread the page of knowledge, rich with the spoils of time," before the eyes of all the people, and, most marvellous of all, she has given to this subject race that which she most prizes herself—the right of free petition and free discussion; in a word, "freedom to him that would read, freedom to him that would write," in a measure to which some nations, deeming themselves in the very van of civilisation, are strangers up to this day.

So many improvements in the condition of the army at home resulted from the labours of the Royal Commission appointed to enquire into its sanitary state, that in 1859 a second commission was appointed to perform a similar service for the Indian army. After an interval of three years, devoted to collecting evidence and examining witnesses, this commission, towards the close of last session, presented to Her Majesty the result of their labours in the shape of an elaborate report with the evidence on which it is based. Most of my hearers remember the profound impression made on

the public mind by the publication of the first report. We all remember the cry of indignant horror which followed the publication of the fact that whereas the deaths among 1,000 of the English male population between the ages of 20 and 25, amounted to 8·4, the mortality among the Foot Guards at the same ages amounted to 21·6 per 1,000. When instead of a hearty desire to abate so shocking a mortality, a disposition was evinced in certain quarters to explain away these terrible statistics, the feeble and irrelevant criticisms of such opponents were not listened to for an instant, and Lord Herbert, riding on the high flood of public opinion, was able to carry out those reforms with which his name is imperishably associated—reforms which may be described as obedience to Nature's laws. Under the system, to borrow the language of Miss Nightingale, applied to a similar case, "the requirements of nature were disobeyed in almost every particular, and in the terrible mortality that ensued she left an everlasting vindication of her broken laws." Under the new system nature is more perfectly obeyed, and the stigma of her displeasure has almost ceased to appear. It ought not to cause surprise in our minds that the report on the army in India did not create so great a sensation. The novelty of such disclosures has worn off. People who had learnt what the state of the British army was at home under their very eyes, were prepared to hear that things were at least no better in so distant a possesion as India. Making due allowance for this, I do not think that those who are interested in this important question have cause to be otherwise than satisfied with the reception given by the press, lay and professional, to this report. Accurate summaries of its leading facts, comments and recommendations, have been published for those who do not see blue books, the terrible waste of British life in India is acknowledged and deplored; and if the writers are less peremptory in their demands for reform, it is because military hygiene has so vindicated itself that it no longer stands in need of passionate advocacy. It is evident that educated men assume, as a matter of course, that government once enlightened as to evils so shocking as those disclosed by her Majesty's Commissioners, have no choice but to set to work diligently to remove them.

What, then, is the price paid by Great Britain in flesh and blood for that possession so sorely grudged to her by other nations? The death rate of the British soldier since the first occupation of the country down to the present day has oscillated round 69 per 1,000. "If the mortality," the Commissioners go on to say, "is set down at 69 in 1,000, it follows that besides deaths by natural causes, 61, or taking the English standard, 60 head per 1,000 of our troops perish in India annually. It is at that expense that we have held dominion there for a century—a company out of every regiment has been sacrificed in twenty months. These companies fade away in the prime of life, leave few children, and have to be replaced, at great cost, by successive loads of recruits." This, gentlemen, it must be confessed, is a terrible charge to bring against the system on which we have held India. Clearly the proof rests with those who make it. Her Majesty's Commissioners admit "the extreme difficulty of obtaining results at once, exact and precise," and they explain the pains they were at to obtain accurate data. A collection of annual casualty rolls, kept at the India House, was placed at their disposal. These were compiled upon the principle of accounting for every man becoming ineffective in the year. These documents "were all verified by the signatures of the commanding officers and adjutants of corps." They had therefore a perfect right to deem them essentially correct, and to analyse them for their purpose. The result demonstrates a mortality of 69 in 1,000 during the present century. Sir Alexander Tulloch, than whom a higher authority on this subject does not exist, gave in his evidence a series of War Office returns of the strength, deaths, and mortality of the Royal Army in India during 39 years, and from these showed that the annual rate of mortality was "70 in 1,000." I have alluded to the feeble attempts made in certain quarters to cast discredit on the statistics of the 1st Army Sanitary Commission. It would have been strange if critics of the same kind had been wanting on the present occasion. Accordingly, we hear it said in various quarters that the Royal Commissioners have exaggerated the death-rate. Now, one would think that it would be an all-sufficient answer to say, in reply to such criticisms, so many men are proved to have gone to India, in the service of Government, of whom so many died. Here are the returns in which every man is accounted for; there is, therefore, no room for controversy about the matter. But this is not the way in which the statistics of the Commission are met. For example, it is said the Commissioners have no right to go so far back as they do, in dealing with the mortality of the Indian army; they ought to confine their inquiries to more recent times. Nothing can be more unreasonable than such an objection as this. The Commissioners, as it appears to me, were not appointed to make a report on half the case—to tell as much of the truth as would be agreeable, and to suppress the rest; it was their business to show what India had cost this country in human life. To do this, it was plainly necessary to deal honestly with the whole case, and not to proceed upon what may be called the Hudsonian method—to cook the statistics, for the sake of "making things pleasant." Moreover, all vital statists know that, in such inquiries, if we are in search of truth, not merely seeking to bolster up a system, we must deal with large numbers and long periods of time.

Again, it has been said that the Commissioners, to make out this heavy mortality, included the exceptional mortality of war. For instance, the objectors say, and they say truly, that the death-rate during the first Burmese war, and the two following years, was 129 per 1,000, 157 per 1,000, and 158 per 1,000. Now, if the Commissioners felt called on to reply to such an objection as this, I think they might turn round and say, "if you make war on such principles as to cause a mortality so shocking as this, you are justly chargeable with it all, all the more that the frightful lesson taught in Burmah in 1824 was utterly thrown away, for you commenced the war in China in 1840 with the same reckless disregard of military hygiene, and the result was the same; and, if anything was wanted to clench the argument, referring to the last war in China, for the first time almost in our history, conducted on something like sound principles of military hygiene, the Commissioners might prove that the death-rate, wished to be excluded, was due not to the exigencies of the situation, or the stern necessity of war, but to a presumptuous and ignorant contempt of the resources of sanitary science in preserving health. It is curious, too, that the objectors admit almost in the same sentence, that the death-rate in India just *before* the Burmese war was—my hearers will, of course, expect to hear something much less than the rate for the whole period of occupation given by the Commissioners—not at all, they admit it to have been as high as 75 per 1,000.

Another objection urged against the statistics of the Commissioners is, that they allow the mortality from cholera to swell the death-rate; the mortality from this disease, like that caused by faulty health arrangements during war should be, according to the critics I refer to, left out of the calculation. The Commissioners say that in India, since 1817, cholera has engrafted itself on the endemics of the soil, and has become a disease of annual occurrence at many of our large stations. Why then, I ask, should it be left out any more than dysentery, or malarial fevers, or diseases of the liver? Ah, gentlemen, what pleasant reading the returns of the Registrar-General would be, if constructed on such a principle as this. In what a fool's paradise we should live for a few weeks, how we should hug the notion that all the foul fever-breeding courts, alleys, and noisome dens in our great cities were at last purified. No more small-pox to scar the face of beauty, no more scarlatina to steal into our nurseries and rob us of our children, no more consumption to plant its hectic on the cheek, no fevers to destroy.

I cannot, of course, tell what answer the Commission might have patience to give to such an objection as this, but I know that if it were my duty to reply to it, I should have no hesitation in saying, not one jot or tittle, not one unit, can be abated from the sum total on this score. It is very true that physicians in India cannot tell what the precise cause of cholera is. But it is equally true that they can tell, and have told, any time for the last twenty years and more, of many simple ways by which its ravages can be held in check. They have often told that the loss from it on the line of march during the reliefs of regiments, almost always bear a direct ratio to the distance traversed; that to relieve a regiment serving in Nagpore by one marched from Cannamore, on the western coast of India, is the surest means that can be taken to develope the disease. Yet in Southern India this practice, so often exposed, so often protested against, was common until a very recent period.

The Commissioners do not, as has been insinuated, deny that of late years there has been a diminution in the death rate of British troops in India.

They nowhere assert that things are so bad there as they were a century ago, and I, too, gladly bear my testimony to many improvements introduced in my time. Nor is this all. What I conscientiously believe to be sounder principles of treatment, in regard more especially to the endemic fevers of the country and dysentery, begin everywhere to prevail, with a sensible diminution of mortality under these heads, due, I do not doubt, to the fact that both the curative and prophylactic virtues of quinine are better appreciated than before, and to the substitution of ipecacuanha in large doses for the preparations of mercury in the treatment of dysentery; probably the greatest improvement in Indian therapeutics that has taken place for a century. I hail the successful introduction of the cinchona plant into the mountain ranges of India as a measure fraught with good not only for the races of India, but for the whole tropical world; great credit is due to the Indian government for its wisdom and liberality in this matter, and also to Mr. Markham, the gentleman who conducted this difficult enterprise.

It is, of course, quite impossible for me, even were it suitable in a discourse such as this, to enter even on an enumeration of the various causes to which the Commissioners trace the lamentable waste of human life they have unveiled. These, in the course of the lessons it is my duty to deliver from this chair, will all pass in review, when we study together the formidable zymotics which are the chief agents in its production, and they will further be un-

(Continued at page 238.)

THE MEDICAL CIRCULAR.

WEDNESDAY, OCTOBER 21, 1863.

THE DIET OF PRISONERS, PAUPERS, AND LABOURERS.

It has too often happened in this country that offences are committed by our ragged and hungry outcasts for the express purpose of being sent to prison, where they can obtain shelter, food, and clothing; and the refractory inmates of some of our workhouses wilfully commit acts of damage or insubordination in order to procure for themselves in gaol the superior comforts which their sentence will procure. Bitter, indeed, is the reflection that while men willing to work are often doomed to compulsory starvation, criminals are lodged and boarded in comparative luxury; and that while the aged, infirm, or invalid pauper, whose only reproach is his poverty, is treated too often with harshness and brutality, the offender who has waged systematic war against society, is the object of anxious care by a paternal government. Such reflections may well occur to the politician and the philanthropist as he surveys the classes of mankind to which we have just alluded; but our own object at present is rather to regard the matters in a purely practical light by the aid of physiological and chemical science.

The remarks we are about to make have been suggested by a very able paper written by Dr. Guy, the Medical Superintendent to the Prison at Milbank, "On Sufficient and Insufficient Dietaries, with Special Reference to the Dietaries of Prisoners," read before the Statistical Society at one of their recent meetings, and now published in the form of a small pamphlet.

Dr. Guy informs us, as a statistical fact, that by a comparison of certain tables obtained from various sources, he finds that while the independent agricultural labourer receives in each week 122 ounces of solid food, the soldier receives 168 ounces, while the able-bodied pauper receives 151 ounces, with the addition, in most workhouses, of vegetables, soup, milk-porridge, and table-beer; but the suspected thief receives from 181 to 203 ounces of solid food in the week, the convicted felon receives 239, and the transported felon receives 330. That it appears that the worst offenders have the best diet, the independent agricultural labourer receives less than the able-bodied pauper, but the latter has far less than the worst criminal, who again has more solid food than the soldier or the sailor.

But the mere fact that one class of persons receives a certain amount of solid food, does not necessarily imply that the food is of the same nutritious character as is afforded to other classes, and indeed there is a very great variety in this respect. Chemistry, in fact, informs us that food must consist of two kinds of elements—namely, the plastic, or that which builds up the tissues, and the respiratory, or that which supplies the waste of the body caused by respiration. Hence it might happen that the full quantity of food may be given, by weight, to any class of persons, and yet they would not receive sufficient to support life. It is therefore necessary to regard carefully the chemical constitution of each kind of food when studying its nutritious properties. Meat is generally, and very truly, considered to contain the largest proportionate amount of nutritive matter, from its being rich in nitrogen, and it accordingly enters into the composition of all liberal dietaries; but it is a fact, taught by every-day experience, and confirmed by chemical science, that many vegetable substances contain quite sufficient nitrogenous material for the support of human life. It is clearly demonstrated that a diet consisting of bread, potatoes, and oatmeal, even without milk, is quite adequate to sustain life and to preserve health; but it does not, therefore, follow that the quantity of food required to support any given body of men in health and efficiency can be precisely determined. Dr. Guy caused several of the prisoners in the Milbank Penitentiary, all being under the same conditions as to diet and other particulars, to be periodically weighed, and the results were anomalous and discordant, for some gained and others lost weight without any assignable causes. Dr. Guy, therefore, concludes that there are great and constant fluctuations, in short intervals of time, in the weights of men whose diet, occupation, and mode of life remain unchanged; and as a further result of his experiments, he finds that even men who are differently occupied, though fed on the same food, and in other respects similarly treated, differ from each other in the order as well as the degree of fluctuation in weight, and therefore that weight cannot be considered a perfectly trustworthy test of sufficiency or insufficiency of diet.

Notwithstanding the advance in later days of chemical and physiological science, it is very difficult to explain the difference which exists in the quantity of food required to keep different persons in health and strength, but it appears certain, in opposition to merely chemical theories, that the agricultural labourer, who lives most of his time in the open air, requires less nitrogenous food than the denizen of large and crowded towns and cities; and certain conditions of mind, which are, of course, incapable of relative measurement or weight, appear to have very considerable influence upon the well-being of different individuals, the diet being the same. Thus, for instance, it would appear that the person whose mental faculties are but little employed requires proportionally a smaller quantity of nitrogenous food than he who is engaged in mental labour, and, indeed, this point has been experimentally elucidated and proved in some recent physiological investigations made by the Rev. Professor Haughton, M.D., of Trinity College, Dublin.

The monstrous apparent injustice of treating criminals in the article of diet nearly as well as soldiers and sailors, and much better than paupers and free labourers, has lately excited very much attention in a medical and scientific, as well as in a political point of view, and as we write, a correspondence is proceeding on the subject between the Home Secretary and the Middlesex magistrates in reference to the dietary of the Coldbath Fields' Prison, the magistrates desiring to reduce the allowance at present granted to the prisoners.

It is alleged by those who advocate the liberal scale of diet, that it is necessary, both for the mental and bodily support of the prisoners, that their food should be augmented in quantity and improved in quality in proportion to the duration of their sentence, because a lengthened term of imprisonment has a depressing effect upon the mind, while a diet deficient in nitrogen has an injurious effect upon the body, inducing scurvy, dysentery, or other fatal or wasting disorders.

Both of these assumptions, however, are controverted by Dr. Guy, who writes from experience, and whose practical and theoretical views are alike deserving of attention. Without denying altogether that imprisonment exercises a depressing influence upon the mind, he considers that the mental depression and consequent loss of strength from this cause are much less considerable than is generally supposed, and he

estimates the number of prisoners who suffer in this manner at about two or three in a thousand, the rest adapting themselves in a remarkable manner to their change of circumstances. With regard to the question of the effects of imprisonment and prison diet upon the health of the prisoners, a satisfactory answer may be readily obtained from the favourable rate of mortality among convicts; and where, in certain isolated cases, epidemic diseases have occurred, the results seem rather to be due to transient or local causes than to the system of diet adopted. On the whole, Dr. Guy believes, from his own observations, that the dietaries of prisons might be safely reduced, with great advantage to the revenue, that a sufficient diet might be devised from which meat is wholly excluded, and that the potatoe should form an important element in all dietaries. To the omission of this latter article of diet, indeed, rather than to a mere reduction in the quantity of food, Dr. Guy attributes the outbreaks of scurvy which have sometimes occurred in our convict establishments.

SUMMARY OF THE WEEK.

THE OPENING LECTURE AT NETLEY HOSPITAL.

We gave in our number of October 7, a very short account of the ceremony of opening the Netley Hospital for the present Medical Session, and a brief summary of the topics introduced by Professor Maclean, Deputy-Inspector-General, who delivered the introductory address. As we have been favoured with a copy of the address itself, we have thought it might interest our readers to print it almost entire, the more especially as it contains information upon many points which at present concern the public as well as the Profession. With regard to the eloquence of the language in which the lecture is clothed, the address speaks for itself, but the remarks upon the Report of the Sanitary Commission on the Army in India and on the lamentable prevalence of syphilitic disease in the Army Hospitals, especially deserve perusal as coming from a gentleman who understands so much of these matters as the learned Professor at Netley.

SCARLATINA AT EASTBOURNE.

In our last number we adverted to a correspondence which has appeared in the "Times" within the last week, in reference to the existence of scarlet-fever at Eastbourne, and, on the whole, we cannot help thinking that quite enough has been made of the matter, as the leading daily journal seems itself to think, for it has put a stop to any further correspondence on the subject. The fact is that scarlatina has been unhappily prevalent of late in many parts of England, including the metropolis; and parents, naturally anxious to procure the benefit of fresh air and sea-breezes for their convalescent children, have taken them down to various places on the coast (Eastbourne included) while the principle of infection still remained in their systems. The lodging-housekeepers, perhaps ignorant of the circumstances, or if knowing them, not caring to communicate the information to new comers, have become the means of propagating the disease, and this appears to be the whole truth of the case so far as it will ever be known. We do not believe that there is anything peculiar in Eastbourne to generate scarlatina, or to spread that disease, but if the drainage is defective, the local authorities would do well to remedy the evil. We believe the occurrence of scarlatina at Eastbourne to be purely an accidental circumstance, such as might have happened at any other place, and our own opinion of the general salubrity of the town is not in the least diminished by the recent remarks made, an the letters published in the newspapers.

THE DIAGNOSIS BETWEEN INSANITY AND CRIME.

A conversation which has lately occurred at a meeting of the Middlesex magistrates exhibits the difficulty which sometimes exists in distinguishing between insanity and crime. It appears that a man was committed to prison for want of bail in consequence of having been guilty of the amiable weakness of beating his wife, and while in prison he behaved in such an insubordinate and refractory manner that he was punished in the ordinary manner by the Governor. Some question having arisen as to his state of mind, he was examined by Dr. Smiles, the Surgeon of the Gaol, who pronounced him to be perfectly sane; but subsequently, in the month of September last, he was certified to be insane, and was accordingly sent to Colney Hatch Asylum, where he died in nine days. At the inquest, Dr. Edgar Sheppard deposed that the man was insane, that he was assisted in that conclusion by the *post-mortem* examination, that he had been insane for some considerable time, and ought to have been sent to the Asylum long before. The jury, therefore, returned a verdict that "the deceased died from natural causes, accelerated by undue severity at the House of Detention." Mr. Wyatt, one of the magistrates, is reported to have said that Dr. Edgar Sheppard considered the verdict of the jury "all nonsense," and had given his opinion that the man could not have lived more than a few weeks. As we are neither Middlesex magistrates, nor jurymen, we cannot understand the matter; we do not know what are the *post-mortem* appearances which explain the facts of a man beating his wife, knocking down the prison officers, and tearing his own clothes; nor, on the other hand, if the man was so hopelessly ill that he could not survive above a few weeks, can we comprehend how close confinement in a cell for periods varying from 12 to 48 hours and a restriction to bread and water diet (for such is the treatment which he really underwent) could ameliorate his condition or contribute to his *euthanasia*. Of this, however, we are pretty sure, that the same kind of jurymen who censured Dr. Smiles and the Middlesex magistrates for *not* sending the man to a Lunatic Asylum, would have amerced them all in pecuniary damages, if they had done so, that is to say, if this wife-beating scoundrel had recovered instead of dying, and had brought an action against his benefactors. The man's relatives too, who could not, or would not scrape up 10*l*. for the purpose of procuring bail for him, would have easily found some pettifogging lawyer to undertake the case, and make a harvest out of the gaol authorities.

"THE BLOOD-POISONINGS" IN BETHNAL GREEN.

In our last number we entered rather fully into the consideration of the late inquests held in Bethnal Green, and the sanitary condition of that district, and of the gross neglect of hygienic laws exhibited by the guardians (?) of that portion of the metropolis. We also pointed out the utter inefficiency of the metropolitan Medical Officers of Health, under the present arrangements, not from any want of zeal or ability on the par of those gentlemen, but from the manner in which they held their office at the mercy of those who were often interested in maintaining the nuisances, which the Officers of Health were appointed to examine into and remove. Our observations, severe as they were, were founded on information both of a private and public character, and they are confirmed, in the fullest manner, by the 'Medical Times and Gazette,' as may be seen by comparing our article of Wednesday with the fol-

lowing extracts from the leading article of our contemporary of Saturday last :—

"In respect, then, of every house and court we examined, we must say that, although we have seen conditions as bad, we have rarely seen any thing much worse. As a rule, the courts are wet, muddy, unpaved, and malarious ; the houses filthy and unventilated, and the privies either open cesspools or panned without water supply, drains untrapped, and the dust and refuse lying in a heap, so as to be blown about the court by every gust of wind. In some there was a great deficiency of water ; in others, the water was running constantly to waste, no receptacles for it being provided at all. Pig keeping is in some places apparently permitted, even in densely populated localities."

The following graphic *morceau* also confirms our views of the manner in which the particular duty of Sanitary Inspection is carried out in Bethnal Green :—

"If the salary which they give Mr. Pearce, the Medical Officer of Health, was intended to deter him from too great activity, we can only say that the miserable stipend of 100*l.* per annum for the sanitary oversight of a population of 105,000 persons, crowded upon 760 acres of land, is exceedingly well calculated to effect that end. Five times that sum would be little enough, and by the devotion of all his time, the year would not be too long for the work that lies before him. We can only say, as knowing something of this department of Professional labour, that the effect of the treatment that he receives would be to us dispiriting in the extreme. The only assistance he has is, we are told, that of a man *who is the driver of the parish fire-engine* who tells the vestry, as it is reported in the 'Daily Telegraph,' that he "believes he is the Inspector of Nuisances," and then proceeds to complain that the beadle has forestalled him in one of his perquisites—namely, *certain small fees which he has been in the habit of receiving from slaughter-men for forwarding their interests on the day of licensing.* When bribery of this kind is winked at by local authorities, it is difficult to see how his sanitary duties, if he really has any, can be properly performed. Perhaps such fees are allowed for in his salary, which we are informed, lies somewhere betweeen 30*l.* and 40*l.* per annum. The real sanitary work that is done in Bethnal-green, so far as it is done, is carried on by Mr. Pearce, even to the inspection of choked up privies and drains,—a kind of duty which in no other parish, we believe, is attempted to be laid upon the shoulders of a refined and educated gentleman,—a duty which no other vestry in London would dream of imposing upon any body above the rank of a bricklayer."

The following correspondence has taken place on this subject between the Home Office and the Vestry of Bethnal-green :

Whitehall, Oct. 9.

"Sir—The attention of Secretary Sir George Grey having been called to the mortality which has of late taken place in the parish of Bethnal-green, and to the evidence which was given at the inquest held upon the bodies of Eliza Rogers and Kate Rogers, on which occasion the jury returned a special verdict 'that the deceased, being children of a tender age, died from the mortal effects of blood disease, accelerated by want of water and sanitary measures in the district of Thorold-square,' I am to request that you will inform Sir George Grey what steps the parochial authorities have taken or propose to take to remedy the lamentable state of things disclosed in the evidence, and generally to insure the observance of proper sanitary regulations throughout the parish of Bethnal-green.—I am, Sir, yours, &c.,

(Signed) "H. A. Bruce."

"Vestry-office, Town-hall, Church-row, Bethnal-green, Oct. 10.

"Sir—I have the honour to acknowledge the receipt of your letter of the 9th inst. In reply to the inquiries contained in your letter, I beg to state that, prior to the death of Eliza Rogers and Kate Rogers, the attention of the Nuisance Removal Committee had been drawn to the state of Thorold-square, and the Inspector of Nuisances had been directed to give the owner of Thorold-square notice to do the various works necessary for abating the nuisance existing there. The owner having agreed to do what was necessary, one of the members of the committee, thoroughly conversant with drainage works, has devoted a great deal of time to personally inspecting the execution of the work, and I have been informed by him that it was being satisfactorily performed.

"Since the passing of Sir B. Hall's Act, probably no parish has done more towards perfecting its drainage than Bethnal-green, and a large block of new sewers is now about to be constructed, and would have been constructed at the close of last year, but the Metropolitan Board of Works felt it desirable to withhold their sanction until the completion of the northern outfall sewer had provided a proper outlet. The requisite sanction is now given.

"The vestry have a very intelligent medical officer of health, and also have an inspector of nuisances ; and, under the provisions of the Nuisances Removal Act, a standing committee of six members of the vestry was appointed to carry that Act into execution, who meet as and when occasion requires.

"No doubt there are instances of wretchedness in the parish, from time to time, demanding the attention of the authorities ; and it is perhaps too much to hope that such cases can ever be wholly got rid of ; but I am informed that the general sanitary condition of the parish will not suffer by contrast with any other parish with which it may be fitly compared.—I am, Sir, yours, &c.,

(Signed) "Robert Voss, Vestry Clerk.

"H. A. Bruce, Esq., M.P., Home Office, Whitehall."

The above answer on the part of the Bethnal-green authorities is amusing ; and their allusion to their sanitary officers, after the description we have given of them in our own columns and from the 'Medical Times and Gazette,' is positively ludicrous. We hope that Sir George Grey will not be hoodwinked by the Bumbles of Bethnal-green.

NETLEY HOSPITAL.

(Continued from page 235.)

folded to you with a fulness of knowledge, a richness of illustration, and a power of persuasion, to which I make no pretension, by my colleague, the Professor of Hygiene. But there is one point on which I must take the liberty to say a very few words, because the subject has at this time a special interest as regards the health not only of the public services, but of the whole community present and to come. You will be at no loss to guess the terrible malady to which I refer. When we are told that in this country a number of men equal to the strength of two regiments are constantly ineffective from some form or other of venereal disease, that 343 cases per 1,000 of the strength in Bengal, 249 in Madras, and 314 in Bombay, are due to the same disease, we are told a terrible truth, but it is not the whole truth. It is only physicians and surgeons doing duty in such a hospital as this, who can tell what the end of all this is. We can tell what comes of our system of shutting our eyes, and leaving prostitution to work out its results without let or hindrance. Speaking for myself, I say unhesitatingly, that syphilis in one or other of its protean shapes complicates 50 per cent. of all the diseases that are treated in the medical wards of this hospital. The Professor of Pathology will correct me if I overstate the case, when I add that it is quite an exceptional thing to see a *post-mortem* examination here, without palpable evidence in almost every tissue, of the destructive power of this searching poison. Turning to the civil population, we find that matters are no better. St. Bartholomew's Hospital registers, we are told 15,000 cases a year, and the Westminster Hospital estimates its out-patients suffering in this manner at 50 per cent. on the number. Is it too much to say that all this is a blot on our boasted civilisation? I rejoice to see that public attention is being called to this subject ; the first burst of wholesome agitation is beginning to disturb the surface of this foul pool. Whatever may be the difficulties in the way in this country—I believe they would all vanish if statesmen would only have the courage to grapple with them. I affirm, without fear of contradiction, that there are no such difficulties in India at all. I am quite certain that prostitution there may be made less hideous in its aspect, less destructive in its action, without offending the scruples, moral, religious, or political, of any section of the community.

The Commissioners having stated the mortality, and traced it up to its causes, conclude their report with a series of recommendations to assist the authorities in dealing with the evils they have disclosed. These recommendations are exceedingly simple in themselves, and I am sure they will be assented to at once by all who have any knowledge of the state of things they are intended to correct ; yet, simple as they are, they amount in the aggregate to a complete change in our whole system. We may sum them all up in five words—obey the laws of nature. So far have we gone astray "from honest nature's rule," that a vast deal is implied in the advice given. The Commissioners say in effect what I have said from this chair and elsewhere a hundred times, that all Indian cities, and in a minor degree many of our cantonments are, as regards drainage, ventilation, water supply, and removal of sewage matter, in the condition in which the cities of Europe were, almost down to the period when the sanitary movement commenced. Many are in the condition in which we were during the middle ages, and they are, as a natural consequence, scourged by disease as our ancestors were. A glance at the table behind me will show to some extent the difference in this respect between the two periods. The argument is, of course, "apply in India the same remedy that has worked such marvellous results at home, and to a great, if not the same extent, like blessed results will follow."

I must now hasten to a conclusion—I have already detained you too long. It only remains for me to say to you, gentlemen, who

this day commence your labours here, that our hope is that when you leave this you will be found fit instruments to carry on the work of sanitary reform wherever you go. One of the chief reasons for sending you here is that you may learn to prevent as well as to cure disease, It cannot be denied that for this end you enjoy advantages to which your seniors in the service were strangers. We earnestly hope the time you are to pass here may be so spent that in after years you can look back to it with pleasure, and not with vain regret for lost opportunities. I am sure your conduct and discipline here will be such as to cast no discredit on this school, hitherto distinguished for the good tone that has prevailed in it. When it had its home at Chatham, the general commanding, an officer not disposed to wink at breaches of discipline, was always able to compliment the medical cadets on their exemplary conduct, and I am sure the gallant officer, the military commandant of Netley Hospital, can bear similar testimony to the behaviour of those who preceded you on these benches.

SOCIAL SCIENCE CONGRESS.

The Congress closed its sittings on Wednesday last, although some of the members remained in Edinburgh to take part in the excursions to various interesting spots in Scotland before returning to their homes. On Monday evening Lord Brougham and other distinguished members of the Association were entertained at dinner by the President and Fellows of the Royal College of Physicians of Edinburgh, and on Tuesday evening the general dinner of the Congress was held, Lord Brougham presiding. We subjoin a Report of the Proceedings in the Public Health Department, the other matters discussed having very little reference to medicine.

DEPARTMENT OF PUBLIC HEALTH.

On Tuesday Oct. 13, Professor Christison delivered his inaugural address as President of the Fourth or Public Health Department. After referring to the eminent men who had preceded him in the chair,

Professor Christison said, Public Health, as a branch of social science, treats of the agents which influence, for better or for worse, the average bodily vigour, mental energy, healthiness, and length of life of the community. The main agents of this kind are the earth, and its covering, the air, water, and heat, food, drink, and exercise, occupation and habits, education, whether bodily or mental, and moral discipline. They act by favouring or engendering diseases, or, on the contrary, by circumscribing, or extinguishing them. Very few diseases are exempt from the influence of one or more of these agents. But hitherto the researches of the inquirer into public health have been necessarily confined to certain great classes of diseases, and some special diseases of frequent occurrence. I have thought it might interest you more and be more in keeping with my own pursuits if, instead of the eloquent general views usually dealt with by those in my position, I should endeavour to offer you a sketch of the principal mode in which the diseases or groups of diseases are influenced by the agents which affect the public health, and attempt to illustrate by a few apposite instances what has been already done, and what remains to be done, for lessening the prevalence of such diseases, and the mortality, ill-health, and pecuniary loss arising from them. After indicating a few points in which the Scottish registration returns are defective and unsatisfactory, and suggesting some improvements in the classification of diseases, Dr. Christison said the faulty returns of which he spoke, useless for statistical purposes, included a fourth of the whole number of deaths. This fact, he continued, suggests a grave matter for our consideration here. We take into high favour the statistical method of investigation. In our prospectus, inviting papers, we give an express preference to those based on statistics. But, in truth, in questions relative to public health, the statistical method of getting them may be quite as open to fallacy as any other. There are questions, indeed, as to which this method is positively more fallacious than any other—for example, than general observation and experience—if the statistical basis be so loose as to embrace only two-thirds of the facts which the questions have to deal with. For my purpose a register so defective was good for very little—for much less, certainly, than the general impressions of an acute physician, which it was my aim to test. I have been repeatedly arrested in the same way in attempting to arrive at results for illustrating this address. I hope I may not be thought to have been wrong in bringing this matter forward on the present occasion. The Legislature has supplied us with a complex, costly, and, to the members of my own profession, troublesome machine, which, for want of a little repair and extra outlay, has hitherto put out only an inferior article. Such a state of things, in regard to what must be the fundamental basis of most exact inquiries into public health, ought not to exist in a country like our own. I submit that the register ought to be put to rights, if possible, and that this association may usefully lend its influence and aid for the purpose. It must not be inferred from what has been said that the Scottish register may not be applied with security to many statistical inquiries into the public health; on the contrary, it is a sound source of information for the very next topic which I propose to bring under your notice. Professor Christison then proceeded to notice the deaths from the zymotic class of diseases, which caused about one-fourth of the whole mortality, and were diseases easily recognised even by unprofessional people. He then noticed the fact that ague had entirely disappeared in Scotland, tracing its gradual decline and disappearance early in the present century. He then noticed at some length the character and effects of various types of fever, remarking particularly on the constant presence of typhus in a non-epidemic shape, and on the circumstance that that type of fever has of late been gradually decreasing in Edinburgh. Why is it, he asked, that typhus, which had been almost a perpetual pestilence in Edinburgh for a third of a century, has been of late wearing itself out, and last year almost flattering us with its extinction. The cause has certainly not yet been found out. My own strong impression is that the secret will be found to be connected with the theory which has been much canvassed in the present day—the successive changes of type or constitution of epidemic diseases. But as this is a favourite theory of my own, I shall not here insist on it further than by warning all inquirers into the origin of zymotic diseases in foul miasms, that they run great risks of ascribing to these, and the removal of these, fluctuations in the prevalence of such diseases which are often far more probably owing to a more recondite cause—a change in epidemic constitution. After stating that the experience of all great towns showed that typhus never could prevail in face of employment, Professor Christison noticed the introduction and rise of the various forms of enteric fever. He said in relation to it that of all forms of fever none had been more confidently ascribed than this by London writers, medical and non-medical, to faulty drainage and faulty water-closets. If they were to believe what some had advanced on the subject, there was no case which might not be traced to foul air derived mainly from one of these sources. Were this a well-established principle in social science, the extinction of so deadly a fever should be no very difficult matter. Through the publicity given to the discovery by this association, and the influence of its members, they might hope to see protection established far and wide against the pestilence. But he was sorry he could not call on them to assent to this theory, and carry out its consequences, for there were insurmountable facts in its way. During the period that this scourge had been increasing in London had London been less drained, or the habits of its working classes less cleanly? Did the disease generally appear where drainage was bad or water-closets wanting or faultily constructed? Did it attack workmen who lived in London drains as well as those over them, near them, or far from them? He believed all these queries must be answered in the negative. So far as Edinburgh was concerned, the fever did not by any means generally break out where the streets were ill-drained, water-closets wanting, and habits filthy. In countless places of that sort in Edinburgh it was unknown, and it was unknown near the foul meadows of Craigentinny. He then made a brief illusion to diphtheria, a disease far from common in Edinburgh. It had however, a strong local interest, having shown an attachment to those irrigated meadows. He wished to add in regard to those meadows that he had, after inquiry, been compelled to surrender his prejudices against them, being satisfied that neither typhus nor enteric fever nor dysentery nor cholera is to be encountered in or around them, whether in epidemic or non-epidemic seasons, more than in any other agricultural district of the neighbourhood. He thought it right in reference to the late introduction of the Craigentinny system of irrigation into the vicinity of other large towns, that these precise facts should be known. Dr. Christison then proceeded briefly to consider the group of diseases which arise in a *prava corporis constitutio*—a depraved condition of the human constitution, and said—Philanthropists and legislators, in dealing with the unhealthiness of towns, have, until lately, had chiefly to do with epidemic diseases as their main source of excessive mortality. But it is apparent that tubercular diseases are a still more serious source of destruction to the well-being of a great city. It is also most probable that the abatement of their ravages will need a different description of measures from those which have been proved to be serviceable against diseases of the epidemic class. The discovery of the necessary measures is a duty which it peculiarly becomes this association to press upon the Government of the country, and also upon the great, the wealthy, and especially those whose business of life is to amass wealth through the labour of the working classes, and whose requirements have occasioned the concentration of the people in overgrown towns, with all its concomitant evils. On considering the whole circumstances attending the development or the circumscription of tubercular diseases, I cannot see any more probable source of the fearful growth of these diseases in great towns than the want of open-air exercise. All special inquiries hitherto made, except in the instance of one or two trades which have a special evil of their own to contend with, point in the same direction for the cause of concentration of tubercular disease in great towns,—viz., a conjunction of defective exercise and exclusion from the open air. If this prove, on a more

extended inquiry, to be the great or universal cause of evil, there is no remedy within reach except the spreading out of a city, the finding lungs for it in the shape of parks and gardens, the surrender to the working classes, and, above all, to the sedentary trades, of a proportion daily of that time which is now too entirely demanded of them for the toils of their craft, and the creation among them of a taste for the active exercises which were the pastime of their ancestors. But we have now before us from sundry quarters such precise and concurring evidence of the enormous extent of evil arising from the present mode of town life among the working classes that, looking especially to the still increasing growth of our already overgrown great towns, and the stationary, or rather retrograding, numbers of our rural population, there is a loud call for public, systematic, extensive, though it may even be costly, ameliorations. Professor Christison concluded by giving some remarkable evidences of the almost total absence of tubercular diseases from the insular parts of Scotland.

Mr. Cornelius Walford, of the London Statistical Society, read an interesting paper on "Longevity in Scotland." Scotland, he said, had long been famous for the salubrity of its atmosphere and the longevity of its people, taking the term longevity to mean those who had lived a century and upwards, Mr. Walford quoted figures showing that while in Scotland there was one centenarian in 28,046 of the population in 1851, England had only one in 89,676, while Ireland claimed one in 9,215. The paper then showed the distribution of the centenarians in Scotland into counties, and into rural, insular, and town districts; and gave a notice of several remarkable cases of longevity during the present century, including two persons at 180, and three at 140.

Mr. Macadam read a paper on "The contamination of Water by Paper Works," and Dr. Murray Thomson read a paper on "Contamination by Manufactories and Distilleries." In the discussion Dr. Alexander Wood referred to an action still in abeyance between the Crown and the proprietors of the irrigated meadows near Piershill barracks, in which case the healthiness of these barracks and of a neighbouring village had been completely established. Professor Gamgee read a paper on "The Use and Abuse of Poisons for Agricultural Purposes;" and papers were also read by Mr. Mackay on German yeast; by Mr. Edwin Chadwick on the importance of obtaining evidence of the habits and condition of the people, along with the statistics of mortality; and by Mr. Thomas Reynolds, on "The Influence of Smoking on the Being of Man." Several other papers were held as read, the hour of adjournment having arrived.

The proceedings of this section then terminated.

At the concluding meeting Lord Brougham presided.

Mr. Hastings read the report of the Council, which congratulated the Association on the complete success of the Edinburgh meeting. The number of members present had been 678; of associates, 1,245; and of ladies who had taken transferable tickets, 907—making a total of 2,830, within 40 of the largest number which was attained at Glasgow in 1860. The meeting, therefore, had been one of the most numerous yet held, while the nature of the attendance and the value of the papers contributed, and of the discussions thereon, had given a weight to the proceedings which mere numbers could not have supplied. It has been a great gratification to the Council, as it must have been to the whole Association, that the meeting had been honoured by the presence of his Royal Highness Prince Alfred during the week, not only at the ordinary meetings and discussions, but also at that vast assemblage of working men on Friday evening last, which was so marked and, the Council venture to hope, so valuable a feature in the proceedings of this meeting. The Council have received an invitation from the Lord Mayor and Town Council of York to hold the next annual meeting in that city. They will, as usual, consider and decide this question at their next meeting in London.

REVIEW OF THE PERIODICALS.

The 'Lancet.'

Mr. Richard Barwell continues his course of lectures, delivered at the Charing cross Hospital Medical School, "On the Natural History and Treatment of Hip-joint Disease." Mr. Barwell describes the absorption and suppuration of bone which occur in this complaint, and the pain and spasm which are characteristic of its progress. He also recommends a series of ingenious mechanical contrivances for obviating the deformity and contraction which attend hip-joint disease, and he gives an instance where his plan was successfully adopted. Mr. J. C. Wordsworth contributes a paper "On Dislocations of the Thumb at the Metacarpo-Phalangeal Joint," showing that the difficulty of reducing them arises from malposition of the tendon of the long flexor. The obstacles in reducing these dislocations were formerly considered to be the lateral ligaments of the joint, but Mr. Stanley, in this country, as well as Messrs. Lisfranc and Dupuytren, attributed the difficulty to malposition of the tendons, and Mr. Wordsworth advocated the same view, though without being aware that similar opinions had been already published. Three cases are given in illustration of Mr. Wordsworth's statements. Mr. Charles Hunter makes some "Practical Remarks on the Hypodermical Treatment of Disease," and claims for himself the credit of having been the first to inject atropine beneath the human skin in the year 1859. Morphia, aconitina, and quina, were all used in the same manner, and if proper precautions are used, there is no fear of abscess or diffuse inflammation following the puncture made in the skin. Mr. Hunter relates some experiments on the hypodermic introduction of active remedies into the bodies of the lower animals, in which the effects are less marked than in man, that is to say, a larger proportional dose is required to produce the same effect. Mr. W. H. Folker relates a "Case of Tumour of the Tongue of Twenty Years' Growth," and its successful removal by operation. The patient was a woman, aged thirty-eight, and the left side of the face was distended by the tumour, and the canine and incisor teeth were pressed out and pointed forward. The growth was found to be non-malignant, and was removed by a single stroke of the bistoury, and the patient recovered without any bad symptom. Mr. E. Garraway contributes a paper "On the Treatment of Whooping-Cough by Belladonna and Sulphate of Zinc." The drugs were given either in mixture or in pills, beginning with one-sixth to one-fourth of the extract of belladonna, and half a grain to a grain of the sulphate, and steadily increasing the dose up to four or six grains of belladonna, and double that quantity of the zinc, daily. It does not appear, however, that this treatment was remarkably successful or safe, for many of the cases showed no improvement for three weeks or more, and in many others there were decided symptoms of narcotico-acrid poisoning. Dr. Edward Ellis briefly relates a "Fatal Case of Poisoning by Oil of Bitter Almonds," the patient having taken it apparently for the purpose of committing suicide, while under the influence of insanity. Medical treatment was quite unavailing, and after death, as is usual in this kind of poisoning, no remarkable appearances were observed at the post-mortem examination, but the odour of the bitter almonds was very perceptible.

The 'Medical Times and Gazette.'

Mr. Gulliver continues his lectures delivered last spring at the College of Surgeons "On the Blood, Lymph, and Chyle of Vertebrata," and his present subject is the coagulation of the blood. The lecturer maintains that John Hunter foreshadowed, if he did not anticipate, the best recent discoveries on the subject, and he then proceeds to describe the views of Schroeder Van der Kolk, Nasse Henle, and Wharton Jones, and his own experiments in their confirmation. We give Mr. Gulliver's conclusions in his own words:—

"1. There is an increased quickness and compactness with which red corpuscles run into rolls, and these further into clumps, favoured by an increase in the viscidity of the corpuscles, caused by the state of the medium in which they swim, so that they thus separate from, and sink more rapidly in, the liquor sanguinis during the formation of the buffy coat. 2. This is not caused by an inherent change in the corpuscles, because the corpuscles of blood not buffy will thus run together when put into the serum of buffy blood. 3. But probably by a diminution of the saline matter of the serum and an increase in the spissitude or viscidity of the liquor sanguinis, since the aggregation of the corpuscles may either be increased by increasing this viscidity, or diminished by increasing the tenuity and saline matter. 4. During the formation of the buffy coat there is a remarkable acceleration, after a few minutes, of the rate with which the red corpuscles sink in the liquor sanguinis, which may be either hastened, prevented, or even reversed, by the means specified in the preceding paragraph; and this all holds true, though to a less degree, of the sinking of the corpuscles

in the serum of buffy blood. 5. The corpuscles of buffy blood sink much more quickly in its serum than the corpuscles of blood not buffy do in its serum; and the corpuscles of blood not buffy will sink as rapidly as any in the serum of buffy blood. 6. Increasing the proportion of the corpuscles relatively to the fibrin hastens coagulation and diminishes or prevents the formation of the buffy coat. 7. A diminution of the proportion of the corpuscles relatively to the fibrin retards coagulation and favours the formation of the buffy coat. 8. Increasing the proportion of water only has but little or no effect. 9. The slow coagulation of buffy blood, so far from being the cause, is merely an effect of a diminution in the proportion of the red corpuscles, and their separation from the fibrin."

Dr. BARNES, who appears to have foresworn his allegiance to the 'Lancet," now appears, we believe almost for the first time in the 'Medical Times,' as the contributor of a "Clinical Lecture on Amenorrhœa and Hæmatometra," and he relates several cases in which blood was retained in the uterus from occlusion of the utero-vaginal canal. One of the cases was an instance of imperforate hymen, another of absence of the vagina, a third of undeveloped uterus, a fourth of atresia of the vagina by cicatrisation. The first was relieved by incision and removal of a semilunar fold of the hymen, and the fourth by a cautious use of the bistoury. Dr. JOHN CHAPMAN communicates a paper on the "Remedial Power of Ice as used in the Treatment of Paralysis and Diabetes," both of which diseases he considers to be of nervous origin. Dr. Chapman's plan consists in applying ice to the spinal column with the view of affecting the vascular system of the motor nerves, and he adduces two cases in support of his plan. In the first case, which was that of a hemiplegic boy, the treatment is recorded as being successful, but the second case (one of diabetes) was incomplete, as the treatment was not persevered in. We cannot say that we think Dr. Chapman has proved his position by the record of these two cases, and we hardly consider him prudent in publishing results which are so scanty and unsatisfactory. Mr. A. E. SANSOM, in a paper on the "Administration of Chloroform,' continues to impress upon the profession the danger of giving this anæsthetic in a careless manner, and he describes an apparatus devised by himself for its safe administration.

THE MEDICAL CRITIC AND PSYCHOLOGICAL JOURNAL.' EDITED BY FORBES WINSLOW, M.D., D.C.L. OXON. No. XII. OCTOBER 1, 1863.

The public will learn with regret that the present number will be the last of this well-known Journal, and that its accomplished and much-respected Editor relinquishes the *bâton* which he has hitherto wielded with so much credit to himself and profit to his readers. We learn, however, that it is as yet undetermined whether the Journal shall be amalgamated with some other publication, or re-appear itself under a somewhat different form. Dr. Winslow established the Journal in 1848, and has continued to edit it from that time to the present, and during this long period it has held its ground as the best, and until lately, the only periodical work exclusively devoted to the discussion of medico-psychological literature in this country. In 1858, Dr. Winslow found it necessary, in consequence of his increasing professional engagements to engage Mr. J. N. Radcliffe as his sub-editor, to whose valuable services a warm tribute of respect is gracefully rendered. In now retiring altogether from the Journal, Dr. Winslow will carry with him the warmest thanks of the Profession for the entertainment and instruction which he has presented to them for so many years, and their best wishes for his future welfare.

The first article in the number is entitled "Baits for Suicide—'Lady Audley's Secret' and 'Aurora Floyd,'" and the object of the writer is to point out the objectionable manner in which the idea of self-destruction is presented to the reader in these two works From the English novels no very exalted code of morals can be deduced, but it is shown that the French novels of the present day are much worse, and a work of the latter class called 'Gaëte,' is very severely criticised and censured, as containing sentiments repugnant to just notions of morality and religion. "The British Medical Association" forms the subject of a short and commendatory notice, and the speech made by the President, Dr. Symonds, at the recent meeting in Bristol, suggests several important questions respecting the social and general position of the Profession. Dr. BERGERET'S article in the 'Annales d'Hygiène Publique' "On a Peculiar Form of Mental Alienation, caused by the Political and Social Disturbances in France during February, 1848," will be read with interest. The writer, who is evidently opposed to the republican party, and is a strong supporter of the present Imperial *régime*, describes, with great force, a number of cases of mental excitement clearly originating in the wild and impracticable doctrines openly proclaimed by the leaders of the Revolution. The article entitled, "The State of Lunacy in Ireland," is founded upon the Twelfth Report on the District, Criminal, and Private Lunatic Asylums of the sister island, and records the improvements or alterations made in many of those institutions. The dietary of the Irish Asylums is, in several instances, censured by the Inspectors for its insufficiency, but in other cases the inmates are liberally fed. "The Dublin School of Surgery" affords an opportunity for a eulogistic notice of the condition of operative surgery in the Irish metropolis, and a review of the improvements made by Mr. Butcher. "The Sanitary State of the Army in India" forms the groundwork for an eloquent commentary on the mismanagement which has impaired the efficiency of our troops when called out unexpectedly to arduous service, and the disasters in the Crimea are quoted and commented upon by one who apparently writes from personal observation. The article "On Partial Responsibility in Lunacy and Nervous Disorders," is a translation of a paper read by Dr. Legrand du Saulle, before the Medico-Psychological Society of Paris. It enters rather deeply into the difficult and delicate question of the boundaries which separate insanity from vice, and responsibility from irresponsibility. "The State of Lunacy in England" is a *résumé* of the Seventeenth Report of the Commissioners in Lunacy, recording the operations of the Lunacy Board, and the state of the population of asylums and workhouses during the year 1862. Mr. WILLIAM SEDGWICK contributes a paper "On the Legal Responsibility of Pregnant Women," and records some cases in which the commission of criminal acts appears to have been due solely to excitement of mind connected with the pregnant or puerperal state. From the observations adduced, it may be inferred that insanity is occasionally liable to occur in pregnant women, as a result of their condition, especially in those who are hereditarily predisposed to the disease, and the inquiry in medical jurisprudence necessarily results as to the extent to which pregnancy can be pleaded as an excuse for crime. "Murchison on Fever" is warmly commended, and an analysis is given of the contents of the work. There is a short but interesting article on "Scutari—March, 1863," by Mr. J. N. RADCLIFFE, who had an opportunity of revisiting this spot, associated with so many mournful reminiscences to the British Nation. It is stated that the Turkish Government has adopted many of the improvements in barrack-accommodation, which were left them as a legacy by the British army, but that there is still great need of improvement. Mr. Radcliffe also visited the burying-ground, where so many of our countrymen now repose in death.

THE CORONERSHIP FOR THE MEDICAL PROFESSION.—We understand that the coronership of Bridlington, Yorkshire, is vacant, and that an eligible Medical candidate is in the field. The principle of the peculiar fitness of Medical men for conducting inquisitions into the cause of death, may now, we hope, be considered fully established, and the reverse proposition as to lawyers has recently been fully illustrated by instances in point. We trust the profession in Bridlington will work heart and hand to secure the election of the Medical candidate.

REVIEW OF BOOKS.

A Practical Treatise on Eczema, Including its Lichenous, Impetiginous, and Pruriginous Varieties. By T. McCall Anderson, M.D., Physician to the Dispensary for Skin Diseases, Glasgow. pp. 134. London: Churchill and Sons, 1863.

Dr. McCall Anderson, who was previously known as the author of an interesting monograph on the parasitic affections of the skin, now presents us with a treatise on another group of the same maladies. Dr. Anderson's remarks on eczema have already appeared in the shape of a series of lectures, published in a contemporary Journal, and they are now presented in a collected form. As will be noticed in the title of the book, Dr. Anderson does not regard eczema as a disease *sui generis*, but rather as a generic term comprehending Lichen and Prurigo, usually regarded as Papulæ, and Impetigo, usually placed among the Pustulæ. Though Eczema itself is placed by most dermatologists among the Vesiculæ, Dr. Anderson thinks that its elementary form is not necessarily a vesicle, and that it may assume, under varying conditions of the system, the appearance of an erythematous eruption, a vesicle, a pustule, a papule, or a fissure. There are four symptoms, however, taken together, which characterise eczema, namely, infiltration of the skin, exudation on its surface, the formation of crusts, and itching. Taken in this wide sense, the varieties of eczema are very numerous, and Dr. Anderson carefully describes the different aspects which it presents, and the means by which it may be distinguished from other cutaneous affections, as erysipelas, herpes, scabies, &c. The chapters on treatment are particularly copious, and the indications for attacking the disease, both internally and externally, are fully and carefully described. Mercury and the alkalies given internally, and mercurial and tarry preparations applied externally are among the most valuable therapeutic agents. Dr. Anderson's observations are very practical throughout, and bear the marks of great observing and reflecting powers.

The Surgical Diseases of Children, being the Lettsomian Lectures delivered before the Medical Society, London, March, 1863. By Thomas Bryant, F.R.C.S., Assistant-Surgeon to Guy's Hospital. Pp. 145. Churchill and Sons. 1863.

The lectures which form the material of this little work have already been published in the pages of a contemporary, and we have from time to time recorded the principles which they inculcate. The diseases of children form a very good speciality for the occasion on which the Lettsomian lectures were delivered, for although the complaints of early life are essentially the same as those of more advanced years, yet they present a number of interesting modifications which render their study exceedingly valuable, especially to the general practitioner, who is usually called upon to advise in the maladies, sometimes trivial, but often serious, of infancy and childhood. Such cases as imperforate and deficient anus, hare-lip, œdema of the glottis and nævi, often require prompt measures in their management, and their surgical treatment involves great acuteness, skill, and discretion. These and all other subjects of a like nature are ably and fully discussed in the pages of the work before us, which well deserves perusal, and will be found to convey much useful information to the practical surgeon.

MEDICAL SOCIETIES.

MEDICAL SOCIETY OF LONDON.

MONDAY, OCTOBER 12TH.

MR. E. CANTON, PRESIDENT, IN THE CHAIR.

This was the opening meeting of the session of the Society. There was a large attendance of Fellows.

The PRESIDENT delivered a short preliminary address, in which he considered the present condition and future prospects of the Society. He then read a paper on

ATROPHY CONSIDERED IN ITS SURGICAL ASPECTS,

which, the author observed, we have constantly occasion to encounter as constituting a malady *per se*, or, to a greater or less extent, complicating other maladies. Sometimes it may be regarded as a salutary process, as in the wasting and disappearance of a cancerous tumour, or it may be the harbinger of death where a vital organ is the object of its attack. A single part might be affected, or the whole organism be involved. A tooth shall be lost, and the alveolar process wastes; or the whole body may be prematurely involved in the atrophy of senility. Attention was then directed to the atrophy of the neck of the thigh-bone, which sometimes ensues from a blow on the trochanter major; and the belief expressed that, in such instances, some faulty state of the system must have been pre-existent—as gout, rheumatism, or rheumatic gout, and which the author had always detected in the instances that had fallen under his observation. Intra-capsular fracture of the cervix femoris was next discussed, in reference especially to antecedent changes in the cervix and absorption of it subsequent to the fracture. The peculiarities of atrophy of the arteries were now passed in review, and the various forms of degeneration of their coats considered, especially in regard to deligation and aneurism. Gangrene of the distal parts of the extremities was also fully discussed in reference to atrophy of the arterial tunics; and the suggestion made that the vasa vasorum had never been microscopically examined in cases where the walls of the arteries had suffered atrophic changes. Atrophy of nerves, muscles, &c., was spoken of as bearing upon the practice of surgery. Atrophy of the heart was fully considered, and several instances were related in which its presence had materially complicated the diseases the surgeon is called upon to treat. Lastly, the author enlarged on the subject of atrophy as a *salutary* process, and illustrated its beneficial effects by reference to the process spontaneously occurring, as in the wasting of carcinomatous masses, and the required changes which occur in many maladies treated by either the art or science of the surgeon.

A discussion ensued, in which Dr. Althaus, Dr. Gibb, Mr. Rogers Harrison, Dr. Greenhalgh, Dr. Thompson, Mr. J. W. Barnes, Mr. Bryant, Mr. Bishop, and Mr. Mason took part.

LEGAL INTELLIGENCE.

YORKSHIRE COUNTY COURT.

GUILDHALL, YORK, TUESDAY, OCTOBER 13.

Before Mr. Sergeant Dowling.

ARTHUR *v.* SINGLETON.

This was an action in which Dr. Arthur, of Monkgate (for whom Mr. J. Smith, barrister, appeared), was the plaintiff; and Mrs. Singleton, widow of the late Mr. William Singleton, solicitor, of York (for whom Mr. J. Mason appeared), was the defendant. The amount claimed was 15*l.* 7s. 6d., for visits made and medicine furnished to the defendant and her son Arthur. The case had twice previously been before the Court, the first adjournment being for the production of a bill of items, and the second for the production of Arthur Singleton, a material witness. The defence was urged that the bill was overcharged and unreasonable, visits being set down which it was alleged had never been made, whilst it was further alleged that the price of the medicines was excessive. A witness named Mrs. Thackray, and a girl named Mary Farmery, were called to prove that during a time when several visits were set down as having been made at defendant's residence at Elmsall House, on the Malton road, defendant was staying with the former witness in the Shambles. Dr. Arthur, however, swore *positively* that all the visits set down were made at Elmsall House. The defendant then called Mr. Coates, surgeon, of Micklegate, to prove that the charges both for visits and medicine were excessive. Mr. Coates said he had practised for 33 years as a surgeon, and, having seen Dr. Arthur's bill against Mrs. Singleton, he was of opinion it was overcharged both as to visits and medicine. The charges were more than he should himself have made, and were unreasonable. He usually charged 2s. 6d. for an eight ounce bottle, 3s. 6d. for a twelve ounce bottle, and 5s. for a pint bottle. His charge was also 2s. 6d. for a visit. His honour asked if it was not material as to what were the contents of the bottle, whether they consisted only of pump water or what? Mr. Coates replied that the practice was to charge the same sum whatever were the contents. His honour then asked Mr. Coates if all his medicines were taken from the same bottle, for he added that that might be the case when they heard of his uniform system as to price. Mr. Coates replied in the negative. His honour said he thought Mr. Coates' statement a curious revelation of "the secrets of the prison house." (Laughter.) Dr. Arthur denied that it was the system to charge as Mr. Coates had alleged, though he was ready to admit that Mr. Coates might have given a fair statement of his own system. His honour then put several items to Mr. Coates separately, and asked his opinion upon them, and received answers which he alleged went rather in favour of than against the plaintiff.

On the part of the plaintiff the books were handed in, and all the entries found to be correctly made, and His Honour said he could place more reliance on them than the memories of defendant's witnesses. He also expressed himself satisfied that the charges were fair and reasonable, and gave judgment for the plaintiff for the amount sought, with costs. 5*l.* had been paid into court.

[We consider that Mr. Coates's evidence in this cause was very discreditable to him. He knew nothing of the *facts* of the case, and as for his opinion, it was derogatory to the dignity of the Profession, and unfair towards a professional brother.—Ed. Med. Circular.]

THE ANATOMICAL AND PHYSIOLOGICAL MUSEUM OF NEWCASTLE has undergone a complete and gratifying renovation. Numerous and useful additions have been made by the lecturers and others.

ADDENBROOKE'S HOSPITAL, CAMBRIDGE.—At the late quarterly meeting of the governors, held at the hospital, it was resolved to adopt the plan proposed by Mr. Digby Wyatt for the erection of the new building, subject to a modification by Dr. Humphry, made in accordance with his own views and those of the surgeons of the hospital.

Births, Marriages, and Deaths.

BIRTHS.

BURTON.—On the 8th inst., at Rectory place, Woolwich, the wife of R. G. Burton, M.D., Staff-Assist. Surg. Army, of a son.

CARR.—On the 12th inst., at Berwick-upon-Tweed, the wife of Dr. R. Carr, of a son.

DELANY.—On the 11th inst., at Sion, Kilkenny, the wife of B. Delany, M.D., of a son.

LLEWELLYN.—On the 10th ult., at Welbeck street, Cavendish square, the wife of Owen J. Llewellyn, R.N., Surgeon, H.M.'s Ship 'Archer,' of a daughter.

MACGILL.—On the 5th inst., at Euston square, the wife of Andrew Macgill, M.D., late of Glasgow, of a son.

SHEPHERD.—On the 6th inst., at Great Portland street, the wife of J. Brook Shepherd, M.R.C.S., of a daughter.

MARRIAGES.

BUIST—DAVIS.—On the 7th inst., at Cardiff, J. J. Buist, M.D., to Anne, daughter of R. Davis, Esq.

CHARTERS—BOSWELL.—On the 2nd inst., at Edinburgh, W. S. Charters, M.D., late of the H.E.I.Co.'s Medical Establishment, to Anne, widow of the late B. Boswell, Esq., Lieutenant-Colonel Bombay Army.

TURTON—HINCKS.—On the 8th inst., at Douglas, Isle of Man, F. Turton, L.R.C.P.L., of Wolverhampton, to Mary, daughter of the late T. Hincks, Esq., of Douglas.

DEATHS.

BULLMORE.—On the 5th inst., at Princes street, Truro, Dr. W. H. Bullmore, aged 63.

DICKINSON.—On the 17th of March, at Chibisa, Africa, whilst acting as Surgeon to the Central African Mission, J. Dickinson, M.B., late of Jarrow, Durham, aged 33.

HANSARD.—On the 4th inst., F. A. Hansard, M.R.C.S.E., of Montacute, Somersetshire.

HUTCHINSON.—On the 6th inst., at The Cottage, Brisco, near Carlisle, F. C. Hutchinson, M.D., aged 71.

RALFS.—On the 9th inst., at Burton crescent, E. Ralfs, M.R.C.S.E., aged 46.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 8th inst.:—Michael Beverley, Seething, Norfolk; Robert Foreman Cook, Gateshead-on-Tyne; Leonard Emanuel, 6 Stanley gardens, Notting-hill; Robert Harrison, Nether Levens, Milnthorp; Joshua James, Bristol; Walter Jones, Llansilin, Oswestry; Charles Marshall Kempe, Augusta place, Clapham road; Frederic Morley, Bicker, Lincolnshire; Thomas Sheldon, Stratford-on-Avon; Hugh Taylor, Norwich; Richard Turner, King's College.

The following gentlemen also on the same day passed their first examination:—Edward Carpenter, St. Thomas's Hospital; William Nathaniel Hiron, Sydenham College, Birmingham.

VERDICT OF MANSLAUGHTER AGAINST A HERBALIST.—At Yeovil, yesterday week, an adjourned inquest was held on the body of Elizabeth Fox; and after a lengthened inquiry the jury returned a verdict of "Manslaughter" against a well-known herb doctor, Robert Slade Colmer. The unfortunate girl, who was only twenty years of age, had remained at Colmer's house for a week, at the end of which time she had a miscarriage, and died on Sunday morning, the 4th instant. At the opening of the inquiry on Tuesday, the 6th instant, the wife and daughter were examined, and they stated that deceased had come to the house, complaining that she had something the matter with her liver, that she took no medicine while there, and that she died on the night after the miscarriage. The inquiry was adjourned for a post-mortem examination, which showed that the womb had been ruptured by some violent application, and death must have been almost instantaneous. Colmer, who is a well-known herb doctor, has been living at Yeovil for about twenty years. His son, Dr. Colmer, a licentiate of the Royal College of Physicians at Edinburgh, lives with him, and, although he attended the young woman at her death, he stated at the inquest that he rarely interferes with his father's patients, although he has patients of his own in the town. The prisoner, a man about fifty, is said to have known something of "astrology," and was consulted on matters touching the recovery of stolen sheep, pigs, &c.; but it is understood that he has refused to have anything to do with such matters for the past twelve months. However, some extraordinary revelations came out at the inquest, which prove that Colmer has not altogether divested himself of a faith in the superstitious. He states that he took the child with the after-birth, &c., and burnt them, in accordance with the idea that such a proceeding would relieve the pains of the young girl. The deceased was a domestic employed at a rectory at Rimpton, Somerset, and her parents live in Dorsetshire. She left the rectory with the avowed intention of going home. The evidence of several surgeons was taken, and they considered that death was caused either by an improper interference of the hand, or an unskilful use of instruments.

THE FACULTY OF MEDICINE OF PARIS.—It is rumoured that M. Rayer, the Dean of the Faculty, has expressed a wish that a chair of the History of Medicine should be founded. The celebrated Rostan is said to be on the eve of retiring from his professorship of medicine.

MORE DEATHS IN CENTRAL AFRICA.—Dr. Dickenson died on March 17 from an attack of malignant bilious fever. Mr. Richard Thornton, a geologist, attached to Dr. Livingstone's expedition, died of dysentery and fever on April 21. Dr. Livingstone, in a letter to Sir R. Murchison, says, "the scene of desolation around us reacts on my health badly."

PROFESSORSHIP OF ANATOMY AND SURGERY AT THE COLLEGE OF SURGEONS.—At the last meeting of the Council of the Royal College of Surgeons, Professor Fergusson, of King's College, was elected the Professor of Human Anatomy and Surgery in the vacancy occasioned by the resignation of Professor Solly, and will commence his course in the ensuing spring.

EXPURGATION OF THE MEDICAL REGISTER.—A correspondent of the 'Dublin Medical Press' gives the following list of the names removed by a general resolution of the Council from the Register—viz., John Edward Protheroe, the entry having been fraudulently made; Richard Organ, name erased for infamous conduct; John Burton, the entry having been fraudulently or incorrectly made; John Broatch, for obtaining admission on the Medical Register by a false declaration; John Kearney, for infamous conduct in a professional respect; Daniel de la Cherois Gourley, convicted of misdemeanour; Hugh Brown, diploma obtained by a false statement of his age; Daniel Dougal, diploma obtained by a false statement of his age; David Griffith Jones, convicted of a misdemeanour; Evan Thomas, convicted of perjury; Robert Wrixon, convicted of forgery; Samuel La Mert, for infamous conduct in a professional respect; Robert Jacob Jordan, his name having been removed from the list of Members of the Royal College of Surgeons of England.

THE DANISH CENSUS.—From the last Danish census, just published, it appears that the increase in the population has been at the annual rate of 165 to every 1,000 women between the ages of twenty and fifty. Of the whole number of children one in every ten or eleven has been illegitimate, and between four and five per cent. still-born. Twins have been born in one case out of sixty-nine; three children once in 5,783 births; and four children at a birth once in 211,062 cases.

ST. BARTHOLOMEW'S HOSPITAL, CHATHAM.—The new building was formally opened on Friday last. Ten patients were admitted on Saturday last, and as many more will be admitted on each succeeding Saturday until all the beds are occupied. The Lock wards will be occupied by as many patients as may offer themselves. At the annual meeting of the governors of the Chatham Dispensary, held on Monday, the 5th inst., it was resolved that it should remain open for twelve months longer, and not be closed, as had been previously intended, on the opening of the hospital.

APPOINTMENTS.—W. A. Bracey, M.R.C.S. Eng., has been elected House-Surgeon to the Birmingham and Midland Eye Hospital.—James J. Corrie, M.R.C.S. Eng., has been elected House-Surgeon to the Leeds Fever Hospital and House of Recovery.—Robert Cowan, M.D. St. And., has been elected Secretary of the Glasgow Faculty of Medicine for 1863-64.—C. Hilton Fagge, M.D. Lond., has been appointed Physician to the Royal Infirmary for the Diseases of Women and Children, Waterloo road.—H. Jackson, M.D., has been appointed a Public Vaccinator by the Parochial Board of St. Nicholas, Aberdeen.—P. Jamieson, L.R.C.S. Ed., has been appointed a Public Vaccinator by the Parochial Board of Peterhead.—T. Kelly, M.R.C.S., has been appointed Public Vaccinator for the Prince's-end District of the Dudley Union, vice T. Mills, M.D., resigned.—R. Mungall, M.D., has been appointed a Public Vaccinator by the Parochial Boards of Ballingry and Beath, Fifeshire.—Mr. A. L. Peacock, late Assistant House-Surgeon to the Sheffield Public Hospital and Dispensary, has been appointed Resident Medical Officer to the St. Marylebone General Dispensary Welbeck-street, Cavendish-square.—H. Pritchett, M.R.C.S., has been elected Medical Officer and Public Vaccinator for the Rastick District of the Halifax Union, vice Tempest Follard, M.R.C.S.E., resigned.—J. Taylor, L.F.P. & S. Glasg., has been appointed Surgeon to the Constabulary, Bailieborough and Grousehall, Co. Cavan, vice J. A. Johnston, L.K.Q.C.P. Irel., deceased.—T. Thompson, M.R.C.S.E., has been appointed House-Surgeon to the Queen's Hospital, Birmingham, vice J. St. Swithun Wilders, M R.C.S.E., resigned, and since appointed Assistant-Surgeon.—J. G. Wilson, M.D., has been elected Professor of Midwifery in Anderson's University, Glasgow, vice Dr. J. Peterson, resigned.—W. L. Winterbotham, M.B., has been appointed Surgeon to the Bridgewater Infirmary.—Geo. K. H. Paterson, L.R.C.P.E. (exam.), and L.R.C.S.E., the parish Medical Officer, has been appointed a Public Vaccinator by the Parochial Board of St. Martins, Perthshire.

APPOINTMENTS FOR THE WEEK.

Wednesday, October 21.

Operations at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m., University College Hospital, 2 p.m. : Hunterian Society, 8 p.m. Mr. Hutchinson "On the Supposed Effect of Tobacco in Producing Amaurosis."—Adjourned discussion.

Thursday, October 22.

Operations at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m. : Great Northern Hospital, King's cross, 2 p.m. ; West London Hospital, 2 p.m. ; Royal Orthopædic Hospital, 2 p.m. ; London Surgical Home for Diseases of Women, 2 p.m., Vesico-Vaginal Fistula, Removal of Posterior Lip of Os.

Friday, October 23.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, October 24.

Operations at St. Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m. ; King's College Hospital, 1½ p.m. ; Charing-cross Hospital, 2 p.m. ; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m. ; Royal Free Hospital, 1½ p.m.

Monday, October 26.

Operations at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1¼ p.m. ; Metropolitan Free Hospital, 2 p.m. ; Medical Society of London, 8½ p.m.

Tuesday, October 27.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m. ; Pathological Society of London, 8 p.m.

BOOKS RECEIVED FOR REVIEW.

The Pharmaceutical Journal, No. IV. October, 1863.

The Chemist and Druggist, No. 50. October 15, 1863.

The Introductory Lecture Delivered at the Opening of the Medica Session at Westminster Hospital. By Christopher Heath, F.R.C.S. Oct. 1, 1863. London : John Churchill and Sons.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor, may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day

We must request our Country Correspondents who favour us with copies of Provincial Newspapers, to mark the passages to which they desire to draw attention.

Dr. C. H Fagge.—The appointment is inserted.

Dr. T. H. S. Pullen.—Dr. Arthur Davis, of Fowey, Cornwall, or Mr. Albert Napper, of Cranley, will be able to afford the required information.

Studens.—It is not necessary to graduate in Arts, but it is indispensable to pass the preliminary examination.

Dr. R., Liverpool.—The qualifications are a Diploma in Surgery and a Diploma or License to practise Medicine.

Mr. R. S.—The communication is declined with thanks, owing to its great length, but a short abstract would be acceptable.

Souffrance.—The case is an ordinary one, and we advise you to consult your usua medical attendant.

Dr. Edwin Hearne.—The subject shall be noticed next week.

Mr. G. K. H. Paterson.—The notice shall be inserted.

Dr. A.B. will see that we have attended to his suggestions.

Veritas.—The Guardians have no power to compel a Medical man to furnish the certificates of vaccination.

LINGEN TESTIMONIAL.

At a Meeting of Professional friends of Mr. Charles Lingen, of Hereford, held at the residence of J. T. Clover, Esq , 3 Cavendish place, Cavendish square, London, on Friday, 10th September,—CHARLES HAWKINS, Esq., of Savile row, in the Chair,—a Discussion having taken place on the action recently tried against Mr. Lingen, at Gloucester, for libel, in which a Verdict was given for Defendant, but which Verdict is sought to be set aside by an intended motion for a new trial, it was

Resolved—"That the Professional brethren of Mr. Lingen are desirous of marking their sense of the propriety and delicacy of his conduct towards the Plaintiff in the late action—Morgan v. Lingen—and their sympathy with him in the trouble and anxiety imposed by that vexatious lawsuit—followed up, as it is by legal notice to move for a new trial to set aside the verdict of the jury—and that with a view of giving expression to the sympathy and unabated respect entertained by his Medical and private friends for Mr. Lingen, as one who holds a high position in his Profession, and has ever borne a reputation conspicuous for its moral and Christian character—a Committee be now appointed to promote Testimonial to him."

Resolved—"That the amount of Subscription shall not exceed One Guinea from each person."

Resolved—"That the following be a Committee (with power to add to their number) to promote the Testimonial, and report progress to a meeting to be held in London, early in November :—

"Dr. C. J. B. Williams, 49 Upper Brook street.
Dr. Quain, 56 Harley street.
J. F. South, Esq., Blackheath park.
Dr. Guy, 26 Gordon street.
Charles Hawkins, Esq , 22 Savile row.

"J. T. Clover, Esq., 3 Cavendish place, Cavendish square.
Dr. W. J. Little, 34 Brook street.
Dr. Geo. Budd, 20 Dover street, Piccadilly.
Dr. R. H. Semple, 8 Torrington square.
Alfred Leggatt, Esq., William street, Lowndes square."

CHARLES HAWKINS, Chairman.

The Gentlemen whose names follow have, since the Meeting, kindly consented to be added to the Committee:

The Right Hon. and Rev. Lord Saye and Sele, Archdeacon of the Diocese of Hereford.
The Very Rev. Dr. Dawes, Dean of Hereford.
Edward Griffiths, Esq., New Court, Hereford.
Richard Hereford, Esq., the Moor near Hereford.
George Unett, Esq., Broadward Hall, Salop.
Col. Kennedy, Lansdown crescent, Cheltenham.
Thomas Cam, Esq., Hereford.
R. Biddulph Phillips, Esq., Longworth, Hereford.
W. Cadge, Esq., Norwich.
Evan Patteshall, Esq., Allensmoor, Hereford.
Theophilus Taylor, Esq., Ebury street.
Chandos Wren Hoskyns, Esq., Harewood, Hereford.
Dr. Jenner, 8 Harley street, Cavendish square.
Richard Quain, Esq., Cavendish square.
Erasmus Wilson, Esq., Henrietta street, Cavendish square.
P. H. Chavasse, Esq., Priory, Birmingham.
Dr. Lindley, F.R.S., Turnham green.
J. Prankard, Esq., Langport, Somerset.
Sir Richard Charles Kirby, C.B., Harewood square.
H. Weekes, Esq., R.A., Eccleston street.
T. Butler, Esq., Sculptor, Euston road.
A. W. D. Leather, Esq., Princes square, Hyde park.
J. H. Marshall, Esq., Wallingford.
G. H. Marshall, Esq., M.D., Birmingham.
Charles Bodenham, Esq., Rotherwas.
T. T. Griffith, Esq., Wrexham.
Howell Morgan, Esq., High Sheriff, Merionethshire.
J. R. Humphreys, Esq., Shrewsbury.
Rev. J. H. Barker, Hereford.
John Erichsen, Esq., 6 Cavendish place, Cavendish square.
Thos. Pritchard, Esq., Ford House, Devon.
Rev. W. U. Coates, Rockhampton Rectory, Gloucestershire.
W. J. Clement, Esq., Mayor of Shrewsbury.
Dr Edmd. Jones, Mount Craig. Ross.
T. Holmes, Esq., 22 Queen street, May fair.
Major-General Goldsworthy, Overbury Lodge, Hereford.
Geo. Lawrence, Esq., 3 Priory Parade, Cheltenham.
H. D. Carden, Esq., Worcester.
Dr. Evans, Mynde House, Gloucester.
John Lamb, Esq., Hereford.
Rev. C. J. Jones, M.A., Vicar of Westbury-on-Severn.
Dr. Prestwood Lucas, Brecon.
Rev. John Woolham, M.A., Hereford.
C. W. Allen, Esq., The Moor, near Kington.
The Rev. Canon Humphry Allen, Clifton.
Thomas Paget, Esq., Leicester.
Lieut.-Col. Money, Kyrle, Aylestone hill, Hereford.
Joseph Hodgson, 60 Westbourne terrace.
John Aveline, Esq., Manor house, Burghill
Rev J. Johnson, Byford Rectory, Hereford.
Henry J. Jenkins, Esq., Copelands, near Hereford.
Major-Gen. T. B. Foster, Hagley Park, Hereford.
Peter Warburton, Esq., Hereford.
G. S. Garrard, Esq., Kington, Hereford.
Dr. John Beddoe, 2 Lansdown place, Clifton.
G. D. Pollock, Esq., 27 Grosvenor street, W.
Dr. J. W Barnard, Hastings.
Richard Green Price, Esq., M.P., Knighton.
James Tunstall, Esq., 35 Brock street, Bath.
Robert Hawkins, Esq , Montague place. Montague sq.
P. B. Giles, Esq., Stanton-on-Wye, Hereford.
Henry M. Hawkins, Esq., Hereford.
The Rev. Canon Huntingford, Hampton Bishop, Hereford.
The Rev. Henry Cooper Key, Stretton Rectory, Hereford.
The Rev. F. Baker, Allensmoor, Hereford.
Dr. Hall Davis, 11 Harley street, London.
M. Foster, Esq., Huntingdon.
Dr. Gilliland, Hereford.
Rev. J. Grane, Hope, Leominster.
T. S. Prichard, Esq., M.A., 3 St. Johnson's buildings, Temple.
Rev. J. Peglar, Aymestree, Leominster.
Rev. T. Dawes, Canon Pyon, Hereford.
Rev. Chas. Maybery, Penderyn, Hirwain, Aberdare.
T. G. Symons, Mynde Park, Ross.
Rev. C. J. Wistropp, Wormbridge, Hereford.
Dr. Bleek Lye, Hereford.
Dr. Robertson, 11 West mall, Clifton.
Thomas Martin, Esq., Burghill Lodge, Hereford.

For the convenience of Subscribers, accounts have been opened in the name of "The Lingen Testimonial Fund," at the Bank of Messrs. Cox and Biddulph, Charing cross, London, and at the National Provincial Bank, Hereford, at either of which payments may be made to the credit of those accounts; and Post-office Orders are requested to be made payable at the West Strand Office, to Frederick Clapton Sheppard, 5 Robert street, Adelphi.

F. C. SHEPPARD, Hon. Sec.,
5 Robert street, Adelphi, London, 12th October, 1863.

PARISIAN MEDICAL NEWS.

LEARNED SOCIETIES.

Academy of Sciences.—We alluded in our Leading Article to Mr. Maisonneuve's paper on a New Application of Elastic India-Rubber Bands in Strangulated Hernia. The author adduces in illustration of the efficacy of the appliance, eight cases, amongst which we select the two following:

"On the 16th of July, 1863," says Mr. Maisonneuve, "The Director of the Hôtel-Dieu summoned me at one o'clock in the morning, to the assistance of the lamp-lighter of the hospital, who was affected with strangulated hernia. I was informed that the patient, a man aged thirty-four, had for everal years borne reducible inguinal hernia on the left ide, for which he wore a truss.

"The truss, however, was worn out, and for a month the hernia had not been kept properly reduced, and in the evening of the 14th, during an effort strangulation took place.

"The entire night of the 14th, passed without N—— calling in any assistance; he trusted that the horizontal attitude alone would be sufficient to cause the return of the protruded bowel into the abdomen. The pain, however, persisted throughout the night, nausea and vomiting made their appearance, aud the tumour acquired the size of the fist. Mr. Jobert then prescribed a bath of two hours' duration, to be followed by attempts at taxis, which proved entirely unavailing.

"The attempts were again repeated after the application of ice over the tumour, but without any better result. In the course of the evening, the symptoms became extremely urgent, the hernia was hard and painful, and vomiting recurred, every half hour with intense suffering. The house-surgeons on duty opined that kelotomy could not with safety be further delayed, and I was requested to visit the patient.

"The history of the case was then related to me, and I found that the tumour was hard, renitent, and had assumed a purple aspect. I inspected the matter rejected from the stomach, inquired into the state of the pulse and the condition of the abdomen, and satisfied myself that the case was one of scrotal entero-epiplocele, that incarceration was present, that the constriction was too intense to yield to the usual means of reduction, and that two measures only afforded any chance of preserving life, viz., operation with the knife, or elastic pressure with the India-rubber band. My experience of the latter method, which for seven years I have invariably found successful in inguinal hernia, induced me to resort to it in preference to the other alternative, and I immediately applied it in the presence of the internes of the hospital.

"The patient was placed on a trestle-bed, and a linen bandage was rolled round the body. To this was secured the extremity of a long India-rubber band four rings of which were tightly applied round the pedicle of the tumour. The hernia was then more loosely covered with the elastic roller, the compressive power being increased by the number of its turns.

"Scarcely was the operation concluded when a gurgling sound was heard, indicative of the return into the abdomen of a portion of the contents of the tumour. The latter became immediately softer, and the band having been removed, the hernia was reduced with ease. A new truss was applied, and the patient has since resumed his duties in the hospital."

In six other instances of inguinal or umbilical hernia a similar satisfactory result was obtained. In femoral hernia, however, the local condition of the protrusion is very different, and Mr. Maisonneuve proceeded as follows in the case of a woman aged thirty-six, who was admitted into his wards on the 23rd of last July, for crural hernia, occupying the left side; incarceration had taken place twenty-four hours before, and all attempts at reduction had entirely failed.

The tumour was hard, small, and from its shape, but ill-adapted to the application of the band, and the professor therefore modified his usual *modus operandi*. A thick pad of compresses was in the first place laid over the hernia, and with the India-rubber roller, applied as tightly as possible the kind of bandage termed *spica inguinis* was speedily constructed; the pressure was permitted to last for five or six minutes, and was then quickly removed; the hernia though not reduced was found soft and flaccid. A very trifling amount of manipulation completed the reduction, and no relapse has since taken place.

To effect the reduction of small herniæ, the base of which cannot easily be surrounded by the band, Mr. Maisonneuve employs in addition to the elastic roller, a kind of compressor consisting of two parts, viz, 1, a lumbar metallic plate, and 2, a pad supplied with a screw.

The lumbar-plate, lined in an appropriate manner, resembles those in use in the construction of hypogastric belts; it is strong and sufficiently wide to rest on the small of the back, and at either extremity presents a hook, to which the caoutchouc band can be secured.

The pad is analagous to that of Petit's tourniquet, slightly concave, and supplied with an endless screw shaped like a cylindrical pin, on which runs a strong metallic rod, eight inches in length, and hooked at the extremities.

In order to use the instrument, the lumbar plate is, in the first place, applied to the loins, and the pad adapted to the hernia. An India rubber band is then secured to each of the hooks of the posterior plate, and is brought forward and turned over the corresponding hooks of the rod attached to the pad, a procedure which is repeated as often as may be necessary to produce the required amount of pressure, the pad being at the same time carefully adapted to the tumour. The surgeon can regulate and increase at will the compressive action, by turning the screw, which causes the rod slowly to recede from the pad, and stretches the band in a corresponding degree.

This powerful instrument is deemed by its inventor, Mr. Maisonneuve, susceptible of manifold and important applications, in the treatment of aneurism for instance, of erectile tumours, &c., but it would seem more especially calculated to be useful in incarcerated hernia.

— Mr. Maisonneuve's communication was preceded by another paper, read by Mr. Séguin, sen., who takes the defence of consanguineous unions, and justifies them by the following argument:

"My object," said he, "is to defend the opinion brought forward by Mr. Bourgeois, and to calm the anxieties of persons, who have naturally been alarmed by statements founded on preconceived ideas and isolated observations. I now adduce, in illustration of the innocuousness of consanguineous unions, ten instances of intermarriage between my own and the Montgolfier family.

"These ten unions have produced 61 children, 46 of whom are alive at this present moment, their combined ages amounting to 1845 years.

"In this numerous issue I have never been informed that a single case has been observed of deaf-muteness, hydrocephalus, stammering, or polydactylism."

Academy of Medicine.—Mr. Piorry read a paper on the determination of the precise position of the heart. In the author's opinion, Laennec, Corvisart, and others entertained very erroneous opinions as to the correct average dimensions of that organ. These estimations must necessarily be inaccurate, the natural volume of the viscus differing not only in each subject, but varying in the same individual according to the state of his health and the condition of his organic functions.

Practically, says Mr. Piorry, auscultation cannot supply us with a reliable means of ascertaining the precise dimensions of the heart, because that organ sometimes contracts with great energy, and the sounds are propagated throughout the thorax, although percussion indubitably demonstrates the smallness of its volume; and in other instances, on the contrary, the pulsation of a voluminous heart may scarcely be discernible with the stethoscope, even in the cardiac region. The liver also may communicate to the ear and to the hand the pulsation of a small heart, and is another cause of error. Percussion in this kind of investigation is obviously more trustworthy than auscultation, but it must be performed with the plessimeter, and not merely with the finger. "Mediate percussion," says Mr. Piorry, "enables us to circumscribe with the utmost accuracy, and to design on the skin with a pencil, the precise

situation of the heart, its shape, volume, connections, and to ascertain the thickness of its walls, its depth, and the exact position of each orifice."

Of course, a knowledge and correct interpretation of the abnormal sounds of the heart is of considerable clinical interest; Laennec, indeed, has demonstrated beyond contradiction, that these abnormal sounds are, when permanent, indicative of aortic, venous, or auriculo-ventricular constrictions; but with regard to treatment, it is less important to discover the orifice, which is the seat of disease. Whatever be the narrowed orifice the treatment will be nearly the same, because we are not in possession of any means calculated to effect its dilatation.

The fundamental indications must always consist in proportioning the amount of blood in circulation to the size of the passage; to endow the blood with the qualities which secure the satisfactory accomplishment of the function of nutrition; and to invest the heart with sufficient power to contend successfully with the obstacle. These objects are not, in Mr. Piorry's opinion, likely to be promoted by the dangerous measures recommended by Valsalva, but, on the contrary, iron and invigorating diet will in most instances be found serviceable.

The professor concluded his remarks by a short allusion to the mechanism of the *metallic tinkling* which occasionally accompanies systolic contraction of the ventricles, and has been viewed by several authors as a symptom of some gravity. In his opinion, the sound referred to is caused by the direct concussionof the heart against the thoracic walls without the interposition of any portion of the lung, and therefore cannot possibly be looked upon as a morbid sign of any peculiar import.

— Mr. Blot, a candidate for the vacant seat in the section of obstetrics, read an exhaustive memoir on the slackening of the pulse in women after parturition. This is a normal occurrence, which sets in within twenty-four hours after delivery, and may last from a few hours to ten or twelve days. The pulse may fall as low as 35, but more generally oscillate between 45 and 60. Mr. Blot has also noticed the same phenomenon after abortion and premature labour, and in all cases the symptom is one of favourable augury. It is observed only in healthy subjects, and its frequency in hospital wards implies an excellent sanitary condition of the patients, whereas its rare occurrence must be viewed as the precursor of some approaching epidemic.

— Mr. Henry Gintrac, of Bordeaux, then read an interesting paper on the contagious nature of typhoid fever.

Bretonneau was the first who pointed out at the Academy the contagious character of this affection, and the question, since that period, has remained undecided. Mr. Gintrac himself entertained some doubts on the subject, when fortuitous circumstances enabled him to institute a comparison between two epidemics of typhoid which occurred at Sainte-Croix-du-Mont and at Gabarnac. In the former borough, the disease was obviously due to infectious causes, and miasmatic emanations, and was thence propagated to Gabarnac by the personal intercourse of infected subjects, with individuals belonging to the latter, and previously healthy locality.

— Professor Scouttetten propounded a novel theory on the mode of action of mineral waters; he conceives them to be in possession of electric powers far more effectual than their chemical action, and more marked in proportion as the waters are examined nearer to their source. This fact, although not demonstrated, appears probable, and would explain why mineral waters taken at the spa are more beneficial than when bottled and conveyed to a distance.

— The ballot-box went round for the election of a member in the section of obstetrics, *vice* the late Mr. Cazeaux.

The following were the candidates presented by the Committee.

1. *Ex. Æquo.*—Messrs. Blot and Pajot. 2. Mr. Carnier. 3. Mr. Laborie. 4. Mr. Salmon.

Forty-four members out of 67 having voted for Mr. Blot, that gentleman was declared duly elected.

At a recent meeting, Dr. Reybard, of Lyons, was named corresponding member of the Academy.

BIBLIOGRAPHY.

Manuel Complet de Médecine Légale. (A handbook of Medical Jurisprudence), *by T. Briand, M.D., E. Chaudé, L.L.D., and H. Gaultier de Claubry, Professor of Toxicology at the School of Pharmacy.* Seventh Edition (*a*).

If we judge from the frequent inquiries forwarded to us, as to the best work on the subject of medical jurisprudence, we must conclude that the new edition of the present manual is destined to meet with very extensive circulation.

We are, indeed, acquainted with no work which so completely fulfils the conditions of a useful practical guide to medical and legal practitioners. In none will be found more precise, accurate, and original information on the subject of the rights, duties, and responsibilities of our profession in France We dealt out our praise with no sparing hand to Professor Casper's interesting *Treatise of Forensic Medicine;* but despite the unquestionable value of this production, and, although it is assuredly entitled to a prominent place in our libraries, still its foreign origin must confine its perusal to a limited number of readers. Messrs. Briand, Chaudé, and Gaultrier de Claubry, on the contrary, presents us with a volume which claims the attention of all French medical men, and is pre-eminently a national book of reference on all subjects connected with medical jurisprudence. The speed with which the sixth edition of this valuable handbook has been exhausted, is a convincing proof that the authors have most satisfactorily fulfilled their task. Thanks, however, to the unceasing efforts of French and foreign jurists, the science of Forensic Medicine has, of late years, made considerable progress. The researches of Mr. Tardieu, for instance, have thrown light on many obscure questions, and solved difficult problems connected with toxicology; our courts have settled doubtful points of law, and judgments of the Courts of Cassation and of the Courts of Appeal, have established precedents of which the medical jurist must not remain ignorant; and Government itself, at the suggestion of competent authorities, has introduced into our laws modifications which had long been called for.

These fresh and accumulated materials rendered a new edition desirable, and their introduction into the present manual places the work in perfect harmony with the most recent acquisitions of science.

In the introduction the authors address themselves to various matters of professional interest, such as consultations, experts, certificates, reports, fees, etc. Mr. Briand, on whom this portion of the work more especially devolved, divides his subject-matter into four sections—viz., 1. Offences against public morals and the reproduction of the species. 2. Offences against health and life. 3. Mental diseases. 4. Identity; simulated, alleged, concealed, or imputed diseases and affections which entail liberation from military service.

The chapters devoted to the subject of legal chemistry are from the pen of Mr. H. Gaultier de Claubry, who has frequently availed himself of Mr. Ch. Robin's valuable assistance.

Mr. Ernest Chaudé, Doctor of Laws, has remodelled in the present edition the passages most interesting to the medical jurist, and adduces in elucidation of the great question of medical responsibility, the most recent documents. We should also notice in this gentleman's share of the joint publication the headings of each chapter, which supply the reader with a complete summary of the jurisprudence and ruling doctrines on each subject. The volume is concluded by an analytical conspectus of the laws and regulations which govern the practice of medicine and pharmacy, a perusal of which furnishes the practitioner with every desirable information as to his rights and his obligations.

Fonctions et Désordres de la Génération chez l'Enfant, le jeune Homme, l'Adulte et la Vieillard, sous le rapport Physiologique, Social et Moral (Functions and Disturbances of the Organs of Generation in Children, Youths, Adults, and the Aged, viewed in their Physiological, Social, and Moral Aspects), *by W. Acton, M.D., M.R.C.S.E., etc. (b)*

(*a*) One vol. roy. 8vo, pp. 1048, with 3 engravings and 64 diagrams. J. B. Baillière and Son.

(*b*) One vol. 8vo., pp. 368. Victor Masson and Son, Paris.

The patronage extended to this work in England, and the rapidity with which it has passed through three editions, have induced the author to submit it to the judgment of the profession in France. Mr. Acton is, moreover, well known in this country; he was formerly a pupil of the hospitals of Paris, and the elegance of his translation shows that he must have devoted no inconsiderable portion of his time to the study of French literature. The subject to which Mr. Acton addresses himself is one of the weightiest importance, excites a considerable amount of general curiosity, and has afforded a wide field to the prurient lucubrations of disreputable authors. The scientific character of the book published by Mr. Acton suggests a hope that, unlike the productions of some writers we could name, its practical utility will not be neutralised by any injury inflicted on the general reader, and that more fortunate than Lallemand's treatise on *Spermatorrhœa*, the work before us will as the maxim of Hippocrates enjoins, do good without any admixture of evil. We have some reason to trust that such will be the case in the present instance, and we opine that the author will chiefly be indebted for this good fortune to the fact of his being a Briton. Despite all our national pretensions to seriousness of character, we are all in France more or less the heirs of Voltaire and Rousseau; men of earnest and grave character such as Parent-Duchâtelet are phenomena rarely met with amongst us, and we seldom approach these very delicate subjects, without lapsing into umseemly levity, or assuming the heavy declamatory style observable in the works of Marc-Antoine Petit and Tissot. Mr. Acton is serious, without being dreary, and unaffectedly guarded in his language: his descriptions are concise, true, and clear; he carefully avoids even the appearance of impropriety, and handles the most delicate matters with a dexterity and caution which show him to be at the same time master of his subject, and anxious to shun any expression or mode of thought calculated to shock the delicacy of the most sensitive reader.

The author describes in the first place the natural functions of the organs of generation at the different periods of life, and adduces in support of his views the recent researches of Owen, Carpenter, R. Jones, &c.; he afterwards treats of the diseases to which these functions are liable, and draws his illustrations from the works of Lallemand and Réveillé Parise. "A perusal of the present volume," says Mr. Acton, "will show to continent persons the advantage derivable from a pure life, and to profligates the dangers of evil habits; in these pages, the married will find useful advice; and single men, whose position is so difficult, will be comforted by the conviction that their sufferings are not unsympathised with, nor uncared for."

Mr. Acton might also add that medical practitioners will derive from his book many useful hints on the management of hypochondriacs, and that it will likewise supply lawyers with arguments calculated in many instances to soften the severity of the judge, and to induce him to send to a lunatic asylum criminals he might otherwise have condemned to a prison.

Traité Elementaire d'histologie (Elements of Histology), *by Dr. T. A. Fort, late Interne of the hospitals of Paris* (*a*).

The history of organic structures is now a recognised subject of official tuition, and every well educated physician must henceforth be, at least superficially, acquainted with micrographic discoveries. Professor Robin, the true prophet of the new science, and the first propagator of histology in France, has not yet embodied his valuable lectures in a dogmatic treatise, and to satisfy this desideratum, at least in a temporary manner, Dr. Fort, an ingenious and indefatigable student, now presents the profession with a work, the advent of which we hail with much pleasure.

This volume is divided into five parts; the first is devoted to a study of the solid and liquid *elements* of our structures; the second treats of the *microscopic corpuscles* which are present in the fluids of the system; the third, and in our opinion the most interesting, treats of the *tissues* properly so called; the fourth is consecrated to glandular and non-glandular *parenchymata*; and the fifth to the *skin* and *mucous membranes*. *Epithelial* structures are classed by Mr. Fort between the tissues and the parenchymata.

The author foresees objections which he rightly conceives to be of slender weight. But he apologises for the imperfections of his style, on the plea of the haste with which the work has been got up, and we cannot but regret that any motive should have been sufficiently powerful, to induce him to write in haste a didactic production, which he styles *a treatise*.

L'année Medicales, Annuaire général de Sciences Médicales (A General Annual of Medical Science), *by Dr. Cavasse.* Fourth year, 1860 (*a*).

The precipitancy confessed to by Mr. Fort is assuredly not the besetting sin of Mr. Cavasse. This gentleman appears more inclined to proceed on the *Festina lentè* principle, and presents us in 1863 with his annual for 1860. We of course cannot but be gratified at the continuation of the useful labours undertaken by the author in 1858, but we regret that four volumes only should have appeared instead of six, which are due at the present moment.

Although the scientific acquisitions registered in Mr. Cavasse's last fasciculus are not invested with those charms of novelty which prove so attractive even to the most serious reader, they are, however, highly interesting, and have lost none of the solid qualities which distinguished the publication three years ago.

Thus we may quote the researches on laryngoscopy, emboli, albuminuria, diabetes, leucemia, pellagra, enchondroma, and in general all the articles on the subject of obstetrics. We should also notice the short and substantial summaries of memoirs and theses published in the course of the year, such as Mr. Nélaton Jun.'s papers on myaloplectic tumours, Mr. Valin'smemoirs on sub-ungual exostosis, and Mr. Foucher's thesis on the traumatic disjunction of epiphyses.

Niceetson climat (Nice and its climate), *by Edwin Lee, M.D.*, second edition. (*b*)

Menton, Essai climatologique sur ses différentes régions, (Mentone, an essay on the climate of its different regions) *by Farina, M. D.* (*c*)

Du climat de l'Espagne sous le rapport Medical (The climate of Spain medically considered) *by E. Cazenave, M.D., Consulting Physician at Eaux Bonnes.* (*d*)

Visitors are on the eve of deserting our mineral spas, and it may therefore not be inexpedient to invite attention to three publications relative to mild climates which may be resorted to for the purpose of continuing, and possibly of perfecting the effects of the treatment instituted with favourable results in Germany, and in the temperate regions of France.

The first of these publications, due to the pen of Dr. Edwin Lee, has reached its second edition. The author is evidently well acquainted with Nice, and its resources for the relief of certain forms of chronic disease, especially of the respiratory organs. This pamphlet contains many useful hints as to the medical topography of Nice and Mentone, and Dr. Lee offers in addition sagacious remarks on the influence of warm climates and of sea voyages in cases of tuberculosis, which he conceives to be less injurious than Mr. Rochard has stated.

Mr. Farina devotes his attention specially to Mentone, and points out the different localities more particularly suitable for the residence of persons suffering from phthisis. He informs us that Mentone, which was all but unknown seven years ago, is now a winter resort for upwards of three hundred families.

The volume which last claims our attention assuredly deserves a longer notice than our space admits of. It is the result of careful inquiries undertaken by a man of sound understanding, and when our communications with Spain are more frequent, its practical value will be more apparent. Spain is a country with which we have but superficial acquaintance; its artistic treasures, its agricultural wealth, and

(*a*) One vol. 8vo., p.p. 336. Adrien Delahaye, Paris.

(*a*) One vol., 12mo. A. Delahaye, Paris.
(*b*) A pamphlet, 12mo. J. B. Bailliérè and Son.
(*c*) A pamphlet, 12mo. J. B. Bailliérè and Son, Paris.
(*d*) One vol. 8vo. Henry Plon Paris.

medical resources are all but unknown to the rest of Europe. Our readers, for instance, are probably not aware of the fact that upwards of 2,000 mineral springs, *i. e.*, 232 more than in France, are to be found in the Peninsula. Mr. Cazenave, however, has not especially applied himself to this point, but to a study of the climate of Spain considered in reference to the treatment of disease; and the able manner in which he has achieved his task, and the interest with which his descriptions are invested, must inspire the reader with a wish to travel over the same ground under his guidance.

MISCELLANEA.

By a recent decree the following nominations have been made in the legion of honour :—

Grand Cross: Professor Dumas, member of the Institute.
Commander: Professor Cruveilhier.
Officers: Messrs. Cabarrus, Grisolle, Guibourt, and Pasteur.
Knights: Messrs. Maisonneuve, Rochard, &c.

— Dr. Legrand du Saulle observes that reading in railway carriages is a practice which may have the most injurious effects. The motion of the carriage causes much fatigue to the eyes, headache, and sometimes congestion of the retina; when the habit is regularly indulged in, by persons of advanced years, congestion of the brain may be the consequence.

— The *Journal du Médecin de Compagne* states on the authority of a correspondent, that cray-fish caught in streams shaded with ash-trees, may acquire by feeding on Spanish flies temporary aphrodisiac properties, particularly in spring.

— Dr. Cocheteux, physician of the Valenciennes Hospital, remarks in the *Gazette des Hôpitaux*, that in adults, tuberculosis seldom affects both sides of the chest in the same degree, and that in the right lung chronic disease progresses more rapidly than in the left towards a fatal issue. All the consumptive patients in his wards who have reached advanced years, are all instances of tuberculosis of the left lung. If the observation be correct, its prognostic value is obvious.

— Mr. Vée, the head-clerk of the Administration of Public Assistance, has recently published the statistics of pauperism in Paris.

In the year 1861, the population of Paris being 1,667,841 souls, 90,287 individuals were inscribed on the list of indigents; 23 per cent. only of that number were natives of Paris.

— The *Antwerp Journal* recommends as a good hæmostatic a solution of one part of crystallised sesqui-chloride of iron in six parts of collodion. The salt of iron should be slowly added, otherwise an amount of heat would be evolved sufficient to cause the collodion to boil. The solution is of a yellowish red, perfectly limpid, and deposits on the skin an extremely elastic pellicle.

— It is our melancholy duty to record the demise of Dr. Toirac, an eminent dentist of the city of Paris, and of Mr. Reybard, of Lyons, but recently elected a corresponding member of the Academy of Medicine.

Effects of Good Drainage and Water.—It appears that for the quarter just ended the rate of mortality in Salisbury has been extraordinarily low, the deaths out of a population of over 9,000 having been only 20, while the average number of deaths in the corresponding quarter for many years previous to the introduction of a proper system of drainage and waterworks was 50, and since these works, for the last eight years, the average has been 37. The average annual number of deaths for the eight years preceding the completion of the drainage (excluding the cholera year) was 243, or 27 in 1,000 and for the same period since 193, or 21 in 1,100 an actual reduction of almost one-fourth of the whole number. With just 50 deaths per annum less than usual during the last eight years, Salisbury is now looked upon as one of the very healthiest cities in the kingdom. It may be interesting to know that if an equally low rate of mortality had prevailed in London during the last quarter only about 450 persons would have died each week, instead of the numbers actually recorded—about 1,250.

The Medical Circular.

ORIGINAL COMMUNICATIONS.

CASE OF RETROVERSION OF THE WOMB.

By H. L. P.

On Friday last, the 16th inst., I was sent for to see Mrs. L——, æt. 27, who, with her mother, gave me the following history of her case.

She was at that time more than four months advanced in pregnancy, and she stated that five weeks ago, having undressed her little girl, a stout heavy child, of five years old, she sat leaning back, in a low rocking chair, with the child, which had fallen asleep, resting on her body, and when in the act of rising, with the child in her arms, she felt something in her inside drop out of its place, and the following morning found she could not make water. During the forenoon a doctor was sent for, who gave her medicine and attended for three weeks, in which time she had four or five bottles of medicine.

Her water dribbled away from her all that time, especially when she lay down or attempted to sit, which latter position always gave her great pain at her seat. She had a constant desire to make water, but could not properly relieve herself.

She had been swelled in the state I now found her for the last fortnight, and her former medical attendant had not visited her during that period. Her legs and thighs were very œdematous, the skin being quite white and cold from over-distension, and two or three blisters showed where it was on the point of giving way.

In proceeding to make a vaginal examination I found between the œdematous labia, a protrusion which at first touch resembled a prolapsed uterus, but I soon discovered it to be a part of the posterior wall of the vagina, bulged forward and dropsical, and my first impression was correct, that there was retroversion of the womb. I had some little difficulty in reaching the os uteri on account of the uterine tumour, which was nearly as large as a child's head, but could just feel it lying on the symphysis pubis; the pressure of my finger removed, in some degree, the obstruction from the urethra, and a gush of water took place on my hand. I drew off an enormous quantity with the catheter, nearly three quarts, and then with three fingers of the right hand in the vagina, and two of the left hand in the rectum, tried to restore the womb to its place. I could distinctly feel the fœtus to the left side, and succeeded in raising the womb nearly three inches from the perinæum, where it had previously lodged, but desisted at the woman's request from any further attempt that day. The following morning I found matters pretty much as I had left them, and she was still unable to make water. After drawing off nearly two quarts, I placed the woman on her knees across the bed, with her face resting on a pillow, and with both hands employed as yesterday, I succeeded in about five minutes in raising the womb above the promontory of the sacrum.

The os still remained on the pubis. I gave her 40 minims of tr. hyoscy., with chloric æther, and ordered a dose of castor oil to be given in an hour, and repeated in four hours, if necessary, having witnessed the good effects of this treatment in a former case. On Sunday I had the satisfaction of finding my patient quite well, the os uteri in its normal position; she had passed an enormous quantity of water, the dropsy had disappeared, and she said she was quite well and was very grateful.

May we not deduce from this case the propriety of using at once prompt mechanical means for reducing a dislocation of this kind as in any other part of the body? Chloroform might probably be useful, but I was some distance from home, nor in fact did it occur to me at the time. I am aware it may not in all cases be needful; the last case I had of the kind might serve as an example :—It occurred to a young factory operative, more than five years ago, pregnant for the first time. She believed her discomfort to arise from great straining to relieve the bowels, which were much constipated. After relieving the bladder, which proceeding was most urgently required, and finding the rectum plugged with hard fæces, I ordered an injection of warm soap and water, to be followed by a dose of castor oil. The next morning I found my patient had gone to work. Her mother informed me she had administered a much larger dose than I had ordered, as she knew she would require it, and it had purged her violently.

In this case I have no doubt the peristaltic action had excited the evolution, the obstacle having been removed. I attended this young woman in her confinement about five months afterwards.

The Federal Fleet before New Orleans has been attacked by a malignant fever. The deaths have been numerous.

Cottage Hospital at Walsall.—A Cottage Hospital has just been opened at Walsall for the reception of twenty patients.

SCIENTIFIC ARTICLES.

NEW TREATMENT OF GUNSHOT AND PENETRATING WOUNDS OF CHEST AND ABDOMEN BY HERMETICALLY SEALING.

By B. Howard, M.D., Assist. Surg. U.S.A.

No class of cases are so painfully humiliating to the military surgeon as gunshot wounds of the chest. When the call for aid is so peculiarly urgent and distressing the surgeon has been able but to lament his impotence, to hide the wound from view with a simple dressing, and sorrowfully abandon the patient to his fate. It is the appreciation of this that induces me, without waiting for properly arrayed statistics, to write prematurely from the field, and state briefly a plan of treatment which I presume will meet with very marked success, and which has already met with the general commendation of my confrères.

The most formidable symptoms of gunshot wound of the lung, and one or more of which in their proper order produce death in fatal cases, are, *Hœmorrhage*, *Dyspnœa*, and *Suppuration*.

The custom of leaving the wound open is objectionable, because it affords a means of outflow as fast as the effused blood reaches its level, and thus favours the continuance of *Hœmorrhage*.

It allows the full force of atmospheric pressure upon the entire surface of the lungs, and thus necessitates *Dyspnœa*.

It admits continually renewed currents of atmospheric air ensuring decomposition of the clot in the pleural cavity with extensive and profuse *suppuration* of a very fœtid character, while it does not provide for its exit until after so great an amount has accumulated as to have caused it to rise above the level of the wound ; and after its partial subsidence by overflow the wound again ceases to be available.

Suppose, however, that the wound be perfectly closed, the following will at once appear among the advantages to be gained.

1st. *Hœmorrhage* is controlled. At the worst the amount of blood lost after the operation cannot be more than would suffice to fill up the unoccupied space remaining in the pleural cavity ; the elastic clot resulting, furnishing a styptic par-excellence for the wounded vessels of the yielding lung.

2nd. *Dyspnœa* is immediately relieved upon removal of the atmospheric pressure, and the restoration of the parts approximately to their normal condition.

The inclosed volume of air being absorbed, the lung is again at liberty to expand with its usual freedom, limited only in proportion to the size of the clot which may happen to be in the pleural cavity.

3rd. *Suppuration*, if not prevented, is greatly diminished by shutting out the constantly renewed currents of atmospheric air, and its character is very favourably modified.

Indeed if the wound were closed soon enough, I deem it possible that the slough of the track through the lung, with the limited amount of attendant pus, might be entirely disposed of by absorption and expectoration. The operation which I practise is by hermetically sealing as follows :—

All accessible foreign bodies having been removed, introduce the point of a sharp-pointed bistoury perpendicularly to the surface just beyond the contused portion, and with a sawing motion pare the entire circumference of the wound, converting it into a simple incised wound of an elliptical form ; dissect away all the injured parts down to the ribs, then bring the edges of the wound together with silver sutures deeply inserted, at not more than a quarter of an inch apart ; secure them by twisting the ends, which are then cut off short and turned down out of the way. Carefully dry the surface, and with a camel's hair pencil apply a free coating of collodion over the wound ; let it dry, and repeat it at discretion.

For greater security shreds of charpie may now be arrayed crosswise over the wound after the manner of warp and woof—saturate it with collodion, and when dry repeat the process until the wound is securely cemented over ; as a still greater protection a dossil of lint may then be placed over the part and retained with adhesive straps.

If there be a tendency to undue heat in the part it may be kept down with cold affusion ; should any loosening of the dressing occur an additional coating of collodion may be applied. The sutures must not be removed until healing by *first intention* is complete.

Should suppuration occur so as to occasion distressing dyspnœa, proceed to treat it in all respects as a case of empyema, introducing the trocar at the most dependent point, and taking special care to avoid the admission of air.

My first experiment in hermetically sealing was in a bayonet wound of the abdomen in a private of the 18th U. S. Infantry in 1861, which was followed by the best results. Since then I have deemed it the most eligible treatment for gunshot and penetrating wounds of closed cavities when not contra-indicated by serious complication. In incised or punctured wounds the paring process is of course dispensed with.

Practically the immediate results have been very remarkable and I think unprecedented. The most painful cases of dyspnœa have been promptly relieved, the patient usually falling into a quiet slumber in about an hour after the operation, as in a case observed by my friends, Dr. Clements, U.S.A., and Dr. Taylor, U.S.V., and many others. The subsequent results, also, so far as I have been able to continue the treatment, have never disappointed my expectations.

I have obtained healing by first intention, and removed the sutures within five days after the operation. This mode of treatment by hermetically sealing has, I believe, never been practised before, though the principle of excluding the atmospheric air in gunshot wounds of the chest has been endeavoured to be carried out by various expedients with relative advantages corresponding to the completeness of the occlusion effected.

Dr. Barnes, U.S.A., informs me he once treated a gunshot wound of the lung by stopping up the aperture with a conical tent made of a pouch of cloth filled with lint, its apex being fastened to a roller bandage. The dyspnœa was greatly diminished, healing by granulation took place, the case progressed unusually well, and terminated in recovery.

Neither in the Western nor Eastern Armies, however, have I seen any attempt at closing the wound ; a covering of adhesive plaster or simple dressing is the only application I have seen used.

I think it will appear evident that the simple causes of fatality in gunshot wounds of the lung, and which have heretofore proceeded or abated uncontrolled by art, may each in their proper order be restrained and modified, if not prevented or removed, by the simple operation above described, which in the worst event cannot possibly incur any risk of additional harm to the patient. Though the careful continuance of the treatment so necessary to proper success be certain to be interfered with in the successive transfers of the patients to the care of different medical officers, it should not prevent the performance of the operation at any time within forty-eight hours after the reception of the wound, as it may enable the patient to survive the shock and the transportation to the General Hospital, by which time a very dangerous period will have passed.

Some cases upon which I operated were six days in the ambulances, before reaching a General Hospital, part of the road travelled being of the worst description ; on the fifth day all but one of these so treated were able to walk comfortably. On their arrival all the wounds were unfortunately re-opened, except when the union was too complete to allow of it, and the usual water-dressing was substituted. Yet the ratio of mortality of the whole number wounded in the lung in that engagement, and which were treated indiscriminately, was nineteen per cent. less, dating from the time the wounds were received, than that of the cases previously admitted to that hospital dating from the time of their entering the hospital. Though but five cases, their corroboration under the circumstances is valuable. When speaking of the whole number wounded, I omit one case in which I had not time to close the posterior wound, from which profuse hæmorrhage subsequently occurred and in two days after which the patient died.—'American Medical Times.'

Camp on Rappahannock, Va. Sept. 14, 1863.

SOCIAL SCIENCE CONGRESS.

DEPARTMENT OF PUPLIC HEALTH.

Disease in Cattle.—Mr. Holland said that, as a member of the Council of the Royal Society of England, he had had occasion to refer to the Acts passed for the prevention of the spread of infectious and contagious diseases amongst our domestic animals. These Acts he found totally inadequate for the purpose for which they were passed, and most defective in their specifications regarding the prevention of the sale of diseased meat in our markets. In connection with Sir William Miles, he last session introduced a measure which it was thought might, if it became law, save the breeder and grazier from the enormous losses to which he is now liable through death from contagious and infectious diseases amongst their stock, and which it was hoped might diminish the amount of sickness and mortality amongst ourselves, arising from the consumption of meat and milk unfit for human food. The Home Department is now convinced that legislation on this subject is defective, that further action is necessary, and that they are pledged to introduce a more stringent measure than the present. Having traced up the causes which, in his opinion, had led to the enormous traffic in diseased meat and milk, he referred to the practice of "polishing up" diseased carcases for sale, as described by Professor Gamgee, and went on to refer to the ravages of disease in 1842 amongst the domestic cattle of this country, to the rapid increase of the stock annually lost, to the necessity that existed for legislative interference, and the appointment of proper inspec-

(Continued at page 252).

THE MEDICAL CIRCULAR.

WEDNESDAY, OCTOBER 28, 1863.

THE BETHNAL-GREEN GUARDIANS AND THEIR MEDICAL OFFICERS.

The Bethnal-green Guardians seem anxious for the celebrity coveted by ancient Dogberry when he desired to be "written down an ass." Every step that they have taken since the late unlucky inquests on the poor children, has plunged them deeper and deeper into public contempt, and their last proceedings in reference to one of their Medical Officers afford an instance of impotent malice as ludicrous as it is despicable. We may as well premise that we know nothing whatever of the Joneses, Smiths, or Robinsons, of the Bumbles or the Beadles, of Bethnal Green. We have not been so unfortunate as to have ever resided in that insalubrious locality, nor have we any friends in the district; but inasmuch as the history of sanitary mismanagement in that parish is only a type of what occurs in many other quarters, and as the ill-treatment of the Medical Officers by the Board of Guardians is a mere repetition of similar ill-treatment by parochial Dogberries elsewhere, we think it right to drag their proceedings, contemptible as they are, from the obscurity in which they might otherwise be enveloped, and to expose them to the eyes of the world.

In the first place, we may remark, that it is no fault of the Guardians of the district to which we refer, that the locality is a poor one, that the houses are inconvenient, and the inmates squalid and unhealthy. But the question is, whether the authorities have endeavoured, as far as lay in their power, to correct the monstrous evils which undoubtedly exist, whether they have lent a ready ear to the remonstrances made to them on the part of the wretched inhabitants, and their own Medical Officers? or whether, on the other hand, they have not known of the grievous sufferings of the poor, have not turned a deaf ear to the representations made to them by humane and scientific witnesses, and have not struggled to conceal and hush up matters which called for careful examination and vigorous reform?

The evidence, so far as it goes at present, is decidedly against them. It is not credible that they were unaware of the filthy and disgraceful state of Hollybush place, Thorold square, and many other similar places, unless indeed they were blind and deaf, and had ordered their Medical Officer of Health, and his Inspector, the engine-driver, to be conveniently blind and deaf also. Then when one of their District Medical Officers very properly caused an inquest to be held, by representing to the Coroner the unexplained deaths of several children in succession, and when the want of sanitary appliances was pointedly and publicly made known to them, how did they act? Any humane person would think that they would have at once acknowledged their errors, and have hastened to rectify them; but no! they set about denying the facts of the case by raising a trumpery quibble about the word "blood-poisoning," which in the profundity of their ignorance they declared did not mean "scarlet-fever," though it means or at least includes the same thing, and then they bully and vituperate their District Medical Officer, who had done his duty only too faithfully. Revelation follows revelation as to the unwholesome condition of the dwelling-houses of the poor under their own immediate jurisdiction, and as to their own neglect in remedying the evil, or in making at least a show of sympathy or an attempt at improvement; and the only steps they take are to continue abusing their District Medical Officer, and at last to threaten him with dismissal. They receive a communication from the Home Office, requesting them to furnish information as to the alleged unwholesome condition of the infected districts, and they reply by referring, with a sort of exultation, to their Inspector of Nuisances, who is proved to eke out his wretched salary by taking money and liquor from the proprietors of the nuisances which it is his duty to inspect; and to their Medical Officer of Health, whose complacency they attempt to secure by the scantiness of his salary, and by the arbitrary power of dismissing him whenever they please.

Their last freak of threatening to dismiss Dr. Moore, one of the District Medical Officers, is a mere impotent piece of imbecility, unless they have really any charge to make against him. Luckily for Dr. Moore, the Bethnal Green Union is under the control of the Poor Law Board, and the Guardians cannot dismiss a Medical Officer without the consent of that Board. If the Guardians had possessed the power they would have cashiered Dr. Moore long ago, and the sufferings and privations of the miserable paupers would have been quietly hushed up, with the assistance of some more convenient tool: but the Profession may feel grateful that the power of arbitrary dismissal of Poor Law Medical Officers is no longer possessed by the Poor Law Guardians, at least by those who are under the immediate control of the Poor Law Board. That the latter body would sanction the removal of an officer *for merely doing his duty*, is an idea too absurd to be entertained for a moment, and therefore, we conceive that Dr. Moore may safely defy the Guardians. It appears, indeed, that they have invented some countercharge against Dr. Moore, such as overcharging some vaccination and midwifery fees; but this imputation is indignantly denied. If Dr. Moore should prove the charge to be groundless, the Guardians will have only added falsehood to meanness, and their own condemnation will be still more effectually sealed.

We may state at once, that we are no partisans of Dr. Moore, and we defend him only as we would defend any other of our Professional brethren whom we believed to be acting in the conscientious discharge of his duty. As we at present understand the matter, he calls for an investigation into his conduct, and it is only right that he should have it. The persons who form the conclaves of parochial boards will often do acts in a corporate capacity which would be regarded as mean, pitiful, and dastardly in an individual; and the Bethnal Green Guardians would undoubtedly have been rejoiced to dismiss their Medical Officer secretly without even assigning a cause. In such a case there is no appeal, when the Guardians are not actually under the orders of the Poor Law Board, but in the present instance the Guardians will be compelled to give their reasons for the threatened dismissal, and the officer inculpated will have a right to be heard in his defence. Even supposing that there has been at some former period a difference of opinion between the Guardians and their Medical Officer on the subject of his midwifery or other fees, that matter can have no connexion with the subject at present under consideration, which is the sanitary condition of Bethnal Green, and the propagation of contagious and other blood-diseases by overcrowding, filth, want of ventilation, and deficient water supply. The Medical Officers of Health in the Metropolitan Districts, as we have previously remarked, dare not say too much about these matters, if their remarks are likely to be unpalatable to their employers, because they may be dismissed at a moment's

notice; but as it is well to be thankful even for small favours, we may express our gratitude that under the operation of the Poor Law, hateful as it is in many respects, the Medical Officers of Unions may speak the truth without fear, and as long as they do their duty, may set at defiance any empty threats of dismissal.

SUMMARY OF THE WEEK.

THE CORPORATION OF LONDON AND THE ROYAL HOSPITALS.

The Corporation of the city of London is about to enter upon a lawsuit for the purpose of determining what class of men is eligible for the situation of President of St. Bartholomew's Hospital. The question, however, does not involve this hospital alone, but all the Royal Hospitals in the government of which the Corporation takes part. It appears the custom has always been, for more than 300 years, to elect the Lord Mayor, for the time being, or at least an Alderman who has passed the chair, as President of St. Bartholomew's Hospital, but last year Mr. Cubitt, who, it will be well remembered, was twice Lord Mayor, and who, since the mayoralty, has resigned his aldermanic gown, was elected President in preference to the present Lord Mayor. The routine was broken through in the case of another Royal Hospital about nine years ago, when the Duke of Cambridge was elected President of Christ's Hospital, over the head of Alderman Sidney, who was then Lord Mayor; and the Corporation is now so much alarmed at this supposed innovation upon its ancient privileges, that the validity of Mr. Cubitt's election is to be contested at Westminster Hall. There are two classes of governors at St. Bartholomew's—namely, the foundation governors, who represent the city Corporation, and the donation governors, and these latter voted for Mr. Cubitt, being determined no longer to limit their choice to one of the Court of Aldermen. It is said that a case has been laid, upon the part of the Corporation, before Sir Fitzroy Kelly, Sir Hugh Cairns, the Recorder, Mr. Bovill, and the Common Serjeant, and that they are unanimously of opinion that the election of Mr. Cubitt is invalid. One great point relied upon by the Corporation is that in 1546 King Henry VIII. vested the Hospital of St. Bartholomew in the mayor, commonalty, and citizens of London, and their successors for ever, in consideration of a payment by them of 500 marks a year towards its maintenance; and that this sum has been regularly paid ever since. The sum of 153,220*l.* has been contributed by the Corporation to the Royal Hospitals during the last 300 years, but this amount must be insignificant in comparison with the rents of lands which were granted to the Hospitals at the same time.

SURGERY AT THE UNIVERSITY OF CAMBRIDGE.

The first examination for the degree of Master in Surgery in the University of Cambridge, is announced to commence on the 23rd of November next; and the circumstance is interesting, as showing a praiseworthy effort on the part of the English Universities to connect themselves with the surgical branch of our Profession. The credit of having succeeded in introducing this degree into the University of Cambridge is, we believe, mainly due to the exertions of Dr. Humphry, the Professor of Anatomy and Surgery, who has already done very much to raise Cambridge as a Medical and Surgical School. Instead of the lectures on those subjects being, as they once were, almost nominal, there is now a regular set of Medical students in the different classes, and their number increases every year. In connection with the progress of Medical and Surgical science at this ancient seat of learning, we understand that it has just been determined to enlarge, and at the same time considerably to improve Addenbrook's Hospital, which has hitherto been inadequate to the purpose of affording sufficient clinical instruction. The estimate of the plan amounts to 7,000*l.*, by the outlay of which sum a very great change for the better may be effected, and this hospital be brought to a level with the metropolitan establishments.

MR. SYME ON IRIDECTOMY.

Mr. Syme has given a very decided opinion upon the subject of iridectomy, having stated that he considers it an entire delusion accepted for the cure of blindness, on the same principle which leads drowning men to catch at straws. He regards the alleged benefits derived from the operation as imaginary, and analogous to those sometimes supposed to be derived from applications employed to relieve incurable deafness. The patient does not like to confess that the operation for which he has paid money, and in which he has suffered pain, has been unsuccessful, and while his attention and imagination are excited, he is apt to regard the feeblest glimmer of light or the faintest perception of sound, as a symptom of improvement. Mr. Syme, therefore, trusts that iridectomy will soon disappear, not only from surgical practice, but from surgical language. Mr. Syme's slashing opinion will, no doubt, call forth a multitude of answers from the supporters of the new operation.

OPPOSITION TO SANITARY REFORM AT WINCHESTER.

The approaching municipal elections at Winchester have elicited from the candidates for the suffrages of the commonalty their opinions as to the necessity for draining the city, a point which seems at present to be in dispute. If we are to judge from the speeches and the reception which they have met with, the popular sentiment in Winchester is against drainage, for the candidates boast of their anti-drainage views as a passport to favour with their constituency. One candidate tries to win favour by declaring that he is against drainage *in toto*, and that it is not wanted for the city of Winchester; and another announces, in his own emphatic language, that he is "dead against sewerage," Winchester must be a happy locality, where there is nothing left to be done in the way of drainage and sewerage, and where any allusion to the necessity of such operations is regarded as an insult and resented accordingly.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

The number opens with a portion of Professor CHRISTISON'S "Address on Public Health," delivered at the recent meeting in Edinburgh for the promotion of Social Science. This able address is also published at length in this week's number of the 'British Medical Journal,' but as we gave a full report of it in our last week's number, it is unnecessary for us to refer to it again at present. Mr. THOMAS NUNNELEY commences a series of papers on the "Calabar Bean: its Actions, Preparations, and Use," and he gives a brief account of the discovery of the poisonous character of the bean by the experiments made by Dr. Christison on himself, of the researches of Dr. Frazer under Dr. Christison's directions, and of some original experiments performed upon the lower animals. Mr. Nunneley considers that rabbits are not well adapted to become the subjects of such experiments, as they have very little tenacity of life, and the abundant contents of their

enormous paunch tend to conceal the poison. The experiments were, therefore, made upon dogs and cats, but there was great difficulty experienced in making the animals swallow the bean, for which, although it is nearly tasteless, they seem to entertain an instinctive aversion. It was given to hungry animals between pieces of meat, or with butter, but in one case it was forced down the animal's throat. The symptoms were weakness and staggering, with contraction of the pupil, but this last symptom was not very well marked in all cases, nor was it constant, for in one of the animals experimented upon the pupils were dilated. All the animals recovered, although the doses given appear to have been considerable. Mr. THOMAS LANGSTON reports a "Case of Sudden Death caused by Rupture of the Stomach from Gelatinous Softening." The case was that of a child one year old, who died suddenly, having previously suffered from whooping cough. On post-mortem examination it was found that the whole of the anterior cardiac surface of the stomach had given way, allowing the escape of its contents into the abdomen; and Mr. Langston considers that the softening of the stomach had existed for some time before death, and that rupture had probably been caused by the paroxysms of the cough.

'THE MEDICAL TIMES AND GAZETTE.'

PROFESSOR HUXLEY continues his lectures on the Vertebrate Skull, his present subject being the "Skulls of Fishes and those of Amphibia." Dr. R. DUNDAS THOMSON continues his "Chemical Aids to the Medical Practitioner," and gives a minute description of the mode of ascertaining the purity of some of our chemical reagents, and also describes the methods of determining the saline matter in bread, and of making an analysis of the salts of the latter substance. It is remarked as a curious fact that all the seeds of the cerealia used as food by man, contain a minute quantity of iron, which of course by passing into the system improves the condition of the blood. Dr. F. H. RAMSBOTHAM relates some cases in "Clinical Midwifery," two being instances of flooding after delivery, attended with after-pains, and a third being a case of inverted uterus. Mr. ROBERT B. CARTER contributes a paper on "Recent Improvements in the Methods of Cataract Extraction," and after alluding to the methods adopted by Drs. Mooren and Jacobson, he relates six cases of his own in which he combined iridectomy with extraction. Mr. Carter is convinced, from the result of his cases, that the preliminary iridectomy greatly facilitates the exit of the lens.

THE 'JOURNAL OF MENTAL SCIENCE,' published by authority of the Association of Medical Officers of Asylums and Hospitals for the Insane. Edited by C. L. Robertson, M.D., Cantab., and Henry Maudsley, M.D., Lond. No. XLVII., October, 1863.

The first article, entitled "A Rational and Practical Classification of Insanity," is by Dr. DAVID SKAE, resident Physician of the Royal Edinburgh Asylum, Morningside, and President of the above named Association, and it was read from the chair at the last annual meeting of the Association in London. The object of the writer is to offer an entirely new classification of the different forms of insanity, and to divide mental maladies according to the corporeal conditions from which they arise, or with which they are naturally associated. Thus, for instance, epilepsy, paralysis, hysteria, pregnancy, the puerperal state, lactation, old age, and even phthisis and syphilis, are all, according to Dr. Skae and other psychological writers, connected with certain forms of mental aberration, which would therefore receive the names of epileptic, hysterical, phthisical, syphilitic, senile, &c., according to the bodily constitution which originates them. The cases of insanity which cannot be included in any of these groups, would form a generic division to be called idiopathic insanity, and this again might be subdivided into *sthenic* or *asthenic* according to the excess or deficiency of vascular action characterising each. This paper of Dr.. Skae is marked by great originality, but it is little more than a sketch, which will probably be hereafter filled up by the author. Dr. J. W. EASTWOOD communicated a paper "On Private Asylums for the Insane," and he shows that the plan of keeping private patients in public and county asylums, as is still occasionally done, is injurious by the association with paupers, and he thinks that it is unnecessary to defend it even on the ground of economy, for that private houses might afford respectable accommodation for an average of a guinea a week. The present average weekly cost of patients at fourteen public asylums is 18s. 5d. a week which, however, does not include rent. Dr. Eastwood recommends amusements for private patients, both in and out of the asylum, a mixture of the sexes at dances or concerts, and a close and friendly relationship between the superintending physicians and the patients. Dr. HENRY MAUDSLEY communicates a rather long, but learned and elaborate, article on "Homicidal Insanity," showing that this form of disease is often hereditary, and that it is not necessarily connected (as some of the Judges erroneously suppose) with physical lesion of the brain. The writer deplores the execution of lunatics, such as Fowkes and Burton, and censures severely the improper tone of exultation adopted by some of the newspapers at their fate. He also adduces a number of striking cases of this form of insanity, which is still misunderstood by some, and ignored altogether by others. In a department of the Journal headed Clinical Cases, Dr. S. W. DUCKWORTH WILLIAMS relates some cases illustrating the "Action of Amenorrhœa as a Cause of Insanity," and Dr. JAMES DE WOLFF gives a short note on some cases of "Pellagra." In the Reviews, the Annual Reports of the English and Scotch Commissioners in Lunacy are brought under notice, and a passing tribute of respect is paid to a posthumous work of Schroeder Van der Kolk, on the "Pathology and Treatment of Mental Diseases founded upon Anatomy and Physiology;" and a short reference is made to a work by Dr. J. A. Manden, entitled a Critical History of Instantaneous, Temporary, Instinctive Madness. Dr. J. T. ARLIDGE, as usual, contributes a Quarterly Report on Foreign Psychological Literature, and there are several excerpta from Asylum Reports. A full account is given of the Annual Meeting of the Association of Medical Officers of Asylums and Hospitals for the Insane, the most important subject of discussion being the state of Bethlehem Hospital, and its proposed removal into the country. The majority of the meeting seemed to be in favour of the change, but Dr. Monro and Dr. Wood defended the condition of the hospital as it at present exists.

SOCIAL SCIENCE CONGRESS.

(Continued from page 249.)

tors. He believed that much good would ensue from the establishment of an inspector-general of live stock traffic throughout the United Kingdom.

Disease in Cattle.—Mr. Gamgee's paper was a most valuable production, and created great interest. After some remarks on the diminution that had taken place in the supply of animal food, and the deterioration of it that had taken place through the admission of foreign stock into the markets, he said:—At present the only means adopted to prevent the sale of diseased meat is—first, to prevent, if possible, the introduction of diseased animals from abroad; and, secondly, to inspect slaughter-houses and dead-meat houses. The inspectors at ports had been of some service, but it was well known that foreign disease was constantly introduced by means of infected stock, which might even appear healthy when landed. The inspection of slaughter-houses and dead-meat markets had (he said) been wretchedly bad, and in many large towns, as in Edinburgh, almost useless. To stop the traffic in diseased animals, disease must be prevented, and that could not be accomplished unless by a general system of enlightened inspection. The system of inspection that he would propose was one that should commence at the farms, and they should have, in the first place, a competent scientific veterinarian in every important agricultural district to assume the responsibility of preventing disease wherever it might appear. Secondly, the district

veterinary inspector could examine stock exposed for sale in fairs, and attend to fairs being held where there would be the least danger of spreading contagious diseases, if any such were in his district. Thirdly, private slaughter houses should be abolished, and if any such are established in the vicinity of large towns, there should be a tax so as to defray the expenses of inspection. Fourthly, that the inspection of slaughter houses should be conducted by a veterinary surgeon, aided by a sufficient number of officials of a different class. Fifthly, attention should be paid in every important town to the dairies which supply the community with milk. Mr. Gamgee concluded by asking all who recognised the importance of this subject to join the Society for the Prevention of Diseases amongst Animals.

A discussion followed. Dr. Alexander Wood expressed a doubt whether there was any direct connection between human diseases and the consumption of diseased meat. Dr. Markham gave a similar opinion. Mr. M'Kinlay supported Professor Gamgee. The Professor, in reply, said there was no doubt whatever that parasitic diseases followed from taking diseased meat. Tape-worm could not be obtained from any other source than the eating of diseased meat. There were in this country many thousands of people affected with that disease, and it had been calculated that there was an appreciable per-centage of men who suffered from a parasitic disease of the muscles constantly confounded with rheumatism. With respect to the eating of braxied sheep in the Highlands, although in a cold climate it might not be so directly injurious, there was no doubt that in hot climates it repeatedly proved fatal, and even in the Highlands he had known fatal cases arising from eating it.

FRIDAY, OCTOBER 9TH.

Disease in Large Towns.—Dr. Williamson said he would confine his remarks to one or two operative causes in the production and development of disease in large towns. First of all, he adverted to the difficulties which medical men had to encounter in the discharge of their duties, by the want of power to compel, under certain circumstances, the removal to a public hospital of patients labouring under infectious diseases. This was an evil which ought to be remedied, even by legislative interference, if less stringent measures failed to effect that desirable object. Filthy accumulations in dwelling houses, and the want of proper breathing-space in sleeping-rooms, were also enumerated as among the chief causes of disease in our towns and cities. The paper concluded with a brief reference to two causes specially affecting Leith—viz., the over-crowding of the old churchyard (which was now happily closed), and the filthy condition of the old harbour.

On Longevity in Scotland.—Mr. Watford stated that he was of opinion, from the official and other returns before him, and from a careful consideration of facts, that during the present century from 1,800 to 2,000 persons had died in Scotland aged "one hundred and upwards." He had compiled a list of these to the extent of several hundreds; and amongst these were two at 180, three at 140, one at 138, one at 137, one at 136, one at 134, one at 132, several at 130, and so on downwards to a century. The greatest ages occurred in the Western Isles. In the list compiled the towns contributing most largely are:—Edinburgh, 36; Aberdeen, 35; Inverness, 26; Lanark, 24; Perth, 17; Fife, 12. Many of the male centenarians mentioned had fought in the battles of Killiecrankie, Sheriffmuir, Culloden, Falkirk, or Preston-pans. The case of Peter Gordon was referred to; he died at Auchterless, Aberdeenshire, in 1775, aged 131 years. He lived under no less than ten rulers—viz., Charles I., Oliver Cromwell, Richard Cromwell, Charles II., James II., William and Mary, Anne, George I., George II., George III. A portrait of him is carefully preserved in the Museum of the Perth Antiquarian Society. Speaking of longevity in families, the paper noted the case of the Macdonalds in Edinburgh. Peter Macdonald died here in 1772, aged 109; his father died aged 116; his grandfather aged 102; and some of their later descendants had died at ages above a century.

REVIEW OF BOOKS.

On the Arcus Senilis, or Fatty Degeneration of the Cornea. By Edwin Canton, F.R.C.S., President of the Medical Society of London, Surgeon to the Charing Cross Hospital. Pp. 228. London: Hardwicke, 1863.

As this is, we believe, the first medical book published by Mr. Hardwicke since he added to his own business that of the late Mr. Davies, it is only common justice to observe that the volume is exceedingly well got up in regard to paper, type, and general style, while the illustrative engravings, which are very numerous, are of first-rate excellence.

Among the pathological revelations afforded by the modern application of the microscope, the existence of fatty degeneration in various structures of the body is one of the most interesting. By the detection of this phenomenon in organs examined after death, many morbid affections observed during life, have been satisfactorily explained, and in the case of the arcus senilis, the visible manifestation of partial degeneracy in an external part affords some important evidence of processes which may be sapping the vitality of internal structures. Not that it is asserted that the presence of the arcus senilis necessarily indicates the existence of fatty degeneration in organs essential to life, or that it is to be regarded as an alarming symptom of disease; it is, however, proved to be a link in the chain of degeneration which necessarily occurs towards the decline of life, and which is sometimes accelerated by peculiar and idiosyncratic morbid conditions, or faulty habits on the part of the individual. Thus it is shown that in persons who have attained to a very great age, and have enjoyed a long career of good health, the arcus senilis has been late in making its appearance, while in comparatively young persons its presence is often found associated with the gouty diathesis, or the premature fatty degeneration of important internal parts; and again, in persons who have indulged immoderately in alcoholic liquors, the early presence of the arcus indicates the premature decay induced by this pernicious habit.

But a still more important result is foreshadowed, if it is not yet distinctly proved, from the attentive study and progress of the arcus, namely, the detection by its means of incipient disease in important organs, and its removal by appropriate remedies; the arcus disappearing as the amendment advances. "Numerous cases," writes Mr. Canton, "of this description have come under my observation during the past twelve years, and it is extremely interesting to have had occasion to notice that, *pari passu*, with amendment of health, has been the disappearance of the arcus, in those instances where this symptom was present, and by its presence had afforded the clue to the peculiar character of the mischief in progress." Pp. 226.

Dr. Quain, so well-known for his valuable researches on fatty degeneration, has confirmed this observation, and Mr. Canton quotes a case furnished by Dr. Quain, in which the disappearance of the arcus was distinctly coincident with the restoration of health; and at a recent meeting of the Medical Society of London, Mr. Bryant related a similar instance.

Mr. Canton's work is divided into eight chapters, in the first of which he gives a general and microscopical account of the arcus senilis, his descriptions and dissections being illustrated by numerous engravings; in the subsequent chapters, the hereditary occurrence of the arcus is noticed, and its formation as the result of disease or injury of the eye; it is shown that occasionally the arcus does not occur in old age, while it is very commonly found in the intemperate, and in those of gouty habit; and the constitutional treatment of persons apparently labouring under fatty degeneration is briefly but clearly indicated in the last chapter.

Mr. Canton has presented the profession with a valuable contribution to medical literature; and we may mention that this book is as amusing as it is instructive, for the abundance of quotations from ancient and modern literature with which it is adorned proves that Mr. Canton is as good a scholar as he is an accomplished surgeon.

The Laryngoscope: Illustrations of its Practical Application, and Description of its Mechanism. By George Duncan Gibb, M.D., M.A., Assistant-Physician to the Westminster Hospital. pp. 46. London: Churchill and Sons, 1863.

The present closely-printed pamphlet formed the subject of a paper read some months since at the Medical Society of London, and it appears to be a precursor to a larger and more comprehensive work on the same subject which Dr. Gibb is about to publish. In the meantime, the author, after duly recognising Professor Garcia as the inventor of the laryngoscope, and acknowledging the merits of Professor Czermak as the first to apply it to pathological research, describes a very interesting series of cases in which the instrument was the means of detecting a variety of abnormal conditions of the pharynx, larynx, trachea, epiglottis, arytenoid cartilages, vocal chords, bronchial tubes, hyoid bone, and also of the nasal apparatus. In several cases, polypiform excrescences and other kinds of tumour were detected as the causes of loss of voice, and a small surgical operation in such instances was attended with immediate relief; in others, the detection of ulceration was followed by the application of appropriate local remedies and a cure effected; in others, various alterations of individual parts were brought to light, and the true nature of the malady revealed.

Very great credit is due to Dr. Gibb for the zeal and diligence with which he has developed the practical applications of the laryngoscope in the diagnosis and treatment of diseases of the throat and adjacent air-passages. We should remark that this small and very cheap pamphlet is full of interesting details, and is very abundantly illustrated with well-executed cuts of the different appearances of disease exhibited by means of the instrument.

MORTALITY OF VIENNA.—The death-rate of Vienna is forty-nine per 1,000 annually.

MEDICAL SOCIETIES.

THE PATHOLOGICAL SOCIETY.

TUESDAY, OCTOBER 20.

Mr. PRESCOTT HEWETT, President, in the Chair.

The President, in taking the chair for the first time this Session, hoped the Society would flourish as well as it had hitherto done. He alluded to the very large number of specimens exhibited at the last meeting, and to the long list for the present one. The volume of 'Transactions,' which would be ready in a few days, was as good as any previous volume. It was impossible to say more of it. He alluded also to one evident proof of the prosperity of the Society —viz., that there were eight applications for the membership. Lastly, he specially directed the attention of the members to the ventilation of the room, as certain alterations had been made, and it was important to know if they were improvements.

Dr. MURCHISON showed specimens of

LOOSE BODIES FROM A HERNIAL SAC AND FROM THE PERITONEUM.

The specimens illustrated the mode of formation of these bodies. One was loose in the sac of a hernia, and the other was attached to the intestine, being one of the appendices epiploicæ coated over by layers of a dense concentric material.

Dr. MURCHISON also showed specimens of

CALCAREOUS DEGENERATION OF THE ARTERIES OF THE FORE-ARM.

It was found three weeks before death that the patient, who was only thirty years of age, had no pulse in the radial nor in the tibial arteries. The radial arteries were to be felt in hard, rigid cords, but did not pulsate in the least. After death the coats of these arteries were found much diseased, but not obstructed, but the larger arteries were healthy.

Dr. CRISP thought that the great peculiarity of the case was, that there was absence of pulsation without occlusion. He believed the case was unique in this respect.

The PRESIDENT said that he had not unfrequently seen the smaller arteries diseased when the large ones were quite healthy, and related a case in point.

Mr. HICKS then exhibited a specimen of

OBSTRUCTION OF THE BILE-DUCTS BY A GALL-STONE.

The patient, a woman, sixty years of age, in St. Thomas's Hospital, under the care of Dr. Barker, had been ill four or five months. She had had jaundice, but this disappeared before death. After death the cystic and common duct were found to be completely obstructed by a gall-stone. The liver was fatty, very few liver cells being found.

Dr. HARLEY remarked on the great interest of this case in relation to the diagnosis of the various kinds of jaundice by examination of the urine.

Dr. GIBB exhibited a specimen of

SUPRA-GLOTTIC ŒDEMA OF THE LARYNX,

from a patient under his care at the Westminster Hospital, who died of acute pulmonary tuberculosis. He had had aphonia on and off for two years, but persistently for six weeks before his admission with severe dysphagia. The laryngeal mirror showed œdema of the false cords, and epiglottis with tuberculous ulceration. The laryngeal symptoms subsided under treatment, but the pulmonary disease was too advanced to permit of recovery.

Also a drawing of

DESTRUCTION OF THE EPIGLOTTIS,

in a gentleman aged twenty-seven, with disease of the throat for four years, described as phagedenic, associated with painful dysphagia and varying aphonia. He could not swallow fluids at all, and only pultaceous solids, and expectorated a large quantity of mucus in the twenty-four hours. Laryngoscopy showed extensive ulceration of the aryteno-epiglottic folds and false cords, with entire destruction of the free portion of the epiglottis. The mucous membrane of the nose and fauces was also much ulcerated. In six weeks a permanent cure was brought about, the patient being able to swallow any kind of food.

Dr. GIBB likewise exhibited specimens and drawings of

POLYPOID GROWTHS SUCCESSFULLY REMOVED FROM THE LARYNX.

The first was from a gentleman aged fifty-two, with hoarseness and aphonia for eighteen months. These symptons depended upon a warty growth at the posterior part of the larynx, which much interfered with the approximation of the vocal cords at that part. After its removal, the voice and general health greatly improved, but the laryngeal tone of the former was persistent for some weeks. The second was from a young lady aged twenty-five, with aphonia for fifteen months, but having an occasional hoarse whisper. A growth was found in a similar situation to that in the preceding instance, with a large apex resembling a bunch of feathers. It was removed one Sunday morning with the assistance of Dr. Routh; the voice immediately improved, and was subsequently lost two or three times from attacks of cold. There was a strong tuberculous tendency in this patient.

In reply to Dr. Murchison, Dr. GIBB stated that the tumours were fibro-cellular, and consisted of epithelial scales with a little fibre.

In reply to Mr. Hinton, Dr. GIBB said that as yet none of the tumours he had removed had returned.

In reply to Mr. Hulke, he pointed out that by sub-glottic œdema he meant œdema below the vocal cords. The distinction was a practical one. Supra-glottic œdema might be dealt with readily by scarifying the parts, but sub-glottic œdema often necessitated tracheotomy.

Mr. LEE stated that the exact position of the various kinds of œdema of the glottis had been pointed out by the President some years ago.

Dr. QUAIN asked as to the nature of the ulceration in the case of destruction of the epiglottis, and how the patient was able to swallow?

Dr. GIBB believed that the epiglottis had been destroyed by potassa fusa. The patient could swallow pultaceous matter, but not fluids.

Dr. BRINTON said that he had examined several specimens of growths from the larynx, and the majority were not fibro-cellular but epithelial, being, indeed, little more than warts.

Dr. GIBB said that the tumour he had removed consisted of epithelial scales with a few fibres.

Dr. ANDREW CLARK asked as to the exact character of the epithelial cells, and drew attention to the importance of considering these tumours not only as to their interfering with the organs of voice, but as to their structure as diseased tissues. It was desirable to take the opportunity of studying the transition between a simple wart and epithelial cancer. It would seem, he said, that certain conditions of irritation exhausted the power of development of a part, and at the same time stimulated its growth. He wished for accurate information as to the exact kind of epithelial cells found in the tumour.

Dr. GIBB, in reply, said they were squamous.

The PRESIDENT said that the view taken by Dr. Andrew Clark was a very important one. He recommended that Dr. Gibb should transmit any other tumours he might remove to Dr. Clark, in order that Dr. Clark might report on them to the Society.

Dr. PEACOCK exhibited a

SPECIMEN OF MALFORMATION OF THE HEART.

consisting in an entire obliteration of the orifice of the pulmonary artery by the adhesion of the curtains of the semilunar valves. The trunk of the pulmonary artery was pervious, and the valves formed an imperforate septum, stretched across the orifice. The septum of the ventricles was complete, but the foramen ovale was largely open, and the supply of blood to the lungs had passed from the aorta into the open ductus arteriosus, and so into the pulmonary arteries. The case was especially interesting in that the malformation, contrary to the usual rule, had occurred at the later period of intra-uterine life, when the septum of the ventricles was already completed. The child only survived nine days, and was cyanotic.

Dr. PEACOCK also exhibited

VARIOUS SPECIMENS OF FIBRINOUS SPUTUM MOULDED IN THE BRONCHIAL TUBES,

which had been expectorated at intervals by a gentleman who laboured under chronic bronchitis. At the periods at which the so-called "bronchial polypi" were coughed up, considerable quantities of blood were expectorated. The patient had a large excavated ulcer in the right tonsil and uvula, which was regarded as syphilitic. Another case in which fibrinous sputa were expectorated occurred in a gentleman labouring under secondary syphilis,—a coincidence which, considering the comparative rarity of the affection, was noteworthy.

Dr. HARLEY then showed seven specimens of

GALL-STONES.

They were passed by one patient. Dr. Harley said that the usual plan of seeking gall-stones was an imperfect one. They were, he said, rarely found floating on the surface, but generally at the bottom, and were only to be detected by frequent solution of the fæces in water. The peculiarity in the specimens was the large quantity of cholesterine they contained, about 95 per cent.

Dr. CRISP exhibited the following

SPECIMENS FROM THE LOWER ANIMALS.

1. Several hundred dried tubercles from the liver of a Stanley crane, for the purpose of showing the large amount of earthy matter in them. 2. The bladder of a horse with a calculus weighing twenty pounds. The animal was an old agricultural horse that did slow work until the time it was killed. It was blind, and drank at a pond always after the other horses, when the water was turbid. For five or six years before death the micturition was frequent and often difficult, but the presence of a calculus was not suspected. 3. A piece of the spleen of a bull that died of splenic apoplexy. The spleen weighed twenty-four pounds, from recently extravasated

blood. Fourteen pigs that ate the blood of this and other oxen that died of this disease were killed by it. Dr. Crisp had examined the throats of these pigs, and he found a whitish false membrane covering the root of the tongue and pharynx. Dr. Crisp alluded to the recent experiments of M. Devaine, in France, respecting the presence of *Bactria*, so-called, in the blood of animals dying of splenic apoplexy. He (Dr. Crisp) had often seen these bodies in splenic apoplexy and in other diseases, and had mistaken them for crystals, and it would, he thought, be important to ascertain whether they existed in the human subject in diseases of a low type.

OBSTETRICAL SOCIETY OF LONDON.

OCTOBER 7TH, 1863.

DR. OLDHAM IN THE CHAIR.

Dr. D. Carlyle and Dr. W. P. Price were elected Fellows.

Mr. SEQUIERA exhibited an Anencephalous Monster, with photographs.

Dr. DRUITT read a case, and showed drawings, of Secondary Syphilis after Vaccination.

Dr. LEISHMAN read a note of Associated Hydrocephalus and Spina Bifida in a child nine months old.

A case of Dilatation of the Os Uteri by the Sea-tangle (Laminaria digitata) to procure Abortion was read by Dr. PRICHARD.

Dr. GREENHALGH exhibited two specimens of

DISEASED CERVIX UTERI,

which he had removed that afternoon with the wire écraseur of Weiss. The first, a specimen of epithelial cancer, involving the whole of the posterior, and extending to the anterior lip of the womb, was removed from a married woman, under the influence of chloroform, and scarcely any blood being lost.

The second was a specimen of simple hypertrophy of the neck of the womb, two inches and a half in length, and five and a quarter in circumference, taken from a married woman, aged forty-one years, who had one child twenty years ago. Her labour was lingering, and her recovery was protracted. She complained that about seven years ago her "womb gradually came down," since which it had never returned, whether in the upright or recumbent position. She had experienced so much local discomfort, and it was such a barrier to sexual connexion, that she begged that something might be done for her relief. No blood was lost during or after the operation.

Dr. Greenhalgh remarked that this affection, uncomplicated with procidentia uteri, is of rare occurrence, and is frequently taken for and treated by pessaries as the latter affection, to the great annoyance of the patient and aggravation of the disease. He had now operated upon four such cases with perfect success.

Dr. BARNES observed that he had used the instrument of Mr. Weiss for the removal of fibroid polypi in several cases very successfully; but he preferred the instrument of Dr. Hicks, which was less cumbersome. With regard to the method of removing the vaginal portion of the cervix uteri, he thought the operation of Dr. Marion Sims—which consisted in amputating by a cutting instrument, and covering the stump by flaps of mucous membrane brought from behind and before—had a considerable advantage over ablation by the écraseur. By Marion Sims' operation the healing was much accelerated, and a better os was preserved. He (Dr. Barnes) had performed the operation with a most satisfactory result.

Dr. ROUTH said that he had also operated, and successfully, in several cases; but while he admitted the usefulness of the écraseur, and its advantages in preventing hæmorrhage, he doubted if it might not subsequently preclude impregnation. The cicatrizing always left the os puckered and contracted, so as to give rise occasionally to dysmenorrhœa. None of his patients, nor those he had ever operated upon, so far as he knew, had had children, or even miscarriages, afterwards. This might be accidental, on which the experience of Fellows might throw a new light. If, however, barrenness followed the use of the écraseur, Dr. Sims' operation, which enabled the accoucheur to retain the os in a patent condition, was to be preferred.

Dr. BRAXTON HICKS was glad to hear Dr. Greenhalgh's good opinion of the instrument, inasmuch as it was a slight modification of his (Dr. Hicks's). Indeed, in the course of construction of his instrument, he had adopted the drum and endless screw as used by Weiss, but had afterwards discarded it, because it was found that the length of wire rope which could be used by his was practically as long as required, as might be seen on referring to the "Obstetrical Transactions." He had also removed many times the cervix uteri by different écraseurs, without any untoward symptom. He thought that the occlusion of the os uteri, if it occurred, might be overcome by a bougie as easily as in the operation of Marion Sims.

Dr. GRAILLY HEWITT considered the écraseur objectionable in cases of hypertrophy of the cervix where the bladder was drawn downwards with the cervix, inasmuch as there was a liability to injure the bladder. He had seen cases where the portion of the cervix situated above the vagina was greatly elongated, and in which the écraseur could not have been used, for the above-mentioned reason. In the other class of cases, where the hypertrophy was limited to the vaginal portion of the cervix, the écraseur could be safely and advantageously used.

NOTES OF A CASE OF CHRONIC HYDROCEPHALUS.

BY HENRY M. MADGE, M.D.

The subject of the notes was the seventh child. Of the six brothers and sisters, five died from convulsions before they were a year old. The surviving sister is troubled with scrofulous sores. After birth the patient thrived very well up to the ninth month. Teething then commenced, accompanied with convulsions. There was severe brain and meningeal symptoms for several weeks; and, on their subsidence, the head was perceived to be enlarging. Measurements of the head were taken from time to time, which showed that in three months its circumference had enlarged from nineteen inches to about twenty-three inches; the other measurements, from ear to ear across vertex and from root of nose to occipital protuberance, undergoing corresponding changes. Measurements of the fontanelles were also taken, and observations made on the cranial sutures. After arriving at the above dimensions, the head gradually lessened in size, and became stationary at about twenty-one inches in circumference. Before the illness the child showed signs of intelligence in the usual childlike way; subsequently the little intelligence she had entirely disappeared, reappearing after a blank of several months in a low form—namely, that of imitating sounds, followed, at a later period, by mental manifestations of a somewhat higher order. The general health throughout was but little affected. She is now three years and a half old. The size and shape of the head have remained the same for some time past; but the body grows rapidly. Some of the faculties are particularly active. The treatment most relied on was the administration of short courses of mercury with chalk, and the application of blisters to the nape of the neck and behind the ears, kept open for a very long time.

The paper was accompanied by diagrams showing the changes effected in the size and shape of the head during the progress of the disease.

Dr. THOMAS BALLARD said that Dr. Madge's paper contained a history in detail of the ordinary course of a case of chronic hydrocephalus, many examples of which might be seen in any of the institutions devoted to the reception of idiots. He did not agree with the author in attributing the disease to any diathetic error inherited from the parents, neither did he believe that the irritation of teething had any effect in causing the disease. Indeed he was quite convinced that the doctrines usually held and taught regarding the etiology of convulsive diseases of infants were erroneous, and consequently the treatment deduced therefrom not the best. He believed that œdema of the brain, which was the pathological condition existing in all these cases, resulted from a state of mal-nutrition, the consequence of a disorder of the stomach and intestines, which was caused by an excessive secretion of gastric juice, continually produced by reflex action when a child has to suck excessively to obtain its food, and which effort he designated "fruitless sucking". The green diarrhœa of infants, and the chronic state of diarrhœa which always precedes hydrocephalus, are the evidences of the existence of this injurious condition. The treatment deduced from these views is very simple, and eminently successful. It consists of arresting the diarrhœa by attention to the sucking, feeding the child well upon milk, and treating the symptoms of pressure on the brain in their early stages by the abstraction of blood by leeches; the symptoms indicating the use of leeches being repeated acts of vomiting, or vomiting during sleep or any form of fit. He was of opinion that had the case described in the paper been treated on similar principles the result would have been as favourable. He felt that he was justified in making protest against views which he had worked honestly and earnestly to elucidate, and had brought under the notice of the profession in the same spirit, being designated "crotchets." He earnestly invited attention to them, and had no doubt that if he were allowed the time and opportunity he would be able to demonstrate their truth to any of the Fellows of the Society.

Mr. OWEN, in agreeing with Dr. Ballard in regard to some of the points on the feeding, differed from him in the suggestion of free and continuous leeching in a case like this, where a tubercular diathesis evidently existed. Mr. Owen considered that the Society was indebted to Dr. Madge for his report, and congratulated him on the favourable termination of the case.

Dr. BARNES submitted that an absolute etiological theory ought to apply to all the cases of the disease. Now the accoucheur knew well that hydrocephalus was a congenital disease; that it arose *in utero*.

Dr. ROUTH must say that he believed Dr. Ballard's views to be important and true in many cases. He had repeatedly seen fruitless

sucking from an exhausted mother, or from the sweetened piece of flannel to keep them quiet by ignorant nurses, produce diarrhœa and green stools, and, after a time, head-symptoms and hydrocephalus. But he did not say this was always the result observed. Dr. Madge's paper was important as illustrating—first, the effect of a strong tubercular diathesis in inducing hydrocephalus, spite of his skilful supervision and treatment; secondly, as proving by actual measurement the marked diminution of the fluid effused. The diminished size of the head (as indeed at one time was stated by the parents of this very girl) is too often erroneously inferred, because, owing to the growth of the other parts of the body, it seems to be smaller. He thought, however, these cases would bear calomel to a larger extent than given by Dr. Madge. He (Dr. Routh) instanced an example similar to the present, in which idiocy was impending, where ten grains of calomel one day and five the next were given successively for three weeks. A cure resulted. The young man was now alive and full grown, and with intellect unimpaired. Without recommending these excessive doses, still he thought full doses of calomel were often well borne in chronic hydrocephalus, appearing to act in this affection chiefly through the kidneys.

Dr. Graily Hewitt congratulated Dr. Madge on his paper, and on his success in the treatment of the case. Some years ago he had himself succeeded in arresting the disease in its acute stage, and the patient completely recovered. The remedies he had used were very extensive counter-irritation over the scalp by means of tartar emetic, and liberal administration of stimulants.

Dr. Madge, in reply, wished to state that he had not brought the case forward as anything extraordinary, but simply as an illustration of a rather common form of disease. Dr. Ballard had given an opinion that the condition of the patient was caused by "fruitless sucking" and by "overlooked or neglected diarrhœa," and that the treatment had been altogether wrong. Dr. Madge considered there were no grounds whatever for such an opinion. It would be difficult to say what amount of so-called "fruitless sucking" had taken place in this or in any case, but it was a mere assumption to say that it had taken place at all, and a still more groundless assumption —as it was removed from all scientific and reasonable probability— that "fruitless sucking" could have caused such grave symptoms as those recorded in the paper. These symptoms could be explained on much more rational principles. The evils of fruitless sucking, he thought, had evidently been greatly exaggerated. The theory had doubtless been erected on a few exceptional cases. As to diarrhœa, there was a marked absence of it in this case; aperients had been frequently necessary—a state of things usually accompanying nervous disorders, or a predisposition to them. He had heard nothing that evening which would induce him, in a similar case, to deviate much from the plan he had adopted. There was no doubt much to deplore in the present condition of his patient, but the result was better than could have been anticipated under the circumstances.

HARVEIAN SOCIETY.

Oct. 15th, 1863.

Dr. Fuller, President, in the Chair.

The President delivered a brief address.

Mr. Brendon Curgenven related the particulars of a case as to which he should like to ask for an explanation of some of the ophthalmic surgeons present. A patient who was taking full doses of the tincture of hyoscyamus exhibited the following symptoms:—The pupils were dilated, and when he attempted to read although he could do so for a few minutes, soon the letters became confused, and their size affected.

Mr. Ernest Hart explained that the affection was one of accommodation, and produced by the paralysing influence of hyoscyamus upon the circular fibres of the iris and the ciliary muscle. The accommodation of the sight for near objects was effected by the contraction of the pupil and compressive action of the ciliary muscle on the lens, producing an alteration of its shape. This effort could not, however, be sustained by the semi-paralyzed muscular fibres, and hence the subsequent failure of distinct vision in this case.

Mr. J. Z. Laurence exhibited a

REFLECTING OPHTHALMOSCOPE.

Mr. Laurence first showed on the eye of a rabbit that the luminosity of the fundus oculi may be readily observed by interposing a sheet of plate-glass between the eye and a lamp-flame. An observer regarding the surface of the glass at the proper angle sees the illuminated pupil. It was then shown that the aërial image formed in the focus of a convex lens may be at once rendered obvious by its reflection by a plate of glass placed beyond the focus of the lens. In this way Mr. Laurence succeeded in faintly demonstrating the optic nerve and the retinal and choroidal vessels of the rabbit's eye by the reflection from a sheet of glass of their real image, formed by a convex lens of from two to three inches' focus. An opthalmocope on this principle consists, then, simply of two parts—(1) a convex lense, and (2) a plate of glass By this means Mr. Laurence stated he had observed various details of the human fundus oculi; but at the same time he was bound to say that he had as yet only succeeded in establishing the *principle* of his instrument, there remaining to be much done in the details of its construction before it would become one of any practical utility. Mr. Laurence then exhibited a patient affording a very striking instance of pulsation of retinal veins, of which in a less degree he stated he had latterly observed several other instances, since his attention had more specially been directed to the point.

Births, Marriages, and Deaths.

BIRTHS.

Gladstone.—On the 20th inst., at Pembridge gardens, Bayswater, the wife of Dr. J. H. Gladstone, of a daughter.

Murray.—On the 14th of Aug., at Victoria, Hong Kong, the wife of J. I. Murray, M.D., H.M.'s Colonial Surgeon, of a son.

Reilly.—On the 16th inst., at Devonshire terrace, Globe road, Mile-end, the wife of Frederick J. Reilly, M.R.C.S.E., of a daughter.

Smith.—On the 21st inst., at Blackheath road, Greenwich, the wife of F. H. Smith, M.D., of a son.

Sutherland.—On the 2nd ult., at Patna, the wife of Dr. J. Sutherland, of a son.

Whylock.—On the 14th inst., at the Castle House, Canterbury, the wife of W. S. Whylock, Surgeon of the Cavalry Depôt, of a son.

Williams.—On the 23rd inst., at Killucan, the wife of John W. Williams, M.B., F.R.C.S.I., Surgeon Westmeath Rifles, of a daughter.

MARRIAGES.

Hillier—Thomson.—On the 20th inst., at Ramsgate, T. J. Hillier, M.R.C.S.E., of Ramsgate, to Sarah Jane, daughter of J. B. Thomson, Esq., of the same place.

Wyman—Nettlefold.—On the 20th inst., at St. Pancras New Church, Wm. Sanderson Wyman, M.D., of Hatfield, Broad Oak, Essex, to Henrietta, youngest daughter of John Sutton Nettlefold, Esq., of the Grove, Highgate.—No Cards.

DEATHS.

Hale.—On the 14th ult., at Guernsey, Frederick Howe Hale, F.R.C.S.E., late H.M.'s Vice Consul of China.

M'Millar.—On the 8th inst., Dr. J. M'Millar, of Acomb, near Yord, aged 71.

Oliver.—On the 16th inst., Geo. Oliver, M.R.C.S.E., of Northampton, aged 59.

Rumney.—On the 6th inst., at Bennet head, Ullowater, Cumberland, James Rumney L.R.C.S.Ed., aged 34.

MEDICAL NEWS.

Royal College of Physicians of London.—At a general meeting of the Fellows held on the 19th inst., the following gentleman was admitted a Fellow of the College:—Edward Smith, M.D. Lond., 16 Queen Anne street.

On the same day, the following gentlemen, previously Extra-Licentiates, were admitted Members:—Mark Hamilton, 7 Arundel street; John Jones, Springfield, Upper Clapton.

At this meeting, the following gentlemen, having undergone the necessary examination, and satisfied the College of their proficiency in the Science and Practice of Medicine, Surgery, and Midwifery, were duly admitted to practise Physic as Licentiates of the College:—Thomas William Colbeck, Romsey, Hants; Leonard Emanuel, M.D. St. Andrews, 6 Stanley gardens, Notting hill; George Smith Delavil Harris, Haxey, Bawtry; Frederick Thomas Hindle, Askerne, near Doncaster; Hermann Johnston Jones, M.D. Heidelberg, Springfield, Upper Clapton; Frederick Joseph Keene, Holbrook, Ipswich; Alexander Thorburn Macgowan, New Brompton, Kent; Harry Gage Moore, Lymington, Hants; Richard Wagstaff Smith, Handsworth, Birmingham.

The following gentlemen were reported to have passed the first part of the professional examination for the Licence of the College:—Robert W. S. Barraclough, Guy's Hospital; Henry W. Freeman, Middlesex Hospital; Henry C. Hilliard, Guy's Hospital; William Nathaniel Hiron, Sydenham College, Birmingham; Charles Perks, Queen's College, Birmingham; Alfred Edward Wilmot, Guy's Hospital.

At a former meeting of the College, held on the 30th ult., the following gentleman was admitted a Fellow:—Matthew Stovell, M.D. Aberdeen, Bombay Army.

Royal College of Surgeons of England.—The following members of the College having been elected Fellows at previous meetings of the Council, were admitted as such on the 15th inst.:—George Edward Dunsterville, Cape of Good Hope; diploma of

membership dated August 13, 1841; Thomas Bennett Humphreys, Trinity square, Tower hill; Oct. 16, 1840; George Taylor, Derby; May 6, 1842.

At the same meeting of the Council, Arthur Martin, of Liverpool, a Licentiate of the Faculty of Physicians and Surgeons of Glasgow, his diploma bearing date May 8, 1860, was admitted an *ad eundem* member of the College.

APOTHECARIES HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise on the 15th inst.:—David Dunlop Cortine, Liverpool; Robert Dunlop, Drumhead, Dumbartonshire; John Edwin Jenkins, Stow-on-the-Wold; Henry Law Kempthorne, King's College Hospital; Richard Prior Wintle, Kensington.

The following gentlemen also on the same day passed their first examination:—Robert Wooding Sutton Barraclough, Guy's Hospital; Robert Wrentmore Thomas, St. George's Hospital.

DWELLINGS FOR THE POOR.—On Thursday night a public meeting, convened for the purpose of taking into consideration the present state of the dwellings and the moral, social, and physical degradation of the poor in the parishes of Bethnal green and Shoreditch, and the best means of alleviating the same, was held at Hoxton hall, High street, Hoxton. The meeting was numerously attended, and was presided over by Mr. George Cruikshank. After an address from the chairman, Mr. Thomas O'Brien moved a resolution to the effect that the meeting was of opinion that the overcrowding in dwellings in the parishes of Bethnal green and Shoreditch, along with such attendant evils as disease, intemperance, unchastity, and infanticide, constituted the crying evils of the day, and demanded the immediate attention of every philanthropic and Christian mind. Mr. Wigginton seconded the resolution, and suggested the propriety of the same supervision being exercised over the dwellings of the poor as was at present exercised under the provisions of an Act of Parliament over the various lodging-houses. Mr. Walker having supported the resolution, it was put from the chair and unanimously adopted. Another resolution was then moved by Dr. Moore, of Bethnal green, to the effect that among the measures most calculated to remedy this deplorable state of things was the erection of commodious and well-ventilated dwellings, let at rentals within the means of the humbler classes, and that the substitution of less immoral but equally entertaining amusements for those which now unfortunately formed almost the only staple recreation offered had an important claim on the attention of the benevolent public. In speaking to the resolution, Dr. Moore stated that the other day he had come in contact on an omnibus with a very extensive distiller of gin, who stated that, having in past years drawn a large amount of money from the poor, like the Roman Catholics of old he now wished to give a portion of it back, and he accordingly authorized him to state that, should houses be erected for the accommodation of the poor artisans and labouring men some six or seven miles out of town, he would subscribe 1,000 guineas to form the nucleus of a fund for carrying them to and from their work every day. The resolution was seconded by Mr. R. M. Hayley, and cordially adopted. Another resolution, approving certain plans for the erection of dwellings for the working classes, was also adopted, and a vote of thanks to the chairman terminated the proceedings.

SOCIAL SCIENCE CONGRESS.—On Thursday and Friday week, four excursions from Edinburgh took place, arranged by a Committee of the Social Science Association for the benefit of the members and associates. On Thursday morning about 60 ladies and gentlemen left in carriages for the Pentland Hills, to visit the works of the Edinburgh Water Company. Mr. Ramsay, manager, described to the excursionists the arrangements of the water supply for the city and adjoining towns, Councillor Bryson pointed out the geological features of the locality, and Mr. Gillies and other gentlemen narrated the events in the Covenanters' history with which the district is associated, and in particular the battle of Rullion-green. From the Pentlands the excursionists proceeded to Valleyfield Paperworks, where the process of papermaking was exhibited, and they next visited the old prison, used in the French wars, and where a neat monument perpetuates the memory of 309 Frenchmen who died in exile. A portion of the company visited Roslin chapel on the journey home. Another party, numbering about forty ladies and gentlemen, went by railway to Dunfermline, where they were conducted through the extensive linen factory of Mr. Beveridge, and also the interesting old abbey, where the tomb of King Robert the Bruce is pointed out. They were before leaving entertained to dinner in Milne's Hotel by Provost Whitelaw. On Friday a company of about seventy went by special train to Melrose, and were conveyed in carriages to Abbotsford and Dryburgh Abbey, returning to Melrose to visit the famous ecclesiastical ruin there. The visitors took the deepest interest in the museum at Abbotsford, and the pleasure of their visit to Dryburgh and Melrose Abbeys was greatly enhanced by the kindness of Mr. R. W. Billings, who pointed out the distinguishing features of these venerable edifices. The same day a party of forty members of the association visited the Falls of Clyde, which were seen to great advantage from the swollen state of the river, while the infinitely varied foliage of autumn was seen in the fortunate aspect of fine weather. A visit to New Lanark Mills, founded by David Dale and Robert Owen, and now conducted on more practical and successful, if less philanthropic principles than those of their founders, concluded the sights of the day; after which the company, under the presidency of Professor Archer, dined in the Clydesdale Hotel. Lord Brougham, the venerable President of the Social Science Association, left Edinburgh on Friday morning, *viâ* Caledonian Railway, for Brougham-hall. The previous evening the noble Lord dined with Prince Alfred at Holyrood Palace.

UNIVERSITY COLLEGE, LONDON.—The surviving founders of University College will remember the hearty co-operation which they met with in their project to create the University of London from several opulent merchants of India, and notably from Sir Jamsetjee Jejeebhoy, Framjee Cowasjee Bunnajee, Sudasew-Kaskinath Chutre, Rogay Mohummed Ulay, and others, of Bombay, who promptly enrolled themselves among the original subscribers for shares in the institution. It will now gratify them to find that the views with which these enlightened natives of India lent their support to the undertaking in its infancy have not been disappointed, but that they are sensible of having derived from it, in its maturity, the benefits which they had anticipated. For several years past—from the time when by means found or supplied by the late Earl of Auckland, Dwarkanauth Tagore, Sir Edward Ryan, and others, Dr. Goodeve brought over Sorjo Coomar Chuckerbutty (now Dr. Chuckerbutty, one of the Professors in the College at Calcutta), Bholanoth Bose, and their two fellow students, and provided for them a course of British academical education—the College, in one or other of its faculties or in its junior department, has had a constant succession of students from the Presidencies, mostly Parsees. Of the estimation in which intelligent and distinguished Indians hold the advantages which their young countrymen have thus enjoyed a pleasing and very substantial proof has just been afforded to the authorities of the College, by the munificent gift of 1,000*l.* for the hospital, and by the terms of a letter addressed to Dr. Walshe, Emeritus Professor of the Principles and Practice of Medicine, and forwarded to him for communication to the Council, from the eminent firm of Cama and Co., as follows:—"London, Oct. 20. Dear Sir,—Referring to the conversation we had with you, we now beg to enclose a check for 1,000*l.*, as a donation to the University College Hospital, in gratitude for the instructions and assistance received by our countrymen in this excellent institution, and we feel it a pleasure to give this amount through you, in token of friendship, and successful studies of our countrymen under your former professorship. We remain, dear Sir, yours faithfully, CAMA and Co.—W. H. Walshe, Esq., 37, Queen Anne-street."

HEALTH OF THE ARMY AT HOME.—The report of Dr. Graham Balfour, Deputy Inspector-General, on the health of the army in the year 1861, has just been issued. It shows that among the troops serving in the United Kingdom the admissions into hospital in the year were 1,025 per 1,000 of mean strength, deaths 9·24, and the constantly sick 54·54, a slight reduction from the previous year in all these particulars. Excluding the depôts, because in them many are men with health impaired by service in unhealthy climates, the mortality among the troops was lower than that of the male population in the healthy districts of England under the age of 25, nearly identical with it between 25 and 30, but higher than that of the civil population above the latter age. The leading facts of the great prevalence of venereal and high mortality by tubercular diseases remained unchanged, the former having caused more than a third of all the admissions into hospital, and the latter above a third of the total deaths. The admissions into hospital for venereal diseases amounted to 354 per 1,000 of mean strength, equal to more than one man in every three; and the inefficiency thus caused was equal to the loss of the services of every soldier at home for 8·56 days, being a trifle under the amount in the preceding year. The admissions per 1,000 of strength from this cause reached 487 at Manchester, 485 at Portsmouth, 470 at Plymouth, 469 at Belfast, 399 at Woolwich, 361 at Aldershott; in London and Windsor they were 328 among the Foot Guards, but only 135 among the Household Cavalry. Diseases of the respiratory system, influenza, and tonsilitis, were less prevalent than in the previous year; they prevail most among the dockyards and arsenals, a result probably of the greater amount of duty and exposure of the men. There were 33 instances of accidental death by drowning—a strong hint that the men should be instructed in swimming. The infliction of corporal punishment varied in the year from 1 per 1,000 in London and Windsor, to 2·9 in the large manufacturing towns. In the cavalry, artillery, and infantry regiments the whole mortality in the year was lower than that (7·41) in the most healthy districts of England; but this comparison is made after the elimination of diseased lives from the ranks of the army by invaliding, and the invaliding in all arms except the Household Cavalry was higher than in 1860. The strength of the army having been raised above the authorised establishment it became necessary to reduce it, and for this purpose a number of the least efficient men were discharged, who under ordinary circumstances would have continued to serve. If the deaths of men invalided in the year 1861 and who died before

the end of that year be included in the calculation, the returns for 1861 show an increase in the mortality of the Cavalry and Foot Guards, but a decrease in that of the Artillery, Military Trains, and Infantry regiments; and the ratio of deaths per 1,000 of strength becomes 10·54 in the Household Cavalry, 8·43 in the cavalry of the line, 7·73 in the Royal Artillery, 12·19 in the Foot Guards, and 9·05 in the infantry regiments. The mortality by tubercular diseases was very high in the Household Cavalry, but it is an accidental fluctuation, arising from the small numbers under observation. Omitting these troops and the depots, which included men sent home for change of climate, the proportion of deaths by tubercular diseases is remarkable for its uniformity in all the arms, ranging between 2·41 per 1,000 in the cavalry of the line and the Foot Guards, and 2·75 in the Military Train. But it is in diseases of this class that the effect of invaliding in reducing the mortality must be most strikingly seen. Combining the mortality and the invaliding which is the only way of arriving at a correct conclusion, the ratios of decrease (through tubercular disease) by deaths and invaliding were 8·41 per 1,000 in the Royal Artillery, 8·68 in the infantry regiments, 12·18 in the cavalry of the line, 13·75 in the Military Train, and no less than 18.07 in the Foot Guards, or twice as great as in the artillery or infantry. These proportions are considerably higher than in 1860, but the more extensive invaliding must be borne in mind. *Delirium tremens* is only entered as the cause of death in two instances in 1861, and it gave rise to fewer admissions into hospital than in the preceding year; so also did "intemperance." The admissions from *delirium tremens* and *ebriositas* conjointly were 3·28 per 1,000 of mean strength in the Household Cavalry, 5·38 in the cavalry of the line, as high as 6·39 in the Royal Artillery, 4·47 in the Foot Guards, and 5·65 in the infantry regiments. In the depots the admissions for these diseases, the direct result of drinking, were generally considerably higher. It is remarkable that the ratio of admissions into hospital in some corps is double that in others, and that for a considerable part of the year the most sickly and the most healthy corps were stationed at the same place. These facts suggest an important field of inquiry to the Medical officers of the sickly corps.

APPOINTMENTS.—J. Speer, L.R.C.P.Ed., has been appointed Medical Officer and Public Vaccinator for No. 1 District Parish of Liverpool, vice Wm. Sayer, M.R.C.S. Eng., deceased.—J. Allanson, M.R.C.S.E., has been appointed Medical Officer for the Greatham District of the Hartlepool Union, Durham, vice A. A. Stewart, M.D., resigned.—T. M. Butler, M.R.C.S.E., has been appointed Medical Officer for the Shalford District of the Hambledon Union, Surrey, vice W. H. Butler, M.R.C.S. Eng., resigned.—J. Cameron, M.D., has been appointed Public Vaccinator by the Parochial Board of the united Parishes of Braemar and Crathie, Aberdeenshire.—J. Collingwood, M.R.C.S.E., has been appointed Medical Officer for the Castle Bytham District of the Bourn Union, Lincolnshire, vice W. Hart, L.R.C.P.Ed., resigned.—R. B. Cooke, L.R.C.P.Ed., has been appointed Consulting Medical Officer to the Royal Northern Sea-Bathing Infirmary, Scarborough.—J. Cuthill, M.D., has been appointed a Public Vaccinator by the Parochial Board of Dunipace, Stirlingshire.—Mr. D. Davies has been elected Medical Officer and Public Vaccinator for the Western District of the Gower Union, Glamorganshire, and for the Union Workhouse in the Parish of Penmaen, vice B. F. Matthews, M.R.C.S.E., resigned.—W. H. Drosier, M.D., has been appointed one of the Examiners for the First Examination for the Degree of B.M. in the University of Cambridge for the ensuing year; he has also been appointed to assist the Regius Professor of Medicine during the same period.—R. Duchesne, M.D., has been appointed Medical Officer for the Chingford District of the Epping Union, Essex, vice W. H. Cary, M.R.C.S.E., resigned.—J. Duncanson, M.D., has been appointed a Public Vaccinator by the Parochial Board of Alloa, Clackmannanshire.—F. M. Fawcett, M.R.C.S.E., has been elected House-Surgeon and Secretary to the Scarborough Dispensary, vice J. Horne, M.D., resigned.—J. W. Goodwin, M.D., has been appointed one of the Examiners for the First Examination for the Degree of B.M. in the University of Cambridge for the ensuing year.—W. H. Griffiths, M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Stoke-Golding and Wolvey Districts of the Hinckley Union, Leicestershire, vice T. S. Ludlow, M.R.C.S.E., whose appointment has expired.—W. Henderson, M.D., has been appointed one of the Examiners in Medicine in the University of Aberdeen for the year 1863-64.—G. M. Humphry, M.D., has been appointed one of the Examiners for the Second Examination for the Degree of B.M. in the University of Cambridge for the ensuing year; also for the Second Examination for the Degree of M.C.

APPOINTMENTS FOR THE WEEK.

Wednesday, October 28.

Operations at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.

Thursday, October 29.

Operations at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; London Surgical Home for Diseases of Women, 2 p.m., Vesico-Vaginal Fistula, and others.

Friday, October 30.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, October 31.

Operations at St. Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; Royal Free Hospital, 1½ p.m.

Monday, November 2.

Operations at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.; Medical Society of London, 8½ p.m., Clinical Dicsussion.

Tuesday, November 3.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Obscure Diseases of the Brain and Mind. By Forbes Winslow, M.D., D.C.L. Oxon., &c. Third Edition, revised. London: Robert Hardwicke, Piccadilly. 1863.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor, may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day

We must request our Country Correspondents who favour us with copies of Provincial Newspapers, to mark the passages to which they desire to draw attention.

VERITAS.—A correspondent under this signature, but who, of course sent us his name and address, inquired of us last week whether the Guardians of a Union had the power to compel a Medical man, *not* being a Union Surgeon, to furnish certificates of the vaccination of his private patients, without giving him a fee for so doing. Our impression was that the Guardians had no such power, but as we did not feel certain upon the subject, we have sought for information from a competent authority, and, although we are not prepared to give a legal opinion upon the case, we believe that, by the construction of a recent Act of Parliament, the Guardians might support the Registrar in bringing an action. No such case has ever yet been tried, as far as we can learn, and therefore we do not know how an indictment might be framed, nor how it ought to be defended; but as at present advised, we believe that the law is on the side of the Registrar and the Guardians, if they think fit to exercise the powers placed in their hands by the statute.

To the Editor of the Medical Circular.

SIR,—I send you an advertisement, cut from the 'Medical Times and Gazette,' and would ask whether the books named are intended by the advertiser to be considered the Standards of the Profession, or only Standards of the publisher? If the former, I must condemn the announcement as an injustice to many authors who have written books on the same subjects, in many cases far more entitled to be regarded as standard works; if the latter, I can readily believe in its truthfulness, for assuredly several of the books advertised are literally Standards', but Standards only on the shelves of the wide-awake publisher. I am afraid, Mr. Editor, it is but another mode (though not quite so snobbish and offensive), of telling the professional public "who to consult." Yours, &c.

SCRUTATOR.

*** Our correspondent sends with his note of inquiry an advertisement headed "Standard Works published by John Churchill and Sons." The Messrs. Churchill probably have not considered that the effect of such an advertisement may be such as our correspondent indicates, and that it is calculated to give offence.—Ed. M. C.

MR. J. SPEER.—The notice shall be inserted.

MR. HENRY L. POMFRET.—The case shall appear.

DR. H. W.—The physicians' and surgeons' visits at the French Hospitals are made in the morning.

MR. R.—The term of apprenticeship includes the time spent in attending lectures and hospital practice.

QUÆRENS.—The only poisonous species belonging to the Leguminous order of plants are the Common Laburnum (*Cytisus Laburnum*) and the Calabar Bean (*Physastigma Venenosum*).

A HIGHLANDER.—Iridectomy is derived from ιρις, gen. ιριδος, and εκτεμνω, to cut out.

MR. J. W. WILLIAMS.—The notice is inserted.

DR. E. G. WADE'S case shall appear.

DR. W. W.—The subject shall be noticed next week.

PROFESSOR B. is thanked for his communication.

PARISIAN MEDICAL NEWS.

Putrid Infection.—Galvanic Cauterisation.—Sanitary Measures calculated to check the Propagation of Yellow Fever. —Vivisections.—Rabies.

Puriform infection, a question which never loses its interest, has again this year been mooted at the Academy of Sciences by several authors, amongst whom Mr. Batailhé is conspicuous by the number and earnestness of his communications. This gentleman's last memoir summarises all his previous papers, and we may, therefore, by the reproduction of its concluding remarks, impart a sufficient idea of his opinions.

According to Mr. Batailhé, the term *puriform infection* should be struck out of scientific language, and he proposes, as a substitute *putrid infection of the first day* (*Sub-and.* after wounds or labour) *infection putride des premiers jours*, in order to distinguish it from the other forms of putrid disease. The expression *infectious suppurative phlebitis* is also improper, because suppurative phlebitis does not give rise to infection. Pyæmia, or puriform infection, can be prevented by a very simple measure. Recent wounds should be dressed in the manner recommended by the ancients—viz., with alcoholic fluids (alcohol, brandy, spirituous infusions, wine, &c.) which check the putrefaction of liquids, and close the gaping orifices of the veins and lymphatics. In exceptional cases, when large veins have been injured, the use of caustics, and even of the actual cautery, is justifiable. The same principles obtain in the treatment of puerperal fever, which is but a puriform infection consequent upon labour, and the internal surface of the uterus after parturition, must be viewed exactly in the same light as a recent wound. Were these views generally adopted, Mr. Batailhé opines that the lives of fifteen or twenty thousand women, who annually die in France of puerperal fever, might be saved.

Mr. Batailhé omits to mention the topical remedies applicable to the womb after delivery, but the exhibition of the ergot a short time before or immediately after the expulsion of the fœtus, is represented by Mr. Jules Guérin as the method best calculated promptly to close the gaping apertures of the uterine blood-vessels, which are as many portals open for the absorption of the morbid poison.

— Modern surgery is in possession of several procedures for the attainment of the object of Mr. Batailhé's researches, especially as regards operations. We may mention, for instance, linear crushing, escharotics, and actual cauterisation, which comprises, now-a-days, the red-hot iron and the electric cautery. The latter being but little known in France, we embrace this opportunity of briefly alluding to a measure which has recently given rise to interesting experiments.

Some weeks since, the Editor of this Journal was present at one of Mr. Maisonneuve's clinical conferences; at the conclusion of the lecture, Dr. Séré exhibited an instrument in the shape of a bistoury, which having been placed in connection with a powerful hydro-electric battery (Grenet's), suddenly became luminous, and assumed the appearance of a flaming blade, capable of dividing in an instant considerable masses of tissue. We were inclined to admit, *à priori*, that such a knife would cut through the flesh without giving rise to any hæmorrhage, and this we deemed to be the chief benefit derivable from the use of the new instrument; but the inventor candidly informed us that when the electric bistoury is heated to this degree, it does not prevent the escape of blood, and this remark induced Mr. Maisonneuve at once to reject, as worthless, the instrument submitted to his inspection.

This, however, arose from a misunderstanding, and Mr. de Séré's explanation was obviously incomplete. The author had forgotten to add that, although at white heat the instrument affords no protection against hæmorrhage, yet, when merely heated to a dark red, it causes retraction of the arterial textures, and, in consequence, checks the effusion of blood.

This singular and interesting fact has since been demonstrated in our presence by Mr. Alphonse Amussat. This experimentalist performed before us the excision of the soft parts of the thigh of several rabbits with a platinum wire, heated at various degrees, and carried more or less quickly through the tissues. The result was an entire absence of hæmorrhage when the section was slowly performed with a wire at a dark red heat; and, on the contrary, immediate and copious flow of blood, when the operation was quickly performed with a wire at white heat. These facts fully account for the constant absence of hæmorrhage in the numerous operations we have seen Mr. A. Amussat perform, amongst which we may quote the destruction of a sarcomatous tumour of the gums (epulis), which bled on the slightest contact, and the section of an extensive sinus, accomplished without the loss of a single drop of blood.

We cannot, of course, foretell the surgical fortunes of Mr. de Séré's electric bistoury; but we must even now take note of the fact that the hæmostatic and obliterating virtues of the actual cautery, whatever its nature, may be imperilled by excess of heat or too rapid action, and that this property is best secured by a dusky red heat, combined with a certain slowness of operation.

— Mr. Mélier's luminous report on the recent occurrences at Saint-Nazaire, has already borne its fruits. On the proposition of Mr. Béhic, the new Minister of Agriculture, Commerce, and Public Works, the Emperor has issued a decree which introduces considerable ameliorations in the sanitary arrangements which concern the ships anchoring with foul bills of health, in the ports of the ocean and British Channel. The duration of the measures applicable under the circumstances will, in future, vary as regards the passengers, crew, vessel, and cargo.

For ships intended for the rapid conveyance of passengers or men of war, with well-ventilated holds, the passengers and agents of the Post-office will at once be admitted to pratique, provided a commissioned Medical-officer is on board, and that no case of yellow fever has occurred during the voyage. When such cases have broken out during the passage, the passengers and post-office agents shall undergo a quarantine of not less than three, and not more than seven days. The Minister will, on the report of the sanitary officers, be empowered, under peculiar circumstances, to shorten the duration of the quarantine, and even to order the immediate admission to pratique of the passengers and post-office agents, the vessel, crew, and cargo, remaining from seven to fifteen days in quarantine.

Art. 4 of the Decree maintains the sanitary regulations actually in vigour with regard to vessels other than men of war, or ships intended for the rapid conveyance of passengers, and especially preserves the clauses regarding the isolation and unlading of trading bottoms. The unlading of merchantmen, in the river or at the Lazaretto, enacted by the ministerial decree of August 30, 1861, may, on the proposition of the Sanitary agent or Inspector, be only partially enforced, when, from the condition of the hold, it shall appear that such indulgence is unattended with risk. The sanitary regulations at present in vigour with regard to passengers on board merchant-men are maintained, but the duration of the quarantine may be abbreviated under circumstances which the local sanitary authorities shall appreciate, and on a special decision of the Minister.

— The debate on vivisections was not likely to be long protracted in an assembly which counts amongst its members men of the stamp of Mr. Longet and Mr. Claude Bernard, and the isolated opposition of Mr. Dubois d'Amiens proved insufficient to stem the tide of the prevalent opinion. Mr. Béclard's objections were promptly disposed of by the Alfort Professors; not only were vivisections defended, but they were, in the highest degree, commended, at the Academy, a result of the attempt of the British philozoists, which might easily have been foretold. After a discussion, in which Messrs. Béclard, Piorry, Bouley, Bouvier, Reynal, Vernois and Gosselin took part, the meeting rejected the equivocal conclusions of the Committee, and adopted unanimously (in the absence of Mr. Dubois), the following resolutions, proposed by Mr. Gosselin, and seconded by Mr. Bouley:

"The Academy declares unfounded the complaints laid

before the Emperor by the London Society for the prevention of Cruelty to Animals; asserts that these complaints are undeserving of notice, and that, as heretofore, the control of the vivisections and the surgical operations, performed in the veterinary schools, must be left to the wisdom and exclusive appreciation of men of science."

Despite our sincere respect for the opinions which have failed in gaining the approbation of the Academy, we cannot but applaud a vote which asserts the liberty of scientific investigation, and routs the fanatical upholders of administrative interference, who would, were it in their power, check spontaneous inspiration, stifle in the bud discoveries due to accident and chance, and, if possible, curb with regulations the flight of genius. Societies for the protection of animals must resign themselves to this defeat; their purpose is assuredly humane and honourable, but they must not trespass on the dominion of science. When the gentlemen who have raised their voice against vivisections, recover their composure, they will doubtless acknowledge that it is unfair to view in the same light, and to punish alike the ardour inspired by noble and useful inquiry, and the ill-treatment inflicted on poor animals for the purpose of gain, or the mere gratification of brutal instincts.

In the article devoted to *Learned Societies*, our readers will find a summary of the speeches delivered on the occasion, and cannot fail to be struck with the close reasoning of Messrs. Bouvier, Gosselin, and Vernois.

— In our July number (Art. 6483), we publish a portion of Mr. Bouley's report on rabies. The adjourned debate on this subject was resumed on the 15th of September, and the first member who addressed the Academy was Professor Reynal, of the School of Alfort. This gentleman earnestly advocates, as a measure of public safety, the sequestration, for six months at least, of all dogs bitten or attacked by an animal affected with hydrophobia.

Mr. Tardieu then delivered an elegant and technical speech equally remarkable as a display of eloquence and of vigorous argument, and for one hour the learned assembly listened with delight to his remarks.

The orator, in the first place, congratulated the reporter on the excellence of his paper, which is calculated to render eminent service to public hygiene, and he expressed his regret that Mr. Bouley had passed over in silence the researches of the permanent Committee of Inquiry, established in 1850, for the purpose of collecting and estimating the value of all documents, connected with rabies in France, and of drawing up annual returns on this momentous subject. In these documents Mr. Bouley would doubtless have found many indications calculated to throw light on the most obscure and controverted points of the history of the disease. Mr. Tardieu endeavoured to supply the desideratum, and presented a series of remarks, some of which appear to us particularly deserving of attention.

During a period of twelve years, 319 genuine cases of rabies have been observed in the human subject, 261 being instances of hydrophobia communicated by dogs, 31 by wolves, and 14 by cats. Mr. Bouley denies the propagation of the disease by herbivorous animals; the committee of inquiry, however, supplies us with one unquestionable instance. A shepherd (of the Département de l'Ain), died of rabies in forty-eight hours, one month after having been bitten by a cow, on whom a dog had inflicted a wound. The inquest further supplies us with this singular and important fact that of 334 individuals bitten by mad dogs, 185 were attacked with the symptoms of hydrophobia, *i. e.*, 55 per cent., a proportion very different from that indicated by Hunter, viz., 5 per cent. Infants enjoy no immunity from the affection: "thirty young children," said Mr. Tardieu, "appear on the list of victims, a circumstance which may be assumed as sufficient proof that rabies is a genuine virulent disease, and not, as some authors have argued, a mere convulsive neurosis consequent on a violent mental emotion."

Mr. Tardieu contended that the opinion has been too lightly admitted that rabies is unknown in the Levant. The spontaneous appearance of the disease cannot be questioned. How can it, for instance, be doubted in the wolf who lives isolated? in cats, in whom hydrophobia has been known to break out after extensive burns, or in a cat who, maddened by the loss of her kittens, bites the spoiler and communicates rabies?

The duration of the incubation of hydrophobia has been very differently estimated by the authors who have inquired into the subject, and is a momentous question, the definitive solution of which, according to Mr. Tardieu, is to be found in the documents supplied by the committee. The cases collected during the last twelve years in all parts of France show the fallacy of the fantastic accounts of tardy explosion of the disease, and of the instances continually quoted of the appearance of the symptoms of rabies one or more years after the infliction of the bite. In 147 carefully-observed cases, the incubation lasted less than one month in 26, from one to three months in 54, from three to six months in 10, and between six and twelve months in six instances. Hence it follows that in more than five-sixths of the patients, rabies breaks out in the human subject within six weeks after the original wound, and the incubation is seldom protracted beyond three months; but the possibility of an interval of six or even eight months intervening between the bite and the development of rabies cannot, however, be absolutely rejected. The length of the incubation appears to be shorter in proportion as the subject is younger, a highly interesting and singular circumstance demonstrated by the inquest. Thus, in infants aged two or three years, the length of the incubation varied between two and three weeks, and from three to four weeks in the case of children of seven, eight, ten, and eleven years.

Mr. Tardieu agrees with Mr. Reynal that sequestration of the animals is an excellent precaution, well calculated to check the propagation of rabies; but this measure should not be viewed as paramount to, or exclusive of other means of unquestionable and long-tried efficacy. The tax on dogs has not hitherto diminished the number of the victims of hydrophobia; but Mr. Tardieu declares himself most firmly convinced of the utility of immediate and effective cauterisation after a bite inflicted by a rabid animal. "This," said the professor, "is the only remaining chance of safety," and the assertion is fully borne out by the documents in the possession of the commission of inquiry. From these documents it further appears that the effects of the operation vary according to the depth of the cauterisation, and according to the promptness with which it has been resorted to. Thus, of 115 individuals who died of hydrophobia, from 1852 to 1858, 64 had never been cauterised, in 37 cases the procedure had been instituted too late, and in 14 insufficiently. Mr. Tardieu adduced in illustration a recent case reported by Dr. Catelan: "sixteen persons and one ass were bitten by the same mad dog; the wounds of these sixteen individuals were at once burned with the actual cautery, and the effects of the virus were neutralised in all; the same measure was not applied in the case of the ass, and the animal died shortly afterwards with all the symptoms of rabies."

"In conclusion," said the orator, "it is impossible to lay too much stress on the fact, that the immediate application of the actual cautery is the only protection against this formidable disease, and that any other measure imperils the future, and causes irremediable loss of the few valuable moments, during which preventive treatment has any chances of success. It is, therefore, an imperative duty incessantly to contend with the lamentable prepossessions, the deceitful promises, absurd practices, and obsolete superstitions, to which is falsely ascribed the power of preventing or curing hydrophobia, and by which the defenceless victims are handed over to the grasp of an unforgiving disease.

HOSPITAL OF LA CHARITE.

(MR. BEAU'S CLINICAL CONFERENCES.)

Pathology and Treatment of Typhoid Fever.

The epidemic of typhoid fever which at present engrosse the attention of the Profession in Paris and in the Departments, induces us to reproduce Mr. Beau's remarks on the

subject in a recent lecture on the pathology and treatment of the disease.

French authors, to whom science is exclusively indebted for the history of typhoid (*dothiénentérie*), have rendered eminent service in uniting under one denomination a variety of fevers, which formerly were held to be distinct affections. In this respect, Mr. Beau goes one step farther than Mr. Louis, and classes with the mildest forms of typhoid, *synocha*, which the eminent inventor of the numerical method considers as intermediate between ephemeral and typhoid fever.

It is unnecessary to dwell on the anatomical changes characteristic of the disease. We have, on a recent occasion, (Art. 6432) alluded to one of its symptoms, the discovery of which is due to Mr. Beau—viz., the tenderness of the region of the liver on pressure and on percussion, during the entire duration of the fever. This sign, the importance of which we shall presently refer to, has very seldom been absent in the prevalent epidemic.

Mr. Beau minutely described the eruptions which constitute one of the most important features of dothienentery. The earliest, which is characteristic, consists in lenticular rose-coloured dots, which this year have been very numerous. The second is an eruption of bluish spots, not prominent like the former, and occupying the inguinal regions and the thighs. Some authors have described these as pathognomonic of synocha, but Mr. Beau observed this singular fact, that these spots, not met with in this severe form of disease, are to be found only on male subjects. In the third place, Mr. Beau alluded to sudamina, in his opinion, a *critical* eruption, not peculiar to typhoid. Their presence, however, would be valuable to the pathologist, inasmuch as they indicate a previous duration of fever of at least ten days. A fourth eruption connected with dothienentery has been discovered by Professor Piorry, and occupies the nates. It consists in pimples of the size of hemp-seeds, terminating at their apex in a black speck; they suppurate, and become the seat of ulceration. The cause of this eruption is, according to Mr. Beau, contact with the poisonous matter discharged from the bowels, a circumstance which invests it with considerable diagnostic interest. These pimples are evidently the result of the above cause, and are much less frequently observed in private practice than in hospital, on account of the greater attention to cleanliness, which patients in easy circumstances can command.

In addition to the predominance of *cerebral*, *pulmonary*, or *abdominal* symptoms, which impart to the disease a peculiar aspect, without altering its nature or requiring a different mode of treatment, typhoid may also assume a *bilious*, *inflammatory*, *adynamic*, *ataxic*, or an *apyretic* form, in which feverishness may be absent, although all the other symptoms of the affection are observable.

Mr. Beau states the duration of the fever to be twenty-one days, and, in some few instances, a fortnight only. This assertion it is difficult to reconcile with that of authors who speak of typhoids lasting forty or fifty days. This opinion is still entertained by many eminent practitioners, Mr. Trousseau, for instance, but is referrible, says Mr. Beau, to relapses during convalescence, two consecutive fevers having, in the cases alluded to, existed in succession.

Mr. Beau unhesitatingly pronounces the disease contagious, and he opines that many students are infected in hospital.

Many theories have been propounded as to the cause of the affection, but the simplest and most satisfactory, said Mr. Beau, is still that which is to be found in the works of Galen, who considers bile as the principal agent in the production of the fever. The professor's attention was first directed to the question in Mr. Larroque's wards, to which he was attached as house-surgeon. Mr. Larroque was in the habit of exhibiting tartar emetic in typhoid, under the impression that, in its passage through the intestines, the bile caused ulceration of the mucous membrane, and subsequent infection of the system. Mr. Beau adheres, with some slight reservation, to that practitioner's doctrine and practice. It may, of course, be objected that healthy bile causes no intestinal irritation nor poisoning of the blood, but in typhoid, the liver is diseased, and its secretions unhealthy; the tenderness of the organ on pressure may be adduced in support of this view. Pressure and percussion of the hepatic region induce pain, and show that the chylopoietic organs are not in their natural condition. The nature of the morbid change will possibly be ascertained by chemical research, but that such change is present must even now be admitted as an unquestionable fact. The function of the gland is to fabricate bile, and to assist in the formation of blood, and the disturbance of its operations leads to defective secretion, to a diminution of the supply of hepatic fibrin, and, consequently, to hæmorrhage, from increased fluidity of the blood.

The treatment instituted by Mr. Beau naturally flows from his views as to the pathology of the disease. Until such time as we shall know how to modify the morbid condition of the liver, the first indication, in his opinion, is to expel the bile as fast as it forms, and to prevent its accumulation in the digestive tube. Mr. Beau, therefore, prescribes an emetic in the incipient stage, the following, for instance:—

℞ Antimon. Tartarizati, gr. ij.;
Pulv. Ipecac., ℈j.;
Aquæ, ℥iv.

To be taken in two doses, with an interval of ten minutes. He then resorts to aperients, and prompt improvement generally follows. This cannot be expected, however, unless copious evacuations are obtained—*i. e.*, ten, fifteen, or twenty motions in the day. For this purpose, the practitioner must select amongst the various purgatives supplied by the pharmacopœia, that which more particularly suits the patient's idiosyncracy.

According to Mr. Beau, the evacuant method is applicable in all stages of typhoid fever; in some few and unfrequent cases, tartar emetic has succeeded in suddenly checking the disease by producing what the Professor calls *antimonial cholera* (vide Art. 6241). The liver would then seem to pour out in the course of twenty-four hours an amount of bile equivalent to twenty-one days' secretion.

Second in importance to evacuation, cold lotions are a useful and pleasant auxiliary, especially when the temperature of the skin is very high. Mr. Beau causes the patient, entirely divested of clothing, to be laid on a mattress, and to be rapidly sponged over the entire body by two or three persons. The skin is then dried, and the subject replaced in bed.

With regard to the delicate and much disputed question of feeding, Mr. Beau remarked that those physicians, who consider typhoid as a disease originating in an alteration of the constituents of the blood, which may be protracted far beyond three weeks, and entails a disposition to gangrenous disorganisation of the tissues, very naturally advocate the early administration of food, in order that the patients may be better enabled to bear the exhaustion caused by long illness. Mr. Beau, however, agrees neither in the theory nor in the practice; in his opinion, when typhoid is protracted beyond three weeks, some complication or a relapse must be present. Under these circumstances, and holding these views, Mr. Beau conceives that premature feeding can only lead to a relapse, or promote the occurrence of complications. When, therefore, towards the tenth day, the feverishness has begun to abate under the influence of repeated and active aperients, and appetite returns, Mr. Beau does not yet allow the patient to take nutriment; at most does he, in order to satisfy the cravings of the stomach, permit a small amount of very weak broth to be taken, but he never really exhibits food before the expiration of the third week of the fever. He only deviates from this rule in the case of pregnant women, to whom nutriment is indispensable, and who, in general, digest it with facility.

When a relapse occurs, Mr. Beau again prescribes emetics, but they are far less efficacious than in the early stage of the disease, and the patients must, therefore, be cautioned against the contingency.

The complications of typhoid fever require appropriate measures of treatment, which our space does not admit of our doing more than barely alluding to. We may, however, observe that in case of intestinal hæmorrhage, aperients would obviously be improper; in pulmonary complications, Mr. Beau refrains from blood-letting, and merely resorts to dry cupping and counter-irritation. The eschars and bed-sores require, in his opinion, merely to be kept perfectly clean, and for perito-

nitis consequent on perforation of the bowel, the Professor resorts, like Chomel, to large doses of opium, in order to slacken peristaltic action, and promote the formation of adhesions around the effusion.

The foregoing remarks are a rapid sketch of Mr. Beau's views on the pathology and treatment of typhoid fever. These views are, of course, open to discussion, but they are supported by statistical returns of a favourable nature; and when a doctrine is borne out by good practical results, it has a legitimate claim on our most serious attention.

HOTEL DIEU.

(PROFESSOR JOBERT'S CLINICAL WARDS.)

Muscular Rigidity and Retraction.

Rigidity and *retraction* of the muscles are two essentially different conditions, as Mr. Jules Guérin formerly demonstrated in his lectures. Mr. Jobert entirely agrees with this professor in considering rigidity as a functional, and retraction as an organic affection. In the former, the muscular textures are perfectly sound, and the morbid condition consists in a modification of the vitality of the muscular fibre, or of the part of the nervous system which specially governs its contractility. In the latter, the anatomical structure of the muscle has undergone obvious change, the fleshy fibre has gradually disappeared, and is replaced by a proportionate amount of fibrous, aponeurotic and unelastic tissue. Bonnet, of Lyons, introduced in the treatment of painful affections of the joints the use of Anæsthetics, under the influence of which he boldly attempted forcibly to rectify contracted limbs; these agents supply us with a means of readily discriminating, in certain cases, rigidity from retraction. This mode of diagnosis is especially successful when the rigidity is active, and consequent on reflex action caused by local pain. It is not, however, possible for various reasons to have recourse to chloroform in all cases, and other means of discrimination must be resorted to. In mere rigidity, the muscle stands out hard and prominent, because its fibres are shortened and closely gathered up; the indurated mass is, moreover, tender on pressure. In retraction, on the contrary, a more or less tightened cord occupies the place of the muscle which far from having increased in size, is partially atrophied, and perfectly indolent on pressure.

It is extremely important to distinguish these affections from each other; when, in consequence of protracted rigidity, or any other cause, the muscle is shortened, tenotomy alone, followed by the use of orthopædic treatment can be expected to effect a cure. But when uncomplicated rigidity is present, the functional disturbance of the muscle will yield to surgical or medical procedures, different from the section of the tendon.

During the present year, for instance, an athletic subject was admitted in Mr. Jobert's wards, for an affection, consisting in a deformity of the forearm, which for three weeks had remained in an attitude intermediate between extension and semi-flexion; he stated that the disease was the consequence of a fall backwards, in which the entire weight of the body had been borne by both elbows. From this period, the right elbow, which had been six years previously the seat of an arthritis, of three weeks duration, became painful; the pain extended to the adjacent muscles, and acquired sufficient intensity to prevent complete flexion or extension of the forearm. All attempts to stretch or bend the limb caused intolerable suffering, and failed in producing the desired effect. The biceps and brachialis anticus were hard, prominent, contracted, and very tender on pressure. The supinator longus was similarly affected in a less degree. In addition, the elbow-joint was inflamed, and synovial effusion was present, characterised by a small fluctuant tumour on either side of the olecranon.

The recent occurrence of the injury alone would have been sufficient to cause the surgeon to discard the idea of muscular retraction; the inflammatory rigidity was further indicated by numerous symptoms, the combination of which removed all possible doubt. Mr. Jobert, therefore, two days after the admission of the patient, unhesitatingly prescribed a blister over the external surface of the articulation. This remedy allayed the pain, but failed in restoring the natural movements of the limb. The blister was applied on the 7th or 8th of June. On the 19th, the extremity was placed in a mechanical and jointed cradle, which, by means of a cog-wheel, imparted to the arm and forearm movements of flexion and extension. This apparatus was worked every morning for a week, and on the 27th the condition of the patient was perfectly satisfactory, and the hydarthrosis was found to have disappeared at the same time with the muscular rigidity.

If a mechanical apparatus is not readily obtainable, a common splint may be used, supported by appropriate pads, and secured to the arm by means of a linen roller or an elastic band, with which the necessary pressure can be gradually applied.

Permanent rigidity is a subject which would assuredly require further development, especially when it affects the muscles attached to the scapula. This form of disease has been minutely described by Mr. Duchenne de Boulogne, and its diagnosis is far more difficult than in the case above alluded to. Muscular torticollis may, however, be the result of rigidity or of retraction, and in either case Mr. Jobert's remaks are applicable, as by the discrimination between these two conditions, the surgeon must decide on the propriety of dividing the tendon of the sterno-mastoidens.

Mr. Jobert further observed that rigidity and retraction are not always easily distinguishable from each other, that obstinate rigidity induces retraction, and that at a given time both morbid elements co-exist in the same muscle. In such cases, the surgeon must trust to his sagacity and experience, and act according to circumstances. The safest practice in general consists in endeavouring to remove, in the first place, the rigidity, and, subsequently the retraction, if it should persist.

The Medical Circular.

REVIEW OF BOOKS.

The Treatment of Hoarseness and Loss of Voice by the direct Application of Galvanism to the Vocal Cords. Illustrated by Cases. By Morell Mackenzie, M.D., Lond.. Physician to the Dispensary for Diseases of the Throat; pp. 24. London: Richards, 1863.

The invention of the laryngoscope and its general introduction into practice, have both made us acquainted with the exact nature of many diseases affecting the larynx, and have enabled us more accurately to direct local applications for their successful treatment. Among other remedies, electricity at once suggests itself as a powerful agent in those cases where there is an impaired excitability of the nerves of the glottis. Dr. Mackenzie does not, however, recommend galvanism as a universal cure, even in cases of nervous aphonia or dysphonia. The laryngoscope must be employed in the first place to ascertain the absence of inflammation or of any mechanical cause of disease, and the electricity, either magnetic or chemical, may be applied in appropriate cases to the vocal cords. Dr. Mackenzie himself employs the magnetic electricity by means of an apparatus, which he calls the "laryngeal galvaniser," and which is figured in the pamphlet before us. He has employed it in more than thirty cases, has seen considerable benefit follow its use, and has never observed any bad effect to result from the application.

The Diagnosis and Treatment of Diseases of Women, including the Diagnosis of Pregnancy. Founded on a Course of Lectures delivered at St. Mary's Hospital Medical School. By Graily Hewitt, M.D. Lond., M.R.C.P. Physician to the British Lying-in Hospital. Pp. 628. London: Longman and Co., 1863.

When a writer presents us with a work extending to more than six hundred pages of rather closely written matter, it is evident that he is in earnest, and his labours demand at our hands a corresponding degree of attention and respect. In the perusal of Dr. Hewitt's very elaborate treatise, the reader will everywhere find the traces of a thoughtful practitioner, who has founded his opinions upon a careful study of existing authorities together with the results of his own personal experience. Whether some condensation might not have been an improvement, as rendering the book more likely to meet with general acceptance, is, perhaps, a question; but according to the motto once prefixed to its reviews

by a defunct or semi-defunct Medical journal, "L'auteur se tue à allonger, ce que le lecteur se tue à abréger."

In the preface, Dr. Hewitt points out the great importance of diagnosis to the practitioner of medicine in general, and he justly observes that it is especially important to the obstetrician, because in his department, mistakes in diagnosis are very frequently disastrous to the patient or destructive to the reputation of the practitioner. The very important question of the presence or absence of pregnancy requires often a very extensive acquaintance with the diseases of women, and this subject—namely, the resemblances and the differences between pregnancy and the diseases which simulate it, forms a very conspicuous portion of Dr. Hewitt's book. The prominent place assigned by Dr. Hewitt to the subject of diagnosis may be estimated by the fact that out of the 628 pages of which his book consists, 435 are devoted to its elucidation.

The organs peculiar to women, few as they are, and brief as is comparatively the period during which their activity is manifested, make woman what she is, and their physiological changes or pathological disturbances often involve an enormous amount of mental and physical suffering sometimes apparent to the outer world, sometimes confided only to the Medical attendant, often concealed even from him. Hence it is necessary that the Medical Practitioner, consulted in relation to female complaints, either by the patient herself, or by her friends or relatives, should bear in mind the peculiarly delicate and difficult nature of the task frequently set before him; and while scrupulously avoiding any breach of decorum, should regard the organs and the functions they perform merely as so many anatomical and physiological problems, which he must solve in the ordinary manner, without reference, and often in opposition to the statements which the patient may make either from ignorance or from design. All these points are very ably discussed by Dr. Hewitt, who gives an abundance of cautions (though by no means too many), for the conduct of the practitioner under almost all imaginable circumstances.

The first part, on Diagnosis, is divided into two sections, comprising respectively the data to be obtained without physical examination, and in the second place, the data (and these are far more numerous), which are obtained by this method of exploration. Those which are obtained without physical examination may be either subjective, as it is called, or those which are derived from the statements of the patient, on which in general no great reliance is to be placed; and objective, or those which are presented to the senses of the practitioner, and which, as far as they go, often afford material assistance towards forming his diagnosis.

As it is quite impossible for us, in the space allotted to us, to follow Dr. Hewitt through all the subjects of which he treats, we must content ourselves with remarking on some prominent points of diagnosis relating to the diseases of women. In reference to the nature of the discharges from the female organs, and the difficulty of distinguishing those which are the results of contagion from those which are produced by natural causes, or from trifling ailments, we find the following observations, which we particularly recommend to the notice of those writers who regard periodical inspections of prostitutes as safeguards against the propagation of disease.

"In reference to the diagnosis of supposed gonorrhœa, it has always been found very difficult to substantiate the presence of the virus in the female subject, for the reason that the discharge arising from gonorrhœa and that of ordinary leucorrhœa are very much alike. Gonorrhœa in the female is, in its worst form, an intense vaginitis, the discharge being made up of epithelial plasma and purulent matter; more frequently it is a vulvitis, the inflammatory action being limited to the mucous surfaces at the vulva. The meatus urinarius very frequently participates in the discharge and irritation in cases of gonorrhœa. The collateral facts relating to the coming on of the attack are characteristic; the attack begins somewhat suddenly; there are heat, pain, and burning along the course of the urethra, all intensified and increased during micturition; there is usually also a discharge from the urethra. When the gonorrhœal discharge has become chronic, the urinary irritation may have become so much lessened in degree as not to attract attention, unless inquired after. If the presence of a discharge from the urethra can be made out, it will very materially assist the diagnosis. *Sir C. M. Clarke thought the diagnosis of gonorrhœa impossible;* and it must be confessed that this is very often found to be the case. A method of observation by which the diagnosis is often much assisted, consists in ascertaining the effect of sexual intercourse in suspected cases: only it is liable to this source of fallacy, that a discharge in one sex producing a discharge in the other does not prove that the infecting individual is the subject of gonorrhœa; for it is a pretty well authenticated fact that an apparently simple discharge in the male may give rise to a discharge in the female, and, *vice versâ*. Cases in which these points rise up for determination require the exercise of great caution and careful investigation before giving an opinion. A case of spurious balanitis in the male, contracted by intercourse, may, it is said, be distinguished from a case of gonorrhœa, by the fact that the symptoms of the former affection came on a few hours only after intercourse; whereas, in gonorrhœa, there is a period of incubation of from four to fourteen days, attended with chordee." p. 94.

The different forms and seat of ulceration of the female sexual organs are carefully dwelt upon, and their diagnosis as clearly drawn as the circumstances will admit; but Dr. Hewitt devotes special attention to the subject of the so-called inflammation and ulceration of the os and cervix uteri, forms of disease which have lately attracted very great attention, but which appear to have been regarded by different observers and writers in very different and, indeed, opposite lights. One class of practitioners describes certain appearances revealed by the speculum as undoubted instances of the lesions alluded to, and regards them as serious affections requiring prompt and energetic measures for their removal; while another class, among whom we enrol ourselves, doubt whether the appearances really indicate inflammation and ulceration, in the proper sense of these terms, and regard them as phenomena of comparatively little pathological importance, at least in a great number of cases. The following are some of Dr. Hewitt's observations on this point:—

"In weighing the reasons for and against the opposing views on this subject, it must be recollected that the particular surface about which there has been so much dispute, under *ordinary* circumstances secretes a mucous fluid: it is not like the skin. If a portion of the skin of the arm, for instance, were the seat of a purulent secretion, such a purulent secretion would be a sign of ulceration—of breach of surface; but it is not necessarily so with the surface of the os and interior of the cervix uteri; the difficulty of distinguishing between mucus and pus is well known; normally a secretion is poured out from the glands lining the cervix, which, mixed with the vaginal mucus, assumes a physical appearance very like that of pus, and it can hardly be admitted that the presence of muco-pus is indicative of ulceration, in the ordinary sense of the word. Again, if purulent discharge be the indication of the presence of ulceration, it might be expected that a certain degree of ulceration would be attended with a corresponding quantity of purulent discharge. Dr. Bennet states that the patient may suffer from decided ulceration, and yet have no recognised vaginal discharge. This fact, damaging to the validity of Dr. Bennet's views, he explains by supposing that the secretion is absorbed in the vagina; an explanation not altogether satisfactory. The condition of the interior of the cervix which Dr. Bennet terms 'inflammatory ulceration,' Dr. Farre describes as inflammation, thickening and hypertrophy of the papillæ, follicles and rugæ of the cervical canal. It is evident that the condition described by the latter author is to all intents and purposes the same with that to which Dr. Bennet applies the term 'ulceration.'" p. 296.

These observations, taken in connection with the facts, now pretty well established, that the so-called inflammation and ulceration of the os and cervix uteri are very common affections, and are consistent with the existence of perfect health on the part of the individual affected, will perhaps tend to reduce the employment of the speculum and the application of caustics to the mouth of the womb to a fewer number of cases.

We are compelled to pass over many other interesting points of diagnosis, but we may remark that all the circumstances proving or disproving the fact of pregnancy are very carefully described, and no less pains are taken to establish trustworthy indications by which the presence of ovarian tumours may be ascertained and distinguished from tumours of the uterus or of the abdomen: a point of infinite importance at present, when ovariotomy has become one of the ordinary operations of surgery.

(To be continued.)

THE BRITISH ASSOCIATION.—A graceful and well-merited compliment was paid to the Mayor of Newcastle on Saturday. The consular representatives of foreign nations stationed at the port, to the number of fifteen, waited upon his worship in the council chamber, and presented him with an address, in acknowledgment of the cordial reception accorded to the distinguished philosophers of their respective countries who attended and took part in the late successful meeting of the British Association. Reference was also made to the hospitalities so liberally dispensed by the esteemed president (Sir W. G. Armstrong) and the inhabitants of the town generally, the consuls intimating their assurance that the effect of the recent interesting gathering would be to unite the lovers of science in all parts of the world, and thus to advance scientific knowledge. To this gratifying expression of feeling Mr. Bell responded in suitable terms.

VENTNOR.—At a special meeting of the Ventor improvement Commissioners, Dr. Leeson in the chair, it has been resolved by a large majority to adopt the Local Government Act, 1844. The town had already been thoroughly drained, and many permanent works had been carried out under the old Act; but it was found necessary, from the rapid growth of the place, which has resulted partly from the very favourable health report of the Registrar-General for the years 1851-60, and partly from the impetus given to it by the construction of the railway and harbour works.

THE MEDICAL CIRCULAR.

WEDNESDAY, NOVEMBER 4, 1863.

POOR-LAW MEDICAL OFFICERS AND MEDICAL OFFICERS OF HEALTH.

The Bethnal-green Guardians are at present exhibiting the edifying spectacle of standing in the pillory for the ridicule and contempt of the community. If they had respectfully listened to the voice of humanity, backed by Medical science, they would have escaped the odium now justly cast upon them, and even although they had not remedied the glaring abuses proved to exist, they still might have had credit given to them for their good intentions, and pity and sympathy bestowed upon them for their entrance into a contest with gigantic evils. But they have thought proper to pursue a different course; they have neglected to avail themselves of the power placed in their hands by the Metropolis Local Management Act; they have rendered the provisions of this measure a mere dead letter by their absurd appointments and the inadequate remuneration provided for their sanitary staff; and they have snubbed and insulted their Poor-law Medical Officers for advocating the just rights of the poor sick people committed to their charge. No one, therefore, can offer one word of consolation or of compassion for their fate, and as day after day some fresh case of neglect or cruelty is reported against them, coupled with severe and well-merited censure, the only remark that any one can make is "serve them right."

Last week an inquest was held upon a poor miserable wretch residing in Bethnal-green, who was proved to have died of a wasting disease, the fatal termination of which was accelerated, if not caused, by the want of the necessaries of life; and although a Medical order had been given for the admission of this poor starving and dying creature into the Infirmary of the Workhouse, the mandate was treated with contempt, and the superaddition of violence and insult. The jury very properly brought in a verdict, embodying in express terms a severe censure upon the local authorities. As we are writing, another inquest is proceeding upon some more cases of blood-poisoning, occurring in this neighbourhood, and the public are now not so ignorant as to be deceived into supposing that the substitution of the word scarlatina for blood-poisoning (the two words being in a certain sense synonymous) will in any way mitigate the guilt of the offending parties. For a long time the Bethnal-green Guardians have enjoyed an immunity from punishment, but now—

> "Rarò antecedentem scelestum
> Deseruit pede Pœna claudo."

The Nemesis of vengeance has at last overtaken them, and they are called upon to answer for their misdeeds. Strangely enough they have been hitherto remarkably favoured by circumstances; the excitement got up in reference to the facts by one or two of the cheap newspapers being at first attributed only to the desire of filling their columns with "sensation" paragraphs. The 'Lancet' for some reason best known to itself, ignored most of the facts, and threw doubts on the veracity of the Medical witnesses. Our own article on the subject, however, derived not merely from newspaper reports, but from trustworthy private sources, seems to have called forth the attention of the 'Medical Times,' which sent a reporter into the district, and fully confirmed the truth of all the loathsome details which had already shocked and disgusted the public. Then the high-priced journals also took up the case, and the 'Times' itself found it expedient to join the general stream.

Lastly, the 'Illustrated London News' has not only sent a reporter to survey the localities, but an artist to delineate them. The reporter, in allusion to the cow-houses and piggeries which stand in insalubrious juxta-position to the dwelling-houses, asks whether Bethnal Green derives its supply of milk from these local dairies, or whether the cattle and the pigs have any *post-mortem* connexion with the pale and flabby beef and the consumptive looking pork exposed for sale in the local shops. The same writer also makes some ghastly suggestions as to the composition of the polonies and black-puddings exhibited in the provision-stores. The 'Comic News' exhibits a caricature of the Bethnal-green Guardians, metamorphosed into pigs, sitting down round a table, and indignantly denying the imputation that they kept or encouraged piggeries.

As we have previously remarked, had the Bethnal-green Guardians been either more generous or more cunning, that is to say, had they at once listened to the advice of their Medical Poor-law Officers, or had they found some pretext for clandestinely dismissing them, the world would never have known the history of mismanagement which has now come to light; but unfortunately for themselves, they had not enough common sense to adopt the former course, and the regulations of the Poor-law Board present a slight obstacle to their following the latter. Infamously as the Poor-law Board has too often treated the Profession, it has yet conferred one boon by lately making the Poor-law Medical appointments permanent, except, of course, in case of disability, incapacity, or misconduct; and however ready the Poor-law Board may be to second the ill-treatment of Poor-law Medical Officers by the local boards, yet the Whitehall authorities are compelled to exercise common sense, in which the local boards are often deficient, and to act in accordance with legal principles, which the latter often ignore. Such being the case, and without further particular reference to the proceedings of the Bethnal-green Board, except as types of general delinquency until lately unexposed, we are sure that the Poor-law Medical Officers throughout the United Kingdom will rejoice that one of the local boards is at last brought to the bar of public justice, and is likely to suffer a heavy retributive punishment for years of tyranny and mismanagement, of neglect of the poor, and insolence to the Medical Profession.

We turn from the contemplation of the Poor-law Medical Officers to glance at the Medical Officers of Health, of which class of functionaries we have already said something, and of which we may have more to say hereafter. What the Legislature contemplated, when in 1856, they created this body of sanitary officials, it is very difficult to determine; but if they had desired to bring the office itself into contempt, and to bind the hands, eyes, ears, tongues, and pens, of the officers, they could not have done it more effectually than they have done. The Medical Officers of Health, appointed by the same ignorant and vulgar class of persons who elect the Poor-law Medical Officers, are still more subservient and abject than the latter; for the power of arbitrary dismissal which is in most instances denied to the local boards in the case of the second class of officers, is retained for them in the case of the first. Hence the Medical Officer of Health is generally looked upon by the local boards as one of the nuisances which they may remove whenever they please, or snub and insult as often as they think fit. In fact, the Medical Officer of Health, in

relation to the local boards, is something in the position of a poor dependent or companion to a wealthy lady, who gives her inferior a small salary for bearing her caprices or ill-humours, and threatens dismissal upon any display of spirit. The Medical Officers of Health, therefore, in general find it their interest to pocket their salaries, and not to display too much activity or imprudent zeal. In the case of some outsider, who may be detected, perhaps, in cutting up dead cats for the purpose of manufacturing German sausages, the Medical Officer of Health may probably be called upon to swear before the magistrate that cats' flesh is not very well adapted for human food; but if the sausage-maker should happen to be a member of the Vestry, it will be expedient for the Medical Officer of Health to hold his tongue upon the subject, and if he has any opinions as to the digestibility of cats' flesh, he would do well to keep them to himself.

SUMMARY OF THE WEEK.

THE OPERATION OF IRIDECTOMY.

It was not to be expected that the "counterblast" to iridectomy, by Mr. Syme, although he is the Magnus Apollo of Edinburgh, would pass without comment, and it has called forth an answer from Mr. Bowman, who is one of the great advocates of the new operation. The latter distinguished surgeon thinks that the Scotch Professor, after he has more fully considered the subject, will acquiesce in the retention both of the name and the practice of iridectomy in glaucoma. Mr. Bowman thinks that the word glaucoma is used in different senses, that the nature of this disease is not fully understood, and that Mr. Syme especially means by it *the last, hopeless, absolute stage when all perception of light is lost, and the tissues of the organ are spoiled.* But Mr. Bowman understands something not different from this definition, but something more comprehensive, namely, the whole course and the several varieties of disease, leading to that last and hopeless stage of extinguished sight and disorganised tissues. The class of glaucomatous diseases comprehends a number of affections of various types, all characterised by augmented tension of the eye-ball, under which the retina is compressed and destroyed; and the operation of iridectomy, by relieving this tension, allows the nerve to retain, and often to recover, some of its decaying function. We are very happy to find that Mr. Bowman has expressed an opinion upon this important subject, which no one understands better than himself, but for our own part, and on behalf of a large number of our professional brethren, we can only state that whatever may be the benefits actually derived from the proceeding, its *modus operandi* has yet to be explained, and we shall be grateful for any light that may be thrown upon this part of the subject.

THE HEALTH OF THE BRITISH ARMY.

Dr. H. B. Franklyn, surgeon to the 1st battalion, 10th Foot, in a recent letter to the 'Times,' has called attention to the great improvement effected in the physical condition of the army in consequence of the exertions of the late Lord Herbert, Miss Nightingale, and the present Director-General of the Army Medical Department. He gives statistical details of the past and present state of sickness and mortality at various foreign stations, including some of the most unhealthy, as Jamaica, Trinidad, British Guiana, St. Lucia, and many others, and he shows the great reduction in the ratio of disease which has been effected in late years by the adoption of more enlightened systems of hygiene. In the following letter which has subsequently appeared, he throws some light upon the prevalence of a class of diseases which have recently excited considerable notice:—

SIR,—In resuming through the 'Times,' the subject of the health of the British army, I will now make some allusion to those diseases of a special type which are the bane of the British soldier, and which have occupied and must continue to occupy the attention of the authorities, and of all those interested in his well-being.

Professor Maclean, in his Introductory lecture at the Royal Victoria Hospital, Netley, states that the ills which arise from the diseases in question, rendering the soldier prematurely old and inefficient, amount to 50 per cent., and when he states this I believe him to be not at all over the mark.

In judging of the health of troops the following points must be considered—viz., length of service; length of tropical service; age of the man; whether married or single.

Among British soldiers, as age increases, so the mortality, in comparison with the civil population, increases to an immense degree; and almost all the rheumatism, and, in fact, many other diseases are traceable to the soldier having been the victim of that class of diseases of which I speak. If not, how is it that this is not the case in continental armies, as the French, Prussian, and Austrian; and why is it that in the Danish and Hanoverian armies the case is reversed, and the soldier as age advances becomes absolutely more healthy than the civil population?

In the English infantry the average number of sick is about 50 per 1,000 men; in the English cavalry a little less; in the Royal Artillery a little more; and the Military Train and depôt battalions, at most 7,000 men, furnish about 1,400 admissions per annum, on account of these two corps being chiefly composed of old and young soldiers. Striking an average, in the British army the number of sick is nearly 55 per 1,000 of strength; in the French army, 45; in the Prussian, 47; and in the Austrian, 48.

Our average time in hospital is 17 to 20 or 21 days; in the French army it is 16 days; in the Prussian army it is 16 days; and in the Austrian army it is 17 days.

But the special diseases which constitute the chief admissions in our army keep men a long time under treatment, and this serves to explain why they are longer in hospital than is the case on the continent.

These diseases in the English army run up the admissions to from 350 to 450 per annum, or nearly one-half, of which one-third are of lighter, and two thirds of the severer kind.

The French army is very fortunate in this respect. Taking the garrison of Paris and comparing it with some of ours, we find the admissions from these diseases were:—In 1858, Paris, 24 per 1,000 men; Aldershot, 411 per 1,000 men; and Woolwich, 512 per 1,000 men. Sometimes in Paris it fell to 16 per 1,000 men, while in England it was 20 times as great; and in the worst garrison—viz., Marseilles—it never reached above 113, or considerably less than one-third of our number even at Aldershott. And there is reason to believe, that if it were possible to carry out police regulations, establish special hospitals in our garrison towns, and occupy the men more with their respective trades, that an immense saving in men and money would be the result, and that in the event of a war we should have a fine, healthy, serviceable body of men, instead of the wretched, ill-formed boys who fill up our regiments after a little drain has taken place; boys who, if they enter at 18, have really many years to wait before they become completely formed and ablebodied men.

OPHTHALMIC DISEASE AMONG PAUPER CHILDREN AT ANERLEY.

A very severe outbreak of contagious and purulent ophthalmia has lately occurred at the North Surrey District School at Anerley, at which establishment a great number of pauper children are "farmed out" as it is termed. Mr. Wharton Jones has visited the establishment and has reported upon the severity of the visitation, and the preventive measures which ought to be taken to check the further progress of the disease. Mr. Alfred Poland has also visited the establishment and has made the following report:—

MR. POLAND commenced his report by stating that it appeared the children had been more or less affected with a severe and virulent inflammation of the eyes for the past twelve months; that on or about the first week in August, 1862, a girl named Rachel Chalk was sent from St. Pancras parish suffering from a most severe purulent inflammation of the eye, and had not the case been so serious and urgent the superintendent (as he had stated) would have refused her admission. As it was, the child was placed in the infirmary and kept away from all other children. She continued under medical treatment for three months, and has made a good recovery, enjoying perfect sight. It was, however, right to state that

solitary and slight cases of ophthalmia of an ordinary and more contagious character had been in the infirmary previously, but these were such as were more or less observed in large collections of children, and especially where they are constantly being renewed from various sources and parishes. From the period of August, 1862, the present epidemic dated its origin. The disease commenced slowly and gradually, and had become more or less prevalent in the schools ever since. Mr. Poland attributes the cause of this ophthalmia to the admission of Rachel Chalk, but its extension was subsequently propagated by direct contact or contagion, it being next to impossible to prevent young children from associating together, and one who may have caught the epidemic, and before its development had become manifest to the attendants or medical officers, may in the short period of a few hours inoculate half a dozen more. He could find no other cause as likely to induce the disease, the institution being well built and dry, and placed in a healthy situation. The disease was one mainly affecting the external coating of the eye and inner surface of the lids, giving rise to a purulent discharge, which was highly contagious, and unless modified by treatment is liable to produce ulceration of the cornea, and thus destroy vision, or leave specks and blemishes more or less impairing the sight. The aim in the treatment was to stop short the rapid progress by suitable remedies at the very earliest discovery of the disease, to prevent contagion by isolation of the cases, and to counteract the breaches made in the transparent cornea. Having inspected the eyes of all the children in the institution, he states that he shall only allude to those cases in which there was defective sight or loss of vision, as induced by the disease, and also to those cases in which the disease is still active, and which are resident in the infirmary, away from all the other children. Now, of the whole number of children who had been infected since August, 1862 (and these must amount to a very great number), he found only 36 cases in which more or less damage had been done to the eye, and it was worthy of notice that the mischief had been confined to one eye only, leaving the other perfectly intact. Mr. Poland then describes the cases which he had classified, and as a summary, states that, out of 36 cases in which the cornea was implicated, 21 had recovered with useful vision, six would require operative means to restore good sight, four were still under treatment, and four had lost one eye. The present extent of the disease was confined, therefore, to 33 children, and on the whole did not appear to be of that formidable character, which had previously existed, as the majority of them are in a convalescent state. Mr. Poland concludes by congratulating the board of management that this very fearful epidemic had produced so very little mischief amongst a class of children who, by parentage or otherwise, are by no means the most robust. He had no suggestion to offer, and the only remark he regretted to have to make was, that the disease would not be eradicated for some time, for it would gradually subside."

Nothwithstanding this rather favourable report of Mr. Poland, it appears from other testimony that there is some want of due supervision over this children's establishment, and that some eight hundred children are attended by only one Medical officer, who sees them for about an hour once a day. It also appears that there is a deficiency of towels, and that in other respects the spread of this very dangerous ophthalmic disease has not been adequately controlled.

IMPORTANT DECISION AS TO THE INFLUENCE OF TOWN COW-HOUSES ON THE HEALTH OF THE PEOPLE.

The question as to the effects upon public health of keeping a large number of cows in a confined atmosphere has been practically agitated within the last week, on the occasion of an application before the local magistrates for a renewal of a license to keep cows by some persons living in the parish of St. Pancras. The subjects in dispute were entirely of a sanitary nature, no imputation of cruelty or misconduct being made against any one.

The case referred to was an application for a renewal of a license to some cow-houses and premises in Gower mews, near Euston and Gordon squares. These premises are very extensive, and occupy the whole of the space in the rear of the University College, and between that building and the backs of the houses on the west side of Gordon square and Gordon street. The granting of the license was strenuously opposed last year by the inhabitants of Gordon square, but upon the parties undertaking to remove certain manure pits, and perform other requirements, the granting of the license was renewed. This year the opposition was of a far more formidable character, and there were not only counsel engaged, but a large array of medical practitioners on either side.

Mr. Sleigh, the barrister, represented the applicants; and Mr. Lewis appeared on behalf of the opposition.

Mr. Lewis said he appeared for the residents of Gordon square, who felt it a duty they owed to themselves and the public to come before that court and ask it to refuse to inflict any longer upon the neighbourhood that which was not only a nuisance, but absolutely detrimental to the health of the inhabitants. The premises to which he referred were a sort of joint cow-yard and cow-sheds, in which there were kept at times as many as 300 cows. Not only was the effluvia very offensive, but it could be proved, he believed, that there were people suffering from the infectious disease caught from the cows, and he had, on the part of the opponents, to call upon the bench to refuse the renewal of those licenses.

Dr. Edwin Lankester, coroner for Central Middlesex, deposed that he was medical officer of St. James's, Westminster, and in that capacity had a great deal to do with the inspection of cow-houses. He had visited the cow-sheds of the Messrs. Bannister and Field in the rear of University College, and abutting on the backs of the houses in Gordon square, in the month of June last, in company with Dr. Hillier, medical officer of health for St. Pancras; and Mr. Hill, solicitor, of 17 Gordon square. When he visited the place he found 277 cows there, but they were in separate sheds. Two sheds were pointed out to him, which he now pointed out on the plan, which he was told belonged to Mr. Henry Bannister, and in those two sheds he found 90 cows. They were very close together, and had certainly not anything like the breathing amount of atmosphere required to keep them in a proper state of health. The wholesomeness of the milk depended very much upon the cows having a proper amount of air to breathe. The place smelt very close, and there was also a very bad and offensive smell from the grains and manure. He was of opinion that cow-houses were prejudicial to the public health, more especially in confined neighbourhoods, and where grains and manure were not removed repeatedly. Milk from cows kept in a London cow-shed was by no means so wholesome as milk from cows kept in the country. The milk from cows kept in a crowded atmosphere was absolutely prejudicial to health, and he had no doubt but that the great number of deaths in children under one year of age in towns as compared with the country was mainly attributable to that cause. Town milk from cows created a great amount of disease amongst children. It was thought by the Medical Profession that a cow-shed could not be healthy which did not give 800 cubic feet of healthy space to each animal, but he (Dr. Lankester) went further, and said it required 1,000 feet. There was certainly nothing like that quantity, or half that quantity, to each animal at this place when he visited it.

By Mr. Sleigh—It was an old woman's notion that people should be taken to live near cow-houses because they were healthy. He had no hesitation in saying his belief was that they were decidedly unhealthy. He did not know that when cholera was raging in this metropolis there were no cases amongst those who lived in the vicinity of cow-houses. When he visited this cow-yard he found that the average amount of air to each cow was, in his opinion, totally insufficient; and that the proximity of the sheds to the back of the houses in Gordon square was calculated to injure the health of the residents and their families. The effect of insufficient or impure atmosphere upon a cow would have the same effect as upon a mother suckling a child who was placed in the same position. It would depreciate the milk, and render it devoid of nourishment, if it did not even convey disease to the child.

Dr. Thomas Hillier, medical officer of health for St. Pancras, said he had visited these cow-sheds in company with Dr. Lankester, and he entirely agreed with his evidence. Indeed, these cow-yards impregnated the atmosphere of the whole district with their odour —that of sour grains and manure. In his opinion it was prejudicial to the health of the surrounding neighbourhood. He had made a report to the vestry on the subject, and in that report he had recommended that each animal should be compelled to have allotted to it 1,000 cubic feet of air as breathing space; but the vestry, in order not to press too harshly on the owners, had decided upon not opposing the renewal of the license if 600 cubic feet of air were allowed to each animal. He found that there was sufficient space to give 600 cubic feet of breathing atmosphere to each cow for eighty cows, but certainly not for the ninety cows he found there.

Several gentlemen, residents of the western side of Gordon square and Gordon street, were then called as witnesses, and deposed to the continued effluvia from which they and their families suffered, arising from the cow-yards and sheds in the rear of their houses, and that, in consequence, they were compelled continually to keep their back windows closed; and they stated that the refuse was continually left from one in the morning till eleven or twelve o'clock the next before being carted away.

Dr. Sleigh, in support of the renewal of the license, said, in despite of the evidence of his friend Dr. Lankester, he should produce the evidence of medical gentlemen, who stood high in their

profession, who would prove that cow-houses were beneficial, rather than otherwise, to health. Did not his friend Dr. Lankester know that St. Bartholomew's Hospital, from its close proximity to Smithfield, was considered one of the most healthy hospitals in the kingdom? Did the learned doctor not know that there was no part of the metropolis so healthy as Smithfield and its vicinity whilst the market was held there?

Dr. Lankester said he had been physician to the Farringdon Dispensary for three years, and he denied this statement.

Mr. Sleigh should have thought the learned doctor, from his position as the judge of a very important court, would have known the rules of etiquette better than to interrupt a counsel in the middle of his address to the bench [laughter], but, however, he should prove what he had stated. He would, however, put it to the bench the great hardship which was attempted to be inflicted upon Henry Bannister and the others by this opposition to the renewal of his license, and he begged to remark that the cow-sheds were there long before the houses were built, so that if there was a nuisance, as it had been endeavoured to be shown, the houses had come to the nuisance and not the nuisance to the houses. But what were the facts? These young men had lately had a renewal of their lease for twenty-one years, and the refusal of the license would be to involve them in utter ruin. Not only had they gone to enormous expense in having a proper amount of water laid on, and all the drains and channels of the cow-houses and yard so constructed that the drainage should run into the main sewer, but the yards and places were continually kept clean swept, the manure carted away early every morning, and, instead of the ill-drained, ill-ventilated place which had been described by the opposition, he should show that such was not the case, and also that the requirements of the vestry, that each animal should have a breathing space of 600 cubic feet of air had been complied with.

Dr. P. Black, examined by Mr. Sleigh, said he was a doctor of medicine, and resided in Queen Anne street, Marylebone. On the 7th and 8th of October last he visited these premises. From what he saw, and judging from his experience, he did not think there was any effluvia from that place which could be an injury to the inhabitants of the adjoining houses. As a medical man he should say that cow-houses, properly conducted, were in no way prejudicial to health. They were clean, whitewashed, and there was no accumulation, and he thought the cow-houses sufficiently open to give a good amount of breathing atmosphere to the animals. As to the cows themselves, he was no particular judge, but they appeared, he thought, in good condition and healthy. Did not think that the place could be prejudicial to the health of the inhabitants of Gordon square who had their houses abutting on the yards.

Cross-examined: Went on the 7th and 8th October to examine these premises, for the purpose of giving evidence before that court. Would not say he thought cow-houses beneficial to health, but he would say he considered cow-houses not injurious to health—*pro tanto* all bad smells were injurious, but he had been a good deal about farm-houses, and never felt any injury from cow-houses. Would not swear that cow-houses were not unhealthy, but he did not think they were. Grains, if kept till they got sour, might be so. The place might have been nicely cleaned up when he was there. It was in the afternoon. There was no accumulation. He had not considered the difference of milk from town cows and country cows, but had no doubt there was a difference.

Mr. Holmes Coote said he was one of the surgeons of St. Bartholomew's Hospital, and had been so for 30 years. He had examined the premises of Henry Bannister about the 7th or 8th of that month. He found them adequately ventilated, and well kept. In his opinion, as a medical man, the approximation of a well-conducted cow-house was not at all detrimental or injurious to health. He said most certainly that the relative position of these cow-sheds and the houses of Gordon square were such as not to be likely to affect the health of the inhabitants. During the thirty years he had been at St. Bartholomew's, with the hundreds of thousands of cows, &c., in close proximity, he considered the health of the neighbourhood had never been prejudiced.

Cross-examined: Would not say that cow-houses were beneficial to health, either one way or the other. Should say that those near Gordon square were not so. If there were three hundred cows, with only a space of two yards between each, did not think that it would have any prejudicial effect.

Mr. Charles Monday, member of the College of Physicians and Royal College of Surgeons, had inspected these premises, and considered them, in his judgment, properly ventilated. When the cholera raged in 1849 he had attended a great many cases, and never knew of one to have taken place in a dwelling over or in the vicinity of a cow-shed. Did not consider these cow-sheds could affect the health of the inhabitants in Gordon square. The "sensibilities" might be affected thereby.

By Mr. Lewis: He looked upon the yard as salubrious.

Dr. J. Blake Kirby said he resided on the west side of Gordon square, next door to Mr. Stuit, and with his house backing on to these cow-yards. He had never been affected by the smells, nor his family. He had lived there since July last. He had examined the premises, and had found the animals healthy, and saw nothing to complain of. If ordure were removed once in twenty-four hours he did not think it dangerous to health.

Mr. Lewis having addressed the court, the chairman and his colleague consulted nearly half an hour, when the former said that they looked upon the case as one of the greatest public importance, and that, for the preservation of the health of the neighbourhood, the renewal of the license should be refused. They did not wish, however, to deal harshly with the parties, and they would, therefore, extend the time to Lady Day, if by that time the parties would give a guarantee to remove.

Mr. Sleigh, having consulted with the parties said they would be prepared to give a pledge that every cow should have the 1,000 cubic feet of air required.

The chairman said that would not do. The parties must confine themselves to the question of removal.

Mr. Sleigh then urged the shortness of the notice, and ultimately the licenses were renewed till the 24th June next, the parties undertaking by that time to quit the premises or abolish the cow-yard.

TYPHUS FEVER IN THE METROPOLIS.

The following letter has been addressed to the Medical officer of the Privy Council, relating to the increase of typhus fever in the metropolis:—

"London, October 12th, 1863.

"Sir,—As Physicians to the London Fever Hospital, we have experienced an increase of typhus fever in the metropolis, so alarming from its rapidity, and so threatening for the ensuing winter, that we think it right to bring the facts under your notice.

"Typhus fever has been epidemic in London since December, 1861. The admissions into our hospital from the most available measure of fluctuations of the disease. Through the winter of 1861-2, the admission increased, and reached their highest number in the month of April, when the hospital was nearly full. The fever then appeared to subside as the summer advanced. After a small increase in the cold month of November last, the admission for typhus again experienced a decline, until in the present summer there was room for hope that the epidemic was passing away.

"On August 31st, six weeks ago, there were in the Fever Hospital eighty patients, of whom a considerable proportion were suffering from diseases other than typhus fever. At the end of September there were 134 patients, the whole of the increase being due to typhus, while we write, there are 182 patients in the hospital who are all (with some thirty exceptions) suffering from contagious typhus fever. They have chiefly been brought from the poor districts of the south and east of London, and they all belong to the very poorest class of people.

"We are of opinion that this increased prevalence of typhus, occurring with this extreme rapidity, so early in the autumn, forebodes a very serious amount of the disease in the approaching winter. It is our experience that typhus ordinarily increases during the cold months of the year, and does not reach its greatest intensity until the early spring.

"The London Fever Hospital is the only institution in the metropolis for the treatment of contagious fever. It has 200 beds. The wards for women are already full, and cases of typhus are to-day being refused admission. The male wards also are nearly full. As far as its resources go, the hospital authorities contemplate meeting the demands upon it by providing temporary buildings, and a plan is now under consideration for accommodating 60 additional patients.

"To retain typhus patients in the dwellings of the poor, or to receive them in ordinary hospitals or in workhouses under the same roof with other patients, is inevitably to extend and intensify the disease. We desire, therefore, to point out the extreme importance of providing further accommodation for the separate treatment of typhus, in order to isolate the sick in every practicable instance.

"We have, &c.,

"Charles Murchison,

"George Buchanan.

"To the Medical Officer of the Privy Council."

Hydrophobia.—A fatal case of hydrophobia is reported in the 'Times' of October 24, as having been treated at the Royal Infirmary, Liverpool. The patient, it is stated, at first denied having been bitten by a dog, but afterwards admitted that he had been bitten seven years before.

REVIEW OF THE PERIODICALS.

The 'Lancet.'

The Number opens with the conclusion of the address on "Public Health," lately delivered in Edinburgh by Dr. Christison Mr. Thomas Nunneley continues his paper "On the Calabar Bean; its Action, Preparations, and Use," and adduces a number of interesting experiments, showing the action of the bean upon some of the lower animals, as cats, dogs, and rats. In several of the experiments related in this part of the paper, the animals died after the administration of the bean, exhibiting some of the symptoms of irritant poisoning; but no particular appearances were observed on post-mortem examination. In some special experiments, Mr Nunneley investigated the question of the alleged antagonising or neutralising power of the Calabar bean and strychnia upon each other, but he found that no such power existed, and the animals to which these drugs were administered conjointly died with all the symptoms of poisoning by strychnia. Mr. Nunneley also made a number of pharmaceutical experiments to ascertain the best methods of extracting the active principles of the Calabar bean, in order to employ them in medical practice. He succeeded in obtaining a dozen extracts, made respectively with spirit, hydrochloric acid, chloroform, and ether; and we are informed that various preparations of the bean may be procured from Mr. Squire and Messrs. Bell, of London. Mr. Henry Smith contributes a paper "On the Use of the Clamp in the Treatment of Hœmorrhoids and Prolapsus." In the case of the hæmorrhoidal tumour, the operation consists in seizing the tumour with the blades of the clamp or forceps, and removing it with a knife or sharp scissors; the raw surface is then wiped dry and thoroughly cauterized, either by nitric acid, or the hot iron; thus the disease is removed at once, and the patient is not subjected to the irritation and danger of a ligature strangulating several portions of mucous membrane for a week or more. In the case of prolapsus, Mr. Smith does not make it appear very clearly whether he recommends the above treatment in *all* cases of prolapsus, or only in special instances. He cannot surely mean that the general plan of treatment of prolapsus is to seize the prolapsed bowel with the clamp, cut it off, and then cauterize the raw surface with nitric acid; this must be the treatment adopted in some peculiar cases, and no doubt with success.

The 'Medical Times and Gazette.'

Mr. Gulliver continues his lectures on the "Blood, Lymph, and Chyle of Vertebrata," and in his present discourse he describes more particularly the researches of Hewson on the "Use of the Lymphatic System in Reference to the Formation of the Blood-Corpuscles." Hewson, as is well known, was a young man on very friendly terms with John Hunter, whom he succeeded as assistant in the dissecting-room at Great Windmill street, the spot where (we may mention *en parenthèse*) the Medical Circular is now printed. Hunter, however, seems to have depreciated or ignored the value of Hewson's discoveries, the importance of which has only lately been fully understood. Hewson was born eleven years after Hunter, and died long before him, being carried off at the early age of twenty-four; but his posthumous papers were published by his young brother-in-law Magnus Falconar. The value of Hewson's investigations appears more striking from the fact that they were made at a time when the construction of the microscope was but imperfectly known, and when its powers were very little developed. Hewson's theory was that the lymphatic glands, including the thymus, and adding the spleen, are the agents elaborating the blood-corpuscles, and he regarded the thymus as an appendage to the lymphatic glands, for more perfectly and expeditiously forming the central particles of the blood in the fœtus, and in the early time of life after birth. About five-and-twenty years ago, Mr. Gulliver undertook the task of repeating the experiments, originally made by Hewson and followed up only by Hewson's brother-in-law Falconar, and th result has been to confirm Hewson's views and to establish him in the rank of a discoverer. The following are Mr. Gulliver's expressions in reference to Hewson's claims to the respect of posterity:—

"Here, then, we find Hewson concluding that he had clearly proved the use of the lymphatic glands and thymus; and Falconar, after repeating the experiments which led to that conclusion, not only endorsing it, but truly predicting that it might be some time before the accuracy thereof would be universally allowed, and that whoever might continue the inquiry would be amply rewarded for his trouble Let us, therefore, survey this subject by the light o recent researches,—premising that, when Hewson undertook and concluded it, nothing whatever had been done to the same or a like effect in this important branch of physiology, which, indeed, he found entirely barren, uncultivated, or fruitless,—and we shall soon perceive that his observations, experiments, and results were, for the most part, so completely new, and, above all, true, as to entitle them to the full merit of discovery without dispute, notwithstanding the surreptitious attempts which have been made to deprive him of it; and that such a masterly exposition of the phenomena with the imperfect instruments at his command, the best of which was a simple lens of one twenty-third of an inch focal length, and amid the prevailing darkness in which this valuable department of knowledge was then hid, must be considered as one of the most surprising achievements of physiological science. And, as we have already shown, not one of these happy fortuitous chances by which some as great or greater discoveries have been suddenly made, but as a logical sequence of an extended series of experiments and observations, clearly and wisely devised, and patiently and skilfully executed, during the course of several years of his too short life; so that, considering also his labours concerning the mature red corpuscles, to him we must award the palm as the most illustrious founder of modern histological science in regard to the blood."

Mr. E. C. Hulme relates "Three Cases of Conjunctivitis, with Fibrinous Deposits on the Lids of Both Eyes," and he states that pseudo-membranous deposits on the conjunctiva are rarely met with in ophthalmic practice in this country, though it appears to occur more frequently in Germany, and is described by Von Graefe. Mr. Hulme regards this affection less as a distinct kind of disease than as one depending on some peculiar condition of the blood, occurring in children of low vital power, and which ought to be treated by tonics and good diet before any impression can be made on it by local remedies. Mr. W. Allingham contributes a paper on the "Treatment of Hereditary Syphilis in Infants," his object being to show that mercury is by no means always necessary in this affection and that in fact it often does harm by disintegrating the blood in a class of subjects who rather require remedies to improve the condition of that fluid. Mr. Allingham's treatment consists of the administration of a saturated solution of chlorate of potash, with the addition of a few drops of dilute hydrochloric acid. He relates the history of fifteen cases so treated, of whom only one died, and he thinks it cannot be denied that hereditary syphilis may be cured without using mercury in any form.

GENERAL CORRESPONDENCE.

THE PRIVY COUNCIL AND THE PUBLIC VACCINATORS.

To the Editor of the Medical Circular.

Sir,—In consequence of the distant separation of the subscribers to the petition sent herewith, a delay has occurred in its transmission to the Privy Council.

It is not probable that their Lordships can, or will if they can, remunerate us for our loss of time and our trouble. The object of the petition is to show one at least of the departments of the government that medical men ought not to be called upon to give their attendance without pay. No public official would treat lawyers thus

I hope my medical brethren will take warning, and not attend these, or any like inquiries without remuneration.

I have suppressed the name of the union, and the names of my colleagues; I enclose my own name, and am, Sir, yours, &c.

A Union Surgeon.

October 29, 1863.

The petition of certain public vaccinators in the —— Union, to the,—

Right Honourable the Lords of Her Majesty's Privy Council, Sheweth,—

That the undersigned being vaccinators appointed by the Board

of Guardians were summoned "to attend on an inquiry on the subject of vaccination," held on the 16th inst., by Dr. Stevens, who had been appointed by your Lordships.

That the undersigned did so attend the inquiry, at great inconvenience and loss of time, all, except one, living from seven to nine miles from the place where the inquiry was held.

Your petitioners, therefore, pray your Lordships to grant them such compensation as you may think fit, for the loss of time they incurred in attending the inquiry of your Lordships appointing, more especially as their attendance was voluntary, and the inquiry not one that was beneficial to them.

H. S.
N. R.
(Signed) J. B.
CARU.
October 20, 1863. C. J. R.

MR. J. Z. LAURENCE'S REFLECTING OPHTHALMOSCOPE.

To the Editor of the Medical Circular.

SIR,—An important error occurs in your report of my Reflecting Ophthalmoscope, in your impression of to-day. It stated I "succeeded in *faintly* demonstrating the optic nerve, &c." For faintly read *fairly*. Indeed I have exhibited all the details of the fundus oculi in the human subject with perfect distinctness to many of my professional friends, by the aid of my reflecting ophthalmoscope; still, as your report correctly says, "much remains to be done in the details of its construction."

I am, &c., J. ZACHARIAH LAURENCE.
30 Devonshire street, Portland place.
October 28th.

[The word in question was not misprinted, but the reporter did not see the image so distinctly as he probably will do when the apparatus is in perfect working order.—ED. MEDICAL CIRCULAR.]

To the Editor of the Medical Circular.

DEAR SIR,—If you think the case here described possesses any interest for your readers you are welcome to insert it in your journal. A medical student of twenty, a relative of mine who spent a few weeks with me lately, drew my attention to the state of his pulse, which he says has been preternaturally slow, but moderately strong and regular since he first noticed it two or three years since, seldom exceeding 50 in a minute, often only 46 or even 44, which I have myself verified on several occasions. His health has always been remarkably good, except when passing through slight diseases peculiar to children. He is stout and active in his habits, having a good appetite. He tells me that he drew the attention of some of the professors of the Queen's College at Belfast, where he is studying, to his case, and that they told him they could not well account for it.

I am, &c..
Listowel, Co. Kerry. J. M'C.

[The case is by no means so uncommon as is supposed, though it is worthy of record.—ED. MED. CIRCULAR.]

MEDICAL SOCIETIES.

MEDICAL SOCIETY OF LONDON.

MONDAY, OCTOBER 19TH.

MR. E. CANTON, PRESIDENT, IN THE CHAIR.

Mr. HENRY SMITH read a paper

ON SOME CASES OF TRACHEOTOMY, WITH OBSERVATIONS ON ITS EMPLOYMENT IN DIPTHERIA.

He commenced by referring to the different manner in which tracheotomy was estimated in the present day compared with some years since, and quoted the words of Sir Charles Bell, who stated in his work on Operative Surgery that he had never once performed the operation. Of late years it had taken a high place in our surgical means, and had proved very successful in saving life in instances where death would otherwise have speedily resulted; and surgical writers now spoke with confidence of it, instead of treating the subject with doubt and hesitation. Even in croup the operation, which a few years since was hardly deemed warranted in this disease, had latterly been so successful that it might be recommended in certain instances with confidence; but it was in reference to imflammatory affections of the throat in the adult that he was going to call their attention to it, for it had been found that in such cases the operation was eminently successful. After alluding to the various diseases of the throat and air-passages in which tracheotomy was applicable, Mr. Smith drew particular attention to two conditions wherein the operation was most useful and most beneficial. The first referred to was that state where there had been for some time a chronic inflammation of the larynx going on, and then a sudden aggravation threatening death from suffocation had taken place. Here tracheotomy, if well executed, and not put off too late, would prove eminently successful. Some very interesting cases were related as illustrations. The other form of disease was one in which there had been syphilitic mischief in the throat for some period, and a sudden attack of dyspnœa had come on. Here also tracheotomy would be eminently successful, and that in two ways; for it would not only immediately arrest death, but time would be allowed for the introduction of those remedies into the system which would counteract the syphilitic poison, and thus cure the disease. A very successful case of this kind was narrated.

The author then made especial reference to the use of the laryngoscope in instances where tracheotomy was performed, stating its great value as a means of determining the exact nature of the disease in the larynx, and thus showing when and how far an operation was called for. A laryngoscope examination was also especially useful in cases where the operation had been performed, for by it we should be able to learn the progress of the case; and more especially would this examination assist us in deciding the question as to the removal of the tube—often a very difficult thing to decide. Cases were mentioned by the author wherein the use of the laryngoscope had been attended with great advantage both before and after the operation.

With regard to the employment of tracheotomy in diphtheria, Mr. Smith admitted at once that this was a difficult and unsatisfactory question; for, although the operation had been tried on many occasions, the want of success attending it had been so marked as to lead us to put little faith in it. The reasons for this want of success were considered at some length. The most obvious one in his opinion was, that the patient was suffering, not from a local complaint, but from a highly poisoned state of the blood; so that even if relief were given for a period by the introduction of air, the patient would sooner or later relapse into his former poisoned condition. He had been called to cases in which, for this reason, he had refused to operate; and he was sorry to say that in those cases where he or his personal friends had performed tracheotomy in diphtheria, death had almost invariably resulted. Nevertheless, if there was the least chance of the operation saving life, he thought it should be performed; and that there was this chance was proved by a case narrated lately by Dr. Hillier, where undoubtedly the patient—a member of the Medieal profession—was snatched from the jaws of death by the operation, performed when he was rapidly sinking from diphtheria.

Mr. Smith concluded his paper by some observations on the best mode of performing tracheotomy. In the last paper which he had read before this Society, he had considered the dangers and difficulties of the operation somewhat fully, and the best mode of meeting them. After having had a large experience of this operation at every age and under every condition, he was inclined to the opinion that tracheotomy was thought too lightly of by many, especially by those who had merely made themselves acquainted with it in the anatomical theatre or deadhouse. For his own part, he had often met with great difficulties in its performance: and he believed the best way of avoiding them was to use the simplest instruments—viz., a sharp scalpel and a hook, to abjure all those injurious contrivances which were intended to facilitate the operation; and, above all, taking due care to get out of the way of important parts, to cut rapidly down upon the trachea instead of making a slow and cautious dissection.

A discussion ensued, in which Dr. Gibb, Mr. W. Adams, Dr Webster, Dr. Rees, Dr. Palfrey, Dr. Greenhalgh, and Dr. Rogers took part.

MONDAY, OCTOBER 26TH.

MR. E. CANTON, PRESIDENT, IN THE CHAIR.

CLINICAL DISCUSSION.

Mr. ROGERS HARRISON exhibited a patient, aged fifty, who was the subject of

GANGRENE OF THE HANDS, AND ANNULUS OF BOTH EYES.

He had lost the ends of four fingers of the left hand, and one was now affected with gangrene; he had lost the end of the thumb of the right. The case was looked upon as one of atrophy of the heart, and disease of the coronary arteries. The patient was a great martyr to spasmodic asthma when living in the country, but since he came to London he has been free from it, the air being so much drier. His feet are becoming like his hands, and in each eye is a complete bluish white annulus. He was taking cod liver oil and iron with great benefit.

Dr. GIBB inquired whether the arteries of the arms and legs were calcified.

The PRESIDENT asked why he thought the coronary arteries were affected and the heart atrophied.

Mr. HARRISON believed there was no valvular disease of the heart, but a want of rhythm, with subdued action and diminished impulse. The arteries of the limbs were calcified.

Dr. ALTHAUS thought electricity might have been found useful.

Dr. GIBB remarked that he believed the patient was more likely

to die ultimately of disease of the lungs than of the heart, as so often occurs in calcareous degeneration, but not in the atheromatous disease.

Dr. FALFREY related the particulars of a

CASE OF PLACENTA PRÆVIA,

and exhibited the uterus and placenta. The patient was in her fifth pregnancy, had hæmorrhage from the vagina, was in labour about two hours, and twelve minutes after the arrival of the midwife she was dead. At the autopsy, thirty-one hours after, the body was blanched, and the uterus occupied the whole cavity of the belly up to the diaphragm. The walls of the uterus were very thin and friable; no blood was in it, but much liquor amnii; the placenta was attached to the posterior wall, and one third of its circumferance was over the os, which admitted only two fingers. A full-grown dead child was extracted. Dr. Palfrey inquired, "Ought we not to perform Cæsarean section at once in such a case as this?"

Dr. GREENHALGH said that death must have occurred from the sudden loss of blood and not the quantity. He considered we were not only justified, but did not do our duty unless we performed the Cæsarean section in such a case as Dr. Palfrey's. He related a case in his own practice in which he did the operation, where the child was alive, although of between six and seven months of utero-gestation.

Dr. ALTHAUS said all the French authorities were opposed to the operation.

Mr. HENRY SMITH saw tracheotomy performed upon a woman in Edinburgh once, when passing through the town. As she was advanced in pregnancy, the operation was done. She died in a few hours.

Dr. PLAYFAIR remembered a case in the Maternity Hospital, Edinburgh, where the operation was done by the house-physician a quarter of an hour after the death of the mother, and the child lived.

Dr. HARDING said the question was, Is the operation of any use in placenta prævia? for the child would likely be dead too.

Dr. ROGERS thought large doses of brandy and plugging might have been successful in Dr. Palfrey's case.

Dr. SYMES THOMPSON related a similar case to Mr. Henry Smith's, occurring in King's College Hospital; the mother was eight months pregnant; the child was dead.

Mr. HENRY SMITH related

A CASE OF DEATH FROM CATHETERISM.

A gentleman, aged eighty-two, with irritation of urinary organs for some months, and who had instruments passed in the country. He passed an instrument, which went in by its own weight and with little or no pain. Next day he was in bed, feverish; rapid pulse; had rigors subsequently; became insensible, and died in forty-eight hours.

There was much discussion upon this case. Mr. Bryant among others, thought the result due to extensive renal disease, and related a very similar case where such a condition was found.

Dr. GREENHALGH exhibited a

WIRE ECRASEUR FOR THE WOMB,

lately modified by Weiss, with an interminable screw of great power and yet much simplicity. He thought it preferable to any other hitherto made. Its special advantages he particularly described. With a similar instrument he succeeded in removing a large firm cervix uteri, which was easily cut through without any hæmorrhage. He showed the specimen.

Dr. GREENHALGH also showed a Flexible Scoop for removing Fibrous Tumours of the Uterus.

WESTERN MEDICAL AND SURGICAL SOCIETY.

FRIDAY, OCTOBER 16TH.

DR. BARCLAY, PRESIDENT, IN THE CHAIR.

THE PRESIDENT congratulated the members on the commencement of another session, expressing his hope that the meetings of the Society would tend to the development of the warm and more kindly feelings of professional brotherhood in the prosecution of scientific research. He then referred to his own position as medical officer of health for the same district, and went on to select from the sanitary department two subjects for their consideration that evening. In speaking of this department of practice, he wished to protest against the idea that there was anything antagonistic or uncongenial to ordinary practice, and to express his conviction that the best practitioners were the best sanitarians; and that, in fact, all that had been done was only the carrying out of principles in which all had been educated and all had believed. There was, on the one hand, the great disadvantage that the so-called sanitary reformers rode their hobby to the very verge of charlatanry; but, on the other hand, it must be admitted that their earnestness and zeal had hastened forward the adoption of measures which might otherwise have been indefinitely postponed.

The first subject was small-pox and its prevention by vaccination. The speaker asserted broadly his conviction that the benefit of vaccination was not wearing out or becoming less operative. He called the attention of the meeting to what may be called, in the language of Sydenham, "the epidemic influence," contending that to the greater or less intensity of this influence is due the more or less spread of the epidemic. He cited the instance of "cholera" as a type, in which, whatever the theory of its propagation, every one admitted, whether they believed in atmospheric influence, or in the accumulations of dirt, foul privies, and bad drains, as being chiefly concerned in its spread, or looked to the water supply as the medium; yet the very same conditions of air, earth, and water, are found without the spread of cholera when the epidemic influence is absent. In the same manner proof of such an influence was seen very distinctly in the rise and fall in the number of patients in the Fever Hospital suffering from true typhus or epidemic fever, while the number of those labouring under typhoid or endemic fever was comparatively stationary. He further stated, from his own knowledge of the fact that Chelsea parish was much better prepared against small-pox last year than it was three or four years ago, when an epidemic threatened, but that the cases had been far more numerous now than they were then. He expressed his conviction that the Compulsory Vaccination Act failed entirely as a measure of compulsion, and regretted that the labours of a committee which had sat for some time and suggested very slight emendations, which would have made the Act perfectly workable, had been entirely ignored.

The second subject was the adulteration of bread with alum, which had recently attracted much attention in the district of Chelsea, in consequence of a report which he (the president) had made to the Board of Guardians about the adulteration of the workhouse bread. He explained the evils arising from this adulteration, and detailed the method which he had adopted for its detection; at the same time he exhibited a colour test which was to a certain extent useful as a rapid mode of raising a suspicion of the presence of alum. A portion of the bread which had been the cause of his first report was submitted along with other samples to the test, and indicated a very remarkable change of colour.

Births, Marriages, and Deaths.

BIRTHS.

ALLINSON.—On the 17th ult., at Woolwich, the wife of A. W. Allinson, M.R.C.S.E., of a son.

COWAN.—On the 23rd ult., at Elliott place, Stoke road, Gosport, the wife of M. W. Cowan, M.D., Assistant-Surgeon R.M.L.I., of a daughter.

GRIFFITHS.—On the 21st ult., at Aberhiriath hall, Cemmes, the wife of Richard Griffiths, M.R.C.S., of a son.

PHILSON.—On the 21st ult., at Cheltenham, the wife of W. Philson, M.D., of a son.

RUDGE.—On the 25th ult., at Sandgate, the wife of A. Rudge, M.R.C.S.E., Surgeon Royal Artillery, of a daughter.

WILLIAMSON.—On the 26th ult., at Marine Parade, Dover, the wife of James Williamson, M.D., of Mildmay park, N., of a son.

MARRIAGES.

LAKIN—M'ADAM.—On the 15th ult., at Belfast, Dr. J. H. Lakin, of Sutton Coldfield, to Catherine, daughter of the late J. M'Adam, Esq., of Belfast.

PERRY—SMITH.—On the 27th ult., at Upton-Snodsbury, Worcestershire, Dr. Perry, of High street, Evesham, to Harriett H., second daughter of S. Smith, Esq., of the former place.

WILLY—CHALK.—On the 22nd ult., at Eythorne, Kent, Ambrose Willy, Esq., of Cecil square, Margate, to Caroline, fourth daughter of Frederic A. Chalk, Esq., of Eythorne.

DEATHS.

BRAYBROOKE.—On the 23rd ult., at Woolwich, Wm. Braybrooke, M.R.C.S.E. 'Staff Surgeon-Major Army, aged 46.

TRONDSELL.—On the 19th ult., at Westbourne place, Queenstown, Phœbe E. Deacon, the wife of John L. Trondsell, M.D., Surgeon, R.N., aged 27.

DREW.—On the 23rd ult., at Lochcarrig, near Middleton, E. P. Drew, M.D., of Cappoquin, Co. Waterford, aged 56.

LIDDERDALE.—On the 22nd ult., at Kintbury, Berks, John Lidderdale, M.D., eldest son of the late Captain John Lidderdale, of Hungerford, in the same county, aged 61.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on the 22nd ult.:—Thomas Samuel Barrow, 4 Halsey terrace, S.W.; George Herbert Clifton, Burwell, Cambs.; Arthur Evershed, Guy's Hospital; Montague Frederick Evershed, Billinghurst, Sussex; Charles Frederick Knight, Brill, near Thame, Oxon; Thomas Lucas, Burwell, Cambs.; Selby Mars Morton, 25 Haverstock hill; Joseph Smith, York The following gentleman also on the same day passed his examination as an assistant:—George Robert Gowland, Sunderland.

THE COLLEGE LIST.—The annual list of the fellows, members, licentiates in midwifery, and of persons who have received the certificate of qualification in dental surgery of the Royal College of Surgeons of England, has just been published, of which the follow-

ing analysis may prove interesting to our readers. It appears that the total number of fellows who, it will be remembered, have alone the privilege of electing the councillors of the college, amount to 1296. Of this number, 286 have undergone the examinations for the honour. The members amount to 13,900. The licentiates in midwifery make but a poor show, only thirty-eight gentlemen having obtained the L.M. from the College of Surgeons during the past year; the total number amounts to 878. The number of persons who have obtained the certificate of qualification in dental surgery amounts to 192, being an increase of 58 over last year. The council, which consists of 24, has only five life members surviving—viz., Messrs. Lawrence, Swan, Green, Arnott, and South, the remainder being elective members. Of the Court of Examiners, which consists of ten members, including the president, Mr. F. Carpenter Skey, no less than six of these gentlemen have twice filled the president's chair—viz., Messrs. Lawrence, Green, Arnott, South, Hawkins, and Luke. The financial condition of the college is equally interesting. It appears that the receipts of the institution from Midsummerday, 1862 to 1863, amounted to 12,410*l.* 1s., or 1,725*l.* 12s. less than those of the preceding year. The principal sources of income were from examinations for membership, which produced 9,384*l.* 15s. The next largest amount is for rent of chambers, which yielded 678*l.* 11s. 6d. The fellowship examinations produced 409*l.* 10s. The certificates of qualification in dental surgery realised 514*l.* 10s., and from the midwifery licence only 191*l.* 2s. was obtained. The disbursements amounted to 12,418 17s. 1d., being a reduction of 1,871*l.* 10s. 5d. of the expenditure of the preceding year, and 8*l.* 16s. 1d. more than the receipts of this year. The most expensive portion of the establishment is what is termed the college department, including fees to council, examinations for diploma of member, dental and midwifery boards, auditors, fellowship, diploma stamps, list of members, coal, salaries, wages, etc., which absorbed 7,585*l.* 5s. The museum department, including catalogues, specimens, spirit, bottles, salaries, wages, etc., required 2,324*l.* 18s. 3d. The library department is more moderate, and has been carried on at an expense of only 574*l.* 8s. 8d. for the purchase and binding of books, salaries, wages, etc. 1,130*l.* 16s. and 9d. is given for miscellaneous items, including taxes, insurance, pensions, etc. The balance remaining in the hands of the bankers at Midsummer day last amounted to 3,081*l.* 1s. 4d.

Social Science Association.—A meeting of the local committee was held at Edinburgh, on Wednesday last, for the purpose of receiving the report of the honorary local secretaries, and winding up the affairs of the late congress. Professor Archer read the report, which refers to the gratifying way in which the people of Edinburgh had sustained their reputation for hospitality, and to various bodies and persons to whom the thanks of the Association are due—including the Hon. General Secretary, Mr. G. W. Hastings; and the Assistant Secretaries, Miss Isa Craig and Mr. Randall. It stated that the working men's meeting was a feature of special interest, no fewer than 34,960 applications having been received for admission, of which only about 3,600 could be gratified, and the order of the meeting, and deep interest taken in the proceedings, were such as to excite the admiration of all. The report concluded by adverting to the great success which had attended the excursions. Mr. Curror, City Treasurer, read the financial report, which stated that the revenue of the general fund from the sale of tickets was 1,747*l.* 14s., and the disbursements 208*l.*; leaving a balance of 1,539*l.* The local subscription fund amounted to 905*l.*, and the disbursements to 802*l.*, leaving a balance of 102*l.* It was proposed to transmit immediately the sum of 1,500*l.* to the Association in London. The reports were approved, and votes of thanks were tendered to all who had given their services or in other ways promoted the success of the meeting, special notice being taken of Professor Archer, on whom the great bulk of the work, as the acting local honorary secretary, had devolved. A vote of thanks to the Lord Provost for presiding closed the proceedings.

Death from Starvation.—Mr. Humphreys, coroner for East Middlesex, lately resumed an inquest at the Champion Tavern, Weymouth-terrace, Hackney-road, upon the body of Mrs. Caroline James, aged 42 years. The deceased was stated to have been a person of wealthy connexions, and the wife of a silk salesman, who has been, however, for six months in prison. She had nine children; the eldest was 18 and the youngest two years of age. Five of the girls earned from 8s. to 14s. a week, and the son, who was 16, earned 12s., but he had mortgaged the whole of that sum to get 10*l.* to stock a shop with confectionery. The rent of the shop 37, Wellington-street, Bethnal-green, was 12s. a week, paid weekly. The failure of the shop reduced the family to extreme want. The deceased was without food, and was greatly emaciated. On Sunday the neighbours got an order for the parish doctors to attend her, and the son of Dr. Moore, the district medical officer, attended, and advised her immediate removal to the infirmary. Mr. Christey, the relieving-officer, refused to do so, and said that he would take no orders from Mr. Moore, jun., as he was not the parish officer. Dr. Moore, on his return from his rounds, visited the woman, and gave the following order:—"Urgent.—17th October I hereby certify that I have examined Caroline James, and found her in a delirious state, from privations and distress; and I advise that she should be immediately admitted into the infirmary.—Signed, Edward Moore, surgeon.—To Messrs. Christey, Sadler, and Runciman, Relieving-officers, Bethnal-green Workhouse." Mr. Sillett, salesman to a wine and spirit merchant, took that order to Mr. Christey, who abruptly said he would have nothing to do with the case, and when pressed for an answer ordered Mr. Sillett out of the house, and upon his keeping his legs in the doorway in order to get an answer, kicked him. The deceased was taken to her mother's house, and died on the following Wednesday. Dr. Unthank Wallace said that deceased was greatly emaciated. Death resulted from consumption, accelerated by want of food and care. The stomach and intestines presented no trace or remains of food whatever. She could have had no solid food for days, and for months she must have been suffering from want. Dr. Moore also said that deceased had suffered from long and very severe starvation. Mr. Charles Christey, relieving officer, was then examined by Mr. Howard, solicitor, the clerk to the Board of Guardians. He said that he did not know deceased was other than a private patient of Mr. Moore, jun., when that gentleman's order was brought to him, and he did not attend to Dr. Moore's order subsequently, because he ascertained in the interim that the family were removing to Hackney-parish, and that they had a vanload of goods. He then said, "Well, let the good woman be taken wherever the goods are going to." The Coroner said that it was proved that Mr. Christey was distinctly told that deceased was not a private patient, but a parish one, and, though Mr. Christey was given a certificate that deceased was delirious from privations, nothing was done for her from Saturday till Wednesday. The jury returned a verdict of "Death from consumption, accelerated by want of food; and the jury find that great censure is due to the relieving officer of Bethnal-green."

Sickness and Mortality of the past Summer and Autumn.—The deaths in the quarter just ended were actually as numerous, within a thousand or so, as those of the summer of 1854, when cholera was slaying its hundreds daily. The returns for that season gave 113,843 as the tale of deaths; those for last summer give 112,384. A correction should, of course, be applied for the increase of population in the interval, but the approximation will still be very striking. The mortality, however, now recorded was singular in character. It was almost universally diffused, so that heavy results were produced without any local visitations of such alarming severity as distinguished the pestilence of 1854. It was also mainly confined to one class of the population—children of tender years. The diseases which became so unusually active were the special diseases of children—scarlatina, measles, and that summer complaint known as *cholera infantum*. Thus, as the gaps made by death were less conspicuous, and no great focus of contagion was seen, a mortality little below that of a season of plague occurred without any general perception of what was going on. The whole year has been unhealthy, but the last quarter especially so. It is not that the number of deaths had been actually increasing since January, for they gradually sank, as they always do, with the departure of winter, and the approach of warmer weather, but whereas the third quarter in the year is naturally the healthiest, its mortality has on this occasion been proportionately the highest. The deaths for the winter, spring, and summer quarters have been 128,524, 118,375, and 112,3°4. Last year for the corresponding periods, they were 122,192, 107,555,, and 92,225.

Health of the Army Abroad.—The statistical, sanitary, and medical reports which are now issued every year from the Army Medical Department cause all the foreign stations of the British army to pass before the eyes of the public periodically. The volume for 1861 has made its appearance. From the Mediterranean stations the returns are generally satisfactory, but Gibraltar contributes a high ratio of invalids from pulmonary and cardiac diseases; and disease resulting from immorality, though much less than in the army at home, has increased, notwithstanding the police regulations. In Canada, also, there is an increase of this class of cases, but the amount is still much below that shown in the home returns; and the returns of sickness generally, both from Canada and Nova Scotia, present a very satisfactory result when compared with those relating to the troops serving at home. The report from British Columbia indicates a remarkably healthy condition of the troops—a detachment of the Royal Engineers. In a force of 130 men there was but one death—that of a Sapper, who was frozen to death while returning to head-quarters from a surveying expedition. From the West Indies the returns show a great improvement over the previous year, but the mortality among the black troops is still very heavy. In Jamaica the ratio constantly sick was only 29·87 per 1,000 among the white troops, but 52·23 among the black—a difference which is traced to the circumstance of the black troops being quartered in the lowlands, where intermittent fevers are rife, while the white troops were in the more healthy climate of New-

castle. In Western Africa the mortality of the troops (black) considerably exceeded 40 per 1,000—a mortality greatly above the average of the two preceding years. It is attributed partly to the fatigue and exposure of the men in two expeditions of a hostile nature. The returns from the Cape of Good Hope show a considerable improvement in most respects. The principal medical officer notices the prevalence of disease of the heart, and attributes it in great part to intemperance keeping up an excitement of the circulation aggravated by high atmospheric temperature. From Mauritius the return is, for that climate, remarkably favourable, owing, it is supposed, to the influence of two hurricanes. In Ceylon the mortality was high, nearly 20 per 1,000, but still much below the average of the two previous years. In Australia the mortality was as high as 15·44 per 1,000; and in New Zealand also, deducting men killed in action, the mortality was considerably above the average; in both these colonies rheumatism was the chief cause of invaliding. In Southern China the mortality fell to 22 per 1,000; but in the north, where a large garrison was left at Tien-tsin, it was more than double that ratio, and reached 54 per 1,000. The deaths from miasmatic diseases were 31·80 per 1,000 in the north, and only 12·58 in the south. The diseases especially fatal in the north were dysentery, diarrhœa, and cholera. Diseases caused by immorality were only half as common in the north as in the south; in the south the admissions into hospital from this cause reached 511 per 1,000; but their prevalence among the native troops, as compared with the European, was in proportion of only one to seven. The average number constantly sick among the European troops was in South China as high as 283 per 1,000, and in North China 205; 392 men, 63·8 per 1,000 of mean strength, were sent home to England for change of climate, and the number finally discharged the service as invalids in 1861 was 116, or 18·88 per 1,000 of strength. The climate of Tien-tsin is described as remarkably dry, and there is great predominance of blue sky at all seasons; the thermometer ranged in 1861 from 108 deg. to—1·5 deg. Lastly we have the returns from India. Out of an average force of 57,082 of Her Majesty's troops, 2,097 men died, 36·74 per 1,000. The chief mortality was in Bengal, and was occasioned by a severe epidemic of cholera, which caused more than half the total mortality in that Presidency. Exclusive of the deaths by it the ratio of mortality in Bengal amounted to only 22 per 1,000, and the mortality in the two other Presidencies was much lower than in 1860; it was 15·13 in Madras, and 24·72 in Bombay. Nine men died from sun-stroke. 857, 15 per cent. of the average strength, were discharged the service as invalids in the course of the year.

APPOINTMENTS FOR THE WEEK.

Wednesday, November 4.

Operations at Middlesex Hospital. 1 p.m.; St. Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Obstetrical Society, 8 p.m. Mr. Hardey "On Retroversion of Uterus," Dr. Braxton Hicks, "On His Method of Turning," and Mr. I. B. Brown, "On Vaginal Lithotomy." Hunterian Society, Mr. Allingham, "Two Cases of Stricture Treated by Perineal Section," 8 p.m.

Thursday, November 5.

Operations at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; London Surgical Home for Diseases of Women, 2 p.m.; Harveian Society of London, Mr. Ernest Hart, "On the Diseases Constituting the Condition commonly called Amaurosis (with Ophthalmoscopic Demonstrations.) Chemical Society, Dr. Sprengel, "On the Detection of Nitric Acid," Dr. Thudichum, "On Physiological Variations of Hippuric Acid in Human Urine."

Friday, November 6.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.; Western Medical and Surgical Society of London, Practical Evening for the Narration of Cases and the Exhibition of Specimens.

Saturday, November 7.

Operations at St. Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; Royal Free Hospital, 1½ p.m.

Monday, November 9.

Operations at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

Tuesday, November 10.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

On the Treatment of Syphilis and other Diseases without Mercury. By Dr. C. R. Drysdale. London: H. Baillière, 219 Regent street.

On Glycerine, and its Uses in Medicine, Surgery, and Pharmacy. By W. Abbott Smith, M.D., M.R.C.P. London, &c. London: H. K. Lewis, 15 Gower street, North, W.C.

On Australasian Climates and their Influence in the Prevention and Arrest of Pulmonary Consumption. By S. Dougan Bird, M.D., L.R.C.P.L., Physician to the Benevolent Asylum, Melbourne, &c. London: Longman, Green, and Longman.

On Urine, Urinary Deposits, Calculi, and on the Treatment of Urinary Diseases. By Dr. Lionel S. Beale. Second Edition. London: John Churchill and Sons.

The Pharmaceutical Journal, vol. v., No. v. November, 1863. London: John Churchill and Sons.

The Treatment of Hoarseness and Loss of Voice by the Direct Application of Galvanism to the Vocal Cords. By Morell Mackenzie, M.D. Lond., &c. London: T. Richards, 37 Great Queen street.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor, may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day

We must request our Country Correspondents who favour us with copies of Provincial Newspapers, to mark the passages to which they desire to draw attention.

To the Editor of the Medical Circular.

SIR,—In your number of this day week a legal case was given in which there was some dispute as to what a medical man ought to have charged his patient. It has often occurred to me that a table of the ordinary charges made in different parts of the country would be of great service if printed in your periodical. I would have this include not only charges for mixtures, pills, &c., but for the different operations, great and small. Its value, too, would be greatly increased if it comprised a list of the fees which medical men can demand for writing certificates of various kinds.

I know that I for one should value very highly such a table for reference. I am, &c., E. G. WAKE, M.D.

DR. J. M. C.—The letter is inserted.

THE ROYAL INSTITUTION.—The notice has been received.

THE OBSTETRICAL SOCIETY OF LONDON.—The notice has been received.

THE HARVEIAN SOCIETY.—The notice has been received.

VERITAS.—The Acts of Parliament, which we have consulted, provide no penalty for the non-performance of the duty of furnishing the duplicate certificates of vaccination to the Registrar. Our own opinion was, and is, that the Guardians have no power to compel private practitioners to furnish such certificates, but we need not tell our respected correspondent that the Guardians might annoy him by instituting legal proceedings, even although ultimately unsuccessful, as we believe they would be. If "Veritas" does not care about the annoyance of a prosecution, we should advise him to try the question.

DR. T. H. JACKSON.—We have received the particulars of the inquest lately held at Newcastle, and the leading article on the same subject in the 'Northern Daily Express,' but we do not think the case of sufficient importance to justify us in publishing it entire, and although it is headed "Alleged Unskilfulness in the Newcastle Dispensary," there does not appear to have been the slightest foundation for the allegation either against that Dispensary or against any individual whatever. It seems that a boy had a tooth drawn at the Newcastle Dispensary, and that he subsequently died from inflammation, suppuration, and mortification of the throat. It was proved in evidence and after a post-mortem examination, that the extraction of the tooth had nothing whatever to do with the subsequent death, which appears to have been caused by either diphtheria or scarlatina. It was also proved that the Medical gentlemen who attended the boy were assiduous in their attention to him. The verdict was, of course, "Death from Natural Causes," and the whole proceedings would be entirely unworthy of comment were it not that the Coroner, a lawyer, let slip some most offensive expressions in reference to Medical Certificates of Death. In the course of the evidence it was shown that Mr. Murray, who had attended the lad, had given a certificate of death, and stated the cause to be diphtheria, on which the coroner made the following most improper and unjustifiable observation:—"I place so little value in doctors' certificates that I really don't think they are worth looking at." This observation, besides being offensive and unjust, was *apropos* to nothing, for the certificate was properly signed, the cause of death was set forth as well as it could be in the absence of a post-mortem examination (which was not made until the occasion of the inquest), and it was proved by the mother of the deceased that the attentions of Mr. Murray were unremitting.

DR. DE GORREQUER GRIFFITH.—The paper shall be inserted.

MR. T. K. PARKINSON.—The ticket has been received.

DR. M. M.—The omission was merely accidental.

A UNION SURGEON.—The papers have been received.

PARISIAN MEDICAL NEWS.

HOSPITAL SAINT LOUIS.

(MR. HARDY'S WARDS.)

Pellagra.

Many authors have, within the last twenty years, written on this subject, and foremost amongst them Mr. Laudouzy has endeavoured to show that pellagra, long supposed to be peculiar to Italy, Spain, and the moors of Gascogne, exists all over the Continent in a sporadic form. It is, therefore, requisite that physicians should be acquainted with the characteristic symptoms of the affection, and Mr. Hardy to whom the supplementary course of lectures on diseases of the skin has been entrusted by the Faculty of Paris, took advantage of a case recently admitted into his wards, to enter into some particulars on this formidable and imperfectly known morbid condition.

Pellagra is not merely, as its name (*Pella agria*) would imply, a disease of the skin; but a complex affection, in which the integument, the digestive organs, and the nervous centres are simultaneously involved.

The changes in the skin are chiefly observable on those parts which are most frequently exposed to solar light; the back of the hands, the external aspect of the forearms, the feet and ankles, the upper part of the chest, and occasionally the forehead and cheeks, are the habitual seat of the morbid manifestations. In a patient labouring under pellagra, and now, in Mr. Hardy's wards, hard and dry epidermic scales are visible on the forehead and left hand, whereas the right hand is covered with a new, thin, and transparent epidermis. In the incipient stage of the disease, said Mr. Hardy, the eruption consists in a bright roseate patch, attended with slight swelling, and sometimes a few blisters analogous to those consequent on a superficial burn. This is the *Pellagrous Erythema*, the *Pella-rosa* of Italian authors, the *mal de la Rose* described by Spanish writers. The skin, after a time, assumes a purple hue, and a greyish, and very adhesive cuticle forms over the diseased surface. This epidermis falls away and is replaced by scales similar to those of chronic eczema, but harder, more dry, and of a more decided grey colour. After detachment of these scabs, the skin resumes its natural colour, but other and deeper alterations are then apparent; chaps are observable around the joints of the fingers and of the hand, and the redness may be replaced by a bronzed discoloration carefully noted by Mr. Laudouzy, which in some instances invades the nail.

The absorption of the cellular and adipose structures of the carpus and fingers, induces in the hand a degree of emaciation which imparts to the organ a certain resemblance with a crow's foot.

The disturbances of the digestive functions consist in bulimia and obstinate diarrhœa, which is pathognomonic. In his patient, Mr. Hardy further observed desquamation of the epithelium of the lips, and a condition of the gums similar to that characteristic of scurvy, coincident with considerable exaggeration of the depth of the folds of the surface of the tongue.

Amongst the disorders of innervation, Mr. Laudouzy especially calls attention to the recurrence of sudden attacks of syncope. In addition, headache is present, the organs of special sensation are liable to derangement, and the motions of the hands and feet are uncertain; Mr. Hardy's patient, for instance, is unable to use her needle. Every form of insanity coincides with pellagra; in general, the mental derangement is gradual, but in some cases it supervenes suddenly. The woman whose case the professor brought forward in illustration of his remarks, is subject to delusions of the organs of sight and hearing; at night, she is troubled with phantoms. But the most common of all forms of lunacy in pellagra is lypemania, which often induces attempts at self-destruction.

We must notice a few interesting particulars in the progress of the disease. In general, pellagra sets in with the three kinds of symptoms simultaneously. In other instances, two classes of symptoms only appear together, and sometimes one only, and in the latter case it is difficult to establish a correct diagnosis. The symptoms follow each other in a peculiar order: thus the erythema generally appears in Spring, in March or April, and subsides after having lasted two or three months. The gastric and nervous disturbances persist for about the same time. But in the intervals of the cutaneous eruptions, the derangement of the cerebro-spinal system continues, and the same succession of morbid manifestations recurs the ensuing Spring. The history of Mr. Hardy's patient is an apposite illustration. At the end of the month of March, 1861, she noticed for the first time an unusual redness of the hands, and the organs of sense experienced some slight alteration. In the Spring of 1862, the eruption again made its appearance, together with nervous symptoms and diarrhœa. This year the relapse took place in April. When for several successive years the disease has thus recurred, the mind usually gives way, and becomes permanently unsettled.

Pellagrous erythema might possibly be mistaken at first for the effects of exposure to the sun, but these are more superficial. Eczema does not remain confined to regions habitually uncovered, but extends to other parts of the body, and is moreover characteristic in its appearance. Pellagrous erythema can, therefore, always be readily discriminated; not so the gastric disturbances. Mr. Hardy, however, conceives that the increased depth of the furrows of the tongue, and the fungous aspect of the gums are signs calculated to remove all doubt.

The nervous derangements, and lypemania attended with debility of the limbs, differ widely from what has been termed the general paralysis of the insane, and from locomotive ataxia; in this singular affection, it is impossible for the patient to execute with precision combined movements, but no real weakness can be detected in the muscles of the extremities. The progress of the case, and examination of the condition of the patients in Spring, when all the symptoms are more distinctly marked, would, in addition, prevent the possibility of confusion.

Pellagra may be met with in all countries, but some are obviously more favourable to its development. Thus it is frequently observed in Lombardy, in the moors of the south of France, in the provinces of Asturias and Aragon. The nature of the influence which causes the complaint is a mystery; the cultivation in these various regions is extremely dissimilar. The consumption of Indian corn attacked with a certain disease (*verdet*) has been supposed to be the cause of pellagra, but the surmise has since been disproved; sorrow and destitution would appear to have more real influence in its production. In all probability, the case recently observed at Hospital Saint-Louis would seem to have originated in the latter causes.

Pellagra is a formidable affection, especially when aggravated by the presence of insanity. The duration may be protracted, and temporary or intermittent relief only can be expected.

The pathology of the disease remains, therefore, involved in considerable obscurity, and the treatment most appropriate is a problem which yet awaits its solution. It coincides with a cachectic state of the system, and great debility, and to the improvement of this condition the attention of the therapeutist must be directed. In sporadic pellagra, the practitioner can but endeavour to remove gloomy mental preoccupation, and support the system with generous wine, nutritious food, tonics, sulphurous baths, &c. For the endemic form, improvement of the soil by drainage, irrigation, careful cultivation, is the course best calculated to diminish the intensity of the scourge.

MEDICAL CORRESPONDENCE.

ON THE TREATMENT OF DELIRIUM TREMENS.—The following case illustrates the soundness of Mr. Piorry's practice, who, as we stated in a former number (Art. 6476), advises the exhibition of ammonia as a test in cases of nervous symptoms of a serious character, in subjects addicted to intemperance.

A man, residing at Valleyres-sous-Montagne, consulted me, in the absence of his usual medical adviser, for his brother, whom I was not acquainted with, even by sight. He informed

me that the patient, a vigorous man of forty-two, of bilious and sanguineous temperament, not habitually addicted to intemperance, but irritable after any unusual indulgence, had recently committed excess at the annual fair of his village. The result had been delirium tremens, attended with hallucinations and violence.

Mr. Piorry's practice was not at the time known to me, but from the description of the symptoms, I entertained no doubt as to their cause, and I prescribed the following mixture to be taken in table-spoonfuls every hour :

℞ Aq. destill. Tiliæ. ℥vij. ;
Liq. ammoniæ fortioris, ♏ xxv. ;
Syrupi althææ, ℥j. ; M.

On the following day I was informed that, after the fourth dose, improvement had set in, and the patient had become quiet. I prescribed another similar mixture, and the symptoms gradually becoming milder, admitted of the man being conveyed to hospital, where he has been annually a visitant after the period of the fair.

Oscar Rapin, M.D.,
Grandson, Vaud (Switzerland).

SCIENTIFIC MISCELLANEA.

On the Effects of the Application of Heat and Cold along the Spine and the course of the Sympathetic Nerve in Various Affections.—The valuable researches of Messrs. Chossat, Nasse, Cl. Bernard, Brown-Séquard, Schiff, Tenner, etc., have demonstrated that, under the influence of the sympathetic system, changes may supervene in the local circulation, and that a temporary increase or diminution of the amount of blood, which in a given time passes through certain organs, may be the consequence. The blood being at once the generator and distributor of animal heat, the sympathetic system must be viewed as exercising an indirect, but remarkable action on the temperature of the different parts of the body. The intermediate agents of this power are the nervous filaments called *vaso-motor*, supplied by the sympathetic nerve to the arteries ; these impart vitality to the muscular fibres (*fibre-cells* of histologists), to which the blood-vessels are indebted for their contractility. When any part of the ganglionic system is irritated, the blood-vessels, to which this portion of the sympathetic nerve supplies filaments, shrink, and the diminution of the afflux of blood causes a corresponding decrease of animal heat in the organs fed by such blood-vessels. In the contrary case, if instead of irritating, the operator tempers the action of the vaso-motor nerves, an opposite result follows : the vessels contract less powerfully, the afflux of blood is augmented, and the temperature of the parts proportionately raised.

Mr. Schiff has frequently remarked that after the section or destruction of a more or less considerable extent of the spinal cord, which is closely connected with the ganglionic system of nerves, the temperature rises in the paralysed organs five, eight, and even twelve degrees higher than in the healthy organs.

An English physiologist, Mr. Chapman, taking advantage of this influence of the sympathetic nerve and of the nervous centres on the performance of organic functions, has endeavoured to apply the knowledge recently acquired on this point to therapeutics, and to modify at will the regulators of these functions.

He states in the *Medical Times and Gazette*, that by the application of heat and cold along the spine, it is possible to control the circulation in the brain, spine, and ganglia of the sympathetic system, and through them to influence at will, in a secondary manner, the vascular condition of the other organs. He conceives that the excito-motor action of the spinal cord, and the contractile power of the arteries in every part of the body, may thus be immediately modified to serve the purposes of the therapeutist.

In order to decrease the excito-motor power of the spinal cord alone, Mr. Chapman applies a bag of ice, about two inches in diameter over the spine, in the region in which he desires to act on the cord. The vitality of the cord can, on the same principle, be increased at will by the alternate application of hot water, and of ice in an India-rubber bag. When a less powerful effect is sought for, the ice or iced water may be applied only for a short time, and again resorted to after a long interval.

When it is requisite to impart increased activity to the circulation in any pre-determined part of the body, the object may be effected by exercising a sedative, depressive, or paralysing action, according to circumstances, on the ganglia of the sympathetic system which supply the vaso-motor filaments to the region. With this view, ice should be placed over the central part of the back, in an extent of four inches or four inches and a half, and over the segments of the spinal cord and sympathetic nerve, which it is the practitioners' intention to act on. Thus, in order to increase the activity of the cerebral circulation, the ice is applied between the shoulders or at the nape of the neck ; the result of this procedure is also to produce additional afflux of blood and an increment of heat in the arms ; the same result will likewise be induced in the thoracic and abdominal viscera by the contact of ice with the dorsal and lumbar regions of the spine ; and at the lower part of the back, the effect will be increased warmth of the feet and legs.

This method, remarks the editor of the *Gazette Hebdomadaire*, will be found, according to Mr. Chapman, efficacious in most diseases ; he has thus succeeded in curing epilepsy in several instances, and he has also found the plan beneficial in paralysis, in severe and obstinate headache, inability to walk, weakness of vision, lateral anæsthesia, tic-douloureux, spasmodic muscular affections, paralysis of the bladder, uterine hæmarrhage, diarrhœa, constipation, and other morbid conditions.

But it is in epilepsy especially that Mr. Chapman has sought for the practical applications of these researches, from which it would appear that the vaso-motor nerves play an *important* part in the evolution of epileptic fits, and that the medulla oblongata is the seat of the explosion, either in a primary manner, or secondarily under the influence of a stimulus conveyed from a more or less distant region along the nervous conductors.

If any eccentric source of irritation can be detected in a case of epilepsy, it should, therefore, be removed if possible. The therapeutist must then endeavour to obtain a two-fold effect : in the first place, he should strive to diminish the excito-motor power of the spinal cord, by checking the afflux of blood in that organ ; and in the second, he must endeavour to prevent spasmodic contraction of the coats of the cerebral arteries, which are the cause of the sudden loss of consciousness that characterises the first stage of the paroxysm.

For this purpose, Mr. Chapman prescribes the application of ice over a part or the whole of the spine for a period varying from two to eighteen hours in the day, according to the peculiar features of the case. If the extremities are cold, he seeks to restore heat by frequent immersion in hot water, friction, and warm flannel coverings. As auxiliary measures, Mr. Chapman advocates physical exertion, and certain special procedures calculated to increase the activity of the respiratory functions, and dispose of the superfluous energy of the spinal cord ; he recommends the hair to be cut, and not allowed to hang over the nape ; the patient should engage in some regular daily occupation, and wear light and cool clothing.

Under the influence of these remedial measures, Mr. Chapman has succeeded in six cases related in the *Medical Times*, in effecting a cure or a marked improvement of epilepsy. This is a result assuredly deserving of attention, and fresh researches may possibly fecundate this ingenious application of a discovery highly creditable to contemporary physiology, and which we are happy to be able to bring forward at the present moment when vivisections are the object of so much unjust and heedless criticism.

On the Efficacy of Sesquichloride of Iron for the Cure of Varicose Veins.—The method now most frequently adopted in the hospitals of Paris for the cure of varicose veins, is the injection of sesquichloride of iron. If we may judge from what we have frequently witnessed in Mr. Maisonneuve's wards, the operation is extremely simple, but still it is an operation, and both patient and surgeon may hesitate before resorting to it, more especially as this (alleged)

curative procedure does not afford any absolute certainty of a satisfactory result.

Under these circumstances, Dr. Linon, of Verviers, suggests that it might perhaps be preferable to endeavour merely to support the enlarged blood-vessels, and prevent them from acquiring a degree of magnitude calculated to interfere with healthy exercise. For this purpose he proposes pressure combined with the external application of the sesquichloride, and describes his plan as follows in the *Scalpel:*

"Compresses impregnated with a solution of sesquichloride of iron (a drachm and a-half to three drachms in eight ounces of water), are laid over the varicose veins and supported with a moderately tight roller; if this dressing be not removed for twenty-four hours, the venous dilatations will be found to have almost entirely subsided. The bandaging should be removed every day for a week, after which the application of the roller only is sufficient.

"Linen would appear less appropriate than flannel bands and compresses, the only objection to which is their weight."

"By this simple procedure, Mr. Linon has succeeded in a few days in causing the disappearance of enormous varicose veins, accompanied by intense pain, and in restoring to the patients the use of their limbs. The benefits obtained by this method cannot be ascribed to the effect of pressure alone; when this system has been adopted, the venous dilatations reappear as soon as the roller is removed; the advantages conferred by the use of the solution of sesqui-chloride are, on the contrary, of an enduring character. Mr. Linon asserts that in several cases which fell under his own observation, the patients gave up the treatment after four days, and yet the varicose veins returned only after an interval of several weeks.

On the Efficacy of Arsenical Preparations in Neuralgia.—Dr. Cahen, physician of the Hospital for Jews, founded by Baron de Rothschild, has exhibited arsenic *with unvarying success* in sixty-five cases of neuralgia—viz.:

Facial Neuralgia . . .	35
Sciatic	8
Intercostal	
Epigastric	14
Otic	2
Dental	2
Total . .	65

In each of the two instances of dental neuralgia, several teeth had been extracted without relief. One young woman had as many as eight teeth taken out; Mr. Cahen prescribed arsenic, and a complete cure was rapidly effected.

From January, 1859 to 1862, Mr. Cahen administered arsenic, for various affections, to 292 patients. The minimum daily dose was one-sixtieth, and the largest was two-thirds of a grain. For the entire treatment, the smallest collective amount exhibited was three-tenths of a grain, and the most considerable eight grains. Arsenious acid was the preparation employed, and was prescribed in pills, and in lotions containing one part of the remedy in a thousand of water, and in baths containing eighteen grains of arsenite of soda, in rheumatic and gouty affections.

With regard to neuralgia, Mr. Cahen observes that sciatic neuralgia is that which has been, in his experience, least amenable to arsenic. This remark should not, however, deter practitioners from the use of this remedial agent in sciatica, and the *Journal de Médecine de Bruxelles* publishes in its July number an encouraging case in point. The patient was a man much debilitated by previous disease, and loss of rest. Valerianate of quinine, belladonna, blisters, turpentine, and all the sedatives of the Pharmacopœia had failed in allaying his sufferings, which had become excruciating. Dr. Barella then had recourse to arsenic, and prescribed on the 1st of December the following solution:

℞ Liquoris. potassæ. arsenitis., ʒiv.;
Aq. destillatæ., ʒvij.

Dose: one table-spoonful night and morning.

No improvement was observed before the fourth day; on the fifth, diarrhœa set in with marked amendment. On the sixth day copious perspiration broke out, the intestinal relaxation continuing together with slight feverish excitement, which was attributed to the arsenic. The remedy was discontinued for five days, and then resumed. The pain had now altogether disappeared, but the medicine was, nevertheless, persevered in for a fortnight.

In the 292 cases treated at the Rothschild Hospital, Mr. Cahen noted diarrhœa in nineteen, but was never on that account obliged to discontinue the treatment.

The Medical Circular.

OPENING OF THE SCOTCH AND IRISH MEDICAL SCHOOLS.

UNIVERSITY OF EDINBURGH.

OPENING ADDRESS BY PRINCIPAL SIR DAVID BREWSTER.

On Monday, November, 2, the winter session of the University of Edinburgh was opened with an introductory address by Principal Sir David Brewster. For half an hour before the proceedings commenced, there was the usual noisy demonstration—shouting, hooting throwing of peas, &c. Precisely at two o'clock the Principal and Senatus entered the hall, accompanied by Prince Alfred and Prince Louis of Hesse, who took seats on the right of the Principal amid loud and prolonged applause.

Sir David Brewster delivered an eloquent address, from which we extract the following passages, relating to the history of the University of Edinburgh in particular, and to the Scotch Universities in general. "Previous to the Reformation in Scotland, an attempt was made to found a university in Edinburgh. In 1558 Mr. Robert Reid, Bishop of Orkney, a prelate of high accomplishments, who had filled for ten years the office of President of the Court of Session, bequeathed 8000 marks for this important purpose. This sum however, though it might then have been sufficient to provide an ordinary building, was withheld by his executor, the Abbot of Kinloss, and it was not till 1582 that half the legacy, without interest, was realised by the citizens of Edinburgh. The opposition thus made by the Roman Catholic powers to the erection of a college in the metropolis was fortunately baffled by the zeal of the Reformers. In 1560 it was declared in the Book of Discipline, sanctioned by the great council of Scotland, 'that every church should have a schoolmaster, able at least to teach grammar and the Latin tongue;' and that 'in every notable town there should be erected a college, in which the arts, together with the tongues, should be read by sufficient masters.' And in order to secure for the people a sound education, and for the State a moral and religious community, the great Reformer announced the grand principle which our statesman have failed to appreciate, 'that the great schools called universities shall be replenished with those apt for learning, and that it must be carefully provided that no father, of whatever estate or condition, shall use his children at his own fancy, especially in their youthhood, but that all must be compelled to bring up their children in learning and virtue.' Impressed with these views, the Magistrates and Council purchased in 1563, as the site of a college, the right to a great part of the ground and buildings which belonged to the Provost and prebendaries of the Collegiate Kirk-of-Field—a locality which a few years afterwards became remarkable from the fate of Lord Darnley, the Queen's husband, whose apartments were blown up by gunpowder on the 10th February 1567. Close to this site stood an ancient pile of buildings, which had been the town residence of the Dukes of Chatelherault. It was fitted up for temporary class-rooms; and other apartments were added from time to time, till the completion of the old college, which has since been replaced by the magnificent building which we now occupy. The Papal influence being now extinct in Scotland, the Magistrates and Town Council proceeded without opposition to complete the arrangements which they had begun. In 1581, they obtained a charter from James VI., authorising them to found a university, and placing it entirely under their management and control. An Act of Parliament, passed in 1621, ratified this charter; and while the other universities of Scotland were governed by a chancellor, a rector, a principal, and professors, the University of Edinburgh was but a metropolitan academy, without any well-defined constitution, and in which neither the teachers nor the taught had any voice whatever. Under this municipal control, which, we are bound to say, was, generally speaking, exercised tenderly and wisely, the University continued for nearly 300 years, till a recent Act of Parliament established its independence, added to its endowments, and placed in new hands the patronage of many of its chairs.

"The universities of Scotland have no slight claim upon the public, not only from their peculiar character and constitution, but from the aspects of nature and of society which our country everywhere presents to us. We do not presume to question the excellence of other institutions, or the soundness of other creeds, or the

salubrity of other skies, or the moral purity of other communities —we speak only, and with humility, of what Scotland can offer to the intellectual, the moral, and the religious student, and we offer our views to the judgment only of parents who desire to educate their sons in the profession of their choice, in the religion of their conscience, and in the moral sentiments which the admiration of nature and a simple faith—the works and the Word of God—never fail to inspire. There are few countries that possess objects and institutions of a more varied interest than our own. Distant enough from the frigid zone, indented by sinuous estuaries, and spacious bays and deep inlets of the ocean, Scotland enjoys a climate mild and salubrious, equally removed from the rigours of an arctic winter and the scorching heats of a tropical sun. No exhalations poison its atmosphere, no sirocco blights it, and we know no more of the tornado and the earthquake than what makes us grateful for our ignorance. At all seasons Scotland is accessible to the stranger, whether he comes as a pilgrim with his staff and his scrip, or is welcomed to its shores by the light beacons that guard them by night. Railroads carry him along its seaboard, over its mountain chains, and through its picturesque valleys; and the busy steamer plies unceasingly along its winding and rugged coasts. With this external character the interior of our peninsula corresponds. Mountain ranges of lofty aspect—here rising into peaks of granite, there decending into precipices of gneiss, or running into pillars of basalt—embosom lakes of the purest and most limpid water; or give birth, in their corries, to the elements of the cataract which, at a lower level, rushes over its precipices, and to the sources of the mighty river which adorns and fertilises the region of industry and life. In descending to the level of vegetable forms, we enter upon scenery at once picturesque and beautiful—here clothed with sober heath, there gay with the richest verdure—at one place the crevice of the rock pushing out its cramped and wild vegetation, and at another the river bank displaying its embroidery of birch and oak; while the flanks of the eternal hills retire into purple shadow, invested with the folds of the gloomy and the stately pine. Amid scenes like these the geologist and the antiquary will discover features of nature and works of art which no other country has yet exhibited. I do not refer to our lavas of trap and granite, nor to the gems and ores which they embosom, nor to our buried forests, with their decaying roots of the fourth and fifth generation; nor to our basaltic caves and gigantic sea-cliffs lashed by the ocean. Nor do I refer to our ancient castles, guarding our mountain passes, or frowning from our headlands; nor to the plains and fastnesses where Roman ambition was checked, and English domination repelled; but I refer to one of the most magnificent formations of the antediluvian age—the parallel roads of Glenroy, which baffle the sagacity of the geologist; and also to these extraordinary works of man—the vitrified forts in the Highlands, above thirty in number, which equally perplex the antiquary and the architect.—In our sober latitude, and in a land neither teeming with wealth nor familiar with luxury, a stranger will not find any of those exciting amusements which he may have witnessed in richer countries and among an idler people. We cannot offer him either the bull-fight or the carnival, and he must recross the Tweed to enjoy in perfection the excitement of the turf, or shudder at the brutality of the prize-ring. But, what he may value more, we can show him our heath and our river sports, where the genius of man strives with the sagacity of instinct, and where animal life is sacrificed less for amusement than for use. We can show him the games and contests of our northern clans; the schools of heroes, ever ready at the call of their country—loyal even to worthless sovereigns, and faithful even in a doubtful cause. To the stranger of graver mood Scotland presents objects of contemplation of equal interest and importance. In her institutions for religious and secular education will be found arrangements to admire and to imitate; and in the reaction of knowledge upon the character and habits of her people, the philosopher may discover new lines of study, and the statesman new principles of government. In our churches and schools they will find the machinery by which a virtuous population has been reared; and in the simplicity of our worship they may learn the process by which faith appeals to the judgment more than to the imagination, and becomes a continuous principle of duty, instead of a series of impulses efficacious only during the high pressure which produces them. Here, therefore, the stranger will find no gorgeous temples—none of the pomp and circumstance which decorates the foreign churches, and in the sorcery of which the penitent leans on the broken reed of the priest, and enhances his formal aspirations by the supplement of pious frauds and lying miracles. But unpretending as are our temples and simple our rites, we are not without associations which influence the imagination and reach the heart. Our civil and religious liberties were won together. With the sword in one hand and the truth in the other, our fathers resisted unto death the enemies of their faith, and the fields on which they triumphed or fell, and the sea-beach and glens where they worshipped, are still remembered with reverence and affection. In a country thus favoured, the student of every profession will find, beyond the range of his studies, subjects for original research and grave contemplation. Statesmen of high name have drawn from our stores the elements of that political wisdom which has placed them in the highest offices of the State; and men of humbler name have begun their career of discovery within these walls, and in the studies which our country favours have acquired an enduring and a European reputation. The same means of study, gentlemen, and the same fields of research, are now within your reach; and I have no doubt that those who shall in the future fill this chair will have the gratification of inscribing the names of many of you in that list of eminent men who have done honour to their University and to their country."

The Principal was frequently interrupted in the delivery of his address, and did not finish it in consequence of the noise that prevailed. In bringing the reading to a close, he said that it was impossible to continue it any longer, in consequence of disturbance made by individuals who, he believed, did not belong to the College. It was, he said, extremely hard that persons who had got admission by favour to the hall should override the interests of the students.

THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

On Monday, Nov. 2, the winter session of the Royal College of Surgeons was opened with an introductory address by Dr. Warburton Begbie. Dr. Benjamin Bell presided; and among the other gentlemen present were—Dr. Craigie, President of the Royal College of Physicians; Drs. Somerville, Burt, Renton, Dumbreck, Macadam, A. D. Handyside, Keiller, Argyll Robertson, Scoresby-Jackson, Huie, Orphoot, John Smith, Edwards, P. H. Watson, Joseph Bell, A. C. Brown, Sanders, Ruthenord Haldane, Gillespie, Handyside, G. Stewart, Mr. Spence, Mr. Lees, &c. Dr. Begbie, in the course of his address, dwelt on the necessity for students, in order to their acquiring distinction in their profession, setting themselves to study with energy and devotion; to make a point of visiting the hospital in the earlier part of their curriculum, and making themselves familiar with the various forms of disease; to keep up and extend their knowledge of Greek and Latin; and to proceed with their studies according to a methodical arrangement. After giving many other excellent suggestions, he concluded by expressing the hope that the students would so prosecute their studies as to uphold the dignity of that profession which had always contained within it men of the highest talent and renown. At the close, a vote of thanks was given to Dr. Begbie for his address, on the motion of Dr. Craigie, seconded by Dr. Somerville. A vote of thanks was also given to Dr. Bell for presiding, on the motion of Dr. Huie.

TRINITY COLLEGE, DUBLIN.

MEDICAL SCHOOL OF TRINITY COLLEGE.

The Winter Session of this School of Medicine was opened on Tuesday, Nov. 3, in the Lecture Hall of the Medical School of the College, by Professor M'Dowell, M.D., and Professor of Anatomy and Physiology, Trinity College, Dublin.

Professor M'Dowell in coming forward to deliver the inaugural address was received with loud applause, and after a few introductory remarks, he proceeded to say—That on the present occasion the subject of his address would be the Nervous System, some topics connected with which he would slightly touch upon. Before the time of Charles Hill, everything connected with the nervous system was, comparatively speaking, almost unknown; he made such discoveries as added very much to their practical knowledge, and from which had resulted great improvement in the treatment of different diseases. The learned professor said he wished to convey to his hearers the idea of the ordinary mode of nervous action and he would close by directing their attention to the rythemical working of the heart. It was difficult, he said, to discover the action in the living animal, and this great difficulty was in a great measure the means of retarding for centuries the discovery of the circulation of the blood, which, as they knew, was discovered by Harvey in 1619. The professor quoted several remarks on the subject, written by Harvey, and recommended to the students a motto adopted by that learned and distinguished man, which was in these words, "By often looking into animals of different sorts, and kinds, I do believe I hit the nail on the head." Without at all attempting to discuss what gave the heart its action, he would on that occasion merely endeavour to show that the heart was the main-spring of the nervous action, and that it is not dependent in any manner upon any of the nerves of the body for its motion. This had been often proved by numerous experiments, one of which consisted in taking the heart from the body of a living animal, when its rythemical motion was seen to continue, which showed clearly that it was not dependent upon the nerves. The power of the heart was shown to be contained in the locality of the base of the ventricles, and this showed that the muscular action of the heart arose from an independent nervous system connected with that important organ. When the heart was subjected to the

action of electricity, the effect of that agent visibly diminished its action; and an increased amount of that power (the power of elecricity) would stop it altogether. In conclusion, Professor M'Dowell spoke as follows:—I have trespassed long on your time, but I have to plead an anxious desire on every possible occasion to illustrate how directly any advance in physiological knowledge may be connected with wider and more comprehensive phases of diseases in the great success with which physiological investigations have latterly been conducted. We have the best evidence that the science of medicine is rapidly advancing. We may rest assured that in proportion as medical knowledge is placed upon the firm basis of pathological phenomena and sound physiology, so will the great principle of medical science advance.

ROYAL COLLEGE OF SURGEONS OF IRELAND.

The inaugural address on the opening of the session 1863-4 was delivered on Monday, November 2, in the Lecture Theatre of the Royal College of Surgeons, Stephen's green, by Dr. Jacob, who commenced his address by paying a warm and generous tribute of praise to the late Dr. Power, who, the lecturer stated, was an irreparable loss to the college, the students, and the profession which he adorned. It was quite superfluous to dwell on the merits of his general character, or on the admirable instructions which he had given. He had left a work behind him which showed his knowledge and his power, and many years would pass away before it would cease to be of great value to the student or practitioner. Dr. Jacob proceeded to comment on the recommendations which had issued from the Council of Medical Education in England, and from the sixteen points put forward the lecturer selected eight on which to found his observations. He referred to the recommendation relative to preliminary education, which stated that all certificates of pupils should date from the time they received their certificate of having passed a classical examination. He commented on the difficulties which existed to the carrying out of this suggestion, and, in reviewing the other recommendations of the Council of Medical Education, he dwelt on the proposed plan for the conducting of future examinations, which was that instead of a student going for his examination for his diploma on two days in one week, as is now the case, the pupils would be required to go in for an examination at the termination of his second year, and for another and final examination at the termination of his third year. If this course was adopted it would put an end to useless repetitions, as the student would have to go through a new line of study for his second examination. All the suggestions which had been made were long the subjects of serious consideration in the college, which was thirty years before its time, as far as England and Scotland were concerned, as it would be found with reference to the examinations which had been long practised under the head of "sessional examinations." It had been also recommended that the examinations in future should be *viva voce* and in writing. That recommendation had been approved of, but its adoption had been held over. He hoped there would be no opposition to it by the pupils; but there were still six months for them to determine on the matter. It had been suggested to the college that the examinations should be as practical as possible. Doctor Jacob dwelt with much emphasis on this point of his discourse, and told the students that their objects would be best achieved by a sound knowledge of anatomy, and close attention to their hospital practice. Dr. Jacob next referred to a question which had arisen, whether the person holding the surgical diploma of the college entitled him to practise as a physician. It had been said that such a person had been only licensed to practice surgery, but the president and council of the college had decided on giving diplomas in medicine, and it would be well for those who obtained licence to practise in surgery to publish that they were also licensed to practise in medicine, and those who had got surgical diplomas in the college could, if they desired it, get medical diplomas from it free of charge. After commenting with just severity on the noisy and disorderly conduct of several persons among the students who had repeatedly interrupted him during the course of his observations, he concluded amidst loud cheers.

RICHMOND, WHITWORTH, AND HARDWICKE HOSPITALS, DUBLIN.

The inaugural address for the session 1863-4 was delivered on Tuesday, Nov. 3, in the lecture theatre of the Richmond Hospital by the President of the College of Physicians, Dr. Corrigan. The attendance was very numerous, and included a large number of professional and other gentlemen and students.

Dr. Corrigan said—Gentlemen, I must pray your indulgence for an introductory lecture, for of all lectures I have ever found it the most difficult. The audience at an introductory lecture comprises at least three great divisions—the first, the members of my own profession, who kindly give me their countenance on the occasion, all of whom know at least as much as I do, and many of them much more. To address any observations to them on any department of professional knowledge would be extreme presumption on my part. The second division of my audience are my lay or non-professional friends, whom kindness to myself, a desire to encourage the advancement of knowledge, and an untiring benevolence in looking to the comforts of the poor, who seek aid in our hospitals, bring among us. To address them on medicine would be to treat the subject popularly, which cannot be done, or to speak to them in a language they would not understand. The third division of my audience, and the most important in our consideration, consists of the young gentlemen now before me who come to us for education, and I think I may say for all my colleagues, and I hope in some minor degree for myself, come to us also for example. It would be to me an impossible task to make any address that would be equally acceptable or suitable to all. I will, therefore, with the permission, and I may hope add, with the approbation of my colleagues and my non-professional friends, direct my observations altogether to my young friends who are now entering the profession as students or about to complete their studies. After denouncing the practice of "grinding," Dr. Corrigan proceeded to give his opinions upon the theories of medicine, which he illustrated by the following:—Suppose the case of an attack in the throat, the theorist has his general principle — all diseases are to him dependent on some one origin, and to be treated on simple theory. He will not condescend, like a good mechanist examining an injured locomotive, to ascertain the exact part injured, and to adapt his repair accordingly. He must stand upon his theory of sthenics or asthenics—of stimulants or contra stimulants—homœopathy or allopathy. The patient may die, but his theory lives. What will the practical physician do who holds no theory? He has learned that in the small space of the throat there are many different organs and there may be many different affections, any one of which may cause speedy death, and each requiring a different treatment. Is it submucous effusion?—the acupuncture needle or point of a lancet relieves it and saves life. Is it an abscess?—the bistoury does the same. Is it parenchymatous inflammation of the tonsils?—he then employs leeching and tartar emetic. Is there a lesion of secretion, constituting the rapidly fatal diphtheria or gangrenous cynanche?—he has learned that nitrate of silver and agents of that class will arrest it, while he judges not from theory, but from a comparison with the standard of health, what is the state of the constitution in each case. In short, the true practical physician adapts his practice to his patient, not his patient to his theory. This constitutes the true practice of medicine. It is on its steady adherence to these principles that the high character of the Dublin School of Medicine has been raised, and which I am sure it will maintain. It is known throughout Europe and America as essentially the "Eclectic School of Europe." Having no theory or hypothesis to support, it accepts information and is ready to test alleged improvements, come from where they may. It tests them cautiously and carefully in its hospitals, adopts them if worthy of being adopted, or rejects them if erroneous. There is no charge so often brought against our profession by those whom I may call the lay members of society, in contrast with ourselves, as the charge of refusing to adopt new, or, as the phrase is, to try new remedies. My experience, on the contrary, is, that if there be a leaning either way, it is the too facile propensity to run into novelties. If a man has a valuable watch out of order, he will not entrust it to the knowledge or care of some boaster who loudly proclaims that all the old-established watch-making firms are wrong; that he has a theory on which he sets all watches to rights; that his theory is simple and intelligible, as he has discovered that all deviations from true time and all defects are attributable to one, and only one cause, and to be all treated successfully on his theory. He would for the repair of his valuable watch go to some established firm that has a long respectability and knowledge to recommend it. Do those who urge us to accede to every new nonsense that is called a theory, and to try every new folly in practice, understand what it is they ask us to do, or on what they ask us to try experiments? Do they reflect that in asking us to rush rashly into every novelty, they ask us to trifle with life, with human life, with that which God alone can give, which man cannot give, but may destroy. Man can bring down from heaven the lightning and the thunder; he can rival the earthquake in destruction, and rend the solid mountain; he can consume with winged fire the cities of the earth, realising the horrors of the day of doom; he can annihilate life in the most majestic of created beings, but he cannot restore it to the poor earthworm he has trodden upon in a garden walk. And it is this life, this gift which God has reserved to his own power alone to grant, that ignorance, rashness, and assumption call upon us to trifle with, to experiment upon, as if the injured frame of man were of no more value than a damaged chariot, or the trembling breath of life of no more consequence than a flickering gas light. Our duty is not to reject anything, but to put carefully and cautiously to the test of trial all that comes to us, come from where it may, provided it come with the stamp of common sense and on trustworthy evidence. But, on the other hand, we are not

(Continued at page 279.)

THE MEDICAL CIRCULAR.

WEDNESDAY, NOVEMBER 11, 1863.

THE BRITISH UNIVERSITIES AS SCHOOLS OF MEDICINE.

The public opening of the classes in the Irish and Scotch Universities on Monday week, and the recent commencement of the term at Oxford, Cambridge, and Durham, induce us to offer a few observations upon the British Universities in their bearings upon the Medical Profession. The Faculty of Medicine holds a very different rank at the different seats of learning to which we have just alluded: in some cases it is the most profitable and the most frequented department of the University, in others it holds only an inferior and very subordinate position. The University of London we have not included in our list, because this institution is not a School of Medicine at all, but an establishment for examining and granting degrees in various departments, Medicine included.

A few years ago, a very anomalous spectacle was presented to the view of any one who inquired the particulars of the mode in which students were taught Medicine at the different Universities in our own country. It should be premised, that everyone who repairs to a University is theoretically supposed to pass through not only the special training which fits him for a particular profession, but also the general course of study which places him above the multitude in point of literary and scientific culture. But this notion is founded entirely upon a mistake; and it is only since the Medical Act of 1858 that the idea of a University education for Medical Men is beginning to be realized. We are stating nothing more nor less than the truth, in affirming that a man might pass through the curriculum enjoined by some of the Scotch Universities with the smallest possible amount of general education, even a moderate acquaintance with the Latin language not being absolutely essential. Lest we should be supposed to write without knowledge on this subject, we quote the following from an Edinburgh newspaper, published last week:—

> "We judge of a tree by its fruits, and we condemn the existing higher culture of this country on the evidence of the condition of the so-called learned professions. In our literary columns, we have frequently had to expose blunders and absurdities made by members of these professions, which could not have been committed by a well-grown lad fresh from a good English school."

Thus the Scotch Universities, as far as their Medical departments are concerned, have been hitherto little more than Medical Schools, and those students who have graduated in them have been in no way superior as a class to those who have received diplomas or licenses at the Colleges.

Another defect in the education of Medical Men, although of an opposite character, was formerly apparent in our English Universities of Oxford and Cambridge; for in these Schools the theory was, that general education was everything and special training nothing, or at any rate that the latter might be acquired anywhere and anyhow, so that the former was duly enforced. Hence, while the Medical graduates of some of the Scotch Universities, as a class, knew but little Latin and less Greek, and perhaps nothing at all of logic or mathematics; on the other hand, the graduates of Oxford and Cambridge were, as a body, distinguished for their gentlemanly habits, their classical tastes, and their general scholarly attainments; but it must be added, they were not, except in special cases (we are speaking now of a period twenty or thirty years from the present time), at all *au fait* at those modern acquirements in anatomy, surgery, pathology, and chemistry, which have formed the glory of the modern Foreign and British Schools of Medicine.

Now both these systems were wrong, and yet both contained in them the elements of good, and they are both explicable by reference to the mental tendencies and the comparative opulence of the two nations. In England, a university education is sought for as a desirable element in the formation of gentlemanly tastes, but without any particular hope that it will turn, *per se*, to pecuniary profit; in Scotland, on the other hand, education is sought for only so far as it will bring emolument, and hence while Medicine is assiduously cultivated, because it leads to practice and to consequent income, mere abstract learning, such as the study of the classics and mathematics, is miserably at a discount, and we find the Scotch Professors themselves loudly and repeatedly complaining that such is the case. An illustration of this practical tendency in the Scotch University Students is to be found in a discussion which occurred in Edinburgh only last week, on a proposition to extend the present meagre session of six months for the Humanity Classes (as they are called) to eight or nine months. The only valid objection to this extension was, that the poorer class of students could not afford the money for the extra residence at the University. In fact, the Scotch Students are often engaged in some duty or labour (sometimes even mechanical) for six months in the year, and they save enough to reside in a University town for the other six; and of course they remain there as short a time as possible, and turn the little knowledge they possess to the most speedy and profitable account, as clergymen, advocates, or medical practitioners.

The University of Dublin, it must be admitted, has always held the balance evenly between the demand of general education on the one hand and of sound medical training on the other; and the University of London, although as we have remarked, not an educational body, has demanded of its Medical Graduates a due proportion of general preliminary attainments before they proceed to their Medical studies.

The Medical Act of 1858, and we may add the general feeling and good sense of the age we live in, has done very much to remove the anomalies which we have just pointed out, and to place University Medical Education in the British Empire on a more satisfactory and more uniform basis. The Scotch Universities which, we regret to remark, have hitherto neglected to demand from Medical candidates any adequate amount of preliminary knowledge, are now compelled to do so by the regulations of the Medical Council; and this addition of the literary and scientific element to the strictly Medical curriculum, already justly held in high esteem, will elevate very considerably the value of Scotch Medical degrees.

The Universities of Oxford and Cambridge have for many years been moving along in accordance with the spirit of the age, and while cutting off from their curriculum some portion of the abstract literary and scientific subjects, which were formerly required perhaps to too great an extent, have substituted in their place a large infusion of practical science. Under the guidance and superintendence of Dr. Acland, at Oxford, and of Dr. Bond, at Cambridge, with the other Medical Professors, the Schools of Medicine at these two great and distinguished seats of learning have become a reality instead of a name, and are beginning to attract some of the most promising of our Medical aspirants; while, as we took occasion to observe a week or two ago, Cambridge has made a

still further advance under the auspices of Dr. Humphry, and has added an examination and a degree in surgery to its other Medical ordeals; and the enlargement and improvement of Addenbrooke's Hospital will afford to the students the means of practical instruction in Medicine and Surgery, which they were hitherto compelled to seek elsewhere.

OPENING OF THE SCOTCH AND IRISH MEDICAL SCHOOLS.

(Continued from page 277.)

justified in subjecting human life to be trifled with in experiments that have neither common sense nor trustworthy evidence to recommend them, and with no other support than the assumption of the charlatan, the ignorance of the fool, or the selfish trickery of the knave. If, gentlemen, you will prosecute your studies on those principles of observation and freedom from prejudice which I have endeavoured to lay down for your guidance, you will attain as the result of your hospital attendance that great foundation of the physician's success, "experience." Now, what is experience? Some think it consists in the number of years which have elapsed from the commencement of studies or practice. Believe me it does not; neither brains nor experience necessarily grow with years. In our profession at least, whatever it may be in others, there will ever be practisers of it, who have literally never acquired experience, and never will, and others who have acquired it at the end of a few years. True experience is the result of instances carefully watched, well compared and well reasoned upon, and thus it is that the attentive student may on going forth into practice be a more experienced practitioner than one who has preceded him by a quarter of a century. Four thousand six hundred cases have passed this institution within the present year, while in our museum will be found superadded about three thousand drawings, casts, and preparations, the work of past years. It is so obvious that it needs no argument to show you that if you give your time and attention here, it is in your power to accumulate and possess a stock of experience even at your outset in life which the oldest practitioner, in his whole after life of practice, can never attain. There now only remains for me to say a few words upon the demeanour to be observed within these walls, consecrated to the relief of pain and suffering, and I am happy to think I have little to say, for, whether within our hospital walls or outside them, the conduct of the Medical students of Dublin—upwards of a thousand in number—has ever been marked by propriety; and wherever they happen to be afterwards placed in military, naval, or civil service, their conduct is equally deserving of praise, for we seldom hear of a Medical officer as the subject of censure or dismissal. In our intercourse with the poor in hospital we never forget, and neither will you, that the poor who come to us here are to be treated with the same consideration as the rich. The rich can go where they like—the poor have no choice. If the poor obtain the highest Medical aid in the hospitals of our city, they pay a price for it. Their cases are lectured on—their diseases are the subject of scrutiny, and their bedsides are the places for your instruction. There is one class of our pupils from whom more is to be expected than from all the others—our resident pupils and clinical clerks. They are our representatives in our absence. They are our staff. To us they give the best assistance. To younger pupils they can give good example. It speaks well for our pupils that wherever clinical instruction is best carried on—wherever pupils are placed in charge of patients, there into such hospitals the poor are most anxious to enter. The attentive pupil is ever the kind Samaritan. Thus with kind feelings on all sides, with kind care of the poor, and trust and gratitude from them in return, with a desire on your part to learn, on ours to instruct, we shall labour well together. From our walls young men, as they have gone forth for years, will still go forth to the public service, or to their several lots in life, a credit to themselves and to us. It now only remains for me to declare that our Medical session of 1863-64 is opened. Dr. Corrigan concluded amidst loud and long continued applause.

METROPOLITAN ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.

Dr. R. Dundas Thomson, F.R.S., President.

THE MARSHALL HALL AND SILVESTER METHODS OF RESTORING ANIMATION.

A letter was read from the Royal National Life-Boat Institution, referring to Dr. Marshall Hall's method for the restoration of the apparently drowned, and a modification proposed by Dr. H. R. Silvester; and asking the opinion of the Association on their relative merits. Dr. Silvester was present, and illustrated his plan on a boy. It consisted in laying the patient on the back, slightly raising the head and shoulders, drawing the tongue forwards, and keeping it so by passing an elastic band over it and under the chin. The arms are then grasped just above the elbows, and drawn gently upwards until they meet above the head (this is for the purpose of drawing air into the lungs), keeping the arms in that position for two seconds. The patient's arms are then turned down, and pressed gently and firmly for two seconds against the sides of the chest (this is for the purpose of pressing the air out of the lungs). Artificial breathing is thus carried on. These efforts are to be repeated fifteen times in a minute, until a spontaneous effort to respire is perceived. During the employment of these means, excite the nostrils with snuff or smelling salts, or tickle the throat with a feather. After natural breathing has been restored, warmth and circulation are to be induced by wrapping the body in hot blankets, applying bottles or bladders of hot water, heated bricks, &c., to the pit of the stomach, the armpits, between the thighs, and to the soles of the feet, and by rubbing the limbs upwards firmly and energetically.

In the discussion that followed,

Dr. Gibbon said that he considered Dr. M. Hall's plan more simple, which in three cases he had himself successfully tried. One of these was a person apparently drowned, one a case of poisoning by opium, and one by chloroform. He thought Dr. Silvester's plan inapplicable to stillborn children.

The President remarked that treatment was more generally successful in cases of poisoning by opium, chloroform, or spirits, there being less struggling than in drowning, which was the most fatal cause of asphyxia. It had been found that death from plugging the trachea took place in four minutes, whilst in drowning it took place in a minute and a half.

Mr. Liddle inquired how long the treatment should be continued.

Dr. Silvester said that eight hours had been occupied in the treatment with success. He had often saved stillborn children. He did not consider Dr. M. Hall's plan free from danger, as in one instance the neck of an adult had been dislocated during the treatment. He believed his (Dr. Silvester's) method would stand the test of experience, and prove a great boon to humanity.

The thanks of the meeting were unanimously voted to Dr. Silvester.

A paper was read from Dr. Buchanan on the "Increasing Prevalence of Typhus Fever in the Metropolis." In it he stated that this disease had been epidemic since December, 1861; that on the 31st of August last there were in the Fever Hospital 80 patients, a considerable portion of whom were suffering from diseases other than typhus fever. At the end of September there were 134 patients, the whole of the increase being due to typhus; and by Oct. 12th there were 180 patients in the hospital, who were all (with some 30 exceptions) suffering from typhus fever. The patients had been chiefly brought from the poor districts of the south and east of London, and they all belonged to the very poorest class of people. The number of patients admitted into the hospital in September suffering from typhus was 97; from typhoid, 22. From the 1st to the 20th of October there were admitted suffering from typhus 103; from typhoid, 11.

This paper, as well as the communication from the National Life-Boat Institution, was referred to the General Purposes Committee.

REVIEW OF THE PERIODICALS.

The 'Lancet.'

Mr. Richard Barwell continues his Lectures on the "Natural History and Treatment of Hip-joint Disease," and having shown that ease is often procured even in acute cases by means of extension, he now advocates in some cases the application of the actual cautery for the relief of the pains. The division of muscles in this disease, although advocated by Dr. Bauer, of Brooklyn, is condemned by Mr. Barwell. When the patients are sufficiently improved to leave their beds, but not yet sufficiently well to walk about, Mr. Barwell advises the use of a splint invented by Dr. G H. Davis, and improved by Dr. L. Sayre, of New York. This instrument originally was constructed to reach down to the ankle, but Mr. Barwell has shortened it so that it reaches only to the knee, thus leaving the latter part at liberty. Mr. Thomas Nunneley continues his interesting papers on the "Calabar Bean its Action, Preparation, and Use." In the present paper he considers the relative effect of the various preparations of the bean upon the eyes of different animals, a great number of experiments having been made with the paper saturated with tincture of Cala-

bar bean as prepared by Mr. Squire, and by Messrs. Bell and Co. The best animals for experiment with this paper are cats, the effect not being so great in horses, oxen and sheep, in which the iris is not naturally so active and mobile as in cats. With respect to the *modus operandi* of the bean, nothing definite is at present known, Dr. Harley regarding it as paralysing the nerves which supply the respiratory muscles, while Dr. Christison supposes that death results from paralysis of the heart. Mr. Nunneley, however, throws out the suggestion that the bean may act upon the sympathetic system of nerves or upon the muscles themselves, thus producing great depression of the system. Mr. FRANCIS MASON relates a short case of "Congenital Tumours of the Tongue in a Patient aged Twenty-seven." There were three tumours, one of which was attached by a pedicle; one small one was removed, but the others were not disturbed.

IRISH MEDICAL MEMS.

(FROM OUR DUBLIN CORRESPONDENT.)

By this time your schools are in full operation, your students have returned, and throng your lecture rooms and sick wards, and you have settled down into the customary sessional routine, while we are but commencing, and Introductory Lectures are the order of the day. You have a fair start by a month, which, though brief in itself, yet when looked at relatively to a winter session of six months, is a rather long period to have subtracted from it. The student could get through a considerable amount of work in thirty-one days: if a neophyte he could get a general view of the human frame, learn a few of the bones, the first principles of medicine and surgery, or even the technical terms of the art, and, if advanced, he could rub up the knowledge he had previously acquired; for, beginning as we do at so short a period before Christmas, he has but fairly got to work, when it is interrupted by the recess usually taken both by professor and pupil at that festive period. It would have been well if the Medical Council had drawn attention to this, and proposed an equalisation of time and study for the three kingdoms; to fuse the colleges as much as possible together, and make the diploma of one college of equal value to that of the others, and thus dispel the petty jealousies and rivalries which but too often exist between the members of the different corporations; but perhaps you may think our medical parliament proposed too much, as they were unable to enforce the resolutions which they adopted.

The address of the Nestor of the Medical profession in Ireland, Arthur Jacob, who for about half a century has been connected with our metropolitan schools, and who has taught comparative anatomy to nearly every medical man in Ireland, was principally on the topics which were under the consideration of the Medical Council during their late sitting. We conclude from his observations that the examination for the license of the College will in future be divided into two parts. The first, in anatomy and physiology, to be held at the expiration of two years from commencement of study; the second, in surgery, materia medica, and the other usual subjects, when the student has passed the prescribed time of study. Your College has long since adopted this plan, thereby saving the student's work, and preventing useless repetitions. The College have approved of the recommendation of the Council that all candidates should be examined in writing and *vivâ voce*. Some possess a marvellous power of volubility, and glibly pour from their tongue at will whatever knowledge they possess, and yet cannot commit their thoughts to paper; while others are oppositely favoured by Nature, can explain freely and lucidly in writing, yet words fail them if they wish to do so in conversation. By this arrangement, which is to come into operation in six months, all will have fair play, and their powers will be justly tested. He revives a question which had been decided by the Medical Council in regard to the right of the College of Surgeons in Ireland to grant a diploma in medicine as well as surgery. This was answered in the negative, and yet he brings back the ghost from its grave, and still maintains the right of the College. There can be little use in the licentiate in surgery of our Irish College burthening himself with an extra piece of parchment, as the poor laws and public service do not recognise it. We enjoy sufficient purely medical institutions already without swelling the list.

What may be considered the most original and eloquent address of the series was delivered by Dr. Corrigan, at the Richmond and Hardwick hospitals. This discourse will be little palatable to a class of men who are very useful to backward pupils, who prepare students within a brief period for examinations, and endeavour to place brains and knowledge where Nature, in her wildest freaks of fancy, never intended such things to exist, I mean that over-rated and over maligned body of men yclept "grinders," a more expressive than elegant designation. Well intentioned and useful in the commencement, the practice of grinding ran into the fault of being carried to excess. It was never intended by its introducers to substitute grinding for reading, it was meant merely to concentrate the student's knowlege, sharpen his understanding, and make him ready at answering. However, it ran the course of every fashion, it was carried to the extreme, but every evil contains within itself the germ of reproduction and resuscitation, and this system too having arrived at the acmé of its folly must follow out the inevitable law of human affairs, and rise purified and regenerated from the low state into which it has sunk. Dr. Corrigan attributes the growth of this evil to the jealousy existing between the corporations, and their desire, very natural perhaps, to amass as much money as possible from the sale of diplomas. "Grinding" he does not entirely condemn, but recommends it at a certain period of the student's career, when he has acquired some knowledge of his profession, and has amassed facts from his observation at the bedside and in the dissecting room.

The last part of his discourse was marked by originality and sound reasoning, following out the dictates of common sense, though likely to startle the student, whose mind has been filled with the names of the men who had formed theories of disease and medicine. In it he strives to impress on the student the necessity of cultivating his reasoning powers, not blindly to follow the dictum of any man, or become the follower of a particular theory, but to deduce his opinions from practical observation, and give every suggested improvement a fair trial. In the course of his observations on the subject, he said:

"You hear the phrase frequently, theory of medicine,—you have heard of the theories of Brown, and of Broussais, of Stahl, and of Hahneman, of homœopathy, of allopathy, and of hydropathy. There is no such thing as theory in medicine. All theories of medicine are nonsense, just as much as the gone-by theories of phlogiston and anti-phlogiston in chemistry. What would you think of a theory in engineering, of its being laid down that all injuries and defects of bridges, viaducts, and embankments were to be all treated on the same principle on a theory. A living frame may be well likened to a locomotive engine. In both there is an apparatus for maintaining heat—in the locomotive a furnace, in the human body lungs—in both a circulation, water tubes in the one, blood tubes in the other—in both organs for locomotion, limbs of iron and joints of brass in the one, limbs of bone and joints of cartilage in the other. It needs no proof to show that a theory that all injuries and defects in a locomotive were owing to the operation of some one cause and to be repaired on one principle, no matter where occurring, whether in joints, limbs, furnace, or water tubes, would be nonsense. Equally so are all theories of medicine that treat the human living machine in the same way, and would apply the same principle of cure to all diseases whether occurring in the lungs, limbs, arteries or bones. There is something very captivating to the indolent and ignorant in a theory of medicine. It saves trouble in observation. The theorist has merely to lay down a general principle and give himself no further trouble. He has nothing more to learn. He has only to make all cases fit into his theory. To him it is a couch of ease, but to his patients a bed of Procrustes."

He ably carried on his simile, and gave some practical illustrations to support his views, and concluded this part of his discourse in the following few fitting sentences, and with a laudation of the Dublin School of Medicine.

"In short, the true practical physician adapts his practice to his patient, not his patient to his theory. This constitutes the true practice of medicine. It is on its steady adherence to these principles that the high character of the Dublin School of Medicine has been raised, and which I am sure it will maintain. It is known throughout Europe and America as essentially the "Eclectic School of Europe." Having no theory or hypothesis to support, it accepts information, and is ready to test alleged improvements, come from where they may. It tests them cautiously and carefully in its hopitals, adopts them if worthy of being adopted, or rejects them if found erroneous."

He closed his admirable address with a few words of advice to the students on the conduct necessary for them to observe, to earn the respect and good-will of the citizens, and the blessings of the poor, with whom they come so frequently into intercourse.

Andrew Ellis, F.R.C.S.I., opened the session of the Medical faculty at the Catholic University with an erudite address, and dwelt principally on the necessity of earnest application to study, impressing what the old motto says—

"Quidquid agis agere pro viribus
Sive manducatis, sive vivitis
Sive quid aliud facitis
Omnia in gloriam dei facite."

At the Meath Hospital and County Dublin Infirmary Dr. Smyly delivered an excellent discourse on the necessity of sound preliminary education, of careful observation, and on the cultivation of habits of temperance and virtue. Dr. Wharton opened the original now Ledwich School of Medicine, with an address principally directed to the junior members, on the objects and duties of

the profession, and Dr. Hughes delivered the Introductory at one of the finest Dublin hospitals, the Mater Misericordiæ. This has been built but a short time at some distance out of the city, but it is contemplated to have it connected with the new Catholic University which is in course of erection quite convenient to it. The session at Stevens' Hospital was opened by the Lord Chancellor, and there was no Introductory given.

A deputation from the Council of the Irish Medical Association waited upon Sir Robert Peel last week, to offer various suggestions for the amendment of the Medical Charities Act. The object of the deputation was to solicit his aid in bringing the bill before Parliament at the next sitting. Sir Robert received the deputation with great courtesy. The principal grievance is the smallness of the salary of the Poor-law Medical Officers, and the want of a retirement pension. A subscription is on foot to present some testimonial to Dr. Mackesy, of Waterford, the President of our College of Surgeons, for his unremitting exertions for the interest of his professional brethren. Both in his private and public capacity he has ever used his wide influence to better the condition of the Poor Law Medical Officers, to secure advantages for them, and prevent the adoption of obnoxious measures.

The statistics of the London College of Surgeons, published a short time since, could not but be interesting to every member of the profession, and I trust that in a short time I shall be able to transmit you an account of the Irish College with the number of students attending the Dublin schools. If I can trust to report, the students are decreasing for the last four years. The average number in Dublin formerly amounted to over a thousand, and calculating the least expense of each student at 50*l.* per annum, they brought into the city 50,000*l.* On a rough calculation the number at present might be between six and seven hundred.

Two years since the fee for lectures was two guineas a course, and all the lectures required for the London College and Hall, with hospital practice, could be obtained for 63 guineas. Now the fee is raised a guinea consequent on the diminution of pupils. The grinders have also raised their terms from ten to fifteen guineas, and for this sum they will prepare you for the pass examination, no matter whether you should remain a student for ten years.

REMOVAL OF ST. THOMAS'S HOSPITAL.

COURT OF COMMON COUNCIL.

On Thursday last, a special Court of Common Council was held at the Mansion-house, in pursuance of a requisition to the Lord Mayor to consider a petition of a committee representing the vestries, boards of works, and boards of guardians of parishes on the south side of the Thames, for the assistance of the Corporation, either independently or in co-operation with them, in their opposition in the Court of Chancery to the site at Stangate selected for the erection of St. Thomas's Hospital, and also to aid them gratuitously with the needful witnesses and documents. The Lord Mayor took the chair. A letter was read from the Lord Mayor Elect (Alderman Lawrence) intimating that, in consequence of his having been elected to the office of chief magistrate he had resigned his seat at the Metropolitan Board of Works as a representative there of the Common Council.

A memorial was read, from the committee mentioned above, by Mr. Woodthorpe, the town-clerk. It was addressed to the Lord Mayor, Aldermen, and Commonalty of the City of London, and emanated from representatives of the vestries, and in some cases the guardians, of St. George the Martyr, Bermondsey, Newington, Camberwell, Rotherhithe, St. Saviour's, and St. John's, and St. Olave's parishes. Of this document the material portions are given below. It stated that the Court of Common Council was pleased unanimously to pass the following resolution—namely,

"That whereas St. Thomas's Hospital was originally founded at the cost of the Mayor, commonalty, and citizens of the city of London, in whose management it was vested by Royal charter, and did so continue for two centuries; and whereas, by a subsequent Act of Parliament the Corporation is still required to take part in the government of the hospital by appointing thirty-eight members of its own body to act as governors on its behalf, the Court deems it needful at the present time to declare its opinion that having regard to the local duties for which the great charity of St. Thomas's Hospital was originally founded, chartered, and endowed, and which have been fulfilled for three centuries, the new hospital ought, as far as circumstances permit, to be built in a situation no less central than that which the former hospital occupied. That soon after this declaration of opinion the intention of rebuilding the hospital out of London was apparently abandoned. That a site has, however, been now provisionally chosen at Stangate, on the banks of the Thames, which, in the opinion of the memorialists, and of the parishes they represent, is altogether inconvenient for the poor of the parishes who by right and custom have used it for about three centuries, such site being at an extreme corner of the South London parishes, away from the bulk of the poor and near to two other hospitals—namely, at Westminster and Charing-cross. That the site is of doubtful healthiness for the intended purpose being near to many unhealthy manufactories, by the side of a tidal river, and at a particular part where the mortality is excessive on both sides of the Thames. That the memorialists have reason to believe from the position of the site opposite the Houses of Parliament, and from what they can gather of the intentions of the Governors of the Hospital and of the Metropolitan Board of Works, the grantors of the site, that there will be expended in the erection of a most costly edifice very large sums of money in excess of the amount needful for a good and substantial hospital, with all modern improvements and appliances. Such money the memorialists respectfully suggest is sacred to quite other purposes, and might be made, if needful, largely useful in extending the special benefits of the charity among the rapidly increasing poor of the districts accustomed to use it. That the Act of Parliament, the 25th and 26th of Victoria, chap. 4, orders that the sanction of the Court of Chancery shall be had before the actual purchase of the new site, and that the Governors of the Hospital have agreed to give to the objecting parishes fourteen days' notice of their intended application; that six of the parishes (probably to be followed by one more), represented by the memorialists, comprising the whole of the ancient borough of Southwark, together with Bermondsey, Rotherhithe, Camberwell, and Peckham, have, through their vestries, resolved to appear in the Court of Chancery in opposition to the site now chosen at Stangate, and have voted money for the necessary expenses. The memorialists most respectfully submit that considering the object of the foundation—namely for the poor of London and Southwark, repeatedly recognised by the authorities of the city, and cited in a certain book called *Memoranda, &c., relating to the Royal Hospitals of the City of London*, most of the parishes herein represented have some claim or common right with the city to the benefits of this foundation, and they look upon the City of London as the original and bountiful patron, and still powerful to help them. The memorialists therefore earnestly and respectfully pray that the Court will assist them in their opposition in the Court of Chancery to the Stangate site, either independently or in co-operation with the parishes represented by them, as in its wisdom it may think fit, and that it will in any case be pleased to assist them gratuitously with the needful witnesses and documents."

Mr. William Rendle, the Chairman of the committee, and himself a medical man, stated, in reply to questions put by Mr. H. Lowman Taylor and Deputy Elliott, that the committee had not themselves indicated any particular site for the hospital, but had decided simply that the site of Stangate was unsuitable. They thought that the first consideration was that the hospital should be as near as possible to the people who might want its accommodation. (Hear, hear.) About 40,000 people were usually relieved at the hospital as out-patients, besides those sorely injured who were relieved within its walls. The memorialists were of opinion that Bethlehem Hospital was one of the healthiest places in South London, that the Surrey Gardens were equally suitable in that respect, as was also the site behind Newington Church. They believed that Stangate was a locality altogether unsuitable to all the parishes except that of Lambeth. Lambeth, he said, had a population of 160,000, one-half of whom lived in four contiguous districts by the river side. In those four districts the mortality in ten years had been 2,500 in 10,000, while in the inland half of Lambeth it was not more than 1,500 as compared with 2,500, in 10,000. Again, taking the two parishes close to the Houses of Parliament on the opposite side of the river, the mortality in the same ten years was even greater, namely, 2,600 in 10,000, while for the whole of London it was 2,177 in 10,000.

Mr. Lawley, in moving that the memorial be referred to the General Purposes Committee to take such steps as they might deem desirable, stated that the memorialists represented a population of upwards of 300,000, and he contended that the site of Stangate was the most unhealthy that could well have been selected; in proof of which he quoted a passage from the report of a deputation from the Governors of St. Thomas's Hospital to foreign hospitals, and of which deputation Alderman Finnis was one, to the effect that, as a general rule, hospitals should be on elevated ground, and that was an additional reason against their being built anywhere within the valley on either side of the Thames. For three centuries St. Thomas's Hospital had been in the midst of the dense community of Southwark, an ever-increasing population, including large numbers of working men employed in manufacturing operations, and about the docks and wharves of the Thames, and therefore liable perhaps more than any other to accidents; but now it was proposed to remove the hospital to the West-end of the town, and to erect at the expense of the charity an extravagantly fine building, which would be filled with servants of the wealthier classes suffering from accidents, rather than with working men. To show that the Governors of the Hospital were about to commit a grave mistake in removing it to the remotest part of the district hitherto benefited by the institution, Mr. Lawley stated that in 1861 the number of patients discharged from the hospital, and residing in Southwark was 461; Bermondsey, 294; Rotherhithe, 95; Newington, 201; Kennington, 57; Lambeth, 183 (only); Walworth 96; Clapham, 144; Camberwell, 116; Deptford, 144;

Greenwich, 104; Woolwich, 259; Lewisham, 81; Finsbury, &c., 324; Bethnal-green, 122; Whitechapel, 379; and from outlying places, 812, including 323 from parts of England beyond the metropolitan counties. The whole number so discharged in that year from the hospital was 3,872, of whom as many as 850 lived in the three districts of Southwark, Bermondsey, and Rotherhithe; 797 in those of Lambeth, Walworth, Clapham, and Camberwell; and ofwhom only 183 resided in the parish of Lambeth. (Hear, hear.)

Mr. H. Lowman Taylor seconded the motion to send the memorial to the General Purposes Committee for consideration. As a member of the Metropolitan Board of Works, he said he entirely disapproved of Stangate as a site for the hospital, as well on account of its low level as of its remoteness from the centre of the dense population where it had been most fitly located for 300 years; and he urged upon the Court to endeavour, if possible, to find a more elevated spot, having regard to considerations of health.

Deputy Elliott also supported the prayer of the memorialists as to the unfitness of the Stangate site, and spoke in favour of that of the Surrey Gardens.

The motion for referring the memorial to the General Purposes Committee, to take such steps as they might deem desirable in the matter, was then put and carried unanimously, and the Court adjourned.

THE STATE OF BETHNAL-GREEN.

At a meeting of the Vestry of Bethnal-green held on Thursday, communications were laid before the board from Sir George Grey and Sir Richard Mayne respecting the sanitary condition of the parish. A report was inclosed by the former Mr. Joseph Price, inspector of police, on the dwellings of the poorer classes. The inspector stated that in the parish of St. Matthew's there are eight registered lodging-houses, which accommodate 204 single men. In the parish it is the general practice to let rooms to families. The parish is very large and densely populated. Costermongers, labourers, weavers, and persons who obtain their living by precarious means elsewhere, reside there. The inspector could not of his own knowledge state that an extraordinary mortality existed at the present time among children in rooms occupied by families in the parish. On the 22d ult. an inquest was held on the body of Sarah Ward, an infant 12 months old, who, with four other children, resided with its parents in an outer room at 10, Holybush-place, Bethnal-green. The statement made by the father, and the opinion given by Dr. Moore to the Coroner and jury, that the infant's death "proceeded from blood poisoning," caused by the inhaling impure air, brought the present state of Bethnal-green under public notice. The dwellings of the poorer classes in the parish are greatly neglected by the owners, several of whom are members of the vestry. The basements of houses or underground rooms are let and occupied by families, although not fit for human habitations, deficient in light and air, and regardless of the numbers that are to occupy them. The walls and ceilings are filthy, dilapidated, damp, and unwholesome, the yards unpaved, saturated with stagnant water and heaps of putrified garbage, with a scanty water supply, and unprovided with vessels, tanks, or butts to hold it. The remedies suggested by the inspector are an independent supervision, visitation of the houses, powers to compel owners, lessees, &c., to thoroughly cleanse, repair, and supply sufficient well-constructed water-closets, with good and sufficient water and covered dust-bins. In the second letter from the Home-office were certain reports from Dr. Pearce relative to the condition of various parts of Bethnal green. After referring to the state of Thorold-square, Dr. Pearce suggests "that the dust-bins be covered with doors and the gutters relaid, and every house be thoroughly cleansed, limewashed, and repainted, cesspools abolished, the drains trapped, proper closets made, and water supplied to every house." He recommended that in Holybush-place the cesspool should be filled up, the new closets be effectually drained. and the gutters improved, and the house No 10, in which the Ward family resided, should be thoroughly limewashed and cleansed, and all the other houses should have a separate water supply. Among other reports were tbe following:—"There are eight pigs kept at Mr. Brown's rag-shop, Green-street, and an order is necessary for their removal; the copper where he melts fat—which two nuisances constitute the great stench at the back of 11, North-place, requires heading, and a shaft built therefrom. In two of the back-rooms in John-street a pony and a donkey have been kept, but are said to be now not kept." A letter from Sir Richard Mayne to the vestry clerk, inclosing a voluminous report from Inspector Price as to the state of several houses in Nicholl-street, Bethnal-green, was read. The report stated that the back walls were damp and unwholesome, the ceilings rotten and dilapidated, the stairs and passages filthy, and the yards unpaved. There was no water supply or vessel to hold water, and in one instance (house No. 55) the water-closet had neither seat nor riser. At No. 55 there were four families, or 16 inhabitants, paying 12s. 6d. a week rent. No. 59 was unfit for human occupation, but it was occupied by four families, paying 12s. a week. The general state of the street may be inferred from these facts.

Mr. Cook moved, and Mr. Ashford seconded a resolution that the communications from the Home Office and Scotland-yard should be considered by a committee of the whole vestry. The resolution was carried. On the motion of Mr. Webb, seconded by Mr. Robinson, it was resolved that it be ascertained what houses in those parts of the parish where there are sewers have not proper communication with the sewers, and that in all such cases the necessary steps for compelling such communications to be made be taken. Mr. Vass stated that until within the last six weeks such steps could not have been taken, as the Metropolitan Board of Works had not until then given permission.

OBITUARY.

THE LATE DR. ALLAN WEBB.

We are sorry to have to record the death of this distinguished Surgeon of the Bengal Army, who expired at Clevedon, Somerset, on September 15, 1863. He had suffered for some time from obscure liver disease, following a fever which was contracted in consequence of the arduous nature of his duties in Calcutta, where he held the responsible posts of Presidency Surgeon, and Surgeon to the Native Hospital. He had passed the best part of thirty years in India, and had attained the most eminent rank amongst his Professional brethren, when his career, likely to become more useful to the public and Profession than ever, was thus prematurely closed. For very many years he was the Medical attendant, as well as intimate personal friend, of the late Bishop (Daniel Wilson) of Calcutta, and accompanied him in his periodical visitations to various parts of his vast diocese. He was subsequently selected by Government for the post of Professor of Military Surgery, then of Surgical and Descriptive Anatomy: and on the completion of the splendid new College Hospital, Clinical Professor of Surgery at the Calcutta Medical College. Here he laboured with great energy for many years at the formation of a Museum of morbid anatomy, and this, together with the great experience he had gained from his private practice, and from the observation of the differing phases of Indian disease, as seen in various regions from Simla to Singapore, enabled him to bring forward original views regarding the pathology and practice in Indian diseases, which he embodied in combination with a large amount of details connected with morbid anatomy, etc., in the work with which his name has become principally identified, the *Pathologia Indica*

In addition to a minute knowledge of anatomy as well as Medicine, he possessed the comparatively rare qualifications of an artist, excelling as a draughtsman and a modeller. In the department of Practical Surgery he was remarkable for the fertility of his resources and was enabled to contribute much original and interesting matter to the Medical periodicals; more especially we may mention on his papers in the 'Indian Annals of Medical Science,, on "Osseous Tumours," and on "Elephantiasis Orientalis." This latter subjeet he made his own; no European Surgeon has had more experience in this very common Bengal disease. He made minute researches, microscopical, etc., etc., into the nature of the scrotal tumours. His views were embodied in a paper which was read by him and discussed a few years ago at the Medical and Chirurgical Society of London. His great experience as an operating Surgeon bore fruits in the literature of the Profession, when he produced his little work, so valuable to the native student and the military Surgeon, the "Field Notes and Ready Rules for Operations." Whether we look upon him as a Physician, Surgeon, Medical Practitioner, or Christian gentleman, we have reason to deplore his loss at the comparatively early age of fifty-five years. Dr. Webb had an extensive practice among the residents of Calcutta; by the Europeans, the native gentry, and all the poorer classes, the news of his premature decease will be received with feelings of great regret. They will have lost not only a trusted Medical adviser but a true friend.—'Medical Times and Gazette.

LEGAL INTELLIGENCE.

COURT OF QUEEN'S BENCH, Nov. 6.

BECKE V. FAREY.

This was one of two rather remarkable actions brought by the plaintiff, a medical man, against two persons named Farey and Sterne, to recover fees for alleged medical attendance so long ago as 1859, and for which no claim was made until after a quarrel between them and the plaintiff. The cases were both tried at the last assizes at Croydon—one, the present case, before Mr. Baron Channell, the other before Mr. Baron Bramwell. The former resulted in a verdict for the plaintiff; but in the other action, against Sterne, the plaintiff failed. In the present case, as in the other, there was strong evidence that the alleged attendance by the plaintiff had been friendly visits, or gratuitous attendance on the occasion of such visits; but 10*l.* was paid into court; and, as the

learned judges now observed, this probably explained the verdict in favour of the plaintiff in this case. The learned judge stayed execution; and,

Mr. Serjeant Petersdorff, on the part of the defendant, moved to set aside the verdict, as against evidence.

The Court said they would consult the learned judge, Mr. Baron Channell, and having done so, they to-day said that they should grant a rule *nisi* to set aside the verdict.

BECKE V. STERNE.

This was the other of the two actions above mentioned, and it was a claim for 559*l.*, for alleged medical attendance during a lengthened period of time, some years ago, between November, 1856, and July, 1859. The case was tried before Mr. Baron Bramwell and a special jury. The case for the defence was that the "attendances" were really gratuitous, and took place in friendly visits, for which it was never intended or understood that there should be any charge; and further, for any services really rendered, the plaintiff had received payment, or presents. The jury having heard the plaintiff and his witnesses, at once made up their minds against him, and, without requiring any witnesses for the defence, found a verdict for the defendant, upon which the learned judge expressed a strong opinion against the action.

Mr. Serjeant Shee, on the part of the plaintiff, moved for a new trial, on the ground that the verdict was against the evidence. The learned serjeant said that the case had been really blown out of court by judge and jury. They laughed the case away. (Laughter.)

The Lord Chief Justice.—I am afraid you would not wish us to refer to the learned judge.

Mr. Serjeant Shee.—Oh, no! my lord—I know well what he would say. (Laughter.)

Mr. Justice Mellor asked when the first account had been sent in.

Mr. Serjeant Shee said certainly no account had been sent in until no long time before action.

The Lord Chief Justice said the Court would consult the learned judge.

The Court eventually refused a rule for a new trial.

COURT OF EXCHEQUER, Nov. 6.

(*Sittings in Banco, before the* LORD CHIEF BARON, *Mr. Baron* BRAMWELL, *Mr. Baron* CHANNELL, *and Mr. Baron* PIGOTT.)

BENNETT V. HICKSON.

This case was tried at Nottingham, before Mr. Justice Williams, when a verdict was found for the plaintiff for 100*l.*

Mr. Cave now moved for a rule for a new trial on the ground of misdirection, and that the damages were excessive.

The action was brought by the plaintiff, a surgeon at Worksop, against the defendant, who was the executor of Mr. T. L. Beardsall, upon an agreement by which the defendant, on the 3rd of March, 1859, sold the practice of his testator to the plaintiff, and undertook that he and his co-executor, Mr. W. G. Beardsall, would use their best endeavours to establish the plaintiff in that practice.

The breaches complained of were—first, that the defendant's co-executor had said of the plaintiff that he would not be long at Worksop, as his charges were too high; secondly, that the defendant's co-executor had competed with the plaintiff for the post of medical officer to the Abbey Lodge of Odd Fellows, which had been held by the defendant's testator, and which produced 8*l.* 15s. per annum; and thirdly, that the defendant's co-executor had contested a similar post which had not been held by the testator.

Mr. Cave contended that these were not breaches of the agreement; or that, if they were, the damages were excessive.

The Lord Chief Baron remarked that it was difficult to see how the saying of a doctor that his charges were too high was a breach of an engagement to introduce him to the practice he had purchased. So, also, the third offence complained of did not appear to amount to a breach of the agreement. Mr. Cave had better, therefore, take a rule on the ground of misdirection, as well as that the damages were excessive, and the verdict against evidence.—Rule accordingly.

MEDICAL SOCIETIES.

HUNTERIAN SOCIETY.

DR. DALDY, PRESIDENT.

CLINICAL DATA RESPECTING AMAUROSIS, MORE ESPECIALLY RESPECTING THAT FORM OF IT SUPPOSED TO BE INDUCED BY TOBACCO.

BY JONATHAN HUTCHINSON, ESQ., F.R.C.S.,

SURGEON TO THE LONDON HOSPITAL, ASSISTANT-SURGEON TO THE ROYAL LONDON OPHTHALMIC HOSPITAL, ETC.

The author stated that his attention had been drawn to the question of the possible influence of smoking in causing amaurosis by some papers which had recently appeared in the medical journals. He had collected together all the cases of true cerebral amaurosis of which he had taken notes during the past four years; they did not comprise all that had come under his care, but most of the more interesting ones. The cases quoted were 65 in number, and were allotted to three groups:—First, cases in which both eyes were affected and the patients were adults (47); secondly, cases in which both eyes were affected and the patients were children (11); and, thirdly, cases of amaurosis of only one eye (7). The subjoined table will show the relative proportion of the two sexes in each group:—

	Males.	Females.
Series I.—Symmetrical, and in Adults:		
Cerebral amaurosis, uncomplicated (idiopathic)	37	3
Ditto, probably complicated or secondary	3	4
Series II.—Symmetrical, and in Children:		
Cerebral amaurosis, uncomplicated (idiopathic)	3	7
Ditto, probably complicated or secondary	0	1
Series III.—Unsymmetrical (all ages)	3	4

In this table, all the cases in which there was good reason to suspect that the amaurosis was secondary to other disease were considered as complicated; in the others (idiopathic) he had been unable, on careful inquiry, to discover any satisfactory explanation of the disease. It would be noted that a most remarkable difference in the relative proportion of the two sexes existed in the idiopathic class of the first series, and that this discrepancy was not found in the other groups. Mr. Hutchinson then proceeded to inquire as to how this great disproportion (37 men to 3 women) could be explained. The possible influence, 1st, of different occupations; 2nd, of intemperance; 3rd, of sexual irregularities; 4th, of veneral diseases; 5th, of injuries; and lastly, of tobacco, were severally examined. That occupation had not much to do with it seemed clear from the fact that the patients had followed most various callings; and as to syphilis and intemperance, to neither of these was the male sex exposed in sufficiently disproportionate degree to account for the very different numbers. In only 4 of the whole number of cases was there any history of injury to the head; and in 2 only of these could it be reasonably inferred that the injury had been the exciting cause of the disease. There remained then the possible influence of tobacco-smoking and of sexual excesses. The author stated strongly his conviction that the real explanation of the majority of cases of this form of amaurosis would be found in one or other of these two. Whether tobacco had any share, or whether all should be attributed to the former, he could not say. He wished to abstain for the present from any positive opinion, and simply begged to call attention to the clinical facts. It might possibly prove that, after all, this disproportion in the sexes was a mere coincidence, and that a larger collection of cases would show it to be such.

Amongst the conclusions obtained by analysis of the series of cases, the following are the more important:—In 23 of the 37 cases, it was recorded that the patients had smoked; whilst in 2 it was expressly stated that they had never done so; and in 12 there was no information. In 10 the patients had been intemperate. In only 2 could it be ascertained that the patients had had constitutional syphilis. In 4 instances the sufferers attributed their disease to anxiety. The disease had progressed to absolute blindness in 15 instances; in 5 it appeared to have been arrested; and in most of the others it was either progressive at the last date of notes or the patient had ceased to attend.

With regard to the probability of sexual excesses having anything to do with the causation of the disease in question, the author stated that in not a few he had obtained the history of failure of sexual power. He had also found that varicocele was a frequent concomitant of this form of amaurosis. Still, on the other hand, in many instances the patients were healthy, robust men, who ailed nothing whatever excepting the loss of sight. In no single instance in the series was there any strong reason for attributing the disease to masturbation. Even if it were proved that varicocele, wasted testes, and loss of generative function were usual concomitants of this form of amaurosis in the male, still the tobacco hypothesis would not be wholly set aside, since the two classes of symptoms might both be due to one common cause. It was remarkable that in almost all the few cases in which the disease occurred idiopathically in females, there was the history of very decided disturbance of menstruation.

Although he felt that there were great difficulties in the way of belief in the tobacco hypothesis,—such, for instance, that many of those affected had smoked only quite moderately; that many had smoked for a long series of years before the amaurosis supervened; that thousands and thousands smoked to great excess without ever suffering from amaurosis; that it was not easy to understand how the tobacco poison could act on one single nervous ganglion alone, the other parts of the nervous system escaping,—still, the author added, he thought there was enough of suspicion in the clinical facts to make it the duty of ophthalmic surgeons to insist on the disuse of tobacco in all cases in which the premonitory symptoms of this disease were presented. The subject was one well worthy of prolonged investigation, and no doubt it would soon be set at rest one way or the other.

In concluding his paper Mr. Hutchinson begged to note the following desiderata:—

1. A much more extended series of cases.
2. More detailed information as to the use of tobacco by those affected by this form of amaurosis.
3. Information as to whether there may not be a considerable proportion of men affected by it who have never used tobacco.
4. Information as to the coexistence or otherwise of varicocele with this form of amaurosis.
5. Information as to whether it ever occurs in women who have smoked. In some countries where smoking is more common amongst women than it is here, valuable information on this head might be obtained.
6. Better knowledge as to whether the course of the disease can in any considerable number of cases be suspended,—1st, by making the patient give up smoking; or, 2nd, by regulation of sexual habits.

The discussion on the subject of this paper lasted over two evenings; we are only able to give brief abstracts of some of the able speeches delivered.

Mr. CRITCHETT, after a few complimentary remarks upon the author's paper, and the industry and accuracy with which he had amassed such numerous cases of amaurosis, went on to observe, that two practical and important questions presented themselves for the consideration of the Society in reference to this subject:—1st, Does the amount of evidence we possess at present justify the inference that tobacco is one of the causes of amaurosis? 2nd, Are there any signs by which this form of amaurosis can be diagnosed? As regarded the first point, it was beset with difficulties; but some high authorities in France had long held an opinion that tobacco was a cause of amaurosis, and several cases that had come under his observation had induced him to adopt the same views. It must, however, be admitted that it was exceedingly difficult of proof, and ranked rather as a strong inference than a logical induction. As regarded the second question, he thought the symptoms were rather negative than positive; it was, in fact, the negative character of the symptoms that gave to these cases their distinguishing peculiarities. The persons most liable to this affection, according to his experience, were sea captains between the ages of fifty and sixty; they frequently smoked strong tobacco, and to great excess, although in other respects temperate in their habits. The principal symptom, was dimness of vision, steadily and slowly increasing until it resulted in blindness. During the early progress of the disease both the external and the ophthalmoscopic appearances were normal, and it was only during the latter stages that white atrophy commenced and could be made out. From two to three years elapsed between the early stages of the disease and extinction of sight. The prognosis was unfavourable; no recovery of sight took place, but its progress had been arrested in some cases that had come under his notice by the complete disuse of tobacco. He had not been able to trace any beneficial effect from any therapeutic treatment.

Mr. WORDSWORTH, after alluding to the many difficulties investing such cases as the various forms of amaurosis in relation to their etiology, stated that many cases had come under his notice in which he was unable to discover any of the other acknowledged causes of amaurosis, and had been led to attribute the disease to the use of tobacco. He referred to the very general opinion entertained by the eminent ophthalmologists of France, Germany, and the continent generally, that tobacco is a very prolific cause of blindness, or at least of imperfection of sight. He had published cases which appeared to him typical of the ultimate condition of tobacco-amaurosis, as he considered it desirable to cite well-marked cases. The disease had come under his notice in less developed degrees, all being indicated by changes of colouration of the optic nerves. He considered them so definite and peculiar, that he had no hesitation in stating his conviction that if six patients, the subjects of optic atrophy from various causes, were present in the room, he could undertake to indicate the smokers from the non-smokers. He considered the cases of tobacco-disease of the optic nerve divisible into three categories. In the first the optic nerves were decidedly hyperæmic, and of a dull-red colour. In a second stage the congestion had subsided, and the area of the nerve presented a brownish-grey tint. And, lastly, in the third stage, they had all the characters of white atrophy.

Mr. ERNEST HART, in opening the discussion on the second night of meeting, analysed at length the clinical details of the cases, and referred all but seventeen to causes evidently remote from tobacco. The analysis left only seventeen as to which he thought that the question could, with any approach to rational inference, be opened, in reasoning from effect to cause—a process which required some logical strictures. But in this number there were still left some typical cases. He quoted one of these at length, where optic atrophy had supervened with only mild cerebral symptoms, such as giddiness, drowsiness, and headache, the patient being a teetotaller, but a great smoker. To these he opposed one or two other histories given where precisely the same train of symptoms existed, but where the patients never smoked; these included two males. He gave a *resumé* of the known causes of atrophy—cerebral, neural, and intra-ocular, and observed that, guessing the cause of optic atrophy to be smoking in any individual, in the face of these cases, where precisely the same symptoms occurred in non-smokers, and without bridging the gulf between the obvious effects of the act and this remote condition, seemed to imply great logical hardihood. He noted that in nearly all these cases the persons were very moderate smokers; in none did the cessation from smoking improve, even temporarily, the condition; that the atrophy supervened at the end of a lifetime, during which the persons affected had been in the habit of smoking moderately without suffering from it; and in one case (No. 45) it was noted that the eyes had been worse five years ago than they were now, notwithstanding that the patient had smoked as much as half an ounce a day during that time. Mr. Hart observed that no one doubted that tobacco contained an alkaloid which was capable of affecting the brain and the nervous system injuriously; and that excessive smoking, which deranged the cardiac action and thus the cerebral circulation, always had been, and obviously must be admitted into the cause of the etiological conditions which enfeeble accommodative action in the eye, and which might possibly, when abused, rank amongst those acts which so much injure the brain as to lead to atrophy of the nerve of sight springing from it. But the present paper, analysed with a due regard to pathological connections, while it fully illustrated the great variety of cerebral conditions under which that atrophy arose, greatly added to the improbability of any ultimate validity being given to the excessive assumptions lately made against tobacco. Mr. Hart observed that no satisfactory indication had been given of the signs by which it was thought that the presumed tobacco-atrophy could be recognised. By candidly furnishing full data Mr. Hutchinson had rendered service to the science of ophthalmology, of which they all equally desired the progress in a right direction. His own interest in the matter lay chiefly in this: that by directing attention to a supposititious cause, and giving an exaggerated importance to the habit of smoking as a possible cause, the central cerebral conditions of congestion, effusion, and degeneration, which must be recognised as active causes in the enormous majority of cases, were likely to be insufficiently regarded, and so the only chances of cure lost in this intractable and severe form of disease.

Mr. SOLLY said he thought Mr. Hutchinson's communication very valuable. It did not, as the author stated, prove anything positively; but it supported, so far as it went, the views of those who believed that tobacco-smoking was prejudicial in a variety of ways to the human frame. He (Mr. Solly) had met with no facts yet to alter his views on that subject. Its injurious effect on boys and young clerks was terrible. The only argument that he had heard in favour of it was adduced by those who found that it assisted them in leading a chaste life; but this very argument—and he believed that there was truth in it—showed how important it was for young married men to abandon it, especially those to whom it was important that an heir to their estate should be born. He was sure that science would be much advanced if the ophthalmic surgeons would continue their observations on this important subject.

Mr. COUPER said we are all agreed that white atrophy of the optic nerve represents the last stage of a great many diseases. It simply means that the conductive function of the nerve has ceased, and does not, if considered apart from its concomitants, point to one more than to another of the very numerous causes of extra-ocular amaurosis. Trustworthy dissections give entire assent to this interpretation; for when the atrophy is of long standing, no primitive fibres are found within the optic nerve, and few, if any, on the inner plane of the retina. That gentle swelling, too, which marks the junction of the retina with the optic nerve, and which is caused by the thickness of the layer of optic nerve fibres at that spot, has wholly disappeared. It is said that the deep red tinge of the nerve-disc characterised the commencement of optic atrophy of this kind; and so it becomes important to inquire if the nerve be ever deeply reddened where there is no amaurosis. Now, syphilitic choroido-iritis generally heightens the pale rose colour of the healthy nerve, and may do so sufficiently to obliterate that marked contrast of colour which is proper to the disc and to the adjacent choroid, and may thus deprive the ophthalmoscopist of the most obvious distinction between those structures. This condition of the nerve finds a parallel in that pink congestion of the ciliary sclerotic which is never absent when the iris or ciliary processes are much inflamed, and, like it, may disappear with the remnants of inflammatory exudation in the choroid. It may, however, endure long after this resorption appears complete to the ophthalmoscope. This Mr. Couper illustrated by reference to a case. Of the large number of cases of amaurosis with white atrophy, few—very few—are actually observed to exhibit antecedent red atrophy. The rare cases in which this sequence is traced usually come with a clear history of some source of prolonged cerebral exhaustion, or of some form or another of sensuous excess. There may have been over-indulgence in tobacco, or there has been venereal excess or hard drinking; and if not these, then there has been abuse of mental application and undue exaltation of the activity of

the brain, or exposure to tropical heat. But whatever be the details of the history, the disease usually ends in blindness and white atrophy. The symptoms are best accounted for by the assumption of a chronic inflammation of the nerve-centre spreading along the nerve. In a far more numerous and less explicable group of cases, blindness slowly and almost imperceptibly overtakes men past middle age, and otherwise healthy. The white atrophy does not succeed any antecedent redness, but gradually appears in a healthy nerve. The apparent largeness of the retinal veins is unreal, and is produced by an actual attenuation of the arteries, which plainly transmit less blood than during health. Indeed, so far from there being any real dilatation of the veins, both kinds of vessels dwindle in long-standing atrophy. In the great majority of these cases, the cause of the disease is wholly obscure. Should future research prove that nicotine can produce amaurosis, then we are not without a parallel in the case of another vegetable alkaloid which can cause blindness. We may remember that Von Graefe narrates two cases where overdoses of quinine, used to prevent the return of an attack of ague which had been already cured by that medicine, caused sudden and all but complete extra-ocular amaurosis. The speedy recovery of both those cases, after repeated cuppings over the temple, gave birth to the surmise that congestion of the nerve-centre was the cause of blindness.

Mr. HUTCHINSON briefly replied, demonstrating by diagrams the respective appearances which ophthalmic surgeons recognise as indicative of atrophy and congestion of the optic nerve from cerebral as from other causes, and which were also presented in these cases. He laid stress upon the disproportion of sexes, and thought that the influences of sexual causes might suggest the explanation. He had found varicocele to a marked degree in cases which he had examined lately, and where he had looked for it.

GENERAL CORRESPONDENCE.

To the Editor of the Medical Circular.

SIR,—The answer to our petition, of which I enclose a copy, is as one expected, a refusal.

Mr. Simon expected his medical brethren to work for nothing, unless he considers our vaccination fees enough to cover any extra work we may be called upon to perform, such as attending on inspectors, and such like.

How much work beyond what he is appointed for does Mr. Simon perform for nothing?

His hit at our lack of public spirit is simply ridiculous.

Yours, &c.,

Nov. 3, 1863. A UNION SURGEON.

(Copy.)

Medical Department of the Council Office.

SIR,—I am directed by the Lords of her Majesty's Council to acknowledge the receipt of a petition signed by you with other public vaccinators of the Union, stating that you recently attended an inquiry, held under their lordship's direction, into the state of vaccination in the Union, and praying that their lordships will grant you such compensation as they may think fit for the loss of time incurred by you in this attendance.

My lords direct me to say that they have not any funds at their disposal out of which they can make any such payment as you desire. And as it was incidentally to your filling the paid office of public vaccinators, that you were invited to confer with their lordship's inspector.

As to the state of vaccination in your Union, their lordships hope that you will not regret to have rendered this unpaid service in furtherance of an important public object for which you are officially engaged.

I am, &c.,

October 30, 1863. JOHN SIMON.

TREATMENT OF PROLAPSUS ANI.

NOTE FROM MR. HENRY SMITH.

SIR,—In your last number you take me to task for not having specified in what kind of cases of prolapsus of the rectum I adopt and recommend the use of my improved clamp. I beg to state that it is not in *all* cases as you suggest, but merely in those instances where a surgical operation of some kind or other is called for. Of course, there are numerous instances where a surgical operation is not in any way needed, but in many cases it is imperatively demanded, and for such I would much prefer the clamp and cautery as being more safe and more expeditious in its results than any other method.

16 Caroline street, Bedford square,
November 9.

Births, Marriages, and Deaths.

BIRTHS.

BROWN.—On the 26th ult., at Sloane street, the wife of C. G. Brown, M.D., of a daughter.

FINDLAY.—On the 26th ult., at Stirling, the wife of Dr. Findlay, of a daughter.

JONES.—On the 31st ult., at Surbiton, the wife of W. P. Jones, M.D., of a son.

KIRKMAN.—On the 30th ult., at Nice, the Dowager Lady Nepean, wife of Dr. Montague Kirkman, of a daughter.

MURPHY.—On the 3rd inst., at Budleigh-Salterton, Devon, the wife of J. B. Murphy, M.D., of a son.

SINCLAIR.—On the 28th ult., at Sydenham road, Croydon, the wife of Dr. R. Sinclair, of Bombay, of a son.

STEWART.—On the 27th ult., at Aldershott, the wife of L. C. Stewart, Staff Surg.-Major, of a son.

VAWDREY.—On the 3rd inst., at Vicarage place, Kensington, the wife of John C. Vawdrey, M.R.C.S.E., of a daughter.

MARRIAGES.

HYDE—DAVIS.—On the 4th inst., at Bloxham, Oxfordshire, W. W. Hyde, M.R.C.S.E., to Catherine Elizabeth, daughter of the late J. Davis, Esq.

NUTTALL—CHADWICK.—On the 29th ult., at Christchurch, Walmersley, Frank Nuttall, M.R.C.S., of Bury, to Sarah Anne, second daughter of the late Robert Chadwick, Esq.

YARROW—GALLATLY.—On the 26th ult., at St. Luke's, Old street, George Eugene Yarrow, M.R.C.S. Eng., of Central street, E.C., to Anne, eldest daughter of George Gallatly, Esq., of the same place. —No cards.

DEATHS.

DIGHTON.—On the 2nd inst., at Northallerton, Yorkshire, Christopher Dighton, M.R.C.S. Eng., aged 74.

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science aed Practice of Medicine, and received certificates to practise, on the 29th ult.:—Frederick Heudebourck Gervis, St. Thomas's Hospital; Matthew Leach, Wisbeach, Cambridgeshire.

The following gentlemen also on the same day passed their first examination:—Frederick William Henderson, Guy's Hospital; Daniel Iles, St. Thomas's Hospital; Frederick Le Feve Milburn, Charing cross Hospital; Walter Hugo Reed, St. Thomas's Hospital; James Wells, Bristol Medical School.

We hear with great regret that the venerable President of the Medical Council is so seriously indisposed as to be confined to his house.—'Lancet.'

MUNIFICENT LEGACY.—Mr. Daniel Darby, of Rowley, lately deceased, has bequeathed the munificent sum of 10,000*l.* to the Birmingham General Hospital.

SHANGHAE.—A recent letter from Shanghae states that cholera and small-pox are very prevalent. Many deaths have also occurred from sun-stroke.

WESTMINSTER HOSPITAL.—The collections made at the "Thanksgiving" services at Westminster Abbey on Sunday, the 25th ult., have been presented by the Dean and Chapter to the funds of the Westminster Dispensary.

PRESIDENCY OF ST. BARTHOLOMEW'S HOSPITAL.—In consequence of the death of Mr. Alderman Cubitt the threatened litigation respecting the presidency of St. Bartholomew's Hospital will necessarily be abandoned.

JOHN HUNTER.—The profession will be glad to hear that the original painting of this great physiologist, justly considered the *chef d'œuvre* of Sir Joshua Reynolds, and which, like all the productions of the great artist, has been rapidly fading, especially during the last few years, much to the annoyance of the Council of the College of Surgeons, as well as to the admirers of Hunter and Reynolds, has at last been admirably restored by Mr. Farrer, to whom, on the recommendation of Sir Charles Eastlake, it was consigned; and so well has this gentleman performed his important duty, that the president has ordered it to be covered with a handsome plate-glass to save it from the injurious gas and London smoke The history of this painting is very interesting.—Hunter's friends had long been desirous to engage him to sit to Sir Joshua Reynolds for his picture, but he had always hitherto declined to do so, not choosing that it should be done at the expense of others, and thinking the price too high.

SHORT WATER SUPPLY.—Mr. Alfred Smee has addressed the following letter to the 'Times':—Sir,—Since my complaint to the 'Times' we have had sometimes more and sometimes less water, but my cistern was quite empty last Sunday. The inspector of the New River has called and requested me to change a three-quarter service pipe for an inch service pipe, and to alter my cistern, which holds 250 gallons, for another to hold 500 gallons. But the hydros-

tatic arrangements of a house are made at the time it is built, and the estimate for this change by my builder amounts to 37*l.*,—an expense which I declined to entertain, especially as before the New River Company adopted the plan of saving the water by lessening the time of the supply I always had sufficient for the wants of the house. For this diminished supply I am now charged the extravagant rate of 5*l.* 12s., while when I had plenty of water I paid about half the present sum. The quality of the water, however, has improved with the diminution of its quantity. London can never be considered to be supplied with water until every habitation can have, on a fair remunerative payment, whatever water is desired. Millions of gallons of beautiful water are daily pouring into the Thames at Grays from a series of underground rivers; why should any monopoly prevent it from being used by those who want it? The deep springs of London, such as those at the Mint, the Bank of England, and Trafalgar square, all contain salt and soda. The water at Grays is remarkable as being like that at Watford, which is almost destitute of salt or soda. A writer in the 'Times' states that in his opinion the supply is not ten millions of gallons a day. I believe it to be much more, and that it is collected in Hertfordshire and Bedfordshire, where consequently its supply will be immense. Without speculating on the source of the water which is now running to waste at Grays, let us be thankful that it exists, and let it be supplied, whether it be much or little, to the thousands of poor people in London who are crying in vain for an additional supply.

APPOINTMENTS.—J. C. Agnis, F.R.C.S.E., has been appointed Junior Surgeon to the West London Hospital, vice Teevan, promoted.—J. Alexander, L.R.C.S.Ed., has been appointed a Public Vaccinator by the Parochial Board of Leslie, Fifeshire.—G. Bartlet, M.R.C.S.E., has been appointed a Public Vaccinator by the Parochial Board of Forgue, Aberdeenshire.—J. W. Beaumont, M.D., has been appointed Medical Officer for the newly formed District No. 2 of the Eccleshall-Bierlow Union, Yorkshire (the Districts throughout the Union having been re-arranged).—G. Booker, M.R.C.S.E., has been appointed Medical Officer for the newly formed District No. 5 of the Ecclesall-Bierlow Union.—J. Bridson, M.D., has been elected Surgeon to the Isle of Man General Hospital and Dispensary, Douglas, Isle of Man, vice H. N. Scarff, M.R.C.S.E., deceased.—J. Clayton, M.R.C.S.E., has been appointed a Public Vaccinator by the Parochial Board of Banff.—J. Cruickshank, M.R.C.S.E., has been appointed a Public Vaccinator by the Parochial Board of Forgue.—Mr. J. S. Ferris has been elected Resident Physician-Accoucheur to King's College Hospital.—W. Graham, L.F.P.& S.Glas., has been appointed a Public Vaccinator by the Parochial Board of Cardross, Dumbartonshire.—G. Gray, M.R.C.S.E., has been appointed a Public Vaccinator by the Parochial Board of Insch, Aberdeenshire.—J. Gregory, M.R.C.S.E., has been appointed Medical Officer for the newly formed District No. 3 of the Ecclesall-Bierlow Union.—H. Gribbin, M.D., has been elected Medical Officer and Public Vaccinator for the Bangor Dispensary District of the Belmullet Union, Co. Mayo, vice W. H. Bournes, M.D., resigned, and appointed to the Ballycastle Dispensary District of the Killala Union, Co. Mayo.—R. M'Killiam, M.D., has been appointed a Public Vaccinator by the Parochial Board of Forgue.—H. L. Kempthorne, L.R.C.P., has been elected House-Physician to King's College Hospital.—A. S. Kerr, M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Renvyle Dispensary District of the Clifden Union, Co. Galway, vice G. St. George Tyner, L.R.C.S.I., appointed Resident Surgeon to Dr. Stevens' Hospital, Dublin.—R. King, M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the District of West Drayton and part of Hillingdon of the Uxbridge Union, vice W. Rayner, M.R.C.S.E., resigned.—M. Macintosh, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the Rotherfield District of the Uckfield Union, Sussex, vice C. R. Williams, M.D., resigned.—J. Mackay, M.D., has been appointed a Public Vaccinator by the Parochial Board of Birse, Aberdeenshire (for the Eastern Division).—E. A. Maling, M.R.C.S.E., has been re-elected Librarian to the Sunderland Medical Society.—G. B. Morgan, L.R.C.S.I., has been elected President of the Sunderland Medical Society for the ensuing year.—E. Parker, F.R.C.S. Ed., has been appointed North Divisional Surgeon to the Liverpool Police Force, vice H. Swift, M.R.C.S.E., deceased.—W. Percival, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the All Saints and the St. Andrews Districts of the Northampton Union, vice G. Olive, M.R.C.S.E., deceased.—E. Pollock, M.R.C.S., has been elected House Surgeon to King's College Hospital.—T. S. Rowe, M.D., has been elected Surgeon to the Royal Sea-Bathing Infirmary, Margate, vice G. H. Hoffman, M.R.C.S., resigned.—J Rust, M.D., has been appointed Medical Officer, and Public Vaccinator for the Borrowby District of the Northallerton Union, Yorkshire, vice J. Dale, M.R.C.S.E., resigned.—R. Spence, M.D. has been appointed a Public Vaccinator by the Parochial Board of Linlithgow.—T. A. Stephenson, M.R.C.S.E., has been elected President of the Nottingham Medico-Chirurgical Society.—W. F. Teevan, F.R.C.S.E., has been appointed Surgeon to the West London Hospital, vice C. Heath, F.R.C.S.E., resigned.—J. T. Thom, M.D., has been appointed a Public Vaccinator by the Parochial Board of Fetteresso, Kincardineshire.—J. Turnbull, M.D., has been appointed a Public Vaccinator by the Parochial Board of Dunbar.—W. Watson, M.D., has been appointed a Public Vaccinator by the Parochial Board of Leslie, Fifeshire.—W. R. Watson, L.R.C.S. Edin., has been appointed a Public Vaccinator by the Parochial Board of Aboyne, Aberdeenshire, and by the Parochial Board of Birse (for the Western Division).—V. Wearne, M.R.C.S., has been elected House-Surgeon to the Devonport, Stonehouse, and Cornwall Hospital and Eye Infirmary.—F. A. Willington, M.R.C.S.E., has been appointed Medical Officer for the newly formed District No 1 of the Ecclesall-Bierlow Union.—J. Wilson, L.R.C.P.Ed. has been elected Medical Officer and Public Vaccinator for the Danby District of the Guisborough Union, Yorkshire, vice J. F. Mackreth, L.R.C.P.Ed., resigned.—K. Wilson, M.D., has been appointed Medical Officer for the newly formed District No. 4 of the Ecclesall-Bierlow Union.—H. J. Yeld, M.D., has been elected Secretary and Treasurer to the Sunderland Medical Society.

APPOINTMENTS FOR THE WEEK.

Wednesday, November 11.

Operations at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.

Thursday, November 12.

Operations at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; London Surgical Home for Diseases of Women, 2 p.m.

Friday, November 13.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, November 14.

Operations at St. Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; Royal Free Hospital, 1½ p.m.

Monday, November 16.

Operations at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

Tuesday, November 17.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

The Dublin Quarterly Review of Medical Science, No. LXXII. November, 1863.

The Dental Review, No. XI., vol. V. November, 1863. London: R. Hardwicke, 192 Piccadilly.

On the Influence of Mechanical and Physiological Rest in the Treatment of Accidents and Surgical Diseases, and the Diagnostic Value of Pain. By John Hilton, F.R.S., F.R.C.S., &c., &c. London: Bell and Daldy, 186 Fleet street.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor, may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day

We must request our Country Correspondents who favour us with copies of Provincial Newspapers, to mark the passages to which they desire to draw attention.

We beg to return our thanks to our Correspondents and Subscribers in Edinburgh, Glasgow, and Dublin, for the particulars they have forwarded in reference to the opening of the Scotch and Irish Schools of Medicine; and to state that want of space alone has prevented us from inserting the whole of the information with which they have so kindly and so plentifully supplied us.

M.R.C.S., MARTHAM.—The writer expressly states that the instruments are of such a simple construction that they are manufactured by the village blacksmith, and no instrument-maker has hitherto offered them for sale, as far as we are aware.

DR. CORFE'S interesting paper on Laryngitis and the Statistics of Tracheotomy shall appear next week.

A UNION SURGEON'S letter is inserted.

Mr. HENRY SMITH'S note is inserted.

Mr. J. B. B.—The card has been received.

Dr. L. is thanked for his communication.

WINCHESTER.—The anti-sanitary sentiments of the candidates for municipal honours have not escaped our notice.

ST. BARTHOLOMEW'S HOSPITAL.—We believe that the threatened litigation will not take place.

WE are compelled to postpone the concluding part of our review of Dr. Graily Hewitt's work until next week, also Dr. G. De G. Griffith's paper.

PARISIAN MEDICAL NEWS.

PRESCRIPTIONS AND FORMULAS.

Vitiligo ; Mr. Chausit's Prescription.—Vitiligo is the name by which pathologists designate partial and circumscribed discoloration of the skin of the parts usually covered with hair. These spots acquire a milky whiteness, analogous to that of scars, but remain perfectly smooth. Mr. Bazin ascribes the disease to the presence of the microscopic fungus of *porrigo favosa;* it habitually invades the scalp, and is characterised by the formation of smooth, discoloured, circular bald patches, a diseased condition of the hair, and especially a darker aspect of the skin around the margin of the patches. The contagious character of vitiligo is not a demonstrated fact.

The advocates of the parasite theory, Messrs. Bazin and Hardy, advise depilation, not only over the surface of the patches, but along the edges, in order to prevent propagation of the disease.

Mr. Chausit, who is not convinced that fungoid growths are the cause of the alopecia, and who considers depilation unavailing, relates in a paper published by the *Union Médicale* two instances of vitiligo of the scalp, in which a cure was effected by measures which Mr. Cazenave has often found useful, and which do not belong to the parasiticide class of remedies.

In the first case, a bald patch of recent formation of the size of a half-crown piece existed on the scalp, close to the parting of the hair.

Frictions were performed every evening with the following pomade:

℞ Tinct. aromat., ʒj.;
Medull. Bovis, ʒiv.;
Ess. limon., ℥j.

Every morning lotions with a flannel brush moistened with:

℞ Tinct. quinæ. saturat., ʒj.

After twenty-eight days' treatment, a few thin hairs made their appearance, which gradually gained in strength and became thicker. The skin soon recovered its natural colour, and in the course of eight weeks the hair entirely resumed its healthy aspect.

This patient was a woman of thirty-five; Mr. Chausit again saw her after an interval of twelve months: no trace of the bald patch was visible, and it was covered with a crop of hair as vigorous and handsome as the adjacent parts.

The second case was that of a clerk in the Financial Administration, aged fifty-two; the disease had broken out on the head and face after severe mental suffering. Five patches were observable on the scalp, and the affection occupied the right side of the chin and upper lip, from which the hair and beard had fallen off.

Prescription: To take night and morning a tablespoonful of:

℞ Liq. sodæ arseniatis (Pearson's solution), ʒij.;
Syrupi lupuli., ʒxiv.

Frictions in the evening with the following pomade:

℞ Tinct. aromat., ʒj.;
Unguent ceræ. albæ., ʒv.

Alkaline lotions and baths.

The treatment was persevered in for a fortnight, when the hair and beard began again to grow, but of a grey colour. In the course of four months a complete cure was effected, and but for the whiteness of the hair it would have been impossible to discover the spots formerly occupied by the patches.

Efficacy of Ash-Leaves in Rheumatism and Gout.—The *France Médicale* devotes to the medicinal properties of ash-leaves, recommended in rheumatism and gout by Messrs. Delarue, Pouget and Barbotin, an article from which we extract the following passages:

The effects of these leaves in the above-mentioned affections suggest a valuable distinction: from a careful survey of the cases in which they proved beneficial, it appears that they are appropriate in the sub-acute and chronic forms of disease only. They should not be resorted to before the inflammatory stage has subsided; otherwise the symptoms might be exacerbated, and a valuable remedy would unfairly be accused of the aggravation. Ash-leaves may be used both externally and inwardly.

Internally Mr. Delarue exhibits an infusion prepared with two drachms and a half of the ash-leaves, for about six ounces of boiling water.

The dose is a teacupful every three hours, or night and morning only, according to the severity of the case. The infusion should be sweetened, and aromatised with a few mint-leaves.

Mr. Pouget prescribes the powdered leaf (eighteen grains for three ounces and a half of boiling water).

In gout a teacupful night and morning is sufficient, but the treatment must be persevered in longer. This remedy taken for a week or ten days every month indefinitely postpones the attacks of gout, and eventually cures the disease.

The decoction may also be used for enemas; and the leaves heated in a stove, and applied over the painful parts, form an efficient sedative poultice.

Amenorrhœa.—In a letter addressed to Mr. Bouisson, of Montpelier, and published by the *Gazette Hebdomadaire*, Mr. Courty gives an account of his visit to Scotland, and describes as follows Mr. Simpson's treatment of amenorrhœa:

This gentleman inserts into the uterus a hollow sound, fenestrated at one extremity, and connected at the other with a small sucking-pump. When the instrument is worked, the mucous lining of the womb becomes congested, and after a few applications repeated every day at the catemenial period, the discharge is re-established.

The Use of Hot Air-Baths in Albuminous Nephritis.—Dr. Delalande, a military surgeon, states in his inaugural thesis that Professor Kuss considers the hot air-bath as an unfailing remedy in the acute stage of albuminous nephritis Ten cases in which a complete cure was effected by this method are adduced in favour of its efficacy. The simplest apparatus may be used, and the most common is the lamp-bath in use in all hydropathic establishments, and which can readily be constructed with a cane-bottomed chair, a spirit lamp, and a couple of blankets.

LEARNED SOCIETIES.

Academy of Sciences.—Mr. Jobert de Lamballe, who, on several previous occasions, has addressed the Academy on the subject of the regeneration of tendons, communicated the result of his further researches on this interesting question. From these inquiries, it appears that the periosteum is not endowed with sensation except in the regions in which nervous filaments penetrate into the bones. Mr. Jobert expresses himself somewhat ambiguously, and would seem to share in the doubts entertained by Haller, who, speaking of the periosteum, says:—"It is difficult to decide on the presence or absence of sensation in that membrane."

— A few days before his death, caused by a wound, accidentally inflicted on himself during an operation, Mr. Reybard, of Lyons, forwarded to the Institute a short paper in which he dwelt on the benefits derivable from a procedure which he calls *obstructive* catheterism of the urethra.

Hitherto, said he, the introduction of an instrument into the bladder has been deemed necessary for the evacuation of the contents of that reservoir. The same result may, however, in most cases, be attained by the insertion into the urethra of a bougie terminated by a bulb, whether the instrument be withdrawn immediately after miction, or be left permanently in the duct. This painless operation is easily performed, and is not so hazardous as catheterism of the bladder.

— At the meeting of August 24th, Mr. Velpeau read a memoir, forwarded by Mr. Tavernier, on a new mode of union of wounds, calculated to prevent unsightly scars.

After the excision of a cyst of the neck in a young lady, Mr. Tavernier, desirous of avoiding the formation of the disfiguring cicatrix, which is usually apparent after the removal

of a suppurating ganglion, resorted to the following procedure:—

"I united the lips of the incision, which was more than three inches in length, provisionally with *serres-fines;* when the space previously occupied by the cyst had filled with blood, all copious outward hæmorrhage having ceased, I closed the wound definitely with collodion, removing the *serres-fines* one after the other. At the inferior angle of the incision, I left a minute aperture, and consolidated the whole by a fresh layer of the adhesive liquid. Primary union took place, and not a single drop of pus escaped from the orifice which prudential considerations had induced me to leave. After an interval of a week, I removed the collodion; the scar was of a deep red, but perfectly straight; it has since then (four months and a half) contracted, become paler, and promises to become invisible to persons unaware of the operation which has been performed."

In the author's opinion, this procedure prevents the scar from falling in, and is an advantageous substitute for adhesive bands, the action of which is not to be trusted, and which being opaque prevent the surgeon from watching the progress of cicatrisation. It replaces ligatures, the application of which is painful, and which may give rise to serious complications; and, in addition, protects from the contact of air wounds in which loss of substance has been inflicted.

— Mr. de Luca then read a communication relative to organic chemistry. At Pompei a baker's house has been recently uncovered, and in the oven were found 81 loaves, 76 of which weighed from 16 to 18 oz.; 4 from 20 to 23 oz; and 1 nearly two pounds and a half.

All these loaves are outwardly of a dark brown colour, which is rather lighter in the central parts. The crust is hard and compact, and the crumb brittle and shining, like coal. Chemical analysis shows that the composition of this bread is not exactly the same in all its parts, and that the elements appropriate to nutrition are more abundant in the centre.

Academy of Medicine.—After Messrs. Dubois and Parchappe, whose views we reproduced in our last number, Messrs. Béclard, Piorry, Bouley, Bouvier, Reynal, Vernois, and Gosselin, addressed the Academy on the subject of vivisections.

"That abuses have crept in in the practice of vivisections," said Mr. Béclard, "is an undeniable fact. But in contending with abuse, we must cautiously avoid interfering with legitimate use, and restricting the liberty of tuition. Let us by all means protect animals, but at the same time let us not profane the temple of science."

Mr. Béclard opines, however, that vivisections are not indispensable for the education of the pupils in Veterinary Colleges, and that the performance of experimental operations on living horses may be dispensed with. With this exception, Mr. Béclard rejects every proposition tending to confine scientific inquiries by new regulations, and to restrict the freedom of the experimentalist. In conclusion, he remarked that prohibitions would be less likely to attain the desired object, than an appeal to the good feelings of the students.

According to Professor Piorry, vivisections are indispensable to the acquisition of a knowledge of the diseases which may affect the human subject, and of the remedies appropriate to their cure. They have been at once the origin and the demonstration of the most important discoveries in physiology, in pathology, in forensic medicine, and in therapeutics; that they are not in opposition with humane feelings, is proved by their object, which is the preservation of our species. The experimentalists' own sense of propriety must be trusted to conciliate scientific utility with the imperative requirements of compassionate feelings; experiments instituted for no useful purpose are but a wanton cruelty—the conduct of the physiologist must be governed by the dictates of conscience, not by mere laws and regulations.

Mr. Piorry professes but little respect for the affected sentimentality of people who loudly censure vivisections, and yet do not notice the tortures inflicted on certain animals, for the gratification of human gluttony.

Surely the sufferings of the eel skinned alive, of the oyster, of the lobster tossed alive into boiling water, are worthy of compassion. Can anything be more barbarous than the cramming to which ducks and geese are indebted for the diseased liver which our most earnest philozoists unscrupulously relish.

Mr. Piorry suggests, in accordance with an idea which the *Union Médicale* has frequently propounded, that in scientific experiments the enemies of our hen-coops, such as the fox, weasel, rat, *et hoc genus omne*, be substituted for the dog and horse.

Mr. Bouley cannot agree with Mr. Béclard, and regards the performance of experimental operations on living animals indispensable to the attainment of proficiency in Veterinary Surgery; to these practical exercises must be ascribed the superiority of French, over German and English Veterinary Colleges, a superiority attested by the number of foreign students who having already received their diploma at home, consider it necessary to complete their studies in France. "Let it not be supposed," said Mr. Bouley, "that the English, who are so compassionate in their own country, display in our Schools any repugnancy for these preparatory studies. They are, on the contrary, the most zealous of our pupils, and do not show more tenderness to the unfortunate animals than they would to rebellious Sepoys. When these gentlemen return home, far from being censured by the societies instituted for the prevention of cruelty to animals, they are, on the contrary, treated with marked favour, and soon beeome popular practitioners."

The abuses alluded to by Mr. Dubois d'Amiens have, according to Mr. Bouley, been greatly exaggerated; several operations may occasionally have been performed on the same animal, but they were minor and almost painless procedures, unavoidably instituted on one horse on account of the dearth of subjects.

"Like politics, science has terrible and distressing requirements; to the latter vivisections are necesary; to the former, war, a kind of vivisection far more cruel and barbarous than the experiments performed in our amphitheatres. . ."

"The matter under consideration is not one to which rules and regulations can be applied; the surgeon must be guided by his own conscience. The dignity of science and the independence of the savant would be fatally compromised, were it possible for a police agent to interrupt a lecture in the name of the law, and threaten to report on the professor's proceedings?"

Mr. Bouvier, after declaring that experimental physiology should disdain any reply to the censures of its detractors, and hat this branch of tuition is "one of the imperishable glories of French Science," entirely agreed with Mr. Bouley's observations. . . Persons prejudiced against the study of operative surgery on the living animal, inquire why veterinary should not, like medical students, be enabled to acquire proficiency by operating on the dead subject? Now, Mr. Bouvier cannot concede that operations performed on the dead are sufficient to impart the necessary steadiness and dexterity to the surgeon's hand. . . . After thousands of operations thus learned, the student has yet another apprenticeship to go through, before he can pretend to the title of skilful operator. This preliminary knowledge is obviously acquired at the expense of the young practitioner's first patients. It is equally evident that previous performance on animals of those procedures which are nearly the same in the human subject, is the best method of shortening this apprenticeship and diminishing its perils. The most eminent contemporary surgeons, such as Dupuytren, Roux, Béclard, Lisfranc, Blandin, Bérard (to mention only the dead), acquired their well known dexterity by numerous experiments on living animals. Professor Chomel, alluding in 1822 to the method of attaining surgical proficiency, recommends operations on living animals, and Amussat was so deeply impressed with their utility, that he established a course of practical tuition of this kind for students intending to devote themselves to the practice of surgery. "Previously to addressing themselves to the human subject," says Mr. Magendie, "would it not be better for surgeons to operate first on animals? . . I think that, as a complement of a good medical education, experiments on living animals should be required, and that surgeons should not, in future, be obliged to purchase their experience at the expense of their fellow creatures. . . Applying these principles to tracheotomy, an operation occa-

sionally entrusted, at the Hospital for Infancy, to inexperienced *internes*, Mr. Bouvier remarked, that if these pupils, doubtless otherwise highly educated, had previously tried their hand on living animals, they would, when first called upon to operate on children, display a degree of dexterity highly advantageous to their little patients. A few children more might thus annually be saved, and families would be spared the grief caused by the death of these infants. Surely no Society for the Prevention of Cruelty to Animals, not even an English one, could object to this!

Therefore, so far from seeking to suppress exercises of operative surgery on living animals in our veterinary schools, powerful motives might be urged for their introduction into the curriculum of medical studies.

It is unnecessary to reproduce the observations of Mr. Reynal, who entirely agreed with those which had fallen from Mr. Bouley.

Mr. Vernois then addressed the Academy, and more especially alluded in his reply to the remarks of the Press and of some scientific periodicals. "The adversaries of the method of vivisections," said he, "have brought forward arguments based on morality; they have spoken of ferocious and cruel instincts developed by the sight and practice of physiological experiments. This is an undeserved insult offered to the eminent men, who have raised to so high a standard the study of experimental physiology in France. Prejudice and false reasoning are at the bottom of this strange perversion of ideas. Physiologists and vivisectors are represented as mere butchers, and yet it is surely impossible to meet kinder and milder men than Cl. Bernard, Longet, and Ségalas. It is impossible, even in societies instituted for the prevention of cruelty, to meet with individuals who are fonder of animals than those I have named, and surely we, who have been present at their lectures and witnessed their and Mr. Magendie's experiments, are not entirely destitute of human compassion!

"Mr. Piorry suggests that domestic animals be spared, and that those which are useless or noxious be preferred for the purpose of experiment, and the suggestion assuredly arises from a good feeling. But it is unfortunately impracticable. The operator must act in full security, and not be disturbed by the fear of a bite. This could not be with noxious animals, a hyena or jackal for instance. It is evidently better to use hens or rabbits, which would moreover be sacrificed for culinary purposes.

"I contend that operations on living animals are useful, necessary, and indispensable; that they should be performed publicly on patient animals accustomed to the presence and society of man.

"The matter is not susceptible of administrative regulations; any attempt to enforce such regulations would seriously detract from the dignity of science, and the freedom of its professors. What! when the Emperor has but just founded a prize for experimental physiology, as a signal encouragement to practical studies; when the Minister of Public Instruction has brought down to the present day the tuition of history in our colleges; a protest is entered against physiological experiment, and an effort made to shackle the professors of our universities and to mutilate their lectures.

"The Academy cannot meet attacks of this nature by half measures; its conclusions must be precise, absolute, and radical. We should reply to the Minister that the complaints from the other side of the Channel are utterly unfounded; that it would be improper to suggest any restrictive measures; that in the event of the occurrence of abuses, which we have no reason to foresee, the regulations of our universities would be amply sufficient to restore to the various methods of instruction the dignity and morality for which they have hitherto been always conspicuous."

The debate was concluded by a speech delivered by Mr. Gosselin, who briefly summarised the various opinions emitted by the preceding orators. He entered his protest against the term *abuses*, which had recurred several times in the course of the discussion, and implied an undeserved censure on physiologists and vivisectors.

"It is important," said Mr. Gosselin, "to establish the fact that in our laboratories and amphitheatres, pain is not unnecessarily inflicted, and the life of animals wantonly sacrificed. The professor who performs new experiments on animals commits no abuse, but merely illustrates by positive proof the facts adduced in his lecture. The inquirer who repeats old experiments or verifies facts already known, is not guilty of abuse; it is a duty to test the truth of previously acquired knowledge, and to demonstrate it before the pupils in a striking manner. Students who practise vivisections commit no abuse; their objects are general utility and the progress of science, and it is unjustifiable to represent them as actuated by the frivolous and barbarous desire of torturing an animal. If vivisections are prohibited, physiology is at a stand-still. Had they been formerly interdicted, Spallanzani, Charles Bell, Magendie, and Claude Bernard would be unknown. Students of veterinary surgery who perform operations on living animals are not guilty of abuse; the term should, therefore, be struck out from our discussions.

"I object to the concluding resolutions of the report because they are tame, superfluous, and unjust. I more especially object to the answer framed by Mr. Dubois d'Amiens to the communication of the Minister, because it is an outrage on the liberty of tuition and an insult to the dignity of science. The academy and the government must trust entirely to the wisdom and conscientious feelings of the operators."

Mr. Gosselin then moved the adoption of the resolutions we have stated (Art. 6531), and which, with the addition of an amendment proposed by Mr. Bouley, relative to the study of veterinary surgery, were unanimously adopted, the original resolutions of the committee having previously fallen to the ground.

The Medical Circular.

ORIGINAL COMMUNICATIONS.

CASES OF LARYNGITIS AND OF TRACHEOTOMY.

By George Corfe, M.D., M.R.C.P.L.
Physician to the Western General Dispensary.

In an excellent treatise on Croup recently put forth by M. Roger in 'Les Archives Générales de Médecine,' April 1862, that gentleman asserts that at "L'Hôpital des enfans malades" in Paris, 20 per cent. of the children operated upon by tracheotomy, for the relief of impending suffocation from this disease recovered. M. Bretonneau performed it seventeen times under similar circumstances, and success attended him in five instances. His pupil, M. Trousseau, states that up to the year 1835, 18 out of 60 operations were successful, from Andre's first performance of it in London in 1782. M. Trousseau has himself opened the trachea thirty-six times in this disease, and in nine instances his patients recovered. Velpeau, Bouchut, and Guersant are equally favourable to its adoption, (*a*). British surgeons, on the other hand, have met with no success, and therefore no encouragement, so as to induce them to resort to it. Whence arises this discrepancy in the favourable results of so important an operation?

Having been a witness during the last thirty-five years to a larger number of fatal cases of infantile croup and laryngitis than falls to the lot of the generality of practitioners, and having observed in two dozen cases at least of operation, the fatality of the remedy, it has often struck my mind that we are guilty of great inattention to some important evidences which should demand or forbid tracheotomy in the course of the disease. These evidences are so clear, and founded upon such well established facts in pathology, that they are worth our deepest consideration.

M. Trousseau's language is very emphatic, "I formerly said it (tracheotomy) must be performed as *late* as possible, whereas, now that I have had numerous successful cases, I say it must be performed as soon as possible." For not more than one patient in ten was lost, where the operation was performed while the false membrane was only in the larynx, but scarcely one in ten was saved in operations on those children whose bronchi were already invested with pellicular concretions. Dr. Watson in his forty-fifth lecture draws the same argument in favour of its early performance as M. Trousseau, viz., That, as in hernia, the main success of the operations depend upon their being done at the earliest period. But, we may ask, how are we to assure ourselves of the definite character of the early and of the late stage of croup? In other words, when would Mr. T., the great continental authority, perform it and when

(*a*) Vide 'Memoirs on Diphtheria, Tracheotomy,' &c., &c.. New Sydenham Society, 1859. By R. H. Semple, M.D.

would he withold? Let us interrogate ourselves on the following points in connection with the disease.

1. Is there much dysphagia, at least, much sense of suffocation in attempting deglutition?

2. Is there utter loss of vocal modulation?

3. Is the dyspnœa such that no adequate cause for it can be discovered in the thorax, but such as arises from laryngeal distress?

4. Is tenderness felt and anxiety evinced on pressing the Pomum Adami or the Crico Thyroidean space?

If the reply to these four questions is in the affirmative, then not an hour should be lost, and tracheotomy must be resorted to, if any relief is anticipated from its adoption. The reasons for so doing are plain enough. If we believe, first, that the epiglottis commands the entrance into the laryngeal ventricles; secondly, that the Recurrent nerve controls its motor muscles; thirdly, that the Afferent (superior laryngeal nerve) spreads its sentient branches over its mucous surface; and fourthly, that the anterior borders of the vocal cords are more concerned in vocalization, whilst the posterior edges are employed in respiration; then indeed, may we be alarmed when we observe such active derangement of these four vital phenomena.

Referring to the first of these derangements, we may be assured that the epiglottis has become stiffened by erysipelatous or acute inflammatory œdema; that the dysphagia is not a mere difficulty in closing the pharyngeal bag, as is the case in glossitis after swallowing a corrosive poison, but that peculiar dread of calling the pharyngeal constrictors into action, lest the gaping, laryngeal cavity, with its semi-erect epiglottis, should also *swallow* in a particle of food, and thus induce the horrifying sense of instant suffocation.

The second distress must be viewed under the following circumstances. We may have the most perfect laryngeal intonation without speech, as in singing without words; so may we utter in whispers distinct articulate sounds without any laryngeal tone:

> "The tongue, the lips articulate: the throat
> With soft vibration, modulates the note."—Darwin.

If then the patient has lost all "*timbre*" in the voice—(*i.e.*, pulsation of columns of pulmonary air upon the vocal cords, as the term implies) and speaks only in an inaudible whisper, the glottis is fast closing upon the vital air around him.

With regard to the third question, it is presumed that the practitioner will fully satisfy his mind of the healthy condition of the whole respiratory tract below the cricoid cartilage ere he considers the operation eligible. The fourth phenomenon is more corrobative of impending danger than we are aware of. If the patient refers all the distress to the larynx, and pressure on its body aggravates that distress, it is certain that the glottis is narrowed to the utmost limit that is compatible with a few hours more of life.

Now, although the vocal cords may be closely approximated, as in singing a high treble note, yet the posterior margins of the "rima-glottidis" remain nearly as open as they are when the cords are wide apart; or again, the voice may be lost, as in ordinary catarrh, yet no impediment exist in the respiration; if therefore, pressure over the vocal cords in croupal aphonia induces a sense of suffocation, it may be inferred that the respiratory portion of the glottidean borders will soon fail in their office also. When such havoc has been thus rapidly made at that "Door of Life," the rima-glottidis, the recurrent will often slam to that vital entrance with a suddenness and invincibility which no convulsive efforts can stay or spasmodic struggles overcome, and instant death follows. Yet even then the operation may be attempted and happily prove successful, as I witnessed in all the cases of resuscitation by its timely adoption, recorded by Dr. Watson in his forty-fifth lecture. (*a*)

I lately saw a painful instance of this deathly spasm in a lady on whom I was in attendance in consultation with Robert Harper, Esq., of Westbourne Grove. The fatal attack was ushered in with acute diphtheritic laryngitis, and shortly involved the pharynx and surrounding tissues. We had resolved on opening the trachea if our remedial measures did not afford relief in a few hours after our morning visit, but on repairing to the house in the afternoon, we found that sudden spasm had come on an hour before, and death was instantaneous.

If the inflammatory damage has extended below the laryngeal cavity, and crept down to the 1st and 2nd tracheal rings, the operation, as a rule, will be of no avail. It is essential to its success that the knife, or trocar and canula, should pierce a portion of the mucous surface, not yet involved in the super-imposed inflamed membrane; for as the wounding of such a membrane, and the presence of a foreign body, like a canula, will heighten that inflammation, so, on the other hand, if the opening be made on a healthy structure, and the air be admitted over a normal surface, the probability is much greater that the inflammatory action will be arrested; especially so, if another desideratum be gained—namely, that we are enabled to give perfect quietude to the larynx, so that respiration, in lieu of being carried on, partly by the mouth and partly by the tube (as in the case of extensive croupy deposition below the cricoid cartilage), is now wholly performed through the tracheal orifice.

It is a matter of surprise to many who have witnessed this operation that some eminent surgeons should still insist upon laying open the trachea, from half to one inch in length, with the bistoury, and then attempt to insert tbe canula.

Bretonneau and Trousseau direct that as soon as the incision is made in the trachea, the dilator should be introduced, yet the latter observes that "this proceeding requires considerable practice, for it has often happened to him, that he has placed the blades between the muscles, blood has been sucked down into the bronchial tubes, and the dyspnœa has increased, whilst the hæmorrhage so far from stopping, has come on with more violence." Mr. T.'s object in using the dilator ten or twenty minutes before introducing the canula is to afford opportunity to cleanse and cauterise the mucous membrane. So far it is justifiable, but if no such preparation is determined on, this mode of opening the trachea is highly dangerous; for too often it only increases the distress; the heaving, rolling. and deeply drawn-in position of the trachea, during the operation causes the operator to miss his opening, and before he can hit upon it with the point of the canula, the air-passages have become charged with a suffocative quantity of blood, drawn in from the external wound. Again, if the scalpel opening in the trachea is not hit upon instantly after it is made, the surgeon may plunge its point into a cul-de-sac always formed between the lower portion of the trachea and the soft parts, and this, by its pressure, greatly aggravates the hal-suffocated condition of his patient. I have witnessed this evil in several instances. M. Trousseau gives us a serious warning on this important point; three of his cases were killed by the error, even though the canula had made its entry into the trachea. It is true M. Trousseau insists upon a long canula to obviate this misfortune; but the tube should exactly fit the tracheal opening, and this is an impossibility, for a circular body cannot fit tightly into a longitudinal opening, but should have a corresponding trocar to cut its own exact shape in the trachea, ere we can ensure perfect immobility of the canula. The safest plan is to expose the tracheal rings with a dilator, and then plunge a full sized trocar, with its canula, through the 1st or 2nd ring, adhering to Bretonneau's precept "that the diameter of the canula should always equal the normal diameter of the glottis of the patient." So deeply convinced am I of the great importance of these directions, that it would appear an act of the greatest indiscretion, almost of criminality, if the surgeon should make a scalpel wound of half to one inch in length in the trachea, in order to insert a circular canula therein; whilst the patient is drawing in fatal draughts of arterial and venous blood from the deep external wound. One fatal case at the Hotel-Dieu is given by M. Trousseau in the 'Union Médicale' under the circumstances described, and analogous to the one related below.

The reference lately made to the invaluable lectures of the President of the College of Physicians affords me an opportunity of suggesting that in the enumeration of cases of tracheotomy for the relief of croupal inflammation they should be kept apart from those of laryngotomy requiring the operation in laryngitis, so that we may draw some statistical facts in favour of these operations under both diseases. On this account, I have selected the following cases from thirty instances of acute and chronic disease of the larynx or its opening, in which twenty-five were operated as fatal symptoms arose.

Of this Nnmber,

12 recovered fully,
3 partially, viz. from two to ten weeks; and
1 was doubtful.

16
9 fatal

25

(To be continued.)

(*a*) Vol. I, page 838.

ON INFLAMMATION AND RELAXATION OF THE PELVIC ARTICULATIONS.

By Dr. G. DE GORREQUER GRIFFITH.
House Surgeon "London Surgical Home."

These conditions are sometimes found to obtain in the latter months of gestation, but most frequently it is at the parturient period that they manifest themselves. They are not, however confined either to gestation or parturiency, existing, though rarely, under certain other conditions, wholly foreign to, and independent of pregnancy. We shall briefly consider them in the order in which they are above written, inasmuch as the former in its acute or subacute forms is the precursor, if not also the producer, of the latter, rather than the converse; though no doubt the relaxation will at times precede, and perhaps, predispose to the inflammation.

The onset of the inflammation may be so insidious as to afford no opportunity for fixing upon any *real* cause for the discovery of the origo mali, or may be so sudden as by its very suddenness to

baffle us in our efforts to decide upon a cause that may be considered truly assignable.

Symptoms.—Concomitant with the general disturbance indicative of inflammatory action, there are certain local signs which at once point to the rest of the lesion, and are, as regards the intensity of degree, in direct proportion with the extent or amount of the abnormal processes; while the constitutional sympathy also varies with the local changes, being dependent upon them for its excitation. There are uneasiness in the joint or joints involved, pain of a fixed and constant character, varying, however, from a dull aching, heavy, to a severe, cutting, gnawing sensation, or as patients will sometimes tell us, "as though a saw was being passed between the bones;" these are greatly aggravated by any disturbing force applied directly or indirectly to the joint, as in moving the trunk or limbs, or even by the individual action of the abdominal muscles, whereby the inflamed parts are made to rub together, or the affected ligaments put upon the stretch. There will be sometimes great irritability of the bladder, a circumstance which I have noticed specially in those cases where the pubic was the unsound articulation, and this irritability will demonstrate itself in various manners, at one time so implicating the *entire* of the urinary viscus as to occasion retention of urine from want of detrusor power, and subsequently stillicidium, when the viscus becoming overfilled, there can be no longer any retentive action exercised by the cervico-urethral muscular fibres; at another, involving only these latter fibres, and creating such an augmented sphincteric force as to allow little, if any, fluid to be expelled by the detrusor urinæ. The character of the urine may itself deviate from its natural standard, and may be permanently restored only by the removal of the exciting agent.

There may or may not be present *actual* leucorrhœa, but very frequently we shall find the vaginal secretion exceed its normal quantity, and attended by "a sensation as though the womb were slipping through the passage." The rectum, more particularly in those instances where the sacro-iliac or sacral joints are the subjects of the lesion, sharing in the disturbance, will be affected with tenesmus and "a constant uncomfortableness," or an irritation to which we would almost apply the term pruritus.

Vaginal examination will evince great tenderness at the back of the pubis, should the disease be situated in that articulation; while by vaginal, rectal, and external manipulation, the sacro-iliac joints will be in the same manner found incapable of pressure, should they be affected.

The mode I prefer for conducting the vaginal exploration is by passing into the canal the thumb, while the forefinger of the same hand (the right, with which we usually examine patients, they lying in the ordinary obstetric position), is employed externally to compress the front of the joint. By the adoption of this method we are enabled to detect the presence of pus very accurately, as also with the same degree of nicety the exact seat of pain. When the inflammatory is about to pass into the suppurative stage, it does so somewhat rapidly, and soon the joint will be filled with the products of this latter; nor will the presence of pus be the only pathological change, since the bones will be affected, their cartilages eroded at particular points, or completely (after some little time) removed, they themselves found to be carious, and issuing from all this seat of mischief, a fetid, acrid, unhealthy discharge, through a wound in its appearance as unhealthy. The entire joint may be the seat of pulpy degeneration. The unhealthy character of this affection is readily explained, when we bear in mind the unhealthiness of the patient's general habit, which in these cases is most frequently the strumous, a diathesis in itself difficult of treatment. Suppuration will behave itself here, as when occurring in any other part of the body where dense, unyielding, tendinous structures keep its products pent up, and may induce by the severity of constitutional disturbance most untoward, even fatal results, before there is any tendency to external discharge. Two such cases are put on record by Messrs. Hiller and Monod.

Nature, however, more frequently sets up the absorptive process, whereby she effects the removal of the retaining ligaments, and procures vent for the matter either posteriorly into the vagina, or anteriorly on the "mons veneris," the groin, or about Scarpa's angle. The treatment to be pursued is the same as we should adopt in any case where phlogistic action happened to be the lesion, always, however, bearing in mind the condition of our puerperal patients (who are generally the sufferers), whether it be the plethoric or adynamic. We should obtain an exit for the matter as soon as its presence is ascertained, and it is found to occasion general irritation; while the aperture of exit is to be made where "pointing" occurs, rather than any particular spot which we might wish to select. The fever attendant upon the suppurative process is of a type distinctly remittent. In the sub-acute, chronic, or even the acute forms of inflammation, I know of no local remedy fraught with so much advantage as the application of a sufficiency of leeches, and the maintaining through their bites, a steady constant issuing of blood into a hot fomentation cloth or poultice till inflammation has been subdued or has at least subsided. When the patient is being exhausted from the disease, we might, I apprehend, perform excision of the offending parts and effect union by anchylosis.

Relaxation of the different pelvic articulations may be the result of inflammation, or of that stretching to which they are subjected during labour, or it may be a mere obedience to a natural law providing for the more facile birth of the child, by allowing an enlargement of the space allotted for its transit, as we find in the lower animals, from among which we could not select a better example than the cow. In this animal the ligaments become towards the close of gestation very loose, and proving insufficient for the maintenance of the bones in their position, permit a falling-in of the sacrum, or to borrow the common phraseology, "a sinking of the rump." The facts that muscular bands have been demonstrated in the lower classes of animals, lashing together the opposite pubic bones, and that these latter are divided when the former are torn, indicate a provision for approximation and retention, at the same time leaving to be inferred the possibility of a disunion under certain circumstances. Ruysch, Harvey, Blundell, agree in the existence of this condition in the human female, and the two former assert its *frequency;* indeed, we think, that were it looked for, it would be oftener observed than is perhaps generally supposed; owing, however to the rapidity with which the wonted tone and action of the parts are restored, and their accustomed functions resumed, there is some difficulty in detection. Inflammation is most frequently met with in the pubic symphysis, relaxation in the other articulations.

"It is now," says Cazenave, "generally admitted that a softening of the symphyses really occurs in most women during gestation," and this may be to such a degree as to admit of divarication of the pubes for an inch or more, as is mentioned by Hunter and Morgagni.

Symptoms:—Uneasiness, and a sensation of yielding of the articulation or articulations affected; a consciousness of looseness on the part of the patient at the seat of disease, and "as though the entire trunk would slip between the thighs," which seem, and actually are, incapable of affording support to the body; inability to walk without support, and sometimes even when support is rendered; difficulty in rising from the sitting to the erect posture, or of resuming the former with ease, the patient falling down in the seat suddenly; difficulty also in standing, which, however, may be fully obviated by compression being exercised upon the pelvis by the hands of another, or by the tight swathing with a bandage or binder; pain on exercise of the gentlest kind, often indeed when the person is perfectly quiescent, and which may extend up along the back or down the thighs; mobility of the bones and a crackling of the mobile joints evident to the patient, as well as to the attendant, and exaggerated by manual examination: these may have set in after, or preceded labour. The return to the normal condition may be speedy or protracted, the period of recovery extending itself over days, weeks, months, or years, before it is complete. The causes assigned are:—First, the cartilages are said to become softened by imbibition of fluids and expanding, effecting the separation of the bones, just as would pieces of sponge, or like the rootlets of ivy in the crevices of a wall, which, as they enlarge, make wider the fissure, or, as Louis institutes the comparison, like porous wooden wedges in the clefts of a rock, which, swelling from the absorption of moisture burst asunder the rock; secondly, mere relaxation of the ligaments dependent on serous infiltration. With this latter condition there may be no separation, but a capability for it, the normal tensive tone of the ligaments being impaired. Thirdly, in conjunction with the latter, there being an excess of synovia, under which circumstances an actual separation will occur.

Effects in labour. Retardation. First, because the abdominal muscles are deprived of the "point d'appui," afforded by the pelvis, where it is immovable; secondly, owing to the excessiveness of pain, as the head descends into the pelvis, the woman herself strives to check the labour by restraining the efforts necessary for its advance.

Treatment:—This will be best fulfilled by general and local tonics wherewith may be braced not the constitution only, but likewise the parts immediately involved in the relaxation. By local tonics we mean cold vaginal injections, the use of cold water bathing, the cold douche, blisters, and stimulating embrocations. Binding together the entire pelvis by means of a firm, *unyielding*, bandage is of immense service, and if applied and continued in constant use for some time, proves a valuable adjunct in our treatment. Friction, having for its object the excitation of a certain amount of inflammation, by which may be induced ossific deposit and anchylosis.

Blundell proposes for those cases in which the patient becomes completely invalided, division of the symphysis pubis (if it be the offending joint), and immediately after the operation the binding together of the parts in tight apposition.

These remarks I have been induced to make by my having had recently under notice a patient in whom, subsequent to inflammation of the pelvic articulations, relaxation of the same occurred, and continued, with little amendment, for some time after parturition.

THE MEDICAL CIRCULAR.

WEDNESDAY, NOVEMBER 18, 1863.

THE LATE TRIPLE MURDER AND SUICIDE.

For the last week the metropolis has been feasting upon horrors in the shape of a triple murder and the subsequent suicide of the assassin. A man, a woman, and two young children enter a cab at the Shoreditch station, and are driven first to a druggist's shop, where a carminative draught and a small tumbler are procured, but for what purpose does not appear; the party is then stopped at the door of a public-house where a pint of beer is obtained, and, it may be assumed, imbibed by some of them, and the pewter-pot is returned after the drainings are dropped into the street—the latter a fact of some significance; some short time afterwards, the man leaves the cab, pays the fare to the cabman, and quietly walks away, after telling him to drive to the Royal Oak at Paddington; the cabman does so, and on opening the door of the vehicle, he finds the woman and the two children lying dead. Their bodies are conveyed to St. Mary's Hospital, and the cause of death is pronounced to be poisoning by prussic acid.

The man who hired the cab, and who accompanied the woman and the two children is soon discovered, and he would have been detected long before, but for the simple reason that he kept no servant in the detached house which he and the family exclusively occupied, and the transaction to which we have alluded, occurred on a Saturday night, and was not known till Monday morning to the inhabitants of the metropolis. On the latter day, however, he went to his business in Covent Garden as usual, and there he procured, among other similar articles in which he was in the habit of dealing, a bottle of essential oil of bitter almonds, and a bottle of tincture of aconite. He goes to his solitary home at about the usual time, gets into bed, and begins reading "Tom Brown's School Days." Although living in a lonely manner, his wife and children are of course missed, and the story of the poisoning has travelled to the neighbourhood where he resides. The police are on the scent and they knock at his door; but when he opens it, it is found that he has anticipated the course of justice by swallowing the contents of the bottle of tincture of aconite. He makes some rambling statements, some true and some false, shows that he is in the possession of ready money, and dies in the police-station. He was the man who rode in the cab on the Saturday night, and the only point of difficulty in the case—namely, that the man in the cab wore a moustache, and the self-poisoner did not, is cleared up by the proof that he had bought a false moustache at a barber's shop.

This is so far a mere tale of vulgar horror; the murderer has been discovered, he has poisoned himself, he has been buried by torchlight at night without the ceremony of the burial-service, and justice is satisfied. But in the interests of science we venture to make a few remarks upon some of the difficult points of the case, upon the nature of some of the evidence which has been given, and upon some questions which have hitherto hardly been entertained at all.

In the first place, without doubting for a moment that the man Hunt murdered the woman and the two children by poisoning them with prussic acid, we must observe that he was remarkably favoured by sheer good luck in the perpetration of his diabolical crime. We are not at all surprised that the cabman or the people in the crowded streets heard no noise, and perceived no struggling, in the interior of the cab; those who are acquainted with the toxical effects of prussic acid need not be informed that if the dose is sufficiently large, death will ensue in a few minutes without a groan and scarcely a struggle. Instances in proof have been offered in sufficient abundance to convince us that the violent convulsions and the shrieks which sometimes characterise this kind of poisoning are noticed only in the lower animals, or where the dose has been comparatively small. But many questions of great interest still spring up for our consideration. Was the poison prussic acid or cyanide of potassium? How did the murderer contrive to introduce the poison into the beer? It must be recollected that although the time was night, yet the streets were lighted as usual and the shops were open, the time being between eight and nine, and the place Bishopgsate street, one of our most crowded and well-lighted, indeed illuminated thoroughfares, all the line of houses being shops with blazing gas-lights. Again, it must be remarked as a circumstance favourable to the murderer that all the rest of the party willingly drank the beer, two of them being mere children of the ages of four and seven years, and that none of them were struck with the smell of the prussic acid, which is faint, it is true, but still sufficiently well marked to attract notice when the drug is in a considerable quantity. Did Hunt drink any of the beer himself? or if he did not, how did he manage to introduce the poison into the pint of beer, the pot being of course full? It may be answered, perhaps, that publicans do not give full measure, but still there must have been great uncertainty in pouring the prussic acid merely on the surface of a frothing fluid liable to spill by the slightest movement of any of the party. But suppose, as is most probable, that Hunt did drink some of the beer to make room for the poison, how did he pour in the latter without being noticed, and what became of the bottle or other receptacle in which the poison was contained? Every one of these circumstances may be explained one by one, and taken separately they may seem trifling, but we repeat that it was most extraordinary that they were *all* favourable to the designs of the murderer. He must have introduced the poison into the pint of beer, and without being noticed, in a crowded and well lighted thoroughfare; the manœuvre must have been so skilfully executed that a large quantity of prussic acid must have been so employed: the woman, who was proved to be perfectly sober, and the two little girls, must have all willingly imbibed the fatal draught, and the murderer, also without being noticed, must have made away with the bottle. As to all that happened afterwards, the explanation is easy enough; the poison in sufficient quantity having been introduced into the stomachs of the unsuspecting victims, a few minutes would conclude the tragedy; a sigh and a struggle or two, only perceptible to the poisoner, and sufficient to convince him that his task was accomplished, would be the only forerunners and the harbingers of death.

The evidence given at the inquest on the body of Hunt, although quite sufficient to satisfy the ends of justice, was wholly unsatisfactory in a scientific point of view. The fact of his death having ensued from swallowing tincture of aconite was proved rather from his own admission than from any toxicological evidence. The symptoms attending this kind of poisoning are by no means well ascertained, and the particulars observed in the death of the murderer neither confirm nor refute the scanty doctrines hitherto entertained upon this subject. On one or two points we think that the

medcial witness (the only one called in this very important investigation), was either mistaken in his views or he was misreported. He stated that one-fiftieth of a grain of aconitine was sufficient to destroy life, whereas Dr. Taylor, one of our greatest toxicological authorities, merely suggests the probability that *one-tenth* part of a grain *might* prove fatal to a human being, and a case is actually recorded where a person recovered after taking *two grains and a half* of this alkaloid. The man Hunt took tincture of aconite, and not aconitine, and without much stronger evidence than that adduced on the inquest, we are very much inclined to doubt whether the presence of aconitine could be detected by chemical tests in a small quantity of tincture of aconite mixed with the contents of the stomach. Aconitine itself is detected with great difficulty, and the difficulty must be infinitely greater when the tincture of aconite is the substance tested.

The only other point to which attention may be drawn in conclusion is the condition of mind in the man Hunt. It is true that this question is merely one of a metaphysical nature, and may have no bearing upon any living being connected with the wretched family, who have all passed away to their last account. The supposition of his sanity is borne out by the cnnning and coolness which he evinced in carrying into effect his horrible designs, and he does not appear to have excited much attention from his employers on account of any great peculiarity of manner. On the other hand, it is not inconsistent with unsoundness of mind to preserve a collected demeanour, and to display an ordinary capability for the business of life. As the coroner, whether rightly or wrongly, excluded all evidence (although some was offered) as to his state of mind, and as none of his relations or friends (if he had any of the latter), seemed to care anything about the man himself, or made any attempt to rescue his memory from universal abhorrence, we are left entirely in the dark in our attempts to draw any satisfactory conclusions. We may presume, however, from the little we know, that he entertained some unfounded suspicions as to the fidelity of his wife, and long brooded over projects of revenge for his imaginary wrongs; he therefore poisoned her, but why, we may ask, did he poison the children? And why, we may also ask, did he poison himself? Of course we shall be answered that he did so in order to elude the officers of justice, but he might have escaped, if it had pleased him to do so, long before he fell into their hands. He had plenty of money in his possession, and abundant opportunity for concealment in this country, or for emigration to a distant land, but he chose neither plan, preferring to show himself in his usual place of business and in his ordinary home where detection was certain, without any exercise of ingenuity on the part of the police. We may be told also that his wickedness was only that of the carnivorous brutes, some of which will destroy other animals for the mere gratification of destructive propensities, or of savages who destroy other humun beings from the same impulse; but we have not yet heard either of brutes or savages who destroy themselves. A sane man may kill his wife in a fit of passion, or he may poison her, for her money or for the purpose of marrying some one else; but it is a new fact in the history of crime for a sane man to poison his wife, his two children (to the latter of whom he is said to have been attached), and finally himself, without any reason at all, and without making the slightest attempt to obtain any advantage from the commission of the crime, or taking any ordinary steps to escape the punishment which its detection must inevitably entail upon him.

SUMMARY OF THE WEEK.

THE BETHNAL GREEN GUARDIANS.

The Bethnal Green authorities are getting themselves deeper and deeper into the slough of popular contempt, and their struggles to extricate themselves are perfectly diverting, as they lead only to their more complete immersion. As they have really no valid charge against Dr. Moore, one of their Medical officers, except that he has zealously discharged his duty to the sick poor, and as the Poor-law Board request to be informed of the offences he has committed, the local authorities are, in their own language, "getting up a case" against him, and are enlisting in their own behalf not only the professional services of their Vestry Clerk, but those of Mr. Bumble, Mrs. Gamp, and the other subordinates, and every scrap of tittle-tattle is picked up from these worthies with the utmost avidity. Mrs. Gamp, at a late meeting of the Board, was publicly thanked for her kindness in coming forward to make some trumpery charge against Dr. Moore, involving the payment of two or three shillings. We shall watch the proceedings with great interest, as they concern the Poor-law Medical Officers throughout the Empire, and while rejoicing that the Poor-law Board intend to investigate the matter, we do not in any way extol or eulogize the authorities at Whitehall. If the law allowed the Bethnal Green Guardians to dismiss their Medical officer without a trial, the Poor-law Board would not budge an inch to save him, even if his dismissal entailed utter ruin upon him, and were ever so unjust; and if Dr. Moore escapes the ordeal that awaits him, he will have nothing at all to be thankful for either to the Bethnal Green Guardians or the Poor-law Board.

THE CASE OF STONE V. STONE AND APPLETON.

In some of our numbers published in April last we alluded to the circumstances of this extraordinary trial, in which a member of our Profession was accused of having had improper intercourse with a married lady, under the influence of chloroform, during her husband's absence in India. A child having been born some seven or eight months after the husband's return, it was assumed to be the offspring of this illicit connexion, and Mr. Appleton's absence from this country, owing to private pecuniary difficulties, was considered to be a confirmation of the story. The jury gave a verdict against Mr. Appleton, with 2,000*l.* damages, but an application for a new trial was made to Sir Cresswell Cresswell, and refused. The case was, however, subsequently brought under the notice of the full court, and the application for a new trial has been granted. Whatever may be the other features of the case, the preposterous charge sometimes made against Medical men of seducing women under the influence of chloroform is one which cannot be too indignantly repelled and denounced by every one who knows anything of the administration of that agent, and we are the more emphatic upon this point, because ignorant men and women are to be found who invent such stories, and what is worse there are judges and juries who believe them.

THE CASE OF DR. LINGEN.

The application for a new trial made in the case of "Morgan v. Lingen" has been unanimously refused by the judges, and Dr. Lingen has therefore entirely cleared his character, and

nothing remains except for somebody to pay the law expenses incurred in this most foolish law-suit. As we have already alluded to this action, and have described the unwarrantable manner in which Dr. Lingen has been dragged into a Court of Justice, we need not again refer to the particulars; but we cannot help noticing the remarks which fell from Mr. Baron Martin, on the motion for a new trial, when he expressed a hope that Dr. Lingen would not press the plaintiff for the costs of the suit. Anything more preposterous than such a remark we cannot conceive, and we hope that Dr. Lingen will make the plaintiff, or those who abetted her, pay every farthing of the costs which have been incurred. We only fear that Dr. Lingen will ask for the costs in vain, and that he will be a heavy pecuniary loser unless the subscription now being raised to defray his expenses should reimburse him. We rejoice to learn that such is likely to be the case, and we only wish most heartily that the attorneys or advisers of the plaintiff, who ever they may be, had to pay the costs out of their own pockets. In partial connexion with this subject, and as revealing in some measure what occasionally takes place behind the scenes, we quote the following extract from a daily paper, headed "How cases are got up:"—

RE ——AN ATTORNEY.

Mr. Huddlestone, Q.C., moved for a rule calling upon an attorney to show cause why he should not be struck off the rolls on the ground of misconduct, and to answer certain matters in an affidavit.

It appeared that an article was published in 'The Daily Telegraph' reflecting on the character of a Mr. Percival and his wife. The attorney in question applied to them, and offered to bring an action in their name against the proprietors of that journal, at the same time stating that he would not ask them for a farthing of money, but would "get his costs out of the defendants." The result of the action was that the jury awarded 50*l.* damages to Mr. Percival, who was told, however, by his attorney, that there would be considerable difficulty in recovering the 50*l.*, and that he should advise his taking 25*l.* in satisfaction of his claim, but, if possible, the whole sum should be obtained and paid to Mr. Percival. Under these circumstances 25*l.* was accepted. The attorney, however, received the 50*l.* from the defendants, together with his costs, but had kept the balance.

Rule granted.

THE COLLEGE OF PHYSICIANS OF EDINBURGH AND MR. JORDAN.

At an Extraordinary Meeting of the Fellows of the Royal College of Physicians of Edinburgh, held on Tuesday, the 3rd of November, 1863, the following motion was proposed, and carried:—

"It having been proved to the satisfaction of the College, that Robert Jacob Jordan, a Licentiate of this College, has been guilty of conduct unbecoming the character of a physician, in publishing, or causing to be published, an indecent work, entitled, 'The Illustrated and Descriptive Catalogue of the Subjects contained in the London Anatomical Museum; to which is annexed the Guide to Masculine Vigour. By a Physician;' that the said Robert Jacob Jordan be deprived of his Licence from the College."

The clerk was further directed to cause intimation of the foregoing motion to be made to the Registrar of the General Council of Education and Registration, in order that any qualifications which Mr. Jordan has derived from the College of Physicians of Edinburgh may be erased from the "Medical Register." As the qualifications which Mr. Jordan derived from the College of Surgeons of England have already been expunged by the Medical Council at the request of that body, and as Mr. Jordan has no other qualifications, his name will cease to appear in the Medical Register."

MEDICAL MAYORS.—The following members of the profession have been elected chief magistrates of the boroughs appended to their names, on the ninth inst., viz.:—Kidderminster, William Roden, M.D., F.R.C.S. (re-elected); Bewdley, J. Gabb, Esq., M.R.C.S., L.S.A.

ACONITE AND ACONITINA.

As these substances, although pretty well-known in Medical practice, have not been much employed for the purposes of poisoning, and as they have been brought into prominent notice by a recent event, we have thought it expedient to offer a few remarks upon these very powerful agents. Aconite, or monkshood, is a well known and ornamental plant in gardens, and is indigenous in Europe. The whole of the plant possesses poisonous properties, but the root, especially after the leaves have fallen, is the most poisonous part, and has sometimes proved fatal from being eaten in mistake for horse-radish. The medicinal preparation is the tincture of the root, but the fluid known as Fleming's tincture, which was probably employed in the late case of suicidal poisoning, is by far the most poisonous preparation, being about as strong as prussic acid. The effects of aconite are due to the presence of an alkaloid, named *aconitina*, but the properties of this latter vary very much according to the condition of the root from which it is obtained, the locality in which the plant is grown, the period when it is gathered, and other circumstances. In offering the present remarks upon aconite and aconitina, we have availed ourselves of the information kindly supplied to us by Mr. Morson, the principal, and we believe the only manufacturer of aconitina in this country, who has allowed us to inspect the various costly specimens of aconitina in his possession. Aconitina possesses in a concentrated degree the properties of aconite, and is used in medicine chiefly as an external preparation. Its dose for internal administration is not very accurately fixed, but it may perhaps be stated at between the $\frac{1}{100}$ and $\frac{1}{60}$ of a grain. The amount of a poisonous and fatal dose in the human subject is not exactly known, but it is probably about one-tenth of a grain. We have heard of a case in which a highly respectable pharmaceutist was requested to make up a grain of aconitina into twelve pills, and on remonstrating upon the greatness of the dose, he was informed that the patient had often taken the same pills before. The latter, however, was induced to have the grain of aconitina divided into twenty-four doses, and the first dose, which probably contained the alkaloid in a purer form than he had previously taken, produced very well marked toxical symptoms, and the dose was therefore, subsequently further divided into the forty-eighth of a grain. To remove any misapprehensions that may arise upon this subject, we may state that the opinion expressed by the Medical witness at the recent inquest on the body of the man Hunt, that one-fiftieth of a grain of aconitina was a fatal dose is incorrect. Dr. Puckle, the witness alluded to, is also reported to have stated that he discovered the presence of aconitina in the contents of the stomach, by the application of sulphuric acid and the bichromate of potash. These reagents, acting upon aconitina, will cause a green colour, owing to the development of the green oxide of chromium, but the test is by no means characteristic of the presence of aconitina, as morphia, and probably other alkaloids, produce the same reaction. If, also, Dr. Puckle has observed this test in a small quantity of the *tincture of aconite*, mixed with the contents of the stomach, he is, we believe, the first toxicologist who has succeeded in doing so, and it is to be hoped that he will publish the details of the process he employs. The only test for aconite in which, hitherto, any reliance can be placed is the physiological one of applying a small portion of the tincture of aconite, or of aconitina, on the tongue, when a sensation of numbness and tingling is produced. There are two forms of aconitina which are prepared: one is crystallized, and the other is hydrated and uncrystallized, and the latter is the more active of the two. Aconitina is a more powerful poison than strychnia, partly owing to the greater solubility of the former.

CASE OF POISONING BY LAUDANUM.

BY E. G. WAKE, M.D.

Mrs. Brown, æt., 74 years, took half an ounce of laudanum at 5 a.m., Oct. 13th, 1863.

She was found ill two hours afterwards, and was able to say that she had taken poison.

I did not see her until 9 a.m., at which time I gave her, in three doses, a drachm of Zinci Sulphas, followed by warm water. Vomiting, however, was so slight, that I used the stomach-pump at half past nine. No smell of opium was perceptible, and I could not test its presence, as I had no tincture of iron with me. Th tendencyt o sleep was very great, the pupils were much contracted, and the skin cold and clammy. Yet she could be roused, and then complained of our inhumanity. I gave her coffee and a little brandy to remove the exhaustion from vomiting. At twelve a noon I prescribed one-thirtieth of a grain of sulphate of atropine in water, and after an hour's interval the same dose.

I ordered her, moreover, to take one-sixtieth of a grain every hour until 5 p.m. At that time I found she was still kept awake with difficulty, and the pupils were as much contracted; but on the whole she was better.

Although the mouth and throat were very dry I ordered a continuance of the medicine in the same cautious doses until 9 p.m.

At that hour, as I afterwards learnt, the effects of the opium were so perfectly counteracted that she declared she could not sleep if she wished.

The poison was taken on a stomach quite empty, as no food had been swallowed for twelve hours.

I therefore used the stomach-pump as much for my own reputation as for the patient's good, and after its use I did not fail to give beef-tea and other nutritious fluids.

REVIEW OF THE PERIODICALS.

The 'Lancet.'

Mr. John Adams, of the London Hospital, opens the number with a "Clinical Lecture on Cases of Retention of Urine," and as this appears to be the first clinical lecture delivered by Mr. Adams in the present session, he takes the opportunity of giving some advice to the students as to their attendance at the Hospital, and as to their demeanour in passing the examinations at the College of Surgeons. He recommends them to attend to Clinical Surgery as soon as possible, and to store their minds with facts rather than theories, and assures them that practical experience will avail them more at the College examination than any mere book learning. On the subject of retention of urine he refers to three cases admitted into the hospital, the causes of the affection in all the cases being different. In the first there was spasmodic stricture relieved by the warm bath and the introduction of the catheter; in the second there was an enlarged prostate, and the patient was relieved by the use of the prostatic catheter; in the third there was a permanent stricture of the urethra, treated by puncturing the bladder by the rectum, which operation not only afforded immediate relief, but seems to have modified the stricture in a favourable manner. Dr. Hyde Salter offers some "Contributions to the Pathology and Treatment of Asthma," his present paper being on the treatment of the asthmatic paroxysm by full doses of alcohol. Dr. Salter has found out, almost accidentally, that the administration of full doses of spirits, especially whiskey, brandy, and gin, in hot, not warm, water, is most effectual in relieving the paroxysm when all other means have failed. Two of the cases so treated were ladies, and the third a gentleman who in two months took twelve gallons of brandy. Dr. J. C. Lory Marsh relates a "Case of Acute Mollities Ossium" occurring in a woman during her third pregnancy, and upon whom the Cæsarean operation was performed. The child was extracted alive, but the woman died forty-eight hours after the performance of the operation. On a post-mortem examination the bones were found to be thin, soft, and easily cut like chalk; there were evidences of bronchitis but not of peritonitis.

The 'Medical Times and Gazette.'—Nov. 7.

Professor Huxley continues his lectures on the "Vertebrate Skull," his present subject being the skulls of Reptiles and Birds, these two classes forming a natural group of animals agreeing with one another, and differing from the branchiate Vertebrata on the one hand, and from the Mammalia, on the other. The illustrations of the skulls of the ostrich, the crocodile, the turtle, the python, and others, as characteristic of the birds, the saurians, the chelonians, and the serpents, are executed with great care and distinctness. Dr. R. D. Thomson continues his papers entitled, "Chemical Aids to the Medical Practitioner," his present subject being the analysis of Bread. He shows that the brown bread is superior in nutritious qualities to the white, in consequence of the greater amount of bran contained in the former; bran consisting, among other ingredients, of a large quantity of nitrogenous matter in the form of albumen. The presence of inferior flour in bread may sometimes be determined by the detection of a fungus called the *oïdium aurantiacum*. Alum is used much more largely in bread-making than it was formerly, the object being to whiten inferior flour and to render the bread firmer, so that the loaves can be readily separated from one another. The qualitative and quantitative analysis of alum is made by the application of a number of tests, which are described at length, the chief object being to ascertain the existence and the weight of the alumina, from which the amount of the other ingredients of alum is calculated. Mr. A. E. Sansom concludes his paper "On the Administration of Chloroform," and he describes, in detail, the different stages of the narcotism produced by this agent. He also describes the chief dangers to be apprehended during the inhalation of chloroform, and the best means which are available for averting them. He particularly condemns the practice of exposing a patient who is in danger from chloroform, to an open window. Mr. Sansom concludes his paper by describing an apparatus for the inhalation of chloroform in cases of operation about the face. Mr. S. D. Hine relates "Three Cases of Empyema," in which paracentesis was performed. One of the cases recovered completely, one died some time after the operation, from phthisis, and the third died a few days after tapping. Dr. Cockle relates a case of "Large Pedunculated Fibrous Polypus, attached near the Fundus Uteri," the patient dying with symptoms of perforative peritonitis.

'The Medical Times and Gazette.'—Nov. 14.

Mr. Gulliver continues his Lectures delivered at the College of Surgeons on the "Blood, Lymph, and Chyle of Vertebrata," and in his present discourse he treats of the nature and formation of the lymph-corpuscles, which he considers to be constituted by a process of molecular coalescence. The juice of the thymus contains a great abundance of corpuscles or free nuclei, which are identical in shape, size, and chemical characters with the corpuscles of the fluid of the lymphatic and mesenteric glands. Hewson considered that the colourless lymph-corpuscles became converted into the red corpuscles of the blood, and this is the doctrine of the present day. Mr. Gulliver strongly condemns Virchow for taking to himself the credit of discovering the office of the lymphatic glands in connexion with Leukæmia, whereas the discovery belongs exclusively to Hewson. Dr. Barnes contributes his Oration delivered before the Hunterian Society on the "Fallacies of the Statistical Method as applied to Medicine," and he shows with considerable force and ingenuity the numerous errors which necessarily enter into Medical statistics, more especially in the nosological department of the Registrar General's returns. Dr. J. W. Ogle continues his series of "Cases of Epilepsy, Convulsions, Giddiness, &c.," illustrating the affections of the nervous system, of organic and inorganic origin, with clinical and pathological observations. Dr. Robert Fowler relates a "Case of Laceration of the Vagina during Labour," the patient being a poor woman, living in a very wretched room, and who had received some severe injuries, just previously to her labour, from the violence of her husband. The child was born dead, and the woman died soon afterwards, when the husband alleged that her death was caused by the mismanagement of the Medical attendant. A *post-mortem* examination revealed a rupture of the vagina, which was attributed by Dr. Fowler to the husband's misconduct, and he was accordingly tried at the Old Bailey for manslaughter and convicted.

'The British Medical Journal.'

Mr. Bernard E. Brodhurst commences a series of lectures on "Orthopædic Surgery," his first subject being "Curvatures of the Spine." In the present lecture he merely describes the anatomy of the spinal column, with its natural curves, and its adaptation to the purposes for which it is designed. Mr. Erasmus Wilson's paper on the "Dermo-Pathology of Celsus," read at the late meeting of the British Medical Association at Bristol, is concluded in this number. Dr. W. H. O. Sankey, the Medical Superintendent of the Female Department of the Hanwell Lunatic Asylum, continues his "Illustrations of the Different Forms of Insanity," and describes two cases in detail. Mr. T. L. Pridham relates some "Cases of

Gunshot Wound," three in number, all of which occurred in private practice, and were the results of accident in each instance; amputation of the arm at the shoulder-joint was performed in one case, and the femoral artery was tied in another.

REVIEW OF BOOKS.

The Diagnosis and Treatment of Diseases of Women, including the Diagnosis of Pregnancy. Founded on a Course of Lectures delivered at St. Mary's Hospital Medical School. By Graily Hewitt, M.D., Lond., M.R.C.P. Physician to the Lying-in Hospital. Pp. 628. London: Longman and Co., 1863.

(Continued from p. 263.)

The peculiarity of Dr. Hewitt's book is that from its arrangement into two distinct parts of diagnosis and treatment, the same subject is continually represented in two different lights and in different portions of the volume. The part devoted to Treatment is also much shorter than that upon Diagnosis, and is, perhaps, on the whole, less satisfactory. Dr. Hewitt may, perhaps, have thought that he was not yet qualified to write *ex cathedrâ* upon many of the difficult and contested points of treatment, and hence his precepts, far from being dogmatic, are eclectic, and founded upon a careful survey of existing doctrines, strengthened or not, according to circumstances, by his own experience. His position as honorary secretary to the Obstetrical Society of London, has probably convinced him that very different modes of practice may be pursued with equal success by persons of opposite views, and may be defended with equal force on both sides; and it must be said that the same sphere of observation has enabled him to enrich his book with the most modern developments of uterine and ovarian therapeutics.

The subjects chosen for the illustration of treatment are amenorrhœa; profuse menstruation and hæmorrhages; leucorrhœa; pain in the internal generative organs; dysmenorrhæa; nausea and vomiting, and hysterical symptoms, arising from disorder of the generative organs; affections of the external parts, and of the urethra and bladder; inflammation of the uterus; prolapsus, and other displacements of the uterus; cancer, fibrous tumours, and polypi of the uterus; diseases of the ovary; periuterine hæmatocele, pelvic abscess and diseases of the Fallopian tubes.

With respect to leucorrhœa, so common in women, Dr. Hewitt considers that it may be produced by general as well as local causes, and that therefore a mixed treatment will usually be necessary; but that constitutional treatment alone will sometimes suffice for the cure, or at any rate that the local treatment may consist only in the use of injections. Of this latter application, Dr. Hewitt speaks very highly in cases of congestion of the neck of the uterus, the use of cold water being often remarkably beneficial; but he advises that a much larger quantity should be employed than is usually thought sufficient. The parts, in fact, should be subjected to a cold water douche, and Dr. Hewitt has devised a very simple apparatus by which a large stream of cold water may be applied with very little trouble by the patient herself. In other cases injections of alum and of diacetate of lead are employed with advantage; but with respect to the strong caustics, Dr. Hewitt does not think them so generally necessary as some writers on uterine therapeutics have supposed.

On the *vexata quæstio* of Ovariotomy and its results, Dr. Hewitt pronounces a rather guarded but favourable opinion upon the value of the operation. He collects the extant statistics upon the subject drawn up by various trustworthy authorities, and he comes to the conclusion that the experience of successive years is more and more in favour of operating; and he shows that although ovarian disease is not incompatible, in certain instances, with length of years, yet that it is often fatal within a very short period, if left to itself, and that this fatality would be averted, if the operation were more generally performed. The difficulty of diagnosis, which is avowed by the supporters of ovariotomy, is likely to become less in proportion as the whole subject is more carefully studied, while the fatality of the operation itself is now seriously diminished, and will become still more so, by the practical skill of the operators. The following are described by Dr. Hewitt as the *indications for ovariotomy.*

"The average opinion among those in favour of this operation may be stated as being to the effect that when the ovarian tumour is growing fast, and when by reason of this, or in some other manner, life is threatened at no distant period, the operation is to be recommended. But it is necessary to be more explicit. If our examination convinces us that the tumour is of a cystic nature, that it is growing fast, that it is made up of three or more cysts, and the general health is threatened, this seems a case for ovariotomy. Equally so if the tumour be partly cystic, partly solid, this solid matter not being cancerous. The alveolar tumour of the ovary falls under the same category, and also cases of dermoid or fat cysts, 'progressive' in nature. But if the ovarian tumour be simply fibrous, this is scarcely a case for ovariotomy. An operation may possibly be justifiable in such a case, but scarcely on the ground that life is threatened by the presence of the tumour in question."—P. 593.

These are by no means the only indications described by Dr. Hewitt on this important subject, but our space is already exhausted, and we can only add, in taking leave of the book, that we have experienced much pleasure, as well as profit, in its perusal, and that it is highly creditable to the talents and industry of the author.

On Australasian Climates and their Influence in the Prevention and Arrest of Pulmonary Consumption. By S. Dougan Bird, M.D., L.R.C.P.L., Physician to the Benevolent Asylum, Melbourne, pp. 168. London, Longman and Co., 1863.

Dr. Bird, as we learn from the preface to his book, is, or rather has been a sufferer from the complaint on which he writes, and having sought relief in vain from a six months' tour in Europe, he was at last recommended to try an entire change by a voyage to Australia, which he at once undertook. In less than three months from his landing in the colony, he gained sixteen pounds in weight, lost all his bad symptoms, and he remains, we are happy to learn, in excellent health at the present time. He has made two outward voyages to Melbourne since the end of 1860, and he not only eulogises the climate of the Australasian colonies, but he draws such a fascinating picture of the voyage itself, as to tempt anyone, whether a *poitrinaire* or not, to take a passage to the Antipodes for the mere pleasure of the excursion, which, it should be observed, should be made, for greater ease and comfort, in a sailing vessel, for the purpose of avoiding the heat of the Red Sea and the other inconveniences of the overland route. In a floating hotel, (for such Dr. Bird designates the modern Australian liners) the traveller is in a few days wafted from the boisterous seas and the chilly atmosphere of his British home into smooth waters and cloudless skies, scarcely interrupted by a few stormy days (which however he may encounter at the Cape of Good Hope) and at the end of some three months or rather less, he finds himself in a region reminding him of his native land in everything except in the superior purity of the Australian air, the geniality of the climate, and the equability of the temperature. Dr. Bird, who writes from practical as well as theoretical knowledge, draws a comparison between the Australian climates in their beneficial effect on pulmonary consumption as compared with the European and other climates recommended in the treatment of the same disease, and his conclusions are in favour of Australia. India is too hot, and Great Britain is too cold and wet; "eternal summer" does not, as Byron alleges, gild the Grecian isles, which are often visited by boisterous winds and rains for many weeks together; and Constantinople in the "clime of the East, and the land of the sun" is often covered with snow even in May: at Rome the invalid is irritated by the "tramontana" wind, and in Provence by the "mistral;" but the characteristics of the Australian regions (taking the Victorian climate as a type) are that they are temperate and warm, the average summer heat being only two or three degrees above that of London; while in winter they are warmer than Nice or Naples, and as warm as Valencia or Barcelona, and actual cold is never felt at or near the sea level. The air is generally dry, always stimulating and ozoniferous, but so tempered by the prevalence of ocean winds that it is prevented from becoming irritating like that of some parts of the south of Europe. There are, it is true, faults of climate connected with the hot wind, its high temperature, and the dust, and the sudden fall of temperature when the wind changes; but the advent of these disagreeable conditions is heralded by well-known signs, and their prejudicial influence may be guarded against by a little care, or avoided altogether by a judicious choice of situation.

We would willingly enter at greater length into the mass of interesting information on a somewhat novel subject contained in the little volume before us; but the limits assigned to us compel us to desist, and we have only room to add that all persons proceeding to the Australasian colonies will find Dr. Bird's book a very entertaining *compagnon de voyage*, as it contains much useful and interesting matter, independently of its medical merits, while to the class of invalids to whom it is specially addressed, it will prove eminently serviceable.

MEDICAL SOCIETIES.

UNIVERSITY OF CAMBRIDGE PHILOSOPHICAL SOCIETY.

At a meeting of this Society, held at the rooms of the Philosophical Society, on Monday evening last, a communication was made by Dr. Humphry, on "The Result of Experiments on the Growth of the Jaw." The following is an abstract of the communication:—

"It had been shown by the author, in a former paper read before the Society, as well as by other physiologists, that the enlargement of bones does not take place by interstitial growth, like that

of other structures, but solely by addition at their surfaces, edges, and ends; the addition of osseous matter, at some parts, being usually attended with more or less removal at others, so as to maintain the proper shape and proportions of the bone. The object of the communication was to show in what manner this principle is carried out in the jaws, so as to make room for the permanent teeth, which are both larger and more numerous than those of the first dentition.

"It was shown, with regard to the lower jaw, that the five middle, or front, permanent teeth (the two incisors, the canine, and the two bicuspids) occupy precisely the same space as their predecessors of the first series (the two incisors, the canine, and the two primary molars); the third primary molar, which is a permanent tooth (the first permanent molar), occupying the same position throughout life; and all the additional teeth of the permanent series (the second and third molars) are added in the hinder part of the jaw. Hence the *fore* part of the arch of the jaw, the part containing the primary teeth, undergoes very little change of size throughout life, being nearly as large in the new-born infant as in the adult, and the teeth which occupy it in the adult require only the same space as their predecessors in the infant. The jaw is deepened at this part, and strengthened by addition, beneath, in front, and behind; but no alteration in the shape or size of its arch takes place.

"How is the space gained in the *back* part of the jaw for the additional teeth, viz. the three molars? To ascertain this with certainty, the author made experiments upon young pigs, passing wires round the condyloid and coronoid margins of the ascending portion of the jaw, and killing the animals at variable periods afterwards. The result of these experiments, which were detailed at the meeting, was clearly to prove that the body or dental part of the jaw is lengthened by gradual addition to the hinder, or condyloid edge, and by absorption of the anterior, or coronoid, edge of the bone. The molar teeth, when first formed, are placed, successively, quite beneath the coronoid process; and by the absorption of the anterior edge of that process they are subsequently exposed, and a clear surface is left for them.

"The lengthening of the bone by addition to its hinder edge is accompanied by a gradual shifting of the periosteum and other soft parts, along the surface of the bone, towards that edge. Thus the proper relations of the soft parts to the bone are maintained (as explained, with reference to the long bones, in a paper by the author, published in Vol. 44, of the Transactions of the Medico-Chirurgical Society).

"The additional molars grow up in the same line with the primary teeth; so that although the horns of the alveolar arch are lengthened, and the arch is rendered more elliptical, it is not widened. The widening of the jaw in correspondence with the increasing width of the base of the skull, takes place behind the alveolar arch, in the ascending portion, and is effected by progressive absorption on the inner, and addition to the outer, surface of this part.

"In the upper jaw the course is much the same. The fore part of the dental arch is but little altered. The permanent molars, developed behind and above one another in the 'tubercle,' descend, and the space for them is formed by the backward growth of the tubercle, and by changes in the pterygoid processes in the sphenoid corresponding with those in the coronoid processes of the lower jaw."

PATHOLOGICAL SOCIETY OF LONDON.

NOV. 3RD, 1863.

MR. PRESCOTT G. HEWETT, PRESIDENT.

DR. GIBB exhibited a living male infant with

LARGE SWELLINGS OVER THE RIGHT SHOULDER AND HIP JOINTS

of a doubtful nature. The child was six months old, and emaciated to an extreme degree. When two or three weeks old, a swelling formed in front of the right-shoulder joint, and extended into the sheath of the pectoral muscle, which was quite prominent. Shortly afterwards the right hip began to swell in a similar manner, and finally the right parotid region, which was occupied by a swelling the size of an egg. All were more or less fluctuating, but their nature was at present doubtful. There was no specific history; the child took the breast well. It was one of nine children, seven of whom were dead.

EXFOLIATION OF THE MUCOUS MEMBRANE OF THE BLADDER.

MR. HENRY LEE presented this as an instance of a rare form of disease. The patient, a middle-aged man, was admitted with orchitis and hæmaturia, and sank in two or three weeks. At the post-mortem, a large portion of the mucous membrane was found rolled up in the bladder, covered with phosphates. The muscular coat was denuded. The patient had stricture.

MR. MARTIN had seen a similar thing in a woman—an exfoliation of large size, which he had removed. It occurred after symptoms of cystitis, retention, and ammoniacal urine.

MR. MAUNDER had exhibited a similar case from a woman, on the nature of which some doubt was thrown. A report by Dr. Murchison and Mr. Thompson represented that it was a bladder from one of the lower animals, and not a cast. But veritable cases did exist. He had learned from Dr. Knox that he had seen the late Mr. Liston remove one from the bladder of an old man.

MR. HENRY THOMSON said that he believed that there was no question that exfoliation of the mucous lining did sometimes occur, or that a fibrinous cast resembling it was thrown off. The question raised by Mr. Maunder was whether the particular specimen he had shown was an example. He and Dr. Murchison came to the conclusion that it was not. Dr. Knox, who had been named, had also examined that specimen with Mr. Thompson, and took the same view. The patient was a young hysterical girl, and had apparently not had severe cystitis, which always, he believed, precluded the appearance of the "cast." The specimen removed by Mr. Liston existed in the Royal College of Surgeons' museum. It was extracted when performing the supra public puncture of the bladder, and the patient lived three months afterwards. Another specimen or two might be found also in the museum of Guy's Hospital. The former specimen was in exceedingly good preservation, and the bladder from which it was taken formed the adjoining preparation.

DR. ANDREW CLARK arrived at the same conclusion as Dr. Murchison and Mr. Thomson, after an examination of the specimen of Mr. Maunder. He wished to know whether Mr. Lee believed his preparation to be a fibrous exudation or an exfoliation of the mucous membrane; for the bared condition of the muscular fibres was not, in his opinion, evidence of the latter condition having existed.

DR. GRAILY HEWITT stated that, in a specimen of a similar kind brought before the Obstetrical Society, and which had been subjected to very careful examination, muscular structure was very evident; and, in fact, a great part of the thickness of the bladder appeared to have been evacuated. In the case in question, this accident resulted from prolonged retention of urine after delivery. The physical distension of the bladder was, he believed, the cause of the death of the lining membrane in these cases.

A committee, consisting of Dr. Murchison, Dr. A. Clark, and Mr. H. Thompson, was appointed to examine the specimen, and report upon it.

CIRRHOSIS AND ATROPHY OF THE LIVER.

DR. WILKS reminded the members of the Society that the theory of cirrhosis most usually taught of late years was, that owing to the imbibition of alcoholic fluids into the portal veins, an inflammation of Glisson's capsule took place, with an exudation of lymph, which, contracting, squeezed, as it were, the intervening tissue into a number of rounded nodules. An objection had long existed that with the addition of a new material to the organ, the latter had been constantly wasting, and that in many cases no exudation could be discovered. Of late years, by the aid of the microscope, it has been clearly shown that in many cases no inflammatory product has been present, but that the exudation has been produced by the atrophy of the intervening tissue. Dr. Wilks had verified these observations, and had found that in many of the worst forms of cirrhosis no inflammatory fibre was discoverable. He did not, however, think that the most novel theory should necessarily supersede the older; and, as regarded cirrhosis, he accepted both the old and new explanations as correct. In some cases a large quantity of new fibrous material was formed, as in a specimen which he brought to the Society at its last session, and as in the example which he had now before him. He thought that there was a form of disease where this adventitious material existed in large quantity and the intervening nodules large; other cases where it was less in quantity; others where a granulation existed, owing to a simple atrophy of portion of the tissue; whilst in still others an atrophy existed without any granulation at all, and such a specimen he had before him. A man, 60 years of age, was in Guy's Hospital with ascites, which was evidently due to hepatic obstruction. A modulated edge of the liver could be felt, which made it a question whether the organ was merely of irregular shape or contained cancerous tubera. After the man's death, the first appearance of the liver suggested the latter to be correct; for the left lobe of the liver had upon it a number of well-defined tumours, and on section these were found to be composed of a material much softer than ordinary hepatic tissue. Between them was a quantity of dense fibrous tissue, and on microscopic examination of the nodules, or tumours, they were found to be composed of hepatic structure. Such a case showed an extreme and unusual form of the disease; lesser degrees of this were not uncommon; and cases where in a granular liver no adventitious tissue at all could be found, were constantly met with. The case where there was no granulation, but simple atrophy, came from a man who was admitted with hepatic ascites, but after whose death the liver, when removed, did not appear cirrhosed as was suspected, but was smooth on the surface, and did not present any morbid appearance to the naked eye. It was, however, remarkably small, and the microscope showed the secreting cells of only half or a third of their natural

size. There appeared also some thickening of the portal veins. Dr. Wilks said, although these two specimens presented such outwardly different appearance, yet that they might be advantageously studied together, as having usually the same exciting causes, the same symptoms, and the same pathological change in the obstruction through the portal veins; the difference being the existence of nodules, and the presence of more or less fibrous material. He also alluded to the fact of cirrhosis beginning sometimes as a capsulitis, and in connexion with this mode of origin he exhibited a *spleen* which had undergone cirrhosis in common with the liver. Dr. Wilks thought that these chronic atrophic changes in the liver might be advantageously compared with corresponding alterations in the kidney. As regarded his first example, where a quantity of new fibrous tissue was formed, he was not prepared to say that a similar condition existed in the kidney, for he always felt a doubt as to the statement of those who maintained that a granular kidney was due to an intertubular nephritis; but should such exist, the two organs might be well compared. He believed in the majority of cases of granular degeneration of both organs, or cirrhotic atrophy, as it was called, in the liver, that a very similar morbid process was in operation; that an atrophy of portions of the tissue ensued, and thus the granulation was produced. As regarded the last specimen, of simple atrophy of the liver without cirrhosis, he thought the disease analogous to a simple atrophy of the kidney; he thought it had its counterpart in that very small organ which is sometimes found, like a kidney in miniature, presenting no granulation, but showing, to the microscope, an atrophy of the whole system, or often a cystic degeneration.

Dr. WILKS briefly related the history of a case of

FRACTURE OF THE SKULL OF A LUNATIC WITHOUT SYMPTOMS.

A lunatic had been much beaten about the head by a brother madman, fracturing his skull in several places. After the immediate effets of the concussion had passed off, he appeared as well as usual, ate his dinner, and remained in his ordinary health for some weeks, when he died, apparently from disease quite unconnected with the injury. The specimen was sent to the Society to illustrate the fact of lunatics being less susceptible of impressions than sane persons.

Mr. PARTRIDGE spoke of the importance of the question, as it was alleged that severe injuries might be altogether overlooked owing to the non-appearance of symptoms; hence, neglect from oversight of injury might not lie against persons overlooking the same.

MEDICAL SOCIETY OF LONDON.

MONDAY, NOVEMBER 2ND.

MR. E. CANTON, PRESIDENT, IN THE CHAIR.

MR. DE MERIC read a paper

ON THE OCCASIONAL NON-TRANSMISSION OF SYPHILIS TO THE OFFSPRING.

The author brought forward sixteen cases of non-transmission, which were arranged in the following groups:—Seven cases where the father alone suffered from syphilis, the mothers and the children escaping unhurt. Five cases in which both parents were affected with the disease, and the offspring showed no trace of the complaint. One case where both father and mother presented symptoms of syphilis, and the child was born and remained healthy; this case being detached from the last group on account of a peculiar circumstance—namely, the father having been contaminated by the mother *after* conception had taken place. And lastly, three cases in which the earlier children had the disease, and some who were born subsequently did not present symptoms of it. Mr. de Méric commented on these cases, especially as regarded the aptitude to marriage of persons who have suffered from constitutional syphilis. He considered that very consoling conclusions might be drawn from the cases he had offered to the attention of the Society.

Dr. CHOWNE eulogized the paper, and was glad that the occasional immunity of children had, by its author, been made so manifest; he inquired, however, up to what period we could consider the children safe from any attack of syphilis. Dr. Chowne also touched upon the controverted point of mercurial treatment; and afterwards alluded to the non-transmission of the hereditary taint of syphilis by parents presenting severe tertiary symptoms, wishing to know the theory of this exemption.

Dr. GIBBON asked whether Mr. de Méric had examined the children as to the new signs of hereditary syphilis which had been pointed out by Mr. Hutchinson. He also stated that he knew, from actual cases, that when only one of the parents was affected the child, if diseased, would bear a likeness to that parent; but if it escaped without taint, it would be like the sound parent.

Mr. WALTER COULSON had observed, in his practice at the Lock, that tertiary symptoms of a very aggravated kind, were not as a rule, transmitted to the offspring, and he gave a very striking example of the kind.

Mr. MASON had known several children in a family to die skin-bound, and stated that the medical man in attendance had conceived that this state of things might be owing to hereditary syphilis.

The PRESIDENT favoured the meeting with the history of a case where the shafts of both humeri and the shaft of the thigh-bone had been fractured by very slight causes in a child eight months old, whose parents both suffered from syphilis. He inquired whether this brittleness of bones could be connected with hereditary taint. The President added that those parents saw hardly any improvement in their symptoms; and it was noticed that, notwithstanding this circumstance, the children born after the one mentioned remained in good health.

Dr. O'CONNOR corroborated Mr. Walter Coulson's statements, and some of Mr. de Méric's cases, as to the occasional immunity of children born of tertiary parents.

A Member thought that the immunity of which Mr. de Méric's paper gave illustrations was perhaps not so rare as was supposed, as he (the Member) had attended more than three thousand cases of midwifery, and had not observed any cases of hereditary syphilis.

Mr. DE MERIC, in his reply, stated that the time when a child born from contaminated sources could be pronounced beyond the likelihood of an attack of the disease was by no means fixed. He had himself recorded cases, in his Lettsomian Lectures, in which the taint became manifest at from six weeks to ten years; but he was inclined to believe that the late cases might have been contaminated in a direct and not hereditary manner. He was glad to find that others had observed the immunity of children in some cases of tertiary parents; and he would note the fact mentioned by Mr. Mason, of skin-bonnd children being *thought* to be hereditary tainted. He would only add that the gentleman who had attended the three thousand cases of midwifery might not perhaps have had an opportunity of watching the children sufficiently long to judge of their ultimate state of health.

Births, Marriages, and Deaths.

BIRTHS.

BEITH.—On the 5th inst., at the Royal Naval Hospital, Plymouth, the wife of Dr. Beith, Deputy Inspector-General of Hospitals and Fleets, of a daughter.

BROCK.—On the 8th inst., at Westbury-on-Trym, Gloucestershire, the wife of Wm. Kortright Brock, M.R.C.S.E., of a son.

CHALMERS.—On the 7th inst., at Great Portland street, Glasgow, the wife of W. Chalmers, L.F.P. and S. Glasg., of a son.

GELL.—On the 6th inst., at Gloucester road, Newcastle-on-Tyne, the wife of Alfred Scott Gell, M.R.C.S.E., of a daughter.

GILCHRIST.—On the 6th inst., at Athole street, Perth, the wife of R. M. Gilchrist, M.D., Staff Assistant-Surgeon, Army, of a daughter.

INNES.—On the 31st ult., at Corfu, the wife of Dr. Innes, C.B., Deputy Inspector-general of Hospitals, of twin daughters.

MARRIAGES.

HAWTHORNE—WILSON.—On the 4th inst., at Newcastle, J. Hawthorne, jun., M R.C.S.E., to Frances, daughter of R. Wilson, Esq.

LEEPER—GILBERT.—On the 3rd inst., at Dublin, R. J. Leeper, L.R.C.S.I., of Tinahely, Co. Wicklow, to Susan Frances, daughter of the late R. Gilbert, Esq., of Ballinglen.

STOCKWELL—COWAN.—On the 2nd inst., at Musselburgh, Wm. Stockwell, L.R.C.S.Ed., Staff Assist.-Surg., Army, to Marion Mackay, wdow of the late C. Cowan, Esq.

DEATHS.

BYWATER.—On the 9th inst., at Knottingley, Yorkshire, J. Hall Bywater, M.R.C.S.E., aged 45.

CAMPLIN.—On the 3rd inst., J. Mussendine Camplin, M.D., of Compton terrace, Islington, and Finsbury square, aged 73.

WALLEN.—On the 2nd inst., at Rotherhithe, Hannah Maria, the wife of W. S. Wallen, M.R.C.S.E.

MEDICAL NEWS.

UNIVERSITY OF LONDON.—The following is a list of candidates who have recently passed the Second M.B. Examination:—*First Division.*—William Henry Axford, King's College; Henry Charlton Bastian, M.A., University College; James Beddard, Guy's Hospital; Julius St. Thomas Clarke, Guy's Hospital; Arthur Wellesley Edis, Westminster Hospital; James Gwyther, B.A., Manchester Royal Infirmary; Gwynne Henry Harries, King's College; John Wale Hicks, St. Thomas's Hospital; John Talfourd Jones, University College; Henry Thomas Lanchester, St. Bartholomew's Hospital; Frederick John Money, St Thomas's Hospital; Phillip Henry Pye Smith, B.A., Guy's Hospital; Walter Rivington, B.A., London Hospital; Frederick Thomas Roberts, B.Sc., University College; William John Smith, University College; George Thomas Mitchell Southam, St. Bartholomew's Hospital; Thomas Stevenson, Guy's Hospital; John Henry Wood; King's College.—*Second Division.*—John Cooke, University College; Athenodore De Negri, University

College; Henry Stanley Gale, King's College: James Jackson, London Hospital; John Thomas Mercer, Guy's Hospital; Richard Patrick Burke Taaffe, St. Bartholomew's Hospital.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their primary examinations in Anatomy and Physiology at a meeting of the Court of Examiners on the 10th inst., and when eligible will be admitted to the pass examination:—T. D. Atkins, Calcutta; T. E. Blick, St. Mary's Hospital; A. M. Bligh, Dublin; A. R. Busby, University College; C. C. Clayworth, London Hospital; E. T. Coghlan, Dublin; H. Commins, Dublin; W. R. Coward, Newcastle; J. S. Dickinson, Middlesex Hospital; Edward Dyer, Charing-cross Hospital; Frederick Earle, St. Mary's Hospital; T. D. E. Finch, Dublin; David Griffiths, Edinburgh; A. O. Grosvenor, Edinburgh; E. St. P. Hadwen, Westminster Hospital; S. B. Haliday, Dublin; Daniel Hudson, Edinburgh; P. J. D. Lebrun, M.D., Belgium; A. S. Lethbridge, Calcutta; Charles Lyddon, St. Mary's Hospital; J. G. Mackinlay, Charing-csoss Hospital; Frederick Philpot, University College; William Ray, Guy's Hospital; C. G. Ring, St. George's Hospital; C. E. H. Rogers, Middlesex Hospital; William Sheldon, University College; B. B. Thurgar, Edinburgh; W. F. Vise, Middlesex Hospital; Andrew Wise, Guy's Hospital.

APOTHECARIES HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 5th inst.:—James Edgbaston Beddard, Birmingham; Cornelius Benjamin Fox, Truro, Cornwall; William Gill, Truro, Cornwall; George Thomas Joynson, Northwich, Cheshire; George Kemp, 17 Eyre street, Sheffield; William Augustus Norton; 44 Kensington park gardens; Thomas John Peatfield, Edwinstowe, Notts.

The following gentlemen also on the same day passed their first examination:—Earnest Last Fyson, Guy's Hospital; Edmund Woods Hawkins, London Hospital; William Nicholas Heygate, St Thomas's Hospital; George Rendle, Guy's Hospital; Joseph Bower, Siddal, St. Thomas's Hospital.

At the recent examination for prizes in Materia Medica and Pharmaceutical Chemistry given by the Society of Apothecaries, the successful candidates were:—1st. Thomas Clay Shaw, King's College. Gold medal. 2nd. Philip Cowen, St. Thomas's Hospital. Silver Medal and a book.

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS, EDINBURGH.—The following gentlemen passed their first professional examinations during the recent sittings of the Examiners:—Joseph L. Kingston, Cork; John M'Carthy, Cork; Latham B. M'Culloch, Drogheda.

The following gentlemen passed their final examinations, and were admitted L.R.C.P.Edin., and L.R.C.S.Edin.:—Hugh Boyd, Ayrshire; Jean Baptiste Jèrèmie Gassin Mauritius; Henry Glover, Co. Down; James Jeffery Hardesty, Edinburgh; John M'Gibbon, Crieff; Joseph Mackenzie, Belfast; James Snodgras Mathews, Edinburgh; David Munro, Dunfermline; Thomas Sheriff Northumberland; William Davidson Tindal, Montrose.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—The following gentlemen passed their first professional examinations during the recent sittings of the examiners:—John Livingston, Perthshire; John M'Gregor, Caithness; James Provan, Dunbar; William Walker, Kilbirnie.

The following gentleman passed their final examinations and received the diploma of the College:—Peter Maury Deas, Edinburgh; John Francis Hartland, Co. Cork; Joseph O'Kelly, Co. Tipperary; James Robertson, Aberdeenshire; George Edward Wright, Yorkshire.

DENTAL SURGEONS.—The following gentlemen having undergone the necessary examinations, received their diplomas in Dental Surgery at a meeting of the Board of the Royal College of Surgeons on the 28th ult.:—William Barkley, Surbiton; Alexander Cormack, Edinburgh; John Dennant, Brighton; Alexander Fothergill, Darlington; William Fothergill, Darlington; James Sackville Grant, Armagh; Stephen Hoole, Pimlico; William Linthall Leatherby, Great Portland-street; Edwin Martin, Newman-street; William John Parks, Princes-street, W.; George Augustus Slater, Burslem; John Frederick Stuck, Bayswater; Andrew Isles Swanson, Edinburgh; Charles West, Hackney-road; William Robert Wood, Brighton.

The following gentlemen passed on the 4th inst.:—Charles Jevons Fowler, Gloucester; William James Gilbert, Old Quebec-street; Anthony Hockley, Great Marlborough-street; Aaron George Medwin, M.D. St. Andrews, L.R.C.P., M.R.C.S., L.S.A., Blackheath road; Alfred Hallam Murphy, Derby; Charles Gibbs Nightingale, Shrewsbury; Henry Stephen Ryding, Limerick; Peter Wesley Samuel, Darlington; John W. Scott, Edgeware road; Charles Sims, Birmingham; Samuel Sutton, Newcastle-on-Tyne; Charles Frederick Augustus Usher, Bow; Thomas Collins Vidler, Eastbourne terrace.

The following gentlemen passed on the 11th inst.:—George Edward Ash, Dover; William Ash, M.R.C.S. (May 16, 1859), Great Marlborough street; William Tenney Bradley, Chichester; Charles S. Bright, Gosport; John Caldcleugh, Old Elost, Durham; James Davis, Old Cavendish street; Alexander Marshall Duff, Queen Anne street; George Henry, Old Kent road; Augustus Lloyd, Bristol; Alfred Marston Matthews, Bradford, Yorkshire; Richard Southam, Carlisle place, Pimlico; William Richards Tuck, Camborne, Cornwall; Felix Weiss, Great Russell street, Bloomsbury square; George Stulz Wells, Kensington gardens square.

THE Senatus Academicus of the University of Edinburgh have re-elected, for the period of five years, James Syme, F.R.S., Esq., as their representative in the Council of Medical Education and Registration of the United Kingdom.

GEOLOGISTS' ASSOCIATION.—On Tuesday, the 3rd inst. this Association held its first meeting of the session at the rooms of the Medical Society of London. After the ordinary business was transacted, Mr. Carter Blake, F.G.S., read a paper on Fossil Elephants, which evoked a discussion in which Mr. Charlesworth, F.G.S., Mr. Cresy, the President and others took part. Mr. Evans then read a communication on the geology of the railway works in the vicinity of London, and exhibited an interesting suite of fossils in illustration. The next meeting will be held on Tuesday evening 1st December at 7 o'clock, when Mr. George Roberts is expected to read a paper on Fish Remains from the New Red Sandstone of the North of Scotland. Any information respecting the Association can be obtained on application to the Hon. Secretary, Mr. J. Cumming, F.G.S., at No. 7 Montague Place W.C., or at No. 32A George-street, Hanover-square.

MR. GREEN.—This gentleman's health, we regret to state, is in a very precarious condition.

BENEVOLENCE.—The University Hospital has received 500*l.* from an anonymous benefactor.

DUDLEY DISPENSARY.—The new building is now completed, and is in every respect suitable for the purposes of the institution.

ACADEMICAL HONOURS TO LADIES.—The Cambridge authorities have determined to admit women to the competitive examinations for the degree of A.A. in that university.

THE MEDICAL STAFF OF ENGLAND.—From the last census it appears that there are, in England and Wales, one surgeon or general practitioner to about 1712 of the population, one physician to 5552, and one dentist to 3505.

SCARLATINA AT DARTMOUTH.—The reappearance of scarlatina among the cadets of the *Britannia* at Dartmouth, after an entire cessation for upwards of a fortnight, has induced Captain Powell to send home all the cadets.

SMALL-POX IN SHEEP.—The flockmasters of the county of Wilts are about to present to Mr. Joseph Parry, of Allington, a testimonial as a mark of their appreciation of his great exertions in preventing the spread of the small-pox in sheep. It will be remembered that Mr. Parry's own flock suffered severely.

BELFAST BRANCH OF THE ROYAL MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.—On Wednesday the usual quarterly meeting of the committee of this local branch of the above society was held in the rooms of the Ulster Medical Society, 33 High street, when Dr. Paterson filled the chair. Dr. Stewart, honorary secretary, reported that, since the committee last met, the annual report of the meeting of the Parent Society, held in Dublin, had been published, and which was a most able and interesting document. According to the report grants were made of the available funds for that purpose, to the several parties whose cases had previously been minutely inquired into, the number of whom was seventy-six, but ten of which had been disallowed. The sum in hand to be distributed was 570*l.* 8s. 1d., being 62*l.* more than last year, which made the grants to average between 8*l.* and 9*l.* each, the highest grant being 22*l.*, and the lowest 3*l.*, which latter sum, though so very modest in amount, was still a boon to its recipients, and was so received. The number of cases recommended by this branch was four, and all were, as usual, as liberally dealt by in the allocation of grants as the limited means at command enabled. Nothing could be more business-like, or more carefully and impartially managed at head-quarters, than the funds of this society and their distribution, which is universally admitted; and the Chancellor of the Exchequer himself might learn a lesson from those excellent and able professional men to whom is entrusted the society's fiscal and general management, and who devote an amount of their valuable time in the discharge of their voluntary and laborious duties in connection therewith which speaks volumes for their most disinterested philanthrophy; and it is only to be regretted that both the profession and those who are "clothed in purple and fine linen" who are not of the profession, are not more liberal and ready in placing larger means in their hands, in furtherance of the objects of a society which is so all-important, and deserving of the warm and generous support of every member of the profession in particular, and every member of the general community whose heart throbs for those who are enduring adversity silently, and who once knew better days. Some subscriptions, wit

donations of 5*l.* each from Dr. Knox, Strangford; and "Anonymous," having been reported as received, and the remaining business disposed of, the meeting separated.

At the quarterly meeting of the Royal College of Physicians of Edinburgh, held on Tuesday, the 3rd instant, Dr. Alexander Wood was unanimously re-elected the Representative of the College in the General Council of Medical Education and Registration for a period of five years.

Remarkable Suicide.—On Saturday week a lad of thirteen years of age committed suicide by hanging himself. He was known to be of a most violent temper, and had previously quarrelled with his sister. The body was taken to University College Hospital, where persevering, but unavailing attempts, were made to restore animation by artificial respiration.

Memorial Windows, in honour of the late Dr. John Hunter, Dr. Thomas Chalmers, and Sir Hugh Lyon Playfair, are being placed in the church of St. Salvador, at St. Andrews, with the University of which place the deceased were connected.

Distribution of Prizes to the Patients suffering from Idiocy and Epilepsy at the Salpetriere.—The portion of this hospital set aside for idiots and epileptics was in great glee a few days ago, on the occasion of the annual distribution of prizes to such of the young patients who had shown the greatest desire to profit by the lessons of gymnastics, reading, and writing, which form part of the treatment. The director of the Paris hospitals and the physicians were present and about 160 young patients. The latter went very creditably through gymnastic exercises, sung in chorus in a tolerable manner, and then received the prizes with great joy and alacrity. In the evening they were offered a substantial repast, and retired highly pleased with the day's festivities.

Appointments.—P. J. Althaus, M.D., has been elected fourth Physician to the Royal Infirmary for Asthma, Consumption, and other Diseases of the Chest, City-road.—R. Balchin, M.R.C.S.E., has been elected Mayor of Godalming, Surrey.—C. Black, M.D., has been elected Mayor of Chesterfield.—W. Carr, F.R.C.S.E., has been elected President of the West Kent Medico-Chirurgical Society.—D. Embleton, Reader in Medicine in the University of Durham, has been re-elected Representative of the University of Durham in the General Council of Medical Education and Registration of the United Kingdom.—J. P. Forrest, M.D., has been elected Medical Officer and Public Vaccinator for the Kildorrery Dispensary District of the Mitchelstown Union, Cork, vice S. Piddell, M.R.C.S.E.—Dr. W. Henderson has been appointed Examiner in Medicine in the University of Aberdeen.—C. Holttum, F.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the third or Canterbury District of the Blean Union, Kent, vice A. B. Andrews, M.R.C.S.E.—Dr. D. Kerr has been appointed Examiner in Medicine in the University of Aberdeen.—D. King, M.D., has been elected one of the Vice-Presidents of the West Kent Medico-Chirurgical Society.—S. Mason, M.R.C.S.E., has been appointed House-Surgeon to the Infirmary, Teignmouth, Devon, vice F. D. Harris, M.R.C.S.E., resigned.—W. W. Miller, M.D., has been elected Mayor of Eye, Suffolk.—J. Palfrey, M.D., has been elected Secretary of the West Kent Medico-Chirurgical Society.—R. B. Ridley, L.R.C.P.Ed., has been elected by the Town Council Mayor of the Borough of South Shields.—T. Scattergood, M.R.C.S.E., has been elected Surgeon to the Hospital for Women and Children at Leeds, vice G. Morley, M.R.C.S.E., resigned.—J. Speer, L.R.C.P.Ed., has been elected Medical Officer and Public Vaccinator for District No. 1 of the Parish of Liverpool, vice W. Sayer, M.R.C.S.E., deceased.

APPOINTMENTS FOR THE WEEK.

Wednesday, November 18.

Operations at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Hunterian Society, 8 p.m., The Secretary, "On a Case of Death from Shock."

Thursday, November 19.

Operations at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; London Surgical Home for Diseases of Women, 2 p.m.; Chemical Society, 8 p.m., Mr. Riley, "On Vanadium in English Pig Iron." Dr. D. Price, "On Quantitative Determination of Sulphur." Drs. Frankland and Duppa, "On Mercuric Organic Radicles." Dr. Phipson, "On a Sulphuretted Hydrogen Apparatus." Mr. Scharlemmer, "On Ethyl-Amyl Radicles."

Friday, November 20.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, November 21.

Operations at St. Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; Royal Free Hospital, 1½ p.m.

Monday, November 23.

Operations at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

Tuesday, November 24.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Asthma, Consumption, and Bronchitis, treated by the Water Cure and Air Bath. By W. Macleod, M.D., F.R.C.P., &c. London: Robert Hardwicke, 192 Piccadilly, W.

Life, its Nature, Varieties, and Phenomena. By L. H. Grindon. Third Edition. London: F. Pitman, Paternoster row, E.C.

The Teeth as Supplied by Nature and Preserved by Art. By M. C. Rogers, M.R.C.S., etc. London: 18 New Burlington street, W.

Transactions of the Pathological Society of London. Volume xiv. London: Roche. 1863.

Medical Observation and Research. By Thomas Laycock, M.D., F.R.S.E., F.R.C.P., &c. Edinburgh: Maclachlan and Stewart; London: Simpkin, Marshall, and Co. 1864.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor, may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day

We must request our Country Correspondents who favour us with copies of Provincial Newspapers, to mark the passages to which they desire to draw attention.

A Chemist and Druggist.—In our Number for Sep. 2, we stated that the sweet spirits of nitre of the shops is a compound of alcohol, aldehyde, and the hyponitrite of the oxide of ethyle. There is always a slight acidity, owing partly to the imperfect neutralisation of the hyponitrous acid, and partly to the formation of a little acetic or formic acid. We also stated that none of these can be considered strictly as impurities, but as ingredients formed during the process of manufacture. Pure hyponitrous ether may be obtained by a peculiar process, but in practice the *spiritus ætheris nitrici* of commerce is perfectly well adapted to medical purposes, although its efficacy is not very great under any circumstances. In the same notice we stated that the use of methylated spirit for alcohol in the preparation was a fraud.

A Parish Surgeon.—The Poor-law medical appointments are permanent only in the case of Medical Officers of parishes or unions under the immediate control of the Poor-law Board. In the case of all other parishes or incorporations, the Poor-law Board, although they pretend to exercise a control, will never interfere to obviate any hardship endured by a Medical Officer, and we therefore advise you that, however great and just your grievance may be, you will trust to a broken reed if you expect any sympathy from the authorities at Whitehall.

Burke Testimonial.

We understand that it is the intention of his numerous friends to present a testimonial to Doctor Burke, of Killaloe, as an expression of the high regard in which, during a period of twenty-five years or more, he has been held by them. The professional skill of Dr. Burke has long since earned for him the fullest confidence of the public. Anxious, therefore, to testify their appreciation of his amiable qualities, upright conduct, and professional abilities, it is intended, on the occasion of his appointment as Medical Officer of the Scariff Union, and consequent departure from Killaloe, to confer on him a marked and well-deserved compliment. Subscriptions will be received by Mr. Riordan, Hon. Sec., Killaloe.

Mr. Cumming.—The notice has been received.

Dr. H. is thanked for his communication, which shall be inserted.

X. Y.—A Member of the London College of Physicians can sue for his fees, but a Fellow is debarred from doing so by a bye-law of the College.

A Father.—The term of five years may include the whole period of professional study.

Dr. H.—The Report has been received and will be inserted.

Mr. Nicholas Williams.—The communication shall be inserted.

Dr. James C. Hayes.—The communication is received and will be inserted. No charge is ever made.

Mr. Frederick Pitman's note shall receive attention.

Dr. Charles Kidd's letter arrived too late for insertion this week.

Mr. Francis Mason's note will be inserted next week.

PARISIAN MEDICAL NEWS.

BIBLIOGRAPHY.

Traité Pratique des Maladies Mentales (a Pactical Treatise on Mental Affections), *by L. V. Marcé, M.D., Fellow of the School of Medicine, and Physician to the Litcaun Wards of Bicêtre* (*a*). *Journal de Médecine Mentale, à l'Usage des Medecines Praticiens* (a Journal of Mental Pathology, for the Use of Medical Practitioners,) *by — Delasiauve, M.D., Physician of the Hospital of Bicêtre* (*b*).

It is our intention, in the present number, to notice several works relative to special branches of the science of medicine, and, in the first place, we shall offer a few remarks on two publications, the object of which is obviously the propagation of practical inquiries on mental pathology.

For many years the study of insanity has been confined to a small number of physicians, and took refuge in public and private asylums access to which, for the purposes of study, was denied to all but the proprietors. Hence few young practitioners are sufficiently familiar with mental pathology to establish the diagnosis of incipient insanity, or to recognise partial aberration of intellect, in which it is often difficult to light upon the peculiar train of ideas on which a delusion is entertained. Precise knowledge is, however, obviously indispensable to decide on arduous and delicate questions such as legral interdiction, separation, sequestration, &c. The physician should be a competent expert and arbitrator in such matters, and the student who cannot enjoy the advantages of direct ob servation, can only acquire the necessary information from works published on a branch of science, which on account of its acknowledged importance, has, by a recent decree, been added to the other subjects of official tuition.

Mr. Lasègue will probably soon publish his brilliant lectures, and meanwhile we may mention amongst the most important works of reference on the subject to which he has devoted his attention the *Treatise on Mental Diseases*, by Dr. Morel, the chief physician of the lunatic asylum of Saint-Yon (*c*); *Lucid Insanity* viewed in its connection with the interests of families and of society in general, by Mr. Trélat, physician of La Salpetrière, (*d*); *Delusions*, being an analytical history of apparitions, visions, dreams, trances, magnetism and somnambulism, by Dr. Brierre de Boismont (*e*). But a volume which we must recommend as especially worthy of perusal is Mr. Marcé's *Practical Treatise on Mental Affections.*

This *elementary* work is divided into three sections: the first comprises the general pathology of insanity; in the second the author treats of its special pathology; and in the third will be found a description of certain morbid conditions, such as idiocy, epilepsy, hysteria, chorea, pellagra, and alcoholism, which are indirectly connected with insanity by the coincidence of mental aberration. Mr. Marcé devotes a chapter to the history of what has been called circular insanity, a form of disease which has recently been thoroughly elucidated, and to which a distinct place in nosological tables has been assigned. The symptoms, progress, and diagnosis of general paralysis are sketched in a masterly manner. Mr. Marcé, however, has allowed one of the signs of the incipient general paralysis of the insane to escape his attention; we allude to *deviation of the uvula*, a symptom frequently observed, and indicated in Dr. Linas's inaugural thesis. In itself this symptom may, perhaps, be deemed unimportant; but like the unequal distension of the pupils, it may acquire by its coincidence with other more striking pathognomonics, a considerable amount of value, and remove hesitation when the diagnosis would otherwise appear doubtful in the incipient stage of the disease. Mr. Marcé has little faith in the curability of general paralysis; but without venturing to deny that at a future period the therapeutist may be able to contend victoriously with the affection, he points out, with full particulars, the various measures applicable to the complications of this morbid condition and the treatment best calculated to mitigate its symptoms, improve the state of the patients, and induce such remissions as may justify the relatives of these much afflicted persons, in not placing them in lunatic asylums.

Another mode of publication, favourable to the diffusion of knowledge on the subject of insanity, also claims our attention; we refer to the periodical press, of which the *Archives Cliniques des Maladies Mentales et Nerveuses*, by Mr. Baillarger, and the *Journal de Médecine Mentale*, by Mr. Delasiauve, are two important representatives. We will notice the latter only, because from the simplicity of its form and the smallness of its cost, it is readily accessible to all readers; this Journal first appeared in 1861; the first and second volumes are exposed for sale at V. Masson's library (*a*), and the monthly numbers for the present year have been regularly published on the 1st of each month. This work contains several important and well-digested papers on the moral responsibility of lunatics, the acclimatisation and removal of this class of patients, on consanguinity, on education, on popular errors on the subject of lunacy, &c. Mr. Delasiauve's coadjutors are competent alienists, and their communications on the most varied and momentous points of mental pathology justify our confidence in the success and popularity of their joint undertaking.

Leçons sur l'Exploration de Œil et en particulier sur les Applications de l'Ophthalmoscope au Diagnostic des Maladies des Yeux, (Lectures on Examination of the Eye, and especially on the Utility of the Ophthalmoscope in the Diagnosis of Ocular Affections), *by L. Follin, M.D., Fellow of the School of Medicine of Paris* (*b*).—*Traité Théorique et Pratique des Maladies Des Yeux*, (a Theoretical and Practical Treatise on Diseases of the Eyes), *by L. Wecker, M.D., of Wurzbourg and Paris, 1st vol., 2nd part* (*c*).—*Leçons sur le Strabisme et la Diplopie, Pathogénie et Thérapeutique*, (Lectures on the Pathology and Treatment of Strabismus and Diplopia), *by F. Giraud-Teulon, formerly a Pupil of the Polytechnic School* (*d*).

An official course of lectures on Ophthalmology having this year been for the first time delivered at the School of Medicine of Paris, by Mr. Follin, we shall give precedence to this gentleman's volume. Our inclination on this point fully tallies with the rules of propriety; Mr. Follin's previous researches pointed him out as the most competent person to fill the supplemental chair of ophthalmology, and his nomination was hailed with unanimous approbation, and has been justified by the most legitimate success.

Mr. Follin's work is a selection of lectures delivered at various periods on the different modes of examination of diseased eyes. Some of these lectures formed an introduction to his course, and their publication is a real benefit conferred on students and practitioners who are not always supplied by the classical works on medicine and surgery, with all the details necessary to a complete intelligence of the physical procedures applicable to the scientific and methodical examination of the organ of vision.

These methods of diagnosis are, at first view, arduous and perplexing; they possess, it is true, the precision of mathematical sciences, and some of their difficulty; this difficulty, however, is far from insuperable, and a perusal of Mr. Follin's book will soon convince the reader, that any one who has received a fair professional education can, with the assistance of a few elementary and accessory notions, in a short time become familiar with the most searching methods of diagnosis brought forward by the author.

For the purpose of introducing order in the description of the very numerous procedures belonging to each method, Mr. Follin has adopted a classification which separates them into four distinct groups.

(*a*) One vol. 8vo. pp. 672, Germer-Baillière and Son.
(*b*) A periodical in monthly numbers, pp. 32. Victor Masson and Son. Price: 4s. for France, and 5s. abroad.
(*c*) One vol. 8vo. Victor Masson.
(*d*) One vol. 8vo. A Delahaye.
(*e*) One vol. 8vo. Germer-Baillière.

(*a*) Each vol., post paid, 5s. in France, and 6s. abroad.
(*b*) One vol. roy. 8vo., with two coloured prints and 70 diagrams. Adrien Delahaye, Paris.
(*c*) One vol. roy. 8vo., with three engravings and 18 explanatory figures. Adrien Delahaye, Paris.
(*d* One vol. 8vo., with illustrations. T. B. Baillière and Son.

The first comprises the study of objective signs perceptible without the assistance of artificial light, with or without optical instruments and magnifiers. In the second are included the use of the ophthalmoscope, and the various procedures in which artificial light is employed for the examination of the deep-seated membranes and the chambers of the eye, and the Professor embraces this opportunity of describing the different morbid conditions revealed by the ophthalmoscope. In the third group, Mr. Follin places the procedures appropriate to the appreciation of the degree of sensibility of the retina, to the measurement of the field of vision, and the excitability of the retina to other stimuli besides light; the author in this chapter briefly treats of the production of phosphenes. In the fourth group are collected all the methods of inspection used in determining the degree of refraction, the accommodation of the eye, and the visual disturbances consequent on a morbid state of these functions.

Such is the programme of Mr. Follin's first course of lectures. It would be a mistake to consider these researches as a series of dreary geometrical demonstrations. The Professor's erudition and extensive practical knowledge tone down the aridity of the theoretical portion of his work. We must notice in particular the *historical sketch* in which Mr. Follin discusses the value of the doctrines of Beer, which are still upheld by Mr. Sichel: "Beer and his disciples," says he, "in maintaining that the majority of inflammatory diseases of the eye have their origin in the state of the constitution, were perhaps not far from the truth." Mr. Follin, however, qualifies this praise by the sagacious remark, which Mr. Velpeau has repeatedly shown to be founded in fact, that in describing certain anatomical changes as characteristic of specific diathetic conditions, the school of Beer established a chimerical semeiology leading to the most injurious practical inferences.

After passing this legitimate censure on the obscure theories of German writers, Mr. Follin candidly acknowledges that the advance of ocular surgery for the last ten years has been mainly due to German practitioners, Messrs. Helmholtz, Donders, de Graefe, for instance, and pays a well deserved compliment to the contributions of these gentlemen to a science which is so closely connected with general pathology, that it should not be viewed as a *speciality* either in tuition, or in professional practice.

— The last part of the first volume of Mr. Wecker's *Theoretical and Practical Treatise on Diseases of the Eyes* has now appeared; it contains the description of the diseases of the sclerotica, cornea, iris, and choroid. A considerable part of this fasciculus is devoted to the anatomical and physiological history of these membranes, and is from the pen of Professor Manz, of Strasbourg; the anatomy of the conjunctiva was in the earlier parts of the publication entrusted to Professor W. Krause of Gœttingen.

In the exposition of the affections of the sclerotica, Mr. Wecker shows, in the first place, that the *radiated* or *perikeratic circle*, caused by the congestion of the *episcleral* textures, is not a disease, but the symptom of various morbid conditions. This radiated circle was formerly viewed as characteristic of *gouty and rheumatic ophthalmia*. Recent researches of pathological anatomy have however satisfactorily demonstrated that *rheumatic ophthalmia*, in which this perikeratic congestion plays an important part, must be referred to iritis and not to disease of the sclerotica. Mr. Wecker observes, in addition, that in this case the episcleral hyperæmia is not proportionate to the amount of inflammation in the iris, and is more enduring than in common iritis.

Mr. Wecker devotes considerable space to the affections of the cornea, and agrees with Virchow and Mr. His that the theoretical views entertained on this subject must undergo a thorough reformation. In spite of the natural repugnancy to give up denominations and explanations which satisfy the understanding, the terms *exudation* and *infiltration* must be given up as incorrect, and at variance with the appearances revealed by the microscope. All inflammatory affections of the cornea originate in the *cell*, and clinical observers, desirous of promoting the advance of the therapeutics of this membrane, must in future adopt this starting-point. For the present, however, we must acknowledge that we are unable to discover any striking difference between Mr. Wecker's practice and that adopted by practitioners who have not yet been enlightened by the new theory.

The author, guided by morbid anatomy, establishes the following divisions in iritis; *simple* or *plastic*, *serous*, and *parenchymatous* iritis, the latter including the *syphilitic* and the *suppurative* forms. Mr. Wecker includes in his description irido-choroiditis, a morbid state which has engaged a large share of the attention of modern pathologists. He treats of the wounds, tumours, and functional lesions of the iris, and describes the various procedures of *iridectomy*, *iridorhexis*, *iride is*, &c. lately introduced into practice for the establishment of artificial pupil. Mr. Wecker states that iridesis has been so felicitously modified by Mr. Critchett that Mr. Bowman views the modification as *the greatest improvement introduced of late years in ocular surgery*; and he describes as follows a new method imagined by himself for the purpose of effecting displacement of the pupil, which he conceives to be, in many instances, an advantageous substitute for iridectomy.

"A small incision should be performed on the sclerotica at about one line from the margin of the cornea, with the needle or a small lance-shaped knife; through this aperture, which should be somewhat wider at the surface of the eye-ball than at its point of penetration into the anterior chamber a forceps is inserted, and the iris drawn outwards more or less, according to the amount of displacement it is the operator's intention to effect.

"The prolapsus of the iris is not interfered with, and a compressive apparatus is then applied, consisting of lint and a flannel roller sufficiently tight to secure immobility of both eyes. After an interval of twenty-four hours, the bandage is removed, and with curved scissors the extruding part of the iris is excised. This operation must be carefully performed in order to prevent the healing process from being protracted, and to obviate consequent irritation. The band may be reapplied for one day, or the eyes be merely closed with adhesive plaster. The compressive bandage is an efficient substitute for ligature, prevents all motion of the eye, and by the pressure exercised on the wound, precludes the return of the artificial prolapsus into the eye; in the course of twenty-four hours, adhesion of the extruded part of the iris may be expected to have taken place with the lips of the incision, and all further dressing is unnecessary."

Adams and Hinly had already proposed to form an artificial pupil by impacting the iris in a linear incision of the cornea, but the increased incurvation of the latter membrane in the neighbourhood of the scar, and the protracted inflammation consequent on the procedure have long caused it to be abandoned.

Mr. Wecker's plan is very different. The incision is performed in the sclerotica; the fibres of the sphincter of the iris are, as much as possible, preserved from injury; the pressure of the bandage promotes the formation of adhesions; and the protruding part of the iris is cut away after twenty-four hours.

"By this method," says he, "I succeed in displacing the pupil with great ease; no danger is incurred by the patient, and the serious hazards of the procedure of Adams and Hinly are entirely obviated. In a very few days a complete cure is effected."

Mr. Wecker concludes with a description of the diseases of the choroid, and regrets being obliged to separate them from affections of the retina with which they are often connected, and from those of the vitreous humour which may be always traced to a morbid condition of the choroid. It would seem far less natural to part the description of the diseases of the choroid from that of the maladies of the iris, these membranes being far more closely allied, and we cannot, therefore, agree with the author in this respect. We invite the attention of the reader to the chapter devoted to *serous choroiditis*, *i.e.*, to all the affections designated generally as *glaucomatous*, which may be classed with the numerous variety of hydrophthalmic diseases, the general tendency of which is to induce dropsical distension of the eyeball. The pathology of glaucoma and its surgical treatment are carefully expounded by the author, and the interesting chapters devoted to these subjects appropriately conclude the first volume of the treatise.

— The question of strabismus has for so long a time been

set aside, that Mr. Giraud-Teulon's work can with good reason be looked upon as a novelty. The intention of the author, however, is not to revive the impassioned discussions to which the subject gave rise twenty years ago. These debates met with their natural issue, and proved abortive, because physiological science had not yet mastered the knowledge necessary to the determination of the elements of the problem. The researches of German experimentalists have now made us acquainted with the laws which govern binocular vision, and strabismus, and diplopia are therefore at present better understood.

Mr. Giraud-Teulon has undertaken the task of promulgating these valuable results with which French pathologists are not familiar.

The work is divided into three sections. In the first, the author dwells on the newly-discovered mechanism of the action of the muscular structures of the eye, and describes the ingenious experiments which enabled Mr. Donders to assign to each of the six muscles its peculiar function in every change of direction of the organ. The second section is devoted to the history of strabismus. After the enumeration of the surgical procedures so nicely graduated by Mr. de Graefe, and the appreciation of their value, Mr. Giraud-Teulon describes a plan of treatment founded on the use of deviating prismatic glasses.

The functional disturbance in which diplopia and strabismus originate, is frequently referrible to muscular paralysis. The study of this paralysis and of the consequent diplopia, is entered on in the third part of the volume, in which the professor expatiates on the application by Mr. de Graefe, in confirmed and stationary as well as in retrogressive paralysis, of the tenotomy of the antagonistic muscle, an operation which has long been resorted to under the same circumstances by one of our most eminent oculists, Dr. Guêpin, of Nantes.

De l'Emploi des Douches d'Air et du Cathétérism de la trompe d'Eustache dans le Traitement des Maladies de l'Oreille, (The Air-Douche, and Eustachian Catheterism in the Treatment of Diseases of the Ear), *by Léon Deleau, M.D.*, (*a*).—*Leçons Cliniques sur les Maladies de l'Oreille ou Thérapeutique des Maladies Aigues et Chroniques de l'Appareil Auditif*, (Clinical Lectures on the Diseases of the Ear, or Treatment of the Acute and Chronic Affections of the Organs of Audition,) *by — Triquet, M.D.*, (*b*).—*Anatomie de l'Oreille Appliquée à la Pratique des Maladies de l'Organe Auditif* (The Anatomy of the Ear, in its Connection with the Treatment of Diseases of that Organ), *by Von Troëtlsch, M.D., Wurzbourg* (*c*).

Although not embracing so wide a compass as the pathology of the eye, the history of diseases of the ear has of late been the object of numerous researches. In 1857 Mr. Triquet published his *Practical Treatise on Diseases of the Ear*, and another volume on the same subject by Mr. Bonnafont appeared in 1860. The productions now before us have been presented to the profession within the last two years, and the *Anatomy of the Ear*, recently translated into French by Mr. Van Biervliet, was originally published in German at Wurzbourg in 1862.

These various works are the object of the present notice.

Mr. Léon Deleau informs us in his preface, that he was initiated at an early age by his father in the study of affections to the ear, and that, encouraged by the success of this eminent aurist's practice, he devoted his exclusive attention of the same branch of science. We, therefore, welcome Mr. Léon Deleau as a follower in the career illustrated by Itard, and congratulate him on having selected for his maiden work, a theme which has given rise to so much controversy as *the air douche in the treatment of affections of the auditory system*. Our readers are aware that the air douche, introduced into practice so far back as 1791 by Herpold of Copenhagen, and performed through a catheter previously inserted into the Eustachian passage, has not been viewed so favourably as a therapeutic resource by the generality of aurists as by Mr. Deleau, Sen. This gentleman unquestionably deserves credit for having revived Herpold's method, and for having specially pointed out the benefits derivable from the air douche, as a substitute for the liquid douche, in the exploration of the ear. The Danish practitioner was the first to recommend the procedure, but we agree with Vidal de Cassis, that "Mr. Deleau is the surgeon who has turned it to the best account." In a therapeutic point of view, however, the air-douche has not met with equal approbation. "Deafness," said Itard, "can never be puffed away." Itard doubtless partly sacrificed the truth to a clever quibble, as deafness may certainly depend on obstruction of the Eustachian tube; Herpold moreover distinctly proved that the air-douche disperses the adhesive mucus which prevents the renovation of the air contained in the drum and the mastoidian cells, and thus interferes with the proper performance of the special functions of the organ. In these cases Messrs. Triquet and Bonnafont acknowledge the utility of the air-douche; but they conceive that the benefit conferred is merely temporary, and can seldom lead to a complete cure. Mr. Léon Deleau holds an entirely different opinion, and although he does not profess to cure every variety of deafness by this method, he yet asserts that *in many instances* the air-douche is really an efficient curative proceeding. We should further remark, that this douche is, in a host of circumstances, a useful, and sometimes an indispensable auxiliary, and a valuable mode of exploration of the inner ear, which enables the surgeon, at the very outset of the treatment, to form an opinion as to the prospects of the case.

Mr. Deleau concludes by a comparative estimate of the different methods of Eustachian Catheterism. It is unnecessary for us to dwell on this point which has been amply discussed on former occasions (vide Art. 6312 and 6332), and by following the precepts laid down by Mr. Triquet, surgeons will always be enabled to introduce the catheter with safety into the Eustachian tube.

— Mr. Triquet is one of the most fervent propagators of the doctrine of free tuition; a learned and able practitioner, he imparts his knowledge and promulgates all his proceedings at the dispensary instituted six years since by himself, for the treatment of diseases of the ear. He now presents us with a summary of these six years' tuition. Our readers are, in a great measure, familiar with his views, but in addition to the lectures reproduced in this journal, which were all revised by the professor himself, we may point in the present volume to many other equally interesting subjects; for instance, we invite attention to the chapters devoted to the contagious otitis consequent on mumps, to the description of gonorrhœal otitis, and of the inflammations of the ear induced by erysipelas, measles, scarlatina and typhoid fever; to his remarks on singing in the ears, on the application of ether to the treatment of deafness, etc. Mr. Triquet lays much stress on the mechanism of Eustachian Catheterism, and in illustration of the importance of this operation in the therapeutics of deafness, we borrow from the author the following singular statistical returns:—From 70 to 75 per cent. of the subjects thus treated at the dispensary for deafness were cured by this procedure, these figures closely approximating those of the cure of blindness by the removal of cataract, which, according to Mr. Triquet, would be from 80 to 85 per cent.

This comparative estimate speaks highly in favour of catheterism, and we doubt if Mr. Bonnafont, who warmly advocates this mode of treatment, could adduce in its favour an argument of greater significance.

To return to Mr. Triquet's *Clinical Lectures*, we cannot too earnestly recommend their perusal to our readers; we are convinced that the success of this volume will realise the previsions of Mr. Trousseau, to whom it is inscribed: "Yours must be a valuable book," says Mr. Trousseau in a letter to the author, "and I am sure that it will become popular with the profession and with the public; success attends merit."

— We now turn to Mr. Von Troëltsch's anatomical researches, set forth in a small volume from which, despite several omissions and desiderata, important practical information may be gathered. The author shows, for instance, that in the infant, the direction of the external auditory duct is far different from what it is in the adult. Instead of forming a

(*a*) A pamphlet 32mo. Rignoux, Paris.
(*b*) One vol. roy. 8vo. with plates. Savy and Coccoz, Paris.
(*c*) One vol. 12mo. with three engravings. Adrien Delahaye, Paris.

curve with the convexity looking forwards, the meatus of the infant runs almost in a direct downward direction, the tympanum occupying a much lower level than the external aperture of the canal, a circumstance not to be lost sight of when detersive injections are performed in young subjects. Mr. Von Troëltsch also calls attention to the passive mobility of the same duct, and the extensibility for which it is indebted to its structure, a condition of great practical importance for the inspection of the deep-seated parts, and of the membrana tympani. The meatus being firmly connected with the pinna, naturally follows all the movements imparted to the latter. Another anatomical detail deserving of notice, is the slow ossification of the anterior wall of the meatus auditorius and the persistency of a *foramen fœtale*, which in a child of five years old still retained a diameter of a line and a half, and might have been mistaken for the result of caries.

The author also supplies us with interesting particulars on the anatomy of the deep-seated parts of the ear. Dr. Von Troëltsch seems purposely to avoid any mention of the researches of his contemporaries on doubtful and delicate points. We are surprised, for instance, that when speaking of the anatomy and physiology of the chorda tympani, he should not even allude to the important studies of Messrs. Longet and Claude Bernard, nor of his countryman Kramer, who conceives singing in the ear to be situated in this nerve, and to be caused by irritation or inflammation of its texture.

MISCELLANEA.

In a pamphlet entitled *Application du Grand Air dans le Traitement de la Fièvre Typhoide*, Dr. Shrimpton, of Paris, relates several remarkable cases chiefly attributable to the free admission of air to the patient's bed-room. Dr. Shrimpton conceives typhoid to be a kind of paralysis of all the vital functions, occasioned by the respiration of a lethiferous atmosphere, emanating either from a typhoid patient, or from any other morbid source, and he practically demonstrates not only the great advantages derivable from the effects of pure air in the treatment of typhoid, but pronounces the absolute immunity from contagion or infection in the open air. No danger, says the author, can arise from the temperature of the atmosphere; if the patient be warmly covered, the *natural* animal heat will be kept up by the inhalation of pure fresh air. The beneficial action of pure air further enables the practitioner to exhibit stimulants which otherwise might not be tolerated by the system.

— We mentioned in our last number (Art. 6524), Mr. Blot's communication to the Academy, on the Slackening of the Pulse in Women, after Parturition. The discovery of this phenomenon, chiefly interesting to prognosis, was also claimed by Mr. Pajot. The fact, however, appears to have long been known in Strasbourg, "where for thirty years," says Mr. Stoltz, in a letter to the president of the Academy, "the slowness of the pulse after labour has been noted at the lying-in hospital." The learned Professor further remarks that the attention of the student is daily called to this symptom, which is considered to be of favourable import; its absence, on the contrary, is always held to indicate the imminence of puerperal symptoms.

— Dr. Delpech, a Fellow of the Faculty of Medicine, has recently published important observations on the evil effects of sulphuret of carbon, which is extensively used as a solvent of India-rubber, in the factories in which that substance is blown into bladders for various purposes. The vulcanisation of India-rubber is chiefly effected by the agency of the sulphuret of carbon, aided by chloride of sulphur, although it might be obtained with sulphur alone. The effluvia in a short time cause headache, vertigo, and over-excitement of the nervous system; incoherent loquacity may follow, and the result may be lunacy, or at least obtuseness and imbecility. To obviate these untoward consequences, Dr. Delpech recommends a glass screen to be placed between the workman and his table, with holes for the hands and arms. When the sulphuret has induced morbid symptoms, the efficacious remedy is phosphorus taken internally.

— We much regret that we were unable to give our readers timely notice of the meetings of the Medico-Chirurgical Congress, which were held at Rouen, on the 30th of September 1st and 2nd of October.

— Some months since an appeal was addressed in the newspapers to the public, by a French parish priest, in order to obtain funds for the publication of a pamphlet, in which an infallible remedy for carbuncle was to be revealed. The plan seems to be abandoned, for the more simple one of publishing the receipt in one of the Medical Journals. The *Dardelle* secret is accordingly thus described in the *Union Médicale* by Dr. Topinard: on a round of linen sufficiently large to cover the whole diseased part, spread a thin layer of styrax, covered with a thicker layer of corrosive sublimate. This compound plaster should be carefully applied over the affected part, and in the course of twenty-four hours the carbuncle is destroyed. The wound should then be dressed thrice daily with styrax ointment, and fomented with a mixture of linseed, lily, camomile and hypericum oils. In eight or ten days the eschar is detached, and a simple sore remains, which is to be dressed with common cerate. This remedy discovered by a blacksmith of the name of Dardelle, has never been known to fail. Dr. Topinard ascribes its efficacy to the specific action of the corrosive sublimate.

The Medical Circular.

REVIEW OF BOOKS.

On the Immediate Treatment of Stricture of the Urethra, by the Employment of the "Stricture Dilator." By Barnard Holt, F.R.C.S., Senior Surgeon to the Westminster Hospital. Second Edition. pp. 110. London: Churchill and Sons. 1863.

The method of treating stricture described in this book was suggested to Mr. Barnard Holt by the tediousness which attended the process of ordinary dilatation, and the return of the constriction which often occurred even when the dilatation was accomplished. His "stricture dilator" was an instrument at first intended only to dilate the stricture, an object which was accomplished by graduated tubes passed between the blades without the withdrawal of the original instrument. But experiment proved that when dilatation was carried much beyond the degree produced by ordinary bougies, "stricture fever" was often induced. Mr. Holt therefore determined to try the plan of *splitting the stricture* by passing the largest-sized tube at once, and thus immediately enlarging the contracted part of the canal, so that it might receive a catheter equal to the normal size of the urethra. The instrument is figured in Mr. Holt's work, and consisted of two grooved blades, containing between them a wire welded to their points, and on this wire a tube was rapidly passed, so as to rupture or split the obstruction. Since the first edition of the work was published, Mr. Holt has made some very great improvements in the construction of the instrument, so as to obviate the objections which were previously urged against it. One objection was that there was no positive evidence when the instrument was in the bladder, but this doubt may now be removed, for there is an opening at the end of the curve of the dilator, so that when the stilette is removed, the urine will escape in the same manner as when a catheter is used. It was also objected by some surgeons that it was *possible* for the tube to escape from between the blades of the dilator, but this occurrence is now rendered impossible by an alteration made in the handle of the instrument. Mr. Holt has operated with this instrument in two hundred and fifty cases, and he has never met with an instance of infiltration of urine as a consequence of the proceeding, the condensed tissue which surrounds an important stricture acting as a protective capsule, and preventing any escape of the urine.

An interesting case is recorded, in the present edition, of the successful adoption of Mr. Holt's plan. The patient had long suffered from stricture, and had undergone the perinæal section under Mr. Syme in 1853, but the constriction returned, and was treated by the same surgeon by dilatation. After leaving Mr. Syme the patient came to England, and in consequence of a return of the stricture, urethrotomy was performed by an English surgeon, but infiltration of urine followed this proceeding, and the patient's life was in considerable danger. As no benefit resulted, he had Mr. Syme's operation performed a second time, but also without permanent relief, and he was obliged to have recourse to catheters gradually diminishing in diameter till he reached No. 2, when he came under Mr. Holt's care. While the patient was under chloro-

form, the dilator and the tube were passed, although with very great difficulty, but the stricture was effectually split, and catheters were now introduced of gradually increasing size, till at last he was enabled to pass his own No. 9 without the least trouble, and he eventually went home, passing his water as well as he had ever done.

Mr. Holt sums up the advantages of his operation by stating that the process itself is easy and speedy, that it is prompt in its effects, and free from any danger immediate or remote. It has been adopted with success by many distinguished surgeons, among whom are Messrs. Fergusson, Paget, Smith, and Smyly, and among other testimonials to its efficacy Mr. Rawdon Macnamara, the Surgeon to the Meath Hospital, states that he has employed it successfully in more than one huudred cases, and that he considers it the true plan of treatment.

We commend Mr. Holt's book and his invention to the careful attention of the profession, for we consider the new operation described and practised by him, to be a most important improvement in practical surgery.

Elements of the Anatomy and Diseases of the Teeth. By H. T. K. Kempton, F.L.S., Licentiate in Dental Surgery of the Royal College of Surgeons of England, pp. 173, London, Hardwicke, 1863.

Mr. Kempton, in his preface, states that in writing an elementary treatise on the anatomy and diseases of the teeth, he had two classes of readers principally in view, namely, the junior student in dentistry, and that portion of the public which desires to know a little of dental anatomy, pathology, and therapeutics. The present state of dental surgery justifies the production of works like the present, and we are happy to be able to speak very favourably of Mr. Kempton's book. It is divided into two parts, the first being on the anatomy and physiology of the teeth, and the second on the irregularities and the diseases of those structures. The first part is illustrated by some large and well-executed plates, representing the microscopical structure of the teeth, and one exhibits the distribution of the branches of the fifth pair of nerves. We are not aware that the author has advanced any novelties in the subject of which he treats, but he certainly appears to have consulted the best authorities on the theoretical parts, and to possess a very thorough knowledge of the practical branches of his department. It is needless to remark that a competent dentist should not only acquire mechanical dexterity, but should also possess at least so much knowledge of anatomy, physiology, and pathology, as to be able to understand the structure of the teeth and the various and very numerous sympathetic derangements to which their diseases may lead, and this knowledge is supplied in Mr. Kempton's pages, which aré written with great clearness and considerable elegance of style. We may also compliment Mr. Hardwicke on the manner in which the book is got up, the letter-press and the plates being equally worthy of commendation.

Transactions of the Pathological Society of London. Volume XIV. Comprising the Report of the Proceedings for the Session 1862-63. London ; J. W. Roche, 1863.

When we state that the present volume is equal to any of its predecessors, we award it a very high degree of praise, for the Transactions of this Society, in their published form, have always upheld their character as an assemblage of well-selected facts, well and tersely recorded, and occasionally illustrated, when opportunity occurs, by excellent engravings and woodcuts. By these means, the appearance of perishable specimens, exhibited at the meetings of the Society, becomes fixed in pathological science, and available for future reference. As the meetings of the Society are regularly recorded in the Medical periodicals, including our own, it is needless to particularise the numerous interesting specimens which have been exhibited during the past season, or the remarks which accompanied their introduction, but we congratulate the Society on its great and increasing success, and on the handsome volume which it is able annually to present to its members.

The Teeth as supplied by Nature, and Preserved by Art: a Sketch of the Progress and Appliances of Dental Surgery. By M. C. Rogers, M.R.C.S., Surgeon Dentist, pp. 66, London.

This little book contains a short account af the growth, development and composition of the healthy teeth, and of the diseases and irregularities presented by these structures, together with some observations on the best methods af remedying their defects, and supplying their loss. An interesting case is related, in which blindness was caused in a child by overcrowding of the teeth, and was removed by judicious extraction. The writer of the book before us has devised a peculiar, and, we believe, successful method of fixing artificial teeth without wires or clasps, by means of adhesion alone, effected by a flexible base resting on the gums.

On Glycerine, and its Uses in Medicine, Surgery, and Pharmacy; being principally an Abstract of M. Demarquay's Treatise "De la Glycérine." By William Abbotts Smith, M.D.. M.R.C.P.L., Physician to the Metropolitan Free Hospital, pp. 69, London. Lewis, 1863.

Dr. Smith admits in his title-page that his little work is an abstract of M. Demarquay's Treatise, and he has added but little of his own. Still glycerine is an agent of sufficient importance to be brought prominently before the profession, and althongh it cannot be said to exhibit any specific virtues, yet, as a vehicle for more active remedies, it may be extensively employed with advantage, as it possesses many properties which render it superior as an excipient to water, alcohol, syrup, lard, and other fluid and solid matters of a like nature. Those who desire to make themselves acquainted with the properties of glycerine, its mode of preparation, and the pharmaceutical compounds in which it is made to enter, will find all the necessary informatiou in Dr. Abbotts Smith's abstract.

REVIEW OF THE PERIODICALS.

The 'Lancet.'

Mr. Richard Barwell continues his lectures on the "Natural History and Treatment of Hip-joint Disease," and having previously described the stage of inflammatory and active mischief, he now turns to the sequelæ of this affection and the deformities it produces, together with the methods to be employed in overcoming them, and enabling the patients to walk with tolerable ease and symmetry. The morbid conditions which present themselves are principally contraction of muscles and fibrous adhesion of the femur to the pelvis, sometimes in non-dislocated and sometimes in dislocated cases. These causes of deformity in non-dislocated cases may be overcome by sudden stretching under chloroform, and by gradual extension, alone or conjoined, and both may be combined with sub-cutaneous myotomy, but Mr. Barwell states that the more he has seen of such cases the less he has had recourse to the latter measure. Dr. Arthur Leared contributes the commencement of a Paper on the "Treatment of Phthisis by the Hot-Air Bath," which remedy he advocates on the grouuds of its general hygienic effects, of the substitution of artificial sweating as a better and a safer process than the natural sweating in phthisis, and of the beneficial effects of inhaling heated air in checking cough and expectoration. He relates a case in which the phthisical symptoms were relieved by the hot-air bath, but the patient sunk suddenly from a large anthrax. The post mortem examination showed that the condition of the lungs was improving at the time of death. Mr. Nunneley continues his papers on the "Calabar Bean: its Action, Preparations, and Uses, and among other circumstances he observes that this drug has a local action, as is proved by the fact that the pupil of one eye may be dilated with atropia, and that of the other contracted by the Calabar bean. The best solvent for the active principle of the bean appears to be hot spirit, but what the active principle is, and how its presence may be detected by chemical tests are points not yet ascertained. It is probable that its poisonous efficacy varies in different conditions of the stomach, and under different circumstances of preparing the bean for use.

The 'Medical Times and Gazette.'

Professor Huxley continues his lectures delivered at the College of Surgeons on the "Vertebrate Skull." The present lecture is on the Skulls of Reptiles, Birds, and Mammalia, and as usual, is illustrated by some excellent woodcuts. The skulls chosen for illustration are those of the lizard, the turtle, the python, the crocodile, and the ostrich, and the skull of the latter is compared with that of the beaver, among the mammalia. Dr. R. Dundas Thomson continues his papers entitled "Chemical Aids to the Medical Practitioner," and in the present contribution he describes the constituents of milk, and the methods

(Continued at page 308).

THE MEDICAL CIRCULAR.

WEDNESDAY, NOVEMBER 25, 1863.

THE INCONSISTENCIES OF JOURNALISM.

The "British Medical Journal" has lately administered some severe, and not altogether unmerited raps on the knuckles of the "Lancet" and the "Medical Times and Gazette," for their extraordinary and very sudden change of opinion upon the merits of Dr. Christison's Address on Public Health, lately delivered before the Social Science Congress assembled at Edinburgh. We ourselves published an abstract of the address, immediately after its delivery, and the address itself appeared *in extenso* simultaneously in the pages of the "British Medical Journal" and the "Lancet," the latter, however, being so far behindhand that only one-half of the address appeared in one number and the rest in the following one. The publication of the address in the "Lancet" was accompanied by a very eulogistic leading article, admiring Dr. Christison's bold and independent opinions, and extolling "the intrinsic scientific value of the conclusions" (such are the exact words) drawn by the Edinburgh Professor. Whether the unexpected appearance of the oration at full length in the "British Medical Journal" was displeasing to the "Lancet," or from whatever other cause it may have been, it is certain that the latter journal suddenly changed its opinions as to the merits of Dr. Christison's views, and in the very next week to that in which the eulogy was published appeared a contemptuous and sneering denunciation of the Professor's address. The "Medical Times and Gazette," without showing the extremes of hot and cold exhibited by its contemporary, contradicts itself after the same fashion, and after praising the address in one week, depreciates its merits and disputes its conclusions in the next.

Dr. Christison undoubtedly brought forward some bold views on the subject of public health, and some of his conclusions may be justly open to comment, but it is certainly an amusing spectacle to find the same journals praising him in one week and blaming him in another for uttering precisely the same sentiments. The explanation may be, putting aside any mere motives of personal spite, either that the opinions of the critics themselves undergo some extraordinary change from week to week, or that the articles are written by different persons. Still, for the sake of consistency, it would be well if there were some presiding spirit in each of our public journals to guide and direct the sentiments of the subordinates, and prevent them from blowing hot and cold almost in the same breath.

Inconsistency in journalism, especially in journals which are published daily or weekly, is a defect very commonly observed in such publications. The exigency of the moment, and the necessarily imperfect information on which the writers are often compelled to rely, afford a valid excuse for many shortcomings in this direction, but it would be well if more guarded opinions were offered on subjects which allow of controversy, or which admit of being viewed in different lights on the receipt of more accurate information. The habit of hastily expressing decided opinions upon subjects which are in themselves doubtful, or on which the evidence is still imperfect, is on all accounts to be deprecated, and its effects must eventually recoil upon the writers of the journals in which such carelessness is encouraged. Whatever, for instance, may be the merits or demerits of Dr. Christison's address on public health (and we ourselves think it a most admirable and thoughtful production) it is simply ridiculous to find the same journal praising and blaming it in two succeeding numbers, and the public must very soon lose confidence in opinions which are so recklessly expressed and so speedily self-contradicted.

Another instance of hasty writing is to be found in the 'Lancet' of the week before last in reference to the late case of poisoning and the subsequent suicide of the murderer. The first in the series of events occurred on Saturday night, Nov. 7, the apprehension and suicide occurred on the Monday following; the inquest on three of the bodies was commenced on Monday the 9th, but adjourned until Monday, Nov. 16, and the inquest on the body of the murderer was fixed for Friday, Nov. 13. A number of flying rumours, got up by the penny-a-liners, were of course propagated during the week, as to the character of the man and his wife, which turned out to be the very reverse, or rather the inverse of the truth; while, a number of very difficult and interesting toxicological and medico-legal problems were offered to the consideration of the Medical profession. But on Friday morning, Nov. 13, before either of the inquests was concluded, and of course almost before any trustworthy evidence had been received, our contemporary had settled the whole matter in print to his entire satisfaction, and the 'Times' of that day endorsed some of his conclusions. The man had shown no evidence whatever of diseased mind; he had only, as it turned out afterwards, endeavoured to poison his wife without any motive, and had repeatedly bruised and beaten her, wounded her with a poker, and had slept with a razor under his pillow, for the purpose of cutting her throat. He was "traveller to a chemist of standing in the trade, and therefore he had access to all subtle poisons," prussic acid included, whereas he was only a shopman to a herbalist who, although he kept several vegetable preparations, never kept prussic acid. The latter substance was administered in beer, "in the darkness of the cab" (the scene being Bishopsgate street, a brilliantly lighted thoroughfare, and the time nine o'clock at night) "the phial is emptied of its contents, and the deadly draught is administered." Nobody was to blame in the matter; the assaults on the poor wretched wife, and the repeated threats to murder her were things of course with which nobody had any concern; "the police were quite equal to the occasion" of detecting the criminal, who had made no attempt whatever to escape, and for whose apprehension a reward of 100*l.* had been offered by the Government.

Now, the man lived at Camberwell, in a detached house, with his wife and children, but without a servant or any other inmates; the murder took place in Bishopsgate street, and the time of the occurrence was Saturday evening: but on Monday morning, the news of the poisoning had spread all over the metropolis, and the murderer, instead of running away, appeared as usual at his place of business in Covent Garden in the day time, and went home at night, when he was of course captured. All this, according to our contemporary, evinced wonderful cunning on the part of the murderer, detected with equal sagacity on the part of the police; whereas, we should say, that the murderer, if he intended concealment, was very clumsy indeed in trying to attain his object, and as to the police, that they deserved no credit whatever.

We have no desire to rake up more particulars of this horrible affair, but as we observed in our last number, there remain, after the mere vulgar details of the transaction, several very important questions of a scientific nature still to be cleared

up, and in a medico-legal point of view, the case is anything but perfect even now. The hasty habit of writing upon such subjects may answer very well to supply the morbid appetite for horror in the public mind, but is hardly consistent with the calmness and dignity of science. Like the tergiversation of opinion on Dr. Christison's address, it may lead to a sudden change of sentiment on the part of the writers, or what is still worse, a persistence in error for the sake of preserving an appearance of consistency.

Of the latter feature we have a remarkable instance in the attitude assumed by the 'Times' and the 'Lancet' on the subject of the supposed fever epidemic in the manufacturing districts at the commencement of the present year. Both these journals asserted that typhus fever was unusually prevalent in that part of the country, and although local reports and subsequent statistics have proved that such was not the case, and, on the contrary, that the district was more than usually healthy, they have not had the candour to own that they were in the wrong.

THE LATE MURDERS IN A CAB.

The publication, in all the morning papers of Monday last, of a series of letters written by the late Mrs. Hunt, the unfortunate woman who with her two children, was poisoned in a cab, leaves very little doubt as to the cause of that mysterious occurrence. Our vague surmises as to the sanity of Hunt are converted, by a perusal of those letters, into a strong opinion that he was insane. If he was not a madman, it is quite evident that for more than a year past, he has been acting exactly like one, and great blame is attributable to those who by a little timely care, might have averted a catastrophe which has filled the country with horror, and which we now believe to have been brought about by the machinations of a lunatic.

SUMMARY OF THE WEEK.

THE NEW APPOINTMENTS TO THE MEDICAL COUNCIL.

It will be seen by reference to our department of Medical News, that Her Majesty has been pleased to appoint Dr. E. A. Parkes, Dr. Richard Quain, and Mr. H. Wydbore Rumsey, to be Members of the General Council of Medical Education and Registration of the United Kingdom for England, in the place of Sir Charles Hastings, Mr. Lawrence, and Mr. Teale. We understand that these appointments were quite unsolicited, and indeed unexpected by those who have received them, and we believe that they have been made solely from the very praiseworthy desire on the part of the Government of making Medical honours available to members of the Profession in turn, instead of perpetuating them in a few hands, as is too much done in the Medical Corporations. Dr. Parkes and Dr. Quain are well known to the Profession as gentlemen of high standing, and unconnected with any hospital clique, and Mr. Rumsey is, perhaps, not so well known as he ought to be, as he is a highly cultivated and liberal minded man, and has published an excellent series of Essays on State Medicine. The three new councillors will undoubtedly be acquisitions in working out the Medical Act. Whilst offering a sincere tribute of respect to the retiring councillors, we cannot help rejoicing, for the sake of Medical progress, that Mr. Lawrence is no longer a Member of the Council; for with every regard to that gentleman's high position and well-earned reputation, it was felt by every independent man that he appeared in the Council only as the thick and thin supporter of the London College of Surgeons, and was one of the greatest obstacles to the progress of Medical Reform. Three representatives of the London College of Surgeons at the Medical Council were surely too many, and Mr. Green (whose recovery from his late severe illness we are happy to record), and Mr. Arnott will be able to advocate the College interests perfectly well, although deprived of the assistance of their late venerable colleague. Dr. Christison, Dr. Stokes, and Dr. Sharpey, the first for Scotland, the second for Ireland, and the third, one of the Council for England, still retain their places as the nominees of the Crown, which has thus removed half of the existing number to make way for the infusion of new blood. It is to be hoped that the Corporations will follow the example thus very properly set by the Government, and will occasionally change their representatives as they are allowed, but not enjoined to do, by the law.

DEATH IN OUR RANKS.

We have the melancholy duty of recording, this week, the death of two most estimable and intelligent members of our Profession in the persons of Mr. Henry Ancell, of Norfolk terrace, Bayswater, and Mr. Peter Martin, of Reigate. Both belonged to the class of General Practitioners, and were distinguished ornaments of that order, to which they were both warmly attached. Mr. Ancell was a highly scientific man, having formerly lectured at a public Medical school, and having written a voluminous, classical, and exhaustive treatise on the extensive subject of Tuberculosis. He was also, at the time of his death, engaged in completing a work on the 'Poisons of the Blood,' a subject to which, during his life, he had given very great attention. He was well known as the indefatigable Secretary, for many years, of the National Association of Medical Practitioners in Medicine, Surgery, and Midwifery, and without any disparagement to others who took part in that great movement, we believe that we are correct in stating that Mr. Ancell was the chief active spirit in all the deliberations. The magnificent organisation of that Association, although it did not lead to the important results which were at first contemplated, nevertheless paved the way for very considerable improvements in the management of our Medical Corporations, and what is perhaps equally important, it brought the different members of our Profession into a closer union and more harmonious co-operation than had previously existed. Strange to say, Mr. Ancell derived no benefit whatever from the enormous and gratuitous labours which he undertook for the general good; the College of Surgeons never made him a Fellow, although it raised hundreds of inferior men to that honour, if honour it could be called: and Mr. Ancell never condescended to buy for ten guineas what ought to have been spontaneously accorded to him. In the General Council of Medical Education, the formation of which Mr. Ancell had done so much to promote, he was equally overlooked, although no more graceful act could have been performed than to include him among the first appointments. But "omnibus ille bonis, flebilis occidit," and his work lives after him. He died at the age of 62, after a long and exhausting illness. The second in our obituary is Mr. Peter Martin, of Reigate, who has passed away from us at the comparatively early age of 52, leaving his venerable father, together with a widow and seven children, to lament their irreparable loss. Although pursuing the laborious avocations incident to general practice, he was also a most intelligent and highly educated man, having received a comprehensive education, both in literature and general science, as well as in medicine and surgery. He studied his profession in London, Edinburgh,

and Paris, and translated Louis's treatise on the "Numerical Method." He was not only an accomplished scholar, but a genial companion and a generous man; he took an active part in every measure and in every association calculated to advance the interests of the profession, or to promote the intellectual improvement of society in general.

MORTALITY IN BETHNAL GREEN.

More inquests have been held in Bethnal Green on children who have died of blood-poisoning, and the jury have declared that great blame is due to the parish authorities, in overlooking the filthy condition of some of the localities, inasmuch as they ought to have remedied such a state of things long ago; and that the property where the children died ought to be condemned as unfit for human habitation. Among the most interesting features of the last inquest was the evidence given by Mr. Samuel Pearce, who holds the appointment of Medical Officer of Health in Bethnal Green, and who with great *naïveté* declared that it was his duty to inspect nuisances, only when they were pointed out to him by the Inspector of Nuisances, and the latter functionary, if we do not mistake, is the person who receives perquisites from people who desire him to shut his eyes and to hold his nose, when anything offensive to those organs is under notice. Mr. Pearce pleaded the great size of the district as an excuse for negligence on the part of the Inspector, but the Coroner told him that if the work was beyond the Inspector's power to accomplish, he should have reported accordingly, but having undertaken it he was responsible for its performance. The whole of the sanitary arrangements of Bethnal Green are disgraceful to the authorities.

REVIEW OF THE PERIODICALS

((Continued from page 305.)

of determining its chemical composition. The chief, and easiest adulteration of milk is water, but it is very difficult to determine the amount of the latter which indicates adulteration, because the relative quantity of water, bears a considerable range of variation even in good milk. The analogy existing between milk and flour is exhibited in two parallel tables. Dr. W. ABBOTTS SMITH communicates a short paper entitled "Observations on Hay-Fever or Summer Catarrh," and records a case of that affection treated successfully by mild aperients, tincture of lobelia, and subsequently quinine. Mr. JOHN TAYLOR relates a "Case of Death resulting from Eating (poisonous) Fungi." The subject of the case was a lad who gathered the mushrooms and ate them after they were cooked, and died about twenty-four hours afterwards, having suffered from purging, vomiting, and pain in the bowels. The genus of the mushroom is not described.

THE 'BRITISH MEDICAL JOURNAL.'

Mr. BERNARD B. BRODHURST continues his "Lectures on Orthopædic Surgery," his present subject being the curvatures of the spine. Lordosis, or anterior curvature of the spine is described, and its treatment consists in rest in the supine position, and sometimes in the use of an apparatus supporting the weight of the head and shoulders on the pelvis. Dr. T. J. WALKER continues his "Cases Illustrating the Practical Value of the Laryngoscope," and Dr. W. H. O. SANKEY continues his "Illustrations of the Different Forms of Insanity."

THE FEDERAL FLEET at Pensacola has suffered severely from yellow fever.

THE QUEEN AND THE TOBACCO QUESTION.—The use of tobacco within the precincts of Windsor Castle has been prohibited by express command of Her Majesty the Queen.

ORIGINAL COMMUNICATIONS.

CASES OF LARYNGITIS AND OF TRACHEOTOMY

By GEORGE CORFE, M.D., M.R.C.P.L.
Physician to the Western General Dispensary.

(Continued from page 290.)

Syphilitic Ulceration of Throat; Laryngitis; Laryngotomy—Feb. 18.—James Stanbridge, æt forty-five, suffering from fistulous opening in the urethra with stricture, under Mr. Arnott, who summoned me, owing to the following circumstances, March 19:—The countenance had become pale, anxious and distressed; he had suffered for a few days, from sore-throat, aphonia, and some dyspnœa. The lips were livid; respirations forty, attended with a grunting rather than with a croupy sound; inability to swallow fluids from a sense of impending suffocation; the fluids "lodged in the glut." Air was heard to pass the larynx with a whistle; pain and tenderness on the left side of the thyroid, but none on pressing the wings of this cartilage. The lungs were inflated in every part, sibilus audible here and there.

The following was put down as the diagnosis of this case, March 20:—Syphilitic ulceration within the larynx—inflammation and purulent deposition between pharynx and larynx—lungs healthy.

Twelve leeches were placed around the larynx, and small doses of grey powder were administered every six hours. On the following day (21st) the countenance had become more sunken, total inability to swallow, constant delirium: twenty more leeches were applied with little benefit, and at 10 p.m. Mr. Arnott divided the crico-thyroidean ligament, leaving a large opening, after removing a portion of the cricoid cartilage. Nine hours after the operation, during which he remained in a calm sleep, though under great exhaustion, and having breathed wholly through the wound the respirations rapidly increased, and he died at 7 a.m. of the 22nd.

Post-mortem Examination, 15 hours.

The fronts of the trachea, larynx, and anterior mediastinum were covered with layers of purulent infiltration, and on each side of the trachea, especially on the left, a large accumulation of pus was observed. On the edge of the pharynx, where it passes around the top of the thyroid cartilage, was an extensively abraded surface, a cluster of ulcers, two of which had perforated the pharyngeal walls, one being on either side of the larynx; there were also small masses of purulent matter which had dispersed itself between the crico airy-tenoidei muscles and their adjacent tissues. The larynx itself was free from ulceration, and only slightly vascular, but below this organ the whole bronchial membrane was highly injected, and covered with a thin, sanguinolent, and puriform substance.

The lungs were congested, but healthy. The pleuræ were filled with dark serum.

Accidental Swallowing of Nitric Acid; Laryngitis; Laryngotomy.—James Kaine, æt fourteen, employed in a coach-makers' factory, whilst at his work April 29, seized a quart bottle of nitric acid, thinking it contained small-beer, and drank some of its contents; estimated at a dessert spoonful. I saw him twenty minutes after the accident (11.30 a.m.), when he commenced vomiting mucus and several clots of blood. The countenance betokened the utmost distress, the tongue was partially lolling from the mouth, and of a citrine appearance; the uvula and tonsils were enlarged by œdema; there was great pain on handling the larynx and pharynx, but none elsewhere. Pulse small, thready, and feeble; incessant vomiting. Towards evening the sickness ceased, and he dozed at intervals, though the sleep was comatose in character. He was unable to swallow any fluid, which instantly returned as soon as it reached the bag of the pharynx. The respiration now became raucus, and the voice feeble; he had a mixture of gum acacia, honey, and chloride of lime in solution, to moisten the mouth. At six p.m. the face was pale, the coma increasing, pulse 120, very feeble, the surface cold, and the extremities faintly bluish. At 10 p.m. the pulse became intermittent, the surface warmer, but the voice almost inaudible; the respirations more croupy in character. The lungs were observed to fill with air until this period, but now there was universal bronchial respiration. Eyes were half closed, and he appeared moribund

Mr. Arnott was called in, and although an artificial opening in the trachea could hold out no great amount of hope in prolonging life, yet it was deemed prudent to afford the patient the feeble chance of temporary relief by resorting to the operation. The external incision over the cricoid cartilage was one inch in length, in making which, a large vein was opened, and considerable hæmorrhage ensued; on dividing the tissue beneath, a small artery bled profusely, this was secured, and after some little delay the crico-thyroidean membrane was pierced by the bistoury, and the wound gript at its edges by wires, and the tracheal opening was thus rendered gaping, without the insertion of a canula. The relief was immediate, for the muscles secondarily concerned in respiration

were now passive, the chest was gently raised, and he soon fell off into a calm sleep.

At 10 a.m. on the following day he was going on favourably; breathing carried on wholly through the wound, from which there was no secretion. The lungs were well filled at each inspiration. Pulse was 120, with power. Ordered hydr.-chlor., gs. ij., 2. dis. horis. Half-pint of strong beef-tea to be thrown up the rectum every four hours.

At one p.m., the respirations had risen to forty-eight, and the lips were slightly livid; retained about half the enema. There was more animation in the eye and face. No morbid sound could be detected in the chest, except some bronchial crepitation here and there.

Four p.m. Has become restless; breathes by the wound, which has a dingy appearance. The last powder came through the wound, and as the distress in swallowing was unabated no fluids were administered. The tongue, lips, and mucous membrane covered with a sloughy mass, partially loosened, beneath which the surface is intensely vascular, and the papillæ swollen and raised.

Eight p.m. Surface cold; pulse scarcely perceptible; great restlessness. The respiratory functions were carried on effectually, and the whole distress evidently arose from the destructive process around and within the pharynx. He died at 10.30, just twenty-four hours after the operation, and thirty-six after the accident.

Post-mortem Examination, 16 hours.

Alimentary Canal.—The tongue was covered with a thick layer, presenting all the characters of the epidermis, in an advanced state of decomposition; it was partly detached at the base of the organ, and a smooth vascular surface was seen beneath it. The whole pharynx, and as far down as one and a half inch of the œsophagus was covered with a dirty citrine coloured slough; below this point to the œsophageal opening, the membrane was highly vascular, thickened, but no traces of abrasion could be observed, nor was there any morbid appearance in the stomach, beyond a brownish hue of some of the gastric glands.

Respiratory Organs.—The epiglottis was corrugated, and brownish in colour; the aperture much diminished in size; the cavity of the larynx was shining; though this appearance was noted down after the organ had been washed gently by a current of water from the tap, otherwise some flakes of lymph, similar to those afterwards seen over the cricoid and below the larynx, for the space of an inch, may have been washed away. The rima-glottidis was natural, on removing the flakes the membrane was vascular, and presented numerous puncta, corresponding to orifices on the under surface of the flakes, but below this spot, which appeared to be the centralisation of the inflammatory disease, the membrane became intensely red, and this redness extended to all the smaller bronchi; there was no further deposition of lymph. The lungs were gorged with sero-sanguinolent fluid, and healthy. The pericardium was perfectly translucent, and as thin as a pig's bladder. The heart was natural in size, but the endo-cardium was opaque in several parts, especially in the auricles, and the valves of each ventricle rendered nodulous and thick, though not sufficiently so to damage their offices materially; the same change was noticed in a less degree in the semi-lunar valves.

Laryngitis—Tracheotomy—Recovery.

Rebecca Tudor, æt. thirty-two, street fruitseller, was admitted (April 8) into the hospital under the following circumstances:

Countenance livid; respiration laborious (48), attended with a croupy noise, inability to render her voice audible in attempting to describe her sufferings, but pointed to the region of the thyroid body as the seat of all her distress; some coldness of the extremities. Pulse feeble and intermittent every tenth throb; much dysphagia; dark sordes on the margins of the mouth; tongue covered with a brown, dry fur.

It was stated that four days prior to her admission, she was seized with sore-throat, some dyspnœa, which gradually increased, and to this was added, two days afterwards, difficulty in deglutition. She was bled largely by a neighbouring practitioner without the slightest relief, though a blister to the throat gave her some ease; but finding her symptoms gained ground, she sought admission at eight a.m. of the above date.

A consultation was held, and it was determined to open the trachea without further delay; at ten a.m. the external integuments were cut through, the fascia and muscles drawn aside by two blunt hooks, with some little interruption from venous hæmorrhage, but which shortly subsided, when the operator plunged a long curved trocar and canula into the trachea at its second and third ring; on withdrawing the former, the patient expressed herself, "Thank God I am easy now," and fell off into a gentle dose; whilst the countenance assumed a natural hue, though palish, and the breathing was carried on wholly by the canula.

Four p.m.—Has dosed at intervals. Since the morning breathes with ease and placidly; some little inconvenience is commencing from mucus occasionally blocking the canula. Dysphagia remains; it is now stated that this was one of her earliest symptoms. Pulse 110, with power. To have thirty minims of laudanum, in camphor julep, directly.

April 9.—Has slept comfortably, and was awoke by the clogging of the canula from plastic mucus and fibrinous shreds; less dysphagia. The tube was removed this morning, and found to be firmly choked with a long, flat, tough pellet, of greyish substance like fibrine; it was kept out three hours, during which period the breathing was carried on wholly through the wound, and she remained in a deep, calm sleep; but at noon it was necessary to replace the tube. Continue the laudanum draught every twelve hours.

April 11.—Tube entirely removed this morning. Breathes partly through the wound and partly through the mouth; can blow out a candle through the former, so that we were not anxious to replace the canula, as her deglutition is less embarrassed when it is out. Hydr. chloridi., gr., iij.; statim et post horam., 4. Continue the anodyne. Pil. hydrarg. gr. v., nocte maneque.

April 18.—Has gone on favourably till the present date, gums slightly sore; an erythematous blush has appeared around the wound and under the chin. Pulse 96, soft. Skin cool. Has been four days without the tube; wound still open; omit pil. hydr.; apply four leeches to the sides of the larynx; omit laudanum also.

April 21.—The erythema did not subside until twelve more leeches were applied, and a small abscess, containing a tea-spoonful of pus, was punctured under the chin. Repeat the opiate every night only.

May 4.—Inability to swallow has returned, but if she can retch and vomit some tough mucus, deeply stained with blood, her deglutition is easy.

Emp. cantharidis, ij,, angulis maxillæ;
Calomel, gr. ij.; } omni nocte.
Opii, gr. ss. }

May 8.—In the course of last night she was awoke with a sense of suffocation, nausea and increased dysphagia; after some convulsive efforts to "hawk up" the phlegm, several ounces of a thick, yellow, offensive matter was vomited into the night-chair, which afforded her instant relief, and from this moment her deglutition became perfectly restored. The vomited matters were thrown away before our visit.

May 24.—Begs to be discharged. Voice weak, but declares that she feels quite well.

Discharged accordingly, convalescent.

Warty Growths on Rima Glottidis,—Tracheotomy,—Death.

Sarah F. æt. four, was brought to the hospital Sept. 15, breathing with a stridulous sound; aphonia, and slight difficulty in swallowing; countenance pale and very anxious, and extremities cold; pulse rapid and feeble. The parents could only state that the child had gradually lost its voice for several weeks, but that no alarming symptoms had come on until the night before its admission, when it had difficulty in taking fluids.

As no time could be allowed for local or general treatment, it was determined to seek the aid of tracheotomy, and accordingly the scalpel was, unfortunately, used throughout, and no sooner did the knife enter the trachea and make a wound half an inch long, than the child's head fell back, blood from the wound was seen to be actively drawn into the trachea, and coma, apnœa, and death followed in rapid succession within an hour.

The canula could not be inserted, as the wound was lost to view in the struggles of the child to rid itself of the coagula in the bronchi.

The post-mortem examination revealed to us a cluster of warty growths, varying in size from a pin's head to a barley corn, occupying the entire edges of the rima glottidis. There was active pulmonary apoplexy; the clots were not confined to one spot, but were scattered through both lungs distant from each other. This pathological change afforded a convincing proof of the correctness of Dr. Watson's views of the cause of one form of this post-mortem appearance, viz., "that the blood is driven backward into certain of the pulmonary lobules by the convulsive efforts to respire which the patient makes when threatened with suffocation by the copious explosion of blood," &c.

There cannot be a shade of doubt that the result would have been far otherwise had the operator used a trocar and canula in piercing the trachea.

Erysipilatous Inflammation of Throat after Inflamed Punctured Wound of Finger; Laryngotomy: Death.

December 15.—James Barber, aged 25; a Laboratory man, punctured his second right finger in sewing up a body, from which arose severe inflammation along the whole course of the absorbents of the same arm. He was recovering from the above attack when he was rather suddenly seized with sore throat, inflamed right tonsil, and a hard, deep-seated, tense swelling over the right side of the neck, just below the angle of the jaw. This occurred on Friday, Dec. 25th, and on the following Monday he had been so far relieved by scarifying the tonsil that he swallowed with perfect ease, but insisted on stating that he was worse and should certainly die shortly; at 4 p.m., his breathing was uneasy, and leeches were then applied with relief to his throat; but they had scarcely ceased to bleed when the nurse of the ward

summoned me stating that the patient was dying, "choked." Having obtained the two house-surgeons, Messrs. Clapham and Dixon, who brought a long trocar and canula, we arrived at the bed-side just as the final gasp was made. Mr. Clapham, without any external incision, drove the instrument through the crico-thyroidean ligament, air rushed into the trachea, but no effort to respire succeeded it. Mr. Dixon then performed artificial respiration through the tube, for 6 or 10 times, when the respiratory muscles were gradually roused to action, 6, then 8, then 12, and lastly 20 in a minute. In a quarter of an hour after the establishment of the natural amount of respirations, frightful epileptic seizures came on, and continued every half hour through the night.

Dec. 29.—Is perfectly conscious, some slight difficulty in swallowing, tube pervious, breathing tranquil; takes nourishment freely; ordered strong beef-tea *ad libitum*.

Dec. 31.—Had gone on favourably until this evening, when I was again summoned for a sudden attack of dyspnœa. The bronchi appeared filled with mucus, and the right lung was very inefficiently expanded. He drew in air through the canula, but not much passed back by that channel. He rapidly sank and died at 9 a.m. on the following day, 60 hours after the operation.

Post-mortem Examination: 24 hours.

Extensive deposition of purulent matter was found in and around all the cervical muscles on the right side, as far as the spine; the cellular membrane and fascia gave a grating sensation to the knife as they were cut through; the colour of the muscular bands was of a dingy or tawny nature. There was acute inflammation of the whole larnyx, the membrane of which reminded us of the character of a toad's back in appearance, the right vocal cord was thickened, and in its centre was a purulent depôt, the size of a small pea. The whole bronchial membrane was vividly red, and there was pneumonia of the two lower lobes of the right lung in the stage of red hepatization. No purulent depôts could be detected in the pulmonary tissue. There was no trace of phlebitic inflammation in the right arm, but traces of erysipelatous inflammation of the tissues of the throat and neck, of which the destructive changes within the larynx formed the fatal sequel.

RARE CASE OF TWIN CONCEPTION.—EXPULSION OF ONE CHILD AT THE END OF THE SECOND MONTH, AND RETENTION OF THE SECOND TO THE END OF THE SIXTH MONTH.

By John Gason, M.D.

Fellow of the College of Physicians, Dublin, &c.

The following case of retention of a living child in the uterus for four months after the expulsion of the first in a twin conception appears deserving of record from the rarity of its occurrence, and from the possibility of the birth taking place at the regular time. Burns, in his practice of midwifery in a note says:—"It has been known that, in consequence of the death of one child, the uterus has suffered partially, and expulsion taken place, but the other child continuing to live, has preserved the action of gestation in that part of the uterus which, properly speaking, belonged to it, and pregnancy has still gone on. This, however, is an extremely rare occurrence, for, almost in every instance, the death of one child produces an affection of the action of gestation in the whole uterus, and the consequent expulsion of both children.

I was sent for to see Mrs. A. B., æt. twenty-six years, on the evening of March 27, 1863. She stated to me that while sitting in an easy chair near the fire she felt a rush of water from the vagina. She immediately went into her bed-room and sat on a vessel into which about one pint and a half of a straw-coloured fluid passed. She did not pass any urine at that time. She went to bed immediately, and applied ice over the region of the uterus. There was no hæmorrhage. I saw her in about three-quarters of an hour after this occurrence; I then found the uterus firmly contracted, the fundus inclined to the right side, and extending about one inch above the level of the umbilicus. Mrs. A. B. was much agitated and hysterical. The following history of her case was given me by a very near relative who was with her, and it was strictly confirmed by her husband and by the lady herself subsequently:—

"Mrs. A. B. had menstruated regularly up to Sept. 29, 1862, which was the day on which she ceased to menstruate. On Dec. 1, when in England in the country, having been in the family way for two months, she miscarried. She had no medical man with her; there was a considerable discharge of blood, a part of which was in clots; two of these clots she remarked for their size, one of them being veined all over. The red discharge continued to flow for ten days, when it ceased entirely; she never menstruated since that time." Mrs. A. B. has been married four years; she had no doubt on her mind of having miscarried at that time, though it was the first time that she had been in the family way.

On stating my opinion that I believed Mrs. A. B. was between five and six months in the family way, I was met with such an expression of doubt from the foregoing circumstances, that my opinion was canvassed with more distrust than belief in the accuracy of my diagnosis, as "the impossibility of such a thing being the case; how could so and so be the case, when such a thing happened," &c.

As there were no urgent symptoms, no further discharge of water or any blood, I made no examination at the time, prescribed a sedative, and left positive orders to be sent for immediately on the occurrence of any fresh symptom.

I was sent for at five o'clock next morning. She was then in labour; complained of pains in back and lower region of the abdomen; os uteri dilated to the size of half-a-crown; head presenting; pains frequent and strong. Administered chloroform but not to produce insensibility: from this great relief was derived; child born at seven a.m. Immediately on its birth it commenced crying feebly, but distinctly. It survived about forty minutes. As soon as the placenta became detached from the uterus respiration became more feeble and at longer intervals. I did not tie the cord for thirty minutes after the birth at which time all pulsation in the cord had ceased. The umbilical cord was long, thick, and encircled the neck of the child. The fœtus was about nine inches long, very thin; skin of a dusky red colour, well-formed; the eye-lids adhered closely to each other, and could not be separated. The arms of the fœtus were crossed over the breast.

The mother recovered without any untoward symptom, having a copious supply of milk.

The placenta was small but perfect in texture and formation, and I could not detect any irregularity in its appearance or in that of the membranes. This was her first confinement, and she had had no miscarriage previous to that mentioned in December last.

12 Via Della Mercede, Rome,
Nov. 6, 1863.

GENERAL CORRESPONDENCE.

SPONTANEOUS AMPUTATION IN UTERO.

To the Editor of the Medical Circular.

Sir,—Should you consider the following case worthy of insertion in the columns of the Medical Circular you will much oblige me by placing it before your numerous readers.

I was asked to go and attend a Mrs. V——— in her confinement. It might not here be out of place to say a few words about her previous history. The patient is twenty-three years of age; always enjoyed excellent health previous to her marriage; catamenia regular; was married at the age of eighteen years, and aborted about the end of the fourth month of utero-gestation, but could assign no reasonable cause. This untoward event materially affected her health, which continued in a very feeble state for three months, during which time she was obliged to confine herself to her bed; complaining principally of "pain in her side" and debility.

After a short course of quinine, with a nourshing diet, she began to recruit her strength, pain in the side disappeared, and she was "herself" again. She now became pregnant, and at the end of the usual term of utero-gestation, gave birth to a living child, there being a breech presentation. Her health continued good, though she leads a very sedentary life, seldom taking any exercise in the open air.

I will now state what I saw in her subsequent confinement. Her labour was short, and demands no observation from me. About two hours after my arrival she gave birth to a living fœtus apparently healthy, and of the average weight and size, but presenting the following abnormal deviations. The right fore-arm was amputated about one-inch-and-a-half from the "humero-cubital" articulation. The little stump that remained was well covered with integument, there was no sign of a wound, and it freely admitted of flexion and extension. The arm was of the same proportion as the left, and so far as I could ascertain the child was well developed in every other respect. The funis exhibited the following unusual features. It was twenty-four inches long, exclusive of two knots: the first a simple one, situated in it 7 inches from the abdomen of the child. The other, a double knot (reef knot), about midway between the first and the placenta. There was a very large quantity of "liquor amnii."—I am, &c.,

James C. Hayes, M.D., L.R.C.S.I., &c.

Rathkeale, Nov. 12, 1863.

FOREIGN BODY IN THE ALIMENTARY TRACT.

To the Editor of the Medical Circular.

Sir,—I beg to send you the particulars of the following case for publication, if you should think with me, that they merit it.

A little girl, aged 8, was brought to me on the evening of the 11th of June last, her mother stating that a short time before she had swallowed a penny-piece of the *new* coinage dated 1861.

After my incredulity was somewhat satisfied as to her having actually swallowed such a large substance, I asked her about her state; she said she felt pain in swallowing towards the top of the sternum, but she swallowed some dry bread with great ease, and also some fluid. I ordered the mother to have her kept as much as possible on dry food, her drink to be limited, the stools to be examined.

June 12th.—After my seeing her last evening she vomited freely, she was restless during the night, starting occasionally in her sleep, and again vomited this morning; her tongue is slightly furred, she has a disinclination for food, stating that it hurts her to take it. Having little faith in the result, yet as I saw nothing else to be done, I ordered her an emetic.

13th.—The emetic acted forcibly, and while in the act of vomiting she suddenly exclaimed "that something had fallen into her belly;" she complains a little when pressed on the epigastrium. She has taken very little food since yesterday, she cries when pressed to eat, and says it hurts her at the epigastrium.

Her tongue is clean to-day. For about ten days she took little food, except occasionally a boiled egg; she became dispirited and frightened as being the subject of so much attention, and did not resume her usual appetite and good spirits for about a month.

She occasionally complained of a pain at the epigastrium, the soreness of which continued, and the motions on a few occasions showed spots of blood; in no other way did she shew the least symptoms of indisposition; she could run and leap as well as her playmates.

On the 5th of the present month (from June 11th twenty-one weeks) the mother who had either herself or by deputy carefully examined each evacuation, was recompensed for her vigilance by the sudden appearance, in the night-chair, of the long lost coin.

It was at first covered with a coal-black incrustation (probably the protoxide of copper) which I did not see, as it soon came off in a thin film, which quickly crumbled and revealed the coin as it now appears, slightly corroded, more at one side than the other.

For a fortnight before it came away, she ceased to complain of the epigastric pain; her gums never (as far as I could ascertain) showed the copper coloured line, indicative of chronic copper poisoning. I think the case worthy of being recorded, first, because I think any case of the kind should be, and next, as it well shows that the presence in the alimentary tract, for a long period, of a large, *hard* substance, and that composed of a dangerous metal, is not inconsistent with the enjoyment of excellent health.

As to the position which it occupied in the canal, I will offer no remark, as I consider that anything on that head, with the symptoms which were present, would be quite conjectural.—I am, &c.,

NICHOLAS WILLIAMS, L.R.C.S.I.

Crookstown, Co. Cork, Nov. 14, 1863.

DR. CORRIGAN'S DOCTRINES.

To the Editor of the Medical Circular.

SIR,—I rather think when Dr. Corrigan is reported as saying, "all theories in medicine are nonsense," there is an error of our friend the reporter; what he did say, I can understand, for I have said it already on more than one occasion in your journal: all theories cannot be nonsense. Liebig believes that all sound knowledge in medicine begins in a sound theory which subsequent study shapes into practical use by deductive reasoning.

Surely we have a theory of inflammation or of fever, a theory of the fœtal circulation in the pregnant female, a theory of the nature of pyæmia, a theory of jaundice, a host of theories as to shapes and forms of diseases of the brain and spinal cord. All these are more or less valuable, but surely not nonsense. We have got the true theory of deaths from chloroform: it is from its being utterly misunderstood that deaths so often occur. We have got a theory of glaucoma, and a most admirable remedy founded on that theory, the only "nonesense" being on the part of those who do not understand one or the other. We have a theory of sleep, that it is essentially a reparative action, all animals sleep, our theory becomes a kind of general useful law.

All ideas of searching out *one great law* in medicine, however, as the Hahnemannists do, are on the face of them nonsense. This is what Dr. Corrigan means, and it is a much higher view of the thing, than the really weak notion of the late Sir B. Brodie in his letters to 'Frasers' Magazine.' Verily is it on the face of it absurd that you can treat only safely by one great law: a woman say, dying of uterine hæmorrhage, and another woman dying with convulsions requiring venesection: a case of hysteria and a case of dropsy. All views as to *one* great law in medicine, let it be Brunonism or Hahnemannism, Chronothermalism, or Vitalism; the animal spirits of Stahl, the archæus of Van Helmont. The crases of the Rokitansky school, &c., have a "fatal proclivity to sinking," as poor Falstaff said of himself when he got into the water, sinking lower and lower to the level of Holloway's pills with their universal law of curing everbody. Sir B. Brodie said homœopathy was increasing solely because our young physicians, one and all, our Brompton Hospital, under the Brown-Séquards, Hughes Bennetts, Christisons, know nothing of what? Diagnosis! *risum teneatis*. Why it is the very thing on which we are too clear, too refined; is there a spot in the brain to wit now not thoroughly subject to diagnosis?

These letters have been a great triumph for my *one* law similia similibus men; they were praised as the highest wisdom too, by journals that object now to iridectomy, that opposed ovariotomy, that wisely urged that chloroform in midwifery should be treated as a misdemeanour on the part of the medical man using it, and unwisely urged in strong terms that "highborn damsels should not permit themselves to be rendered drunk and incapable, or people requiring "a tooth out" should not have their head first taken off by chloroform!

For the sake of our young men I would say, in all soberness, it is a mistake that all theories in the general science of medicine are nonsense. The theory also of atomic proportions and substitutions in organic chemistry is beautifully true; the theory of formation of dew, &c. Theory, it has been said by a wise man, is like the scaffolding to a new house. We cannot get on or build the house without it. We, in our way, are ever striving to build and patch up the human frame in disease—each according to his *métier*,—this frame so "fearfully and wonderfully made;" it would be indeed nonsense to strive to do away with our rude scaffoldings. Dreaming about one great law on the face of it is irrational.

I am, &c.

Sackville street, Nov. 15. CHARLES KIDD, M.D.

P.S.—The nearest approach to a great law we have is, perhaps, Schleiden and Schwaun's great cell or organisation theory. But even this it is now the fashion with bookish men to deride. Still as a theory it is most valuable. Again, if it be true that the Hahnemannites increase because of insufficient diagnosis (for that is the entire gist of Sir B. Brodie's view) how comes it that they are not better hands at diagnosis, say on phthisis, than all the Brompton men on brain diseases, than our Todds, Watsons, and Séquards; nay, how comes it about that they laugh at diagnosis altogether? They are not better, they are as Audrey has it, "not a true thing at all," and their grand law, granted even that it was true, which in this direction it obviously cannot be, has not a thousandth part of the value of our theories, let them be ever so unsightly or crude, as scaffolding must always be.

MEDICAL SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY NOV. 10TH, 1863.

MR. PARTRIDGE, PRESIDENT.

ON THE TREATMENT OF FROSTBITE BY FRICTION WITH SNOW, FOLLOWED BY INCISIONS.

BY A. ROWAND, M.D.

Surgeon to the Marine Hospital, Quebec.

The method adopted by the author is as follows:—After re-action had been induced by careful friction with snow, incisions were made into the diseased structure. This treatment was adopted by the author in two cases, the details of which he gave. He further remarked that incisions were useful, not only in preventing inflammation and mortification caused by too great reaction, but by setting the blood in motion also, when it has been stopped by the action of the cold, and should be employed consequently at an early period.

A CASE OF CANCEROUS INFILTRATION OF THE ENTIRE PENIS; SECONDARY DEPOSITS.

BY HOLMES COOTE, ESQ., F.R.C.S.,

Lecturer on Surgery at St. Bartholomew's Hospital.

A man was admitted into St. Bartholomew's Hospital, under the care of Mr. Coote, with cancerous infiltration of the entire penis. It was found that he could not inhale chloroform without showing alarming symptoms of collapse. In the course of a month he died. On examination afterwards it was found that the whole penis was occupied by soft cancerous deposit; that there was a cancerous ulcer of the bladder; cancerous deposits in the lungs and bronchial glands and several of the bones. The head was not examined. The heart was in a state of extreme fatty degeneration.

In reply to the President, Mr. COOTE, said that there was no enlargement of the inguinal glands, but there was of the glands in the pelvis. The phymosis was not congenital.

Mr. FERGUSSON wished to hear the opinion of members of the Society as to the precise significance of the words "primary" and "secondary" in reference to cancer. Scirrhus of the breast, he said was limited to its range of diffusion. It secondarily affected the axillary glands, but rarely spread to distant parts. He thought it would be of great importance to define more accurately the meaning of the term "secondary cancer." Was it meant that cancerous matter was actually carried along the veins to distant parts? He himself would suggest that both the primary and the secondary (so called) deposits of cancer were due to the same general condition of the system. He concluded by remarking on the interesting and unusual nature of the case.

Mr. SHAW said that the interest of the case lay in the cancer

being scirrhus, and not epithelial, as is generally the case in cancer of the penis. Epithelial cancer was not wont to infiltrate the penis, as in this case; and again, epithelial cancer generally affected the inguinal glands, while in this instance it did not. He differed from Mr. Fergusson as to the diffusion of scirrhus cancer being limited.

A Member referred to a case recorded by Dr. Warren of America, in which cancer of various forms infiltrated the penis. He considered that Mr. Fergusson's suggestion was an important one, and asked for the opinion of eminent microscopists as to the possibility of recognising the elements of cancer in the blood.

Mr. MOORE was surprised to hear that the subcutaneous injection of morphia caused so much pain. He referred to cases in which it had been used after painful operations, before the patient had recovered from chloroform, with great advantage.

Dr. JENNER agreed with Mr. Fergusson that the word secondary was not used with any very definite meaning. We talk, he said, of secondary cancer, but never of secondary tubercle. As a pathological anatomist, he agreed entirely with Mr. Fergusson.

Mr. COOTE replied that the subcutaneous injection of a strong solution of Morphia, as practised at the Middlesex Hospital, had been found extremely useful in alleviating severe pain in cancerous as we l as in other diseases, and he could not account for the fact of the patient disliking the measure of this particular case. In answer to Mr. Fergusson's objection to the use of the term "secondary" cancerous deposit, he would observe that he used the words "primary" and "secondary" solely in relation to time. He was not aware that microscopic examination had confirmed the idea that cancerous elements could be detected in the blood of those suffering from this disease. Indeed, he thought it more than probable that the formation of such morbid deposits was due to deviations from the ordinary course of normal development in the solid constituents of the body.

CASE OF MUCOUS CYST ON THE LARYNGEAL ASPECT OF THE EPIGLOTTIS, SEEN BY THE LARYNGOSCOPE, AND SUCCESSFULLY TREATED BY INCISION.

By ARTHUR E. DURHAM, ESQ., F.R.C.S.,
Assistant-Surgeon to Guy's Hospital.

The patient, a very intelligent lad, aged eleven years, was admitted into Guy's Hospital, under the care of Dr. Wilks, on June 10th, 1863. He had for three years suffered from gradually increasing impairment of voice, and difficulty of breathing and swallowing. On admission all his symptoms were very severe: he complained of pain, increased by pressure, about the larynx; he did not breathe freely; his voice was reduced to a low whisper; solids seemed to stick in his throat, and he could only swallow liquids with difficulty. During the night of the 14th he was seized, as he had previously been on several occasions, while asleep, with a very severe attack of dyspnœa. Tracheotomy was upon the point of being performed, but was delayed by the desire of Dr. Wilks, and on the following morning Mr. Durham was requested to make a laryngoscopical examination. On doing so the epiglottis could not be distinguished in its normal form, but instead there appeared a large, round, tense tumour, projecting backwards and downwards, and completely covering in and concealing the glottis. On either side and rather behind this, portions of the aryteno-epiglotidean folds could be seen, swollen and apparently œdematous. The tumour could be just reached by the finger. Feeling certain that it contained fluid, Mr. Durham, with the concurrence of Dr. Wilks, at once proceeded to make an incision into it by means of a long, curved, sharp pointed bistoury, partially surrounded with sticking-plaster. The incision was followed by a sudden gush of thick glairy mucous, mixed with a little pus and blood, which, on subsequent examination proved to be precisely similar to the contents of a ranula beginning to suppurate. All the patient's symptoms were at once relieved, and in the evening he was singing in his bed. In the course of a few days he was perfectly well. Examinations were made from time to time, and it was interesting to watch the gradual subsidence of the œdema, and the return of the parts to their normal condition. The patient was last examined nearly four months after the operation; he was in every respect well. There was no appearance of the cyst, (for such evidently was the nature of the tumour,) but the cicatrix of the incision could be just distinguished on the lower part of the laryngeal aspect of the epiglottis.

Dr. MORELL MACKENZIE observed that the case brought forward by Mr. Durham was extremely interesting, and he believed unique. Though we migh naturally expect to find muco cystic polypi in the larynx, they seemed scarcely ever to occur, and he had never seen a case of the sort with the laryngoscope, nor was there any such case in the museums of the London Hospitals. He had met with cases of chronic œdema of the larynx, in which the symptoms and even the laryngoscopic appearance were very similar to those related in the present case. In estimating the value of recorded cases in which the growths have been removed from the larynx, it must be borne in mind that there are two principal kinds of operations. In one of these the growth is actually brought away, and can be seen after its removal; whilst in the other the growth is not brought away, but its base is cut through and it falls into the larynx. The former happens when forceps are employed; the latter when cutting instruments or wire-loops are used. In order that this latter class of operations should have the value of scientific facts, the previous existence of the growths ought to be verified by more than one acknowledged laryngoscopist. The testimony of those entirely unaccustomed to the use of the laryngoscope is of no use in such a case. He had always found in demonstrating the laryngoscope, that novices would see almost anything he described to them. Under these circumstances, he thought that in all those operations where growths were removed by instruments which did not bring anything away, the previous existence of the excrescences required the verification of at least two laryngoscopists.

Mr. HOLMES COOTE thought that Mr. Durham's description ought to be accepted as accurate, as he was not likely to make a mistake in examining the larynx or any other part of the body.

Dr. PALFREY thought that Dr. Mackenzie had not followed the paper. The point was not, should the larynx be examined by several observers, but that the instrument enabled us by a simple operation to relieve a severe condition of the larynx, which without its use would have necessitated tracheotomy.

Mr. ARNOTT said that several years ago he removed part of a cyst which projected externally below the os hyoides. Its attachments were deep, so that he could not remove the whole of it. He considered that Mr. Durham's description of the cyst was quite correct.

Mr. SOLLY said that one very satisfactory point was that the relief was permanent; the sac did not refill, the operation having been done on June 15th, and the boy being now quite well.

Mr. BIRKETT remarked that the fluid had been examined by the microscope. He felt disposed to class the tumour with ranula.

In reply to the President,

Dr. MACKENZIE said that in the case of œdema of the larynx that he had related the symptoms had entirely disappeared three days after the operation. Dr. Mackenzie said that his remarks as regarded the verification of cases did not apply to Mr. Durham, whose observing powers were of a very high order. In his case, after the incision a glairy mucous had come away; his remarks especially referred to cases of excrescence in which the growth was supposed to drop into the windpipe.

Mr. DURHAM, in reply, said he thought Dr. Mackenzie could scarcely have seen a case of œdema, or he would not have doubted the diagnosis in his case. It was a large rounded swelling, nearly filling the larynx, and big enough to interfere with swallowing. The reason why the cyst had not refilled was that inflammation had occurred, and it had quite closed up. The boy was now quite well, and his future progress should be communicated to the Society.

HARVEIAN SOCIETY.

NOV. 5TH, 1863.

DR. J. B. SANDERSON, V.P., IN THE CHAIR.

DR. CLEVELAND made some remarks as to the period at which premature labour ought to be induced in cases of albuminuria.

DR. DRYSDALE mentioned a case where the diagnosis between ascites and ovarian disease seemed to him doubtful.

ON SOME OF THE DISEASES CONSTITUTING THE CONDITION COMMONLY CALLED AMAUROSIS.

By Ernest Hart, Esq.,
Opthalmic Surgeon to St. Mary's Hospital, and Lecturer of Opthalmic Surgery in the School.

The author said that amaurosis was not one, but many diseases, and that by the opthalmoscope it was possible to distinguish in their early stages those deep-seated alterations in the choroid, retina, humours, and interior vessels of the eye, which without it could only be guessed at, and whose pathological change constituted a variety of diseases leading to blindness without change in the external appearance of the eye. Upon their diagnosis and treatment in their early stages rested the possibility of saving the patient's sight. If they were so recognised, sight could now, in the majority of cases, be saved; if they were not it was lost. The subject was so wide that he proposed only to describe one or two of the most common conditions of deep-seated disease, such as were constantly met with in general practice, selecting those which were liable to be overlooked. Mr. Hart first briefly demonstrated the appearance of the fundus of the healthy eye as the starting point of all comparison. In the normal eye the humours were perfectly clear; but he showed the opaque appearances which were presented under the opthalmoscope by even the faintest traces of commencing cataract in the lens, and said that by this method of investigation the chapters in opthalmology which treated of the distinction between cataract and amaurosis were cancelled. No difficulty could arise if it were used; while in some cases it was im-

possible to decide without it. This at once removed one blot from practice, and added an element of certainty which was very acceptable. He described the changes in the vitreous humour leading to dimness of vision—black spots, and shreds or veils before the sight, and showed that the nature of these also could be detected with certainty. When organic they were commonly of syphilitic connexion, and admitted of satisfactory treatment. Other conditions leading to similar symptoms would be greatly aggravated by anti-syphilitic treatment. Here, too, the distinction could be precisely established. He then passed on to a serious class of diseases, in which the early symptoms was increasing short sight, with some uneasiness, and, perhaps, slight lachrymation. These were the first objective signs of congestive inflammation of the choroid, involving the sclerotic, and leading to atrophy of that membrane around the entrance of the optic nerve. This atrophy leads to pouching of the membranes here (posterior staphyloma), and the increasing short-sightedness was consequent upon the retreating staphyloma. The use of glasses aggravated the disease. It existed in forty per cent. of the cases of defective vision. Mr. Hart traced its consequences through their series of pathological changes in the retina, vitreous, optic nerve, and lens, and said that this advancing short sight was a common and neglected sign of disease, producing a large proportion of the cases of irremediable amaurosis of advanced life. Whenever short-sightedness was found to be rapidly advancing, especially in youth, a careful opthalmoscopic examination ought to be made; if this were done, infinite suffering might be saved to many, and good done to all. Concave glasses were absolutely safe when the cause of short sight was in the lens and dioptric apparatus of the eye, but a source of danger and liable to abuse in that large per centage of cases which he had described. The opthalmoscope drew a sharp line between the two, and afforded the means of giving appropriate and definite advice in each case. Mr. Hart then described a form of amaurosis commencing with deep-seated choroiditis, of which the first step was dimness of sight at night, and gradually increasing limitation of the field of vision, which crept on slowly and imperceptibly through a course of years, until at the end it led to total blindness. The retina was slowly involved, and in the end became spotted with patches of pigment, which gave it the appearance of a leopard skin. The condition began by dimness of sight in youth, and ended in the slow and painless extinction of sight between the ages of thirty and forty. Mr. Hart illustrated this, with a demonstrating opthalmoscope, in the person of a patient who had recently come under his care, and in whom the disease had for eighteen years been progressing unsuspected and untreated, nearly the whole visual field of the retina being now so affected. The prognosis of such a case was desperate. He then entered into details of treatment.

Mr. Sanderson expressed the thanks of the Society for the instructive and practical information conveyed in the paper, and said it was to be wished that actual light could be thrown on many obscure diseases with which the physician had to deal.

The members then adjourned to a smaller room, where by the aid of a simple form of demonstrating opthalmoscope used by Mr. Hart in hospital teaching, they were able to inspect and appreciate examples of the early and late stages of the forms of amaurosis described.

Physicians' Fees.—Our readers will remember the highly honourable part played by Dr. Vose, of Liverpool, in reference to a disputed fee. The Profession will be glad to learn that his conduct has been duly appreciated, and that the fee originally demanded by him has been paid.—'British Medical Journal.'

Appointment.—We are requested to state that Dr. G. de Gorrequer Griffith has resigned the appointment of House Surgeon to the London Surgical Home at Notting Hill, and has been appointed House Surgeon to the Male Lock Hospital, Dean-street, Soho.

Dr. Philbrick's Case.—Our readers will remember the persecution to which Dr. Philbrick, of Leamington, was some months subjected to, in consequence of the extraordinary evidence which was given at Leamington by some of his Medical brethren, on the occasion of a coroner's inquest. A most groundless action was brought against Dr. Philbrick, in consequenee of which he was put to great expense, and still greater anxiety of mind; and, unwilling to run the risk of losing the suit, he compounded with the plaintiff. We now recur to the fact, to note that the attorney for the plaintiff in the action against Dr. Philbrick, was, a few weeks ago, struck off the rolls!—'British Medical Journal.'

The London Surgical Home, Stanley Terrace, Notting Hill.—Mr. J. B. Brown is now delivering a course of lectures at the above institution, in a manner somewhat different from that usually adopted. He calls them Clinical Observations and Practical Demonstrations, and the novelty of his plan consists in his lecturing on cases actually in the institution, and immediately after the lecture performing one or more of the operations which he has just described. We are glad to see that the lectures are well attended by medical practitioners, as this institution may be considered a clinical school for a new department of surgery.

Births, Marriages, and Deaths.

BIRTHS.

Campbell.—On the 12th inst., at Knaphill, Woking, the wife of Dr. J. Campbell, R.N., of a daughter.

Cattle.—On the 12th inst., at Newent, Gloucestershire, the wife of W. D. Cattle, M.R.C.S.E., of a son.

Iles.—On the 17th inst., at Watford, the wife of Wilson Iles, M.D., of a daughter.

Jaap.—On the 11th inst., at Sheerness, the wife of John Jaap, M.D., of a son.

Maguire.—On the 15th inst., the wife of J. Maguire, M.D., of Chapelizod, of a daughter.

Merryweather.—On the 15th inst., at Brunswick terrace, Westbourne grove West, the wife of P. Collins Merryweather, M.R.C.S.E., of a daughter.

Nicholl.—On the 16th inst., at Denmark hill, the wife of Dr. Nichol, of a daughter.

Norton.—On the 16th inst., at Wateringbury, the wife of S. Norton, M.D., of a daughter.

Paterson.—On the 14th inst., at Fernfield House, Bridge of Allan, the wife of Dr. Paterson, of a daughter.

Willis.—On the 16th inst., at Upper Ormond Quay, Dublin, the wife of T. Willis, M.D., of a son.

MARRIAGES.

Rawson—Newton.—On the 10th inst., at St. Peter's Church, Dublin, T. J. Rawson, M.D., of Barrowville, Co. Carlow, to Janet Semphill, widow of J. Newton, Esq.

Slater—Oliver.—On the 28th ult., at the Old Church, Hackney, Dr. John Thomas Slater, of Caledonian road, to Harriett Myra, only child of Thomas Oliver, Esq., of Nickol's square, Kingsland.

DEATHS.

Ellis.—On the 16th inst., at Crowle, Lincolnshire, of scarlatina, Archibald William, youngest son of Henry W. J. Ellis, L.R.C.P.Ed., aged 1 year and 8 days.

Hamilton.—On the 14th inst., at the Royal Infirmary, Dundee, Wm. G. Hamilton, M.D., aged 22.

Lovegrove.—On the 12th inst., at Hastings, W. Lovegrove, L.R.C.P., aged 26.

Martin.—On the 14th inst., at Reigate, P. Martin, M.R.C.S.E., aged 51.

Underwood.—On the 10th inst., at Douglas, Isle of Man, T. Underwood, Surgeon to H.M.'s Household.

Wilson—On the 12th inst., at Allerburn House, Alnwick, Northumberland, G. Wilson, M.D., aged 49.

MEDICAL NEWS.

The General Council of Medical Education and Registration.—New Appointments.—At the Court at Windsor held on the 17th of November, 1863—present, the Queen's most Excellent Majesty in Council—Her Majesty was pleased, by and with the advice of Her Privy Council, to nominate and appoint Edmund Alexander Parkes, Esq., Doctor of Medicine, and Professor in the Army Medical School, Netley; Richard Quain, Esq., Doctor of Medicine, of Harley street, London; and Henry Wyldbore Rumsey, Esq., Surgeon, of Cheltenham, to be Members of the General Council of Medical Education and Registration of the United Kingdom, in the place and stead of Sir Charles Hastings, Knight, Doctor of Medicine; William Lawrence, Esq., Surgeon; and Thomas Pridgin Teale, Esq., Surgeon.——Her Majesty was further pleased again to nominate and appoint Dr. Robert Christison, of Edinburgh, and Dr. William Stokes, of Dublin, to be Members of the said General Council of Medical Education and Registration of the United Kingdom.

Royal College of Surgeons of England.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 17th instant, viz.:—Barker, William Lervington, Hungerford; Bellamy, Edward, Balham; Dickson, John Thompson, Clapham-park; Douglas, Morley, Sunderland; Fox, Francis, Kilburn; Franklin, Charles, Maida-hill; Geoghegan, Richard Taylor, Birkenhead; Grace, Alfred, Donnend, near Bristol; Haxworth, Walter, Barnsley, Yorkshire; Jameson, William Hugh, M.D. Edin. Caistor, Lincolnshire; Lebrun, Joseph Pierre Desiré, M.D. Belgium, Brussels; Lewis, Alfred, M.D. Edin., Haverstockhill; Lord, Richard, M.D., Edin., Crewe, Cheshire; Muir, Henry Skey, M.D. Glasg., Gloucester-place, Regent's-park; Murray, Thomas, Trinidad, W. I.; Mussen, Arthur, M.D. Queen's Univ., Lisburn, co. Antrim; Ralfe, Charles Henry, Cambridge; Rosselloty, John Crampern, Watford, Herts; Sandell, Henry William Adrian, Wood-green; Waugh, Alexander, Corsley, Wiltshire; Wilkin, Henry Cox, Dublin; Zinzan, Robert Vaux, Hindon, Wilts.

The following gentlemen were admitted on the 18th instant:—Atkinson, James, Hyde, near Manchester; Beverley, Michael, M.D. Edin., Seething, Norfolk; Bernard, Charles, Frederick, Plymouth; Byrne, Patrick, Manchester; Elkington, George, Birmingham; Evershed, Montague, Frederick, Billingshurst, Sussex; Gilbert

Henry, Birmingham; Greene, James Sherwin, St. George's, Shropshire; Grosvenor, George Fox, M.D. Edin., Alsager, Cheshire; Haigh, Sam, Leeds; Haliday, Saunders Barton, Dublin; Hamlyn, William Trent Bennett, Plymouth; Marriott, Henry Thomas, Colston Bassett, Notts; Mudd, Frederic Charles, Chichester; Philips, Alfred, Bridgwater; Ray, Edward Reynolds, Dulwich; Shaw, Charles Edward Martin, Crewkerne, Somerset; Shears, Arthur, Isleworth; Sherwin, John, Upwell, Norfolk; Smith, Solomon Charles, Halifax; Stamford, William Ackrill, Beverley Yorkshire Stott, William John, Manchester; Wall, George, Stourbridge, Worcestershire.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 12th instant:—Bale, William, Teviot Dale, Stockport; Bryan, Edward, Frisby-on-the-Wreake, Leicester; Holyoake, Thomas, Kinver, Staffordshire; Killingworth, Thomas, Bradford, University College, London; Richards, George, Chirk, North Wales; Starling, George, Hebe Cottage, Charlton; Wintle, Henry James, St. Paul's, Bristol.

The following gentlemen also on the same day passed their first examination:—Burnham, Ralph, Westminster Hospital; Evans, Alfred Paget, Sydenham College, Birmingham.

MR. GREEN.—The health of this gentleman, which for some time past has been in a very critical state, is now so improved that his friends were enabled to remove him on Thursday last from his temporary lodgings to his own residence.

THE OXFORD M.B. EXAMINATION will take place on Monday, November 30th.

CAMBRIDGE UNIVERSITY.—Mr. Latham, of Downing College, has been appointed Assistant-Examiner to the Regius Professor of Physic. Dr. Drossier, of Caius College, was appointed Deputy Professor of Anatomy in the absence of Dr. Clark.

SANITARY STATE OF HOUGHTON. Dr. Wheatley has presented a report to the Board of Guardians on the state of the town, and the means necessary to improve its sanitary condition. A committee has been appointed to carry out his suggestions.

APPOINTMENTS.—G. H. Betts, M.D., has been appointed Medical Officer to the Holloway and North Islington Dispensary, Palmer-place, vice Searle, resigned.—J. C. Blackford, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the Cannock District of the Penkridge Union, Staffordshire, vice J. Wheatcroft, M.R.C.S.E., resigned.—W. P. Brabazon, M.D., Visiting Surgeon to the Southern Dispensary, Liverpool, has been elected House Surgeon, vice H. B. Watters, L.R.C.P.Ed., appointed one of the District Medical Officers of the Parish.—T. Brewer, M.R.C.S.E., has been elected House Surgeon to the Huddersfield and Upper Agbrigg Infirmary, vice W. Oxley, M.R.C.S.E., resigned.—B. Cocks, L.R.C.P.Ed. has been elected Medical Officer for the South-East District of the Buntingtord Union, Berks, vice W. H. Moor, M.D., deceased.—J. C. Cookworthy, M.D., has been appointed Consulting Physician to the Plymouth Public Dispensary, on resigning as Physician.—J. B. Cowan, M.D., has been elected President of the Andersonian Medical Society, Glasgow, for the ensuing year.—G. Fearnley, M.D., the first Mayor of Dewsbury, Yorkshire (having been elected immediately upon the Charter of Incorporation being obtained last year), has been re-elected to the office for 1863-4.—R. Fendick, M.R.C.S.E. has been appointed Medical Officer for District No. 2 of the Bristol Incorporation of the Poor, vice D. Davies, M.R.C.S.E., resigned.—M. Hall, M.R.C.S.E., late Assistant House Surgeon, has been appointed House Surgeon to the General Infirmary, Sheffield, vice H. J. Knight, M.R.C.S.E., resigned.—J. Harman, M.R.C.S.E., has been elected Resident Medical Officer to the Brixton, Streatham Hill, and Hearne Hill Dispensary, vice J. T. Mercer, M.B., resigned.—H. Helsham, M.D., has been elected Medical Officer of the Brixton, Streatham Hill, and Hearne Hill Dispensary.—T. Hopgood, M.R.C.S.E., has been elected Mayor of Chipping-Norton, Oxfordshire.

APPOINTMENTS FOR THE WEEK.

Wednesday, November 25.

Operations at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.

Thursday, November 26.

Operations at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; London Surgical Home for Diseases of Women, 2 p.m.

Friday, November 27.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, November 28.

Operations at St. Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, [illegible] College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; Royal Free Hospital, 1½ p.m.

Monday, November 30.

Operations at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1½ p.m.; Metropolitan Free Hospital, 2 p.m.

Tuesday, December 1.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Topics of the Day: Medical, Social, and Scientific. By J. A. Hingeston, M.R.C.S., L.S.A., &c. London: John Churchill and Sons, New Burlington street.

The Chemist and Druggist, Nov. 14, 1863. London: 24 Bow lane, Cannon street.

The Medical Record of Australia, vol. iii., Nos. 7 and 8.

Introductory Address Delivered at St. George's Hospital, by Henry Lee, F.R.S. London: John Churchill and Sons, 11 New Burlington street, W.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor, may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day

We must request our Country Correspondents who favour us with copies of Provincial Newspapers, to mark the passages to which they desire to draw attention.

AN OLD SUBSCRIBER draws our attention to a printed circular which he has received, and a copy of which he incloses, from a person living somewhere in Greenwich. This document sets forth that the writer is in possession of the particulars of a most successful and yet simple medicinal treatment of scarlatina, communicated to him by an eminent physician in large practice, but whose name is not divulged. The treatment in question is said to be so successful, that every case recovered in which it was tried, and it has the power of completely counteracting the virus of scarlatina, reducing the fever, checking the ulceration of the throat, and preventing any desquamation of the skin or any other bad consequences. The writer offers to reveal this important secret for twelve or fifteen postage stamps to anyone who will remit that small sum, but our correspondent has not availed himself of the offer so kindly and generously made. We leave any of our readers, into whose hands the circular may fall, to draw their own conclusions as to the motives of the writer.

ACONITE AND ACONITINA.—In our article on these substances we stated our belief that Mr. Morson was the only manufacturer of aconitina in this country. We have since been informed that Messrs. T. and H. Smith and Co., of Coleman street, are also manufacturers of this alkaloid. We hasten to correct our unintentional error.

A YOUNG CHEMIST.—Aldehyde is rather a barbarous word, compounded of the first two letters of the words *alcohol* and *hydrogen*, with the interposition of the preposition *de, from*; and its etymological meaning is alcohol minus hydrogen. The radical of alcohol is C4 H5, and the radical of aldehyde is C4 H3. Aldehyde is known chiefly by its pungent smell and its great volatility, and it is given off in large quantities in some of the ordinary processes of manufacturing vinegar. It is also, as we lately remarked, a constant ingredient in the common sweet spirits of nitre of commerce.

THE OBSTETRICAL SOCIETY OF LONDON.—The report has been received.

DR. B.—The subject shall receive attention.

To the Editor of the Medical Circular.

SIR,—In your "Review of the Periodicals" in the MEDICAL CIRCULAR of Nov. 11, you say respecting my "Case of Congenital Tumours of the Tongue" that "there were three tumours, *one of which was attached by a pediele.*" A reference to my communication in the 'Lancet' will show that "each tumour is connected with the tongue by a narrow pedicle."

You state also that "one small one was removed," etc., whereas "the anterior growth" (or the largest tumour) was the subject of operation for the reason mentioned in the journal above referred to.

By correcting these inaccuracies, you will oblige yours, &c.,

FRANCIS MASON.

Nov. 13, 1863.

[Mr. Mason's explanation clears up what was certainly rather obscure, owing to the shortness of his communication, and the want of figures indicating the different parts of the woodcut. Mr. Mason should recollect the well-known saying, "Brevis esse laboro, obscurus fio."—ED. MED. CIRCULAR.]

DR. GASON'S interesting paper shall be inserted.

DR. G. DE GORREQUER GRIFFITH.—The paper has been received.

PARISIAN MEDICAL NEWS.

The Medical Congress at Rouen.—Pellagra and Insanity.—Rabies.—Parenchymatous Injections.—The Medical and Surgical Cyclopædia.

The results of the Medical Congress, convened at Rouen, are such as might have been expected from an assembly, summoned at short notice, of physicians and surgeons, who each expatiated, without fear of contradiction, on subjects of their own selection. The labours of the Congress were confined to a series of desultory communications unconnected by any common link, calculated to associate them with any momentous question requiring investigation. We may, therefore, not unfairly, inquire whether the highly laudable purposes for which the Rouen Medical Society instituted a Congress in the capital of Normandy, have been satisfactorily accomplished? The *Gazette Hebdomadaire* answers in the affirmative; the *Union Médicale*, on the other hand, is not by any means so positive as to the perfect success so loudly proclaimed in the columns of Dr. Dechambre's journal. The able editor of the *Union*, who, it will be recollected, was the most active promoter of the Great Medical Congress, held in Paris in 1845, is assuredly a competent judge of such matters, and under the transparent signature of Dr. Simplice, he adverts to the subject in a remarkable article, of which the following is a brief abstract:—

After stating his entire concurrence in the idea and objects of the Rouen Congress, the editor of the *Union Médicale*, anticipating the repetition, at no distant period, of the recent laborious and complicated experiment by some other provincial Medical Association, proceeds to remark that the plan adopted by our colleagues in La Seine Inférieure is, perhaps, susceptible of improvement. He observes that, the *omnibus* form of Congress, in which all practitioners are invited to read papers on subjects of their own choosing, is, to say the least, imperfect; that the Medical Corporation should cautiously guard against the intrusion of eccentricities, of men with grievances, of monopaths and specialists of every denomination, of quacks and mountebanks of all kinds, and of those incessant and turbulent talkers who would promptly cause the dispersion of any assembly.

We translate *verbatim*:—

"The measure best calculated to avert some of these perils, is carefully to draw up before hand a list of the subjects to be investigated. Many questions relating to Medical Science are always in agitation, and had the promoters of the Rouen Congress been desirous of preparing a programme, they would have felt perplexed but by the number of important problems claiming their attention. Thus, the geographical history of Pellagra could assuredly be discussed on no fitter occasion than at a meeting of physicians from all parts of France. It is no part of our duty to draw up a programme, such as that we have alluded to, and, therefore, we must confine ourselves to this single illustration; but surely no one, and still less a Medical Society, could be embarrassed to discover in Medicine, Surgery, Obstetrics, Hygiene, or Forensic Medicine, a number of topics calculated to give rise to interesting and useful discussion. We would, for instance, suggest the introduction into the debate of one question on the philosophy of medicine; nor should the history of medicine, especially our national history, be omitted, and, perhaps, the Medical Institutions of the provinces in which the meeting was convened, or the life of some one of its most eminent medical practitioners, with an account of his scientific discoveries, and of the progress due to his efforts, might afford a suitable theme for discussion. Were not the General Association in existence, we would also recommend the introduction of some question of professional interest, but the Great Institution alluded to, has now awakened universal discussion on the subject."

We entirely agree with Mr. A. Latour's remarks, and must applaud the liberal spirit with which our learned colleagues, desirous of relieving ardent and inquiring minds from the oppressive influence of existing regulations, proposes, after the exhaustion of the questions inserted in the programme, to devote one meeting to subjects on which new and original views may be entertained.

To revert to the late Congress, which reflects much credit on the profession in Rouen, it would obviously be unfair, after noticing its scientific deficiencies, not to acknowledge that its moral results have exceeded the warmest anticipations of its promoters.

—We recently stated Mr. Laudouzy's opinion, that pellagra seldom originates in insanity. This view is also professed by Mr. Hardy, of Hospital Saint Louis, and by many other authors, who conceive that mental disturbance is but one of the symptoms of pellagra; although impaired nutrition, one of the possible consequences of insanity, may, in some instances, occasion great depression of the system, and subsequently give rise to the development of genuine pellagra.

The director of the Asylum of Sainte-Gemmes (Maine et Loire), Dr. Billod, who for many years has perseveringly contended that in lunatics pellagra is one of the sequelæ of mental disease, maintains the assertion with more energy than ever, and, in order to remove all doubt, has laid on the table of the Academy of Sciences, a complete scientific challenge, which, if accepted, must, in his opinion, for ever set at rest all controversy on the subject.

The Director of Sainte-Gemmes proposes to leave the settlement of the matter to the arbitration of six fully competent medical practitioners, residing in countries in which pellagra is endemic. Two of the referees should be chosen in Lombardy, two in Spain (in the provinces of Asturias and Arragon), and two in France, in the Département des Landes. Mr. Billod claims the right to elect three of these gentlemen, his adversaries will appoint the remainder. The commission thus named would repair next year to Sainte-Gemmes, at the usual period at which the specific symptoms of pellagra make their appearance, and would remain as long as may be necessary for the thorough investigation of the disease, in recent and in old cases, and for the drawing up of a joint consultation.

Mr. Billod binds himself beforehand to accept the verdict, whatever it may be, of the said commission of inquiry, and publicly engages to defray all travelling and other expenses of the six referees; he will, in addition, provide funds for the foundation of a prize of the value of 200*l.*, to be awarded by the Medical Society of Hospitals, to the author of the best essay on pellagra, in case the decision of the Commission should prove unfavourable to his views on any one of the controverted points, which he sets forth as follows:

1. Is a disease, in all respects similar to pellagra, observable at the Asylum of Sainte-Gemmes?

2. In the affirmative, is this affection exclusively noticed in the lunatic inmates, or does it likewise extend to the other residents?

3. Do not the inhabitants of the village (about 1,700 souls) and those of the entire district (exceeding 22,000) enjoy perfect immunity from the symptoms alluded to? Information on these various points will be easily attainable by direct observation, and by the reports of the medical practitioners of the district, whose attention has for nine years been concentrated on the subject.

4. Are any hygienic differences, beyond those resulting from their mental condition, observable between the lunatics of the asylum and the population of the village, or of the entire district?

5. A *fortiori*,—can any circumstances other than soundness or unsoundness of mind, be detected in the diet, habitation, and general hygienic conditions, to explain the presence of pellagra among the lunatics, and the immunity enjoyed by the other inmates of the asylum?

6. Is it not naturally to be inferred from the immunity of these inmates and of the population of the adjacent village and district, that the cause which induces pellagra in the lunatics, remaining inoperative for all other persons, the only circumstance in which they differ, viz.: insanity, exerts at least a predisposing influence?

7. Amongst the lunatics who have been affected with, or are actually labouring under the symptoms of the disease under consideration, the mental derangement has in some instances been the consequence of epiplepsy, and cannot therefore be referred to the previous existence of pellagra; an important remark already urged with considerable power by Dr. Pain in

a recent publication relative to his patients in Clermont (Oise).

8. The admission of the previous existence of latent or unrecognised pellagra is not more legitimate in the case of lunatics subsequently affected with the disease, than for other individuals. The necessary inference from such reasoning would be that mental alienation is always caused by pellagra.

9. From researches carefully instituted on these points, from the closest inquiries for a period of nine years, both from the relations of the lunatics and from the physicians who attended them, and minutely recorded their history, it appears palpably evident that the development of insanity preceded pellagra, in most if not in all cases. The referees will decide whether it is fair to argue in support of the contrary opinion, that the relatives are incompetent to judge of the presence of an erythema, or the physicians incapable of pronouncing on the existence of pellagra, more especially Medical practitioners, whose attention has for years been peculiarly directed to the observation of a disease the most characteristic features of which may at any time be observed in an asylum situated in their immediate neighbourhood. A visit to the hospitals of Angers, and an inquest in which the practitioners of the Department will be happy to give every assistance, will promptly convince the referees of the almost complete immunity from pellagra of the entire country beyond the walls of the asylum, and within its precincts of all but the lunatic inmates.

10. The simultaneous existence of pellagrous erythema and of other cutaneous eruptions in the establishment, admits of comparison and of discrimination.

11. Some years ago, in his report on facts submitted to his judgment, relative to "erythema of the extremities," which had never before attracted notice under similar circumstances, and to "the cachectic diarrhœa coincident with the last stage of dementia, general paralysis, lypemania, and idiocy," Professor Tardieu gave utterance to most sagacious remarks, which have since been fully confirmed by the acknowledged similarity of these forms of erythema and diarrhœa, with those which are pathognomonic of pellagra.

The referees, says Mr. Billod in conclusion, may also include sporadic pellagra in their researches, and inquire into the frequency of pellagra in lunatic asylums, a point of considerable practical interest in the history of the disease.

We feel confident that the practitioners who have specially devoted their attention to the subject of pellagra, will gladly respond to Mr. Billod's earnest appeal. Should his assertions prove correct, it will be proper to examine how it happens that *at the same season of the year*, in so extensive an asylum as that of Nantes, where Mr. Petit, the learned director of the institution, showed us but a few days since two instances of pellagra, the occurrence of the disease is so unfrequent, in comparison with its manifestation at Sainte-Gemmes according to Mr. Billod; and also how Mr. Landouzy can possibly have failed in discovering a single case in the asylums of Armentières, Lille, and Lommelet, in which, a short time after, Mr. Joire (vide *Gazette des Hôpitaux*, Oct. 8, 1863), found no less than seventeen cases of genuine pellagra in a population of 540 lunatics.

— The debate on Rabies brilliantly inaugurated by Mr. Tardieu, has continued with unabated interest, and several speeches have been delivered of which we shall, in our present number, offer our readers a brief summary. The most striking feature of the discussion is the tendency to improve on the obsolete and exclusive system of cauterisation of the wound, and to seek in a wider field for remedies applicable to the treatment of the disease. For their efforts in this direction, Messrs. Vernois, Piorry, and Gosselin are legitimately entitled to the encouragement of the Medical Press; all three invite attention to the necessity of instituting a rational system of treatment calculated to check during incubation, or arrest in their development the symptoms of a formidable disease for the cure of which, since forty years, no measure more effective than preventive cauterisation has been suggested.

Although not personally acquainted with cases favourable to any specific medication, Mr. Vernois opines that after immediate and energetic cauterisation of the bite, the morbid poison present in the system should be counteracted by the exhibition of arsenic, iodide of potassium, sulphate of quinine or mercury. He conceives that the same principles obtain in the treatment of hydrophobia, and in the management of epidemic variola, and that the practitioner should endeavour to oppose one virus to another, and thus take advantage of the reciprocal and neutralising influence of the different kinds of morbid and mineral poisons.

Mr. Piorry also contends that medical practitioners should not remain inactive spectators of the progress of rabies which in his nomenclature he calls *Siala-cyniosis*. In addition to cauterisation, he thinks that measures may be adopted calculated to avert or palliate the imminent symptoms. Thus, when at a certain stage of the morbid process consequent on the absorption of the virus, neuralgic pains are observable along the course of a nerve, with a tendency to extend towards the spinal cord, the cauterised surface of the bite should be blistered, and the wound dressed with sedative preparations, such as muriate of morphia or sulphate of atropia. The same plan should be adopted along the course of the principal nerves, which establish a communication between the wound and the central organs of the nervous system. The Professor further recommends the exhibition, internally, or in acidulated enemas, of the bi-sulphate of quinine in doses of gr. xv.—3j. In his opinion the alcoholic solution of quina in a more efficient preparation, and chloroform will, in addition, be probably found useful in the course of treatment.

Mr. Gosselin did not enter so fully into the question as Messrs. Vernois and Piorry, and confined his remarks to a practical point of the management of hydrophobia, which does not seem to have attracted sufficient attention.

Through ignorance or indifference the bite inflicted by a rabid or suspicious animal often escapes cauterisation; but after an interval of a few days, the patient becomes uneasy in his mind, and consults a surgeon. Now the course to be followed under the circumstances has not hitherto been very clearly traced, and few authors have even alluded to the treatment to be instituted in the case of a person who, not having been cauterised, is threatened with rabies.

Mr. Gosselin having observed that in many localities the persons supposed to be possessed of a secret for the cure of hydrophobia generally prescribe in addition to their nostrum, violent exercise, copious perspiration and aperient medicines, the idea occurred to him that the remedies represented as accessory might perhaps, in fact, be the most active agents of the cure. He therefore determined on seizing the earliest opportunity of testing the accuracy of the surmise, and an occasion soon offered under circumstances, of which he gave a graphic description.

In the month of May, 1859, a girl aged 18 was bitten in the left forearm by a neighbour's dog, which, at the time she had no reason for believing mad. Simple dressings were applied, and the accident left but slight impression on her mind. In the course of four or five days, however, unusual symptoms were observed in the dog, and the animal was sent to the Veterinary College of Alfort, and found to be affected with hydrophobia. This circumstance was communicated to the girl's friends who placed her at Hospital Cochin, in Mr. Gosselin's wards. The Professor discovered on the patient's wrist four small wounds about two lines in depth, and situated on the front and back of the limb, where a few superficial excoriations caused by the dog's incisors were also observed. The bite had been inflicted nine days before, and all the wounds were in full suppuration. Performed at so late a period, cauterisation had but slender chances of success, but in the uncertain state of our knowledge as to the length of the interval during which the application of escharotics may prove beneficial, Mr. Gosselin cauterised the injuries with terchloride of antimony, and applied to Mr. Reynal for information as to the state of the dog. From this gentleman he learned that the animal had died with all the symptoms of confirmed rabies. The somewhat strange hygienic medication above alluded to then recurred to Mr. Gosselin's mind, and he prescribed the following complex measures of treatment. Two vapour baths every day each of thirty or forty minutes duration, active exercise for two or three hours in the garden with short intervals of rest, a dose of castor oil or seidlitz salts every morning, and at the same time, a liberal allowance

of food. This treatment was persevered in for upwards of thirty days, after which its severity was gradually relaxed. The girl left the hospital after nine weeks, when the wounds were completely healed. Mr. Gosselin has not lost sight of the patient; he again saw her in 1860 at Hospital Beaujon, and in February last at La Pitié.

This interesting case did not suggest to the learned and cautious Professor any inferences beyond those which may legitimately be deduced, viz.: that when it is too late to rely on the exclusive action of escharotics, it is proper to seek in hygienic treatment, for measures calculated to arrest the development of rabies.

— As an interlude in the debate, Professor Courty of Montpellier read a paper on the efficacy of the local injection of strychnia for the cure of paralysis of the face. The solutions used contained from one hundredth to one seventieth part of its weight of strychnia, and from eight to sixteen drops were injected along the course of the facial nerve between its emergence at the stylo-mastoid foramen, and its passage across the ramus of the lower-jaw. The operation was repeated every two or three days, and three injections in the mildest cases, six in the most severe were, in every instance, sufficient to remove all trace of paralysis from the muscles of the face. The patients were: a man aged fifty-six, a lady aged twenty-five, and a girl aged twenty-two; in all the affection was in its incipient stage, and in none was a relapse observed.

Mr. Courty also brought forward an instance of paralysis of twelve months duration, which had baffled all previous measures of treatment, and yielded to a few injections of strychnia, performed on a level with the inferior extremity of the spinal cord.

These facts are invested with considerable practical interest, and naturally suggest a comparison with the system of local injections expounded by Mr. Luton, of Rheims, as a new application of the substitutive medication. The publication of Mr. Luton's researches on the subject, in the *Archives de Médecine* is not yet completed, but in the first part, to which it is our intention to revert, the author states that he has resorted with the greatest benefit to injections of a more or less concentrated solution of nitrate of silver in twelve cases of sciatica, two of intercostal, three of coxal neuralgia, etc. Mr. Luton relates, in addition, a most remarkable instance of infra-orbital neuralgia, which yielded to three injections of a few drops of salt water. The same practitioner has in three instances of parenchymatous bronchocele injected tincture of iodine; in one of the patients a complete cure has been effected, and the two others are still under treatment. The new method is susceptible of numerous applications; the efficacy of solutions of bichloride of mercury, of arsenious acid, of the sulphates of copper or zinc will soon be tested, and the therapeutist will thus be enabled to apply to the inmost parts of the tissues, the remedial action hitherto exercised on their surface only.

The operative procedure is of the simplest; for his various injections, Mr. Luton merely used an exploring trochar adapted to a common syringe containing the solution required. In cases calling for greater precision, the surgeon had recourse to the syringe of Pravaz, or one of its recent modifications; the point of the instrument was inserted in the same manner as if sub-cutaneous injection was contemplated, but generally at greater depth.

— We conclude with a piece of news which we are confident our readers will learn with gratification. Messrs. Victor Masson and Son have entered into arrangements to publish jointly with Mr. Asselin a new Medical Dictionary, to be entitled *Cyclopædia of Medical Sciences*, an undertaking of first-rate importance, the scientific direction of which is entrusted to Messrs. Dechambre and Raige-Delorme. The sympathy which this vast enterprise has awakened in the *élite* of the Profession in France is the most trustworthy evidence of its utility. The *Gazette Hebdomadaire* informs us that the editors have secured the co-operation of upwards of eighty of the most eminent military and civil practitioners, mostly attached to the Faculties, Academies, Hospitals, and Medical Press. The names of the collaborators will be published at an early period.

The same journal states that at a general meeting of these gentlemen which took place on Tuesday last, October 27th, at the School of Medicine, Professor Velpeau in the chair, Mr. Victor Masson described the objects and general characters of the publication, and read the contract, with all its clauses and conditions; each clause was separately put to the vote, and the signature of all present was affixed to the deed.

The *Cyclopædia of Medical Sciences*, including Medicine, Surgery, and Accessory Sciences, will form twenty volumes, royal 8vo., of 800 pages each, with the plates and engravings which the Editing Committee may judge necessary.

Messrs. J. B. Bailliere and Son, on the other hand, advertise the appearance at no distant date of a Medical Dictionary, which is not a new edition of the well-known *Dictionary in fifteen volumes*, but will in every respect be a new work.

We can only express our earnest hope that the activity and industry of the learned contributors to both dictionaries, will promptly place us in possession of these valuable records of Medical science.

HOSPITAL FOR INFANCY.

(MR. H. ROGER'S WARDS.)

Typhoid Fever in Children.

In our last number, we reproduced Mr. Beau's views on dothienentery, and we now turn to the pathology of the same disease in childhood, our remarks being a summary of Mr. H. Roger's lectures at the Hospital for Infancy.

At this hospital typhoid fever is frequent; in the course of a two years' residence at this Institution, Mr. Rilliet collected no less than one hundred cases; Mr. Taupin observed 127 in three years, and in one year, Mr. Roger has met with 44. When mentioning these returns, Mr. Roger remarked that although no epidemic was prevalent, a dozen instances of the affection might be seen dispersed in his own and in Messrs. Blache and Bouvier's wards. In general the patients are twelve or fourteen years of age, and the frequency of the disease is progressively less considerable according as the child is younger. Thus, in the first two years of life, typhoid is of very unusual occurrence; some few months ago, however, Mr. Roger observed a genuine instance of dothienentery in an infant of fifteen months, but this is entirely exceptional, and the case was at first mistaken for one of brain-fever. The Professor remarked that in new-born infants the lenticular, and more especially the agminated glands, are subject to become inflamed under the influence of feverishness and diarrhœa, but this follicular enteritis is perfectly distinct from typhoid.

The causes of the disease under consideration are at all ages more or less obscure, and the only circumstances obviously connected with its production are change of climate and epidemic influence. Thus the children admitted into the hospital, for the treatment of typhoid, are in general not born in Paris; their parents are mostly stone-masons from Piedmont, Savoy, Auvergne, or Limosin, who resort to Paris in summer to work at their trade. Typhoid is a primary affection, chiefly observable in robust, healthy children; delicate and sickly subjects, or those who have previously suffered from severe illness, in general escape infection.

Provincial practitioners consider typhoid decidedly contagious; scientific demonstration of the fact is not, however, attainable in Paris, where it is impossible to trace the progress of contagion from one house to another, and where, in addition, the fomites of infection are too extensive to admit of accurate observation. The disease is very seldom contracted in hospital; in some instances, nevertheless, Mr. Roger is inclined to admit the contagious nature of the affection.

Typhoid fever in children differs in several particulars, and especially in the final issue, from the same complaint in the adult. Although its perils are extremely great in infants under three years of age, we may state that in general after that age, this pyrexia is far less dangerous than in full-grown subjects, a fact probably referrible to the less considerable gravity and extent of the anatomical injuries. In children, ulceration of the larynx and intestine are unfrequent, and the

indurated patches which indicate the extreme severity of the disease, are seldom met with. The enteritis, coincident with the intestinal eruptions is, however, more commonly observed in childhood than at a more advanced age.

The mild and the severe forms of typhoid both occur in children as in adults, but the headache is much less violent in the former, and especially much less intense than in meningitis.

Hæmorrhage, intestinal perforation, and bed-sores are very rarely observed in infancy, and it is a strange fact that bleeding at the nose, a phenomenon of frequent recurrence in children, scarcely ever coincides with typhoid fever at that period of life. Intestinal hæmorrhage, which is not as some authors have opined, a critical symptom, but a consequence of ulceration, is extremely unfrequent, because in children ulceration is seldom induced by the disease.

The inspection of the tongue affords at this age, valuable signs of discrimination between typhoid fever and meningitis. In the former case, the tongue is always foul and more or less dry, whereas in the latter it is habitually moist and clean. It is needless to dwell on the other distinguishing symptoms, such as the lenticular eruption, tympanitis, &c. But we may state that in new-born infants the diagnosis is one of extreme difficulty; both affections being, however, almost inevitably fatal, the consequences of a mistake in this respect are unimportant.

After the first two or three years of life the prognosis of typhoid fever is generally favourable. A cure, said M. Roger, should never be despaired of, even when the child presents all the outward appearances of approaching dissolution. Some children after having been utterly given over, suddenly recover in the most unexpected manner.

The question of contagion being still doubtful, Mr. Roger recommends the isolation of the sick child only in wealthy families; but as an excess of caution can never be injurious, this prudent measure should be resorted to whenever it is practicable. But on the other hand the existence of fomites of infection is by no means problematic, and whenever the disease breaks out in a school or public institution, the pupils should be sent home, as was recently done for the cadets of the Military College of Saint Cyr.

The curative treatment should not be exclusive; in a disease which has so great a tendency to induce debility and exhaustion of the system, phlebotomy would be improper, and would at most be justifiable in case of very violent headache, and even then one or two leeches applied behind the ear are preferable. The same caution should be used in the exhibition of purgatives; the daily administration of laxatives is not more inexpedient in the case of children, than frequent bloodletting. Indeed Mr. Roger has witnessed the fatal effects of such treatment. He does not believe it is in the power of medicine to check suddenly genuine typhoid fever; cases in which this result is supposed to have been attained, must be referred to mere gastric disturbance, or to synocha, the duration of which, when not interfered with, does not exceed twelve days. In the Professor's opinion, one medication only is rational, it is that suggested by the symptoms.

If the fever is mild, merely watch the case; confine the patient to bed, prescribe acidulated beverages, enemas, and poultices, and a cure will follow in a fortnight or three weeks. In severe congestive cases, instead of resorting to bloodletting, tepid baths of half-an-hour's duration should be prescribed, in order to lower the temperature of the skin. One or two baths of this kind may be taken daily, the forehead being at the same time kept cool with linen soaked in cold water. This is a most valuable resource, which the practitioner should have recourse to in the early stages of typhoid, because at a later period the bronchial mucous lining becomes engaged, and the baths must be discontinued. The little patient should be fed with gruel, chicken-broth, or weak beef-tea; mutton chops and other solid articles of food, and wine, recommended by some practitioners, Mr. Roger prohibits as absolutely dangerous.

We have stated that Mr. Roger is no advocate of the uninterrupted aperient medication instituted by M. de La Roque, but under peculiar circumstances he regards this method as appropriate. Thus in the incipient stage, and more especially if a bilious condition is present, indicated by a bitter taste of the mouth, nausea, or vomiting, together with constipation, a glass of effervescing magnesia, or a teaspoonful or two of castor oil will be found extremely beneficial.

In the evening Mr. Roger prescribes a tablespoonful every hour or every two hours throughout the night, of the following sedative mixture:—

℞ Misturæ amygdalæ, ℥iv.;
Aq. dest. lauro-cerasi, ℈j.—℥ss.;
Lactucaii, gr. ss.—ℳx.
Potassæ nitratis, gr. iij.—v.

The Medical Circular.

ORIGINAL COMMUNICATIONS.

INFLAMMATION AND RELAXATION OF THE PELVIC ARTICULATIONS.

By Dr. G. de Gorrequer Griffith,

Member of the Dublin Obstetrical Society, and of the Surgical Society of Ireland; late House-Surgeon to the London Surgical Home; Resident Surgeon "Male Lock Hospital," Dean street, Soho.

These conditions, either singly or combined, are sometimes found to occur in the latter months of gestation; most frequently however, they manifest themselves at the parturient period.

They are not *confined* either to gestation or parturiency, existing, though rarely, under certain other conditions, wholly foreign to or independent of pregnancy.

We shall briefly consider them in the order in which they are above written; inasmuch, as the former in its acute or sub-acute forms is the precursor, if not also the producer of the latter, rather than the converse; though no doubt the relaxation will at times precede, and perhaps predispose to the inflammation.

The onset of the inflammation may be so insidious, as to afford us no opportunity for fixing upon any *real* cause—or for the discovery of the origo mali; or again it may be so sudden, as by its very suddenness to baffle us in our efforts to decide upon a cause that may be considered *truly* assignable.

Symptoms.—Concomitant with the general disturbance, indicative of the inflammatory action, there are certain local signs, which at once point to the seat of the lesion, and which are, as regards the intensity of degree, in direct proportion with the extent or amount of the abnormal processes: while the constitutional sympathy also varies with the local changes, upon which it is dependent for its excitation.

There are uneasiness in the joint or joints involved, pain of a fixed and constant character, varying, however, from a dull aching heavy, to a severe cutting, gnawing sensation, or as patients will sometimes express themselves to us "as though a saw were being passed between the bones;" both these are greatly aggravated by any disturbing force, applied directly or indirectly to the joint or joints, as in the moving of the trunk or limbs, or even by the individual action of the abdominal muscles, whereby the inflamed ligaments are put upon the stretch, or the affected parts made to rub together.

There will be sometimes great irritability of the bladder, (a circumstance, which I have noticed, especially in those cases where the pubic was the unsound articulation), and this irritability will demonstrate itself in various ways; at one time so implicating the *entire* of the urinary viscus, as to occasion retention of urine from want of detrusor power, and subsequently stillicidium, when the viscus becoming overfilled, there can be no longer exercised any, or at least the normal, retentive action by the cervico-urethral muscular fibres; at another, involving only these latter fibres, and creating in them such an augmented sphincteric force, as to allow little, if any, fluid to be expelled by the "Detrusor Urinæ."

The character of the urine may itself deviate from its natural standard, and may be permanently restored only by the removal of the exciting agent.

There may or may not be present *actual* leucorrhœa; but very frequently we shall find the vaginal secretion exceed its usual healthy quantity, and with this excess, an attendant "sensation, as though the womb, the bowels, or both, were slipping through the passage."

The rectum, more particularly in those instances where the sacro-iliac or the sacro-coccygeal joints are the seats of the lesion, sharing in the disturbance, will be affected with tenesmus, "a constant uncomfortableness," or an irritation, to which we would almost apply the term pruritus.

Vaginal examination will indicate great tenderness at the back of the pubis, should the disease be situated in that articulation;

while by vaginal, rectal and external manipulation, the sacro-iliac or sacro-coccygeal joints will in the same manner be found incapable of enduring pressure, without pain being induced, should they be affected.

The mode I prefer for conducting the vaginal exploration is by passing into the canal the thumb, while the forefinger of the same hand (the right, with which we usually examine patients, they lying in the ordinary obstetric position,) is employed externally to compress the front of the articulation.

With the adoption of this method of examination we are enabled to detect very accurately the presence of pus—should it have been developed—as also with the same degree of nicety the exact seat of pain. When the inflammatory is about to pass into the suppurative stage it does so somewhat rapidly; and soon, as the result of this transition, will the joint be filled with the products of this latter. The presence of pus will not, however, be the only pathological change, since the cartilages will be found eroded at particular points, or (after the lapse of some little time) completely removed, the bones sundered, or even carious, and causing to issue a fetid unhealthy discharge, through a wound in its appearance also unhealthy. The unhealthy character of this affection is readily explained, when we bear in mind the unhealthiness of the patient's general habit, which, we know, in those cases to be most frequently the strumous, a diathesis in itself most difficult of treatment.

Suppuration will behave itself here, as when occurring in any other parts of the body, where dense unyielding tendinous structures keep its products bound down and pent up, and may induce by the severity of constitutional disturbance most untoward, even fatal results, and that, before there is any tendency to the liberation of matter by external discharge. Two cases of this nature have been put on record by MM. Monod and Hiller.

Fortunately, Nature more frequently sets up the absorptive process, than permits the consequences, which have just been enumerated, and effects the removal of the retaining structures, procuring vent for the matter either posteriorly into the vagina, or anteriorly on the "mons veneris," the groin, or about "Scarpa's angle." I need hardly say, that I now allude to instances of pubic disease.

The joints, specially the pubic, may undergo the "pulpy degeneration."

Treatment.—The same must be pursued, as we should adopt in any case, when phlogistic action happened to be the lesion, always however bearing in mind the condition of our *puerperal* patients, (who are generally the sufferers) whether it be the plethoric or adynamic.

We should obtain an exit for matter, as soon as its presence is ascertained and it is found to occasion general irritation; moreover, the aperture of exit is to be made where "pointing" occurs, rather than at any particular spot, which we might wish to select.

En passant, I would mention that the fever attendant upon the suppurative process is of a type, distinctly remittent. I know of no local remedy fraught with so much advantage as the application of a sufficiency of leeches (the number being carefully regulated by the condition of our patient), and the maintaining through their bites a steady, constant issuing of blood into a hot fomentation cloth or linseed poultice, till the inflammation has been subdued, or at least made to subside.

When the patient is being exhausted from the disease, we might, I apprehend, if the offending parts be the pubic articulation, perform excision of them, and seek to effect union by anchylosis.

Relaxation of the different pelvic articulations may be the resultant of this inflammation, or of that stretching, to which they are subjected during labour; or it may be a mere obedience to a natural law providing for the more facile birth of the child by allowing an enlargement of the space allotted for its transit; such a law we find existing among the lower animals, and we would adduce the condition of the cow at calving time, as an illustration. In this animal the ligaments become toward the close of gestation very lax, and proving insufficient for the maintenance of the bones in their proper wonted position, permit a falling in of the sacrum, or to borrow the farm phraseology "a sinking of the rump."

The facts, that muscular bands have been demonstrated in the lower classes of animals lashing together the opposite pubic bones, and, that these latter are divided, when the former are torn, indicate a provision for approximation and retention, at the same time, leaving to be inferred the possibility of a disunion under certain circumstances.

Ruysch, Harvey, and Blundell agree in the existence of this condition of relaxation in the human female at or about the parturient period, and the first two assert its *frequency*. Indeed, we consider that were it looked for, it would be oftener observed than is perhaps generally supposed; owing, however, to the rapidity with which the wonted tone and action of the parts are restored, and their accustomed functions resumed, there is some difficulty in detection.

Inflammation is most frequently met in the pubic symphysis; relaxation in the other articulations; such relaxation altogether independent of, or preceding the phlogistic condition.

"It is now," says Cazeaux, "generally admitted, that a softening of the Symphyses really occurs in *most* women during gestation, and this, in combination with relaxation of the ligaments, and all the adjacent structures, may be to such a degree as to admit divarication of the pubes for an inch or even more, as is mentioned by Hunter and Morgagni, to have obtaiaed in some instances."

Symptoms:—Uneasiness in, and a yielding sensation of the articulation or articulations affected; a consciousness of looseness on the part of the patient at the seat of the disease, and "an indescribable feeling, as if the entire trunk would slip between the thighs," which seem, and in truth are, actually incapable of affording support to the body; inability to walk without support, and sometimes even when support is rendered; difficulty in rising from the sitting to the erect posture, or of resuming the former with ease, the patient in the attempt *falling* down in the seat suddenly; difficulty also in standing, which may, however, be obviated by compression being exercised upon the pelvis, either by the hands of another, or by the patient herself, or by the tight swathing of an ordinary binder or bandage. These are specially observable, if all the joints be involved, or even if the sacro-iliac alone be engaged.

In addition to the category of symptoms above-mentioned, there will be pain on exercise of even the gentlest kind, and often, indeed, when the patient is perfectly quiescent; this may extend, according to the position of the lesion up along the back, through the nates, or down the thighs, or may shoot up towards the umbilicus, where not infrequently it will seem to lodge, and prove a source of considerable annoyance; mobility of the bones and a crackling of the mobile joints, evident to the patient, as well as to her attendant, and exaggerated by manual examination. These may have set in under, or preceded labour.

The return to the normal condition may be speedy or protracted; the period of recovery extending itself over days, weeks, months, or years, before it may have been accomplished. The causes assigned for the separation of the naturally apposed bones are:—Firstly, the cartilages became softened by imbibition of fluids and expanding effect the separation, as would pieces of sponge placed between two substances admitting of divarification, or as the ivy-rootlets in the crevice of a wall, which, as they enlarge, make wider the fissure, or, to borrow a comparison, instituted by Louis, like porous wooden wedges in the cleft of a rock, which, swelling from the absorption of moisture, burst asunder the rock; or like polypi in the nasal cavities.

Secondly, *mere* relaxation of the ligaments dependent on serous infiltration. This latter condition does not necessarily imply an actual separation, but only a capability for such, owing to the normal tensive tone of the ligaments being impaired.

Thirdly, in conjunction with the second cause, there may be an excess of synovia, and in consequence thereof, an actual separation.

Effects in labour: Retardation—firstly, because the abdominal muscles, deprived of the "point d'appui" afforded ordinarily by the pelvis when it is immovable, cannot render their due assistance to the expulsive uterine contractions, nor in their accustomed manner co-operate with the efforts of the womb; secondly, owing to the excessiveness of pain, as the head descends into the pelvis, the woman herself strives to check the labour by restraining, as much as in her power lies those efforts necessary for its advance.

Treatment:—This will best be fulfilled by general and local tonics, wherewith may be braced not the constitution only, but likewise the parts immediately involved in the relaxation. By local tonics we mean cold vaginal injections, the use of cold water bathing, the cold douche, blisters, and stimulating embrocations; binding together the entire pelvis by means of a firm, *unyielding* bandage, is of immense service, and if applied properly, and continued in constant use for some time, proves a valuable adjunct in our treatment. Friction has been recommended, having for its object the excitation of a certain amount of inflammation, by which may be induced ossific deposit and anchylosis.

For those cases in which the patient becomes completely invalided, Blundell proposes division of the symphysis pubis (if it be the offending joint), and immediately after the operation the binding together of the parts in tight apposition.

These remarks I have been induced to make by my having had recently under notice a patient in whom, subsequent to inflammation of the pelvic articulations, relaxation of the same occurred, and continued, with little amendment, for some time after parturiency.

JUNIOR MEDICAL SOCIETY.—At a meeting of the Council held at Charing-cross Hospital, on the 17th inst., the following members were elected officers for the ensuing year:—President: Mr. S. G. Freeman, St. George's Hospital.—Treasurer: Mr. Duke, Guy's Hospital.—Secretaries: M. F H. Gervis, St. Thomas's Hospital; Mr. Murray, King's College.

THE MEDICAL CIRCULAR.

WEDNESDAY, DECEMBER 2, 1863.

SANITARY CONDITON OF THE CITY OF LONDON.

Dr. Letheby has lately presented his Report on the Sanitary Condition of the City of London for the quarter ending Sep. 26, and although this document does not present any striking features of novelty, and although the area subject to the supervision of the Health Officer is not very extensive, yet there are matters of sufficient interest to invite comment in relation both to the City in particular, and to Sanitary Science in general.

In the first place, we are struck by the fact that both the births and deaths during the quarter have declined to a considerable degree below the average for the corresponding period of the last ten years, the births having declined to an extent of about 11 per cent., and the deaths to about 5 per cent. This diminution of births and deaths must be due to the fact that the population of the City is diminishing, owing to the extensive emigration of the once resident population to the suburbs, but the death-rate may, perhaps, have been also reduced by the vigorous adoption of sanitary measures under Dr. Letheby's active and zealous superintendence. That such, indeed, is the case, we may infer from the fact recorded in this Report, that the Western District of the City Union, where the Irish element prevails, and where the sanitary conditions are very unfavourable, has always exhibited a higher degree of mortality, especially among infants, than the Eastern Union, where the same unfavourable causes are not in operation. Nevertheless, in both these unions the death-rate among children under five years of age, has diminished in a very notable degree, although more so in the Eastern than the Western Union, the former being in the ratio of about 35 per cent. of the total mortality; whereas, in the Western, it is nearly 46 per cent.; but both these numbers show a diminution as compared with the average of former years.

The law of substitution in zymotic diseases, if we may so term it, has been remarkably exemplified in the comparative diminution of one class of maladies and the compensatory increase of another during the quarter, for while the whole number of deaths from zymotic diseases has been nearly the same as in former years, the diseases themselves have been very different. Thus diarrhœa has declined from 62 to 45, continued fever from 29 to 21, and measles from 18 to 4, but the number of deaths from scarlet fever has increased from 24 to 56. This alarming increase of scarlet fever has not been confined, as is well known, to the City of London, but has been observed in the whole of England during the last quarter. Even swine, we are told, have been affected with the malady, for the carcases of many pigs which have died from it, or have been slaughtered while suffering from it, and have been sent to the London markets for food, have been seized and condemned in the City. Dr. Letheby very truly and candidly remarks that the cause of this unusual severity of scarlatina is involved in mystery, for unlike many maladies of this class, it has not selected the haunts of poverty or of filth, but has been found in all places and among all grades of society. "It has been," says Dr. Letheby, "in fact, most fatal in the cleanest districts of the City: in the City of London Union, for example, which is by far the cleanest part of the City, it has advanced from a general mortality of 6 in the quarter to 22, and in the Eastern Union it has just doubled its usual death-rate, whereas, in the filthy purlieus of the western division of the City, the increase in the mortality from it has been only from 6 to 9 in the quarter. There is something remarkable in this, that requires for its interpretation a deeper knowledge than we have yet reached."

The river, we are informed, has on the whole behaved itself very well during the past quarter, considering the great amount of work it has had to accomplish, and the immense quantity of solid matter it has had to digest and decompose. The amount of the latter has twice exceeded 200 grains in the gallon, and once it reached to 423 grains, of which about 34 were organic; but the river has had even more reason to thank its good luck than its good management, for the temperature of the water has been comparatively low and the rainfall came opportunely to arrest the putrefactive change of which some symptoms were exhibited on one or two occasions.

The last point of importance to which attention is drawn is the inspection of markets and slaughter-houses, and we are informed that the officers have condemned 70,912lbs., or rather more than 31 tons of meat and 239 head of game and poultry, as unfit for human food. It appears that more than twice the quantity of meat has been condemned during the quarter just elapsed than in the corresponding quarter of last year. This excess is said to be chiefly due to the circumstance that on two occasions a large amount of meat became putrid during its conveyance to London in consequence of the heat of the weather; but independently of this, there has been a considerable increase in the quantity of dead and diseased meat condemned in the City markets, and legal proceedings have been instituted against several persons for offences coming under this head, and sometimes fines and sometimes imprisonment have been awarded to the delinquents. Whether the consumption of diseased meat is really productive of disease in the human subject, is not yet clearly ascertained, but it is certain that a great quantity of meat theoretically unfit for human food, is sold and eaten in our metropolis.

GENERAL SUMMARY OF THE WEEK.

In consequence of the space we have thought it necessary to devote to the important trial now proceeding in the Court of Queen's Bench, and to other pressing subjects, our present remarks must be brief. The result of the case of Symm *v.* Fraser and Andrews will be watched with the deepest interest by every practitioner of medicine in the British Empire. As the case is not concluded at the time of our going to press we can make no remark upon it, except to state that the defendants, like most of our professional brethren against whom similar proceedings have been lately instituted, are gentlemen of the highest respectability, and of unblemished professional character.——The Crawley trial still creeps on, in its tedious course, and although the Medical Officers of the prisoner's regiment are in some measure concerned in the result of the Court-martial, we think it expedient, for the same reason as we have just stated in a former case, to abstain at present from any comment.——The Medical Council of Great Britain have gained a most important point in the refusal of the Court of Queen's Bench to entertain the application of the notorious Lamert for a mandamus to restore his name to the Medical Register. The Court ruled that the Medical Council was the absolute judge of what was or was

not infamous conduct in a professional respect.——The Obstetrical Society, as will be seen by our report, has lately discussed a very interesting subject in obstetric practice,—namely, the substitution of bimanual version (one hand being placed inside and the other outside), instead of the ordinary operation of turning in cross-births.——At the Harveian Society, the meeting of which is also reported in our present number, the subject of the administration of mercury is discussed, and this metal, as a remedial agent, is put once more on its trial. Without indorsing all the opinions expressed by Dr. Drysdale, and the other anti-mercurialists, we think the discussion one of very great interest to the Profession.——The examination for the Degree of Master in Surgery at the University of Cambridge has just terminated, and three gentlemen have taken the Degree. We publish one of the examination papers, and we are glad to find that the candidates were also examined clinically on cases actually under treatment in the Hospital.——The Bethnal green guardians are at last beginning to set their house in order, and if they had done so a few weeks ago, they would have escaped the general odium and contempt which has justly fallen upon them. Their accusations against Dr. Moore go on very languidly, and if they are wise they will abandon them.

EXAMINATION FOR THE DEGREE OF MASTER IN SURGERY IN THE UNIVERSITY OF CAMBRIDGE.

The following is a portion of the questions in the examination for the degree of Master in Surgery, lately instituted at this University. The candidates were in addition examined, *vivâ voce*, in each subject, with anatomical and pathological specimens, and clinically in the wards of the hospital. This latter we believe has not been done before in a Surgical examination, and is a very important feature; and is the more necessary, because this is the part of education which is most generally neglected.—The following gentlemen passed:—E. Burd, M.D., Caius College; A. Graham, M.A., St. Peter's College; A. Wilks, M.A., Trinity College.

PRINCIPLES AND PRACTICE OF SURGERY. Nov. 23, 1863.

1. Explain the different modes in which mortification of a limb may be induced, and state under what circumstances you would recommend amputation.
2. What are the microscopical characters of pus cells? Wherein do they differ from those of cancer cells? How are pus cells probably formed? What are the indications of acute suppuration deep in a limb, the thigh, for instance?
3. Give a description of the aspect presented by a case of Glaucoma when fully developed, what ophthalmoscopic appearances have been observed in Glaucoma, and what treatment adopted.
4. How are calculi formed in the urinary organs? What are the symptoms of stone in the bladder?
5. What are the symptoms and treatment of wounds in the chest implicating the lung?
6. In what parts of the clavicle and tibia is fracture most frequent, and why is it so? In what direction does the displacement at the fracture usually take place, and the reason for this?
7. State the process of formation and the diagnostic symptoms of a popliteal aneurism. What accidents may follow after the ligature of an artery for aneurism, and upon what principle does compression effect a cure?
8. What position does the limb usually assume in inflammation of the hip joint? In what position would you place it to give relief, and on what principle? What symptoms indicate that ulceration of the cartilages is taking place?
9. Mention the modes of treatment which have been recommended for Asphyxia from drowning.
10. The symptoms and treatment of fracture of the neck of the thigh-bone. The causes of the frequent failure of bony union. What changes take place at and about the fracture?
11. Explain the chief causes of retention of urine in the male and female, and state the treatment required in each case.
12. What symptoms would lead you to suspect the existence of cancer of the rectum?

Another paper was given, containing a series of questions in Practical and Surgical Anatomy.

REVIEW OF THE PERIODICALS.

The 'Lancet.'

Mr. Richard Barwell continues his "Lectures on the Natural History and Treatment of Hip-joint Disease," and advocates the employment of extension under chloroform in certain cases. Mr. Henry Thompson relates a short but interesting "Case in which a Hair-pin was extracted from the Male Bladder by means of the Lithotrite." The foreign body was introduced into the urethra by an old gentleman to relieve some irritation in that canal. Mr. Thompson was preparing to open the urethra in the perinæum, when he found that the hair-pin had been carried into the bladder; and he then, after some trouble, but without any danger to the patient, extracted it by the lithotrite. Mr. George Roper relates the particulars of "Two Cases of Acute Fatal Jaundice," in one of which the liver was found, after death, to be atrophied and degenerated; in the other, no post-mortem examination could be obtained. Mr. Nunneley concludes his papers on the "Calabar Bean, its Action, Preparations, and Use." In the present paper he examines the question as to the use of the bean in medical and surgical practice, and although its application is limited, it will probably be useful in cases where the iris has been prolapsed through a wound of the cornea, and where it is desirable to withdraw the prolapsed portion. Mr. Nunneley has already related two such cases in the 'Lancet' for July 18 of this year, and he relates another which has ately fallen under his notice, where a child three weeks old had prolapsus of both irides through the corneæ, which had sloughed from acute purulent ophthalmia. The form of application which Mr. Nunneley appears to prefer is a tincture, prepared by Mr. Squire, considerably diluted with water—one drop in ten drops of water is an efficient application.

The 'Medical Times and Gazette.'

Mr. George Gulliver continues his "Lectures on the Blood, Lymph, and Chyle of Vertebrata," and combats some of the opinions lately put forward on the Continent as to the nature of these fluids. Dr. Barnes concludes his Oration delivered before the Hunterian Society on the "Fallacies of the Statistical Method," as applied to Medicine, and he contends that Medicine, as a science, must consist of the personal observation and record of well-ascertained facts rather than of a mass of figures which have no definite meaning. He also shows that several diseases have been only recently described, and, therefore, that statistics of a former period as to the prevalence of certain maladies must now be worthless, just as our present statistics will become worthless as our diagnosis becomes more exact, or as new diseases make their appearance. John Hunter did not trust to statistics, but to a careful collection of facts, and when he found a gap in the line of evidence he had recourse to experiment and fresh dissections. Dr. Carl Heine commences some papers on "Infantile Paralysis," a disease which he appears to have had considerabl opportunities of studying, especially in his father's large orthopædic establishment in Canstatt. He describes the various forms of infantile paralysis, both lower extremities being sometimes affected, sometimes only one, and sometimes only single sets of muscles of the leg or foot. Talipes equinus is the most common deformity resulting from infantile paralysis. Dr. J. G. Wilson, of Glasgow, communicates a paper on "Uterine Tents made from the Dried Stem of the Laminaria Digitata," or sea-tangle, an application of this sea-weed first pointed out by Dr. Sloan, of Ayr. The plant seems to be well adapted to the purpose, from the circumstance that it contracts when dry, and expands by moisture. Dr. E. D. Dickson, of Constantinople, describes briefly a case of "Melanopathia" in the person of a Black Armenian, whose skin became swarthy after an attack of intermittent fever, followed by jaundice.

'THE DUBLIN QUARTERLY JOURNAL OF MEDICAL SCIENCE.'
No. LXXII. NOVEMBER, 1863.

MR. G. H. PORTER, Surgeon to the Meath Hospital, begins the Number with some "Contributions to Operative Surgery," and describes the particulars of four cases. In the first, the patient was a girl, who presented symptoms of disease of the knee-joint, for which it was thought that resection would be appropriate; but on proceeding with that operation, it was found that the disease of the joint was much more serious and extensive than was at first supposed, and the thigh was therefore amputated by Teale's rectangular flaps. The second case was one in which Syme's operation was performed for the radical cure of reducible hernia. The result was perfectly satisfactory. The third case illustrates a new mode of arresting venous hæmorrhage after amputation, the plan consisting in the simple contrivance of temporarily grasping the mouth of the vein within the jaws of a very small Dieffenbach's artery forceps, having connected with it a string to take it away when all bleeding has ceased. The fourth case was an instance of extraction of a hair-pin from the urinary bladder of a female. The object was accomplished, with great difficulty, by gradual distension of the urethra and subsequent introduction of the finger into the bladder together with a narrow-bladed forceps, by which means the hair-pin was grasped and removed. MR. JAMES SPENCE, of Edinburgh, relates a "Case of Enormous Deap-seated Tumour of the Face and Neck," successfully removed by operation. The tumour was as large as the patients' head, and belonged to the fibro-cartilaginous form of fibrous tumours. Mr. Spence relates in detail the whole of the operation, and the numerous precautions he took in avoiding the important structures lying in his way. The patient recovered with very little deformity. DR. T. PUREFOY relates some "Cases in Midwifery, from Dispensary and Private Practice.' The cases are ten in number and of a miscellaneous character, such as are likely to occur in the routine of practice; and they comprise convulsions after delivery, partial placenta prævia, post-partum hæmorrhage, hæmorrhage from retained placenta, hæmorrhage and death from morbidly adherent placenta, vesico-vaginal fistula after a difficult labour, attended with pelvic deformity, sudden death during labour (the cause being subsequently found to be fatty degeneration of the heart) and precipitate labour. DR. WILLIAM S. LITTLE relates a "Case of Pneumo-Thorax without Perforation, rapidly Consecutive on Simple Hyper-acute Pleurisy." The patient was of temperate habits, good constitution, previously in the enjoyment of robust health, and without any tendency to hereditary disease of any kind. The case was very rapid in its progress, and terminated fatally, the existence of air and fluid in the pleural cavity being clearly detected before death. On the post-mortem examination, air was expelled in large quantity by the introduction of a trocar into the pleural sac, and the lung was subsequently found carnified and compressed. The case is a very curious and interesting one, and seems to prove that gaseous matter is sometimes secreted in the sac of the inflamed pleura, without the necessity of any fistulous opening. DR. T. H. BABINGTON describes some "Cases of Paralysis Caused by Working under Compressed Air," in sinking the foundations of Londonderry New Bridge, four of the cases being fatal, and two terminating in recovery. The fatal cases seemed to suffer from coma and asphyxia, but no post-mortem examination could be obtained. The REV. SAMUEL HAUGHTON, M.D., contributes some "Notes on Diabetes Insipidus,' the cases related being four in number, and the first of them connected with diabetes mellitus. DR. THOMAS READE communicates the "Third Series of a Set of Papers on Tertiary Syphilis," his present paper being on the 'Growth, Progress, and Present State of Knowledge of Nervous Syphilitic Diseases.'

DRINKING FOUNTAIN AT CROYDON.—Dr Westall, of Croydon, has presented to that town a drinking fountain, which is placed in front of the public Hall.

MEDICAL SOCIETIES.

OBSTETRICAL SOCIETY OF LONDON.

NOVEMBER 4TH, 1863.
DR. BARNES IN THE CHAIR.

Dr. ASHFORD (Birmingham), Mr. Hammett Hailey (Newport Pagnell), Mr. Wm. Murphy (Willingham, Gainsborough), and Mr. R. B. Walters, were elected Fellows of the Society.

VAGINAL LITHOTOMY.

Mr. BAKER BROWN exhibited a calculus, weighing two ounces and five drachms, which he had removed from the bladder by vaginal lithotomy. The stone had apparently been in the bladder for eight years. It was removed through an incision extending from the neck of the bladder to the os uteri. The wound was afterwards closed by seven silver sutures, and the patient recovered without a single bad symptom.

ON CONTINUED EXTERNAL AND INTERNAL VERSION.
BY BRAXTON HICKS, M.D., F.R.S.,
Assistant Obstetric Physician to Guy's Hospital.

The author read a paper on his mode of turning, which might be called "bimanuel version;" and brought forward twenty cases in which he had operated, including eight cases of placenta prævia, one of accidental hæmorrhage, and two in which he had changed arm presentations into cephalic, in both of which the children were born alive. After alluding to the discovery of the mobility of the fœtus made by the Germans, and also to the plan of pushing on the child by one or two fingers through the os, he proceeded to show the mode of combining both movements, by acting on both extremities of the child, with a much greater certainty as to the result in the majority of cases requiring version. He pointed out the principles on which the plan was based—viz., the mobility of the child in utero, varying according to the activity of the uterus; the position of a knee within a short distance of the os, when the child was transverse: the ease with which the breech was brought to the os with the foot upon it, when the child was already transverse. The movement of the child in utero was accomplished by pressing on one side of the breech at the fundus in ordinary head presentations, by a series of *gentle palpations*; or by a gliding pressure on the abdominal parietes, so as to follow up the fœtus as it recedes under the impulse, by continuing of which the breech is brought to the middle of the uterus on one side; at the same time, the head is pushed up by a finger or two through the os so as to raise it above the brim to the middle of the uterus on the other side. The child being thus more or less transverse, the knee can be generally easily seized; if not, the breech must be depressed to the os, and the foot secured. Dr. Hicks dwelt upon its easy application to placenta prævia, as shown in the cases he recorded; and stated that it was particularly of use in those cases where the os was so little dilated that the hand could not enter. He, however, laid great stress upon the importance of not using any more traction than the weight of the arm could produce, whereby the child was used as a plug, while time was given to rally the patient for the os to dilate, and for the pains to come on. In almost every case he waited for natural efforts to deliver, only gently assisting. He had in none seen the slightest bleeding, internal or external, after the leg was once fairly through. Dr. Hicks then pointed out the mode of producing cephalic version, which he had found very practicable in certain cases of transverse presentation, by placing the head, already secured between the outside and inside hand, into the os, and retaining the external hand on the head till the uterus had moulded itself to the form of the head and shoulders. He also showed that this mode of pressing the head into the os was a means of restoring prolapse of the fundus in some cases, as occurred in two cases recorded by him, and thought it would in similar cases be found to be a satisfactory mode of treatment. Allusion was then made to the advantages of early version, and to the class of cases to which it was applicable. The circumstances that arose to interfere with the plan were pointed out, and the means of combating them. The author remarked, that although in confirmed arm presentations it was scarcely possible to expect this plan to succeed, yet these cases need seldom occur to a vigilant practitioner, as he had the means of avoiding such cases, if called early, by bimanuel version. Perhaps the greatest value of this mode is the capability of version long before it can be performed by any other method.

Dr. CLEVELAND inquired whether, in practising the operation now recommended, the right hand could be employed within the vagina as well as the left. This was important, as many practitioners were accusomed to use the right hand for manipulations, and to such the use of the other hand might prove awkward.

Mr. BAKER BROWN remarked that he had no doubt that the plan recommended by Dr. Hicks would be found in many cases most useful, although at first more difficult than the old plan. He (Mr. Baker Brown) looked upon the operation of turning as one of the simplest and easiest in obstetric surgery. In reply to the last speaker, Dr. Cleveland, he believed that the left hand should

always be employed, because, the patient lying in the usual position on her left side, the convexity of the hand would pass readily into the hollow of the sacrum; whereas, if the right were used, it would be found very difficult to twist the arm round to introduce the hand with facility into the womb.

Dr. BROADBENT related a case which occurred to him four years and a half ago, when resident obstetric officer to St. Mary's Hospital, in which he was compelled to resort to the method of turning described by Dr. Hicks, from the impossibility of effecting version in the ordinary manner. He was sent for to a woman in puerperal convulsions, so severe that, soon after reaching her, she was for a time supposed to be dead. As respiration became re-established, chloroform was administered. On examination, he found the posterior part of the os and cervix uteri affected with cancer, which involved so large a proportion of the circumference as to leave no hope of dilatation by the natural efforts. Deeming it necessary to effect delivery, he determined to turn. It was, however, impossible to introduce more than two fingers into the uterus, and these only by using a certain amount of force. His right hand was supporting the uterus externally,and the idea occurred to him to attempt the version by the co-operation of the two hands. The child was turned very readily; but great difficulty was experienced in getting the feet one after the other through the rigid os, and the head was extracted only after prolonged efforts. The child died from pressure on the cord; and the mother, becoming violently maniacal, and refusing all food, also died. He had been astonished at the ease with which the child was turned by the method in question, which, however, he had not subsequently again tried.

Dr. HALL DAVIS could from experience bear testimony to the practicability and value of the operation of turning the child by external manipulation, as proposed by Dr. Hicks. He must, however, confess that he had found Dr. Hicks's method most successful when conjoined with the introduction of two fingers of the left hand to hook down the knee, or of the entire hand when the foot could not otherwise be reached. In some cases he had found version by one foot impossible; he had then by bringing down the other foot effected his object with facility. In those cases of placenta prævia in which the patients had lost much blood, and turning was advisable, he thought the method now proposed, with or without the employment of two fingers internally, as circumstances might indicate, particularly valuable; as in these cases, from reflex action being in them more readily set up, the introduction of the hand into the uterus was attended with greater risk. Dr. Davis had in a few cases, to obviate turning, tested the practice of detaching the placenta from the cervix; but the hæmorrhage had continued. No fatal result followed, however, as the child was immediately brought down, and acted as a plug upon the bleeding orifices.

Dr. GREENHALGH mentioned a case in which he performed the operation of version by Dr. Hicks's method. He had adopted it at Dr. Barnes's suggestion, who had kindly given his assistance. The operation succeeded very well so far as the turning of the child was concerned, and the circumstances were such that turning by any other method would have been impossible; but the difficulty afterwards experienced in extracting the child—the pelvic inlet being very greatly narrowed—was so great that it was necessary to perform the Cæsarean section.

Dr. BARNES called attention to the extreme value of the paper as tending to advance the cultivation of the hand as an obstetric instrument. The case described by Dr. Greenhalgh was one in which the advantages of Dr. Hicks's method of turning were most remarkably illustrated. The pelvis was so contracted that it was simply impossible to do more then squeeze the two fingers in between the tumour and the symphysis pubis; yet the turning was fairly accomplished, although for want of space it was still impossible to grasp the foot which had been brought down. He (Dr. Barnes) had performed the operation of turning about 110 times during the last five years, and he might say in almost every instance he had derived more or less assistance from the adoption of the principle of this method. That principle consisted simply in acting upon the two poles of the long diameter of the fœtus at the same time. Just as in the case of a Chinese ball contained within another, if you pressed upon one point only, the inner ball would not revolve; but if you pressed upon opposite poles in opposite directions at the same time, the ball would revolve easily; so it was with the fœtus in utero. The general application of this principle in turning had been developed in his practice gradually as difficulties arose. He had first been led by Dr. Simpson's recommendation to use the right hand externally to support the uterus, and then he was not long in discovering that the hand outside might often be made more useful in effecting version than even the left hand inside. Thus he had for some years put in practical operation the bimanual method, and had frequently turned without introducing more than two fingers into the uterus. But he was glad to acknowledge that he had not fully grasped the principle of the operation, nor carried it into practice with entire comprehension and accuracy, until after reading Dr. Hicks's excellent description. It was right to refer to the history of this operation in reference to the researches of others. In 1807, Wigand published an admirable memoir, in which he fully described the principle and method of turning by internal and external manipulations. But this memoir had been unaccountably neglected. Although his name was quoted, what he had written appeared to have produced little or no effect upon practice. The memoir had, however, of late years been translated into French, and from that translation Cazeaux had largely quoted in his System of Midwifery. Martin in 1850, and Esterle, an Italian professor, in 1859, since dead, appeared to have well understood the principle. But these and others preferred the cephalic version, and their writings, although quoted at times, had not influenced practice. In no text book, except Cazeaux's and Hohl's, was there any allusion to this improved method of turning. The speaker had acquired such confidence in its use, that, although he had been several times called in to exviscerate after other practitioners had spent many hours in vain attempts to turn, he had never yet failed to deliver by version, and he had not yet been reduced to the unpleasant necessity of exviscerating. One secret of success lay in obtaining an accurate idea of the position of the fœtus; and here he would say that there was no true transverse presentation such as was figured in many text-books. In all these cases the fœtus lay obliquely in reference to the pelvic brim: the head was never far remote from the os uteri, the breech was elevated to a higher level than the head, and the knees were generally near the lower segment of the uterus—not far to seek; so that by pushing the shoulder and head on one side, whilst the external hand pressed down the breech, the fingers passed through the cervix might easily seize one or other of them. There was one point in the operation which he did not think Dr. Hicks had described with sufficient care. As soon as the knee was seized, the mode of assisting by the external hand must be changed: at this stage the right hand should be brought down so as to receive the head in the palm, which should then be pressed upwards away from the brim and iliac fossa, whilst gentle traction should be exerted upon the limb grasped by the left hand. In this manner we had the full advantage of the principle of leverage upon the two extreme poles of the child, and the version is completed with remarkable ease. He had sometimes even been enabled by this manœuvre to elevate the head and shoulder from the brim in cases of extreme difficulty, so as to give space for the introduction of the hand, which was otherwise impossible. The obstacles to this method which he had found the most difficult to deal with arose in certain cases of dead children where decomposition had advanced so far as to destroy all elasticity and resiliency in the fœtal spine. Denman was, he believed, the first who clearly pointed out how the death of the child was *per se* a cause of difficult labour, and Hohl had very fully discussed this subject. To effect evolution by acting upon one or other or both poles of the long diameter of the child, it was essential that that long diameter—represented by the spine—should preserve a certain degree of rigidity or elasticity; otherwise, when traction was exerted upon a limb, the only effect was to compress the fœtus into a mass which moulded itself to the resisting structures. Another difficulty arose in cases of premature labour, partly from the small undeveloped condition of the uterus which impeded manipulation, and partly from the want of rigidity of the fœtus—also the result of immaturity—which led to its being compressed by the spasmodic contraction of the uterus into a compact ball. With regard to the use of this method of turning in placenta prævia, he fully recognised its merit. Although insisting upon the advantage of the principles of treating placenta prævia which he himself had introduced, he was always ready to avail himself, according to the necessity of the case, of other aids. The total detachment of the placenta was not true to physiology—it was bad in practice and quite superfluous; but the partial or cervical detachment was indicated, if for no other reason, to liberate the cervix and facilitate its dilatation, and therefore turning. As chloroform had been adverted to, he had one word to say upon that point. He fully recognised the value of this agent, and constantly derived signal advantage from its use; but the most positive experience had proved to him that unless full surgical anæsthesia were induced, it sometimes rather obstructed than facilitated turning. With regard to the objection that had been urged to the bimanual method, that it was liable to cause metritis, he could only imagine that this arose from an utter misconception of the nature of the operation. Inasmuch as it was only necessary to pass two fingers into the uterus, and the operation was accomplished with less force than by the old method,—if violence had anything to do with causing metritis, the least violent proceeding must be the more free from that danger. So easy was it at times, that he had on one occasion, in a case of placenta prævia, turned and delivered a child without passing more than two fingers into the vagina; he had not even turned back or soiled the cuff of his coat. In conclusion, he expressed his deep sense of the merit and usefulness of this memoir. He firmly believed it would exercise an important influence in improving obstetric practice in this country.

Dr. GRAILY HEWITT believed that all who had heard the paper now read before the Society would, however strongly prejudiced in

favour of the older method of turning, have recourse to the bimanual method when suitable cases presented themselves. The author of the paper had brought the subject before the Society in a most able manner, and his statements were fortified by ample experience and observation. Dr. Graily Hewitt stated that he was unable to speak as to the value of the operation from personal observation. In all cases of turning, he had himself made very free use of the second hand externally, to steady the uterus, and so facilitate the operation, but he had not practised the "bimanual operation" in its entirety. It was undoubtedly a great object to do without the introduction of the entire hand into the uterus, but he would at the same time remark, as indeed, the author had stated in his paper, that the risk attendant on the introduction of the hand into the uterus had been very much over-estimated. He had frequently so introduced the hand, and had never seen the slightest injurious results. There was a point in reference to the operation of turning to which he would take occasion to allude—viz., the necessity for bringing down both feet; otherwise, as he had found by experience, great difficulty was liable to be encountered at a further stage of the delivery. In one case—that of a patient of St. Mary's Hospital Maternity, which he had attended, the difficulty in question was particularly observed, and he now made it a rule to secure both feet at first. The method of turning recommended by Dr. Hicks would be found most difficult of execution, as Dr. Hicks had stated, in cases of cross-birth where the arm presented and the uterus was forcibly contracted. In such cases, the introduction of the hand into the uterus would be absolutely necessary. He would beg respectfully to express his dissent from the opinion just announced by the Chairman as to the use of chloroform in such cases. In a case in which he had been called to assist a gentleman present, he believed, at this meeting, one arm and one leg lay in the vagina, and fruitless attempts had been made to complete the turning, the uterus being strongly contracted. In this case the effect of chloroform was most beneficial, allowing the introduction of the hand and the easy completion of the operation. In conclusion, he begged to express his obligations to the author of the paper for his interesting communication.

Dr Hicks, in reply, wished it to be impressed upon those who thought the method so very difficult that it was not so. In the first case in which he had resorted to it version was exceedingly easy. He was pleased at the testimony afforded by the case related by Dr. Broadbent. He did not recommend this measure in every case, but advised that mode to be employed which was most readily applicable to each case. He still, notwithstanding Dr. Barnes's opinion, adhered to what he had stated in the paper concerning its advantages. With respect to Wigand, he must apologise to him for having only mentioned his name with others. He had merely read the English works upon his suggestions, in which no allusion whatever was made to the inner hand. In no English book was any mention of the plan made. As he had no knowledge of Wigand's paper, he could not say anything further. The allusion of Cazeaux to him had been made since the publication of his (Dr. Hicks's) first paper. He had not found the premature age of the fœtus any considerable obstacle to delivery. Many of the cases brought forward in the paper were premature, and no particular hindrance was observed. In answer to Dr. Cleveland, he would state that the right hand could be easily used instead of the left, if the patient were placed on the right side.

THREE CASES OF RETROVERSION OF THE UTERUS.

BY ROBERT HARDEY, ESQ., M.R.C.S., HULL,
VICE-PRESIDENT OF THE SOCIETY.

The cases related presented features of interest from their rarity, and from other peculiarities. The first was a case of retroversion of the uterus, with prolapsus of the vagina, occurring immediately after delivery at the eighth month of utero-gestation. There was also retention of urine. By pressing back the tumour and keeping the bladder empty a cure was effected. In the second case there was retroversion of the gravid uterus about the fourth month, associated with ovarian tumour of the left side. The abnormal position of the uterus was rectified by manipulations, and the patient went to the full term. Unfortunately the patient died fourteen days after labour from strangulation of the intestine, which had become glued by inflammation round the pedicle of the tumour. The third case related was one of retroversion of the uterus with excessive hæmorrhage. The uterus was reduced to its normal position and the ovum extracted, the patient recovering perfectly. The woman thought herself near the end of gestation.

HARVEIAN SOCIETY.

THURSDAY, NOV. 19.

VICE-PRESIDENT, DR. WADHAM, in the chair.

A paper was read by Dr. CHARLES DRYSDALE, entitled

EVIDENCE AGAINST THE INTERNAL USE OF MERCURY IN SYPHILIS AND OTHER DISEASES.

At the commencement the author pointed out the extreme difficulty in discovering so-called specifics for disease. We could, he said, understand the effect of Epsom salts, &c., because we know their effects on the healthy human body; but, with the exception of quinine in ague, we have, perhaps, no admitted specific or antidote for any diseased condition. He quoted the opinion, to this effect, of Mr. John Stuart Mill. He then showed by quotations from Skey, Desruelles, Copland, &c., that mercury has the physiological property, as shown on dogs, &c., of producing caries of bones and complete degradation of the animal frame. He observed that, of all the properties assigned to mercury, its power as a purge was the only proved one it possessed; and from its dangerous properties in some habits, it was obviously a bad purge—it had been called a cholagogue, but recent experiments on dogs had shown that it actually diminished the secretion of bile. The use of calomel and opium was now, he believed, abandoned by the best surgeons in traumatic cases, and in peritonitis. In iritis mercury has been shown to be useless and probably injurious, by Hugh Carmichael, Dr. H. Williams, of Boston, (who treated sixty-four cases of syphilitic and other iritis without it), by Dr. Hughes Bennett, and by Mr. Zachariah Laurence. Mr. Acton, too, confessed that he thought syphilitic iritis was frequently caused by mercurial courses. As to pericarditis, he quoted the experiments of Dr. J. Taylor, of University College Hospital, where there had been no good effect produced by salivation, but, on the contrary, much suffering; and in acute hydrocephalus he quoted Hughes Bennett, who thinks that the extreme mortality from this disease is partly attributed to the calomel and bleeding used. As to the administration of mercury in bronchitis, pneumonia, and pleurisy, 150 consecutive cases of uncomplicated pneumonia recently treated by Professor Bennett in Edinburgh Infirmary, without mercury or bleeding, had recovered. Dr. Walshe objected most strongly to the use of mercury in inflammatory states, and Dr. Hughes Bennett considered mercury simply an evil, and that it should never be used. Passing on to the stronghold of the mercurialists, syphilis, he observed, that he believed with Syme, Ricord, &c., that ulcers on the genitalia and secondary eruptions had always existed, although not at first recognised as connected. He then gave quotations from Dr. Wm. Fergusson, 1812 and 1846, to show how many thousands in the British army had recovered from primaries and secondaries perfectly, without a particle of mercury; and how fearfully the British army had to suffer from John Hunter's treatment in the peninsula. He next quoted Mr. Guthrie, late president of the College of Surgeons, that all sores on the penis, whether indurated or not, will recover perfectly under rest, diet, and cleanliness, without mercury. Then he showed that of 407 cases treated by Hennen, iritis occurred only in one; evertures in one; with no case of nasal bone affection. In 1818 Dr. John Thompson had treated in Edinburgh a large number of troops for venereal disease without mercury; and the only symptoms observed were sore throats and eruptions; all getting perfectly well. He had not any deep ulcers of the skin, nor caries of the bone, among those untreated by mercury. Dr. Desruelles had treated, in the Val de Grace Hopital, of Paris, a large number of soldiers without mercury, from 1819 up to 1841, and with the best results; and he mentions that in 1841 300,000 cases of venereal disease, treated without mercury had been recorded. Dr. Fricke had treated in the Hamburgh Hospital from 1824 up to 1844, 15,000 cases of venereal disease and, in a work published by him in 1828, he mentioned that among the patients treated by him with cleanliness, low diet, and hygiene, he had not had any case of iritis or alopecia, or bone disease; and that the eruptions which appeared in cases untreated by mercury, had been easily and perfectly cured by baths, diet, and Epsom salts. The mean time of treatment for primaries or secondaries, according to Dr. Fricke, had been thirty-five days; when mercury was used by him, the most frightful forms of the disease were constantly seen. Dr. Drysdale next mentioned the large experience of the Swedish government from 1822-1836, when 46,687 cases were recorded, and when the non-mercurial treatment was found infinitely the more successful. Also the experience of the French Council of Health, when 5,271 cases were treated without mercury, and no case of caries, and only two of exostosis. He then showed how M. Ricord had founded a reactionary school; which, leaving off mercury in gonorrhœa and soft sores still administered six months of a daily dose of mercury, followed by three months of iodide of potassium, in order to prove an antidote to the virus. Dr. Drysdale quoted Mr. Syme's energetic denunciation of this "fearful system, which has, in recent times, been founded on the ruins of the mercurial delusion;" and also quoted further from Professor Syme, to show that he believed that syphilis consisted of the primary ulcer, sometimes followed by sore throat and slight (though sometimes tedious) eruptions; but never followed by bone disease or any very bad symptom, when mercury is not used. Professor Hughes Bennett, too, says, "the idea that mercury is an antidote for the syphilitic poison, and the incalculable mischief it has caused, will constitute a curious episode in the history of medicine at some future day. Dr. Hughes Bennett is a thorough anti-mercurialist in

syphilis, as well as in inflammatory diseases. The autho then quoted opinions of Mr. Spencer Wells and Mr. W. Cooke, to the effect that serious tertiary symptoms are owing to the mercury, not to the natural disease. He alluded to Professor Bockh, of Christiania's, experiments made for the last few years, and published in 1863. The result was that 1,008 cases of primary and secondary syphilis, treated with calomel and iodide of mercury, required about 62 days for treatment, whilst 611 similar cases, treated with Epsom salts and external applications, required only thirty-eight days on an average. Also, where primary symptoms were treated with mercury, 24 per cent. had secondary symptoms; when, without it, only 14 per cent. became affected. The United States' army direction had recently forbidden the use of calomel, which was a sign of the times; and Dr. Diday was beginning to treat indurated sores and secondary eruptions with hygiene; and to show the horrible effects of Ricord's treatment in causing salivation, mania, apoplexy, and dyspepsia, M. Cullerier, Dr. Fournier, and others in Paris, have now abandoned mercury in primary ulcers, and wait for secondaries, which Dr. Drysdale said he hoped was but a prelude to giving up all mercury in syphilis, and returning to the rational treatment of the disease. With regard to infantile syphilis, the author observed:—1st. That he believed this condition of infants was frequently caused by the poisoning of the parents with mercurio-syphilitic disease; and, 2nd. That infantile syphilis was far more successfully treated without mercury than with it; as shown recently by Mr. Allingham and himself.

Mr. ZACHARIAH LAURENCE, in referring to his paper

ON THE TREATMENT OF INFLAMMATION OF THE EYE WITH OPIUM,

said, that in his opinion the greater part of these inflammations originated in irritation of the branches of the fifth nerve, to which the congestion of the blood-vessels was but secondary. As familiar illustrations of such a sequence Mr. Laurence alluded to the act of blushing, and the congestive conditions of the cheek, following severe neuralgia of this part. The so-called absorbent powers of the combination of mercury and opium, he considered a natural consequence of the subsidence of the inflammation, altogether independent of the specific action of either of the two drugs. Lastly, he drew attention to the fact that the advocates of mercury employed three agents in their "experimental" inquiries: 1, mercury; 2, opium; 3, nature. To which of these three should we ascribe the results? Mr. Laurence agreed with Dr. Drysdale's views, in ascribing them to the last. At any rate, the experiments of the non-mercurialists had the advantage of simplicity, inasmuch as they only employed one agent—nature—in their inquiries.

Mr. SEDGWICK was quite disposed to agree with Dr. Drysdale, especially in the matter of syphilis. He had had considerable experience of the non-mercurial treatment of this disease, having been assistant to the late Mr. Morton in University College, when that gentleman treated a large number of cases of syphilis most successfully by means of Epsom salts and external applications. Again, when surgeon to the 70th regiment for some time, he had had a great deal of syphilis to treat, and he found the cases all recovered much better under Epsom salts, hygiene, and diet, than when mercury was used—in fine, he considered the eruption to be analogous to the eruption in the exanthemata and not to be dreaded.

Mr. DEMERIC said, the society ought to thank the author for his elaborate collection of evidence upon his side of the question. However, the author had shaded his picture too deeply, and the views reminded him of the mass of arguments collected against the use of alcohol, which resulted in a vast number of persons remaining unconvinced and still partaking of it. It must not be imagined that, because such an array of statistics can be collected against the use of mercury in syphilis, that nothing is to be said on the other side. Mr. Demeric objected to the word "mercurialist" being applied to designate a practitioner who had recourse to the use of mercury in proper cases, as unfair. These practitioners, he said, use the drug because they find it cures the disease; and also productive of no evil effect. Men of experience would not go on using it, if they found it prejudicial. With regard to the statistics quoted by Dr. Drysdale from the time of Wm. Fergusson down to that of Fricke, they were of no value, because these writers were unaware of the distinction between the various forms of syphilitic sores. Present practitioners would give no mercury in the majority of the cases quoted. He had seen destruction of the nose and nasal bones, when no mercury had been given; and other diseases of the bone. Indeed, in some cases periostitis was the first secondary symptom, and the cases had gone on so rapidly as to lead to death. Phagedæna also is not, said Mr. Demeric, to be ascribed to mercury; but to dirt, neglect, and intemperance. As regards hereditary syphilis, authors had recommended this state to be treated without mercury, and anti-mercurialists ascribed it to the mercury which the parents took; but this was not the case. He had recently shown that syphilitic patients might give birth to healthy children. Having had the advantage of reading Dr. Drysdale's elaborate work, 'On the Treatment of Syphilis, &c., without Mercury,' he must say that one or two of the arguments used by the author seemed to him very feeble. For example, Dr. Drysdale had recently visited Paris, and ascertained that Cullerier, Fournier, and other writers on syphilis had given over Mr. Ricord's plan of treating primaries by mercury, and that they now await the appearance of an eruption before treating. It seemed, also, that at the Hôpital du Midi, there happened to be no cases of bone disease when Dr. Drysdale visited it. Now the author had been illogical enough to assert that he thought this might, perhaps, be owing in part to the smaller quantity of mercury now employed.

Mr. LANE complimented the author on the elaborate mass of evidence he had collected on one side of the question. But if authorities were needful on the opposite side, he could adduce Langston Parker, H. Lee, &c. If there was one feature of modern surgery better understood than another, it was the necessity of using small doses of mercury in syphilis. The improvement in the treatment of syphilis in modern times is the consequence of the study of its pathology. The indurated sore is certainly benefited by small doses of mercury. There can be no doubt of the benefit of mercury in secondary eruptions, which disappear rapidly when it is administered; but it should not be used in the later tertiary symptoms. With respect to bone disease, he could corroborate what Mr. Démeric had said—viz., he had frequently seen bone disease in patients who had never taken mercury. He thought mercury most useful in cases of infantile syphilis, especially the inunctive plan.

Mr. WEEDEN COOKE observed, that the error of many practitioners consists in considering mercury to be a specific for syphilis. If they gave an occasional dose of it, to promote the elimination of the virus by the liver, he would not object. His views were, that we ought to consider syphilis as an animal poison, and that the eruption was the effect of the disease. In most cases the skin and liver act properly, and completely eliminate the disorder; thus, in the majority of cases the eruption is the end of the disease, and consequently, secondary eruption should be allowed to come out, and the system sustained, whilst the cure is going on; not enfeebled by doses of mercury. As to the term "mercurialist" being a reproach, he could only say that the term anti-mercurialist was more so; and he had often smarted under this reproach, which seemed to imply that he was unscientific in his treatment, whilst he believed the reverse was the truth. He complimented the author on his boldness in bringing these unfashionable views before the Society. He had himself scarcely dared to do so.

Mr. ALLINGHAM remarked—In the first place, what we most want to know is, What is the natural history of syphilis; or what lesions will it give rise to, when not treated by so powerful an agent as mercury? For his part, he had for a long time treated all primary sores without mercury; and, although not so rooted an anti-mercurialist as the author of the paper, he must say, he believed that all forms of syphilis could be cured by means of hygiene and local application, and without mercury. As to hereditary syphilis, he had been so discontented with the mercurial treatment of this disease, that he had made some researches, which showed that twenty-nine per cent. died under it; whilst he had recently treated twenty-three cases with only one fatal result, by means of hygiene and chlorate of potash.

The discussion will be continued on Thursday, December 10.

NORTH STAFFORDSHIRE MEDICAL SOCIETY.

This society, which meets several times during the year, when papers on medicine and the collateral sciences are read and discussed, objects of interest exhibited, &c.;—held its annual meeting at the North Staffordshire Hotel, Stoke-upon-Trent, on the 19th instant, when the President (Dr. Arlidge), delivered the usual address. He, in the first place, briefly reviewed the Society's proceedings for the past year, and then from some carefully compiled statistics, "obtained in the course of his practice as physician at the North Staffordshire Infirmary," adduced certain important and interesting statements, relative to the sanitary condition of "Potters,"—from which it would seem that scrofulous affections prevail to an alarming extent; brought on chiefly by certain kinds and conditions of work, and, as a matter of course, an unhealthy offspring being very frequently generated. In the course of the address, the president solicited the cordial co-operation of the members, with a view to the perfection of their knowledge on this subject—of such vital importance, both to the profession and the public.

A hearty vote of thanks was then given to the president, for his services during the year, and for his very able and interesting address. The election of officers for the ensuing year, resulted as follows:—*President;* W. H. Folker, Esq., Hanley.—*Treasurer;* James Yates, Esq., Newcastle-under-Lyne.—*Honorary Secretary;* Ralph Goodall, Esq., Silverdale.—*Committee;* Walter Acton, Esq., Newcastle-under-Lyne; Robert Garner, Esq., Stoke-upon-Trent; Samuel Goddard, Esq., Burslem; John Scott, Esq., Hanley, and Joseph Walker, Esq., Burslem.

IMPORTANT MEDICAL TRIAL.

SYMMS V. FRASER AND ANDREWS.

In the Court of Queen's Bench, on Thursday, was tried Symms v. Fraser, and another. The declaration alleged that the defendants and their servants broke into plaintiff's house, and imprisoned her, on pretence that she was of unsound mind, and they compelled her to swallow noxious drugs. Pleas, not guilty, and leave and license. —Mr. Chambers, Q.C., said the plaintiff, a widow since 1858, now lived at 5, Oakley-terrace, Camden Town, and formerly in Sunderland. In 1859 she took a house in Oakley-square, from Dr. Fraser, (one of the defendants) both defendants being formerly in partnership as medical men, near Oakley-square. The plaintiff received into her house, through charity, a Mrs. Hill, who requited her kindness with ingratitude. In October, 1861, plaintiff suffered from rheumatism, which caused her to be unwilling to occupy certain postures, and made her loth to remain long in bed. In December she called in Dr. Fraser and Dr. Andrews, who dealt with her in a most inhuman manner. When she wanted a nurse, they sent in "a little, active, lively woman," who bustled about, and took out of plaintiff's hands, and against her consent, the entire management of the house. Plaintiff complained to Dr. Andrews, who then sent another nurse, a woman with "a strong mind and a strong body," who for three years had attended in a lunatic asylum on lunatic ladies. She made plaintiff take physic, and plaintiff went to sleep. On awaking she found a "big man" gazing on her. She remonstrated with him in vain. In the morning she appealed to both defendants, and to a friend of hers Dr. Barnes, but an *esprit de corps* exists amongst medical men, and she was cruelly and indecently treated, and kept without food. Feeling exhausted in the night, she asked the "big man" for some wine, but he refused to give any, or even a corkscrew. She then went down stairs, and brought up a bottle of sherry, and knocked the neck off. This the defendant said arose from her suffering from *delirium tremens*, and they said she drank three bottles of sherry. Having no access to her friends, she sent by a policeman, a letter to a Mr. Bennett and his wife, who took her from the house, and sent her to Bath for the benefit of her health. During plaintiff's illness she made a will in favour of Mrs. Hill, adjuring her to take care of plaintiff's imbecile brother, who lived with her. This will was witnessed by the keepers, whom the defendants had sent. Whilst they had charge of her she opened the window and screamed, but the neighbours, thinking her mad, paid no attention to her. In December, Mr. Young, of Sunderland, solicitor, wrote to plaintiff, enclosing a bill for her endorsement. The letter came into the hands of Dr. Andrews, who got her to indorse the bill, and then wrote to Mr. Young that Mrs. Symms was unwell, and that she requested him to write, and to enclose him an order for 1,298*l*. Plaintiff then went to Bath, and was so anxious to escape that she left the window open, and left on the table her gold watch, which the policeman took possession of. The defendants alleged that this indicated insanity. On her return from Bath, Dr. Andrews sued her in the county court, and she, to avoid appearing in court, paid him some small sum. The defendants refused to give her the addresses of the keepers, and treated her in a defiant manner. Her solicitor then wrote demanding an explanation, and Dr. Andrews replied that he acted according to medical principles. Dr. Fraser replied that he had nothing to do with the matter.—The plaintiff having deposed to the above facts, Sergeant Parry asked to be allowed to sever the defence of Dr. Fraser from that of Dr. Andrews, the defence being really distinct, though it was made joint in the pleas.—The Lord Chief Justice said he would consider the application—The court then rose.—On Friday the trial was resumed.—The plaintiff, in cross-examination, said she could take a bottle of sherry a day. Witness denied that she had been intoxicated on any of the occasions alleged by the persons of whom she complained, and she denied that she had been excited by drink, or had been in the least excited until the keepers came to the house. Witness never threatened to commit suicide, nor did she fall down on her knees to Dr. Fraser and say she would give 100*l*. for a glass of brandy. When Dr. Andrews first came her room and person were not in a filthy state, but they were rather disorderly. The defendants did not say anything further than "She's a dirty ——." That was in Dr. Barnes's presence.—Re-examined: She had a large wound in her knee, which was drying up, that made her fear that it affected her stomach. As a rule she never took wine, only when she felt she wanted it. Some months before her illness she occasionally took a glass of spirits and water at night, but for twelve weeks before she took ill she took none, being afraid of its effect upon her knee.—Dr. Barnes said if they put her into a lunatic asylum he should exert himself to get her out. He said the persons put into her house, especially the man, were improper persons. The Bennett's were respectable persons. Mr. John Bennett, of Hart-street, Bloomsbury, said he had known the plaintiff for fourteen years, and was present at her marriage. On the 27th December he went to her house in consequence of messages sent to him, and he found her sitting in the back parlour, and a man and a woman on each side of her chair. She attempted to rise, but they held her down. Witness said, "Why Mrs. Symms, what's the matter?" She replied, "Oh, they have put these people into the house."—Here Sargeant Parry said this was not to be treated as a lunacy case. The defence was *delirium tremens*, and that the defendants did what was best to be done in such a case.—The Lord Chief Justice: The evidence should be received in order to show her state of mind while under restraint. The question of whether the keepers acted under the defendants' directions was another part of the case.—The witness then proceeded to say that he asked Dr. Andrews whether he authorised the keepers to be there? He replied that he had done so in concert with Dr. Fraser, and that she was decidedly mad from drink. Witness replied that he had always known her to be of abstemious habits. Next day witness called on Dr. Frazer, but he was not at home, and witness went to Dr. Barnes, who said that Mrs. Symms was not mad, but that she soon would be if the excitement were kept up. Witness told this to Dr. Andrews, and said he would take the responsibility of removing the keepers, and he desired Dr. Andrews to remove them, and said it was wrong to bring them there without consulting Mrs. Symms's friends. Dr. Andrews replied that Mrs. Hill had represented herself as Mrs. Symms's cousin. Witness then ordered the keepers away.—In cross examination, the witness denied that there had been any communication with Mrs. Symms about making a will in favour of witness and his wife. He never dreamed of such a thing.—Christiana Borthwick, residing with her uncle at Aberdeen, said she lived for three years up to August, 1861, with Mrs. Symms as servant. Mrs. Symms was always very abstemious.—Mary Taylor, a servant; Mr. E. Heffer, of Upper Seymour street; Mr. H. Lloyd, of Upper Seymour street; Mr. William J. Young, of Sunderland, solicitor, and other witnesses deposed to the plaintiff's abstemiousness.—Mr. J. Barnett, of Bath, Fellow of the Royal College of Surgeons deposed that he attended Mrs. Symms from the 12th to the 22nd January. She suffered from swollen knee and other ailments. She was much excited at the keepers having been placed over her, but her state did not imply *delirium tremens*.—Dr. J. Tunstall gave similar testimony. Mr. Serjeant Parry then rose to address the jury on behalf of the defendants. The case, he said, was of the last importance to their professional and personal character, especially to Dr. Fraser, a physician, who had been in practice 32 years. Dr. Andrews although a younger man, was a member of the Royal College of Surgeons, and had been in practice nine years. He complained of the opening of his learned friend as utterly unwarranted by the facts of the case. It had been opened as a case of forcible confinement and incarceration for insanity, without the shadow of a foundation in fact. It was proved beyond a doubt, even upon the plaintiff's own evidence, that this case was utterly unfounded. The whole case for the plaintiff was a fabric of misrepresentation. The case for the defence was not insanity, or even habitual intoxication or excessive drinking, prior to the unhappy occasion now in question. A host or rather cloud of witnesses had been called as to the past and subsequent sobriety and sanity of the plaintiff, which was quite beside the question at issue. The case was of the last importance to the medical profession; and, if it were possible upon the whole of the evidence to find a verdict against the defendants, it would require a great deal of moral courage to embark in the exercise of that profession. The action was most wanton and ungrateful; not, indeed, perhaps, that it was the fault of the plaintiff herself, who had been at the time in a state not such as to render her responsible for her acts, and not to be relied upon as to her account of the incidents of the occasion; and in bringing this action it was very obvious that she had acted under the influence of others. She had not for an entire year brought any action at all. The matter occurred in December, 1861, and this action was not brought until January, 1863. It was not until influenced by others that she had brought it. The defendants would be compelled most reluctantly in self-defence to disclose the state and condition of this poor woman when they were called in. Dragged as they were before a court of justice, they were obliged so to do in self-defence. Deeply they regretted it, but how could they avoid it? They were driven to it in defence of their own reputation. Who had advised such an ungrateful and unhappy action? Dr. Barnes had advised her not to bring it. Into whose hands had she fallen that she should have been so ill-advised as to bring this unhappy action? Whose fault was it that her infirmities were to be disclosed to the world? He desired, as the advocate of these gentlemen, to do his duty to them without any unnecessary reflection upon her; but do his duty he must, and do it firmly and unflinchingly, though, he hoped, not unkindly. He should prove that this poor lady was suffering from disease—it might have been, as Dr. Tunstall thought, travelling gout. Beyond all doubt, her sister was gouty. During the affection of her knee she had very likely abstained from drink, but about the 19th of December she began drinking sherry and ale, especially sherry, at the rate of a bottle a day, and thus she became in such a state of excitement as to be obliged

to call in Dr. Andrews. Her own companion, Mrs. Hill, would be called as a witness to sustain this defence. Mrs. Taylor would be called, but she was abroad. On the 23rd of December Dr. Andrews first was called in to the plaintiff, and he said she was suffering from excitement, caused by indulgence in drink. *Delirium tremens*, as had been stated, was a disease which had many stages, from its first and incipient stage down to that last and worst stage when there was a total prostration of the nervous system and the senses. The learned counsel described the state and conditions in which the plaintiff was said to be. When Dr. Fraser saw her he said she was in the same condition; and both he and Dr. Andrews directed that she should be kept from drink—that is, excessive drink. In short, the treatment of *delirium tremens* was followed. The defendants would both avow it, and would ask the verdict of the jury upon it. They consulted together, and acted to the best of their judgment. Between three and four in the morning, Dr. Andrews was called up to see the plaintiff, and found her in a dreadful state. What earthly motive could be possibly imputed to these gentlemen for doing what they had done? Dr. Andrews, at first, declined to go, and only did so at urgent entreaty. He went and, with his colleague, did his best; and what was their reward? To be harrassed by an action like this—an unfounded, unscrupulous action, not on the part of this poor lady herself but of some one whose tool she had become. She had no doubt denied a good deal of what had occurred, but the very nature of the disease was that the patient was a good deal unconscious of what had taken place. But when she admitted having broken a bottle, at eleven or twelve o'clock at night, in order to drink wine, surely the jury saw something of the real state of the case. And so when she complained of the medicine given to her, as if it had been a poison. Dr. Andrews would produce his books and prove what he had administered. It was a dose of morphia, which was given to soothe the nerves of a patient in such a state, and that medicine was no doubt the means of restoring her. She said herself she slept after it. Dr. Tunstall stated a case in which a patient had recovered in a single night under such treatment; and so it was in this case. Such was its history. These Medical gentlemen had restored her to health; and this action was their reward—a most unscrupulous action. It was attempted to sustain it by alleged misconduct of the "keepers," as they were called—the man and woman who were placed temporarily in charge of her. They were called "keepers" in order to excite prejudice. Of course persons who were placed in charge of such patients were used to such duties, which were of a most disagreeable character. These Medical men had gone to attend her and do their best for her, in the exercise of their duties of their most beneficent profession. Suppose they had not gone. It would be proved that the poor lady threatened suicide. Suppose that they had not gone to her, and that she had destroyed herself. What would have been said? Thank God they did go, and did their best, according to their judgments, regardless of the risks and responsibilities they ran. They appealed to the jury to vindicate them by their verdict. It was a perfect defence to the action that these gentlemen, called in by the plaintiff herself, treated her to the best of their skill and knowledge, and advised those who were in charge of her to the best of their judgment and ability. It was said that the "keepers" were employed by the defendants. But even assuming that they sent them it could not be supposed that they meant them to do anything which was wrong. The poor lady could not give directions about herself; she had no friends near her, no one but Mrs. Hill, who begged that a nurse might be sent, and Dr. Fraser merely recommended two women, and Mrs. Young went for one and Mrs. Hill for the other. In the name of common sense was there—or could there—be a law which would render these gentlemen responsible for anything wrong done by these women? Then as to the man. Mrs. Taylor, afraid of the half-witted brother, asked that one might be sent for her protection, and Dr. Andrews was asked to recommend one and did so. That was all that had been done by the defendants. They undoubtedly knew that the man and woman went; but how could they be responsible for their conduct, even supposing there was anything wrong in it? If the jury should find that these medical men were responsible as trespassers and wrongdoers, Heaven help the medical profession! The plaintiff had herself paid both the medical men and the attendants, and it was positively monstrous that after that she should sue the former as trespassers. In conclusion the learned Serjeant declared his confident belief that, after hearing the evidence which would be adduced for the defence, the jury would hasten, by their verdict, to relieve these most respectable gentlemen from the load of anxiety which had pressed upon their minds ever since this most unscrupulous and wicked action was brought, and these most scandalous and injurious imputations were made upon them.

Dr. Fraser was examined at great length on Friday, and his examination was continued on Saturday. It was to the effect that the plaintiff was labouring under the influence of drink, and that he agreed with Dr. Andrews as to her treatment, and had nothing to do with sending the man or the woman.—Dr. Andrews was then examined at great length, and said he was called in on the 23rd of December, and found the plaintiff labouring under the effects of drink, and had again and again cautioned her against it, and desired that she should be kept from it, but found at subsequent visits that she had still been drinking. He had said that if she went on so it would be a serious case, and would end in *delirium tremens*, and he stated that at last there was the incipient stage of that disease. He advised that Dr. Fraser should be called in, who concurred, and they both suggested that another Medical man should be called in, and they had a consultation with Dr. Barnes, who quite approved what they had done. He denied having anything to do with sending either the male or female attendant, further than recommending one when asked to do so by Mrs. Taylor.—Mrs. Hill confirmed this evidence, and a sergeant of police who had been called in spoke to seeing the plaintiff twice in a few minutes swallowing half a tumbler of sherry. The sergeant also swore that Mrs. Bennett, had said, in her husband's presence (which Bennett had denied), that she was afraid to go near to the plaintiff she was so violent.

LEGAL INTELLIGENCE.

COURT OF QUEEN'S BENCH, WESTMINSTER, NOV. 23RD.
(*Sittings in Banco* before the LORD CHIEF JUSTICE, Mr. Justice WIGHTMAN, Mr. Justice BLACKBURN, and Mr. Justice (MELLOR.)

THE CORPORATION OF LONDON V. THE GOVERNORS OF ST. BARTHOLOMEW'S HOSPITAL.

This was an application with a view to raise and determine the question which has arisen between the corporation of London and the governors of St. Bartholomew's hospital, as to the right of the former corporation to the appointment of the Mayor as president of the hospital. Upon the death of Alderman Carroll in 1861, the late Alderman Cubitt, then Lord Mayor, was elected president of the hospital. He was re-elected mayor, and continued in office until November, 1862. He soon afterwards resigned his office of alderman as well as that of President of the hospital. He was, however, re-elected president in February, 1863, which office he held until his death. His election, however, was disputed by the corporation, which contended that the governors were bound to elect the Lord Mayor or an alderman who had passed the chair, and it was intended to raise the question *quo warranto*, but his death creating a vacancy, it was agreed that the question should be decided by an application for a *mandamus* directing the governors to elect Mr. Alderman Rose, who was Lord Mayor at the time of Mr. Cubitt's re-election and a candidate for the office. The question turns on the construction of the ancient charters and orders of the hospitals of King Henry VIII. and King Edward VI.—viz., St. Bartholomew's, Christ's, Bridewell, and St. Thomas's.

SIR FITZROY KELLY stated the substance of the charters and orders, so far as they related to the question, and said the right of the corporation had never before been disputed, and upon searching the records no evidence had been discovered tending to throw any doubt on their claim.

The Court granted a rule *nisi*.

NOVEMBER 24TH.

EX PARTE LA MERT V. THE GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION.

This was an application under the new Medical Act of 1858, which provides that if any registered medical practitioner shall be convicted in England or Ireland of any felony or misdemeanour, or in Scotland of any crime or offence, or shall, after due inquiry, be judged by the General Council to have been guilty of infamous conduct in any professional respect, the General Council may, if they see fit, direct the registrar to erase the name of such medical practitioner from the register (sec. 29). The name of the applicant, Mr. La Mert, had been erased from the register on the ground that he had been guilty of "infamous conduct in a professional respect":—1. In publishing an indecent and unprofessional treatise entitled Self-Preservation, &c.; 2. In having stated that his son, "a Licentiate of the Royal College of Physicians," had been jointly concerned in the authorship of the work.

Mr. Chambers, Q.C. (with him Mr. Barnard), moved on his behalf for a *mandamus* to the Council to restore his name to the register, insisting that the publication of the work in question formed no sufficient ground for the erasure of his name as if he had been guilty of "infamous conduct in a professional respect." The learned counsel was about to enter into a comparison of other works by other eminent medical men, when

The Lord Chief Justice said he desired to be informed what authority the Court had to interfere in such a matter. The words of the statute were—"shall have been judged by the Medical Council to have been guilty of infamous conduct." The Council were to judge on the matter, and their decision was to be final and conclusive. Unless it could be shown that there had been corrupt and improper conduct, or an utter absence of all fair and proper

hearing and all opportunity of defence, the court could not interfere.

Mr. Chambers said that gave the Council a very formidable power. Mr. Justice Blackburn observed that, nevertheless, the Court had no more power to interfere than in any other case of conviction of a crime by any lawful tribunal. Mr. Chambers urged that the Court was bound to look at the book to see if it were indecent, or if its publication was infamous.

The Lord Chief Justice.—No, no. That is one for the Council to judge. Mr. Justice Wightman.—The practitioner is to be judged by the Medical Council, not by this Court. Mr. Justice Blackburn.—The applicant has been heard, though not by counsel or attorney The Lord Chief Justice.—And the Council had the book before them. Mr. Chambers said that if the Court were clear that they had no jurisdiction he would not press the matter. The Lord Chief Justice said that the jurisdiction was placed by the statute in the General Council; they had decided the matter, and this Court could not interfere. The legislature had in its wisdom thought proper to entrust the Council with powers to be exercised under this enactment, and the Court could not review their judgment.—Rule granted.

EX PARTE SERGEANT.

In this case the Medical Council had removed the applicant, a surgeon of Plaistow, he not having answered their letter of inquiry according to the provisions of the Act, the letter having miscarried through a change of address.

Mr. James now moved for a *mandamus* to the Council to register him *de novo*, he tendering the proper fee for registration.—The court granted a rule *nisi*.

COURT FOR THE CONSIDERATION OF RESERVED CASES.—Nov. 21st.

(*Before the* Lord Chief Justice ERLE *and a full Bench.*)

THE QUEEN *v.* HILLMAN.

This case was tried at the late Wilts Sessions, and the prisoner was convicted of unlawfully administering a poisonous or noxious drug (savin) for the purpose of causing miscarriage. The jury found that the case was proved; but that the prosecutrix did not intend to take the drug. The Court reserved the point.

Mr. T. W. SAUNDERS, for the prisoner, argued that to constitute the offence it was necessary that it should have been the intention of the woman to take the poison.—The Lord Chief Justice said that the Bench were all of opinion that the intention of the prisoner alone was sufficient, the statue being directed against the procurer of the drug.—Conviction confirmed.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 19th instant:—Bell, Hutchinson Rayer, Endsleigh-street, Tavistock-square; Boulton, Albert Edward, Horncastle; Ffrench, Thomas Edward Digby, Galway; Fulton, John, M.D., Cobourgh, Canada; Hawthorn, Frederick John, Uttoxeter, Staffordshire; Julius, George Frederick Heaton, Richmond; Leach, Matthew, Wisbeach; Libbey, Henry Cornelius, Fulneck, near Leeds; McNair, Frederic, London; Mosely, Isaiah A., Newcastle; O'Flynn, Andrew, Sligo; Rogers, William Richard, Oxford; Shudham, Edward Barton, Cheltenham; Smith, Cleveland, Horslydown; Smith, Henry Fly, M.B, Oxon., Cornwall-terrace, Regent's-park; Stott, Thomas Sibley, Holloway; Trenerry, Charles James, Gibraltar; Von Stieglitz, Lewis Frederick, Tasmania; Weller, George, Mile-end-road; Whipple, Connell, Plymouth.

The followlng gentlemen were admitted Members on the 20th inst.:—Atkinson, James, Hyde, near Manchester; Baetche, Emil Julius, M D. Göttin and Leipsic, Finsbury-square; Bligh, Alexander Murray, Liverpool; Cooke, Richard Edward, Southwell, Notts; Diver, Ebenezer, M.D. St. Andrews, Yately, Hants; Fuller, James, Rectory-place, Woolwich; Gwyther, James, M.B. London, Manchester; Hayden, William Gallimore, High Wycombe; Hedley, William Snowdon, M.D. Edin., Alnwick, Northumberland; Leith, Ralph James Forbes, Mintlaw, Aberdeenshire; Lichtenberg, Philipp Justus Ludwig, M.D. Göttingen and Berlin, Finsbury-square; Nash, Frederic, Royston; Ryder, Francis, James, Greenwich; Senior, Augustus Reeve, Richmond; Vipan, William Henry, Ely, Cambridgeshire; Watermeyer, William Godfrey, Cape of Good Hope.

NAVAL SURGEONS.—The following Members of the London College of Surgeons passed their examinations for Full Surgeons in the Royal Navy, at a meeting of the Court of Examiners of that College, on the 19th instant:—Kipling, Thomas, of H.M.S. "Canopus," at Devonport; diploma of membership dated April 15, 1859; Skene, James Alexander, of H.M.S. "Cumberland," at Sheerness; May 19, 1856; Warren, Thomas Roberts, of the Plymouth Division of Royal Marines, Dec. 15, 1852.

SURGEON-DENTISTS.—The following gentlemen, having passed the necessary examination, received their diplomas in Dental Surgery, at a meeting of the Board of the Royal College of Surgeons of England, on the 24th instant:—Aaronson, Andrew, Judd-street, Brunswick-square; Bromley Edward Pounoll Bastard, Southampton; Manton, John Nathaniel, Grosvenor-street; Moore, Leopold, Grosvenor-street, Grosvenor-square; Morley, Henry, Derby; Myers, Lancelot James, Charlotte-street, Fitzroy-square; Scholefield, James, Huddersfield; Stewart, Robert Edward, Rodney-street, Liverpool; Stuck, William Robert, Bedford-street, Bedford-square; Young, Gavin, Edinburgh; Zinkgraf, Frederick William, Rhine, Bavaria.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 19th inst.:—Browne, James Crighton, Edinburgh; Duckering, Samuel Grantham; Gilbert, Henry, Birmingham; Gwyther, James, Manchester.

STATE OF BETHNAL GREEN.—The vestry of Bethnal Green held a special meeting on Thursday, in the Town-hall, Church-row, to consider the best means of removing the nuisances existing in the parish, when it was resolved that a chief inspector should be appointed, at a salary of 80*l.* per year; that the present nuisance removal committee be called the sanitary committee, to be composed of the whole vestry; that for purposes of general inspection the committee should be divided into sections; and that each ward should be under the inspection of the members representing it. The clerk stated that a loan of 7,000*l.* for drainage purposes, had been negotiated with an insurance office. Finally, it was ordered that the surveyor should be instructed to compel owners of property to drain their premises into the main sewer, if no drainage existed into any other sewer.

OPENING OF THE SESSION OF THE FACULTY OF PARIS.—On the 16th inst. the session was opened in the usual manner; the Dean of the Faculty, M. Rayer, in the chair, it was noticed that the number of pupils present was small, though the friends and guests were very numerous. This circumstance is probably owing to the disturbances which took place some time ago. M. Gavarret proclaimed the prizes, and also the theses which had deserved especial notice; and Prof. Tardieu delivered the introductory discourse, the subject chosen being the panegyric of the late Prof. Adelon and forensic medicine.

THE NEW PHARMACOPŒIA.—The Lords Commissioners of her Majesty's Treasury, in accordance with the powers given to them by the Medical Act, have fixed the prices at which copies of the British Pharmacopœia are to be sold to the profession and others as follows: 8vo size, 10s. 6d.; 32mo, 6s.

THE FIRST OPERATION OF OVARIOTOMY IN SPAIN.—On the 6th inst. Dr. F. Rubio, of Seville, performed this operation upon a woman, twenty-seven years of age. Two tappings had proved the tumour to be multilocular, and M. Rubio resolved to remove the entire mass. For two hours attempts were made to render the patient insensible with chloroform, but as no such result was obtained the operator was obliged to proceed without the assistance of anæsthetics. The operation was long and trying, on account of numerous adhesions, and the cancerous degeneration of the ovary. The patient died on the fourth day after the operation. We conceive that this very severe and complicated case must not deter M. Rubio from venturing. when an opportunity occurs, upon another case.

APPOINTMENTS.—E. C. Board, M.R.C.S.E., has been elected House-Surgeon to the Bristol Royal Infirmary, vice G. V. Cooper, M.R.C.S.E., resigned.—A. T. Carson, M.D., has been elected Medical Officer and Public Vaccinator to the Articlave Dispensary District in the Coleraine Union, Co. Londonderry.—H. Cooper, M.R.C.S.E., has been elected Assistant House-Surgeon to the Bristol Royal Infirmary, vice Board, elected House-Surgeon.—R. Corbet, M.R.C.S.E., has been appointed Medical Officer for the Stanford District of the Orsett Union, Essex, vice T. M. Parrott, M.R.C,S.E., resigned.—J. Dale, M.R.C.S.E., has been appointed a Public Vaccinator by the Stockton Board of Guardians.—W. Fraser, M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator by the Parochial Board of Old Machar, Aberdeenshire, vice G. Carr, M.D., deceased.—C. S. Hall, M.R.C.S.E., has been appointed Certifying Factory Surgeon for Carlisle, vice E. Armstrong, M.R.C.S.E., deceased.—W. Hood, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for District No. 2 of the York Union, vice J. B. Bickerdike, M.R.C.S.E., deceased, and J. Plummer, M.R.C.S.E., resigned.

APPOINTMENTS FOR THE WEEK.

Wednesday, December 2.

Operations at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Hunterian Society, Dr. Peacock, "On Some Cases of Slowness of Pulse, with Remarks, 8 p.m.; Obstetrical Society of London, Papers by Mr. Marley, Dr. Earle, Dr Braxton Hicks, Dr. Gervis, Dr. Barnes, and Mr. Baker Brown 8 p.m.

Thursday, December 3.

Operations at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Great Northern Hos-

PARISIAN MEDICAL NEWS.

HOSPITAL FOR INFANCY.

(MR. H. ROGER'S WARDS.)

Typhoid Fever in Children.

(Continued from page 317.)

The patient's chamber should be well ventilated and comfortably warm. Hygienic precautions are in this case of such paramount importance, that wherever circumstances admit of such an arrangement, two rooms, equably heated, ought to be devoted to the use of the patient, who should not occupy either for more than twenty-four hours in succession. If one room only can be given up for the use of the invalid, two beds should be at hand in which the patient can be alternately placed, and the bedcloths changed every day. Mr. Roger recommends the hair to be cut short, and the lips and teeth to be carefully sponged with water and *Botot's elixir.*

If the symptoms assume more marked characters, the treatment must vary according to their nature.

Constipation should be removed by the exhibition of mild laxatives. Mr. Roger prescribes half-an-ounce of citrate of magnesia, or one grain of calomel mixed with half a drachm of powdered sugar, and divided into ten powders, one to be taken every hour or every two hours, a method which seldom fails in acting on the bowels after five or six doses have been taken.

If diarrhœa is troublesome, it must not be suddenly or entirely checked; but, on account of its debilitating effect, and the consequent aggravation of the cerebral symptoms, it is proper to keep it within bounds by the administration of starch, or astringent enemas (ratanhy).

Mr. Roger contends with thoracic complications by the exhibition of a grain or two of oxysulphuret of antimony, ten or twelve grains of teroxide of antimony, or two grains and a half of tartar-emetic in a four ounce mixture. He prescribes, at the same time, counter-irritation with croton oil, tincture of iodine, or small blisters, from which the cuticle is not removed, in order to avert the possibility of diphtheritic exudation. We may here remark that, in bronchitis, coincident with typhoid fever, the remedy, in which Mr. Rilliet had the greatest confidence, was the infusion of snake-root, and that in pneumonia this practitioner never resorted to venesection, a method likewise deprecated by Mr. Roger.

In the ataxic and cerebral forms of fever, musk is the most efficacious medicine. Professor Roger exhibits this drug in doses varying from two to fifteen grains in a mixture, or an enema. To remove delirium, West recommends laudanum, but, on account of its bitter taste, Mr. Roger prefers the syrup of poppy or of morphia, or very minute doses of the extract of opium. In this case cold sponging and affusions have also been found highly beneficial.

In the severest forms of adynamic and ataxic fever, when exhaustion is the leading feature of the case, Mr. Roger applies blisters to the nape, or, preferably, to the thighs, where they are more easily dressed. He exhibits, at the same time, tonics and restoratives, viz. 15 to 45 grains of extract of cinchona in an infusion of coffee, or one or two table-spoonfuls of the syrup of cinchona. Anti-septics, such as the carbonate of ammonia, (from 8 to 15 grains) or chlorides, which have fallen into undeserved oblivion (liq. sodæ chlorinatæ), he also resorts to, with advantage.

Finally, if any intermittence or periodicity is detected in the symptoms, Mr. Roger relies on the efficacy of sulphate of quinine, from two to six grains of which he administers in a well-sweetened infusion of coffee.

HOSPITAL LARIBOISIERE.

(MR. CHASSAIGNAC'S WARDS.)

Fracture of the Clavicle.—Caries of the Os Calcis.—Hematocele of the Tunica Vaginalis.

We remarked, in Mr. Chassaignac's wards, a woman suffering from fracture of the clavicle, in whom the Professor had applied a bandage, which prevented all displacement of the fragments. This very desirable, and seldom attained result, had been effected with a dressing calculated to raise the shoulder, and to maintain it in as elevated a position as possible. This is the method adopted for the reduction of all fractures of the collar-bone, and the surgeon's object should be to keep the action of the bandage in permanent operation. For this purpose, the arm and forearm in a semi-flexed position, and protected with a layer of cotton wadding, should be applied close to the chest, and the elbow firmly secured in a cone constructed with a starched roller; the shoulder should then be forced upwards as much as possible, and the limb tightly fixed to the chest, by as many turns of the roller as may be found necessary, a solid fulcrum being supplied on the healthy side by the elastic, and, at the same time, resisting surface, which extends from the side of the neck to the shoulder. This region, well supplied with muscles, is well adapted to bear without peril a considerable amount of pressure, which is, moreover, distributed over an extensive surface, the latter being further protected by appropriate padding. The surgeon may thus, as we have stated, prevent the apparatus from slipping down, maintain a sufficient degree of elevation of the shoulder, and produce permanent extension of the fractured bone.

We had an opportuity of judging, by personal inspection, of the simplicity and efficacy of this system of bandaging. The patient complained of no inconvenience, and in running the fingers along the edge of the clavicle, the space between the fragments was barely perceptible; although, at the period of her admission into the wards, the deformity was most remarkable.

We oberved, in the same hospital, several interesting instances of periostic abscess, and of white swelling, in which the efficacy of surgical draining was plainly evinced. We may, for instance, notice the case of a girl, who, in consequence of chronic arthritis of the elbow, was threatened with loss of the forearm.

A similar mode of treatment is now generally resorted to in Mr. Chassaignac's wards for vertebral disease, accompanied by symptomatic abscess. The suppuration escapes with impunity through fenestrated tubes, and remedies calculated to improve the tone of the system, being at the same time exhibited, the patients recover a healthy complexion, appetite and strength, and considerable improvement of their condition is promptly apparent.

Cases of this kind are frequently observed at La Riboisiere, but we especially desire to invite attention to the results attained in suppurative caries of the os calcis. The disease may assume either of the two forms of suppuration, *i. e.*, abscess or sinus. In the former case, as in all other varieties of abscess, an elastic, fenestrated tube is conveyed through the cavity. With regard to sinuses, several procedures are adopted, according to the state of the bone. When the caries is superficial, an incurvated trochar, with a blunt joint, is conveyed to the seat of the disease in the bone; by a change of direction in the handle, the instrument is made to emerge in a line with the first puncture; through these apertures the draining tube is inserted, and, if several sinuses exist, a corresponding number of fenestrated loops are placed in such a manner as to afford an easy escape to the morbid secretions. But when a considerable portion of the calcaneum has been destroyed, as in two cases we recently observed, in Mr. Chassaignac's wards, superficial draining would evidently be insufficient. In both instances, a single sinus existed at the posterior and upper part of the os calcis, and a probe inserted into the aperture penetrated to a considerable depth into the bone, its downward direction implying that the duration of the disease would be indefinitely protracted. The treatment above described would have permitted a cavity to remain, favourable to the accumulation of matter; mere latent and tangential drainage would have answered no useful purpose; and, in order to avert the necessity of some more formidable operation, Mr. Chassaignac resolutely introduced into the sinus a steel worm-bit, fixed in the shaft of a trephine, and he perforated the bone through and through, so as to be able to place in the artificial passage a fenestrated tube, through which pus and osseous particles might escape towards the more dependent

part of the foot. The channelling of the os calcis proved perfectly successful in one of the patients submitted to our inspection, and, in all probability, will prove equally beneficial in the case of the second, a young man in whom the operation was performed on the 26th of October, in our presence.

— In hematocele, drainage is also an extremely useful resource, and, if followed by the iodine injection, will spare the patient the hazards of a procedure, which is equivalent to castration, viz. the decortication of the testis and tunica vaginalis. A patient suffering from hematocele, was a few months since, admitted into Mr. Chassaignac's wards. A drainage tube was inserted through the scrotum, an iodine injection was performed after an interval of four and twenty hours, and a complete cure was effected. Last January, a Pole, in whom puncture had repeatedly and fruitlessly been resorted to at Warsaw, was also treated in this manner, and a similar favourable result was obtained.

When the channelling is skilfully performed, and when a sufficiently free passage is afforded to the contents of the sac, and this may always be effected by using large and numerous tubes, the stratified layers deposited in the tunica vaginalis separate, and after a more or less lengthened period, that membrane recovers its flexibility; a desirable result greatly promoted by the additional use of detersive injections.

HOTEL DIEU.

(MR. MAISONNEUVE'S WARDS.)

Nasal Polypus.—Hydrocele of the Spermatic Cord.—Effects of forcible dilatation in Spasmodic Contraction of the Anus.

The great liability of nasal polypi to return after their removal, is ascribed by Mr. Maisonneuve to the fact that the extraction is seldom more than partial. These growths generally form beneath the turbinated bones, and rarely on the edges of the osseous prominences; they sometimes branch off in several directions, but careful examination will generally satisfy the surgeon that they are attached to the mucous membrane by a single peduncle, in most cases inserted on the surface of some part of the ethmoid. The surgeon must grasp the polypus as high as possible, and remove with it the small osseous particle to which it is affixed, an operation less difficult of performance than is generally supposed. A slightly incurvated and fenestrated forceps, said Mr. Maisonneuve, should be inserted open into the nostril, and pushed upwards as high as it will go; the growth may then be firmly seized, and torn away by a sharp twist of the hand, together with the minute piece of bone with which it is connected.

Astringent injections with alum, or sulphate of zinc, cauterisation with nitrate of silver are utterly inefficacious for the destruction of those muco-cellular hypertrophic growths.

— We recently described Mr. Maisonneuve's procedure for the cure of hydrocele of the tunica vaginalis (Art. 6489). One drop of melted nitrate of silver applied with the extremity of a probe, induces a sufficient amount of local inflammation to effect a complete cure. The same plan was resorted to in a case of encysted hydrocele of the spermatic cord.

Mr. Parise, of Lille, is the originator of this very simple method of treatment which Mr. Maisonneuve has now resorted to in upwards of eighty cases, and which he considers far more efficacious than the wine or iodine injection. With the injection the surgeon can never be certain of the efficacy of the operation. The consequence is a failure in one case out of seven or eight when wine has been employed, and in one out of every ten in which mixture of iodine has been used. No relapse has, on the contrary, yet occurred with nitrate of silver. Its inefficacy is less to be feared than its too great energy, to keep which within bounds one drop only of the nitrate of silver should be inserted with the probe, and the latter should twice only be carried over the surface of the serous membrane.

— A week scarcely ever passes without a case of what is called *Fissura in ano* occurring in the wards of M. Maisonneuve, who always resorts for its cure to forcible dilatation of the anal orifice. The Professor has instituted this procedure in several hundreds of cases, and as Messrs. Nélaton and Danyau effect every day fresh cures by the same method, he expresses his surprise that it should not have been hitherto more generally adopted by surgical practitioners.

What is the object of dilatation? Mr. Maisonneuve opines that the fissure is not the most important feature of the disease, but the spasmodic contraction which is not always confined to the lower sphincter and often extends to the *Sphincter ani internus*, a circumstance which explains the failure of the operation when attempted by Boyer, Blandin, Robert, and all those who merely endeavoured to modify the condition of the external muscular ring. Dilatation, on the contrary, almost invariably succeeds; but would prove as unavailing as incision to check the symptoms, if the superior fibres were not reached. When the fingers are too short to penetrate at the requisite depth, glove stretchers may be used, with every confidence of a satisfactory result.

Mr. Maisonneuve seldom exhibits chloroform for this operation, which consists in the forcible distension of the anus with the forefingers simultaneously inserted as far as possible into the internal orifice.

The pain consequent on the operation lasts about three-quarters of an hour; and an ecchymosis of no importance appears around the anus. The power of retention of the fæces is not impaired, as might be supposed, by the distension, and the orifice of the intestine speedily recovers its natural tone.

Mr. Maisonneuve informs us that he frequently resorts with much benefit to this singular procedure in the case of persons who conceive themselves to be affected with piles, and who do not connect their pain or discomfort with the act of defecation. Constipation is present in some, in others diarrhœa or tenesmus; on the introduction of the finger, the real cause of the symptoms is easily detected, in the shape of spasmodic contraction of the sphincter muscle. If distension is at once performed, the infirmity is immediately relieved, but the patients remain firmly convinced that they have been cured of hæmorrhoids.

MEDICAL CORRESPONDENCE.

THE ROUEN CONGRESS. — The Medico-Chirurgical Congress convened at Rouen by the Medical Society of that city, met for the first time on the 30th September, Mr. Duchesne in the chair. The office-bearers were immediately elected, and the following gentlemen were appointed:—

President—Mr. Giraldès.

Vice-Presidents — Messieurs Duchesne, Verneuil, Morel, Maire.

Secretary—Mr. Bouteiller.

Assistant-Secretaries—Messieurs Laurent, Douvre.

The first communication was a paper by Mr. Maire, of Le Havre, on *Nervous Circulation*, after which Mr. Verneuil brought forward an interesting case of *Excision of the Knee-joint*, necessitated by a gun-shot wound. The ball had become impacted at a depth of one inch in the internal condyle of the tibia. The saw, in removing the articular surface of that bone, encountered the ball and cut through it. The condyles of the femur were then excised in order to admit of the coaptation of the bony surfaces, and although two inches and three-quarters of bone were excised, the shortening does not exceed one inch and two-thirds, and the patient is enabled to walk with perfect ease.

Mr. Wecker then read a memoir *On the safest mode of Operation of Senile Cataract*, which, in the author's opinion consists in the entire extraction of the lens, combined with iridectomy. Mr. Fauvel communicated a paper *On Aphonia, consequent on Albuminuria*, and Mr. Goyrand, of Aix, another *On the Choleric Symptoms sometimes coincident with Strangulated Hernia*. This is one of the most aggravated forms of intestinal incarceration, and absolutely requires the use of the knife. The author related the particulars of six operations performed under these unpromising circumstances, four of which terminated favourably.

At the second meeting Mr. Viennois, of Lyons, read a paper on the propagation of *syphilis* in a glass-factory by

means of a tube used by the workmen in blowing bottles; another communication was presented by Mr. Leroy d'Etiolles, *On the Influence of Renal Concretions on the Cure of Vesical Calculi*, and two other memoirs were also presented by Mr. Mercier and Mr. Giraldès, the first on the *Lithic Acid Diathesis*, the second on the *Calabar Bean*.

Amongst the most important papers read at subsequent meetings we may notice one by Mr. Leudet, of Rouen, on *Simple Ulcer of the Stomach Consequent on Intemperance*; another by Mr. Foucher on *The Traumatic Disjunction of Epiphyses*, a memoir by Mr. Anquetin, on *Colica Pictonum*, and *Novel Practical Remarks on Menorrhagia in its Connection with Peri-Uterine Hematocele* by Mr. Raciborsky. This gentleman conceives retro-uterine hematocele to consist in excessive menorrhagia. We should not omit to mention a paper by Mr. Courty, of Montpellier, *On the Crushing of the Stone in a Single Operation*, another by Mr. Paget, of Feurs, on *Paludal Disease in the Plains of Jorez*, and Mr. Gilbert d'Hercourts remarks on the *Advantages of Hydropathy in the Treatment of Exophthalmic Goître*.

The diseases incidental to glass-blowers were again adverted to by Mr. Ternisien. This gentleman remarked that the workmen engaged in the trade are very liable to inflammation of the lungs, the perils of which are greatly enhanced by the addiction of these men to the use of fermented fluids. In order to counteract the evils of this pernicious habit, the author suggests that coffee, a beverage which has been found most beneficial in the army, and to the colliers of the northern provinces of France, should be regularly supplied to the operatives. With regard to the transmission of syphilis from one man to another by means of the blow-pipe, Mr. Ternisien agrees with Mr. Viennois that the best remedy is the adoption of the movable mouth-piece proposed by Mr. Chassagny, with which every workman ought to be provided.

The only paper which gave rise to a discussion was a communication by Mr. Paul Levasseur, a surgeon of the hospitals of Rouen, relative to *An Epidemic of Typhoid Fever*, which he observed in his own practice. The author met with no less than seventeen cases in five families; ten of the patients recovered, and Mr. Levasseur gives the credit of this favourable result to the exhibition of aconite. Mr. Blondin, of Paris, also spoke highly of the efficacy of this drug, and Mr. Liégeard, of Caen, expressed his partiality for the use of disinfectants. Mr. Poyet, of Feurs, proposed that the contagious character of typhoid fever be formally recognised.

Several members also addressed the meeting on the subject of Tuberculosis, brought forward by Messrs. Gourdin and Desnos, of Paris; the debate was not of sufficient importance to require further notice.

We regret that our space does not admit of our adverting to many other communications which reflect much credit on their authors, and show the great benefit derivable from large meetings of members of the profession. We have confined ourselves to a mere mention of the memoirs which presented most practical interest, because we are under the impression that a full record of the proceedings of the Rouen Congress will shortly be published, when it will be in our power to place before our readers a more compact and more correct extract, than that which is supplied by our memory, aided by a few rapid notes.

SCIENTIFIC MISCELLANEA.

Efficacy of Chloroform in the Eclampsy of Children. — In his treatise *On the Diseases of Infancy*, Mr. Bouchut remarks that when convulsive attacks recur frequently in children chloroform may not only be administered with benefit during the paroxysms, but should also be exhibited, with moderation, in the intervals. Mr. Barrier, of Lyons, opines that a remedy so effectual in puerperal eclampsy may reasonably be expected to prove advantageous in the same disease in infants, and in both cases he recommends the anæsthetic effects of the drug to be continued until the spasmodic action is calmed down, and again be induced whenever a recurrence of the convulsions seems imminent.

This medication, however, is not appropriate in every variety of convulsion, and should not be viewed in the light of a general medication to be applied in all instances of infantile eclampsy. In idiopathic convulsions, however, it is especially indicated, and a case illustrative of the assertion was recently communicated in the *Gazette des Hôpitaux* by Dr. Sicard, of Nice.

The patient was a little girl, of three years and a half, in the habitual enjoyment of excellent health, although liable to convulsive fits, which promptly yielded to the exhibition of antispasmodics. On the 11th of July, after a severe fright during the progress of digestion, the child suddenly fell into violent convulsions, to allay which her parents resorted to the remedial measures which had previously been successful, such as exposure to the air, mustard poultices, cold applications to the forehead, etc. As despite these remedies, the symptoms persisted with unabated intensity, Mr. Sicard was summoned, and at once proceeded to the administration of chloroform. For an entire hour he was obliged to persevere in the inhalation, because as soon as the anæsthetic effects began to subside, the convulsive action returned. The spasmodic tendency was at last conquered, and as indigestion had coincided with the attack, Mr. Siccard prescribed eight grains of ipecacuanha, and copious emes is followed, with the best effect. Two relapses since occurred, and the same plan was again resorted to with equal success.

Mr. Sicard remarks in addition that the child's appetite was ravenous, and that attention to her diet has induced a cessation of the convulsions, which may, therefore, be regarded as sympathetic; it is highly probable that had the emetic been at once administered, the spasmodic paroxysms would have spontaneously ceased; but our fellow-practitioner was deterred from this course by the contracted state of the jaws, a condition which the chloroform removed, thus allowing the proper remedy to be exhibited.

Treatment of Traumatic Emphysema.—Traumatic emphysema, or more properly gaseous infiltration, the effusion not being always caused by the passage of air into the cellular tissue, has been carefully described this year in the *Gazette Médicale*, by Mr. Morel-Lavallée. After expatiating on the mechanism of its production, its various aspects, and prognosis, the author proceeds to say that nature effecting without aid the cure of emphysema of the head, neck, and limbs, it is needless to dwell on any measures of treatment but those required for emphysema produced by fracture of the ribs, or penetrating wounds of the chest, and even then only when the complication acquires unusual proportions.

"Emphysema," says Mr. Morel-Lavallée," is not an unfrequent complication in fracture of the ribs, but I have seldom found it necessary to have recourse to any special method of treatment for its removal. In general, the effusion is very extensive, but subsides under the influence of the pressure of the bandage applied for the fracture, and would probably disappear spontaneously.

"When it assumes unusual proportions, the most effectual means of checking its progress have been pointed out by Ledran; a firm bandage should be applied over the part of the rib which is the seat of injury. The further effusion of air into the cellular tissue will be even more effectually prevented by placing over the double compress laid over the fracture, the elastic belt, which I have often employed with the greatest benefit to support the broken rib. The pad of a common hernia-truss would answer the same purpose, were it possible to secure it from displacement.

"Careful pressure will in general check the passage of the air into the cellular tissue; in the contrary case, an aperture should be made calculated to prevent further distension.

"The operation should, in our opinion, be performed not in the seat of the fracture, an incision in this region exposing the patient to the perils incidental on passage of air into the chest, but near the fracture. Several deep incisions at some distance around the principal injury, permit the effusion of air to pass into the atmosphere instead of contributing to increase the already existing distension of the cellular tissue.

"Penetrating wounds of the thorax are frequently aggravated by the presence of this complication, to which remedies

analogous to those we have described are applicable. The pressure exercised over the wound requires, however, special attention.

"When the pressure is inefficacious or unbearable, several eminent surgeons, amongst whom I may mention the illustrious Larrey, recommend the oblique wound to be enlarged, in order that the air should escape freely. This is doubtless a measure which fully answers its purpose; the impediment to free escape of the air being thus entirely removed.

"This procedure is doubtless efficacious, but is not without danger. The air contained in the chest is thus expelled without difficulty, it is true, but at the same time the exterior air is freely admitted into the cavity of the thorax, and pleurisy or pneumonia may be the consequence.

"I should for my part much prefer surrounding the wound at some distance with deep incisions, as in the case of fractured ribs. The air effused in the cellular structures adjacent to the injury, would escape with ease through the gaping orifices thus artificially created, and further infiltration would be obviated. The precept of establishing parallelism between the inner and outer apertures of the wound of the walls of the chest, is one which, in my opinion, is applicable in extreme cases only.

"Let us suppose that the progress of the effusion of air has been checked; it would now be necessary to cause the dispersion of the emphysema, but the infiltration is promptly absorbed by the unaided efforts of Nature. If, however, respiration is impeded, scarification of the more distended parts of the skin is appropriate. When the dyspnœa is excessive, cupping is beneficial. Larrey remarks that the copious escape of air causes the cupping-glass to fall off rapidly. This will not occur when the elastic suction-bottle, with valves, is used for the exhaustion of the air; with this appliance the operation is more efficacious and more easily performed."

Efficacy of Flowers of Sulphur in Rheumatism of the Tendons.— Dr. Renard relates in the *Union Médicale* that having resorted, without success, to many forms of treatment for the relief of rheumatism of the tendons of the leg, he was at last indebted for his cure to the accidental perusal of a passage he met with in the *Medical Times*. "Persons suffering from rheumatism in the legs," said the writer, "will find prompt relief by inserting flowers of sulphur in their stockings." The remedy was of so simple and inexpensive a nature, that Dr. Renard adopted the suggestion without delay. The flowers of sulphur used were those commonly supplied by the trade.

The effects of the measure were most satisfactory. In the course of forty-eight hours, the pain subsided, and a slight return having been felt after a few days in the sole of the foot, the same remedy was resorted to with immediate benefit.

Since the year 1857, the date of this occurrence, Dr. Renard has experienced every year at the beginning of the winter, pain in the tendons of the legs, heels, or elbows. In every instance the application of sulphur removed the rheumatism, the only visible effect being a slight increase of heat and of perspiration in the affected parts.

Treatment of Bubo.—In a review of the inaugural theses recently defended at the University of Strasbourg, by several students attached to the military hospital, the *Archives de Médecine* especially notice that presented by Mr. Ballet, which contains an interesting account of Mr. Netter's practice in the treatment of bubo.

In indurated bubo, says the author, several blisters were applied in succession; if suppuration had become established, the blistered surface was dressed with the *ceratum cantharidis*, and the puriform secretion only was removed.

In the first instance, the blister immediately allays, or altogether relieves the pain, and in a few hours flexion of the thigh becomes possible. The duration of the treatment is somewhat uncertain, and varies from three to six weeks. Two or three blisters are generally required to effect a cure.

The primary effects of blisters on suppurating bubo are the same; subsequently the pus filters through the skin, or exudes from the denuded integument, and a cure follows. In other cases, a small perforation of the skin takes place, and the secretion escapes without transudation. In general the scar is quite out of proportion with the size of the aperture. The skin is seldom detached in so considerable an extent as after the application of caustics. In addition, the blisters sometimes restore vitality to the detached portions of integument. In 75 cases of suppurating bubo, the average duration of treatment was 51 days; in one instance a cure was effected only after an interval of 134 days; the most rapid recovery was obtained in a fortnight. Three or four successive blisters were required on an average. In one case as many as seven were applied, whereas in twelve others one only was necessary.

Mr. Netter institutes simultaneously the local and general measures of treatment; he never has recourse previously to any internal medication, nor has he in any instance noticed chancrous ulceration of the bubo. (*a*).

Hæmorrhage in the Palm of the Hand; Ligature of the Radial and Ulnar Arteries at the Wrist.—In case of hæmorrhage from the superficial palmar arch, surgeons are divided as to the propriety of securing at once the brachial artery, a procedure recently resorted to with entire success by Mr. Jarjavay, or of previously taking up the radial and ulnar arteries at the wrist. The *Archives Médicales Belges* publish a case supplied by Mr. Duprez, a military surgeon, which speaks in favour of the latter course.

In the month of June, 1863, a Lancer was admitted into hospital for hæmorrhage in the palm of the hand. The loss of blood was temporarily arrested by pressure, but as it recurred with obstinacy, Mr. Duprez resolved on securing the ulnar and radial arteries. The operation was accordingly performed, the wounds were closed with a metallic wire, and a simple dressing was applied.

In order to prevent too prompt a return of the circulation in the hand, Mr. Duprez had recourse to irrigation by means of a very narrow siphon, one extremity of which was immersed in cold water. The heat and congestion of the palm of the hand having much subsided in the course of thirty-eight hours, this treatment was discontinued. On the seventh day the ligature of the radial fell off, and the thread was detached from the ulnar artery on the twelfth. A complete cure was effected in the course of three weeks.

Treatment of Club-foot in Infancy.—In its impression of October 15th, the *Revue de Thérapeutique* relates the case of a child of twelve months in whom Mr. Beuclard, physician of the infant asylum at Villefranche, (Yonne), succeeded in effecting a rapid cure of *talipes varus*, by securing the feet to each other in a very simple manner.

The child wore little wooden shoes, with leather anklets laced in front. Mr. Beuclard nailed a sheet of zinc beneath one shoe, and fastened it to the sole of the other with wire hooks; the ankles were joined to each other with a common linen roller. When this apparatus was removed after a fortnight the feet preserved a normal direction for a considerable time. The treatment was persevered in for six weeks, at the expiration of which the desired result was found to have been attained.

The deformity, says Mr. Beuclard, frequently proves more obstinate, and after the removal of the dressing the foot is not entirely straightened. In this case a more or less thick

---

(*a*). In Mr. Alph. Guérin's clinical lectures at the hospital of Lourcine, recorded two years ago in this Journal, (Art. 6031) the good effects of this method were prominently brought forward. We reproduce the Professor's remarks on the subject:

"Mr Guérin describes three kinds of bubo: 1. The inflammatory; 2. The virulent, which secretes inoculable matter; 3. The hard glandular enlargements coincident with indurated chancre, and situated not in the inguinal fold only, but in the neck, the axilla, &c. With regard to treatment, Mr. Alph. Guérin recommends, especially in the second form, even when suppuration is present and fluctuation distinct, and the abscess seems on the eve of bursting, the application of several blisters in succession. In most cases, says he, this method causes the reabsorption of the contents of the tumour, and we must acknowledge that in the numerous visits we paid to his wards, containing upwards of ninety beds, we did not meet with a single instance of ulcerated bubo."—*Journal of Practical Medicine*, Engl. Edit. fourth year, p. 266.

cushion should be placed between the shoes, the malleoli being at the same time kept in close apposition to each other. The same procedure is applicable to *talipes valgus*, but here, instead of bringing the malleoli together they must be kept asunder by the interposition of a sufficiently thick pad. When one foot only is deformed, a natural support is supplied by the other, but the result although equally certain in the end, is more difficult of attainment. In these cases the sheet of zinc should be more firmly secured by means of a screw.

The Medical Circular.

ORIGINAL COMMUNICATIONS.

CASE OF FIBROUS POLYPUS OF THE UTERUS, WITH REMARKS ON OUR MEANS OF EXTIRPATING SUCH BODIES.

By Charles G. Ritchie, M.D., &c.,

Late Resident Physician to the Royal Hospital for Sick Children, Edinburgh.

Jan. 9, 1863.—Mrs. Hart, ætat. forty-eight, was pregnant for the last time six years ago; during the next three years she menstruated regularly, but after that the catamenia showed themselves at longer intervals, and finally disappeared. At this time the patient's general health was tolerably good; at first she imagined that she was again pregnant, and asserted that she felt the movements of the child at each monthly period.

Last May severe down-bearing pains came on; they are described by the patient as having been similar in character, and almost equal in intensity, to those of labour, and they were accompanied by profuse hæmorrhage, which, however, ceased spontaneously after some days. Since then the hæmorrhage has returned at every monthly period, being of longer duration each time, so that now it is constant. The discharge is described as being a mixture of "the white and the red," but having no fetid smell. The present attack began six weeks ago, and according to the patient's statement has weakened her much. She has used astringent injections of various descriptions, but is now in a most despondent condition, under the belief that her disease is of a cancerous nature.

On examination, skin pale and cool; pulse 84, very compressible; anæmic murmur audible in neck on both sides; abdomen large; parietes flaccid and deeply scarred; (lineæ albicantes) no tumour to be found above the pubes; the vagina is occupied by a hard, round, slightly nodulated body of the size of a small orange; this tumour is somewhat moveable, and is found to be attached to the posterior wall of the cervix about half an inch from the os, the attaching pedicle being apparently about three-quarters of an inch in diameter. The sound shows little alteration in the length of the uterine cavity. A sponge soaked in Tinct. Ferri Muriat. was introduced, and left in apposition with the tumour, and the patient was ordered to be kept cool.

10th.—Patient has bled but little during the night. She was put under the influence of chloroform, and the tumour having been brought within reach by a pair of hook-forceps, the pedicle was grasped by two fingers of the left hand. The chain of the écraseur was then slipped over the growth and carefully adjusted around its stalk. The instrument was tightened, and in a few seconds the section was completed without the loss of a single drop of blood. In the evening patient expressed herself as quite well, with the exception of a slight headache; she has lost no blood whatever since the operation.

11th.—Patient slept well; no bleeding; ordered full diet and wine.

13th.—Patient up, attending to her household duties. Ordered iron.

19th.—Patient expresses herself as feeling better than she has done for years. Is looking much stronger.

July 2nd.—To-day I saw patient who now looks a strong, healthy woman. She informs me that she has not menstruated nor otherwise lost a drop of blood since the removal of the tumour.

There is perhaps no case in Gynæcological Surgery where an operation yields a more immediate and manifest relief to the patient than the excision of uterine polypi. In former days when, from fear of hæmorrhage, such cases were treated by the ligature, the proceedings were formidable both to the operator and to the patient. No small difficulty was experienced in getting the ligature round the pedicle, and when at last that was accomplished by means of some ingenious instrument such as that of Dr. Gooch, the patient was condemned to days or even weeks of confinement, until the tumour rotted off. During all this weary imprisonment, and especially towards its close, she was a nuisance to herself and her friends, by the fetid discharges which the most rigorous cleanlinesss could not prevent being offensive. She had to submit daily to a vaginal examination, in order that the medical attendant might assure himself that the ligature had not slipped. Nor could she console herself with the thought that her life was out of danger, for according to Dr. Lee's statistics, nearly half of those operated upon by the ligature died. (*a*)

At the present day, almost every one allows that, while there may be one or two isolated cases of fibrous polypus of the uterus, which may be appropriately treated by the ligature or by torsion, the great majority of them are best removed by excision.

There are various methods of performing the excision operation, each of which has its advocate.

1. *With Curved Scissors* (Siebold's).—This is, perhaps, the simplest operation in cases where the polypus is small and attached near the os. If the pedicle spring from the posterior lip, the patient is placed on her back or left side, two fingers of the left hand fix the tumour and act as a guide for the scissors, which are introduced with the concavity directed forwards. If the attachment, however, be to the anterior lip, it will be found convenient to have the patient on her right side or on her hands and knees, unless the operator be ambi-dexterous. The advantage of this method is that it is simple and speedy, the hæmorrhage is rarely considerable, and if it become at all alarming, may readily be stopped by the application of a solution of muriate of iron in glycerine. One objection to it is, that it is often by no means easy to reach the pedicle. To effect this a great number of instruments have been invented, that most commonly used being the hook-forceps of Museux.

If they be employed, care must be taken that the hooks are not too sharp nor too much bent, otherwise the operator may find that in introducing and withdrawing them he is able to save the vagina from laceration only by the sacrifice of his own fingers. The ordinary Pince à crémaillière may be submitted for Museux's hooks, and if the polypus be very large, Smellie's short midwifery forceps is the best instrument which could be used for the purpose.

2. *By the Polyptome* of Simpson.—This instrument somewhat resembles the obstetrical sharp hook; its convex border is, however, considerably thicker. In the hands of its inventor it has been eminently successful. Dr. Simpson states that in some cases he had finished the operation before the patient was aware that she was undergoing more than a common vaginal examination. Theoretically speaking, it must always cut obliquely, and must be useless where the polypus is attached near the fundus unless inversio uteri have occurred.

3. *By Ecrasement Linéaire.*—This operation is applicable to almost all forms of fibroid polypus. Its great advantage is that no cutting instrument has to be introduced into the vagina. The chain is carefully and precisely adjusted, and there need be no haste, because, be the patient ever so restless, she cannot wound herself. Of course, after the instrument is once adjusted, all difficulty is over. The fingers are withdrawn, the uterus, tumour, and chain slip away up into the pelvis, but we may go on quietly taking in the links, knowing that the pedicle, and nothing but the pedicle will be cut. Then, again, the operation need not cause the loss of a single drop of blood; it is true, that in simply cutting through the pedicle, the hæmorrhage is usually trifling, but we must remember that the loss of a very small quantity of blood is a grave matter to a patient exhausted by long-continued leucorrhœal and sanguineous discharge.

4. *By Galvano-caustic.*—In this operation, a wire brought tightly round the pedicle is heated to redness by means of a strong battery. The vagina must be most carefully screened from the heat by means of a wooden or horn speculum. The apparatus required is cumbersome and expensive, and three or four intelligent assistants are necessary. Of course the operation is only possible when the tumour is small enough to allow its being surrounded by a speculum, and low enough to permit its pedicle to come well into view. I am not aware that the method has any counterbalancing advantages; it is, however, strongly recommended by Professor Braun, of Vienna.

2 Hertford street, May Fair, W.

(*a*) On Ovarian and Uterine Disease, 1853; Report iii., pp. 173, 227. West on Diseases of Women, 2nd edition, p. 326.

Cambridge University, Dec. 1st.—At the Second M.B. Examination the following gentlemen were examined and approved:—Walter Balls, B.A.; George William Seward, M.A.

University College Hospital.—John Hilbert, Esq., of Brawick Hall, has given a further donation of 100*l.* to the University College Hospital, which makes 1,000*l.* altogether given by that gentleman to the institution.

The Removal of Bethlehem.—One of the chief subjects of the inquiry now going on by the Commissioners of Charities will be the desirability of the removal of Bethlehem Hospital.

Rheumatism in Paris.—The medical returns in Paris for the month of October show an extraordinary increase of rheumatism. The hospitals are full of patients suffering from what a few years ago was called an English disease.

THE MEDICAL CIRCULAR.

WEDNESDAY, DECEMBER 9, 1863.

THE CASE OF SYMM *v.* FRASER AND ANDREWS.

The late case tried in the Court of Queen's Bench is unparalleled for meanness, falsehood, malignity, ingratitude, and injustice. One of the common, we might almost say every-day, occurrences of Medical life has been tortured by a morbid and perverted ingenuity into a *primâ facie* case of ill-treatment, and two most respectable members of our Profession have been compelled, for five days, and at an enormous expense, to defend themselves against an accusation which has not the most remote shadow of foundation. How such an action could have ever been brought is one of the mysteries of Law which we can hardly presume to unravel, and how it was allowed to come to a termination in the ordinary course, and was not indignantly scouted out of court, is a matter equally beyond our comprehension. We find respectable members of the Medical Profession, acting in the onerous, responsible, and ill-paid duties of their calling, subjected to every species of abuse and insult, while not one word is uttered against the morality of the Bar, which absorbs hundreds and hundreds of pounds in an attempt to support a trumpery charge which, if unsustained, would entail utter ruin on the instigator of the suit. If we are correctly informed, the plaintiff, Mrs. Symm, is a person possessed of some small property, nearly the whole, if not the entire of which, will be swallowed up by the enormous costs of the present action, and she herself and her poor imbecile brother will probably be left for the rest of their days to the contemptuous pity of the charitable or the cold hospitality of the parish workhouse.

The defendants, on the other hand, are gentlemen of high respectability, and one of them, at least, is a person of some substance; and we have not the slightest doubt that, before the action was brought, this latter fact was carefully ascertained. We can imagine some fellows prowling about the neighbourhood of Oakley Square, watching the appearance of the houses inhabited by Drs. Fraser and Andrews, observing the character of the furniture, the aspect of the visitors, the style of the equipages, and other important particulars. Inquiries would also probably be instituted in the vicinity as to the pecuniary transactions of the gentlemen in question with their tradesmen, and the City records (kept in some well-known quarters for the purpose), would perhaps, be diligently searched in order to discover whether either or both of them had ever failed in business, or had had an execution in his house, or had assigned his property for the benefit of his creditors, or in any other way had exhibited an embarrassment in his circumstances. If any such discoveries had been made, Drs. Fraser and Andrews would probably have been safe, for no actions of the kind we now allude to are brought against persons of doubtful respectability, or those who have been bankrupts, or are likely to become so.

That the law has anything to do with such matters as those to which we now hypothetically refer, is impossible, for the law is an honourable profession, like our own; and the gentlemen engaged on the side of the plaintiff in the present instance are too well known as being "all honourable men" to allow us to believe that they engaged in such an action as Symm *v.* Fraser and Andrews, without believing that their case was a good one, and that they were acting in the interests of public justice. The plaintiff's attorney was Mr. Edward Lewis, of Marlborough street, and her counsel were Mr. Montague Chambers, Q.C., Mr. Huddleston, Q.C., and Mr. Prentice. The declaration, as it is called, or the statement of the grievances for which a plaintiff requires redress, is as follows, and we quote it entire:—

> The declaration alleged that the defendants and divers other persons, as their servants and by their command, entered the plaintiff's dwelling-house, 5 Oakley-street, Camden-town, and made a great disturbance therein, and stayed therein for a long time, and assaulted and beat the plaintiff and imprisoned her, and put her under bodily restraint under the false and unfounded pretence that she was a person of unsound mind, incapable of taking care of herself, and unfit to be at liberty, and kept and continued her so imprisoned for a long time, and prevented her friends from having access to her, and kept her without proper food and sustenance, and forced her to take and swallow noxious drugs and compounds, and thereby injured and impaired her health.

Now, using the mildest language, but at the same time, being acquainted with the evidence given at the trial, we have no hesitation in saying that this declaration was proved by the defence to consist of a tissue of downright falsehoods from beginning to end, and hardly a fraction of it was supported even by the plaintiff's own witnesses. But as the four legal gentlemen engaged for the plaintiff were of course made aware of the nature of their own case, we are compelled to believe that some evidence on which they relied was absent when it ought to have been forthcoming, or that they were egregiously deceived by some person or persons in the background.

The 'Lancet' indeed seems to intimate that there are some such persons behind the scenes, who are the incitors of this and similar persecutions, and the 'Medical Times and Gazette,' which appears to know more about the origin of the action than it thinks prudent to divulge, expresses something like a similar opinion; and we only echo the sentiments of these and other Journals, and of every honest man in the British dominions, when we express a fervent hope that some energetic means will be taken to bring such persons to justice, and expose them to universal contempt and abhorr e 1.

> "Oh Heaven! that such companions shou'dst unfold,
> And put in every honest hand a whip
> To lash the rascals naked through the world!"

We read occasionally in the Medical journals letters from practitioners warning their brethren against thieves who come to their houses, and under pretence of consulting them, walk away with cases of instruments, spoons or umbrellas, or any other matters which may lie in their way: but how infinitely more important is it for the Profession to guard against, and if possible to detect, and bring to justice a set of scoundrels who are hunting up actions against Medical men, on trumpery grounds, or no grounds at all, and thus spreading dismay through hundreds of households. How do we know at the present moment how many actions are threatened, how many writs have been issued, how many trials are pending, upon matters as trumpery and as mendacious as those involved in the case of Symm *v.* Fraser and Andrews? The mere threat of such an action is enough to cause many timid men to compromise, and indeed this is the cheapest plan; while those who resist, are inevitably saddled, even if they gain the suit, with heavy costs, for the ultimate recovery of which the law affords no security whatever.

We think that Mr. Edward Lewis, of Marlborough street, Mr. Montague Chambers, Mr. Huddleston, and Mr. Prentice, owe it as a duty to their own characters, to the Medical Profession who are justly indignant at the late trial, and to the community at large, who in this case are indignant also, to

explain the circumstances under which they have been so egregiously deceived, and to endeavour, as far as lies in their power, to assist the Medical Profession in unmasking the villains, whose existence is suspected but hitherto unproved. In ancient Rome, there was a class of persons called *delators*, who plied an infamous trade in bringing malicious actions, and unless we are greatly mistaken, there is a law still extant in England which provides for the punishment of such offenders.

When poor Mrs. Symm, in her sober hours of reflection, comes to balance the obligations under which she lies respectively to the Medical and the Legal professions, we have little doubt that her conclusion will be in favour of the former. Two Medical gentlemen saved her from destroying herself, and restored her from sickness to health for a sum of about 5*l.* 10*s.*, while her law expenses, incurred in a hopeless action, will amount to somewhere about fifteen hundred to two thousand pounds, the payment of which, as we have before hinted, will perhaps reduce her to beggary. The four honourable and learned gentlemen who acted as her legal advisers, will, no doubt, deeply deplore the consequences of the action, into which they have been drawn by their kindness of heart and their zeal for the afflicted widow, and we should not wonder if they generously returned her their fees to help her in paying the costs of the defence.

At present we have only to add that, as Drs. Fraser and Andrews have merely gained a costly victory, which gives them nothing and involves them in enormous outlay, the Profession will, of course, come forward to testify their respect for their characters, and to contribute towards the payment of their expenses. We think, indeed, that much more ought to be attempted, and that an effort should now be made to ascertain what position a Medical man really holds when called upon to act on sudden emergencies in cases involving questions of unsoundness of mind. It is quite right that Drs. Fraser and Andrews should come clear out of their present annoyance; but how can we tell who may be the next victim? The transaction out of which the late action arose, occurred in December, 1861, and the plaintiff suddenly brought the action in the spring of 1863; and who shall say that some other such action may not be impending, like the sword of Damocles, over any one of us?

We shall be happy to receive subscriptions at the office of this Journal towards the fund now being raised, and we have no doubt that the contributions will be liberal and universal.

SUMMARY OF THE WEEK.

THE CONCLUSION OF DR. LINGEN'S CASE.

Our readers will no doubt feel interested in learning the conclusion of the case of Dr. Lingen, of Hereford, who was subjected some months ago to a frivolous, vexatious, and expensive action, but one which falls into utter insignificance before the gigantic infamy of the case of Symm *v.* Fraser and Andrews. The action against Dr. Lingen was commenced about September, 1862, and after repeated delays and consequent expenses, was brought to trial and resulted in a verdict in his favour. An application was then made for a new trial, but was refused. Dr. Lingen, having been *successful* in the cause, found himself liable to upwards of 350*l.* law expenses, which were in due time applied for from the plaintiff's solicitor, but the answer, as may be anticipated was that there was "no effects," and the only remedy was to put the plaintiff into prison. Dr. Lingen, of course, declined to take such a step, and he is liable to the payment of the sum above-mentioned. Our readers, and the friends of Dr. Lingen in general, will be gratified to learn that at a meeting of his Committee held last week it was found that the contributions to the Lingen Fund were amply sufficient to defray the legal expenses, and to leave a balance which is to be devoted to the purchase of a piece of plate as a testimonial of respect and esteem for Dr. Lingen's character, and of sympathy with him under the persecution he has endured.

THE AERATED BREAD COMPANY.

The directors of the Aërated Bread Company have just published their half-yearly report, from which it appears that the affairs are in a very prosperous condition, and that a considerable dividend is payable to the shareholders. The process of manufacturing this bread is by pumping into the dough a concentrated solution of brine containing an excess of carbonic acid, and then immediately transferring the loaves to the baking tins. By this method the ordinary fermentation of the bread is entirely superseded, and the sugar it contains is preserved, instead of being converted into alcohol and carbonic acid, as in the ordinary process. Thus the bread is baked and the loaves turned out complete in a very short time, and while the full amount of nutritious matter is retained, the taste is light and agreeable. A still more important improvement is effected in the abolition of night work and the consequent immunity of the operatives from the inconveniences and the attendant maladies to which bakers are generally exposed.

THE CHEMICAL AND PHYSIOLOGICAL PROPERTIES OF ACONITE AND ACONITINA.

It will be recollected that in noticing the late case of suicide by tincture of aconite, we expressed our doubts whether so small a quantity as the fiftieth of a grain of aconitina would prove poisonous to an adult human being, and also whether the presence of the alkaloid could chemically be detected in a small quantity of the tincture of aconite. The views which we controverted were represented in the 'Times' as having been advanced by Dr. Puckle, the Medical witness at the inquest. This gentleman has very recently, and somewhat late in the day, written to one of our contemporaries, stating that his evidence was incorrectly reported, and that in fact he entertained the opinions usually received on the subject. He states that he represented the fatal dose of aconitina as about one-tenth of a grain, and that he considered the best test of aconite to be the physiological one of producing numbness and tingling of the tongue. It will thus be perceived that our information on the subject was correct in every particular, and that a good chemical test for aconitina still remains to be discovered.

REINFORCEMENTS FOR JAPAN.—A reinforcement of about 600 men for land service in Japan is about to embark, with the following efficient medical staff:—Surgeon Knox Ord, M.D., F.L.S., R.N., Sir Gilbert Blane's Gold Medallist; Assistant-Surgeon Angus Robertson, Haslar Hospital; and Assistant-Surgeon Gabriel M. Egles, H.M.S. "Impregnable."

LONDON HOSPITAL.—A quarterly general court of the governors of this hospital was held on Wednesday; Mr. Thomas Fowell Buxton in the chair. The report stated that the hospital was at the present time 5,000*l.* in debt to their bankers.

ASSOCIATION IN AID OF THE DEAF AND DUMB, 309 REGENT STREET.—A very interesting *soirée* was given on Monday evening in aid of this benevolent association, and to aid in erecting a church, which was attended by about 400 persons, a large portion of whom were affected by these great privations. The chair was taken by Harvey Lewis, Esq., M.P., and the following resolution was agreed to:—"That, considering the last census shows the existence of 1,807 deaf and dumb persons in London, and that for these there is no proper place of worship adapted to their requirements, this meeting solicits the benevolent to support the committee of the association in their endeavour to provide one with read ingrooms especially as only 1,350*l.* more was required."

REVIEW OF THE PERIODICALS.

The 'Lancet.'

Dr. Hughes Bennett continues his Lectures on "Molecular Physiology, Pathology and Therapeutics," the present lecture being on the subject of "Morbid Degenerations of Texture." These degenerations may be albuminous, fatty, pigmentary, and mineral, and these different varieties are described and illustrated by diagrams. They are all regarded by Dr. Bennett as forms of the retrograde metamorphosis of the tissues, brought about by the deposition and aggregation of molecules, and having no necessary connexion with the production of cells or any other elementary kind of tissue. These views, although well described and illustrated, are not new. Dr. Leared continues his papers "On the Treatment of Phthisis, by the Hot Air Bath," and adduces two more cases in favour of that mode of treatment. He admits that his cases are too few in number at present, to form the basis of any theory on the subject, but he considers his results to be quite satisfactory up to the present time, and he concludes his paper by the remark that if he himself were affected with phthisis, he would give the Hot Air Bath the fullest trial. Mr. Jesse Leach, a certifying surgeon under the Factories' Act, contributes a paper on "Surat Cotton, as it Bodily affects Operatives in Cotton Mills." He describes the dust given off from the cotton in the cotton mills, and the various affections caused by its presence to the operatives. These affections are serious diseases of the respiratory organs, and diseases of the skin.

The 'Medical Times and Gazette.'

Professor Huxley continues his lecture "On the Vertebrate Skull," and he now describes the skulls of many of the mammalia, as the horse, the sheep, the pig, the rhinoceros, and many others. Dr. R. D. Thomson continues his papers entitled "Chemical Aids to the Medical Practitioner," his present subject being "Blood," the constituents of which he describes, together with their chemical characters, and their relative proportions. Mr. Robert B. Carter relates an interesting case of "Intra-ocular Encephaloma extirpated without Return." The patient was a boy, aged four, who was blind of one eye, in which the existence of a nodulated mass, of a primrose yellow colour, and uniform appearance, was detected. The description of the appearances observed is not very clear, as the mass is said to have occupied the pupillary space *behind the lens*, the meaning probably being that the morbid growth was seen behind the lens *through* the pupillary space. Mr. Carter extirpated the eye, and on examination a tumour was found of about the size of a hazel nut in the vitreous humour. The nature of the tumour was rather doubtful, and at first sight resembled encephaloid, containing several distinct gritty calcareous particles. The disease had not returned in ten months after the operation. Dr. Carl Heine concludes his paper "On Infantile Paralysis, considering chiefly the Anatomical Lesions which give rise to this condition, and the treatment to be adopted." The post-mortem appearances have been very seldom observed or recorded, because, as is well-known, the disease is not generally fatal. Dr. Heine relates a few cases, from which it appears that the lesions are the same in nature as in cases of the paralysis of adults, namely, disease of the spinal cord or brain. The treatment must be directed on the same principle as in adults, but the deformities of the extremities must be remedied by orthopædic measures.

The Scottish Hospital.—The 199th anniversary of this hospital was celebrated by a banquet at the Freemason's Tavern on Monday night, the occasion being St. Andrew's Day. The chair was taken by Lord Palmerston, who, upon entering the room, was received with several rounds of cheers. His lordship was preceded by the pipers of the Highland Society and the Duke of Argyll, and was accompanied by the committee. 1,200*l.* was collected.

REVIEW OF BOOKS.

Skin Diseases of Parasitic Origin; their Nature and Treatment, including the description and relations of the Fungi found in Man. By W. Tilbury Fox, M.D. London University Medical Scholar, pp. 210. London: Robert Hardwicke, 1863.

If the shades of Willan and Bateman could revisit the earth, they would stare with astonishment at the havoc made with their nomenclature by the progress of microscopical science and the study of cryptogamic vegetation. Not only is the interior of the body the occasional, and, indeed, the frequent seat of parasitic animals, visible and invisible to the naked eye, and living upon the internal juices, not only is the external covering sometimes the chosen residence of the itch insect, but myriads of fungi of a very low degree of organisation, though recognised and discriminated by the mycologist, cluster upon the skin, find upon it a congenial soil for their growth, development, and increase, and give rise to a host of diseases utterly different in appearance to the unassisted vision, and agreeing only in their botanical character, and their power of extensive propagation. The investigation of the forms and varieties of the parasitic fungi is by no means a barren philosophical speculation, but is fertile in pathological and therapeutical results, and it enables the practitioner not merely to arrange the diseases to which they give rise, in a new and more methodical order, but also to direct with greater precision and success than has been hitherto attainable, the treatment to be adopted for the extirpation of these minute but troublesome forms of vegetable life.

In setting forth the various kinds of disease caused by the presence of cryptogamic vegetations on the skin, Dr. Tilbury Fox employs the old word Tinea (the *Teigne* of the French), as the generic term for these growths, and he comprehends a number of diseases heretofore ranked under several distinct heads in dermatological nosology. Thus Tinea favosa is the Porrigo upinosa of Willan the scall-head or honeycomb scall; Tinea tonsurans is the Porrigo scutulata of Willan and Bateman, or ring-worn of the scalp; Tinea circinata is the old ring-worm, or Herpes circinatus; Tinea sycosis is the sycosis menti or mentagra; Tinea decalvans is the Porrigo decalvans of Willan, and the Alopecia of later writers; Tinea versicolor is the Pityriasis versicolor or Chloasma; Tinea polonica is the old Plica polonica, and Tinea tarsi is our familia Ophthalmia tarsi or Psoroph thalmia. All these forms of Tinea are essentially connected with the existence of some cryptogamic growth; but the skin is not the only surface which affords a pabulum for these fungi which are also found in the mucous membranes, in tuberculous cavities and in the urine.

Dr. Tilbury Fox described with great care the diagnostic characters of the different fungi, the structure of which is further illustrated by a series of well-executed plates, accompanied by explanatory references. Among those which are found upon the external surface, and give rise, among other affections, to the different forms of Tinea just alluded to, are many with names difficult enough to frighten the botanist, even in these days of minute subdivisions of classification, such as Achorion Schönleinii, Trichophyton tonsurans, Microsporon audouini, Puccinia, Chionyphe, &c. Those which inhabit the mucous surfaces are better known, and therefore of less interest, such as Torula, or the yeast plant, the Sarcina of Goodsir, the oïdium albicans, the leptothrix, the leptomitus, &c.

The relationship of the fungi to one another, and their identity or non-identity in different forms of skin disease are subjects discussed at great length, and with very great profundity, and they are illustrated by reference to established authorities, as well as to clinical and microscopical observation; but our limits prevent us from following Dr. Tilbury Fox into these inquiries, and we must hasten to offer a few remarks upon the general treatment of these parasitical affections.

As parasitic disease is a complex term, involving the idea, 1. of a diathesis or soil, 2. the growing parasite itself, and 3. the lesions, such as disease of hairs and epithelium which supervene, the treatment must therefore be directed towards the alteration of the soil, the destruction of the fungus so as to prevent further mischief, and the promotion of the re-growth of the hair, or the healthy renovation of the cuticle. The first object is to be accomplished by the adoption of all those measures which improve the general health, and thus alter the diathesis or soil, which is an indispensable condition for the growth of the fungus; the second object is by local treatment to destroy the fungus itself, and this may be done by removal of the hair (epilation), the use of parasiticides (among the best of which are bichloride of mercury and carbolic acid), shaving, and the use of soothing agencies, such as poultices, oleaginous, applications, opiates, and the solution of lead. Cod-liver oil, iron, and arsenic, without being specifics in the diseases now under consideration, are exceedingly important remedies in improving the general health, and thus fortifying the system against the growth of the parasites.

Such is a very brief and imperfect sketch of the subjects discussed in Dr. Tilbury Fox's valuable work, which we cordially recommend

to the notice of the Profession as a valuable contribution to Dermatology.

The Second Medical Report of the Hospital for Consumption and Diseases of the Chest, presented to the Committee of Management by the Physicians of the Institution. Pp. 56. London: Churchill and Sons. 1863.

The great advantage of a large hospital for a special disease is that it affords materials for the collection of trustworthy statistics on many points which can only be determined by the numerical method. Such establishments might also, perhaps, be made the means of establishing some solid data as to the therapeutical management of a given class of cases, but this object is not even attempted in the Report now before us, as it is expressly stated in the preface that the subject of treatment has been intentionally omitted, as it was thought better to leave it in the hands of individual members of the staff. The observations extend over a period of thirteen years, from the year 1849 to the end of 1862, and the statistics are entirely derived from in-patients. We may mention that the cases admitted are not merely those of phthisis, but that they include many other diseases of the chest, and perhaps occasionally other complaints. The present tables have been compiled by Dr. W. H. Stone, who has executed his laborious and somewhat ungrateful task in a very satisfactory manner.

Asthma, Consumption, and Bronchitis treated by the Water Cure and Air-Bath. By William Macleod, M.D., F.R.C.P. Edin., Senior Physician to Ben Rhydding. Pp. 36. London: Hardwicke. 1863.

This is the second edition of Dr. Macleod's pamphlet, in which he advocates the treatment mentioned in the title-page, and we presume carries it out successfully in the establishment under his Medical superintendence. Dr. Macleod does not trust exclusively, however, to water and compressed air, but avails himself also of those general therapeutical and dietary measures which experience has sanctioned.

On the Treatment of Syphilis and other Diseases without Mercury, being a Collection of Evidence to prove that Mercury is a Cause of Disease, not a Remedy By Charles R. Drysdale, M.D., M.R.C.P.L, Physician to the Farringdon Dispensary. Pp. 133. London: Baillière. 1863.

In this pamphlet, Dr. Drysdale raises a very important point for discussion, the question being, in fact, not whether the use of mercury ought to be restricted to certain cases, but whether its employment should not be discontinued altogether, as likely to cause disease instead of curing it. Those who recollect the practice of some surgeons and physicians of the last generation will probably admit that the administration of this metal was carried to too great an extent, and many (ourselves among the number), have seen cases recover entirely without mercury from diseases in which its use was once considered indispensable. The great array of evidence brought forward by Dr. Drysdale must command attention, although many of his facts and conclusions are already generally known; but we cannot altogether acquit him of overstating his case on the one hand, and drawing rather too hasty inferences on the other. He enumerates many diseases as being unsuited to mercurial treatment, although no one, in the present day at least, thinks of treating them with that drug; he denounces the use of it in inflammatory diseases, in which its efficacy is certainly problematical; and he altogether condemns its use in syphilitic diseases, a point on which modern surgeons held opposite opinions. As we have very recently given an abstract of Dr. Drysdale's views in a paper on the same subject read to the Harveian Society, we leave the present pamphlet with a general commendation of the industry and zeal of the author.

GENERAL CORRESPONDENCE.

THE TREATMENT OF INFANTILE SYPHILIS.

To the Editor of the Medical Circular.

SIR,—You report Dr. Drysdale, in your number of this week, thus—"With regard to infantile syphilis:" "1st. That he believed this condition of infants was frequently caused by the poisoning of the parents with mercurio-syphilitic disease; and 2nd. That infantile syphilis was far more successfully treated without mercury than with it, as shown recently by Mr. Allingham and himself."

Last summer, an infant, five months old, was brought to me covered with secondary syphilitic eruption, with a discharge from both ears and nose, of a very fetid description and in a most emaciated condition. The child had been born of a very healthy constitution, and continued so until a neighbouring practitioner vaccinated her, when some six weeks after a slight rash appeared, which got worse; then deep excavated ulcers showed on nates and thighs, which were followed by a stinking discharge from both ears and nose. There was also a slight ulceration of the nasal cartilages and an opacity of the cornea of one eye. The Medical man who vaccinated her was applied to; he stated that in unhealthy (scrofulous?) children, such an occurrence was not rare, and that a little cooling medicine would soon put her right. However, as the cooling medicine, taken for some weeks, did not put her right, the child was brought to me.

My treatment consisted of 2 grs. of grey powder thrice a day for three weeks. Rash nearly all disappeared; deep ulcers of nates and thighs filling up; the discharges not nearly so fetid. To continue hyd. c. creta. every night only, and to take thrice daily pot. iodid. gr. j. in fluid ext. of sarsa f. ʒss. The child continued to improve under this treatment until she got well, but never to this day, two years after contracting the disease, has she put on that healthy appearance that she had previously.

What can Dr. Drysdale say to this. 1st. The child was not affected by mercurio-syphilitic parents, for they are country labourers and very healthy. 2nd. The secondaries, of a most fearful description in so young a child, were eradicated by mercury! I am, &c., W. ALLEN JONES.

Fosby Bewdley, Dec. 3rd, 1863.

POOR-LAW MEDICAL REFORM.

To the Editor of the Medical Circular.

Sir,—Some months have elapsed since I troubled you with any communication relative to the grievances of the Poor-law Medical Officers and those of the poor entrusted to their care, and I fully intended to wait patiently until the meeting of the Select Committee on poor relief next session, when I hoped and still trust the subject will be considered by them, but the recent illness of my son, Dr. Griffin, of Southampton, who has lately become a Poor-law Medical Officer in consequence of his having entered into partnership with a gentleman, since dead, who held a Poor-law appointment, induces me to request the favour of your allowing me space to lay before my professional brethren the heartless conduct of Poor-law Guardians, in their corporate capacity, not only in reference to the Medical Officer but also to the poor. In order that your readers may understand the circumstances I will premise that my son after attending 170 cases of scarlet fever at length succumbed to that disease, and was and still is incapable of attending to his duties. As soon as he was able to hold a pen he wrote a letter, requesting to be allowed to have a substitute, to the Board of Guardians, who, in reply, passed a resolution by a majority of two "that if Dr. Griffin is dissatisfied with the terms on which he holds his appointment of District Medical Officer, he be requested to tender his resignation of the same." This resolution proves that unless Parliament interfere by some stringent regulations, the monstrous cruelty to the poor and their Medical Officers which now exists, will still continue unredressed.

I am, &c., RICHARD GRIFFIN.

12 Royal Terrace, Weymouth, 7th Dec., 1863.

[We regret our inability to insert Dr. R. W. Griffin's letter, but we fully sympathise with him in his present condition.—ED. MED. CIRCULAR.]

MEDICAL SOCIETIES.

PATHOLOGICAL SOCIETY OF LONDON.

NOV. 3RD, 1863.

MR. PRESCOTT G. HEWETT, PRESIDENT.

DR. OGLE presented the following specimens:—

I. SPINAL ARACHNITIS, THE RESULT OF DISEASE OF THE CERVICAL VERTEBRÆ AND INTERVERTEBRAL CARTILAGES, IN AN INSANE WOMAN, WHO HAD ATTEMPTED SUICIDE BY CUTTING HER THROAT.

Dr. Ogle was indebted for the history of the case to Dr. Boyd, of the Somerset Lunatic Asylum. It was that of a woman, aged fifty-two, who, in making the suicidal wound with a razor, had not only divided the larynx, but also the œsophagus, to a considerable extent. She was kept alive by nutritious injections passed through an œsophageal tube thrice a day for three weeks. During that time the wound contracted to half its original dimensions, and she went on well until two days before death, when she became delirious. No convulsion or spasm, however, occurred at any time before death; and one hour before that took place the patient was fed as usual, and answered questions rationally. After death it was found that not only had the razor divided the larynx and œsophagus, but that inflammation had been set up behind the pharynx and œsophagus, and that a carious condition of the anterior surfaces of the cervical vertebræ, and softening, with perforation, of the intervertebral cartilage had resulted, so that a probe could easily be passed through one part of an intervertebral cartilage into the spinal canal. On examining the latter, it was found that the dura mater at the upper part of the cervical region was thick and shreddy, and that the spinal arachnoid cavity throughout its whole length contained a large quantity of purulent and fibrinous material. I was also found, on examining the cranium, that the purulent fluid had

found its way upwards, and covered the arachnoid situated over one of the lobes of the cerebellum. The brain and its vessels were very congested. The spinal chord was healthy.

Dr. Ogle recalled the attention of the Society to a case somewhat analogous, which he exhibited about three or four years ago, in which a piece of bone became, in the act of swallowing, impacted in the œsophagus, set up inflammation, and eventually stricture of that tube, and also induced inflammation, softening, and perforation of an intervertebral cartilage, by which means inflammation was, as it were, conducted backwards into the spinal canal, and arachnitis and disease of the spinal cord originated.

II. CASE OF ARREST OF THE CIRCULATION IN ALL THE MAIN ARTERIAL BRANCHES OF BOTH ARMS AND LEGS; EXFOLIATION OF THE TIPS OF TWO OF THE FINGERS, FOLLOWING ULCERATION OF THE FLESHY PARTS OF ALL THE FINGERS AND LOSS OF THE NAILS.

The case was a man, aged thirty-five, who had been an out-patient at St. George's Hospital since November, 1861. Some eight or ten years previously he had had during the night a "sort of a fit," as he described it, which he thought was owing to his intemperance in drinking, during which he did not lose his senses, but experienced a darting sensation down the right side. This was followed by an affection of the sight, all objects appearing to shake about, and this sensation had continued ever since. Eight months before application as an out-patient, he became affected by giddiness, and numbness of the *left* side, and especially of the hand, which was very painful. When seen, the eyeballs were at once noticeable as oscillating, or rocking from side to side, partially rotating on their antero-posterior axis, and he was complaining of numbness of the left side of the face and of the tongue, and also of the left leg and foot. He protested that he never had syphilis, and the urine was free from albumen and sugar. Subsequently it was stated that there was always much pain during cold in the left arm and hand, and the left arm was much thinner than the opposite one. There had been no complaint of headache, spasmodic action, or vomiting. Subsequently the pulse was found wanting in all the vessels of the left arm, and the tips of the fingers of the left hand began to ulcerate. Then the pulse in the left arm was found absent, and afterwards the nails of the left fingers all died away and exfoliated. Still later, the last phalanx of the middle and little fingers of the left hand came away entirely; the ends of the fingers of the right hand also becoming painful and numb. At one time later on there was slight ptosis of the left upper eyelid, and some protrusion of the left eyeball. During the entire illness nothing wrong could be found by the stethoscope at the heart, but at one time slight hæmoptysis occurred, and the respiratory murmur was found defective at the upper part of the lungs behind. Later on, it was found that, except in the femoral arteries for about an inch below Poupart's ligament, and in "the arteria dorsalis pedis," no artery of either leg had pulsation. The great toe on both feet at one time also "festered" around the nails. When last examined, there was no pulsation in any bloodvessel of either arm, and not any in the left subclavian artery. There was slight pulsation in the right subclavian artery, and free pulsation in both carotids and temporals. There was feebler pulsation in the femorals below Poupart's ligament, but none in either popliteal space. Dr. Ogle had the patient at the Pathological Society for examination by its various members, and also exhibited a drawing of the hand, with its ulcerated finger ends, before the last phalanges came away, and also showed the phalanges which had been separated.

The PRESIDENT, in reference to the first case, said that he had seen disease as extensive as that without any symptoms whatever. Such a specimen existed in the College of Surgeons, the individual not being insane. He was not prepared to support the opinion which had been broached.

PERFORATION OF THE MEMBRANA TYMPANI.

Mr. HINTON presented this specimen, not as a rare one, from a man without history, and showing the usual form of perforation. He exhibited also an artificial membrana tympani for the purpose of demonstrating its mode of application.

TUMOURS OF THE TONGUE.

Mr.. MASON showed these from a woman who applied at King's College Hospital. They had existed since birth. Recently one of them had enlarged temporarily. It was ligatured, and then removed with the knife. He had not been able to find examples of a similar kind.

DISEASED RENAL BODIES, WITH BRONZING OF THE SKIN.

Dr. CRISP exhibited the renal capsules of a female, aged fifty-four, whose face was much bronzed, and the skin generally of a uniform dark colour, the latter appearance having existed for about three years. The patient had four or five weeks before death a feeble pulse; white, furred tongue; sickness, great debility, restlessness, and pain in the back. The abdominal organs, with the exception of the renal bodies, were sound. The right renal body weighed only 16 grs., and was composed chiefly of amorphous cells and fibrous tissue. The left weighed 1 oz. 182 grs., its normal structure being entirely replaced by fatty deposit.

Dr. GIBB, who also saw the patient, thought that the capsules were probably diseased.

Dr. WILKS doubted this being a case of Addison's disease.

Dr. CRISP believed that a great many cases described under this head of bronzed skin did not properly come under that title, and he though that a committee should be formed to analyse and report upon all the cases brought before the Society. The committee selected to make this report did not do so because it was stated "that their time of office had expired;" but two members of this committee, Dr. Wilks and Dr. Harley, had come to such opposite conclusions respecting the so-called "Addison's disease," that he (Dr. Crisp), thought the matter should be fully investigated by the Society.

EXTRA-UTERINE FŒTATION; SUCCESSFUL OPERATION.

Mr. HENRY THOMPSON presented for Mr. JOSEPH THOMPSON, of Nottingham, a preparation exhibiting various portions of a fœtus, of nearly full term, which he had removed by cystotomy. Mrs. —— sent for Mr. Joseph Thompson, at Nottingham, about twelve months ago, having the conviction that she was the subject of stone in the bladder. He sounded her, and found some hard bodies in the cavity. He examined a portion which had come away spontaneously beforehand, and found it to be part of a fœtal vertebra. He then obtained the following history. Seventeen years ago she had been confined, and seven years ago she thought herself pregnant. The symptoms continued up to the full term; everything was prepared; labour pains came on, but all gradually subsided, and she believed that she had been mistaken. The milk disappeared, and she commenced again to menstruate until nine weeks before. Mr. J. Thompson decided to operate for the removal of these matters, and made an oblique incision right and left through the urethra, enabling him to introduce his finger into the bladder and extract numerous portions of the fœtus. The arms, pelvis, legs, and parts of the skull were then drawn into the bladder from a cavity on the left, and then removed. She finally recovered without any bad symptoms, a slight incontinence of urine persisting. Mr. Thompson concluded his very interesting paper with remarks on the proceeding, and statistics relating to the subject in general.

Dr. GRAILY HEWITT believed that the operation so successfully carried out by Mr. J. Thompson in the case now recorded was quite novel, and the case was one possessed of the greatest practical importance. The rarity of occurrence of these cases rendered the question of the treatment particularly interesting. The author of the paper had, in treating the case brought before the Society, followed a principle which had received the sanction of the best authorities—viz., that of helping forward the evacuation of the fœtus in the manner which nature had begun; and in so doing had adopted a most ingenious procedure.

CONVULSIONS IN TYPHUS.

Dr. MURCHISON exhibited the kidney from a patient to show that convulsions like those in scarlet fever are not primarily from the brain, but from a diseased state of the kidneys—disease of a recent character, and depending on the fever itself. He described the symptoms, which are those of acute nephritis.

DISEASE OF THE LIVER.

Dr. MURCHISON showed also an example of limited disease of the liver. A substance was imbedded like a tumour, and isolated, in the secreting substance of the liver. On examination, it was like the rest of the liver, but with much more fatty matter in it. It was taken from a woman, aged twenty-nine, who died of enteric fever.

To be reported on by Dr. Wilks.

Nov. 17TH, 1863.

MR. HEWETT, PRESIDENT IN THE CHAIR.

AN INFANT OF DOUBTFUL GENDER.

Mr. PARTRIDGE exhibited a child of three months old, with cleft in the scrotum exactly resembling that of the labia. Each side contains a testicle and one a hernia. A small prominence exists at the top, resembling the clitoris, and a nympha on either side, while the orifice of the urethra was seen opening below.

Mr. BRODHURST believed the child was a female, and that what had been supposed to be testicles were really ovaries.

Dr. PLAYFAIR had seen it first, and gave his reasons for thinking it a male.

Mr. T. SMITH believed that it was a female.

Mr. PARTRIDGE thought that the two bodies were too large for ovaries; that they resembled to the touch testicles rather than ovaries, and that a vas deferens could be traced from each.

Mr. FERGUSSON had not seen the case but thought that doubtful cases were generally male, and alluded to two such instances.

Dr. WILKS read a report on the case of a liver referred to him for examination. It consisted of fatty and anæmic liver, and appeared to be analogous to fibrinous deposits often found in spleen and kidney.

OVARIAN TUMOUR.

Mr. T. HOLMES showed a cyst from an unsuccessful case of ovariotomy. The patient was thirty-five. The tumour advanced rapidly. It was not movable, and could not be felt from the vagina; all who had examined it thought it was adherent. She desired the operation, however, strongly. A few days before the fluctuation was limited, but just prior to the operation it was general. At the opertion there was found to be no adhesion to the viscera, but to the wall of the abdomen in front. The tumour had burst into the peritoneal cavity, causing no symptoms, and the thick fluid coated the intestines. The tumour was removed easily, except the small part adherent in front. She sank rapidly afterwards from diffuse peritonitis.

FATTY HEART.

Mr. HOLMES also exhibited this specimen, removed from a man aged sixty-nine years, who died suddenly in the ward of St. George's Hospital, and who had a large heart weighing more than fourteen ounces, which proved to be fatty to a great extent. Now this man had taken chloroform for some long time a few days before, and had shown no symptoms of syncope or danger under its influence. On the other hand, a robust, healthy man, aged thirty, inhaled chloroform for a very short period in the hospital, and died suddenly when about to be submitted to a surgical operation; and his heart showed no sign of fatty degeneration. These facts were important in relation to the subject of anæsthesia, now under the consideration of the Medical and Chirurgical Society.

Dr. WILKS agreed that of those who died under chloroform inhalation, but few had any fatty degeneration of the heart.

Mr. GAY gave the details of a case under his care, in which death took place from chloroform after the inhalation of not more than half a drachm of that fluid. At the *post-mortem* examination the structure of the heart was found to be healthy, but it was in a remarkably flaccid state. He believed death was due to palsy of the organic nervous system.

TUMOUR OF THE ILIAC FOSSA.

Mr. HOLMES showed this as a specimen of recurring fibroid, from a woman of mature age. It had grown with great rapidity during the last six months. It lay close to the peritoneum, but no mischief resulted, and the wound healed well. The sequel should be brought under the notice of the Society.

ANEURISMAL TUMOUR PRESSING ON THE VAGUS.

Dr. G. JOHNSON showed this from a man aged thirty-one years. The chief symptoms were those of laryngitis. Hs died suddenly from the bursting of the aneurism. Dr. Johnson had an excellent view of the larynx through the laryngoscope, and saw it was quite healthy. The aneurism was small, and was not in a position to afford signs. It burst into the œsophagus.

Dr. BROADBENT referred to a case in which the laryngeal symptoms instantly subsided on the patient's lying down, and which called attention to the chest, and indicated the presence of aneurism.

HARE-PIN REMOVED FROM THE MALE BLADDER.

Mr. HENRY THOMPSON showed this specimen.

Mr. DUNN related the particulars of the case in some detail, which he had witnessed from the commencement.

Mr. HOLT had been called to a case of hair-pin in the urethra in the practice of Mr. Teevan, of Kensington, and he was enabled to remove it from the canal, but one of the points of the hair-pin came through the side of the penis in the act of withdrawal, and in this case the pin did not go into the bladder at all.

Mr. BARWELL remarked as to the necessarily curious position of the pin, in the act of removal from the cavity of the bladder, when passing its neck in the manner described.

Mr. PARTRIDGE referred to a case in which a silver probe was passed into the urethra of a young man, and, from difficulty in removing it, the probe was thrust through the side of the penis, without any permanent injury resulting.

DISEASE OF THE HIP-JOINT.

Mr. BARWELL detailed the particulars of this case, in which dislocation from caries existed, and in which he showed certain peculiarities in some of the muscles surrounding the joint, resulting from the morbid condition of the bones—the psoas and pectineus, &c.; and demonstrated that muscles will adapt themselves by stretching much more readily than by shortening.

DISCHARGE FROM THE EAR.

Dr. A. CLARK showed specimens of structural transformations occurring during a discharge from the ear. A gentleman aged thirty-five had been long troubled with otorrhœa; he then irritated it severely to allay itching, and the discharge showed the following characters: first, pus was seen; then cholesteotoma; then it became wholly epithelial; next, wax and epithelium; and lastly, only healthy wax. On the application of irritation to the ear the discharge re-appeared, and the same series of transformations occurred.

TUMOUR OF THE BREAST.

Mr. BROOKE showed this from a female aged forty years. It had occupied from five to six years in forming, then ulcerated and bled freely. It had a dark, jelly-like appearance. Was it softened scirrhus, or degenerated cystic sarcoma? It had been preserved in a bottle containing an open test-tube, with liquor ammoniæ, and the colour of the specimen had been very fairly preserved.

Dr. CRISP said this plan was suggested by Dr. Richardson, and he had found it very useful.

The specimen was referred to Mr. Birkett for a report.

SINGLE KIDNEY.

Dr. JULIUS POLLOCK showed this peparation. It weighed fourteen ounces, and was supplied by one renal artery. It lay on the right side, and was not a horse-shoe kidney. There was none on the other side.

Mr. CANTON said it was necessary to be assured that there was no renal artery or other vessel belonging to the missing kidney of the other side.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, NOV. 24TH, 1863.

MR. PARTRIDGE, PRESIDENT.

SUPPOSED ABDOMINAL TUMOUR, BEING A STICK, TEN INCHES LONG, WHICH HAD BEEN INTRODUCED INTO THE BOWEL FOUR MONTHS PREVIOUSLY, PER ANUM.

BY W. OGLE, M.D. CANTAB.,

Physician to the Derbyshire Infirmary.

A lad, aged seventeen years, came under the care of Dr. Ogle, suffering from a tumour of the size of a pigeon's egg, just below the cartilages of the right ribs. It was stated to have been first perceived four months previously, when there were abdominal pain and jaundice. The nature of the "tumour," owing to the lad's reticence, was not diagnosed, but after being sixteen days in the hospital, he passed a stick from the bowels ten inches long, and it was only after much cross-questioning that he was now induced to confess that he had himself introduced it per anum. The peculiarity of the case consists partly in the moral obliquity of the youth, and partly in the fact of the stick having been introduced so high up into the bowel as to be quite across the abdomen.

Mr. PARTRIDGE said that the case would have been less remarkable had it occurred in the person of a woman. Hysterical girls were in the habit of passing substances into the rectum and vagina, and then denying all knowledge of the manner in which they had been introduced. He related a case in which a girl had passed the end of a jelly-shape into the vagina, and which was encrusted with calculous deposit. It was removed with some difficulty.

Mr. GEORGE COOPER said it was a common practice in schools for boys suffering from flatus or irritation of the rectum to pass pieces of wood into the bowel to obtain relief. He referred to the case of an elderly insane lady, in whom the bony part of an enema syringe had been detached in the rectum, and was removed with great difficulty.

Mr. BARWELL said the moral of the case was simple: that in all cases of tumour in the abdomen of any standing, an examination of the rectum should be instituted. In this case if such an examination had been made it would have terminated earlier.

CASE OF UNUSUAL DIFFICULTY IN LITHOTOMY ARISING FROM GREAT DISTORTION OF THE PELVIS BY RICKETS.

BY HENRY THOMPSON, F.R.C.S.,

Surgeon to University College Hospital.

In this case there was very considerable obstruction to the removal of a stone from the bladder arising from the pelvis being extremely narrowed and deformed by rickets. The author is not aware of any similar case in the records of lithotomy.

G. S——, aged four years and a half, was first seen by Mr. Thompson August 20th, 1863. The symptoms of stone were severe. The child was much emaciated. A cicatrix existed in the perinæum, with a fistulous opening showing the site of a median operation for stone performed by Mr. Erichsen about ten weeks before, on which occasion several portions of the outer layers were removed. The stone was grasped, but the forceps could not be removed with it; and owing to the condition of the child it was deemed at that time prudent to desist, and postpone the attempt. The wound healed kindly up to a fistulous aperture, but diarrhœa came on, and the child left the hospital to recruit its strength.

At the time of its readmission, Mr. Erichsen, being from home, authorised Mr. Thompson to do what he considered necessary with the case. The sound passed easily into the bladder, and a large stone was detected. The child was admitted into University College Hospital, Aug. 31st, and was placed on the operating table Sept. 2nd. Mr. Thompson made his incisions in the old track, and introducing his finger, recognised the sacral promontory as remarkably prominent; beyond this his finger passed with difficulty, flatwise, and touched the end of a stone lying in the bladder, which was altogether in the abdomen. There was no room to pass lithotomy forceps up by the finger. Finding, then, by placing the right hand on the abdomen, that the stone was easily felt there, and could be pushed down to the upper outlet of the pelvis, Mr. Thompson directed his assistant to maintain it firmly there by

pressure, while, with a slender-bladed polypus forceps, he extracted the stone with some difficulty entire. There was no bleeding of any consequence. Peritonitis set in next day, and proved fatal in three days.

At the post-mortem the pelvis was removed; this was exhibited to the Society. The deformity was very remarkable. In the dried bone, when the soft parts were taken away, only sufficient room existed for the stone to pass through in its long axis, the dimensions of the outlet only just exceeding the smallest diameter of the stone. The upper opening of the pelvis is obliquely caudate; the sacral promontory being within $\frac{1}{8}$ in. from the left pubic ramus, and barely $\frac{5}{8}$ in. from the right; from the pubic symphysis it is nearly $\frac{7}{8}$ in. The stone is hard uric acid, of a flattish oval form. It is $1\frac{3}{8}$ in. in length, $\frac{7}{8}$ in. in breadth, and $\frac{5}{8}$ in. in thickness.

The PRESIDENT inquired whether, previous to operating, Mr. Thompson had examined the condition of the pelvis per rectum to ascertain its condition.

Mr. WM. ADAMS observed that he had examined the pelvis of this child now exhibited to the Society, and had no hesitation in pronouncing it to be a well-marked case of true rachitic distortion. He believed the deformity to be much greater than would generally be found even in a severe case of rickets, at the age of four years and a half. He had generally regarded the pelvic deformity as a late event in rickets, and produced by mechanical causes, such as the weight of the body telling from above directly on the pelvis, and resisted below by the thigh-bones. The ilia are thus made to fold upon themselves, and the sacrum advanced forwards towards the symphysis pubis. He suggested that an accurate description of the external characters of the child, as to its development, and the amount of rachitic distortion, would have been a valuable addition to the paper, and considered that where general rachitis was indicated by stunted growth and distortion of the upper and lower extremities, a very small and distorted pelvis might confidently be diagnosed by the surgeon, though it would probably not be found to the extent exhibited in the present specimen, at so young an age. Such a diagnosis would be useful before performing the operation of lithotomy.

Mr. SHAW was not sure that the views put forth by him on rickets, in the Society's "Transactions," threw light on the present case. He thought that the narrowness of the pelvis, from which the difficulties in the extraction of the stone proceeded, might be accounted for by the deformity alone. In the papers alluded to he had endeavoured to show that contraction of the pelvic canal was to be looked for, in adults affected during childhood by rickets, from a cause quite independent of softening and distortion—namely, impaired development of the pelvis, in common with the body generally, from defective growth. It is known that in the interval between infancy and adolescence an important change is wrought in the proportions of the human figure. Whereas in childhood the superior division is large and heavy, and the lower small and light, it is the reverse in the adult; at mature age the superior division is small and light, and the inferior large and powerful. The explanation is, that the configuration of the infant relates to the act of parturition; the pelvis is diminutive, that it may not present an obstacle to the speedy delivery of the umbilical cord after the orifice of the womb has been dilated by the passage of the head. The configuration of the adult, on the other hand, has relation to his carrying his body erect; whence the wide and strongly-built pelvis, adapted also for the peculiar mode of delivery in women. Accordingly, in the revolution thus effected, no part undergoes such a great proportionate increase of size as the pelvis. But one of the properties of rickets is to arrest or retard the growth. Now, by doing so, it not only causes the body to be generally diminutive, but it interrupts the process of metamorphosis just described. Hence the skeleton fails to possess at adolescence its proper proportions; it has stamped upon it, more or less distinctly, those of the fœtus. And as one of the most characteristic features of the child's skeleton is the relative smallness of the pelvis the disproportionately small pelvis is a distinguishing mark of the adult rickety skeleton. That diminution of size, therefore, is a cause of narrowness in the pelvic canal, additional to, and independent of the contraction from softening of the bones and deformity. In a case, which he recorded, of a female affected with rickets, and not particularly below the average stature, it was necessary to perform embryotomy for the removal of the child at the full period. She died from the violence. On examination of the pelvis after death, it was found preternaturally small in all its dimensions, but the deformity was of such a trifling kind that it was scarcely observable; and the conclusion was drawn that the difficulty in the delivery was to be ascribed almost exclusively to the narrowness of the canal, resulting from defective development. In reference to the case under discussion, it is not improbable that some part of the diminution of size in the pelvis was owing to the arrest of growth; but as it had not been ascertained how long the disease had lasted before the operation, no satisfactory opinion could be formed on that head.

Mr. ERICHSEN observed that when the child first came under his care it suffered from rickets to a marked extent. The tibiæ were curved, the ankles enlarged, the growth stunted, the abdomen tumid, and the head large. He did not wish to operate; but the sufferings of the child were great, and knowing nothing of the previous history of the case, and having never heard that such a cause of difficulty had presented itself, he had no suspicion of the distortion of the pelvis. He performed the median operation, as that was likely to be attended with the least loss of blood. Mr. Erichsen then referred to the difficulties he had encountered in the operation, the almost impossibility of reaching the stone, and his complete inability to remove it. He thought, at first, that this might result from a sort of hour-glass contraction of the bladder; at all events, the opening from the pelvis was so narrow that he could not succeed in removing the stone.

Mr. HENRY LEE thought that Mr. Thompson's operation had been particularly fortunate, as it was only when the stone was in a perpendicular direction that it could pass through the opening in the bones.

Mr. BARWELL remarked that he differed in opinion from Mr. Adams as to the pathology of rickets. He (Mr. Barwell) had come to the conclusion that changes in the pelvis were not delayed after the deformation of the femur; in fact, since the one set of alterations was in many points compensatory of the other, the two concur. The outward bend of the upper part of the femur, the decreased angle at the neck, and the twist of the bone upon itself, caused the axis of the head, which ought to be transverse, to look too much forwards and too much downwards. To obviate the inconveniences and dangers of this false relationship between femur and pelvis, the latter changes its position; hence the sacrum becomes horizontal, and the lumbar spine bends *pari passu* with every alteration in the femur. The changes in shape as well as in position of the pelvis were also consentaneous with those in the thigh; but they were less easy to detect in the short curves and complicated shape of the one bone than in the long sweeps and simple outline of the other; hence they were observed later, and therefore were generally believed to occur later. These latter alterations being produced by the same agencies which deform the thighs—namely, weight and muscular action—it was, therefore, even from *à-priori* reasons, probable that the two would undergo simultaneous and co-ordinate, though not of necessity equal, changes. In looking at the pelvis handed round, Mr. Barwell had been struck by the evidence of the effects of weight; and he believed that this child must have been put upon the feet very early, and while the bones were very soft, even for a rickety case. Some two years ago he had made an interesting dissection of a rickety child whose left lower limb was paralysed; but the boy had managed to get about with the right leg and his arms. At the examination it was found that the right side of the pelvis was distorted, being pressed inwards at the acetabulum; on the left side the bones were normal in shape, as far as could be judged by the eye.

Mr. T. SMITH related a case that occurred to him at the Children's Hospital, in which he performed lithotomy on a rickety child two years of age. He examined the pelvis per rectum, but could not detect any deformity whatever. The removal of the stone was not attended with any remarkable difficulty.

Mr. HOLT remarked that from all he could gather, it would appear that the present case occurred in an acknowledged rickety, unhealthy child, upon whom the median operation of lithotomy had been previously performed by the author's colleague, a gentleman of known skill and ability, without, however, the calculus having been removed. And the explanation given was that the impediment to its removal appeared to be more due to some osseous obstruction than to any want of space occasioned by the condition of the soft parts, for Mr. Erichsen was enabled to seize the stone with the forceps, and likewise to encircle it with the scoop, but could not remove it. Mr. Holt believed the operation performed in the first instance by Mr. Erichsen was the right one: it was an operation by which calculi of large size could be removed, and he had performed it upon many occasions, both in the child and in the adult, without experiencing any difficulty; and had there not been some unusual condition of the bones, Mr. Erichsen would have easily completed the operation. Mr. Holt could not endorse Mr. Erichsen's opinion that an hour-glass contraction of the bladder would prevent the extraction of the stone after it had been once seized with the forceps, neither did he consider an ordinary examination by the rectum would have revealed the diminished aperture of the brim of the pelvis; but if care had been taken to ascertain the situation of the point of the sound when the stone was struck, it would at once have shown the high situation of the bladder as well as the position of the stone; for although, as is well known, the bladder in the child is situated much higher than in the adult, yet such an examination would have at once declared the position of the bladder, and that the stone could be felt above the pubes. With such a history, the failure of the previous operation, and the explanation given by Mr. Erichsen, Mr. Holt was desirous of asking Mr. Thompson why he repeated Mr. Erichsen's operation in preference to performing the supra-pubic one?

Dr. TYLER SMITH, after examining the pelvis which was exhibited to the members, remarked, that in cases of rickets in pregnant women it was usual to make a careful examination of the pelvis.

The case before the Society illustrated the importance of instituting a similar examination in cases where lithotomy had to be performed in a rickety patient. An examination in this case per rectum would have enabled the surgeon to determine the exact dimensions of the pelvis with as much ease as the accoucheur could attain a knowledge of the dimensions of the pelvis in the case of a pregnant woman by making an examination per vaginum. In Mr. Thompson's patient, the finger passed in the rectum could have reached any part of the pelvis.

Mr. HULKE mentioned the case of a child upon whom he had operated at the Middlesex Hospital. The patient was a dwarf, rickety, and had a very narrow pelvic outlet. He experienced no particular difficulty in the removal of the stone, but at the time had made a memorandum on the subject of the peculiarity which had presented itself.

Mr. FORSTER inquired why in the first operation an attempt had not been made to crush the stone? As Mr. Thompson might have failed as did Mr. Erichsen, he would also ask why the calculus was not broken up in the second operation?

Mr. ERICHSEN replied that he was unprepared for the difficulty which presented itself, and had not a lithotrite at hand; he however used the common forceps, but could not succeed in crushing the stone. Under all the circumstances he thought it better that the operation should be suspended, and a fresh effort made to extract the calculus on another occasion.

Mr. BIRKETT inquired if Mr. Thompson could give any account of the measurement of the pelvis in its recent state?

Mr. THOMPSON, in reply, said that the rectum had not been examined. The Society would remember that there was not the slightest suspicion that such a state of things existed. It was true there was some rickety distortion of the upper and lower extremities, but never had such a condition been regarded as indicating danger to the lithotomist. Not a case of the kind was on record in the surgical literature of the subject, as far as he knew, and his inquiry had been extended. He was pleased to hear from Dr. Tyler Smith that it was quite possible to ascertain the fact by rectal examination, and he himself believed that nothing could be easier; hence he doubted the existence of a rickety pelvis in those cases alluded to, in which no sign had been perceived through the bowel. But the practical lesson he had learned from the remarks of Mr. Adams, Mr. Shaw, and others was, that a highly rachitic condition of the lower limbs indicated pelvic deformity: this ought in future to be borne in mind when such cases with calculus were presented to the surgeon. Still the pelvic deformity causing difficult lithotomy must be rare when we considered the great number of children who were subjects of the operation. He now came to the question of Mr. Holt—viz., why, after the non-success of so experienced a surgeon as Mr. Erichsen by the median operation, did Mr. Thompson repeat the proceeding? why did he not adopt the supra-pubic method? He replied, first, that it is very easy to say what should have been done when all the facts have come to light—facts only known after post-mortem examination has revealed them; and it was on this account he had brought the case forward to night as a guide in future. And further, as he had stated in the paper, it was still by no means quite certain that that would have been the best proceeding in this case, for it was to be recollected that the median operation had proved quite successful in freeing the child from his stone, although he had unfortunately died from peritonitis. Then, again, on sounding, nothing was easier than to enter the bladder and find the stone, and this being so, he had preferred, as a fistulous opening already existed, to enter by the old track, instead of adopting a plan which would involve two openings into the child's bladder. Lastly, that he had not seen the first operation, and had heard nothing certain respecting it, having been abroad at the time of its occurrence. Mr. Erichsen was away from the hospital on the child's second appearance there, and had, in reply to his (Mr. Thompson's) application, kindly desired him to do what he thought proper, as delay was evidently inadmissible. In respect of Mr. Lee's remark on the large size of the stone as compared with the pelvic opening, he would state that it was only by firmly holding the stone through the abdominal parietes, which was easily accomplished, and presenting it lengthwise in that manner, that it was possible to lay hold of and extract it.

LEGAL INTELLIGENCE.

SYMM *v.* FRASER AND ANDREWS.

(Concluded from page 327.)

Our limits enable us only to give the following abstract of the remaining part of this important trial including the admirable summing-up of the Lord Chief Justice.

Witnesses for the defence were called—viz., Policeman Cook, 198 S, Solly, 105 S, and Cousens, 393 S, who had been called into plaintiff's house at different times, were examined. One of the policemen found her lying on the parlour floor drunk. She was in her night-dress, and when he raised her up she put her watch and chain into the policeman's hand, saying, "I will give you these if you fetch me a bottle of wine." He refused. She then offered her purse, saying, "Now you will fetch me a bottle of wine." She was at the time much excited, and making a great noise. Another constable found the house in a most disordered state, and the plaintiff, who was drunk, desired him to turn Mrs. Baker, the nurse, out of the house. Jane Baker, the monthly nurse, deposed that she was recommended to plaintiff as a monthly nurse. She found plaintiff sitting in the parlour in her night dress, and the plaintiff said, "If the doctor recommended you I won't have you, for fear that you will abide by what he says." Witness replied, "Very well," and left, but in the afternoon of the same day Mrs. Taylor sent for witness, and witness then found the plaintiff wandering about the hall passage, and rolling against the wall, and she so continued during the whole afternoon. Her brother fetched her some wine, and witness purposely up-set some wine out of the bottles. Whilst in the passage the plaintiff slapped witness's face. Cross-examined: Dr. Andrews recommended witness as a nurse. Witness was in the house from two o'clock p.m. till eleven. When the plaintiff was intoxicated she asked witness her charge, and witness replied 8s. per week. The plaintiff then gave her 8s. The plaintiff's brother had that day two bottles of wine, which he carried about the house under his coat, and he gave his sister wine in a tumbler when she asked for it. Mrs. Slack said she went to the plaintiff as nurse on the 26th of December. This witness deposed to the plaintiff's constant craving for drink, and to the dirty state both of the house and of plaintiff's person. On the 27th Mr. Bennett came to the house, and the plaintiff complained to him of witness being there, and he, after conversing with plaintiff in the back parlour, spoke to witness and Shears in a very insulting manner, and asked witness why he did not give plaintiff more wine. Witness replied that she was placed there to prevent plaintiff from taking it. On the evening of the 28th witness left plaintiff lying asleep on the bed as witness thought, but before she got to the bottom of the stairs there was loud knocking at the street door, and on running back to the bedroom she found the plaintiff in the act of getting out of the window. Witness drew her away, and put her on the bed.—After other similar evidence, John Bond, inspector of police at Bath, said: In consequence of a communication from the metropolitan police he went to plaintiff's lodging in Kingston buildings, at Bath, and found her under the influence of drink. She looked just like a woman who had been a week on the spree [laughter].—Dr. Barnes deposed to the symptoms of *delirium tremens* which he observed in the plaintiff, and said he had told the plaintiff she must leave off drinking, and he spoke sharply to the brother in order for him not to give her drink.—Other medical evidence having been given as to the condition of the plaintiff, and to the symptoms of *delirium tremens*, counsel on both sides addressed the jury.—"The Lord Chief Justice, in summing up, said this case was one of very great importance, involving as it did the question how far medical men, acting honestly and to the best of their judgment for the good of their patients, were responsible; and the jury ought to be careful not to impair the efficacy of medical assistance by exposing medical practitioners to be harassed by vexatious actions. He remarked that Dr. Barnes was a friend of the plaintiff herself, and had been called in as her choice, not the defendants; that it was impossible to imagine a witness more reliable or impartial; and that his evidence was conclusive of the case in favour of the defence. And, adverting to the immense preponderance of evidence in support of it, he asked the jury if they could have any serious doubt upon it? What was there to oppose to it? Nothing but the evidence of the plaintiff herself and of Bennett. If they believed the other evidence, then there could be no doubt that it was the duty of the defendants, as her medical attendants, to do what they had done. No doubt the power which the law gave to medical men in these cases might be, and in rare instances had been, abused for interested purposes; but these instances were so rare that he hoped the public might continue to place that confidence in the members of this noble profession which had hitherto been reposed in them, and he believed was deserved. In these rare instances of abuse, however, to which he had referred, there was some interested motive at work. But what possible motive could there have been here, except the welfare of the patient? The learned counsel for the plaintiff himself, after all the evidence, had made no charge of bad motive, and only imputed entire ignorance and error. Could the jury believe that all the immense body of evidence adduced for the defence was a mass of delusion and hallucination, and that the plaintiff's condition had not been what it was described to have been? And, if they believed this evidence, could they doubt that, even if the medical men had directed that the plaintiff should be watched and restrained, they had done what was right, and for their patient's benefit? Let the jury put themselves in the position of these gentlemen, or of the friends and relatives of this person (the plaintiff), and let them ask whether, even supposing that the defendants were responsible for all that had been done to prevent her from getting out into the streets or throwing herself out of window, the jury would not consider that these gentlemen, so far from being

proper subjects of condemnation and of censure, were not rather fit objects of gratitude and regard? The Lord Chief Justice, in conclusion, desired them to consider the case not only with reference to the interests of the individuals committed to the care of medical men, but also with a view to their interests in another sense; taking care not to impair or neutralize the energy and usefulness of medical assistance by exposing medical men unjustly to vexatious and harassing actions.

"At the close of the summing-up, the jury barely turned round in the box, and at once returned their verdict for the defendants."

MEDICAL NEWS.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 26th ult.:—Everitt, Herbert, University College; Forde, William Bentley, Queenstown, Ireland; Miller, Richard May, New College Hospital, Barnstaple; Milner, James Forman, Hull; Seabrook, William Millward, Old Steine, Brighton; Ward, Cornelius Harrison, Tollerton, Nottingham.

The following gentlemen also on the same day passed their first examination:—Adams, Arthur Bayley, London Hospital; Child, Edwin, Charing-cross Hospital; Collier, Thomas, Guy's Hospital; Earle, Robert Charles, Guy's Hospital; Lower, Nynian H., Guy's Hospital; Wallis, Albert James, St. Bartholomew's Hospital; Waymouth, Albert, Middlesex Hospital; Williams, William Griffith, King's College Hospital.

ST. THOMAS'S HOSPITAL.—On Tuesday week a meeting of the governors of this hospital was held at the London bridge Hotel. Sir John Musgrove, the president, stated that in 1852 he had taken the chair at a meeting for the establishment of what was properly called a Samaritan Fund, the object of which was to assist poor patients on leaving the hospital with temporary means until they entirely recovered their health, or were able to resume their usual occupations. A sum of nearly 2,000*l.* was then raised and invested, but the funds afterwards were greatly diminished, and at that juncture Mr. Tite had come orward and presented the treasurer with the sum of 500*l.*, paid to him by the South Eastern Railway Company under the award of the umpire, as compensation for his services in the sale of the hospital to them. This munificent donation was referred to in the minutes just confirmed, and he therefore moved a special vote of thanks to Mr. Tite for his liberality; which was carried. Mr. Tite said the destruction of the hospital on its late site had become inevitable owing to the imperative demands for railway accommodation, and that among the many charges to which he had been exposed for the part he had taken none were more rife or more unjust than the imputations of mercenary motives. These he hoped he had disproved by the gift to the Samaritan Fund to which the president had alluded. He also took the opportunity of stating that on taxation all the law costs and expenses of counsel, surveyors, &c., had been defrayed by the railway company, except a few items not amounting altogether to more than 450*l.*, which was all the expense that had fallen on the funds of the hospital in this long litigation and arbitration.

PATHOLOGICAL SOCIETY OF DUBLIN.—The first meeting of the twenty-fifth annual session of this society was held in the Anatomical Theatre of Trinity College, on Saturday, the 28th ult. Dr. Fleming exhibited a remarkable specimen of a very large fibrocystic tumour removed from the side of the neck and face of a young girl. Dr. Bennett, brought forward a fine example of the chalky deposit of gout on the articular surfaces of the knee, ankle, and other joints, and what was interesting, co-existing with chronic rheumatic arthritis in some of the articulations—the deposit consisted of lithate of soda. An interesting communication was made also by Dr. Law. The subject of the essay for the Society's gold medal, to be awarded at the close of the session, was announced to be "The Pathology and Diagnosis of Diseases of the Ovaries." On the termination of the ordinary business of the meeting the following officers were elected for the ensuing year:—*President*—Robert Mayne. *Vice-Presidents*—Joseph O'Ferrall, James S. Hughes, Alfred H. M'Clintock, Jolliffe Tufnell, Benjamin G. M'Dowel, Alfred Hudson. *Council*—Robert Adams, John Banks, Awley Banon, Thomas Beatty, Dominick J. Corrigan, Fleetwood Churchill, Christopher Fleming, Samuel Gordon, John Hamilton, Edward Hutton, George Kidd, Robert Law. *Honorary Secretary*—William Stokes. *Secretary and Treasurer*—Robert W. Smith *Secretary for Foreign Correspondence*—Robert D. Lyons.

INFANTICIDE is so prevalent in Southampton that the mayor of the town has offered 50*l.* reward to any person who will give evidence that will convict any of the criminals.

APPOINTMENTS.—W. W. Allan, L.R.C.P. Ed., has been elected Medical Officer and Public Vaccinator for District No. 1 of the Wharfedale Union, Yorkshire, vice G. Gardiner, C.M., resigned.—J. T. Arlidge, M.B., late President of the North Staffordshire Medical Society, Stoke-upon-Trent, has become *ex-officio* Vice-President for 1863-64.—J. Croft, F.R.C.S., has been appointed Assistant-Surgeon to St. Thomas's Hospital.—J. Graham, M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Barningham District of the Teesdale Union, Durham, vice Mr. M. Graham, resigned.—Dr. J. Grant has been appointed Medical Superintendent of the Dundee Royal Infirmary, vice Dr. W. G. Hamilton, deceased.

APPOINTMENTS FOR THE WEEK.

Wednesday, December 9.

Operations at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m. University College Hospital, 2 p.m.

Thursday, December 10.

Operations at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; London Surgical Home for Diseases of Women, 2 p.m.

Friday, December 11.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, December 12.

Operations at St. Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; Royal Free Hospital, 1½ p.m.

Monday, December 14.

Operations at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1¼ p.m.; Metropolitan Free Hospital, 2 p.m.

Tuesday, December 15.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

The Pharmaceutical Journal, Vol. V., No. VI.

The Canada Lancet, Nos. 7, 8, and 9.

How Can the Town Sewage be Best Preserved and Utilised? By Mr. James Edmeston. London: J. King and Co., 63 Queen street, E.C.

Report of the Directors of the Aërated Bread Company (Limited).

Society for the Encouragement of Arts, Manufactures, and Commerce: Subjects for Premiums for the Sessions 1863-64 and 1864-65. London: Bell and Daldy, Fleet street.

Metropolitan Board of Works—Account in Abstract showing the Receipt and Expenditure from the 26th March, 1862, to 25th March, 1863; also Summary Statement of all Contracts Entered into during such Period. Brickhill and Smith, Newington Butts.

Report of the Metropolitan Board of Works, 1862-3.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor, may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day

We must request our Country Correspondents who favour us with copies of Provincial Newspapers, to mark the passages to which they desire to draw attention.

DR. RITCHIE'S paper is received.

DR. C.—The announcement shall appear.

THE ROYAL INSTITUTION OF GREAT BRITAIN.—The notice has been received.

MR. J. C.—The subject shall receive attention.

MR. W. A. JONES'S letter is inserted.

CHIRURGUS.—We believe it will be found eventually that the operation in question is only advisable under certain special circumstances.

DR. T. H.—We have never advocated any such views in this Journal, and are therefore in no way responsible for them.

A FIRST YEAR'S STUDENT.—The substance commonly called *naphtha* is hydrated oxide of methyle, and is a cheap substitute for rectified spirit for burning in spirit lamps. The real naphtha is a pure hydrocarbon, and is used by chemists for preserving potassium, sodium, and other metals, which readily absorb oxygen.

MR. GRIFFIN'S letter is printed in our impression of this day.

MR. J. W. LANE.—The appointment is inserted.

DR. L. shall receive a private note.

To the Editor of the Medical Circular.

SIR,—I shall feel obliged if you will inform me through the pages of your widely-circulated Journal how the distance is to be measured when a person binds himself neither to reside nor practice within ten miles, is it as the crow flies or does it take the coach road? In the case I speak of I am persuaded the person does not live nine miles by a straight line, whereas the road points out about sixteen by milestones. He has also practised within the distance, and has broken his contract in every point I may say. I can get no satisfactory answer from the agent through whom I purchased, but I shall give you an account of the case shortly. I am, &c., VERITAS.

[Perhaps some of our readers can give an answer to the question here put to us.—ED. MED. CIRCULAR.]

PARISIAN MEDICAL NEWS.

LEARNED SOCIETIES.

Academy of Sciences.

— Mr. Rayer, who also spoke highly of the progress effected in ocular pathology by the introduction of the ophthalmoscope, laid on the table a memoir by Mr. Guipon on the yet undecided question of the effect of consanguineous unions.

The facts related by the author have induced him to adopt the following views on the subject: Consanguinity exercises a debilitating action on vital energy, and more especially on one of its highest and most important attributes, reproductive power; a consanguineous marriage may not prove barren, but sterility will be observed in the offspring of such an union; consanguinity impairs the organs of special sensation, such as vision and hearing, and unfavourably modifies the voice, a fact which has now been superabundantly demonstrated; when assisted by other causes calculated to induce analogous consequences, such as syphilis and alcoholism, it may lead to serious disturbances of the nervous functions, and of vitality, such as paralysis and spontaneous gangrene; the mind itself may suffer, and imbecility or a certain degree of idiocy, be observed in the offspring of blood-relations; in short, consanguinity would seem to impart increased activity to one function only, the genital sense, while it most seriously imperils reproduction, the ultimate purpose of the faculty.

— On the 12th of October, Mr. Courty read a paper on the inocuousness and efficacy of cauterisation of the uterine cavity.

For the lining of the os uteri, Mr. Courty uses the actual cautery, and he employs solid nitrate of silver for the cauterisation of the cavity of the body of the womb; the latter operation Mr. Courty has performed upwards of five hundred times; he proceeds as follows:

"I employ," says the author, "the common lunar caustic, and convey it with various instruments, on the description of which it is needless to dwell, into the uterine cavity. Far from using my best endeavours to extract the cylinder unbroken, I apply myself on the contrary to break it into as many fragments as possible, and I leave them to dissolve in the womb.

"I am not acquainted with any remedy so efficacious as this for the cure of fungous granulations, for which Récamier invented his scoop, and especially for the relief of chronic and obstinate leucorrhœa, which as all practitioners are aware, so severely tries the endurance of both patient and surgeon. The method has never, as far as I am aware, induced any untoward symptoms. Local injury, cauterisation of the vagina, for instance, is obviated by the introduction into that duct, of a plug impregnated with salt water which neutralises the nitrate of silver. Inflammation is obviated by baths, injections, and entire rest. An inflammatory condition of the internal surface of the womb or cervix should in every instance deter the surgeon from the use of the actual or potential cautery; attention to this precept will avert many formidable consequences."

Mr. Courty then endeavoured to account for the innocuity of the method. It is due, in his opinion, to the fact that the escharotic acts only on the hypertrophic and exuberant growths, which are thrown out with excessive ease by an organ always prepared for the act of organisation. The surplus tissue, if the expression may be used, is alone destroyed, and the structure of the womb remains unhurt. It must also be observed that the physiological state of the viscus, which imparts to it a degree of resemblance to organs in course of development, so greatly facilitates repair, that it is often difficult to discover any appearance of a scar in the parts which have been cauterised.

Academy of Medicine.—On the 22nd of September, Dr. Marcellin Duval, the Director of the Naval School of Brest, read an abstract of a memoir on the Treatment of Epiplocele. In this paper the author treats of the management of traumatic abdominal epiplocele, of spontaneous omental hernia, consequent on the operation for strangulated hernia, and finally of traumatic thoracic epiplocele.

In the case of protrusion of the omentum through a wound of the abdominal walls, the methods generally resorted to are reduction, excision, and expectation. The latter is the course preferred by the author; as a rule, he does not interfere with the extruded omentum, and merely confines himself to watching the case. When, however, the wound is recent, the omentum healthy, and free from adhesions, and if in addition the omentum can be returned with ease into the abdomen, he recommends reduction.

The reduction of the lacerated or contused omentum, although occasionally successful, is very hazardous practice. By refraining from intercourse, the surgeon is enabled, on the contrary, to observe closely the progress of events, and to institute, in proportion as they may be required, measures calculated to arrest or prevent symptoms of a serious nature. The extruded omentum soon withers and mortifies, or becomes tumid and suppurates, in either case gradually disappearing, and leaving a wound which heals after a variable interval. The peduncle which closes the abdominal aperture is, however, too often destroyed in the process of suppuration, and the epiplocele forms again.

This occurrence may be prevented by the timely use of a truss, and the duration of the treatment may further be shortened by the application of mild astringents, and in exceptional cases by excision, ligature, or preferably, cauterisation of the extruded omentum.

If the epiplocele is strangulated, Mr. Duval unhesitatingly divides the ring, in a small extent, but never returns the omentum into the abdomen. When partial gangrene has set in, the elimination is entrusted to the efforts of nature, and if a considerable amount of the mass has mortified, it should be removed at some little distance from the living part.

The same treatment is applicable in spontaneous epiplocele.

When the epiplocele has passed into the cavity of the thorax, and forms a tumour in an intercostal space, it should never be reduced, because in all probability the surgeon would find it impossible to replace the omentum through the diaphragm, into the abdomen.

— Dr. Bertulus then read a memoir on Yellow Fever. This gentleman differs from Mr. Mélier, and admits the existence of a premonitory stage, characterised by various symptoms, amongst which throbbing of the cœliac axis, and intense abdominal heat are the most important.

He describes, as follows, the treatment applicable in the period of incubation:

Vegetable diet, acidulated beverages, repeated doses of ipecacuanha, laxative enemas, tepid baths, leeches to the seat if the subject be vigorous, and even venesection in the leg if the pulsations of the cœliac are very apparent, and mustard foot-baths.

The curative measures more likely to prove serviceable, are in Mr. Bertulus's opinion, counter-irritants, combined with refrigerants. When he was himself affected with the disease he derived unspeakable relief from the latter, and regrets not having tried cold baths. He lost but 33 patients out of 116, on board a ship ill-supplied in every respect. This result is, however, less satisfactory than Mr. Belot's returns; this gentleman lost but seven out of one hundred cases.

— Professor Espagne, of Montpellier, communicated a paper in which he attempts to demonstrate the two following propositions:

1. Puerperal fever is a general adynamic affection of the system, induced by debilitating causes.

2. Puerperal fever has no distinct existence as a morbid entity; it consists in an adynamic pyrexia unfavourably modified by the aggravating coincidence of the puerperal condition.

— Mr. Bonnafont read a paper on a hitherto undescribed form of osteitis of the external auditory duct, in healthy subjects, and founded his remarks on three cases recently observed by himself. The deafness consequent on the hypertrophy of the bones, yielded to the introduction of a slender style into the meatus, and hearing was promptly restored. "Before instituting this treatment," said Mr. Bonnafont, "it

is essential to ascertain the condition of the auditory nerve by the application of a watch over the different regions of the skull. If the ticking be heard, the re-establishment of the sense of hearing may safely be prognosticated, provided even a minute passage can be made for the admittance of sound."

Mr. Bonnafont's three cases confirm the opinion of Kramer, that in osteitis of the auditory duct, the bone becomes so turgid as to cause complete obstruction of the passage.

— In a report of a memoir forwarded by Mr. Legros d'Aubresson, Mr. Gosselin adverted to the best means of checking hæmorrhage after tracheotomy.

In consequence of hypertrophy of the thyroid, or of the isthmus of the gland, its blood-vessels may acquire preternatural development, and after incision troublesome hæmorrhage may occur, whether the blood escapes externally or rushes down the air-passages. In addition large veins situated behind the isthmus are liable to be injured in the operation.

In order to avert these dangers and difficulties, Mr. Legros recommends the surgeon to detach and raise the isthmus with a blunt instrument, and in case any large vein crosses the surface of the trachea, to divide it between two ligatures or *serrefines* before opening the air-tube; when the isthmus interferes with the operation, its section should be performed with Chassaignac's *écraseur*.

"When the thyroid gland is enlarged," said Mr. Gosselin, "Mr. Legros's procedure is appropriate, but few opportunities occur for its adoption on account of the extreme unfrequency of hypertrophy of the gland in childhood. We must acknowledge, however, that the only case adduced by Mr. Legros is that of a child of four years, in whom numerous remedies had been vainly resorted to for the extraction of a large pea which had passed into the trachea. The author does not inform us whether the child was turned upside down and slapped on the back, a procedure which has often proved successful. Tracheotomy, however, was resolved on, and when the isthmus was exposed it was found to be thick, and one inch in height. The foreign body did not make its appearance at the artificial aperture of the trachea, and a canula was inserted; but such violent symptoms of suffocation ensued that it was withdrawn, and the pea was fortunately expelled in a fit of coughing.

"The plan followed by Mr. Legros under the circumstances, was perfectly justifiable. When the foreign body does not appear between the lips of the incision, a canula should be introduced, but the surgeon must hold himself in readiness to withdraw it on the first indication of orthopnœa.

"The child recovered perfectly; the operation was performed four years ago, and the destruction of the isthmus of the thyroid has not since induced any perceptible functional disturbance.

"Mr. Legros has not in his researches, succeeded in meeting with more than one case of a similar description; the patient was a woman who was operated on by Mr. Jobert de Lamballe, and her history is recorded in the *Journal of Practical Medicine and Surgery*, anno 1850."

— We will conclude with a brief summary of the last speeches delivered on the subject of rabies.

Mr. Vernois was of opinion that in the instructions supplied to the public, the possibility of the spontaneous development of the disease should be noticed. It should be distinctly stated that hydrophobia may spontaneously occur in the dog, and that mere sequestration is an insufficient and sometimes a nugatory measure. It is further desirable to ascertain whether the spontaneous manifestation of rabies may not be promoted by certain hitherto undiscovered circumstances of climate, season, locality, &c., a problem which cannot be solved but by carefully drawn-up returns.

Mr. Vernois could not agree with Mr. Bouley that mad dogs seldom attack their masters. From the examination of numerous trustworthy documents it would, on the contrary, appear that in eight cases out of ten the animals bite their masters or the friends of the latter.

Mr. Vernois denounced the tax on dogs as totally inoperative for the purpose of diminishing the number of dogs. Muzzling is equally inefficient to check the propagation of rabies, its only use is to prevent dogs from inflicting injury on other animals.

With regard to the transmission of the disease from man to man, Mr. Vernois showed that in order to discriminate between the terrible effects of inoculation, and the scarcely less formidable consequences of fear, such cases should be weighed with the nicest care. "One of my most eminent masters," said he, "was once bitten in my presence by a man affected with hydrophobia. His mind became possessed with the dread of contagion, and he fell into the deepest state of despair. He left France, and after a period of three years devoted to most assiduous labour, returned to Paris, where he has since become one of the brightest luminaries of surgical science."

Mr. Vernois observed that the rational treatment of rabies has not hitherto been ever instituted. Mere cauterisation of the wound is no treatment of the disease. Some benefit might perhaps be expected from the early exhibition of alteratives, thus opposing a poison to a virus, in imitation of the practice of vaccination in the early stages of small-pox. "Rabies," remarked the learned member, "will disappear when it is treated according to scientific rule."

Mr. Leblanc considers the restraint from sexual intercourse as one of the efficient causes of hydrophobia in dogs. He adduced, in support of this old theory, cases collected on a portion of the shores of the Danube; on one side of the river the Christians have none but male dogs, whereas on the other the Turks leave the animals of both sexes in a state of absolute freedom. On the Christian shore rabies is frequent, and entirely unknown on the opposite bank. Likewise in France, according to Messrs. Leblanc and Lafosse, the animals most liable to the disease are those which are most closely confined.

The following is an abstract of the learned member's further remarks:—

It is now a well demonstrated fact that the seasons and the condition of the atmosphere have nothing to do with the frequency or production of hydrophobia.

In Germany and in France the disease is fourteen times more frequent in male than in female dogs. The proportion of male dogs not mad, being in the same countries, three to one healthy female animal.

As a preservative measure muzzling is inoperative.

All dogs should be provided with a collar, bearing the name and direction of the proprietor; infraction to this regulation to be punished by the sale of the animal.

The sequestration of all dogs bitten by others is indispensable; its duration cannot practically extend to more than two months, although the incubation of rabies sometimes exceeds this period.

It would be cruelty to destroy all dogs denounced as suspicious by unprofessional persons. Sequestration should be obligatory, but on suspicion legitimately established by a veterinary surgeon after examination.

It is of the highest importance to give as extensive publicity as possible to the description of the signs of genuine rabies, and of the discriminating signs between hydrophobia and certain affections very frequently incidental to young dogs.

It is desirable to attenuate, if possible, the action of the causes of spontaneous hydrophobia, and likewise the effects of the virus introduced into the system, by removing in the first instance all such alleged causes, and in the second, by the destruction of the poisonous agent, the entire system being at the same time modified by the exhibition of alteratives and evacuant remedies.

Mr. Leblanc believes in the spontaneous development of hydrophobia in the dog, more especially in the male. He conceives that an increase of the tax on male animals would succeed in correcting the actually existing, and injurious disproportion between the sexes.

We have already reproduced the substance of Messrs. Gosselin and Piorry's remarks. Mr. Beau dwelt in his observations on the symptoms and morbid anatomy of rabies in the human subject. Mr. Beau has himself witnessed three cases, in none of which cauterisation had been resorted to. Death occurred during the first convulsive fit. None of the patients displayed any inclination to bite, nor did they allude to any previous wound, or appear to be aware of the nature of their illness; all three showed great aversion to liquids, an unfrequent symptom in dogs.

At the conclusion of the debate, Mr. Bouley summed up with his usual ability the various opinions propounded before the Academy, and we reproduce the interesting passage in which the reporter alluded to the influence exercised by deprivation of sexual intercourse on the development of spontaneous rabies.

After remarking that this influence might reasonably be admitted, Mr. Bouley related two cases which seem perfectly conclusive.

On the 18th of October, 1863, a young spaniel aged *five months and a half* was brought to Mr. Leblanc's infirmary. All the signs of hydrophobia were present, the eyes were bright and fixed, the voice hoarse and broken, the animal snapped at any object presented to him, gnawed the framework of the kennel, &c. The proprietor of the dog, a watchmaker living at 55 Chaussée Clignancourt, gave the following information :—The dog was born in his house and had never been separated from its mother. *He was never permitted to go out*, and his temper was perfectly gentle. At the beginning of October the mother displayed some signs of heat, and the young animal, getting excited, *made fruitless efforts to cover her.* His excitement and restlessness were excessive, and almost entirely destroyed his appetite.

On the 14th the watchmaker's daughter attempted to play with him, and he inflicted on her *a slight bite.*

On the 16th, the female dog, teased by the attempts of the puppy, bit him and he escaped from the house in the evening, and did not return for eighteen hours. He then drank greedily a bowl of milk and went to sleep. In the evening when the lamp-lighter came into the shop, the dog flew at him and bit him in the heel ; his teeth were indented in the skin but did not draw blood.

The next morning the animal was brought to the infirmary of Mr. Leblanc, jun. ; hydrophobia was at once pronounced to exist ; on the three subsequent days he refused all food or drink, and died on the 22nd in a state of paralysis.

"This case," said the learned reporter, "is unquestionably an instance of spontaneous rabies ; a more complete and particular account could scarcely be desired ; the owner of the dog attests that the animal never ran the risk of being bitten, was never allowed to go out, and never left its mother. The latter is at the present speaking in perfect health, and is an inmate of Mr. Leblanc's infirmary.

"This fact is not merely illustrative of the possibility of the spontaneous occurrence of rabies ; it may also be adduced in support of the influence of unsatisfied sexual requirements, on the subsequent development of the disease. The case acquires further value and interest from the age of the subject, which implies more careful supervision, and did not admit of the animal having wandered far from its home. The information supplied in this instance is therefore invested with a greater amount of certainty that we usually obtain in other cases of a similar description.

"Mr. Weber, a veterinary surgeon practising in Paris, recently communicated another instance of spontaneous rabies under analogous circumstances developed in a sporting dog.

"This dog, an animal of great value, was on this very account confined in a stable-box. The adjacent box was occupied by a female dog in heat, and her presence caused the most violent excitement in her neighbour. For an entire fortnight the wretched animal was in a state of unceasing agitation, and made frantic efforts to clear the wooden partition, and join the female. His efforts proved entirely unavailing, and after an interval of a fortnight, although his owner distinctly asserted that he could not have been bitten, he became raving mad. A succession of cases of this kind would promptly settle the question under consideration."

In the interim, Mr. Bouley is of opinion that the facts already observed are deserving of attention, and taking into account a cause which popular instinct has surmised, it would, perhaps, be prudent "when dogs display such energetic indications of the peculiar excitement alluded to, to recollect the wise advice given according to Horace, by Cato, to young men placed in the same distressing predicament." (Vide Horace Sat. II., vers. 33.)

Society of Surgery.—A farmer, under the care of Mr. Leroy, of Villiers, was presented to the Society of Surgery, the opinion of the members being solicited on the nature of a three-lobed tumour situated in front of the knee. The tumour had existed for ten years, was fluctuant, and Mr. Leroy considered it as a hygroma, the same view being also that adopted by the members present.

The patient, when examined, was in no pain, and was able to walk twenty-five miles at a stretch. Under these circumstances, Mr. Foucher conceived that no serious operation should be attempted, and that a puncture of one of the divisions of the tumour would suffice ; if several distinct cavities did not exist, a fact which the procedure recommended would at once establish, pressure might be applied with good effect.

Mr. Chassaignac advised the removal of the contents of the tumour ; and subsequent injection of tincture of iodine, in order to prevent exhausting suppuration. "In these cases," said he, "the thickness of the parietes of the cavity is irregular and unequal, and inflammatory action may be readily propagated through the thinner parts of the walls to the adjacent cellular structures." The dread of diffused suppuration has induced Mr. Chassaignac to forego the use of the draining-tube in hygroma, and to have recourse only to the iodine injection.

— Mr. Deguise related a case of penetrating wound of the abdomen, of which the following is a brief abstract. A farmer of the village of Saint-Maur, aged thirty-two, was on the 9th of April, 1863, gored by a bull. About six feet of intestines protruded from a wound situated one inch above the right inguinal fold ; the laceration of the skin was nearly six inches in extent. The practitioners who were first called in to the case endeavoured to reduce the bowel, but instead of replacing it in the abdomen, merely pushed it up between the skin and muscles ; a bandage was applied around the body, and the patient in this condition was conveyed to the hospital at Charenton. His countenance was livid, the pulse small and slow, the surface cold, and the abdomen distended and tender. The intestine, a portion of the ileum, was of a bright scarlet colour, and of a natural temperature. On examination, Mr. Deguise ascertained that the internal aperture was much narrower than the wound of the integument ; two fingers only could be inserted into the peritoneum, the laceration of which was situated at least two inches higher than the wound of the skin. Mr. Deguise unhesitatingly divided the sinus, enlarged the wound of the peritoneum, and reduced the intestine. Two ligatures, including the entire thickness of the tissues were applied.

The after treatment merely consisted in application of ice and mild laxatives. After an interval of forty-eight days, a complete cure was effected.

Appointment.—J. W. Lane, M.D., L.C.P., L.R.C. S. I., &c., late Medical Officer Bellaghy and Castledawson Dispensaries, Co. Derry, Ireland, has been elected Medical Officer and Public Vaccinator to Norbury District, and No. 2 District, Bishop's Castle, Salop.

The Case of Symm *versus* Fraser and Andrews.—The following suggestive letter has appeared in the 'Lancet:'—Sir,—I am glad to see that you have opened a subscription list for the defrayment of the expenses which Drs. Fraser and Andrews have been put to in defending themselves from what, as all admit, was a most groundless charge, and I gladly enclose my mite. Medical prosecutions are becoming alarmingly common ; and I have little doubt that, if they are persevered in for any length of time, they will greatly cripple the usefulness of the profession. Self-preservation being the first law of nature, it will be to the interest of medical men to leave dangerous patients to take care of themselves ; and ultimately the public, and not the profession, will suffer. In reviewing the recent case, it is impossible to divest oneself of the idea that lawyers are the chief supporters of these trials ; for whenever the plaintiff and defendant are persons of means, there seems to be no difficulty experienced either in finding a solicitor to prepare or a barrister to support the case, no matter how evident it is that they are balancing the reputation of honourable men in the scales of injustice. Black-sheep there are, no doubt, amongst us ; but it is not these that have been recently dragged into court. It therefore behoves the profession to take into consideration the possibility of preventing a repetition of such trials as the last. Is personal liberty more dear to the British public than personal honour ? Are the very means of subsistence of honourable men to be kept at the mercy of every moneyed debauchee ? For be it remembered that ruin may follow even a triumphant *acquittal* of the accused.—I am, &c., G. Harley, M.D., Harley-street, December, 1863.

The Medical Circular.

ORIGINAL COMMUNICATIONS.

SOME OBSERVATIONS ON ELEPHANTIASIS SCROTI.

By Dr. G. de Gorrequer Griffith,
Late House Surgeon "London Surgical Home," Resident Surgeon "Male Lock Hospital."

Elephantiasis scroti, and elephantiasis, as it may be found in different parts of the body, became to me of special attraction, during my visit to India, China, and other Eastern tropical countries, where this disease is prevalent, and where are afforded not a few opportunities of careful study, and the tracing of the natural history of the affection from its very commencement to its termination.

It is not my intention to enter upon a minute description of the origin, course, and conclusion of the disease, now under consideration, preferring to confine myself to an account—and that too somewhat briefly—of a condition, which, I believe, can in many instances, be found to obtain at the commencement of the malady, and which we may in truth look upon as the primary stage, since it is so often the very first local indication of a deviation from the natural action and state of the parts involved; the first of a series of abnormal processes, and which, in almost every case, if left to itself, that is, without the adoption of remedial measures to effect a cure, or, at least, check its development, will steadily progress to an eventually unfavourable issue; to a complete alteration in structure, and of all the tissues implicated, and almost, if indeed there be not an entire, metamorphosis.

On the anterior wall of the scrotum, and in that part of it with which the penis comes into direct and constant contact, there is noticed an excessive itchiness, unrelieved by the friction used by the patient for its alleviation. Soon, owing to the constant rubbing, the epidermis is peeled from the cutis, which thus denuded of its protective covering, becomes intolerant of contact with any substance, other than applications of a cooling or soothing nature: further friction is unendurable, and even the penis cannot be borne against the acutely sensitive abraded surface.

This condition is followed by a swelling and enlargement of the scrotum, dependent for its cause upon vascular turgescence; and, when the abraded surface has healed, by an oozing from the itching part, of a fluid, at first thin, watery, abundant, and of a bluish-*white* or *milky* colour, but which, when not flowing in large quantities, becomes thicker, of a somewhat curdy or cheesy character, and of a hue distinctly yellowish.

This discharge may be constant—always present—though, at times, and under certain circumstances, it is liable to very great increase; such as, when the patient is taking violent exercise, or using muscular force, greater than usual, or, when employed in any way that will tend to relax, not the scrotum alone, but the body generally, or by any direct warm application.

It is also aggravated by the heated temperature of the atmosphere, and may flow away so copiously, as to fill a large tea cup in a short time, and by its continuance tend to induce faintness, vertigo, tinnitus aurium, dilated pupil, and other symptoms of that weakness, indicative of an exhaustive strain upon the system; yet there is generally no seminal debility, nor want of sexual feeling or of procreative power, the functions being capable of their due performance; nor does the fluid so discharged contain any spermatozoa, though it be very richly abundant in albumen; which latter fact accounts at once for the debility consequent to the discharge. In some instances the flow will return with a certain degree of periodicity; will take place in gushes, and entirely cease for a time, not by the instrumentality of any curative agent, but spontaneously, and wholly, because it seems to have been exhausted.

This transudation or exudation having continued for some months, the scrotum is perceived to be distinctly enlarged, swollen, though not tense, and pendulous; also to possess a peculiar soft, spongy, resilient feel, a sensation to the touch, as if there were hypertrophic thickening; at the same time that it is noticed to be of a deep red colour, moist and oily, its surface, on lactile examination, being somewhat villous, owing in part, no doubt, to the obliteration of the natural rugæ, and to the development of the secretory follicles in a very extensive and marked degree. *Subsequent* to the appearance *in their magnified form* of these follicles, they *seem* to be the secretory organs of the albuminous fluid, which is found flowing certainly in greatest quantity from that spot, where they are largest or most numerous; and, again, the follicles in time become enlarged in size, somewhat, perhaps, in proportion to the demand made upon them for the supply of this fluid; or, if not for its supply or secretion, at least for its transmission.

The testicles will, in a certain measure, evince their sympathy with these organic changes, by becoming painful, tender, irritable, though they be not themselves at all participators in such, or any structural deviations.

Treatment.—The first curative agents which suggest themselves to our mind are astringents; but, on employing them generally or locally, we are disappointed in their effects, since they fail to constringe the follicular orifices, or to check the milky exudation; indeed, the only advantage that we can claim—when they are administered internally—for such astringents as the tinctura ferri muriatis, or the several acids, and remedies of a nature similar to them, is, that they, acting as tonics upon the entire system, support the failing powers or build them up by imparting increased action—a return towards their normal healthy condition.

The excessive itchiness at the very commencement of the disease may be alleviated, or temporarily removed, by the use of the lotio plumbi, or, perhaps, any other direct sedative. I prefer to keep applied by means of some fine linen, the following unguent:—

℞ Bismuthi Trisnitratis, grs. viij—xij.;
Ol. Amygdalarum Amar., ℥vij—xij.;
vel
Acidi Hydrocyanici (Scheele's) ℥vii.—xij.;
Glycyrinæ, ʒj.—ʒiv.;
Ædipis, ʒj.—ft. unguent.

To be applied constantly to the part affected, so as to keep it thoroughly and always lubricated.

With the continuance of use the quantities of the ingredients may be augmented.

Generally, however, all topical applications, or general remedies, fail, and we are compelled to resort to the knife for the removal of the affection by the taking away the enlarged follicles and the hypertrophied scrotum, in which they have become developed. Yet even upon this operation failure is sometimes attendant, as there may be a disposition on the part of the disease to implicate by continuity and contiguity the healthy structures in its vicinage.

REVIEW OF BOOKS.

A Guide to the Qualitative and Quantitative Analysis of the Urine, designed especially for the Use of Medical Men. By Dr. C. Neubauer and Dr. J. Vogel. Fourth Edition, considerably altered and enlarged, (with 4 Plates and 28 Woodcuts). Translated by Wm. O. Markham, F.R.C.P.L., Physician to St. Mary's Hospital. The New Sydenham Society, London. 1863.

Urine, Urinary Deposits, and Calculi: and on the Treatment of Urinary Diseases. With numerous illustrations, and Tables for the Clinical Examination of Urine. By Lionel S. Beale, M.B., F.R.S., Fellow of the Royal College of Physicians, Physician to King's College Hospital, Professor of Physiology and of General and Morbid Anatomy in, and Honorary Fellow of King's College, London. Second Edition. London, Churchill. 1863.

The Council of the New Sydenham Society are entitled to the hearty thanks of the Medical Profession, for their publication of Drs. Neubauer and Vogel's celebrated work upon "The Analysis of the Urine," and we are much mistaken if this will not prove to be the most generally acceptable of the many excellent volumes that have already appeared under their auspices. For the first division of the work which treats of "The Chemistry of the Urine, Dr. Neubauer is responsible; while Dr. Vogel contributes the second division, on "The Semeiology of the Urine," containing a description of the signs indicated by altered conditions of the urine, as well as a Guide to the Investigation of Urinary Calculi, and other urinary concretions.

Each author has ably discharged his task. A clear idea of Dr. Neubauer's mode of arrangement of the chemical portion may be obtained from the following summary:

"First Part:—1. Physical and chemical character of the healthy Urine.
2. Normal Constituents.—*a.* Organic; *b.* Inorganic.
3. Abnormal Constituents.
4. Sediments.
5. Accidental Constituents.

Second Part:—Determination of the weight of the organic and inorganic constituents of the urine.

Third Part:
1. Practical guide to its qualitative analysis.
2. Characters of the sediments under the microscope.
3. Practical guide to the quantitative analysis of the urine.
4. Practical guide to the approximative valuation of the quantity of its constituents." Page 2.

The plan on which Dr. Vogel has proceeded in the consideration of the general semeiology of the urine is laid down in the following paragraph extracted from his introductory remarks.

"To render more easy the explanation and the solution of any given question, the following pages have been divided into two chief divisions, and into several subdivisions.

The first division contains the qualitative changes of the urine, including the sediments. It contains four subdivisions :

1. Changes in the colour, appearance, and odour of the urine.
2. The chemical reaction of the urine and its significations.
3. The presence of unusual and abnormal constituents of the urine.
4. Urinary sediments.

The second division comprises the quantitative changes of the urine, the increase and diminution of the normal constituents of the urine.

It is subdivided into two parts :

1. Quantitative changes which are appreciable without the aid of chemical analysis, and which are of especial importance to the physician by reason of their ready application.

2. Quantitative changes which require chemical analysis for their demonstration.

A guide to the investigation of urinary calculi and other urinary concretions, is given in the Appendix." Page 284.

Our readers may be divided into two great classes, viz., those who *are*, and those who *are not* members of the New Sydenham Society. We congratulate the former on their possession of a volume which will prove a thoroughly trustworthy guide to the study of the urine in its relations to the diagnosis, prognosis and treatment of different diseases ; while to the latter we would venture to give this piece of advice ;—*instantly join the Society:* (*a*) for the present volume is worth three-fourths of a year's subscription.

The fact that Drs. Neubauer and Vogel's work has reached a fourth edition within eight years of its original appearance sufficiently attests the high value that is attached to it in Germany ; and we need hardly add that the name of Dr. Markham is a sufficient guarantee that the translation is both accurate and elegant.

Dr. Beale's work, which has reached a second edition, in little more than two years, is composed of eighteen chapters, which are mainly devoted to the following subjects :—Tests, clinical apparatus and instruments necessary for the clinical examination of urine. The volumetric process of analysis for estimating some of the constituents of urine. Apparatus required. Examination and preservation of urinary deposits. The anatomy of the kidney. Its action in health and disease. Healthy urine. Its physical characters and chemical constituents. The quantity of the different constituents excreted in twenty-four hours. Urine in disease. Excess or deficiency of water, and of the organic and inorganic constituents present in health. Soluble substances present in urine in disease, which do not exist in the healthy secretion. Substances floating on the surface of the urine, or diffused through it, but not forming a visible sediment. Light and flocculent deposits. Dense and opaque deposits. Granular and crystalline deposits. Entozoa in the urine and urinary organs. Urinary calculi.

It differs mainly from that of Drs. Neubauer and Vogel in containing an account of the Anatomy of the Kidney and its Action in Health and Disease, a large number of original and complete analyses of the urine in different diseases, and observations on the treatment of urinary disorders.

We have no intention of offering any critical remarks on either of these volumes. We may, however, incidentally remark that they contradict each other on the question whether creatine occurs in the urine, as will be seen by the following extracts :

"Creatine exists in small quantity in urine. Its presence in this secretion was discovered by Heintz. Dr. Thudichum has obtained from 3·45 to 6·32 grains of creatine from the urine of a healthy man in twenty-four hours.—Beale, p. 93.

"Liebig found creatine as well as creatinine in this chloride of zinc compound, and was consequently led to the conclusion that both these bodies exist originally in the urine. Heintz, however, afterwards showed, by carefully conducted experiments, that fresh urine does not contain creatine. He found that the creatine is formed through the decomposition of the chloride of zinc compound, the creatinine of which takes up water and is converted into creatine. This view has since been confirmed by Liebig and Dessaignes."—Neubauer and Vogel, p. 18.

The latter extract contains, as we believe, the true state of the case ; but both these books are of such sterling merit that it would be ungracious to attempt to point out the few possible instances in which they may be open to criticism.

Topics of the Day: Medical, Social, and Scientific. By James Ansley Hingeston, M.R.C.S., and L.S.A. Pp. 400. London: Churchill and Sons, 1863.

The miscellaneous character of the subjects discussed in this volume may be estimated by their titles. The atmosphere, the late earthquake, the Russian war, the eclipses of the sun in 1858 and 1860, hypochondriacism, homœopathy, vaccination, the deaths of Horace and of Cleopatra, all figure in the pages and do not appear to be arranged with any attempt at consecutive order. The topics are, however, arranged in three classes, the first of which includes observations on meteorology, astronomy, and the practice of vaccination ; the second embraces some medical or quasi-medical matters, as ethnological psychology, the human brain, the deformities of infantile crania, the duality of mind ; and the third ranges over the war of 1854, the peace of 1856, the Indian Rebellion, a soliloquy on ten thousand a year, and other matters equally heterogeneous. Some of the papers have already appeared in periodical publications and have lost much of their interest, some are interesting only to medical practitioners, and some are mere gossiping commentaries on passing events.

Mr. Hingeston, however, is evidently a scholar, a reader, and an original thinker ; wherever he treats of medical matters especially generous sympathy with his brethren of the profession, he shows a and justly advocating the high character of the great class of general practitioners ; and on classical and scientific subjects, his knowledge is extensive and his observations judicious. The book, although something of an *olla podrida*, is certainly amusing and instructive.

Letts's Diaries for 1864.

We have just received Letts's Medical Diary and Letts's Appointment Diary for the forthcoming year. The Medical Diary especially provides for all matters connected with daily visits, accouchements, vaccinations, &c., and the Appointment Diary provides for an hourly arrangement on the punctual keeping of engagements by all classes of the community, but especially those of professional men, lecturers, and students. These diaries are so well known that it is almost sufficient to state that they maintain their high character in style and workmanship. Mr. Letts's Diaries obtained a prize medal at the International Exhibition, and their circulation is now numbered by hundreds of thousands.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

DR. HUGHES BENNETT concludes his interesting Lectures on "Molecular Physiology, Pathology and Therapeutics," by a discourse on the present state of Therapeutics. In this part of the subject, Dr. Bennett gives an epitome of his peculiar views of the treatment of disease, and introduces a number of original remarks. He alludes to the influence of the mind over the body, as accounting for the production of disease as well as its cure, and he shows that many maladies are really relieved by impressions made upon the imagination. Many diseases, again, are cured spontaneously, while the treatment adopted has the credit erroneously assigned to it ; and many other diseases, formerly regarded as necessarily fatal, are frequently cured. Cancers like other growths, are known to have been successfully extirpated, and tubercle has been cured by analeptic treatment. The progress of scientific therapeutics has been very materially advanced by our improved methods of diagnosis, made by the help of the stethoscope, the speculum, the ophthalmoscope, the laryngoscope, the microscope, and chemical analysis. The theory of change of type in disease, is considered by Dr. Bennett as a fallacy, and he asserts that diseases are the same as ever they were, but that views of treatment are more enlightened than formerly. Physiology and pathology are the true foundations for medical practice, and therapeutical agents are divided into aliments, hygienics, and the materia medica. Bloodletting, as a remedy, is of course, vehemently denounced by Dr. Bennett, who is equally adverse to the employment of mercury, the employment of which, he alleges, is followed by more harm than good. Many other substances, vaunted as specifics and new remedies, have no claim to the title, and they are often recommended in practice on the strength of observations which are insufficient in number and exactness to command confidence. Mr. CHARLES HUNTER continues his "Practical Remarks on the Hypodermical Treatment of Disease," his present paper being on the comparative hypodermic effects of morphia and atropine. The former is a narcotic and checks inflammation, the latter acts at

Continued at page 350.)

(*a*) We have heard a report that the Council of the New Sydenham Society contemplate the publication of a translation of Funke's 'Lehrbuch der Physiologie.' We sincerely trust that the report is true, and that they will be able to carry out their intentions ; as we are sure that the work, if carefully edited, would prove most acceptable to a large majority of the members.

NOTICE—*The first number of a New Series of the* MEDICAL CIRCULAR (*Vol. 24th*) *will be sent on Wednesday, January 6th*, 1864, *to every Member of the Profession whose name appears in the Medical Directories for England, Scotland, and Ireland. The intention of this large issue of the Journal is to draw attention to its many improvements, in size, in paper, and in the arrangement of its contents, which, under new Editorial management, will be of a more practical character, and better adapted to the requirements of the busy practitioner than heretofore.*

Advertisements on this occasion cannot be received later than Saturday, January 2nd.

THE MEDICAL CIRCULAR.

WEDNESDAY, DECEMBER 16, 1863.

THE ARMY MEDICAL DEPARTMENT.

The agitation on the Army Medical Department seems now likely to assume the more respectable form of a literary controversy. For the last two or three years those gentlemen who were dissatisfied with the condition of the service have had it pretty much their own way in certain of our contemporaries, and have used their opportunities with such effect that they have at last provoked some of their brother officers into refuting the more groundless of their assertions, and laying the true state of affairs before the Medical public; we allude more particularly to the well-known letter from a Deputy Inspector-General to the 'Lancet,' and to a recent article on the Army Medical Department in the 'Glasgow Medical Journal.' We have already had occasion to notice the latter with approval, and are sorry to observe that its impartial tone and sensible views have not saved it from being unfavourably, and we think unfairly, criticised in two of our contemporaries. It may not be uninteresting to notice the kind of criticism with which it is sought, by certain writers, to throw discredit on the publication of opinions antagonistic to their own. For this purpose, we select the article in the October number of the 'Glasgow Medical Journal,' and the criticism to which it has been subjected in the 'Lancet' of 17th of October.

The 'Lancet,' somewhat gratuitously, and without any apparent reason, assumes the Glasgow writer to be an Army Medical Officer *of office, not regimental, experience*, and severely comments on him for indulging in agitation by an exposure of the iniquities of the system obtaining in India, while he himself is engaged in reprobating those who have previously communicated to the press on that and other alleged grievances. We would wish that our contemporary had discriminated a little more clearly between an agitating communication to the public press and a temperate review of the conditions of the public service, intended for the information of such of the Medical public as cared about the matter, and especially of such young surgeons as might entertain an intention of entering the Medical Department of the Army. The writer in the 'Glasgow Journal' appears to us to have taken an impartial view of the subject, in a manner altogether removed from the nature of a complaint, and where there seems to be necessity, he urges, for reform, as in India. He has not shirked the question to suit his own views, which are plainly those of a man desirous of seeing the public Medical service improved, by the entrance into it of the best men, rather than by the encouragement of ill-feeling and discontent.

The writer in the 'Lancet,' again, displays either a considerable deficiency in critical acumen, or an indifference to fairness in discussion, when he accuses the Glasgow writer of inconsistency in maintaining, in the same article, that the Army Medical Department is at once a desirable employment; and yet that it will no doubt be necessary to improve it. The reasoning in the article goes to show that the conditions of the Army Medical Department must ultimately be improved in proportion as the general status and emoluments of the Profession itself rise with the higher education required from Medical students. The prediction of an improvement in the department to meet that in the Profession is a very different thing from the assertion of an assumed necessity for reform on the grounds of unfair treatment. So far from favouring agitation, the Glasgow writer "would be glad to see the subject dropped, so as to leave the status of the department to be settled on its own merits, and in accordance with the inexorable logic of the law of demand and supply."

The 'Lancet' further demands an explanation of the statement to the effect that the employment of civilians in the higher offices of the department, as in the case of two professors at the Army Medical School, is to the discredit of military surgeons, and the detriment of the public service. Had the critic perused the succeeding lines—"We say to the detriment of the public service, because we believe that young officers of the department can be taught by none so well as by those who are thoroughly trained to the service, and conversant with its minutest details." He might have spared himself the question, and if he will read in the same number of the 'Glasgow Journal' a critique on Dr. Aitken's recent publication on the "Growth of the Recruit," he may, perhaps, be able to understand the reason why such opinions are prevalent.

THE PERSECUTION OF MEDICAL MEN.

The more we reflect upon the late case of Symm *v.* Fraser and Andrews, the more we are struck with its enormous iniquity. The mere finding of a verdict for the defendants is a poor compensation, and indeed no compensation at all, for the moral torture and the pecuniary loss which those gentlemen have been compelled to sustain in defending themselves against a charge which has been proved to be utterly groundless. In almost all other cases of a similar kind which have been brought under public notice, there has been perhaps something, however little, to be said in favour of the persecutors, especially by those who are wise after the event. If Dr. A. or Mr. B. had only said or done something which he did not say or do, or if he had only left undone or unsaid something which he did or said, then no action would have been brought; and the wiseacres console themselves with the reflection that if the case had been their own, *they* would not have fallen into the difficulties which have overtaken the unfortunate victim of the action. But in the recent case, on which we now offer a few additional comments, the parties accused had done nothing whatever to lay themselves open to blame; they had injured no one; they had merely treated a medical case in an appropriate manner; and in the course of time they had perhaps half forgotten the circumstances, when an action was brought against them, more than a year after the occurrence of the transaction on which the suit was founded. Dr. Andrews receives a letter in the early part of 1863, requesting him to explain his treatment in a case of illness occurring at Christmas in 1861, and he very naturally replies that he has nothing to explain, as he merely treated the case

in the ordinary way, and he deprecates any resort to legal measures or advice as there is nothing for the law to enlighten or to redress. The only answer he receives is that one evening, as he is coming home, fatigued after his daily rounds, a person thrusts a writ into his hands, and takes his departure. Dr. Fraser, who had happened to be called in consultation in the same case, is treated in a similar manner. Then comes the usual train of legal consequences; Drs. Fraser and Andrews are called upon to defend themselves at an enormous expense against they know not what, for we need not state that what are called the "declarations" in law are often a tissue of falsehoods, or of imaginary grievances, the truth or reality of which it is not necessary for the plaintiff to maintain, and the whole or a part of which may be abandoned or modified at the last moment. The defendants are thus compelled, as it were, to fight in the dark, and perhaps, to procure evidence against allegations which eventually are never brought. Again, such is the wickedness of some part of human nature that the witnesses arrayed against them are occasionally perjured knaves whose falsehoods can be refuted only by the laborious process of hunting up their antecedents, or backing up oath against oath. We find no great fault with the counsel in such cases; they find certain statements in their briefs and they are paid for giving them utterance, whether they are false or true; and the furious attacks which some foul-mouthed Boanerges of the long robe may vent against a respectable defendant is only so much theatrical or forensic thunder paid at the rate of so many guineas an hour. But the disputations of the Bar are such costly contests to all concerned, that great care should be taken to exclude frivolous or false charges from the law courts, and we hope that the publication of every detail in connexion with the late case will lead to some reform in this particular.

We have already hinted our strong suspicions that there must have been some scoundrels in the background who urged on Mrs. Symm and her solicitor, Mr. Edward Lewis, of Marlborough street, to bring the action, and we earnestly hope that the investigations about to be instituted will throw some light upon this part of the subject. In the meantime we cannot but express our regret that any of our professional brethren should in any way have countenanced the proceeding by giving evidence on the part of the plaintiff, the more especially as they knew nothing, or next to nothing, of the facts of the case. It cannot be too extensively known that the attendance of a Medical witness to express an opinion is almost entirely optional, and if such a witness intimated to the solicitor who engaged him that his evidence would be worthless or would be averse, it is very unlikely that he would be called at all.

Now we find that three Medical men appeared for the plaintiff, namely, Mr. Tate, late of Sunderland, and Dr. Tunstall and Mr. Barrett, of Bath. Mr. Tate's connexion with the case consisted solely, we believe, in the facts that he had attended the plaintiff some considerable time before the occurrences which led to the action, and that he did not then notice any indications of habitual intoxication. Mr. Barrett saw her in the January afterwards, and merely declared that she was not *then* suffering from *delirium tremens*. But he admitted, on cross-examination, that he was under the impression that her condition might have proceeded from drink, and so far his testimony was in favour of the defendants. Dr. Tunstall's evidence was about as insignificant, in reality, as that of Mr. Barrett, as he had not seen the plaintiff until some time after Christmas, 1861, but his theory of "travelling gout" afforded a sufficient handle for Mr. Montague Chambers to abuse and ridicule the practice pursued by Drs. Fraser and Andrews; while Dr. Tunstall's novel view of the treatment of *delirium tremens*, by reasoning with the patient, was as eccentric as it was original.

For the present, we abstain, for sufficient reasons, from further comment on this case, only remarking that the costs of the defendants have been found to amount to the enormous sum of 700*l.*, the payment of which we earnestly hope will not fall upon their shoulders.

THE PLEA OF INSANITY IN CRIMINAL CASES.

A dreadful murder committed in August last in one of the midland counties, and the defence offered for the accused at the trial which has just terminated in a verdict of guilty, have again raised the important questions of the distinctions existing between insanity and crime, of criminal responsibility and irresponsibility, and of the plea of insanity generally in criminal cases. Both the murderer and his victim moved in a respectable sphere of society, and the former appears to have been a person of fair education, and even possessed of some accomplishments. They were attached to one another, but for reasons which are irrelevant to the issue, the young lady transferred her affections to another suitor. The result was that the prisoner invited the poor girl to an interview, and then murdered her. The commission of the crime is admitted on all sides, and the only question is as to the state of mind of the criminal at the time he committed it. We direct attention to the evidence of Dr. Forbes Winslow in favour of the prisoner on the ground of his insanity, and to the luminous summing-up of Baron Martin, which leans to the other side. Our readers who recollect the observations we have made on previous occasions when we regretted that insane prisoners were condemned to death, will not, we hope, accuse us of any sympathy with certain blood-thirsty writers, who repudiate the plea of irresponsibility, and who would glory in the wholesale execution of lunatics; but we must confess, and we have somewhat reluctantly arrived at the conclusion, that in the instance to which we now refer there is not sufficient evidence of insanity to prove irresponsibility. That the wretched prisoner was goaded by jealousy to an atrocious act is perfectly true, but the revengeful feelings excited by this emotion are not insane delusions. We cannot refrain from commending, in the warmest terms, the luminous and learned summing-up of the presiding Judge, which, whether viewed in its legal or its psychological aspects, is a model of judicial reasoning. That the impression made on his mind was a most painful one is abundantly evident, but this personal feeling did not prevent him from expounding the real principles of the law. Unless any further evidence should be adduced, we are compelled to take the same view of the case as that laid down by the Judge, and we would offer some further remarks, but the theme is too sad, and we close our eyes at the last act of the deplorable tragedy.

SUMMARY OF THE WEEK.

THE TITLE OF DOCTOR.

The question of the right of granting the degree of Doctor of Medicine by Colleges of Physicians is now placed before a legal tribunal. It is generally known that, although by courtesy Licentiates of a Medical College are allowed the title of

Doctor before their names, yet that none of the Medical Colleges have assumed the *right* to grant the degree except the King and Queen's College of Physicians in Ireland. It is evident that this question is now one of very great importance, because the Universities have become so stringent in their regulations as to granting Medical degrees as to render those honours much more difficult of attainment than was formerly the case; and if the power of the Medical Colleges in this respect were admitted, University education would be materially discouraged. As far as we can learn, the King and Queen's College of Physicians rests its claims only on an opinion obtained from Mr. Deasy, formerly Attorney-General of Ireland, who thinks that the College possesses the power in question; but, on the other hand, Sir Hugh Cairns and Mr. Hobhouse, who have also been consulted, are distinctly of opinion that the College has no power to confer the degree of Doctor of Medicine. It will be seen, under the head of our Legal Intelligence that the subject is now before the Irish Court of Chancery, but an unexpected difficulty has arisen in the decision of the question, from the circumstance that the Lord Chancellor has determined not to hear the case on the ground that he is Vice-Chancellor of the Queen's University, and is therefore personally interested in the cause. He has, consequently, sent it down to the Rolls Court, where, from the known ability of the present Master of the Rolls, the subject is likely to be thoroughly sifted in all its bearings. If, however, there should be an appeal from the latter Court, then the cause will be argued before the Chancery Appeal Court, where the judges are the Lord Chancellor and the Right Hon. Francis Blackburne, the Vice-Chancellor of the University of Dublin. The matter will thus, in all probability, be complicated with the admixture of personal feelings, while it is not denied that pecuniary interests are involved between the College of Physicians and the Dublin University.

THE METROPOLITAN SEWAGE.

The Metropolitan Board of Works have just published their report for the past year, and they announce the progress they have made in the purification of the capital. We are informed that the outfall works on the north side of the Thames at Barking are so far advanced as to admit of two-thirds of the sewage on that side of the river being diverted to the permanent point of delivery, thereby dispolluting the river within the metropolis to that extent. In the early months of the present year the rainfall was so small that fears were entertained of the river again becoming offensive, but early in the month of June a considerable fall of rain took place and rendered any effort unnecessary for the deodorising of the stream. The utilisation of the sewage is an important question which has received the attention of the Board, but has not, as is well known, been as yet settled. The report before us points to the difficulties which surround the whole subject, among which are the vast quantity of material to be dealt with; the necessity of adopting proper safeguards to the public health in dealing with the sewage; the prevention of the depreciation of property; and the adequate remuneration of the promoters of any scheme, and the diminution of the burdens of the rate-payers. The Board are fully impressed with the importance of utilising the sewage, and of the value of the manure which it would afford, and we are told that as sufficient time had not been given for the reception of tenders during the month of May, the period was extended till July, when communications were received which were still under investigation by a committee. As yet it does not appear that any definite conclusion has been arrived at, and the Board invite the renewed attention of scientific men to the subject.

REVIEW OF THE PERIODICALS.

(Continued from page 347.)

first as a stimulant, and is only indirectly sedative. Mr. Hunter illustrates his remarks by cases. Dr. Russell Reynolds commences a series of "Cases of Paralysis," commencing with one of paraplegia, in a young man, caused by an accident from a fall. The case was at first treated with strychnia, but without effect; nitrate of silver, and iodide of ammonium were equally inefficacious; but on returning to the use of strychnia and the employment of the magneto-electric current, improvement was manifested and complete recovery ensued. Dr. S. S. Dyer gives a "Report of a Case of Wounded Abdomen and Intestines." The patient was a man, aged sixty-four, a butcher, who in a state of melancholy, stabbed himself with a long-bladed sharp-pointed knife in the abdomen. The intestines were cut through, and Dr. Dyer attached the cut extremities to the external wound by sutures of silver wire. The man, strangely enough, survived three weeks and two days from the time of his wounding himself, and at last sunk from exhaustion.

The 'Medical Times and Gazette.'

Professor Huxley continues his lecture "On the Vertebrate Skull," and analysing its different parts in a manner particularly described, he shows how the structures are modified in the monotremata (ornithorhynchus and echidna) in the elephants, the cetacea, and the seals. Professor Gulliver continues his lectures on the "Blood, Lymph, and Chyle of Vertebrata," and he now describes the morphological elements of chyle, consisting of particles and cells of various kinds, and of the molecular base of chyle. The molecular base gives the characteristic whiteness and opacity to the chyle of the human subject and some of the mammalia, and its appearance, although the particles are so minute and faint that they can be distinguished only by good instruments, is very characteristic and diagnostic. This circumstance was shown in a case which occurred to the late Mr. Bransby Cooper, where a man passed through a fistulous opening in his loins, a milky-looking fluid, which Mr. Gulliver ascertained to be chyle, and which probably came from some communication being made with the lacteal system. Mr. Gulliver notices that the liquor chyli of animals is analogous to the liquor laticis in vegetables, especially in the orders papaveraceæ, campanulaceæ, and cichoraceæ. Dr. John Barclay and Dr. Angus Fraser relate a "Series of Experiments on Dialysis," their object being to show how far the process of dialysis, as proposed by Professor Graham, can be relied upon for the separation of poisons from organic matter. The poisons experimented on were corrosive sublimate, arsenious acid, sulphat of copper, acetate of lead, tartar emetic, strychnia, laudanum, and muriate of morphia. The results were, that of the poisons operated upon, arsenious acid and antimony dialyse best, for in every instance satisfactory proof was obtained that they had passed through the membrane. Dr. H. Strangways Hounsell describes a "Case of Leucocythæmia," which occurred in the Torbay Infirmary in the autumn of the present year. The patient was an unhealthy-looking boy, presenting the physical signs of tubercular deposition in the lungs. Blood drawn at different intervals from the tips of the fingers showed the red corpuscles small and less abundant than usual, but the white corpuscles were present in great numbers. This boy eventually died, and on post-mortem examination it was found that the mesenteric and lumbar glands were enormously enlarged, and all the other lymphatic glands were also enlarged. The spleen, however, was not perceptibly increased in size, nor impaired in texture. Scrapings from the enlarged lymphatic glands showed the characteristic granular or lymph-cells and a few oil-globules.

THE 'BRITISH MEDICAL JOURNAL'

Dr. B. W. RICHARDSON communicates a very eloquent and learned address, delivered before the Epidemiological Society, on the "Present Position and Prospects of Epidemiological Science." In relation to the specific causes of epidemics, on which the opinions of medical men in the present day are somewhat divided, Dr. Richardson maintains the views of those who conceive that each disease which is specific and spreading, has for its cause one special poison. He does not agree with those who believe that epidemic diseases are caused by deficient drainage and ventilation, although these conditions will of course facilitate the spread of disease, while the removal of them will have the opposite effect. Dr. Richardson's argument in favour of special poisons in each disease are very strong, and are drawn from such instances as the small-pox epidemic in sheep, which is not communicable to man, and which is arrested by segregation of the diseased animals from the sound ones, the atmospheric conditions remaining the same; the non-recurrence of certain special diseases, as small-pox, and its prevention by vaccination; the propagation of scarlatina in healthy and clean localities, as well as in unhealthy and dirty ones. The treatment of epidemics occupies but a small space in the address; but the use of the sulphites of soda and potash in checking fermentation is briefly alluded to, and also the use of iodine vapour as a deodoriser.

GENERAL CORRESPONDENCE.

TREATMENT OF INFANTILE SYPHILIS.

To the Editor of the Medical Circular.

SIR,—It is with much pleasure that I endeavour to reply to your correspondent, W. Allen Jones, Esq., who has done me the honour to ask my opinion upon a case of infantile syphilis treated by him lately. In the first place, however, Mr. W. Jones has laid himself very open to criticism in his report of the case, for at the early part of the note he says, "*Last summer* an infant, *five months old, &c.*," and at the end he says, "but never to this day, *two years* after contracting the disease, &c." Mr. Jones will probably correct this error in his reply. Again, Mr. Jones says "that the child was born healthy, and continued so until vaccinated, &c.; *six weeks* after this a slight rash appeared, which got worse, &c." Surely Mr. Jones does not believe that his case is one of vaccino-syphilitic contagion; when six weeks had elapsed, and no induration is mentioned in the arm, &c., altogether the notes of the case are, I regret to say, not such as to enable *me* to attach any importance to the case.

But, again, Sir, Mr. Jones treated this child with hyd. c. cretâ, gr. ij. t. d. for three weeks, and afterwards once a day, with pot. iod. gr. j. t. d., and his result was that "three weeks afterwards *the discharges were not nearly so fetid.* And, again, never to this day has the child the healthy appearance she had before."

Such a result is by no means a good one, and contrasts most unfavourably with the results obtained by myself ('Med. Times and Gazette,' Nov., 1862), and with the fifteen cases published by Mr. Allingham ('Med. Times and Gazette,' Oct., 1863), to which I refer Mr. Jones for details.

As to mercury causing syphilitic children from syphilitic patients I may remark that Hennen (Military Surgery) says, "of thirteen children born of parents treated without mercury, eleven were born alive, and none of them have up to this time exhibited any suspicious symptoms, although some are now in their third year. Again, Benjamin Bell (Lond. 1793) says, "it is a prevalent idea that mercury is apt to produce abortions." Both of these opinions my experience corroborates. I think that were ulcers treated without mercury, there would be *very few* so-called syphilitic children, or abortions. If Mr. Jones will explain his letter I shall gladly add more. Your obedient servant,

Southampton Row, W.C. CHARLES R. DRYSDALE,
Dec. 12th, 1863. M.D. Eng., M.R.C.P. Lond.

MEDICAL STUDENTS IN EDINBURGH.—The number of students matriculated in the University of Edinburgh this year is 446 against 470 of last.

THE BREADALBANE PEERAGE. — It is rumoured that Charles Archibald Campbell, M.D., of Ottawa, Canada, will succeed to the title and immense estates of Breadalbane. The estates are valued at 40,000*l.* per annum.

LEGAL INTELLIGENCE.

THE TITLE OF DOCTOR.

COURT OF CHANCERY IN IRELAND.
(Before the Right Hon. MAZIERE BRADY, Lord Chancellor.)
FRIDAY, DECEMBER 4, 1863.

INJUNCTION.

THE ATTORNEY-GENERAL *v.* THE KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

This was a petition filed at the relation of the Board of Trinity College, praying for a declaration that the respondents were not authorised by their charter to admit any person to the degree of Doctor of Medicine, or to grant a licence, or diploma, or letters, testimonials, declaring such persons entitled to such degree, and for an injunction to restrain them from giving degrees or letters, testimonials, &c.

The Solicitor-General, and the Right Hon. A. Brewster, Q.C., and Messrs. Lloyd, Q.C., and Dames, appeared for Trinity College; and Serjeant Sullivan and Messrs. J. E. Walsh, Q.C., and W. Smith for the College of Physicians.

The petition stated that by the charter of Trinity College, of the year 1615, it was declared that no person other than the Provost, Fellows, and Scholars should make public profession of or teach the liberal arts in Ireland without special licence from the Crown. Afterwards, by a charter of Charles I., in the year 1637, this privilege of conferring degrees was confirmed, and existed exclusively up to the time that a like power was granted to the Queen's University in the year 1850. Trinity College only had the power of granting these degrees in Ireland up to that time. The qualification required in a candidate of the Dublin University was that he should have a degree in Arts, to obtain which he should have entered College, and paid certain fees, &c. In the seventeenth century, the Provost, Fellows, &c., of Trinity College granted certain premises known as "Trinity Hall" for the use of Physicians; and in 1692, William and Mary granted letters patent to this body, which was the origin of the present King and Queen's College of Physicians. By that charter, Patrick Dun and certain other Doctors of Physic were incorporated as "The President and Fellows of the King and Queen's College of Physicians in Ireland." The charter gave them no power—it was alleged by the petitioners—to grant degrees, but only to authorise parties to practise physic. The College of Physicians had not formerly granted degrees; but, in 1860, they commenced to grant them, and used the following form, viz: —"We grant licence to A. B. to practise in physic, and do certify that he is entitled to his degree and title of Medical licentiate." The respondents, it was alleged, subsequently added to the letters testimonial a certificate to the effect that the candidate was entitled to the title of "doctor of medicine and licentiate," which the petition charged was an attempt to avoid the use of the word "degree." Upon behalf of the respondents, the case was to the effect, that by their charters they had the power of conferring degrees, and it was contended on their behalf, that even if they had not, that Court had no authority to restrain them, and that if any proceedings were maintainable, it was at law, under the Medical Acts, and not in equity.

The case was only partly opened at the rising of the Court, and having, on the following day, been called on for further argument,

The Lord Chancellor addressed the counsel on both sides, and said that as he was personally interested in the cause, as Vice-Chancellor of the Queen's University, he felt that he should not hear it. He was sure that the Queen's University did not care what degrees the College of Physicians gave, but if that College applied for a charter, it might be necessary to consider what steps should be taken.

Mr. Brewster, Q.C., said he doubted if a charter could be given except to a University.

The Chancellor observed that he was a member of the senate of the Queen's Colleges as well as Vice-Chancellor, and he did not think he ought therefore to hear the case, which could be taken to the Rolls Court; but, even so, a difficulty might arise, for if either party appealed from the order of the Master of the Rolls, it would then come before two Vice-Chancellors in the Chancery Appeal Court, as the Lord Justice was the Vice-Chancellor of Trinity College.

Mr. Brewster, Q.C.: If that principle is to be acted on, the case cannot be heard in Ireland at all.

The Chancellor: You must relieve me from hearing it, at all events.

Serjeant Sullivan stated that the case of Trinity College was rather of a private nature. They alleged that by reason of the granting of degrees by the respondents they had lost certain fees, &c., and, if so, the proper course was for them to proceed at law, and the College of Physicians would be fully prepared to meet them.

The Solicitor-General: We prefer to discuss the matter here, and are now prepared to do so.

The Chancellor: I will send the case to the Rolls, and if there should be an appeal, perhaps it can be heard by some of the common-law judges.

This was the last case in the day's list, and the Court then rose.

THE PLEA OF INSANITY IN CRIMINAL CASES.

TRIAL FOR MURDER.

A very interesting, but most painful and distressing case has just been tried at the Derby Assizes. A young gentleman, 25 years of age, has been put upon his trial for the murder of a young lady, to whom he was attached, but who had transferred her affections to another gentleman. The only question was as to the prisoner's state of mind, and we quote Dr. Forbes Winslow's and Dr. Gisborne's evidence, and the summing-up of Judge Martin on this part of the history.

Dr. Forbes Winslow.—I have seen the prisoner twice in the presence of Mr. Sims, the governor of the gaol. He was not aware of my name or of the object of my visit. His behavior was quite natural and not assumed. I talked to him largely on the subject of the crime. I was with him nearly two hours on the first occasion and three quarters of an hour on the second. I think that at this present moment he is a man of deranged intellect. He was deranged on the 18th of November, and I thought still more so last night, when I saw him the second time. If I had any doubt as to his insanity on the 18th of November, I had none whatever last night. I adverted to the conversation I had had with him on the previous occasion, with a view of satisfying my mind that I had left him with an accurate impression of what he had said. He repeated to me that he did not recognise he had committed any crime at all, neither did he feel any degree of pain, regret, contrition, or remorse for what he had done. I endeavoured to impress on his mind on my first visit the serious nature of the crime he had committed. He repudiated the idea of its being a crime either against God or man, and in reply to some observation of mine, attempted to justify the act, alleging that he considered Miss Goodwin as his own property; that she had been illegally wrested from him by an act of violence; that he viewed her in the light of his wife who had committed an act of adultery, and that he had as perfect a right to deal with her life as he had with any other description of property, as the money in his pocket, &c. I endeavoured to prove to him the gross absurdity of his statement and the enormity of his offence, and he replied, "Nothing short of a miracle can alter my opinions." Last evening he said that he had been for some weeks previously to the 21st of August under the influence of a conspiracy. There were six conspirators plotting against him, with a view to destroy him, with a chief conspirator at their head. This conspiracy was still going on while he was in prison, and he had no doubt that if he was at liberty they would continue their operations against him, and in order to escape their evil purposes he would have to leave the country. He became much excited, and assumed a wild, maniacal aspect. I am satisfied that aspect was not simulated. I could not get from him the names of the conspirators.

Mr. Macaulay.—If the present state of mental derangement existed on the 21st of August, would it be likely to lead to the commission of the act then committed?

Dr. F. Winslow.—Most undoubtedly. Assuming him to have been on the 21st of August as he was on the 18th of November and yesterday. I do not believe that he was in a condition of mind to estimate, like a sane man, the nature of his act and his legal liability.

Cross-examined.—He referred to the conspiracy in general terms on the 18th of November. I should class his case as one of general derangement. He does not appear to have a sane opinion on a moral point. I have no doubt he knows that these opinions of his are contrary to those generally entertained, and that if acted upon they would subject him to punishment. I should think he would know that killing a person was contrary to law and wrong in that sense. I should think that from his saying that he should be hanged he knew he had done wrong. His moral sense was more vitiated than I ever saw that of any other human being. His opinions were pretty much those of atheists, but he was beyond atheism. He seemed incapable of reasoning correctly on any moral subject. He denied the existence of a God and of a future world. He would suffer from his confinement, which would add to his excitement. It was more remarkable last evening than on the 18th of November, and might not have existed on the 21st of August. He said it was a matter of perfect indifference whether he was dead or alive.

Re-examined.—He merely gave utterance to these opinions dogmatically, and seemed incapable of arguing upon them.

Dr. Gisborne, the surgeon of the Derbyshire Infirmary and of the County Gaol, gave similar evidence, and added that the prisoner's condition at this time was similar to his condition when he was brought to the gaol in August. The prisoner stated to him that he looked upon a woman engaged to him in the same light as his wife, and that he ought to have the same control over his wife as over any portion of his personal property.

On cross examination this witness stated that the prisoner's language implied that he knew that what he had done was punishable, but that he (the witness) believed he would repeat the offence to-morrow.

Baron Martin then summed up, and said that George Victor Townley was on his trial before them for the murder of Elizabeth Caroline Goodwin, and the evidence upon that point was simply and most remarkably clear—in fact he did not remember any case in which the mere facts of the commission of the murder had been more clearly proved. The single point for the jury to consider was whether the state of mind of the prisoner was such that he knew that what he did would cause death, that he was punishable by law for such an act as being contrary to the law of God, as laid down in the Commandments, which all persons learned, and which doubtless, the prisoner had learned amongst others. If he was not in that state of mind, then he was not responsible in the eye of the law. The question was one of the greatest importance to the prisoner, and not less so in an enlarged sense to the public; and it was their duty as jurymen to look carefully at the case and give their verdict according to the law, which he should give them, and the facts before them, leaving out of the question any other consideration, which would be dealt with in the proper quarter.

The prisoner was a man who had been rejected by the woman whom he loved, as it appeared, very strongly, but who had transferred her affections to another, "not," added the learned baron, "by any means an unusual case." The prisoner had said, speaking of Miss Goodwin. "You should not prove false to me," and if the jury believed that he committed the deed from the passion of jealously or revenge for her having transferred her affections to another, it was murder. Such passions as jealousy, revenge, and the like the law says must be kept under control, and again he had to tell them if he committed the act under such feelings he was guilty of murder. He said "You should not have proved false to me" after he said "I have done it; I shall be hanged for it." I must ask the jury if that was not consistent with a full knowledge of what he did and the responsibility of his act. One witness says:—"We met Captain Goodwin, and the prisoner told him, "This is your grand-daughter, Betsey, murdered;" and then, again, he said, "She has deceived me, and the women who deceives must die." "I must put it to you," said the judge, "whether, if every man was to act so towards every woman who deceived him, the crime of murder would not be committed. I must tell you, if you think he knew what he did, that he took her live away and knew that he was responsible to the law of the country—though it might be that he was of a diseased mind that would not affect for a moment the law and the legal consequences of the act as I have laid it down to you from several most eminent judges." As to the letters which were burnt, it clearly showed that he knew he should be tried for what he had done, for he said—"I do not want them read in court."

With regard to the evidence for the defence, the first part of it clearly shows that there was insanity on the maternal line; and, as too often is the case, it was to some extent hereditary, but the evidence all through showed that they all treated the prisoner as a sane man fit to contract matrimony, and countenanced his going to see Miss Goodwin with a view to induce her to change her mind, and continue her affections to him. The evidence of Mrs. Townley clearly showed that there was not the slightest taint of insanity in the conduct of the prisoner. Mr. Harris in his evidence says, "he" referring to the prisoner, "is the last man I should think likely to commit such a crime." The witness further said that the prisoner did not know the difference between good and evil. "But," said the learned judge, "if that is a ground of insanity that will relieve any one from criminal responsibility there are many who, if tried, would certainly be acquitted on that plea." The testimony of Dr. Winslow was then commented on by the learned baron, who directed the attention of the jury to the following question by Mr. Macaulay:—Would the stated mental-derangement such as the prisoner now labours under have led on the 21st of August, if it had then existed to such a crime as this? The answer of Dr. Winslow was, Undobtedly. Assuming him to have been then in the same state of mind as when I found him, I do not think he was in a mental condition to estimate, as a sane man, the nature of his act and its legal liability. That is the case in its entirety. That the prisoner killed Miss Goodwin there is no doubt, and except it is excusable on the ground of insanity, that that act was a murder there is no doubt. Now the question is, did he act under a delusion? You must take it from me that if he knew when he did the act that he was doing an act likely to cause death, and that it did cause death, and that he did it purposely, and that he knew all he was doing—that the law of God said it was a bad act according to the Sixth Commandment, and then the law of man said such act should be punished by

death, and in my opinion, if so, he is guilty of murder, and it is your duty to find him guilty of murder ; but if not, then you will acquit him on the grouud of insanity.

The learned judge occupied nearly two hours in summing up, and the jury after a few minutes consultation returned into court with a verdict of Guilty

MEDICAL SOCIETIES.

MEDICAL SOCIETY OF LONDON.

MONDAY, NOVEMBER 9TH.

Mr. E. CANTON, PRESIDENT, IN THE CHAIR.

Mr. WILLIAM ADAMS read a paper on

THE TREATMENT OF DISEASE OF THE SPINE, AND ANGULAR CURVATURE.

The author commenced by adverting to several points in the general pathology of the destructive disease of the spinal column described as caries and necrosis of the bodies of the vertebræ, and ulceration of the intervertebral cartilages, frequently described as "Pott's disease of the spine," which generally results in angular curvature. Children between the ages of three and twelve years are most frequently the subjects of this disease; it is also seen in young adults, but rarely occurs after the middle period of life. The author considered the disease to be essentially of constitutional origin, and occurring in strumous subjects, although frequently excited by a blow, rick, or some other accident; but its constitutional character should be steadily borne in mind throughout the treatment of the case.

Mr. Adams next drew attention to what he described as the natural history of the disease when allowed to pursue its course unchecked by any medical or surgical aid, as may be seen in hundreds of cases amongst the poor ; and stated that about two hundred cases of this disease were admitted annually as patients at the Royal Orthopædic Hospital. The following questions were then suggested :—

1st. Is it a fatal disease in any large proportion of cases ?

2nd. What is its average duration ?

3rd. What is its usual termination ?

After mentioning the impossibility of answering these questions with the degree of accuracy that could be desired, Mr. Adams stated his opinion that the mortality produced directly by the disease is very small, not amounting to more than from five to ten per cent.

With regard to the average duration of the disease, he considered that it was seldom arrested under two years, whilst in many cases it continued in progress during a period of five years or more ; so that about three years might probably be regarded as the average duration of this disease. But there was a difficulty in deciding this point in a disease in which the beginning and the end were wrapped in the greatest uncertainty.

As to the usual result of this malady, the author considered that it generally terminated in bony anchylosis at the seat of the disease accompanied with more or less external deformity, including persistent angular curvature of the spine, with distortion of the chest, &c., in many instances.

For practical purposes in reference to treatment, the author suggested that the disease might be divided into three stages:

The first stage being previous to the formation of angular curvature, or any marked posterior projection of the spinous processes.

The second stage, when angular curvature coexists with advancing disease, with or without external abscess.

The third stage, that of deformity remaining after arrest of the disease, and bony anchylosis.

With respect to the treatment in the first stage, the author observed that the opportunity was very seldom afforded for any treatment whatever, because he had no certain means of diagnosis; and in a very large proportion of cases disease of the spine was not even suspected until it had advanced to the second stage. The period occupied by this obscure first stage varied from six months to a year or more ; this would be undoubtedly the hopeful period for arresting or curing the disease if the diagnosis could be made, which in children it very rarely could be, although in adults the difficulty was not so great. Theoretically, this was the stage during which counter irritation, in some form or other, and complete recumbency, were indicated, and might be practised in proportion to the certainty of the diagnosis.

With regard to the treatment in the second stage, the greatest difference of opinion exists upon three points:—

1st. The necesity of absolute rest—i.e, the recumbent position in bed.

2nd. The advantage to be derived from counter-irritation either by issues, blisters, the moxa, or the actual cautery.

3rd. The propriety of mechanical support.

No difference of opinion exists with regard to the constitutional treatment, as the essentially strumous nature of the affection is universally recognised, and the advantage of cod-liver oil, iron, quinine, and other tonics is generally admitted. Mr. Adams had found much advantage from the use of hypophosphite of lime, and a liberal supply of port wine. The author observed that on the continent absolute rest and severe counter-irritation are generally employed; and the same may be said for the treatment in Scotland, where the actual cautery is still much in use. In England the rule of practice is absolute rest, with mild counter-irritation, blisters being generally used, but still issues are frequently employed by some of the leading surgeons. Mechanical support is very generally ignored, both on the continent and in this country, during the progress of the disease; and this is one of the points to which the author desired especially to draw the attention of the members of the society, as his own experience had led him to believe that mechanical support may be most advantageously employed during the progress of the disease, and especially in the second stage. Mr. Adams stated that his rule of practice is always to allow the feelings and inclinations of the patient to be the guide as to the advisability of allowing a moderate amount of exercise to be taken when the spine is firmly supported by a spinal instrument. The spinal support which he employs in young children consists of a piece of thick leather accurately moulded to the form of the back, and fastened in front by elastic india-rubber material. A light steel crutch is attached to the leather on either side. In older children and young adults he employs a steel spinal instrument, with a posterior pad made to move by a cog-wheel from the pelvic belt.

The author stated that he is a decided opponent of the system of absolute rest—that is, the recumbent position in bed; as he believes this to act prejudicially on the general health, and therefore on the disease itself. With regard to counter-irritation, Mr. Adams stated his conviction that this also acts prejudicially on the general health, and therefore also on the disease itself. He never employed it in any form whatever.

With respect to the treatment of this disease in the third stage—namely, that of deformity alone—nothing was required as a general rule. Nevertheless, in some cases it was necessary during growth to give mechanical support, to prevent increasing deformity.

Dr. ROUTH said that he agreed in the main with the author of the paper, but differed from him in some respects, and especially in regard to the fatality of the disease. The patients died from pneumonia, or low typhoid fever. At the Cripples' Home, with which he was connected, splints were adopted in the daytime ; the patients, however, were not allowed to lie down, but obliged to take as much exercise as possible.

Dr. ROGERS, in an experience of twenty-five years, had had a large number of these cases under his care, and had seen two or three cases of abscess in the dorsal region.

Mr. ROGERS HARRISON said it was refreshing to hear from the author that the less done with these cases the better, and more than twenty years ago he wrote a book to prove this. Few deaths took place in angular curvature, because there was no caries ; it was the latter condition that proved fatal when abscesses occurred. Constitutional measures were necessary in children.

Mr. MASON thought the author's splint seemed to answer its purpose in every way. The amount of support it gave appeared to him to be considerable, and he should adopt it.

Dr. PALFREY inquired what was the general condition of the parents of the children thus affected. He had noticed that they were not invariably strumous.

Dr. RICHARDSON said such cases commonly come before those engaged in chest practice. He had examined at the Infirmary for Diseases of the Chest 420 cases of spinal curvature with deformity of the chest. Tuberculous affections were not common in them, and, curiously enough, death rarely proceeded from the spinal disease. Bad or insufficient diet, with a deficiency of phosphates in it, was the great cause of these complaints. He thought the author's plan of treatment the best.

Mr. MAUNDER remarked that the author's observations fully accorded with his own ; many such cases were to be seen at the London Hospital. He has not had as yet to sign a death certificate for angular disease of the spine. Does the disease commence in the intervertebral substance or the bones?

Dr. GIBB inquired whether the author had taken rickets into consideration in relation to the causes of these deformities ?

Dr. CHOWNE thought that struma could not be looked upon as a cause of the disease. In dirty families, living in poverty and filth, this condition of the spine is exceedingly common ; and he knew of no preventive so good as proper washing, exercise, food, &c., With regard to Dr. Gibb s question, he remarked that Mr. Shaw pointed out some years ago a great difference between rickets and scrofula. The rickety child has its deformity confined to the lower limbs, and the scrofulous to the upper.

The PRESIDENT'S experience did not quite tally with the author's ; for he had not stated whether tuberculous matter was to be found in bones giving rise to such an amount of irritation as to bring about caries and abscess. In regard to the vertebral canal in these cases, it is not impinged upon, but actually becomes larger at the curvature, as has been so ably shown by Mr. Stanley. Is bony

anchylosis the result, as the author says? He (the President) had never seen such a case where there was a strumous condition.

The author having replied, the Society adjourned.

HARVEIAN SOCIETY.

THURSDAY, DEC. 3RD.

VICE-PRESIDENT, W. ADAMS, ESQ., IN THE CHAIR.

Dr. GRAILY HEWITT related a case of

INTRACTABLE MENORRHAGIA,

which was traced to the influence of lead poison. In 1860, Paul, of Paris, drew attention to this influence of lead in causing abortions and profuse menorrhagia. Since that time, Dr. G. Hewitt had observed one case of repeated abortions, traceable to this cause; and the following case proved its power in causing menorrhagia. A woman, aged 35, had three children by her first husband. He died, and she married a painter, by whom she had one child, four years old. For three years past she suffered from most intractable menorrhagia; the discharge appeared every fortnight and lasted from six to eight days. No disease of the uterus was found, but a blue line on the gums, slight weakness of the wrists, and pains in the abdomen all pointed to lead in the system, which she had probably received from washing her husband's clothes; on giving this up and taking mineral acids and opium, the menorrhagia ceased completely.

Dr. GREENHOW observed that there are large numbers of women in this country employed in lead, but he had no experience on the question raised by Dr. G. Hewitt. In all cases of lead-poison seen by him, the lead-line was visible on the gums. Cleanly workmen usually escape; it is the young and uncleanly who suffer most.

Mr. ERNEST HART said that Dr. Graily Hewitt's remarks tended to prove that lead is not a styptic; and his own experience led him to a similar conclusion.

Mr. ZACHARIAH LAURENCE exhibited two cases of

ASTIGMATISM,

which he had remedied by cylindrical lenses. In the first instance, the patient had himself mistaken the case for one of progressive myopia, at last wearing concave glasses as deep as five inches. The ophthalmoscope, however, disclosed no morbid appearance of the fundus, nor refractive power of the humours, sufficient to account for so high an apparent degree of myopia. Further examination disclosed an abnormal increase of curvature in the cornea in the vertical meridian, an astigmatism of one-twentieth. With a combination of a ten-inch spherical concave with a twenty-inch cylindrical concave (axis horizontal) his vision was exactly double that obtained by his former glasses. With these a luminous point appeared as a horizontal line, vertical lines as a blurred mass; but with the above combination these appearances vanished. In the second instance, the phenomena was very similar; the case, however, presenting three peculiarities.—1. The axis of the astigmatic meridian was inclined at about 30 deg. from the vertical.—2. It was limited to the right eye.—3. The retinal veins exhibited an extraordinarily distinct and extensive pulsation.

Mr. HART observed that the discovery of this condition of the eye required much care, and, though not so commonly met with as Donders said, (one-thirteenth of all cases) it was often seen.

The debate on Dr. CHARLES DRYSDALE'S paper,

EVIDENCE AGAINST THE INTERNAL USE OF MERCURY IN SYPHILITIC AND OTHER DISEASES,

was resumed.

Dr. MENZIES was of opinion that, notwithstanding all that has been said by Dr. Drysdale in his interesting paper, the cure of syphilis will frequently be promoted by the moderate use of the mineral. Its good effects were best seen in the Hunterian chancre, and he also thought mercury would often prevent secondary symptoms. In his extensive experience he had often perceived the value of the mineral in secondary symptoms and iritis. If a sore would not disappear with black-wash, he used mercury. In tertiary cases he used the bichloride and pot. iod. Dr. Menzies asserted that Mr. Syme did not object to mercury in syphilis under proper management. He (Dr. Menzies) thought mercury should be avoided in irritable habits and phagedæna.

Mr. CURGENVEN considered the evidence adduced by Dr. Drysdale as perfectly satisfactory as far as hospital practice went, because the patient's after-history could not be known so well as in private practice. He had recently seen a soldier, who had been treated without mercury in the Crimea, and had now superficial ulceration of the nostrils. This man recovered under doses of hydrarg. iod. He did not believe that mercury caused disease of the bones. Case 2. A man had indurated sores and gonorrhœa. No mercury was used and he had secondaries, and also syphilitic children. This was a proof that syphilitic children were not due to the mercury. In acute hydrocephalus, Mr. Curgenven had found great benefit from a grain of calomel given every two hours, which had often effected a cure of this disease.

Dr. SISSON said that there were three classes. (1.) Mercurialists who said the disease could only be cured by mercury. (2). Anti-mercurialists. (3.) Moderate mercurialists. The position of the first class was untenable, since it was certain that Mr. Weeden Cooke, Dr. Drysdale, and others, had cured cases of syphilis without a particle of mercury. The anti-mercurialists, however, had not proved that small quantities of mercury might not prove beneficial, which he believed. Dr. Sisson repudiated the base doctrine of some that the cure of venereal diseases was unimportant, because they were a divine chastisement of vice as tantamount to relinquishing the healing art altogether, since "Vitüs nemo sine nascitur." It was a mistake to call Mr. Syme an anti-mercurialist. *His* attacks were levelled against the *abuse* of mercury, and he, Mr. Syme, considered mercury the grand remedy in iritis, in which opinion Dr. Sisson disagreed with the illustrious professor. With regard to the evils done by mercury much had also been said against the chlorate of potash. His line of treatment was to support the system and give purges, &c.; if this did not suffice, he ordered one-sixteenth of a grain of hydrarg. bichlor. for about three weeks. He thought mercury would stand its ground against Dr. Drysdale's attack.

Dr. G. DE GORREQUER GRIFFITH considered the evidence brought forward by the author of the paper against mercury in syphilis quite overwhelming. His own experience completely corroborated it. A gentleman patient of his had chancre, which was treated by mercury. Secondaries appeared, and he again took mercury. As he received no benefit, he placed himself under Dr. Griffith's care, who gave him pot. chlor. and bark. The eruption disappeared and the corona veneris. He mentioned that, during the years he had been abroad, he had never found it necessary to administer mercury for the primary or other forms of the disease, believing that the patients got more rapidly well when mercury was not admitted into the system. A brother officer had been treated by several courses of mercury, very much to the deterioration of his health. Dr. Griffith made him give up mercury, purged him, and afterwards gave chlorate of potash and bark. The eruptions faded, the ulceration soon healed, and the patient got perfectly well, and had continued well for some years. In all the patients —and they were not a few—whom he had treated in India, China, and other tropical regions, he never saw those untoward results, which he knew too frequently arose from mercury. However, the Chinese, who take no mercury, seemed to suffer from the disease in a frightful manner. This was an interesting remark in connection with the natural history of the disease. The treatment which he adopted was to powder the ulcer with powdered pot. chlor., and afterwards dress it with a weak solution of that drug. He then alluded to the inutility or rather inadvisability of using cal. and opium, or even the latter alone, as a prophylactic in ovariotomy; Mr. Baker Brown considered them unnecessary, as well as Mr. Spencer Wells.

Dr. POLLOCK believed he was only delivering the general opinions of the Profession, when he said that mercury was now considered quite unnecessary in all internal inflammations, such as pleurisy, pericarditis, pneumonia, and bronchitis. When he was a student in Dublin, there was a great contest between the disciples of Colles and Carmichael, on the matter of mercury in syphilis; so that the students did not know what to think. Dr. Pollock thought that tertiary symptoms were benefited by the drug; but that none of the other symptoms required it. As to mercury in bilious attacks, it was unnecessary, as he had first remarked, when in Italy, where the natives get well on low diet and lemonade.

Mr. ERNEST HART remarked, that all that had to be done by statistics on the question of the treatment of syphilis, seemed to have been done already; and yet the question was not settled. But it was by observation and thoughtful interpretation of results in particular cases, that its value could be best seen. He had recently had two examples of the value of mercury in syphilitic iritis. 1. A gentleman came under his care with syphilitic iritis. He had been treated by "rational" means at first, and six months afterwards with chlorate of potash, &c. Thirteen months after this he still had induration at the side of the chancre and iritis, which was cured by Mr. Hart by blue pill. This seemed a practical argument for the drug. 2. A child, the offspring of syphilitic parents, had one eye lost by iritis, and the other had commencing interstitial keratatis He had the notched teeth of Hutchinson. The syphilitic nature of the disease he had to treat had not occurred to the practitioner, and one eye was lost and the other nearly sightless when he was seen. Mercurial injection acted wonderfully in arresting the corneitis and clearing the cornea, previously obscured by interstitial effusion. The child, previously sightless, now saw. Individual observations such as these proclaimed more loudly in favour of mercury, in proper cases and doses, than statistics and heterogeneous cases against it.

Mr. ZACHARIAH LAURENCE disagreed with the views of the last speaker. He (Mr. Laurence) had treated a large number of cases of interstitial corneitis by local sedatives, counter-irritation and depletion, and general tonics, without ever having found it necessary to resort to the use of mercury. He believed that there was no connection between this form of corneitis and syphilis, as asserted by a recent author, and that the occasional quasi concurrence of the two diseases was rather a natural consequence of

the prevalence of syphilis among hospital patients. With regard to the treatment of iritis, Mr. Laurence never found it necessary to employ mercury; he had treated a great number of cases successfully by opium and belladonna, and instanced the case of a Medical man, who found the greatest benefit from such a line of treatment for recurrent iritis; having formerly employed mercury fruitlessly. In conclusion, as far as related to the surgery of the eye, he fully endorsed the views of Dr. Drysdale.

Dr. Graily Hewitt thought that the action of mercury in syphilis was useful. The wife of a patient of his, an Indian officer, had two dead children, and he had suffered from sore throat, and had not been treated by mercury. He (Dr. H.) administered mercury to both, but did not know the result. Here, then, were the results of the disease without mercury. As to acute hydrocephalus, his experience made him consider this a fatal disease, whatever was the treatment adopted. Mercury was of no benefit in such cases. He did not believe that mercury was of any service in puerperal peritonitis, in puerperal fever, or phlegmasia dolens.

Dr. Ballard considered the use of mercury injurious in acute hydrocephalus, which is usually seen in delicate children. The best treatment is to apply leeches and nourish the child. When coma supervened all he had seen died.

Dr. Camps thought that all the opinions he had formed pointed to the conclusion that syphilis did better without mercury in warm than in cold climates.

Dr. Charles Drysdale said that as the debate had lasted two evenings, and fifteen gentlemen had spoken, he could give but a few words to the observations of each speaker. With regard to iritis, he was glad to find that so eminent an oculist as Mr. Laurence was, like Dr. Hughes Bennett and others, so completely opposed to salivation in that complaint. He hoped that Mr. Laurence's example would soon be followed by other ophthalmic surgeons. Mr. Sedgwick's anti-mercurial convictions were most valuable, coming from a gentleman who had had such extensive experience of the non-mercurial treatment of syphilis. Dr. Demeric had been the chief *defender of the faith* in mercury; but he (Dr. Drysdale) had expected a far more telling defence from so eminent a writer as Dr. Demeric. That gentleman had tried to invalidate the experiments of John Thomson, Hennen, Fricke, Desruelles, the French and Swedish councils of health, &c., because their gigantic trials of non-mercurial treatment had been made before M. Ricord's doctrine of induration was published. But,—1, during the last ten years, (1853-63), the very same admirable results had been obtained by Professor Bockh of Christiania, and—2, among the hundreds of thousands of cases recorded by the said observers, there are mentioned innumerable cases of eruptions and indurated sores, which got completely well, without mercury, and without any of the sad results which we so frequently, even now, witness among the patients of M. Ricord's school. Dr. Drysdale said that there was no new doctrine about such cases. Dr. Demeric's argument, that he had seen syphilitic bone-diseases, where no mercury had been given, was not of much service to mercury. 1st, because he could have met it but rarely; for John Thomson, Fricke, Guthrie, Syme, W. Cooke, Hughes Bennett, &c., say that *they* have not seen *one* such case; and 2nd, even were such cases frequent, it would be no proof that a drug ought to be administered, which experiments on dogs proved to have the power of producing caries of the bones and complete degradation of the tissues. As to phagedæna, Ricord, Diday, &c., said that mercury sometimes caused it, among other poisonous influences. Mr. Lane's opinion showed him to belong to M. Ricord's school and Dr. Drysdale would only remind him, that Cullerier, Fournier, Diday, &c., has now abandoned mercury in the case of ulcers, and await the eruption. Gentlemen in Mr. Lane's position would do the profession a great favour if they would treat a certain number of cases with mercury and a certain number without, and lay the result before London practitioners, who, Dr. Drysdale thought, were still greatly under the influence of John Hunter, in comparison with Germany and Edinburgh. Mr. Weeden Cooke's remarks called for no reply. He hoped that that gentleman's work "On Nature and Art in the Cure of Syphilis" was the commencement of an anti-mercurial movement in London. Mr. Allingham was, he believed, the first to treat on a large scale the disease called infantile syphilis without mercury, and most successfully. Dr. Menzies belonged to the moderate mercurialists, of whom it might be said that they gave too little mercury to please Ricord, too much to please others, and too little to be worth keeping. Dr. Bockh's experiments ('American Medical Times,' April, 1863) prove that secondary symptoms come far more frequently, nearly twice as often, after mercury has been given, than when not given, contrary to Dr. Menzies's opinion. As to mercury in infantile syphilis he would refer those interested to some cases of recovery from that disease without mercury, published by himself in the 'Medical Times and Gazette,' Nov. 22, 1862, and to fifteen cases published by Mr. Allingham in the same journal, Oct., 1863, where only one died; 30 per cent. died under mercurial treatment. Mr. Curgenven had related two interesting cases of natural history of syphilis. In the first case the lesion was very slight, and would easily have recovered by means of external applications; the second only showed that abortions may occur in the disease without mercury,—a fact not denied. What was asserted was that abortions, or syphilitic children, very *rarely* follow the natural unpoisoned disease. Hennen (Military Surgery) says that, of thirteen children born of parents treated without mercury, eleven were born alive; none of these had since their birth died, or manifested any suspicious symptoms, although some of them were then in their third year. Benjamin Bell (Lond. 1793) says, "it is a prevailing opinion that mercury is apt to occasion abortion." Dr. Drysdale had seen several cases which confirmed this opinion. As to gr. j. of cal. every two hours in hydrocephalus, he found that this would prove rather injurious than beneficial. Dr. Sisson had given further evidence against mercury in syphilis, and had entered his protest against the doctrine of some that venereal diseases were a divine chastisement of vice, which Dr. Drysdale agreed with him was most unprofessional. The child spoken of by Dr. Sisson as benefited by mercury had died. As to Dr. Sisson's three weeks of bichloride, he believed that psoriasis palmaris, &c., &c., got better far more rapidly and certainly with baths and external applications, as proved by Fricke and Bockh. Dr. Griffith's anti-mercurial convictions were based on experience in warmer climates, and in the Lock Hospital, and were very valuable. As to what that gentleman said about the natural disease among the Chinese, he thought the observations were not sufficiently accurate to be worth much. Had we gentlemen of like opinions in charge of our lock hospitals we might better learn what the natural history of the disease is when unpoisoned by mercury.

Dr. Pollock added another authority to the list of those who, like Dr. Walshe, Dr. Hughes Bennett, &c., consider mercury injurious in the treatment of pleurisy, pericarditis, bronchitis, &c. As to Mr. Ernest Hart, he did not think that gentleman's faith in mercury was either wide or deep, since he had admitted that statistics—i.e., carefully recorded cases, amounting to hundreds of thousands, had proved that the non-mercurial treatment was the most satisfactory. He hoped, too, that he would soon treat syphilitic iritis as he believed he did other varieties, without mercury. Dr. Graily Hewitt's evidence showed that mercury should not be used in puerperal states, or in chronic hydrocephalus; and Dr. Ballard, who had paid great attention to the question, considered mercury as a most injurious agent in acute hydrocephalus. With regard to what Dr. Camps had said, the author believed that venereal ulcers and their sequelæ constituted a very mild disease in all climates and races when mercurial poisoning was not added.

In conclusion, Dr. Drysdale remarked, that the result of the evidence, given by the different members who had spoken, tended to strengthen him in the course he had now followed for several years, viz., of *never* using mercury as an internal remedy, under any circumstance whatever. With regard to chlorate of potash, of which Dr. Sisson had spoken, he (Dr. Drysdale) had no belief in its virtues, but thought external applications and rational medication of symptoms were all that we could at present use, with propriety, for the treatment of syphilis, or, indeed, of most other diseases.

MEDICAL NEWS.

Royal College of Surgeons of England.—The following gentlemen, having undergone the necessary examination, received their diploma in Dental Surgery at a meeting of the Board on the 8th inst.:—Jacob Ayton, Maryport street, Devizes; William Buckell, New street, Salisbury; Samuel Leon Finzi, City road; Robert Eunson Harrison, George street, Hull; George Laurie, Mortimer street; Joseph Nicholson, North Bailey, Durham; Wm. Henry Nolan, Charles street, Berners street.

New Fellows.—The following members of the College, having undergone the necessary examinations for the Fellowship, were reported to have done so to the satisfaction of the Court, and at a meeting of the Council on the 10th inst. were confirmed:—William England, Winchester, diploma of membership dated Dec. 3, 1847;—Joseph Ridge Greenhill,* Army; April 13, 1860.—Edward Ilott, Bromley; July 14, 1848.—Thomas Charles Langdon, Winchester; March 19, 1858.—Francis Albert Nesbitt,* Wolverhampton; May 15, 1854. (*These gentlemen had passed also the preliminary examination in Classics, Mathematics, and French.)

At the same meeting of the Council, the following members of the College, having been elected Fellows, were admitted as such:—Charles Linton Alexander, Great Dover street, Borough; Feb. 18, 1842.—Richard Brown, Brighton; Feb. 17, 1843.—Henry James Penny, Madras Army; March 5, 1841.

At a meeting of the Council on the same date, John Charles George Robertson, L.R.C.S. Edin., County Asylum, Hanwell (Jan. 19, 1853,) was admitted to the *ad eundum* Membership.

University of London.—The following is a list of gentlemen who passed the last M.D. examination:—Richard Whitfield Hewlett, King's College; Charles Hayes Marriott, University College; Frederick John Money, St. Thomas's Hospital; Edward Parson, King's College; Sydney Ringer, University College; Morris Tonge King's College; Edward Woakes, St. Thomas's Hospita..

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 3rd inst.:—James Arthur, 13 Nottingham terrace, N.W.; John Bennett, Newport, Monmouthshire; Edward Charles Hammond, Trinity square, Southwark; Frederick John Hawthorn, Uttoxeter, Staffordshire; William Horn, 19 Chapel street, Pentonville; Christopher Coates Lynn, Newcastle-on-Tyne; Samuel Mills, Huddersfield, Yorkshire; John Moxon, Nottingham; Henry William Newton, Newcastle-on-Tyne John Frederick Wilkin, Sydenham.

The following gentlemen also on the same day passed their first examination:—Thomas Bond, King's College; John H. Gornall, Royal Infirmary, Liverpool.

As an Assistant:—James Goodridge Anderson, Theddlethorpe, near Alford, Lincolnshire.

UNIVERSITY OF LONDON.—SECOND M.B. Examination, 1863:—*Pass Examination.—First Division.*—William Henry Axford, King's College; Henry Charlton Bastian, M.A., University College; James Bedford, Guy's Hopital; Julius St. Thomas Clarke, Guy's Hospital; Arthur Wellesley Edis, Westminster Hospital; James Gwyther, B.A., Manchester Royal Infirmary; Gwynne Henry Harries, King's College; John Wale Hicks, B.A. and B.Sc., St. Thomas's Hospital; John Talfourd Jones, University College; Henry Thomas Lanchester, St Bartholomew's Hospital; Frederick John Money, St. Thomas's Hospital; Philip Henry Pye-Smith, B.A., Guy's Hospital; Walter Rivington, B.A., London Hospital; Frederick ThomasRoberts, B.Sc., UniversityCollege; William John Smith, University College; Geo. Thomas Mitchell Southam, St. Bartholomew's Hospital; Thos. Stevenson, Guy's Hospital; John Henry Wood, King's College.—*Second Division.*—John Cooke, University College; Athenodore, De Negri University College; Henry Stanley Gale, King's College; James Jackson, London Hospital; John Thomas Mercer, Guy's Hospital; Richard Patrick Burke Taafe, St. Bartholomew's Hospital. EXAMINATION FOR HONOURS.—*Surgery.—First Class.*—James Beddard, Guy's Hospital, Scholarship and Gold Medal; Philip Henry Pye-Smith; Guy's Hospital, Gold Medal; Thomas Stevenson, Guy's Hospital; Walter Rivington, London Hospital.—*Second Class.*—Julius St. Thomas Clarke, Guy's Hospital; Arthur Wellesley Edis, Westminster Hospital.—*Medicine.—First Class.*—John Talfourd Jones, University College, Scholarship and Gold Medal; Philip Henry Pye-Smith, Guy's Hospital, Gold Medal; Thomas Stevenson, Guy's Hospital; James Beddard, Guy's Hospital.—*Second Class.*—Frederick Thomas Roberts, University College; Henry Thomas Lanchester, St. Bartholomew's Hospital; John Wale Hicks, St. Thomas's Hospital.—*Third Class.*—Julius St. Thomas Clarke, Guy's Hospital; Jas. Gwyther, Manchester Royal Infirmary; Arthur Wellesley Edis, Westminster Hospital.—*Midwifery.—First Class.*—Thomas Stevenson, Guy's Hospital, Scholarship and Gold Medal; John Wale Hicks, St. Thomas's Hospital, Gold Medal; Philip Henry Pye-Smith, Guy's Hospital, James Beddard, Guy's Hospital.—*Second Class.*—Julius St. Thomas Clarke, Guy's Hospital; Gwynne Henry Harries, King's College; John Talfourd Jones, University College; Frederick Thomas Roberts, University College.—*Third Class.*—James Gwyther, Manchester Royal Infirmary; Walter Rivington, London Hospital.—*Forensic Medicine.—First Class.*—Thomas Stevenson, Guy's Hospital, Scholarship and Gold Medal; John Talfourd Jones, University College, Gold Medal; Julius St. Thomas Clarke, Guy's Hospital; Walter Rivington, London Hospital; and Frederick Thomas Roberts, University College, Equal.—*Second Class.*—James Beddard, Guy's Hospital, Equal; James Gwyther, Manchester Royal Infirmary.—*Third Class.*—Arthur Wellesley Edis, Westminster Hospital, and John Wale Hicks, St. Thomas's Hospital, Equal; William Henry Axford, King's College.

UNIVERSITY OF CAMBRIDGE.—The following gentleman has passed the First Examination for the degrees of M.B, and M.C.:—Mr. Alfred Godson, B.A., of Trinity College.

MR. HIGHLEY'S CHEAP LANTERN POLARISCOPE.—Mr. Samuel Highley, the microscopic and philosophical instrument maker, of Green street, Leicester square, has lately invented a polariscope that may be used in conjunction with an ordinary magic lantern, without sending the instrument to the optician to be specially adapted for the purpose. The phenomena of polarized light are at present but seldom exhibited in lecture rooms, in consequence of the costly character of the apparatus hitherto necessary for their proper display, but Mr. Highley's instrument, which is quite efficient for all practical purposes, is sold at one half the price at which the gas polariscopes hitherto constructed have been sold.

IMPORTANCE OF POST-MORTEM EXAMINATIONS.—On Tuesday week last an inquest was held by Mr. Bedford on the body of John Keshan, a labourer, who had fallen from a scaffold on which he was at work. The scaffolding was perfectly secure, and it was difficult to account for his fall, but, on a post-mortem examination by Dr. Bainbridge, of St. Martin's-lane, it appeared that the cause of death was apoplexy.

APPOINTMENTS FOR THE WEEK.

Wednesday, December 16.

Operations at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.; Hunterian Society, Dr. J. Braxton Hicks, "On a Case of Adherent Placenta," 8 p.m.

Thursday, December 17.

Operations at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; London Surgical Home for Diseases of Women, 2 p.m.; Harveian Society, Dr. W. Tilbury Fox, "On Porrigo," 8 p.m.

Friday, December 18.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, December 19.

Operations at St. Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; Royal Free Hospital, 1½ p.m.

Monday, December 21.

Operations at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1¼ p.m.; Metropolitan Free Hospital, 2 p.m.

Tuesday, December 22.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

The Seventeenth Report of St. Mark's Hospital and Dispensary for Diseases of the Eye and Ear, Lincoln place, Dublin.

The Dental Review for December. London: R. Hardwicke, 192 Piccadilly.

Notes on Hospitals. By Florence Nightingale. Third edition, enlarged. London: Longman and Co., Paternoster row.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor, may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day

We must request our Country Correspondents who favour us with copies of Provincial Newspapers, to mark the passages to which they desire to draw attention.

ANSWERS TO A QUESTION IN OUR LAST NUMBER.

To the Editor of the Medical Circular.

SIR,—In reply to your correspondent "Veritas," I beg to inform him that where there is a contract not to practise within a certain distance of a particular place, the distance will be measured, not as the crow flies, but by the nearest way, though only a footpath. There are two decisions: Woods *v.* Dennett, 2 Stark, 89, Leigh *v.* Hind, 4 Man. and R. 579.

If the vendor has visited a patient within the prescribed limit, he has "practised" there, though his residence may be miles away.

I am, &c., B.W.L.

To the Editor of the Medical Circular.

SIR,—In answer to "Veritas," the party referred to has no right to practise or reside within the ten miles, and the party so offending, if a bond is given, is liable to punishment. Whether as the crow flies, or as the road goes, he is, in my opinion, equally liable if the party he attends resides within the ten miles, and a bond is given not to practise within the ten miles. I am, &c.,

MEDICUS.

AN APPRENTICE.—Under the circumstances mentioned, you would not be required to pass the Preliminary Examination in General Knowledge.

PHARMACIEN.—The Calabar Bean is the fruit of the *Physostigma venenosum*. The active principle, if there be any, has not been discovered.

X.Y.—The chemical analysis in question is not to be implicitly relied on.

L.F.P.S.G.—The College does not grant an *ad eundem* degree under the circumstances you mention.

A FELLOW.—Yes, at the University of St. Andrew's.

DR. BOURNEVILLE.—Your wishes shall be complied with.

DR. DRYSDALE'S letter is inserted, and the Report has been received.

MR. LUMLEY is thanked for his communication.

To the Editor of the Medical Circular.

SIR,—I should feel obliged to you if you will inform me (at your convenience) in your Notices to Correspondents the most recent and best work on the Poor Laws. Being connected with District Practice, there are certain grievances we are obliged to tolerate from a very disagreeable Relieving Officer, and we wish to know, on the best authority, how far his duties extend. VERITAS.

[Lumley's Medical Officers' Manual, published by C. Knight and Co., Fleet street, or Mr. Glen's Consolidated Orders, also published by Knight and Co., Fleet street.—ED. MED. CIRCULAR.]

PARISIAN MEDICAL NEWS.

BIBLIOGRAPHY.

Traité de la Diphthérie du Larynx (croup), (a Treatise on Laryngeal Diphtheria or Croup), *by A. Millet, M.D., of Tours, (a). — Mémoire sur le Traitement du Croup, Nouveau Procédé de Cauterisation laryngée*, (Treatment of Croup, a New Procedure for Cauterisation of the Larynx), *by Sérullaz, M.D., of Lyons, (b).—De la Trachéotomie dans le Cas de Croup*, (Tracheotomy in Croup), *by A. Pouquet, M.D., late Interne at Hospital Sainte Eugénie, (c).*

Mr. A. Millet, the author of a memoir on *Pharyngeal Diphtheria*, presented in 1861 to the Medico-Chirurgical Society of Toulouse, now presents the profession with a treatise on Croup, which has been considered deserving of a prize, by the Brussels Society of Medical Sciences.

Assuming that croup is not yet perfectly known, and is often mistaken for laryngismus stridulus, the author, undeterred by the previous researches of Bretonneau and Trouseau, supplies us with an exhaustive description of laryngeal diphtheria, assuredly the most complete monograph extant on the subject.

We have so frequently expatiated on the history of croup that we need not on the present occasion dwell upon the pathology, symptoms, or causes of the disease. But we cannot refrain from reproducing an extract from Mr. Millet's remarks on the various modes of propagation of diphtheria.

Bretonneau opined that diphtheria was not disseminated by means of invisible effluvia conveyed by the atmosphere, but that like syphilis, it was always communicated by contact or inoculation. According to this view, croup should therefore be considered a highly *contagious* and *inoculable* affection. Despite his deep veneration for his illustrious master, Mr. Millet, on this point, expresses entire dissent from his opinions.

"If diphtheria," says Mr. Millet, "was transmissible by contact or by inoculation, it would be a far more frequent disease, especially amongst the medical practitioners who professionally attend persons labouring under its symptoms. In every case of the kind, whether in the inspection of the throat, during cauterisation of the fauces, or in tracheotomy, the face of the physician is always exposed to contact with mucus or fragments of false membranes, which may in many instances touch the lips, nares, or conjunctiva. For my own part, I have very frequently incurred similar risk, and never thought it necessary to discontinue the operation or the inspection of the affected parts, for the purpose of wiping away the ejected particles, and yet on no occasion have I experienced fear of any evil consequences arising from the accident. Of course the same has occurred to many other surgeons, and yet we may well be surprised how few have suffered from diphtheria, when we reflect on the number of patients attended, and the chances so frequently incurred of the mode of contagion here alluded to. . . . . ."

The author accounts for the fact by the necessity in which practitioners find themselves to visit many patients in a short space of time, thus absorbing but *insufficient* and *minute* doses of the morbid poison; when on the contrary they are compelled to remain for a long period with a person suffering from diphtheria, the permanent poisoning process will speedily remove the immunity previously enjoyed.

"It was while watching by the bed-side of a child affected with croup, and who had recently undergone the operation of tracheotomy, that Mr. Blache, junior, perished on the battle-field of science. Dr. Gilette was also a victim to the same mode of transmission.

"Nothing can exceed my veneration for the memory of Bretonneau, but I cannot allow his doctrines on the subject of contagion to pass without a protest. In my opinion, diphtheria is propagated, like measles, scarlatina, cholera and typhoid, by volatile and invisible emanations conveyed by, and dissolved in the air, which may be transmitted to persons occupying the same room, or the same house with the patient. The existence of this mode of contagion of course does not affect the possibility of contagion by direct communication or by inoculation, but I am disposed to think it occurs much more frequently, and that the latter is very exceptional indeed."

Mr. Millet has made in his own person several attempts at inoculation, for the purpose of testing the accuracy of Bretonneau's views, and he has not, any more than Mr. Trousseau, succeeded in inoculating the virus of diphtheria.

Mr. Millet divides the treatment in general, local and surgical. After an enumeration of all the remedies which have been recommended for the cure of croup, the author summarises his own opinions in the following aphorisms:

Blood-letting is always pernicious.

Emetics combined with other drugs are often most useful; Tartar emetic should be prescribed alone, or in combination with ipecacuanha. The efficiency of sulphate of copper has been greatly overrated.

Mercurials are extremely dangerous. The calomel electuary alone should be resorted to, alternately with the alum electuary, in accordance with Mr. Miquel's recommendations :—

℞ Calomelanos, gr. xv.;
Mellis, ʒx.;
M.

℞ Aluminis, ijss.—ʒiv.;
Mellis, ʒx.

Dose :—One teaspoonful of either every hour.

Alkalies and the bicarbonate of soda, are useful in pharyngeal diphtheritis, but act too slowly to be trusted to in croup.

Chlorate of potash and sulphur are both inoperative.

The sesquichloride of iron, iodine, both externally and internally, bromine and the bromide of potassium are remedies which require further experiment.

Counter-irritants are dangerous.

After alluding to the benefits hitherto derived from cauterisation, Mr. Millet expresses his partiality for the use locally of powders or liquids, applied to the diseased parts, according to the method recommended by Loiseau, of Montmartre.

On the surgical treatment, it is unnecssary to dwell. We may, however, remark in concluding that Mr. Millet's remarks on the indications of tracheotomy, on the operation itself, and on the after-treatment, are fully worthy of the other chapters of this interesting monograph.

— The object of the new procedure for cauterisation of the larynx proposed by Mr. Sérullaz, is the application to the diseased surface of the sesqui-chloride of iron.

The instrument employed is a curved whalebone rod, ten or twelve inches in length, and about two lines in diameter, supplied at one extremity with an olive-shaped sponge, and at the other with a piece of lint of the same form. The child being firmly secured, an assistant places a small wooden wedge, as far back as possible, between the teeth. The operator then lowers the tongue with the index and middle finger of the left hand, while with the right he inserts the end of the rod armed with the sponge. The fingers inserted in the child's mouth answer the purpose of conductors, and the sponge is pushed into the larynx beyond the *chordæ vocales;* the larynx and the upper part of the trachea are then rapidly cleansed with the sponge, and the operation is discontinued for a short time, in order to allow the little patient time to recover his breath, and to expectorate the detached secretions. The same procedure is then repeated, with the other end of the instrument, the lint having previously been dipped into a diluted solution of sesquichloride of iron. The entire process should last but a few seconds, and is at first repeated every half hour, and, afterwards, every hour, until decided improvement has set in, when the cauterisation is required only at distant intervals. If the application determines considerable dryness and constriction of the fauces, the inhalation of the steam of hot water may be resorted to, and if the cauterisation has been efficient, the symptoms promptly yield.

The solution used with much benefit by the author in a case which he relates with full particulars, was a mixture containing one part of the liq. ferri sesquichloridi, at 30 deg. areom., and two parts of distilled water.

(a) One vol. roy. 8vo, Savy, Paris.
(b) A pamphlet, 8vo, Savy.
(c) A pamphlet, 8vo, A. Delahaye, Paris.

The method is obviously but a simplification of the procedure originated by the late Mr. Loiseau, of Montmartre.

— Mr. Pouquet informs us that the first bloody operation he witnessed was one of tracheotomy performed by Professor Velpeau on an infant affected with croup. Entire ignorance of surgical matters, and the emotion naturally induced by so painful a scene, witnessed for the first time, prevented the young student from watching the details of the operation, but what he will never forget is, that after a few minutes the infant was carried away dead, by the house-surgeons on duty. Mr. Pouquet, therefore, conceives that classical works mislead their readers when they represent tracheotomy as an unimportant operation; the contrary assertion would be nearer the truth. It is prudent, therefore, in cases requiring active surgical interference to express a guarded opinion, but at the same time it is well to be aware that the difficulties arise less from the nature of the proceeding than from the means adopted to carry it out.

Mr. Pouquet's instructive pamphlet reposes on 214 operations performed in the wards of Mr. Barthez, in 462 cases of croup, and the author chiefly invites attention to the bad effects of various procedures generally adopted, and which in his own, or in other hands, have too often produced mischievous results.

The author disposes of the question of the expediency of tracheotomy in a very few words: "It is proper," says he, "to have recourse to the knife when asphyxia is caused only by mechanical obstruction of the larynx; and to refrain from interference when numerous and threatening signs of the absorption of the morbid poison into the system are observable; neither should any operation be attempted when in addition to diphtheria some other serious and almost fatally destructive disease is present; such are the obvious practical rules which may boldly be asserted, and which all surgeons are bound to obey."

The tender age of the infant is no obstacle to the operation, and with each succeeding year a greater number of children under two years are now cured. Mr. Pouquet further remarks, that it is never too late to have recourse to tracheotomy, but that the favourable chances are increased by an early resort to the knife.

With regard to the operative process, the author expatiates on the following points, which he conceives to be of paramount importance.

1. The advantage of crico-tracheotomy in children.
2. The inutility and dangers of the blunt-pointed bistoury.
3. The perils attendant on the use of dilators, and the expediency of inserting the canula with the finger.

Mr. Pouquet is convinced that before long a portion of the numerous instruments now recommended for the performance of the operation will be laid aside, and that when it has been simplified, the procedure, which even now may be viewed as one of the most brilliant achievements of modern surgery, will yield results more favourable than can at present be recorded.

MISCELLANEA.

We were present on Sunday last, Nov. 2, at the fifth annual meeting of the General Association of the Medical Practitioners of France. After a short address delivered by the President, Mr. Rayer, and a brief statement of the financial condition of the Central Society by Mr. Legouest, Mr. A. Latour presented a return of the proceedings of the Institution during the last twelvemonth.

In illustration of the increasing popularity of the Association, Mr. A. Latour brought forward the following figures:

In the first year of its existence the number of the members was	1577
In the second it rose to	3088
In the third year to	4416
In the fourth to	5033
And in the fifth it has attained the large figure of	5746

The finances of the Association are equally prosperous; "all demands for assistance having been more than complied with," said the Secretary-General, "and all expenses paid, our capital amounts to 11,000*l.*

Under these circumstances, the Council proposed the creation of a fund for annuities, and the motion was unanimously adopted.

In our next impression we shall present our readers with an abstract of Mr. Paul Andral's Memoir on the Illegal Practice of Medicine.

— The Administration of Public Assistance has just taken possession of the edifice constructed at Issy as a substitute for the insufficient buildings for married indigents in the Rue de Sèvres.

"The Asylum of Issy is erected on a piece of ground left by will to the Administration of Hospitals by Mr. Dumetz, the Mayor of the borough. The surface exceeds 60,000 metres.

"The situation and aspect of the buildings are excellent, the ventilation of the wards has been carefully attended to, and covered galleries have been constructed, in which the inmates can exercise in all weathers.

"The first section contains 428 rooms for couples, and 451 for widows and widowers. The wards of the second section are adapted for the reception of 436 beds, accommodation being thus provided for 1746 persons. The Infirmary contains 80 beds. The total cost of the Asylum is 177,866*l.*

"Another small edifice has been also erected in the neighbourhood to replace the Devillas Asylum, at present situated Rue de Regard; the number of inmates is limited to 80; a Catholic and a Protestant chapel have been, in accordance with the express desire of the testator, added to the establishment."

— In his will, Mr. Reybard has left a sum of 20*l.* to the Medical Association of the Département du Rhone, and a sum of 40*l.* to the Hospital of Annonay, to which for twenty years he had been attaehed as surgeon.

— Dr. Persigny recently communicated to the Academy of Sciences a curious instance of hereditary palmidactylism, in which four generations in succession presented the same deformity always on the right foot or hand, and always on the same toes or the corresponding fingers.

— The re-opening of the School of Medicine of Paris took place on the 16th of November. Precautions had been taken to prevent the recurrence of the disturbances complained of last year; the students appear to have taken offence at the placards cautioning them against a repetiton of the disorderly scenes enacted at the last solemn re-opening; the large amphitheatre was therefore comparatively empty, and the ceremony passed off in the most freezing and spiritless manner.

— On this occasion, Mr. Tardieu pronounced the panegyric of the late Professor Adelon; alluding to the state of Forensic Medicine abroad, he observed:

"In all countries, the very existence of forensic medicine is entirely dependent on the state of the legislation, and may be taken as a fair test of its excellence. In support of this remark I may adduce as a striking illustration the fact that forensic medicine does not exist, or to speak more accurately, manifests its existence only by accident in England. In that country the Bench never requires from the medical expert a report in the sense we attach to the word. In a criminal action the counsel for the defendant, or for the prosecution, summon as a witness the medical man whose testimony is likely to be in their favour, and it is not, as in France, by judicial authority that evidence is collected, or proofs sought for. A separate inquiry is instituted by the accused and accuser, each of whom brings forward his own witnesses. If a medical practitioner has chanced to attend the victim of an alleged crime, according to the opinion he has formed of the guilt or innocence of the prisoner, he is subpœned by the defence or by the prosecution, and in either case is examined in chief and cross-examined. In reply to the questions put to him he must confine himself to the bare statement of what he has seen; inferences he is not permitted to draw, and if he presumes to adduce in illustration of his opinion any circumstances not the result of his own direct personal observation, the judge does not allow him to proceed. The interven-

tion of the medical witness is required in cases of murder only, and then, but for the purpose of eliciting facts, the duty of drawing conclusions devolving on the magistrates.

"You perceive, gentlemen, that, restricted as it is by the general principles which obtain in the legislation of Great Britain, the evidence of medical witnesses must perforce be much curtailed. Therefore, despite the remonstrances of the Profession, which, in a recent case of legal interdiction, unanimously protested against the undignified part allotted to its members in the law-courts, and notwithstanding the praiseworthy efforts and important researches of many eminent men, amongst whom I may quote as most familiar to your ears those of Male, Christopher, and Alf. Taylor. I am surely justified in asserting that Forensic Medicine has no recognised place or acknowledged existence in England. In many things we may, doubtless, imitate our neighbours, but in this matter they would undoubtedly be benefited by a reform borrowed from ourselves.

— We described some months since Mr. Amussat's instrument for cauterisation by means of electricity. It consists, as our readers will recollect, of two wooden blades united at one end by a hinge, and perforated with holes lined with silver tubes for the reception of a platinum wire. Mr. Amussat recently destroyed a hæmorrhoidal tumour with this appliance, which he has slightly modified; the wire now lies in a groove cut on the inner surface of the compass. Grenet's battery is used by this surgeon for the production of the electric current.

— Dr. Regnault, of Rennes, a former Interne of the Hospitals of Paris, recently performed ovariotomy with perfect success in a young woman of eighteen. On the twentieth day after the operation the patient was enabled to walk down stairs and take open-air exercise.

— Died.—At Paris, Mr. Pierquin; Mr. Bergeron. At Saint Mandé (Seine), Mr. Roques. At Montpellier, Mr. Lescure. At Toulouse, Mr. Beteille. At Harfleur, Mr. Gouget, aged 44.

The Medical Circular.

ORIGINAL COMMUNICATIONS.

ON THE USE OF THE BROMIDE OF AMMONIUM IN "IRRITABLE UTERUS," AND CERTAIN OTHER DISEASES, ESPECIALLY AS THEY OCCUR IN FEMALES.

By G. de Gorrequer Griffith, M.R.C.S.E., L.R.C.P., L.M. Dublin,

Member of the Dublin, and Fellow of the London, Obstetrical Societies, Member of the Surgical Society of Ireland, and of the Harveian Society, Late House Surgeon "London Surgical Home," Resident Surgeon "Male Lock Hospital."

"There is," says Dr. Gooch, "a painful and tender state of the uterus, neither attended by, nor tending to produce, change in its structure, and which I took for chronic inflammation, that would end in disorganisation, probably of a malignant kind; but experience, whilst it taught me that it was a very intractable disease, taught me, also, that it was not a disorganising process. I became familiar with its obstinacy and less apprehensive about its results, for I know cases, which have lasted upwards of ten years, in which the structure of the uterus is as unaltered now, as it was at the beginning of the disease."

"I think it worth describing," he continues, "that practitioners may know, what they are to expect in obstinacy, and what they need not apprehend in the result; what will do harm, what will do good, and the mode of treatment, which, however unsatisfactory to the Medical attendant and his patient, will slowly, but ultimately conduct *most* cases to recovery."—(See Dr. Gooch's work on 'Some of the most Important Diseases peculiar to Women,' edited by the New Sydenham Society, 1853.)

This condition first minutely studied and accurately described by the author, whose name we have just mentioned, received from him the appellation of "The Irritable Uterus," a name, than which probably none more appropriate could be applied, inasmuch as it conveys to the mind a portraiture of the malady, more faithful than could perhaps be rendered by any other title; so faithful in truth, and so complete is his delineation, that scarcely any feature remains to be filled in—the picture is too true to Nature, too well finished by the master-hand of that great physician and acute observer, to require from another any, save the lightest touches, and those, less to add fresh, than to renew the *former* colouring.

Causes.—These we would arrange under two heads; first, the Predisposing, or the Remote; and secondly, the Exciting, or the Proximate or Immediate.

To the former belong hereditary taints or tendencies, as of gout, rheumatism, neuralgic affections, hysteria, and more especially, if *both* parents have been liable to, or are the actual subjects of, one or more of the above named maladies; mere nervousness, provided it be great and constitutional, will be transmitted from the parent or parents to their offspring, and that frequently without being at all wanting in its intensity, nay, rather in many instances assuming an aggravated form, as though in their issue the condition of the parents had concentrated itself.

Though we most frequently meet with the malady in the nervo-hysteric constitution, we are by no means prepared to assert dogmatically, that it is peculiar to such, since we find it existing in all classes, and in every kind of patient, with a seemingly total disregard for idiosyncrasy of temperament.

Constipation, habitual or protracted, is to be ranked under this division, as are also those other affections, which we have already enumerated as hereditary-predisposing agents, but which we very often find to act as remote excitors, there having been no previous particular taint or diathesis: diarrhœa, dysentery, worms, or indeed any gastro-intestinal irritation, as well as cerebral or spinal, particularly, if it occur in the lower segments of the vertebral cord, —irritation, as in the "Pruritus Vulvæ," or that of the entire generative apparatus, mental worry and vexation, especially if there be superadded irregular discharge of the uterine functions, anemia, plethora, general constitutional derangement and debility, protracted and difficult labours, a previous attack of the complaint now under our consideration, or of rheumatism, or of syphilis in its several stages, will all come under the same category, being each of them powerfully predisposing.

To the exciting, proximate or immediate causes we would assign the sudden check or cessation of the menstrual flow, any interruption to its wonted regular period of occurrence, or to its normal and healthy colour and consistence, any *deviation*, in fact, on the part of the system from the due vigour and wonted execution of this all important office of the human female economy, abuse of vaginal lavements, or their use at improper times, excessive sexual indulgence, masturbation, than which perhaps there is not a more powerful excitant, undue and too violent or too long continued exercise during the menstrual molimena or the resuming of the erect posture, of household and domestic duties too soon after delivery, acute retroflexion or retroversion, or other kinds of uterine displacements. Marriage in some patients seems to have acted as an exciting or immediate cause, since the disorder has been known to set in *a few days* subsequently, or almost *immediately* after, when there had been no previous manifestation.

Nevertheless, though this be an incontrovertible fact, we are not warranted by an examination of cases to pronounce the married, as more frequently sufferers, than the unmarried; nor is there, we apprehend, any evidence before us, sufficient to show a preponderance in the former, *both* being apparently *alike* obnoxious.

To the above division or classification, we might add another, and applying to it the term,—Mixed Causes—would comprehend in it, for the sake of convenience and greater perspicuity, influences already mentioned, as belonging to the predisposing or exciting.

Symptoms.—A sensation of heat and throbbing, or of immense distension, sometimes to such a degree, as to lead the patient to "fear, that she may burst," pain, which although it be constant and abiding, is yet of a distinctly paroxysmal character, being aggravated, often when there is no apparent untoward circumstances to evoke it; these paroxysms are best marked during, previous, or subsequent to, the appearance of the catamenia, or after the administration of a purgative, (particularly when its special action is upon the lower bowel), and they are sometimes so violent as to cause the patient to start in her bed: furthermore, this pain may be compared to a "stinging and darting, or, as if pins and needles were being driven into the part," and is present, not alone in the upright posture, but also in the horizontal, not only during walking or exercise of any kind, but when the patient is lying in complete repose; in the former conditions it is rendered excruciating and unendurable; nor is it confined to one region, being found to exist in the pubic, hypogastric, umbilical, in the sacral and lumbar, or in the groins, while likewise very frequently, as particularly noticed by Dr. Gooch, it will run along the brim of the pelvis.

There are high excitability and exalted sensibility of the viscus in question, and, as a consequence, external tenderness; all of which are increased by any causes, inductive of an erect and turgid state of the organ, such as obtains at the menstrual molimena; there may

be amenorrhœa, menorrhagia, merging into metrorrhagia: none of these last conditions may, however, be at all present, there being in every respect perfect regularity as regards the performance of the uterine function, with perhaps this solitary exception, that pain will co-exist with the discharge. Usually there is some deviation from health, either in the discharge itself, or in the periods of its return. Leucorrhœa, though not a necessary or constant symptom, is too often a concomitant to be omitted in our enumeration, external irritation, which we have seen will be productive of the malady, may likewise co-exist or even become a sequent.

"Excepting tenderness," probably the resultant of a certain amount of vascular engorgement or turgescence, "and tension, the uterus feels *perfectly natural in structure*, there is no evidence of schirrhus in the neck, the orifice is not misshapen, its edges are not indurated;" when, however the "os" presents any slight alteration in *shape* alone, there being at the same time no organic structural change whatever, this condition must be viewed as a favourable sign, and indicative of a tendency to resumption of the original healthy functions. The os and cervix are soft to the touch, and when examined with the speculum, will be seen to preserve their natural condition, and even in their colour to be very frequently wholly unaltered.

"This obscure malady," says Dr. Robert Ferguson, "adheres to all the modifications of structure and function incident to advancing age;" and not even those who have *passed* the climacteric age can be reported as not obnoxious to the affection.

The constitution does not, in the majority of cases, evidence very much sympathy; in some there are general irritability, a pulse quick and frequent, and in both these respects accelerated by the slightest physical exertion or mental emotion; indeed, it may become so quick and sharp, as to resemble the pulse of inflammation, yet, in a few minutes it would subside to the ordinary state," the appetite will be most fastidious and as capricious as that which is attendant upon the worst forms of hysteria, the most nauseous, indigestible, and abominable substances being longed for and devoured; there will be likewise a most impassioned yearning for commiseration, a morbid craving for sympathy.

Nature of the Disease.—Having enunciated its non-inflammatory character, as evidenced by there being no organic structural changes, Gooch pronounces it to be "a disease only of function," while at the same time he gives it as his opinion, that the organ will be found in a state of simple irritation. Dr. Fleetwood Churchill, than whom there is no higher authority, considers it "simple neuralgia of the uterus, of variable intensity, and of irregular duration, not very amenable to the resources of art, but not tending to disorganisation." Dr. R. Ferguson has found the nervous element so constant, that in it therefore, and in no doctrine of phlogistic action "can," in his estimation, "be placed the essence of this strange malady." With these opinions for the most part coincide the views entertained by Dr. Grailly Hewitt. Valleix considers it a part only of a form of neuralgia, to which he has applied the term—lumbo-abdominal; while others again look upon it as essentially a sympathetic affection, the irritability of the womb being altogether secondary, that is, the sequence of irritation, primarily involving some neighbouring or more remote viscus or other part of the body, and which is communicated to the uterus by means of reflected action or sympathy. Without any doubt this malady "depends on a morbid condition of the nerves," a condition sometimes primary, at others purely secondary, and may, with no violation of physiological or pathological truisms, "be regarded as a local hysteric affection," indeed we cannot avoid viewing it, certainly in the majority, if not in the entire number, of our patients, as the local manifestation of an entire derangement of the economy, the developement of a depraved general condition at one particular region, or in one special organ; an organ ever readily participating in any, even the slightest, constitutional excitability, and always prone to take an unwonted action, when in the system at large there are as regards health abnormal deviations.

We sometimes find as a complication, the same morbidly sensitive and deranged nervous excitability of the vagina, a condition to which the name of Vaginisimus has been attached. The affection of which we are now treating belongs to, and has been by Gooch placed in the same list as "the painful mammary tumour" described by Sir A. Cooper, the hysteric joints brought by Sir B. Brodie under the notice of the Profession, and the neuralgic testicle, which we know to be so intractable to every method of treatment.

Sequences.—Owing to the *constant* presence of this—to speak of it in the mildest terms—source of discomfort, the health, even should it have been strong and our patient robust, will soon begin to be implicated; but since frequently there has been some general debility or constitutional deterioration, previous to the onset of the complaint, this implication will not be long in declaring itself, and the inroads of the malady upon the system at large will more or less speedily mark themselves, there being wanting in the patient the necessary powers of resistance. Anemia, either from the excessive "losses,"—since, as we have seen, the most usual, indeed, we would almost say, the undeviating, tendency of this ailment is to uterine hæmorrhages, or dependent upon the general debility induced. Phthisis also has been remarked to be a sequent; and there are obvious reasons for its occurrence, the condition of health being most favourable to the deposition of tubercle. Again, sterility will result—firstly, because, specially, if the vagina be also engaged in the exquisite morbid sensibility, sexual congress is wholly impossible, owing to the extreme agony occasioned; and, secondly, because, admitting the possibility of congress and of conception, the deranged condition of the uterus denies to that viscus the power of retaining that which has been conceived—the ovum—to its maturation, and hence must arise miscarriage or abortion.

As we have stated above, one of the most distinguishing features of this malady is inability to move without great pain being experienced; however, as an exception to this, Dr. Churchill mentions the case of "a lady, who could not stand for five minutes without agony, yet who could travel in a half reclining posture in a carriage for days together, not only without the slightest inconvenience or aggravation of her sufferings, but with manifest local and general improvement."

Treatment.—This is, in truth, according to all observers and writers, behedged with numerous difficulties, and so tardy are remedial agents in obtaining relief, much more in effecting a cure, so liable are the entire train of symptoms to aggravation, or return after their alleviation or removal, as to weary the patient with the *necessarily* imposed restraint, and, indeed, with all modes of treatment, to intensify the harassing and wearing anxiety of her already over-anxious mind, to seriously depress her with fears, that recovery is hopeless, and that she must, despite all efforts, yield to her malady, and become a confirmed invalid; while with her must her medical attendant share these apprehensions, as day succeeds to day, drug to drug, and still scarcely any amelioration to the constant suffering; remedy after remedy fails in the administration and application, and at length baffled in his most careful attempts, he is forced to acknowledge, what he too often feels, his entire impotence.

The indications of treatment are these—firstly, removal of the most urgent symptom, pain; secondly, prevention of its recurrence; thirdly, induction of regularity in the catamenia; fourthly, to brace and give tone to the parts immediately concerned, as well as to the constitution generally; and, fifthly, a *careful selection* of means to the fulfilling these several purposes, lest in removing the one, pernicious influence be exercised upon the other, and so should either be placed in a worse condition than existed before we commenced our treatment.

Since this complaint is in its nature essentially complex, we cannot allow ourselves to rest satisfied with merely those appliances which medicine places at our disposal, more particularly when we have other most powerful operatives, which we can summon to our assistance. I allude to moral and mental powers on the part of our patient, and which she should be taught, if she have not previously learned, by her medical adviser to cultivate and exercise to their fullest extent, inasmuch as the complexity of the disease is dependent upon the engagement of the mental and moral, as well as of the physical or corporeal qualities and powers. To each case, since there is such an infinite variety of character and of phases in the characters of our patients, must we be prepared to adapt this mental and moral method of treatment, adopting at one time or with one class of cases, mild and persuasive measures, at another or in a different class, those which, being not so lenient, may to our patient and even her friends seem somewhat harsh and severe. I am fully persuaded that this latter plan will, in many instances, be absolutely necessary to the recovery of the invalid, and prove successful, when the former would or shall have altogether failed.

We will now turn our attention to the more immediate and medical plan of treatment, and will first speak of

Rest, the greatest adjuvant in the removal of almost every malady. This is to be insisted upon, not alone for the subdual of the pain and for the amelioration of all the symptoms, but likewise toward the ultimate and entire recovery; it should be maintained in the horizontal position, supination and pronation being alternately adopted.

Opiates are generally advocated, and are applied locally, either directly to the "irritable uterus," through the vagina, or indirectly by the employment of powerful sedative liniments to the hypogastric or vesical region of the abdomen, or by covering the sacral region with a large belladonna plaster. A favourite liniment has for its ingredients belladonna, chloroform, and soap liniment, and no doubt it may be, in the allaying of pain, productive of happy results, though, if we have recourse to any local sedative, I should lean more towards their direct application, and would pass up through the vagina against the os uteri the opium or belladonna pessaries recommended by Dr. Churchill. While upon this part of our subject I would lay down, as an axiom, that the speculum had better not be used in the introduction of these pessaries, preference being given to the pushing of them up against the womb by means of the finger only; nor can we speak in too deprecating tones of the employment of cotton-wool or sponges for the purpose of maintaining these pessaries *in situ*, since the presence—as must be

obvious to all—of such a foreign body will tend to keep up the very irritability which it is our object to remove. These pessaries, or the ordinary suppository of the pil. saponis co., may sometimes be passed into the rectum, instead of into the vagina.

Many practitioners deem it advisable to administer opium by the mouth, in conjunction with its topical application, and with the adoption of other remedial measures; but I cannot accord with the views of such gentlemen, inasmuch as the narcotic, while affording temporary ease and a certain immunity from pain, requires to be given in gradually and continuously increased doses, very much to the detriment of our patient, to the maintaining, if not the aggravation also, of the local and general irritability, and to the induction of great nervous prostration; furthermore, opiates exercise a decidedly baneful effect in arresting, or at least, checking the secretions, especially the gastro-intestinal, whence arise dyspepsia in its multiform varieties, constipation and its attendant ills, among the *least* of which the necessity for administering purgatives cannot at all be estimated.

"I think it an important fact," says Gooch, "that in cases which remain uncured for may years, the patients had for the relief of their pain gradually accustomed themselves to a daily enormous allowance of opium."

To *bleeding*, local or general, I also object, unless, indeed, there be very great plethora, a condition which we know obtains in some instances of this affection; upon the following I base my objections:—by the removal of blood; by its frequent draining away at each paroxysmal period of the pain (and such is the course pursued by its advocates); by this constant tax, levied upon the system generally and upon the parts locally, general and particular debility results, leading to an increase of general and particular irritability; reduction of the tonicity of the uterine vessels, as a sequence the allowance of their distension, perhaps, even of their engorgement and congestion, and so the perpetuating, nay more, the intensifying, of this functional derangement.

I must again be permitted to quote from the book of Dr. Gooch, in confirmation of the inutility, if not the evil, of withdrawing blood in a great number of instances:—"*When* blood-lettings afford decided relief, and inflict no material injury on the constitution, their propriety is unquestionable; but in many cases after the disease has lasted long, and the body is emaciated and enfeebled, the relief afforded by blood-letting is so slight and temporary, and the debility it occasions is so great, that it must be discontinued altogether."

(To be continued.)

REVIEW OF BOOKS.

On the Influence of Mechanical and Physiological Rest in the Treatment of Accidents and Surgical Diseases, and on the Diagnostic Value of Pain. A Course of Lectures delivered at the Royal College of Surgeons of England in the years 1860, 1861, and 1862. By John Hilton, F.R.S., F.R.C.S., Surgeon to, and Lecturer on Surgery at, Guy's Hospital, &c., &c. Pp. 499. London: Bell and Daldy. 1863.

These lectures, besides being delivered before the College of Surgeons of England, have already appeared in the pages of a Medical contemporary; but the importance of the subjects of which they treat, and, we may add, their own intrinsic merits, fully justify their collection and preservation in the goodly volume now lying before us. Mr. Hilton informs us in his preface that they are published simply as they were delivered, as is indeed evident from their somewhat colloquial and unstudied tone, and that he hopes hereafter to treat the subject more at large in a systematic work.

In choosing the subjects for his course of lectures at the College of Surgeons, Mr. Hilton was actuated by a desire to enter upon a field of inquiry as yet untrodden by the College Professors, and he therefore selected a department of surgery hitherto unoccupied—namely, that of Therapeutics. By this term, he does not imply the action of drugs, but the influence of what may be called Natural Therapeutics in the cure of surgical diseases, and among the most important of these agencies is Rest. The other subject treated of is Pain, which is the natural expression indicating the existence of discomfort, pointing out its source to the eye of science, and demanding Rest as its method of cure.

The topics of Rest and Pain are so trite, and apparently commonplace, that they seem almost beneath the notice of the orator who speaks from the professorial chair; but they really involve a host of considerations and inquiries which interest alike the Medical philosopher in his closet and the busy practitioner in his everyday duties. The fact is that when a part or an organ becomes diseased in any way, either from internal or external causes, Nature makes known the deviation from the healthy condition by the agency of the nerves, which thus announce by their exalted sensibility the presence of mischief and the necessity for its removal or alleviation. It is true that the indication thus afforded is not always intelligible to the uneducated mind, and the presence of pain in one particular organ or part may be really due to the existence of disease at a distance. But although to the patient or to the ordinary observer the guidance of Nature may sometimes seem to mislead, the information thus conveyed is intelligible enough to the mind of the educated anatomist and physiologist, who by tracing the nerves from their origin to their distribution, or *vice versâ*, and by studying the connexion of the different sets of nerves with one another, is led to discover the true seat of disease, and to devise appropriate means of cure. A great portion of Mr. Hilton's lectures is devoted to the indications thus afforded by Pain as to the seat of injury, and to the anatomical distribution and nature of the different nerves by which this kind of evidence is afforded.

The efficacy of Rest as a remedial agent is so clearly shown in innumerable instances, that a very few remarks are sufficient to prove its importance in the treatment of diseases and injuries. A speck of dust falls upon the conjunctiva, and immediately the eyelids contract and the tears ars poured out, and irritation and inflammation are set up until the unwelcome intruder is expelled, when rest alone effects the remainder of the cure; when a bone is broken, accurate apposition of the broken portions and absolute rest are sufficient for the promotion of perfect union, and when the parts are not adjusted accurately the effusion of callus in and around the fracture affords the repose which is necessary to the juncture of the injured fragments. In internal diseases the principle is the same, and the object of Nature is to procure rest for the injured part; the brain excited to phrensy or to inflammation by the cares of life or by over-exertion, is restored by repose, by silence, and darkness; the inflamed pleura, painfully grating against its own contiguous surfaces obtains rest by the beneficent effusion of coagulable lymph; and the fistulous opening, enlarged by movement, is closed by the combination of pressure and rest.

Some of the illustrations brought forward are of an ingenious and novel character, and among them may be quoted the office assigned to the cerebro-spinal fluid, which is too often overlooked in anatomical examinations, but which exists between the base of the brain and the base of the skull, and thus forms, what Mr. Hilton not inaptly calls, a perfect water bed of the brain. To the presence of this fluid Mr. Hilton attributes the comparative immunity enjoyed by many persons who have received severe injuries of the skull or brain, and he relates a case in which a gentleman lived for thirteen days after receiving a fracture of the base of the skull, and who was able to pursue his usual avocations between the receipt of the injury and his death.

The injection of opiates into an irritable bladder, the introduction of laudanum into the external meatus of the ear in ear-ache, or into an aching tooth, and the hypodermic injection of morphia, are all directed to the same object—namely, to procure rest to an injured or diseased part; and the application of splints and bandages in surgical cases, and the use of poultices are only imitations of and auxiliaries to the remedial powers of Nature, which dictates rest for the cure of disease.

Such are some of the philosophical views and reasonings adduced by Mr. Hilton in his lectures; and even from this short and hasty notice, within which our limits compel us to confine ourselves, it will be seen that the subjects he has selected as his texts are full of suggestions for the rational treatment of diseases and injuries, and we may add that the numerous illustrative cases which he details make his work as practically useful as it is theoretically instructive.

The Physicians', Surgeons', and General Practitioners' Visiting List, Diary, Almanack, and Book of Engagements for 1864. London: John Smith and Co.

This little pocket-book presents a variety of features which render it valuable for all classes of the Medical Profession in whatever branch they may practise. Thus it contains an almanack, a table of fees claimable by medical witnesses, a life table, a table of wages, expenses, &c., ruled pages for visiting list, obstetric and vaccination engagements, and many other particulars, the whole being got up in very excellent style, and of good materials and workmanship.

A Practical Treatise on the Human Teeth: their Loss and Restoration. By Messrs. Gabriel, Dentists, Harley street and Ludgate hill.

This little work communicates in a small compass a variety of interesting details connected with the development of the teeth, their diseases, and the appliances of art in remedying the diseases or defects of these organs, or in supplying their loss. In the adaptation of artificial teeth, Messrs. Gabriel have dispensed with wires, springs, and other trammels, and are able to fix them in the mouth by capillary adhesion alone; and as the only metallic element employed is stated to be pure gold, no solution of the material can take place.

NOTICE.—*The first number of a New Series of the* MEDICAL CIRCULAR (*Vol. 24th*) *will be sent on Wednesday, January 6th*, 1864, *to every Member of the Profession whose name appears in the Medical Directories for England, Scotland, and Ireland. The intention of this large issue of the Journal is to draw attention to its many improvements, in size, in paper, and in the arrangement of its contents, which, under new Editorial management, will be of a more practical character, and better adapted to the requirements of the busy practitioner than heretofore.*

Advertisements on this occasion cannot be received later than Saturday, January 2nd.

THE MEDICAL CIRCULAR.

WEDNESDAY, DECEMBER 23, 1863.

MR. JOSEPH HENRY GREEN.

The death of Mr. Green at a ripe, though not advanced old age, removes another of the links which connect the present with the past race of surgeons. When reviewing the records of his early days, we are carrred back to the times when the teaching of anatomy and surgery was in the hands of a few, when students were scanty, when the range of surgical science was comparatively very limited, and when medical science, with its accessories, could hardly be said to exist. At the period to which we refer Abernethy was the presiding luminary at St. Bartholomew's, and Lawrence, though even then no stripling, was merely struggling into notoriety: Brodie was quietly pursuing those anatomical and physiological studies which subsequently brought him into power, profit, and fame; Cooper and Cline were the Dü majores of the Borough hospitals; and private teachers, of more or less celebrity, such as Grainger, Carpue, and Joshua Brookes, carried on a rivalry, by no means unsuccessful, with the hospital teachers. At that early part of the present century the surgeons required but a minimum of education; the physician's culture was a matter of choice rather than necessity; and the apothecaries had no education at all. Chemistry consisted merely of a few scattered experiments on fixed and dephlogisticated air, and the fanciful hypotheses of Stahl and Van Helmont, and the microscope was little more than a philosophical toy, inapplicable to any practical purpose.

But Mr. Green had the good fortune to see the dawn of a brighter morning, which at the time of his death may be said to be advancing towards the perfect day; and, considering the prominent position which he occupied throughout his life in the ranks of the Profession, he might exclaim, like the Trojan hero, with reference to the changes in medical history, "quorum pars magna fui." Still we do not give Mr. Green credit for promoting the cause of medical and surgical science, or the advancement of the Profession in generni attainments, for although himself an eminent surgeon, a sound anatomist, and a rare proficient in collateral learning, we have never heard that he took any active steps in remedying glaring defects which existed in his day, or that he ever advocated any of those beneficial changes which have been effected under his eyes, but without his co-operation. He was, in fact, a very lucky man, cradled in wealth, but undoubtedly possessed of innate talent, cultivated with care, and ripened by time and experience. In the profession which he chose, again, he was eminently fortunate in his earlier associations, having bought a part of Sir Astley Cooper's museum at Guy's Hospital, and having purchased with it, of course, a share of that great man's patronage and support. While therefore we by no means deny that Mr. Green eminently availed himself of the opportunities afforded him, it would be a mere perversion of language to represent him as carving out his own fortune, or removing difficulties by the force of inherent perseverance. Probably the greatest difficulty which such men have to surmount is the temptation to indolence and self-indulgence which prosperity in worldly affairs usually offers to its favourites, and Mr. Green deserves the highest credit in this particular. He was always a diligent student, an eminent scholar, and a most honourable and virtuous man.

Mr. Green was an only son, and his parents, who were wealthy, appear to have given him an excellent elementary education, although the scene of his preliminary studies, like the birth-place of Homer, is involved in obscurity. It is certain, however, that in very early life he repaired to Berlin, accompanied by his mother, and in that city he probably imbibed the taste for metaphysics, which he afterwards cultivated with great assiduity, and which was further developed by his intimacy with the poet Coleridge. In the year 1812 he commenced his surgical studies at St. Thomas's hospital under the most favourable auspices, for Cline was his uncle, and we cannot wonder that his promotion was rapid. In fact, he made such good use of his time, that like some favoured scion of the aristocracy in the army or navy, he rapidly passed through all the grades of his Profession which lead to honour, advancement, and emolument. At the age of 22, at which candidates were admitted formerly as Members of the College of Surgeons, he was employed as Demonstrator of Anatomy at St. Thomas's; at 26, he lectured on anatomy and physiology together with Sir Astley Cooper; and at 28, he was appointed surgeon to St. Thomas's! Why such rapid promotion is enough to make the hair of some of our hospital surgeons stand on end with wonder. At St. Bartholomew's, for instance, Lawrence, Skey, Stanley, Wormald, all had to wait for years and years before they became assistant-surgeons, and were nearly all grey-headed before they became full surgeons; and many others, who under genial auspices might have become equally eminent, after hanging about the hospital for a weary period, gave up all hopes of joining the staff at all. The only remarkable circumstance about Mr. Green's career is that he was so long before he arrived at the honours of the College of Surgeons, for he actually was obliged to wait twenty years before he became a Councillor of the College, and eleven years more before he was elected an Examiner. Many surgeons of the present day can scarcely believe that Mr. Green has been an Examiner of the College of Surgeons only seventeen years, having been appointed to that office so lately as 1846, when he must have been at the ripe age of 55.

Mr. Green was, of course, President of the College of Surgeons when his turn arrived, and he twice held that distinguished office. He had been Professor of Surgery at King's College, an appointment which he held from the opening of that institution until the year 1837, when he received an accession to his fortune, which was previously considerable, and he retired from teaching and practising the Profession. Since that period, he has lived in semi-retirement at his country seat, at Hadley, near Barnet; but he by no means relinquished his interests in his former pursuits, although he ceased to follow them from mere motives of emolument. His tall and stately form might be seen on many mornings emerg-

ing from the terminus of the Great Northern Railway, and leisurely bending its way towards the College of Surgeons, or St. Thomas's Hospital, of which he was, both *de facto* and *de jure*, the Consulting-Surgeon, or the Clerical and Medical Life Assurance Company, of which he was Chairman. On the death of Sir Benjamin Brodie, he was elected President of the Council of Medical Education and Registration, and he held this office at the time of his decease.

His death, although not altogether unexpected, was very sudden, and occurred from syncope, probably due (for there was no post-mortem examination), to dropsical effusion in the pericardium from retrocedent gout. We ourselves received intimation of his decease as our last number was going to press, and were actually preparing an announcement of the event, but we thought it prudent to ask for a confirmation or denial of the report at the hands of a gentleman with whom the deceased was intimately associated during his last illness. The gentleman referred to had heard no tidings of the fatal issue, and had, indeed, made arrangements to see him at rather a distant day, and we therefore cancelled our report, which, however, turned out to be too true.

Mr. Green, both from his natural and acquired talents, from his extraordinary good fortune, and from the prominent positions which he occupied, was a remarkable man, and his loss will long be deplored by the Profession, of which he was undoubtedly a most distinguished ornament. On the principle *de mortuis nil nisi bonum*, we ought, perhaps, to load his name with unmitigated eulogy, which indeed, in many respects, he deserved; but we cannot help remarking that the atmosphere of the College of Surgeons appears to have narrowed his views and somewhat obscured his vision. Although, as we have fully admitted, he himself was the impersonation of a scholar and a gentleman, the educational improvements made in that corporation were forced on by the pressure of extraneous circumstances rather than by Mr. Green's individual agency; and in the distinguished position of President of the Medical Council, he was rather the advocate of the College politics than of the broad and general interests of the Medical Profession.

SUMMARY OF THE WEEK.

THE CASE OF GEORGE TOWNLEY.

Since the conviction of George Townley for the murder of Miss Goodwin in August last, a new phase has developed itself in the course of the dismal tragedy. It will be remembered that the defence of the criminal was based upon the theory that he was insane when he committed the murderous act, but the only evidence brought forward in support of this plea referred to the state of the criminal's mind three months *after* the murder. It is true that there was an hereditary tendency to insanity on the part of the prisoner, but previously to the commission of the murder there was no evidence that it had developed itself. Under these circumstances, Baron Martin summed up the case in a tone unfavourable to the prisoner, and the jury found him guilty, and we were compelled, however reluctantly, to acquiesce in the decision. Now, however, if we are to believe report, it seems that Baron Martin has some doubts in his own mind whether, assuming the prisoner to have been responsible for his acts in August last, he is in a sane state of mind *at present*, and whether, therefore, it is expedient to carry into effect the last sentence of the law. It is also said that the learned judge has suggested the appointment of a commission to examine into the existing state of the prisoner's mind, and to report to the Home Secretary. This proceeding is altogether so entirely novel, and we believe unprecedented, that we have been taken by surprise, and so have likewise most of our contemporaries, both lay and medical, and we now accordingly find a very extraordinary difference of opinion upon the whole merits of the case. Some of the papers, perhaps from their general dislike to capital punishments, urge for a reprieve on the grounds we have stated, while others repeat the old arguments that the acquittal of a murderer is an injury to society. If it be really true that such a commission of inquiry is in contemplation, we shall be rejoiced at the circumstance, though we cannot but regret that the same expedient was not thought of in the cases of the poor homicidal monomaniacs, Fooks, Burton, and Holden, who were executed during the present year. At any rate we are gratified to think that the question of the plea of insanity in criminal cases is beginning to excite the attention of our judges, and that less nonsense is now uttered from the Bench upon this most difficult, but at the same time important subject. Baron Martin's summing up in the present case is a decided advance upon the psychological dogmas hitherto held by our judges.

THE CRAWLEY COURT MARTIAL.

The court-martial on Colonel Crawley has at last terminated, to the infinite relief, we should imagine, of all parties concerned, except the prisoner himself, whose fate, up to the time of our writing, has not yet been determined. The new turn which the case has taken makes the whole proceeding a question of military discipline, and is, therefore, interesting only to the combatant portion of the army, but in its present aspects and bearings, the result can be of little importance to the Medical Profession. We may, we think, assume that the death of the Sergeant-Major was not the direct result of any cruelty practised upon him by his Colonel, or of any negligence or mal-praxis on the part of the Medical officers of the regiment; the unfortunate man died, in fact, of heat-apoplexy, a common disease in India, and which might or might not in the present case have been accelerated by the stimulants which the deceased is proved to have swallowed in considerable, though not perhaps excessive, quantities. The present state of the case is this: three sergeant-majors were placed under arrest for the purpose of preventing them from appearing as witnesses at a court-martial in India; but they were never brought to trial, and it is, to say the least, doubtful, whether they had committed any offence. One of them, Sergeant-Major Lilley, dies, while under arrest, and unquestionably those who placed him under arrest are no more responsible for his death, than a judge would be because he condemned to prison a person who subsequently died while under confinement. But the question now is whether Sergeant-Major Lilley ought to have been placed under arrest at all; whether Colonel Crawley, although nominally acting under superior orders, did not cause the arrest in order to serve some purpose of his own, and whether he did not prolong the arrest to an unnecessary period. These questions may be very interesting to Colonel Crawley, to the combatant officers of the army, and, perhaps, to the public generally, but we repeat that they have no interest for the Medical Profession.

MEDICAL VACANCIES CAUSED BY THE DEATH OF MR. GREEN.

By the death of Mr. Green the important post of President of the General Council of Medical Education and Registration is made vacant, and we believe that we only echo the general wish of the Profession in expressing a hope that Dr. Watson

will be elevated to the dignity. Some of our contemporaries have represented the appointment to be in the hands of the Government, but this is not the case, for the members of the Council elect the President themselves, and they can do no more graceful or more acceptable act than to choose the distinguished physician we have named. Mr. Green's decease also makes a vacancy in the Board of Examiners of the College of Surgeons, and another in the Council of the same institution. The gentlemen next in succession are Mr. Gulliver, Mr. Partridge, and Mr. Hilton. The vacancy in the Council will not be filled up until next year, when, according to the present constitution of the College, two other vacancies will be declared.

DEATH OF JOSEPH HENRY GREEN, Esq., F.R.S.

The Medical Profession and the public generally will regret to hear of the death of this estimable and most learned member of that profession of which he has long been so bright an ornament. He died at his residence, the Mount, Hadley, near Barnet, on Sunday evening, the 13th inst. To the Council of Medical Education and Registration, of which he was president, and especially to that of the Royal College of Surgeons of England, of which he had been twice president, as well as a most active member, the loss will be irreparable. The deceased was an only child of wealthy parents, from whom he received a first-class elementary education, and as a rare instance of maternal solicitude it deserves to be mentioned that when sufficiently advanced in his studies, his mother—the sister of the celebrated Henry Cline—then the principal surgeon to St. Thomas's Hospital, accompanied her son to Berlin, where she remained during the whole time he was perfecting those studies which laid the foundation of his great fame. He acquired his professional knowledge at St. Thomas's Hospital, under the auspices of his uncle, Mr. Cline, and was admitted a member of the Royal College of Surgeons on the 1st of December, 1815, having for two years previously acted as demonstrator, a sure proof of his proficiency as an anatomist; and so creditably were the duties attached to this office performed by him, that in 1818 he joined Mr. afterwards Sir Astley Cooper, as joint lecturer on anatomy and physiology. In 1820, he succeeded the younger Cline as surgeon to St. Thomas's Hospital, and with Sir Astley Cooper then delivered ectures on surgery and pathology. As an operative surgeon, he was unequalled in the skill with which he performed that for lithotomy, having in 1827 operated in forty cases, and lost only one patient; this success created a great sensation at the time, as it is unequalled in any country, and in any other person's hands. In 1830 he was appointed to the professorship of surgery in King's College, of which institution he was at the time of his death a member of council. In 1831 he wrote a pamphlet, called 'Distinction without Separation,' addressed to the President of the Royal College of Surgeons, to prove that the distinction between physician and surgeon did not really exist, and that such division was highly injurious where it did. About this time he was unfortunate in entering into a wordy warfare with the 'Lancet,' about the publication of his lectures, and in which he was severely handled and totally discomfited. Lecturers now see the advantages of their lectures being correctly reported in the medical papers, from which the public and themselves so largely profit. In 1834 he wrote a memorable letter to the 'Times,' suggesting a plan of medical reform, to the effect that the medical student should have a sound, classical, and mathematical education, and proposing a higher and lower grade or distinction; and as showing the wisdom of these suggestions it may be mentioned that the Council of the Royal College of Surgeons has for some time past adopted the whole of them. In 1835, on the death of Mr. Lynn, surgeon to the Westminster Hospital and a member of the Council of the College, Mr. Green was unanimously elected to the chair in the Councils of that College of which he had become such a distinguished member. In 1840 he was requested by his colleagues to deliver the annual oration in memory of the immortal Hunter; and so much satisfaction did this afford them that at their earnest request he published it under the title of 'Vital Dynamics;' and again in 1847 he became Hunterian orator, and published the lectures under the name of 'Mental Dynamics.' Neither were considered popular discourses; they were perhaps in advance of the times, and moreover were full of the metaphysical notions entertained by the celebrated Coleridge, his intimate friend and congenial spirit. In 1846, on the resignation of Sir Benjamin Brodie, he was elected a member of the Court of Examiners, an appointment he held up to the time of his lamented decease, and in 1849 obtained at the hands of his colleagues the highest appointment they had it in their power to confer—viz., the President's gown—an honour again most worthily conferred on him in 1858. From Her Majesty's Government he received the appointment of President of the Council of Medical Education and Registration of the United Kingdom. The death of Mr. Green, though at last sudden, was not altogether unexpected; for he had been labouring for some months under a severe attack of gout, complicated with disease of the heart, from which it was hoped, by the kind and skilful treatment of Dr. Brinton, his attached friend and physician, he had recovered. This gentleman had suggested the resignation of several offices held by the deceased, in order that by affording rest so valuable a life might be prolonged for some time, and he had so far recovered as to be able to visit his sitting-room, when on Sunday last he was suddenly seized with his fatal illness, which carried him off in his seventy-second year. He leaves a widow and a large circle of friends to deplore one of the greatest losses which the Medical Profession has sustained for many years.

REVIEW OF THE PERIODICALS.

The 'Lancet.'

Mr. George Critchett commences a course of lectures on the "Diseases of the Lachrymal Apparatus," and in the present discourse he describes some of the affections involving the puncta lachrymalia and the canaliculi. After briefly adverting to the anatomy and the functions of these parts, he enumerates the various morbid conditions to which they are liable, and the inconveniences which result. The chief consequence is, of course, stillicidium lachrymarum. In the normal condition each punctum lies in contact with the globe, and this position is essential to the proper performance of its function; but it is liable to displacement, and a very slight deviation is sufficient to impair its efficiency The punctum may be displaced by chronic ophthalmia, or by hypertrophy of the inner caruncle, or the mucous lining may become swollen and villous, or the fibro-cartilaginous opening may be contracted. The canal may also be narrowed, or closed at one point, or small calculi may exist there, as in a case described by Mr. Critchett some years ago. If the cause of stillicidium is the displacement of the punctum by disease of the lids or enlargement of the caruncula, a cure is to be sought by appropriate local treatment, but in the greater number of cases it is necessary to lay open the canal, an operation which, although simple, is not altogether devoid of difficulty. Dr. E. Headlam Greenhow communicates some "Notes on the Occurrence of Two Examples of Tænia Medio-Canellata in the Same Patient." In this case Dr. Greenhow at first prescribed the ethereal oil of male fern in half-drachm doses, with the result of expelling the worm; but after some months the patient, a child of three and a-half years old, was again troubled with the original symptoms, and turpentine and castor-oil were administered. On examination of the segments of the worm which were evacuated, Dr. Greenhow thought that they did not belong to the Tænia Solium, and on submitting them to Mr Cobbold, the lecturer on Zoology at the Middlesex Hospital, that gentleman pronounced them to be specimens of the Tænia Medio Canellata, a parasite supposed to be very rare in this country, but which is probably rather common. Dr. Greenhow remarks that the oil of male fern is generally very successful in the treatment of tape-worm, but that it is not so successful in tænia medio-canellata, which may sometimes be mistaken for tænia solium. In the treatment of the latter, Küchenmeister considers the oil of male fern very efficacious, but in the tænia medio-canellata he thinks that oil of turpentine is more successful, and Dr. Greenhow's case seems to bear out this opinion. Dr. Graily Hewitt communicates a paper on the "Hydatidiform Ovum," illustrated by a case which lately came under his observation. The facts of the case were: pregnancy with regular progress for nearly six weeks, when an accident occurred to the patient from a fall, and the morning sickness, which had previously been observed, suddenly disappeared, while other symptoms of pregnancy, such as enlargement of the breasts and abdomen continued, hæmorrhage and sero-sanguinolent discharges ensued during upwards of three months, and at

the end of about three months and a-half from the date of the accident a hydatidiform ovum was expelled, and at the end of another month a remaining small portion of the ovum was discharged. Dr. Hewitt believes that the hydatidiform degeneration is, so to speak, of accidental origin, and that the hydatid-like bodies are simply hypertrophied and œdematous villi of the chorion, which go on enlarging when the embryo is arrested in its growth. The case is, in fact, one of incomplete abortion. Dr. Hewitt refers to two cases of a somewhat similar nature, in confirmation of his views. Dr. THOMAS PALMER communicates a paper on "Reflex Hemiplegia," illustrated by a case, in which a patient, aged sixty-three, had a well-marked attack of paralysis on one side, which resisted all the remedies devised until a dose of calomel (3 grains) and rhubarb produced temporary relief. On a return of the symptoms a larger dose of calomel was given, together with a powerful dose of sulphate of manganese, and sulphate of magnesia. This produced a copious evacuation of fæces, followed by complete and permanent relief.

THE 'MEDICAL TIMES AND GAZETTE.'

PROFESSOR HUXLEY continues his lectures on the "Vertebrate Skull," his present subject being the skulls of the mammalia, especially those of the whales and the dugongs. MR. GULLIVER concludes his "Lectures on the Blood, Lymph, and Chyle, of Vertebrata;" and having already described the molecular base of the chyle, he now describes the secondary molecules, the fatty globules, the chyle-corpuscles, the pale cells, and the red corpuscles, which latter are found in the thoracic duct. Monro in 1785, found red corpuscles in this duct, and Schmitz, Gurlt, Schultz, and Valentin, have all since seen red corpuscles in the chyle. Gerber described them as increasing continually in the thoracic duct of the horse, by a conversion of lymph corpuscles, in their progress towards, and their course through that duct to its termination. Mr. Lane and Mr. Gulliver in 1839 proved that the rosy colour of the chyle in the thoracic duct of the horse was due to the presence of red blood-corpuscles. Mr. Gulliver has repeatedly compared these red corpuscles from the thoracic duct of the horse with the red corpuscles of the same animal's blood taken from the heart, arteries, and veins, and he has constantly found a difference in size and form. Mr. Gulliver's views on the relations existing between chyle, lymph, and blood, will be best deseribed in his own words:

"Here, then, we arrive at the conclusion that the chyle, lymph, and blood, differ rather in the proportion than kind of their respective morphological constituents. In the higher vertebrates there is no corpuscle in any one of these fluids that does not occur in the others. The lymph corpuscles are more abundant in lymph and chyle than in the blood, and the pale cells are about as numerous in the lymph and chyle of the thoracic duct as in the blood. But as the preponderance of red corpuscles is the leading character of the blood, so is the preponderance of the molecular base the fundamental characteristic of the chyle—a fact now fully established, though so tardily admitted after the demonstration of it in 1840, previous to which the chyle-corpuscles were always considered as the cause of the whiteness of the chyle. Indeed, as so long since proved, to the molecular base alone the chyle owes its most perfect whiteness; and the colour of the latex of certain plants is also entirely due to an equivalent base. We have seen that, though the pale cells of blood and lymph-corpuscles have been commonly confounded, they are so different that the one is a cell and the other a nucleus. And as for the corpuscles in the juice of the lymphatic glands and thymus, and in the chyle of the mesenteric glands and lacteal vessels, they have been shown as absolutely identical, or at least we have proved that their physical and chemical properties are so, while there is a difference of form and size between the red corpuscles of blood and the red corpuscles occurring in chyle or lymph. The molecular base of the chyle, though not yet recognised in our books or systematic treatises as a regular constituent of the blood during digestion, certainly is so, and may be always found accordingly, if properly looked for, in the blood both of the arteries and veins; and this fact, besides its physiological importance, should not be lost sight of in pathology, because this chylous blood has been confounded with a milk-like blood occurring in disease. Though we have before shown that, under certain circumstances, molecules, pale cells, and red corpuscles may be generated within the blood or on the spot, the evidence we have adduced seems to be conclusive that all the morphological elements of the blood may be derived from without, not one of them being necessarily formed within the blood, however developed or perfected there; for we cannot reject the weight of testimony that the lymphatic and lacteal system can convey to the blood the fluids and the different solid organic forms which we have described in the preceding lectures."

The following are Mr. Gulliver's views as to the nature of coagulated lymph:—

"And as for the coagulated lymph of Jean Senac, Martin Butt, and John Hunter, now often called plasma, or blastema, we have shown, after the discovery of Dr. Buchanan, that it can be produced by mere contact either of two varieties of serum, or by the addition to one of those liquids of various cells or other soft organic substances, or even by hard, dry, and powdered fibrin. It is also a fair inference from my own observations, that the resulting clot may be a parturient matrix—a procreant cradle—of plastic matter. I have also clearly shown that the coagulum—this protoplast—in the serum may immediately assume the form of a membranous sac having lacunæ within and an intimate texture of fibrils throughout all this, moreover, so surely neither essentially due to the agency of cells, nor of foreign matter, nor to the abstraction or emission of ammonia, that the sum of the facts amounts to a central and comprehensive truth, the proximate efficient of primordial organisation before the cell doctrine can be at all applicable either to the process or phenomenon."

Mr. Gulliver concludes his course with the following assertion of the claims of British physiology over that of the Continent:—

"Finally, we cannot dismiss the subject of the blood, lymph, and chyle without reverting to the excellence of British researches in this fundamental department of animated nature. While cordially acknowledging our obligations to such admirable foreign observers as Malpighi and Borelli, Petit and Senac, we may regard with just pride the pre-eminent native services of Harvey, Hewson, Hunter, and others. And the more so, when we perceive how with the sorry aid of British patronage, the recent German School is attempting, though profiting so largely by their labours, to conceal or contemn the very names of one or more of our illustrious countrymen,—names which we have truly proved to be entitled to the most honourable place in this chapter of physiological history. Hence, for the sake of truth and justice—in the face, too, of those ignoble aggressions, and of such minds as may choose to ignore the Creator in the creation—we must repeat that to Harvey belongs the first scientific demonstration of the life of the blood; to Hewson the discovery of the leading office of the lymphatic system, of the formation of and endosmotic force belonging to a nucleated cell, and of the form and structure of the red corpuscle of that fluid; and to Hunter the beautiful and profound revelation of the vital endowments of the coagulable lymph."

Dr. J. W. OGLE continues his relation of "Cases of Epilepsy, Convulsions, Giddiness, &c.," illustrative of the affections of the nervous system, most of his cases now related occurring in adults, and being of eccentric origin, and being remedied by constitutional treatment. Dr. J. L. EARLE communicates a paper on a "Plan of Treating Prolapse of the Funis," first suggested and carried out by Sir Richard Croft. The plan consists in passing the cord up to the fundus of the uterus inclosed in the hand, and hooking it over the highest portion of the fœtus, and Dr. Earle states that he has adopted this plan in three instances with ease and with successful results.

THE LONDON HOSPITAL CLINICAL SOCIETY.—A society bearing this name has just been formed by the students of the London Hospital, and it is energetically supported by the Resident Medical Staff. The object of the society is to establish weekly meetings for the discussion of professional subjects. Such a design is most praiseworthy on the part of the London Hospital students, and we wish every prosperity to those who are carrying it out. The rich field of observation presented in the wards of this hospital must render the proposed discussions of great practical utility.

UNIVERSITY INTELLIGENCE.—OXFORD, DECEMBER 12.—Mr. William Thiselton Dyer, from King's College, London, has been elected to the Physical Science Studentship at Christ Church. This gentleman is the son of Dr. Dyer, of Berkeley street. The Examiners for the Radcliffe Travelling Fellowship have given notice that the next examination will commence on January 26, at 10 a.m., in the Museum. Candidates are requested to forward notice of their intention to present themselves to Dr. Acland before the end of the present month.

ROYAL MEDICAL BENEVOLENT COLLEGE.

The following correspondence has appeared in the 'Medical Times and Gazette':

SIR,—That those members of the Profession who are interested in a reduction of the charge for exhibitioners at the above College to "a sum not exceeding 30*l.* per annum," may know that a matter of such high importance has not been lost sight of, I beg the insertion of the following correspondence between the Council of the College and the Committee of Governors appointed to endeavour to regain for the exhibitioners all the advantages originally promised and for a short time given to them. It is necessary to explain that agitation upon this subject has been stayed for three years, in answer to a request publicly made by the treasurer that time should be given to enlarge and complete the school buildings before such a change could be carried out.

We have reason to hope that a plan is now being considered by the Council for remedying their failure in carrying out the exhibitioners' part of the school,—a failure noticed, I may add, by yourself in your valuable Leaders dated January 25 and May 20, 1862. I am, &c., W. B. KESTEVEN.

1 Manor road, Upper Holloway, December 3.

"*To the Council of the Royal Medical Benevolent College.*

"Gentlemen,—The Exhibitioners' Committee, representing as it does a body of Governors of the Royal Medical Benevolent College, who are dissatisfied with the charge now made for exhibitioners, are fully convinced that, taking into consideration the promise publicly made by Mr. Propert, together with the present improved circumstances of the College, that the time has arrived when the Council may carry out the original objects of the school.

"It must be admitted that each department of the college was designed for the poorer members of the profession, and that a moral obligation still rests upon the council to supply 'an education of a high character, conducted by clergymen of the Church of England, for 25*l.* a-year, exclusive of the cost of books,' inasmuch as a large sum of money was subscribed by the public for that purpose.

"Guided by the advice of the Attorney-General, the Exhibitioners' Committee holds that the council were *not compelled* by the Act of Incorporation to increase the charge, and they now propose to submit their case and Sir Roundell Palmer's opinion thereon for the consideration of Lord Chelmsford, the president of the college, if the council will, on their part, also submit to his lordship the case and opinion which favours their view of the legal part of the question. The proposition, and the fact that the Exhibitioners' Committee has, at the request of Mr. Propert, suspended all agitation upon a question of vital importance for three years, affords a convincing proof that the committee does not desire to harass the council by pressing impossible questions upon their attention.

"From careful calculations the committee is convinced that an independent institution might be formed in which it would be passible to give the sons of medical men a good commercial education for 25*l.* a year, and a classical education for 35*l.*, provided a moderate number of lay scholars were admitted to the lower school at a charge of 45*l.*, and to the upper school at a charge of 55*l.*; the addition of lay scholars being regarded as a benefit to a school otherwise composed of boys derived from one particular profession.

"The Exhibitioners' Committee again assure the council that its desire has always been to co-operate with them in carrying out one of the main objects for which the college was founded.

"The Exhibitioners' Committee will be obliged if the Council of the Royal Medical Benevolent College will give a decisive answer as to whether at any definite period the School will be opened to the sons of the poorer class of Medical men at the sum originally charged. I am, gentlemen, your obedient servant,

"W. B. KESTEVEN,

"Honorary Secretary to the Exhibitioners' Committee.

"1 Manor road Upper Holloway, June 16, 1863."

"Royal Medical Benevolent College, Epsom,

"Office: 37 Soho square, London, W.

"October 22, 1863.

"Sir,—I am directed to inform you that the Committee appointed by the Council of the Royal Medical Benevolent College to inquire into the actual cost to the College of each exhibitioner, have reported to the Council that they find, as the result of very careful calculations, that at the present time each exhibitioner is costing the institution 40*l.* 1s. 9d. per annum.

"I am directed to add that, while it is the opinion of the Council that this report would not justify any immediate reduction of the charge for the education of exhibitioners, the Council are considering the expediency of adopting changes which may eventually enable a certain number of scholars to be admitted at a lower rate than is at present paid by exhibitioners.

"I am, Sir, your very obedient servant,

W. B. Kesteven Esq." ROBERT FREEMAN, Sec.

MEDICAL SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, DEC. 8TH, 1863.

MR. PARTRIDGE, PRESIDENT.

ON SOME UNUSUAL OCCURRENCES DURING THE CURE OF A POPLITEAL ANEURISM.

BY CHARLES H. MOORE, F.R.C.S.

Surgeon to the Middlesex Hospital.

The aneurism was in the calf, under cover of the gastrocnemius. It was as large as the fist, and had been observed four weeks. From the shape of the tumour, and the greater force of its beat externally, it appeared probable that the opening was on the outer side of the artery. The extent of its alternate dilatation and recoil showed that the opening was a large one. The patient, an athletic man, aged forty, had a wide arcus senilis and an audible roughness produced by the current of blood in the aorta.

Genuflexion was first employed, and the beat of the aneurism was kept somewhat reduced for eight days. A tourniquet was also applied to the groin by day, and the hip flexed by night. A little diminution took place in the size of the aneurism, but the bending of the knee caused such intense pain in the sole of the foot that it could never be long continued at any angle which materially lessened the arterial impulse. That plan of treatment was accordingly abandoned.

Compression of the femoral artery by two tourniquets, tightened alternately, was next made, and was continued twenty-five days. During the greater part of the same period the patient took an ounce and a half of iodide of potassium. At the end of the time mentioned the aneurism beat less, was half full of solid substance, and was larger than before; the veins of the leg were distended, the skin dusky, the tissues œdematous, and the beat of the artery on the foot imperceptible. On the next day the skin was of a bright pink colour and of high temperature, and some collateral vessels were enlarged. The aneurism seemed to be near its cure.

On the twenty-seventh day of the treatment by compression sudden severe pain struck the aneurism, which was over in two minutes. The feeling at once returned in the foot, which had been painful and benumbed; and the tumour was found to have fallen in at its highest part between the heads of the gastrocnemius. The veins returned to their natural size, the artery beat again on the instep, and the enlarged collateral arteries disappeared. The hope of an imminent cure was gone.

Compression was continued for three weeks longer, and the aneurism improved; but it advanced so slowly that digital compression was resorted to. It was employed occasionally for three days with manifest advantage, and a day without any pressure was accordingly allowed for the skin to recover itself. Digital compression was then made for thirty-five hours, except at intervals of two hours, when a tourniquet was tightened for half an hour. After fourteen hours' rest the femoral artery was again pressed with the fingers for twelve hours, and at the end of that time the aneurism was found to be pulseless and firm. In thirteen hours it beat again, but an hour and a half's effective pressure stopped it finally.

The author remarked that genuflexion was inapplicable in this case on account of the pressure which happened to be made upon the posterior tibial nerve by the aneurism in that posture of the limb. He thought it not unlikely that the iodide of potassium might have facilitated the deposition of fibrin in the sac during the seventeen days in which it was taken; but he attributed to that medicine a mischievous acceleration of the pulse, which, by keeping the aneurismal sac constantly tense, occasioned its enlargement. He added some observations upon the varying condition of the aneurism, according as the pulse was quick or slow; as well as upon the different kinds and sources of pain in the case: which observations might be of service in the study of internal aneurisms. The remarkable interruption of the cure he assigned to the detachment of a portion of the fibrin in the aneurism from a situation in which it had previously compressed the nerve, artery, and vein. Upon the removal of this pressure, and the restoration of the current of blood to its natural channels, the enlarged collateral arteries had subsided.

CASE OF POPLITEAL ANEURISM, SUCCESSFULLY TREATED BY FLEXION OF THE KNEE.

BY ARTHUR E. DURHAM, ESQ. F.R.C.S.

Assistant-Surgeon to Guy's Hospital.

E. P——, a pale, unhealthy-looking man, thirty-one years of age, was admitted into Guy's Hospital, under the care of Mr. Durham, on the 5th of August, 1863. The patient was suffering severely from an aneurism in the right popliteal space, the first symptoms of which had manifested themselves ten or twelve weeks previously. The aneurism was about as large as an orange, firm to the touch, and not easily emptied to any extent by manipulation. Pulsation was very distinct, and the characteristic aneurismal bruit could be clearly heard by means of the stethoscope. When the knee was bent as far as expedient, pulsation in the tibial arteries could be scarcely felt.

The case appearing in many respects a favourable one, it was resolved to try Mr. Ernest Hart's method of treatment by flexion. Accordingly, on the 7th, the limb was bandaged, flexed, and supported by pillows in the manner recommended by Mr. Hart. Each succeeding day a fresh roller was applied over those already on the limb, and the degree of flexion somewhat increased. On the 11th the bandages were removed, and the aneurism examined. No pulsation could be felt; but, on making deep pressure, a slight thrill was just perceptible. The limb was again flexed and re-bandaged. The next day (that is the fifth from the commencement of the treatment) neither pulsation nor thrill could be felt or bruit heard. The aneurism was, in fact, cured. It gradually diminished in size, and the patient got about comfortably in the course of two or three weeks. He left the hospital on the 28th of August. During the treatment the patient took every three or four hours a draught containing tincture of opium, tincture of digitalis, and hydrocyanic acid, with manifest good effect.

NOTE OF A CASE OF POPLITEAL ANEURISM CURED BY FLEXION OF THE KNEE (BY THE LATE MR. H. C. JOHNSON.)

BY ERNEST HART, ESQ.,
Ophthalmic Surgeon to St. Mary's Hospital.

The late much esteemed and lamented Mr. H. C. Johnson had communicated to the author, more than a year since, some details of a case of popliteal aneurism in which he had effected a cure by forcible flexion of the knee, carried out in the manner which proved successful in the first case which Mr. Hart communicated to the Society. The circumstances under which the cure was effected were somewhat peculiar, and Mr. Johnson had intended to bring forward a statement of the case. That intention having been unhappily frustrated, and as he had already authorized Mr. Hart to make use of the case, it was thought desirable briefly to record it, as a pendant to Mr. Durham's case.

The patient was an adult male, admitted into St. George's Hospital under Mr. Johnson's care, with a popliteal aneurism of moderate size, and of a few month's duration. He employed pressure with tourniquets for nearly three months, but ineffectually, and was on the point of proceeding to ligature when flexion was suggested. He bandaged the leg to the thigh, including the whole foot and leg in the bandage, as it was best, the author thought, to do, and the result was consolidation in six days. The cure was permanent.

The previous failure of compression made this case very interesting, and recalled that in which Mr. Spence, of Edinburgh, found flexion successful in curing a relapsing popliteal aneurism, which had recurred after ligature of the femoral at Scarpa's triangle, where the two unpromising alternatives were the ligature of the iliac under these peculiarly unfavourable conditions, or the old operation of Antyllus, of which the mortality in that region had been very great. The cases brought forward on the present occasion, the author remarked, raised to twelve the number of cures of popliteal aneurism effected by British surgeons since September, 1858, the date of his first case.

NOTE ON THE APPLICATION OF INDICES TO ANEURISMAL CLAMPS AND OTHER PRESSURE INSTRUMENTS.

BY ERNEST HART, ESQ.,
Ophthalmic Surgeon to St. Mary's Hospital.

The marked want of success which had attended the use of clamps and tourniquets in this country, as applied for the cure of aneurism, especially popliteal, by indirect pressure on the femoral, had, the author observed, become very evident to him in collecting published cases, and comparing the results in English hospitals with those which had been obtained by the Irish surgeons, who felt for this method of treatment all the interest which parentage could give. It was unnecessary to give figures or details for the purpose which he had in view; and he need only say that the analysis of the unsuccessful cases showed that the greater part had failed through the pain caused by the pressure, the ulceration or sloughing of the skin under the pad, or the extreme tediousness of the process, causing its abandonment as ineffectual, and recourse to the ligature of the main artery. Ligature after compression had failed, gave less satisfactory results than primary ligature. In thirty-seven cases treated by English surgeons, in which it had been employed after compression had failed, there were fourteen deaths.

The sloughing, ulceration, and excessive pain, in a large number of the cases which he had mentioned, seemed to him to be the consequences of defective application of the pressure. To maintain continued and graduated pressure upon the femoral artery, even with any of the best compressors, without exerting too much on the one hand, and yet controlling the flow of blood on the other, was by no means easy, and required skilled and constant attention; and a certain amount of loving care was needed to prevent excess or defect. The most usual faults on the part of those entrusted by the hospital surgeon with watching the case were, employing an excess of pressure, or exerting pressure in a wrong direction: so that power was wasted in compressing muscles, and the artery was not fixed against the bone. The surgeon placed the pad carefully in position, but it must presently be relaxed, and then the assistants commonly erred in greater or less degree in re-applying the pressure.

The application of indices to the instruments was likely, the author thought, to obviate much of this difficulty, and to remove some prevalent causes of failure in instrumental compression. The surgeon, on putting the pads in position, could in each case ascertain for himself with what amount of pressure the femoral circulation could be stopped, or slackened, according as he might desire to produce the one or the other effect. Having determined the minimum force by which this could be effected, he could then inform his assistants, and point out to them the limits within which they must keep the pressure. If, in replacing the instrument subsequently, they found that the circulation was not controlled with that degree of pressure, they would know that the pad was not well placed; and instead of screwing down the clamp, and increasing the pressure until the pulsation was stopped, they would be careful to improve the direction of the pressure. It would be very useful for the surgeon himself to know what amount of pressure he was employing to stop the flow of blood; and it would be still more useful for the assistants to have under their eyes a constant monitor as to the correctness and care with which they were carrying out the surgeon's directions.

To give a long table of estimation of the degree of pressure in different subjects would not, the author thought, serve any useful purpose, as this would need to be ascertained for each particular case at the commencement of the treatment. He might, however, just select the three following from his notes of the results of experiment on this point, as giving average figures for three typical subjects:—

A. D——, adult male, 5 ft. 7 in. high, somewhat emaciated after illness; measuring (at the level of the perineum) round the thigh 15 in., above the knee 12 in. Pulsation arrested at apex of Scarpa's triangle by a pressure of 7 lbs.; at Hunter's canal by a pressure of 8 lbs.

J. R——, adult male, 5ft. 6 in. high, robust and powerful; measuring (at the level of the perineum) round the thigh 22 in., above the knee 14½ in. Pulsation arrested at apex of Scarpa's triangle by a pressure of 11lbs.; at Hunter's canal by a pressure of 14 lbs.

A. N——, adult male, 5 ft. 4 in, high, of slight and feminine build; measuring round the thigh (at the level of the perineum) 20 in., above the knee 12½ in. Pulsation of femoral arrested at fold of groin by a pressure of 4 lbs.; at apex of Scarpa's triangle, by 10 lbs.; at Hunter's Canal, by 11 lbs.

In the instrument made under the author's direction, by Messrs. Whicker and Blaise, and which he offered for inspection, the pressure is registered by a needle on a scale, and it is effected by a strong spring, which affords a pressure capable of nice graduation from four to twenty pounds. This instrument had already been tested in practice, and had worked well. Mr. Hart owed to the kindness of the Director-General of the Army Medical Department the report of a case in which it answered expectation in curing a popliteal aneurism. The analysis of cases showed that elastic pressure was best borne.

The principle involved in the application of indices seemed to the author not unworthy the attention of the Society, for it was obviously one which might be applied with advantage to other instruments of pressure and extension in surgery; and on the table would be seen an index of a similar kind applied to pulleys for reducing dislocations. It might be useful to apply them to apparatus for overcoming fibrous anchylosis, and restoring bent and deformed limbs.

Mr. FERGUSSON said that the subject of the several papers was one of very great interest to surgeons. The papers were evidence of a most important advance in modern surgery, substituting, in the case of aneurism, pressure for a cutting operation, and reflecting great credit on the younger surgeons. In the first case the plan of compression was one with which the profession was comparatively familiar; but in the other the plan was of much more modern date, and was of peculiar interest. He referred to the bandaging of the limb in Mr. Hart's method, and suggested that its omission might account for failure in some cases. In Mr. Moore's paper he thought a good deal had been said which did not bear on compression, although Mr. Moore's account was most interesting, accurate, and peculiarly detailed. He thought, however, that the account was too minute, and that if all surgeons paid such attention to minute particulars they would be overburdened with anxiety. Mr. Fergusson also did not understand on what principle iodide of potassium had been given. He had thought that its therapeutical powers were those of an absorbent, just the reverse of what was required in the treatment of an aneurism. The Dublin Surgeons (he said), whilst using compression, advocated remedies tending to thicken the blood. Then he asked why Mr. Moore, when he supposed that part of the clot had been separated, did not try to break it up further, so as to get part of it into the distal end of the artery, and thus cure the aneurism? Mr. Fergusson then made some remarks on what he thought were other minute observations in the account of the case, and especially alluded to the effect of tea on the patient's circulation.

He concluded by saying that he thought that Mr. Hart's method had failed in Mr. Moore's case, as the aneurism was not popliteal, but in the upper part of the calf.

Mr. BARWELL thought that Mr. Hart's plan would be successful in certain cases, but that some were unsuited for it, and that there was a risk of injury to the joint. He then alluded to a case of subclavian aneurism then in the Charing-cross Hospital, under the care of Mr. Canton.

Mr. MOORE said that he had little to say, except to answer the courteous observations of Mr. Fergusson. The interest of the case, he thought, lay chiefly in the sudden changes in the circulation of the aneurism and the vessels of the limb. It did not occur to him to detach more clot; and he apprehended that Mr. Fergusson had recommended this plan in cases of aneurism at the root of the neck when there was not room to tie the artery. Iodide of potassium was given on the strong recommendation of Dr. Roberts, of Manchester. It seemed to be a fact that iodide of potassium did favour rapid deposit of fibrin in aneurism, but he (Mr. Moore) did not feel competent to give an explanation of it. He was sorry to have been considered too minute; and in reference to the tea, he had noted its effect, as it was well marked, and had been noticed by several gentlemen in attendance on the case to lessen the pulsation remarkably. He was sorry also that the flexion treatment had not succeeded, but this was due to the exceptional implication of a nerve trunk.

Mr. ERNEST HART said that the very favourable reception of the treatment of aneurism by flexion had necessarily afforded him the greatest satisfaction, and he thanked Mr. Fergusson, Mr. Moore, and Mr. Durham, not only for the interest which they had shown in the success of this treatment, but for the very courteous and flattering terms which they had used that night. Mr. Durham's case resembled in its details very closely indeed the case which he (Mr. Hart) had communicated to the Society in the first instance; the size and position of the tumour, the duration and consequences of the treatment were, indeed, precisely similar. This mode of treatment had now been successful in the hands of so many surgeons, and in cases where other methods had failed, that he hoped it might now be considered established as one useful resource in the treatment of this affection, in which since the time of Hunter the British school of surgeons had been deeply interested, and had made brilliant advances. From the first, Mr. Hart said, he had foreseen and stated that it was not a universal method, and was contra-indicated where the tumour was very large, where, by bandaging the leg, the pulsation was not well arrested, or where flexion caused great pain. In his own case he had bandaged the leg carefully from the foot upwards, and had recommended that practice in his paper in the "Transactions." Mr. Durham and Mr. Johnson had found this very useful. Other surgeons had, however, omitted it, and, he thought, to the detriment of the chances of success. There was much less pain where the leg and foot were well bandaged, so as to give uniform and firm support. He had no objection to the use of any apparatus for maintaining the leg in flexion, of which a variety could easily be made; but he thought the use of bandages perfectly effective, while they were always at hand, and it was one advantage of this system that neither assistants nor apparatus of any kind were needed. When cure was effected it was rather by greatly retarding, than by arresting the flow of blood, and hence by the deposition of successive layers of fibrin in the sac—the very best mode of cure; rather than by coagulation of its contents *en masse*—the worst and most dangerous. Referring to the case of Mr. Moore, and the suggestion of Mr. Fergusson as to manipulation, Mr. Hart mentioned a recorded case by Mr. Teale, where manipulation so employed, after a period of compression, had proved successful. Useful, however, as the expedient might be in particular cases, it was dangerous; and what was wanted for permanent and safe cure was, not the sudden obliteration of an arterial canal, but the gradual filling up of the sac by layers of fibrin—in fact, the imitation of the natural and spontaneous process of cure. This was effected by flexion, and also by carefully regulated compression. He trusted, with Mr. Barwell, that the method of flexion would not be abused by continuing it so long as to induce inflammation or adhesion of the joint surfaces, especially as surgeons had at their command, if flexion failed, the excellent although more difficult and troublesome methods of compression by instrument or by the finger.

AN EMINENT EDINBURGH SURGEON AS A CRITIC.—Professor Syme made a ludicrous mistake when discoursing last week at the College of Surgeons in Edinburgh on the vast growth of the medical sciences of late years. "In the practical subjects there has been a corresponding development," he observed, "and while we found sufficient difficulty with but three continued fevers, synochus, synocha, and typhus, my colleague, the Professor of Practical Medicine, has placed in the hands of his pupils a printed list of not fewer than eight hundred fevers." The entire list of names, including the synonyms, varieties, and complications of every kind of fever of all climates, is under three hundred; these the eminent surgeon held to be all distinct fevers, and then read "eight hundred" by mistake, amidst much laughter. The number is under fifty.

A WARNING TO THE PUBLIC.

The following letter appears in the 'Social Science Review:'

SIR,—The recent case of *Symm* v. *Fraser* is one of a series which may prove to have entailed very grave consequences on the welfare of the public. The Lord Chief Justice seems to have been impressed with this idea when he urged the jury to consider the responsibility which they would incur were their verdict such as might tend to impair the energy and efficiency of medical practitioners. His lordship's warning was a very judicious one, though in that particular case the evidence was so overwhelming that even the dullest and most prejudiced of jurymen could not have resisted it. The warning was probably intended for the public outside of the court, but there is reason to fear that it has come too late. After seeing one of the faculty dragged into court, for putting restraint on a lunatic; another for making a needful personal examination of a patient; a third for adding kind and friendly help to gratuitous medical attendance; and several others for simply discharging the duties of their calling, the Medical Profession may think it hardly compensation enough to have the privilege of subscribing, as the 'Globe' blandly suggests they should do, for the liquidation of the legal costs inflicted on their injured brethren. The members are likely to resolve, each for himself, to avoid doing anything in their practice that may possibly subject them to like penalties; and in time their excessive caution and inaction wil lead to great suffering, and, eventually, to loss of life; results for which the public may thank themselves.

In no department of medical practice are these disastrous consequences more likely to ensue on the public jealousy and distrust of doctors, than in that which is connected with the treatment of the insane. No sooner had the evidence of the plaintiff in *Symm* v. *Fraser* appeared, than a provincial journal of wide circulation, not waiting for the defence, published a long leader, the object of which was to show that the scenes and interest of a certain serial novel had their counterparts in actual life. But the readers of "Hard Cash," and the newspaper conservators of personal liberty, ought to be instructed that they and the public generally are incurring far greater peril from the increasing reluctance of medical practitioners to impose restraints on dangerous members of the community, than from the readiness of practitioners to take part in such scenes as those with which sensation-novelists contrive to frighten their uninformed and unreflecting readers. I know of several instances in which a family has been kept in continual misery by the conduct of an insane member, who has been at large, and therefore at liberty to bring distress and terror on his relations and neighbours, as well as ruin on his property and his business; for no doctors could be found of sufficient courage to sign a certificate, and thereby render themselves responsible for the restraint or seclusion of a man whose unsoundness of mind was of such a nature, that although inferrible enough from his emotions and actions, it did not betray those obvious hallucinations or delusions which impress a jury with the notion of insanity. The public are more ready to admit the propriety of putting restraint upon one who entertains some innocent delusion (such as that his head is a teapot or that his legs are made of butter), than on one who may any day commit arson, or suicide, or murder.

The extreme jealousy of our countrymen on this subject has made me sometimes ask whether this unreasoning sympathy with the insane may not spring from a latent half-consciousness that there is truth in what the gravedigger says to Hamlet, that in England "the men are all as mad as he." In cases of criminal responsibility the public feeling is usually on the side of the madman. He must not be punished because he was mad; and he must not be prevented from committing a crime because he is not mad enough to be confined. There is nothing so exciting to John Bull as the cry of "Mad Doctor." It is as bad as the cry of "mad dog." Every one runs away or flings a stone, and John Bull himself becomes a "mad bull."

When a sensation-novelist is in want of new matter I would suggest something like this:—An infirm lady and her young daughter are at home trembling at the returning footsteps of the husband and father. He has for years been distressing them by fits of passion, and his strange suspicions. Latterly he has increased his mental disorder by drink; in the night he threatens to strangle them, or turn them out of doors. In the daytime, if a neighbour who has been called in to the help of the poor females, remonstrates with him he invents some plausible story or colouring of the fact, in explanation of his conduct. A medical practitioner is consulted, but he only shakes his head and says that there is not enough evidence to satisfy a jury. And so nothing is done, and the mother and daughter drag out their wretched existence, their hearts perpetually failing them from fear, till the partially-developed lunatic, in full exercise of his British freedom, puts an end to the doubts and difficulties of the case by first cutting their throats and then his own. Mr. Reade might make something of this, in more ways than one.

I think the public would be startled if they were to attend the practice of a busy doctor, and see how often in the course of a year

cases resembling this in kind, though not pehaps in degree, are met with.

The Medical Profession may before long be driven to concerted action, that of refusing to sign certificates of insanity in any cases. The law cannot compel them to certify; it only forbids the restraint of insane persons without medical certificates. If these are not forthcoming let the law find them; in other words, let every district be provided with a public officer, whose duty it shall be to testify to unsoundness of mind. The Medical Profession will rejoice to be lightened of so disagreeable and dangerous a duty.

I am, Sir, not a "mad doctor," but simply

A PHYSICIAN.

REMOVAL OF ST. THOMAS'S HOSPITAL.—DEPUTATION TO THE ATTORNEY-GENERAL.

On Friday afternoon a numerously-attended deputation from the parishes of St. Saviour's and St. George's, Southwark, St. Mary's, Newington, Bermondsey, and Camberwell, and the Corporation of London, waited upon Sir Roundell Palmer, M.P., the Attorney-General, at his chambers, New square, Lincoln's-inn, for the purpose of representing to him the impropriety of giving his sanction to the suit now pending before Vice-Chancellor Page Wood, authorising the erection of St. Thomas's Hospital on what is called the Stangate site. Amongst the deputation were Mr. Tite, M.P., Mr. T. Nelson, City Solicitor, Mr. Scammell, C.C., Mr. Alderman Finnis, Mr. Neil, Mr. Parker, Dr. Rendle, Mr. Darnell, Mr. Dennie, &c.

Mr. Nelson, on the part of the City Corporation, stated that he appeared there in support of what the Corporation of London considered a right conferred upon them by the charter of Edward VI. That charter authorised the Corporation to erect St. Thomas's Hospital expressly for the purpose of the borough of Southwark It was, therefore, on behalf of the poor, for whose especial benefit the hospital in question was more particularly erected, that he attended there to protest against the institution being removed to a district where the poor, for whom it was intended, could receive no benefit.

Dr. Rendle, of St. George's, Southwark, who has taken an active interest in this question, stated he came on the part of the parishes on the south side of the Thames, who have resolved on appearing before the Vice-Chancellor by counsel in opposition to the Stangate site, showing the necessity for the hospital being retained in the district in which it was originally erected. He entered into a variety of statistics showing that the number of patients making application had greatly increased ever since the removal to the Surrey Gardens, so much so that in the ten months which had passed of 1863, they had amounted to no less than 68,000. It was true Guy's Hospital was left in the old locality, but patients there had equally rapidly increased, having risen from 30,000 in 1859, and 30,000 in 1861, to 63,000 in 1862. All that showed the necessity for retaining the institution as nearly as possible in its original locality. As to the proposed site at Stangate, he had himself addressed letters to all the chief Medical men on the south side of the Thames, to the number, he thought, of 119, and from 107 of these gentlemen he had received replies condemning that site as altogether unfitted for the purposes of an hospital. It was surrounded by numbers of unwholesome and deleterious manufactories, while it was besides a well-known fact that the tide flowed up as far as Wandsworth, and the probability was that some of the sewage which might at an early date be emptied in the Thames at Erith would be floated back by the tide at all events as far as Westminster. He therefore held that while they had the site of the Surrey Gardens, comprising seventeen acres, which could be got for 107,000*l.*, and while they had the site of Bethlehem Hospital still in prospect, he could not see the wisdom of paying 95,000*l.* for the privilege of building an hospital on the muddy banks of the Thames.

Mr. Tite, M.P., on the part of the governors of the hospital, justified the course they had adopted. He detailed all the circumstances which had taken place from the date of his opposition in Parliament to the proposal to take the site of the old hospital for the purposes of the Charing-cross Railway up to the present time. He desired to take that opportunity of stating, in respect to what had been reported as to the insalubrity of Stangate site, that the whole of their Medical advisers had expressed a favourable opinion on that point, while they stated, in addition, a fact which had hitherto been overlooked—that persons meeting with accidents on the river Thames, or at the numerous works and wharves along its banks, could be conveyed in boats along the river to the hospital, with little trouble or inconvenience.

After some further conversation,

The Attorney-General said he certainly thought that the representatives of the parishes who had appeared before him would be incurring unnecessary expense in going before the Vice-Chancellor by counsel in the matter. He would not, therefore, give his assent to their doing so. In regard to the Corporation of the City of London, the matter seemed different, and should they satisfy the Vice-Chancellor as to their right to appear, he should not object to their having a *locus standi* in the matter.

Dr. Rendle expressed his satisfaction with the reply of the learned gentleman, as he had no doubt that the City of London would truly represent the feelings and the wishes of the united parishes on the question.

The deputation then thanked the learned gentleman for the patience and courtesy with which he had listened to their arguments and retired.

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At a General Meeting of the Fellows held on the 14th inst., the following gentlemen, having undergone the necessary examination, and satisfied the College of their proficiency in the science and practice of Medicine, Surgery, and Midwifery, were duly admitted to practise Physic as Licentiates of the College:—John P. Atkinson, M.D., Carlton road West, New Peckham; Henry Ashlin Close, H.M.'s Ship "Royal Adelaide"; Chas. Robt. Fleury, Peninsular and Oriental Company's Service; Charles J. J. Harrer, M.D. Vienna; John Warrington Haward, t. George's Hospital; William Gallimore Hayden, High Wycombe; William Hewitt, Upton, near Birkenhead; John Hide, Ebenezer terrace, Turner street, Mile end road; John Charles Hunter, Wilton place, Belgravia; George Edwin Hyde, Worcester; Thomas E. Jones, Llanasa, Flintshire; Wynne Staton Ranson, M.D., Wincanton; John Wilton Sheridan, Stowmarket; John Henry Simpson Maidstone; David Shorter Skinner, Headcorn, Kent.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following members of the College, having undergone the necessary examinations, were admitted Licentiates in Midwifery at a meeting of the Board on the 16th inst.:—James Lawton Andrew, Mossley, near Manchester, diploma of membership dated May 6th, 1863; Frederick Amy, M.D.Edin., Jersey, Jan. 30th, 1862; Joseph Henry Benson, Hornsey road, Jan. 28th, 1862; Charles Forrester Bullmore, Falmouth, July 29th, 1863; Alfred Cresswell, L.S.A., Peninsular and Oriental Steam Navigation Company, May 18th, 1858; Frederick Bond Eaton, Landsdown road, July 30th, 1863; Leonard Emanuel, M.D. St. And., Inverness road, May 16th, 1859; Wm. Gallimore Hayden, L.R.C.P. Lond., High Wycombe, Nov. 20th 1863; Wykeham Hawthorne Lydall, Westbourne park road, Nov. 18th, 1862; Geo. Annesly Derville Mahon, L.S.A., Apsley Woburn, Beds, July 30th, 1862; Edward Harris Ruddock, Woolwich, July 31st, 1863; Charles Edward Martin Shaw, Crewkerne, Somerset, Nov. 19th, 1863; William John Stott, Haslingden, near Manchester, Nov. 18th, 1863.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of Medicine, and received certificates to practise, on the 10th inst.:—George Fitzhenry, Brynmawr, Brecon, S. Wales; Edward Lloyd Harries Fox, University College Hospital; David Hughes, Llangollen; J. J. Mackenzie; William Foster Rooke, Scarborough Yorkshire.

MEDICAL EDUCATION.—The question of medical education was discussed at a *Conversazione* of the Royal College of Surgeons of Edinburgh on Thursday. It was opened by a paper of Professor Syme, who had carried a motion at the last meeting of the Medical Council, to the effect that the council would, at their next meeting, consider the propriety of recommending a reduction of the number of obligatory courses of lectures. It was only necessary, he said, to compare any department of the curriculum as it was 30 or 40 years ago with what it was now to perceive the enormously increased burden imposed upon the memory of a candidate for a medical degree. When he was a student less knowledge was required of chemistry, botany, practical anatomy, and other fundamental studies. The practical studies had become also more extensive. While the student had formerly found difficulty with three, his colleague, the Professor of the Practice of Medicine, had this year placed in the hands of his pupils a printed list of 800 fevers. It was now impossible for any one mind to comprehend all the subjects brought under the notice of the students, and no time being left for observation or reflection, their professional education had become an effort of memory rather than a process of mental training. There were only two sources from which relief could be obtained, the regulations of licensing bodies, and the conduct of courses by teachers. The branches which surpassed all others in importance were practical anatomy and hospital instruction, but at present, with the multiplicity of classes and the frequency of examinations, there was neither time nor freedom of mind allowed for practical study. After 30 years' experience as an examiner he felt satisfied that examinations afforded no trustworthy criterion of real knowledge. He had no hesitation in saying that the present system of examinations should be entirely abandoned,—1st, because inefficient for their professed purpose; 2nd, because they interfered with the acquisition of real knowledge; and 3rd, because the system of class examinations through written questions and answers would afford far better evidence of professional attainments than the present plan. As to the remedy, he would first make it imperative to pass the examina-

tion for preliminary qualification before beginning the strictly professional course; second, he would prohibit the commencement of the course before a certain age; third, he would require four years' practical study in a school possessing a large hospital and ample means of anatomical study; fourth, he would compel attendance on all classes that seemed to be really necessary; fifth, he would demand from every candidate for a diploma or degree a certificate of proficiency from his teachers; and, lastly, he would require the teacher to produce a syllabus of his course, and if it should hence appear that he loaded his pupils' memories with undigested or indigestible details, or allowed an unruly hobby to carry him away from the field of practical utility into regions of unprofitable speculation, or, still worse, taught doctines not conducive to sound practice, he would endeavour to correct the evil by remonstrance, by censure, or, if necessary, by deposition. Professor Christison believed there was a distrust throughout the profession generally of the present system. He thought too many examinations were opposed to calm study and reflection, and were after all, a feeble test of a man's ability as a practitioner. In the practical departments he did not think a candidate could be too well examined, but it was a great hardship to subject students throughout the practical course to examinations which rendered it necessary for them to keep up the mere details of their fundamental studies. Professor Lyon Playfair, Professor Balfour, Dr. Andrew Wood, Dr. Sanders, Professor Bennett, Dr. Burt, President of the College of Physicians; and Mr. Benjamin Bell, President of the College of Surgeons, took part in the discussion, and various remedies were proposed for the present unsatisfactory mode of conducting the examination of candidates for medical degrees. The proceedings terminated with a vote of thanks to Professor Syme.

CAMBRIDGE, DECEMBER, 10.—A congregation was held to-day at twelve o'clock, when the following degrees were conferred:—*Master in Surgery*—Alfred G. P. Wilks, Trinity. *Bachelor in Medicine*—George William Steward, St. Peter's.

UNIVERSITY OF DUBLIN.—At the winter commencements, held in Trinity College, on Wednesday, the 16th inst., the following degrees in Medicine and Surgery were conferred:—*Baccalaurei in Medicina*—Josephus F. Blake and Georgius Atkinson. *Magister in Chirurgia*—Georgius Atkinson. *Doctor in Medicina*—Thomas Edvardus Beatty (*honoris causa*).

ACADEMIE DES SCIENCES.—Mr. Sylvester, of Woolwich, was elected a corresponding member in the Section of Geometry, by forty-eight suffrages of the fifty voters who were present.

MEDICAL CHARITIES.—Miss Gale, of Cadogan-place, London, and of Andover, has bequeathed the following munificent sums to the under-mentioned institutions:—100*l.* to the London Fever Hospital; 500*l.* to the Winchester County Hospital; 500*l.* to the Royal Free Hospital, Gray's-inn road; 500*l.* to the Deaf and Dumb Institution; 500*l.* to the Indigent Blind and 1,000*l.* to the Middlesex Hospital, making a total of 3,100*l.*

SANITARY PROGRESS IN LANCASTER.—Mr. J. Grant, the superintendent registrar, states that in former years the death-rate averaged 27 per 1,000 persons, but that during the year ending September 30, 1863, owing chiefly to the exertions made to effect a sanitary reform in that town, the rate had been reduced to 22·2. In five years, 1838-44, when the birth-rate was only 33 in 1,000, the deaths under five years of age were about 40 per cent. of the total deaths. They are now about 35 per cent.

APPOINTMENTS.—W. C. Arnison, M.D., has been elected Resident Medical Officer to the Newcastle-upon-Tyne Dispensary, and Medical Officer to the Fever Hospital, vice W. T. Carr, M.R.C.S.E., deceased.—G. P. Atkinson, M.R.C.S.E., has been appointed Medical Officer for the Knottingley District of the Pontefract Union, Yorkshire, vice J. H. Bywater, M.R.C.S.E., deceased.—J. W. Beaumont, M.D., has been appointed Public Vaccinator for District No. 2 of the Ecclesall-Bierlow Union, Yorkshire.—W. M. Bobart, M.R.C.S.E., has been appointed one of the Resident Surgeons to the Birmingham Lying-in Hospital and Dispensary for Diseases of Women and Children, vice E. C. Ashford, L.R.C.P.Ed., resigned.—G. Booker, M.R.C.S.E., has been appointed Public Vaccinator for District No. 5 of the Ecclesall-Bierlow Union, Yorkshire.—S. W. Fisher, M.R.C.S.E., has been elected District Surgeon to the Bristol Dispensrry, vice H. Cooper, M.R.C.S.E., resigned, and appointed Assistant House Surgeon to the Bristol Royal Infirmary.—J. Gregory, M.R.C.S.E., has been appointed Public Vaccinator for District No. 3 of the Ecclesall-Bierlow Union, Yorkshire.—H. R. Howatt, M.D., has been elected Treasurer of the Glasgow Southern Medical Society for the ensuing year.—J. Jamieson, L.R.C.P.Ed., has been elected Medical Officer and Public Vaccinator for the Achill Dispensary District of the Newport Union, Co. Mayo.—W. F. Lonergan, M.D., has been elected Vice-President of the Glasgow Southern Medical Society for the ensuing year.—E. M'Millan, L.R.C.S.E., has been elected President of the Glasgow Southern Medical Society for the ensuing year.

APPOINTMENTS FOR THE WEEK.

Wednesday, December 23.

Operations at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.

Thursday, December 24.

Operations at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; London Surgical Home for Diseases of Women, 2 p.m.

Friday, December 25.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, December 26.

Operations at St. Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; Royal Free Hospital, 1½ p.m.; Royal Institution, Professor Tyndall, "On Electricity at Rest and Electricity in Motion," Juvenile Lectures, 3 p.m.

Monday, December 28.

Operations at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1¼ p.m.; Metropolitan Free Hospital, 2 p.m.

Tuesday, December 29.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

Smith and Co's "Visiting List" for 1864. London: Smith and Co., Long acre.

Military Surgery. By G. Williamson, M.D., Surgeon-Major 64th Regt London: John Churchill and Sons, New Burlington street.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor, may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day

We must request our Country Correspondents who favour us with copies of Provincial Newspapers, to mark the passages to which they desire to draw attention.

MR. HECKFORD'S note has been received, and the subject shall receive attention.

MR. LAND, who asks for an explanation of the word Apiol, is informed that it is the active principle of the common parsley, called in botany, *Apium petroselinum*.

QUÆSITOR.—The hydrated oxide of methyle or methylated spirit bears the same relation to methyle as alcohol (which is the hydrated oxide of ethyle) does to ethyle. Methylated spirit is obtained from wood, but alcohol always from sugar.

ALPHA has asked us a series of questions, some of which are very difficult to answer without further information. 1. The work in question on Surgery is held in great estimation. 2. We are not aware of any work specially on Consumption of a more recent date than those you have mentioned. 3. Unless we know the stage which the disease has reached we cannot form an opinion as to the treatment. If in the last stage, opium is the best and almost sole alleviating agent; but if in the earlier stages, hyoscyamus and conium are preferable to opium. 4. The embrocation in question may be serviceable, but not in the last stage. 5. We have no personal experience of the use of the arseniate of soda and iron, but it acts, in small doses, as a tonic.

MEDICUS, EDINBURGH.—Mr. Syme's speech at the Edinburgh College of Surgeons was a strange mixture of common sense and absurdity. Imperfect as the present system of examinations may be, the plan of leaving the pupils to be examined by their own lecturers is simply preposterous.

AN ASSISTANT.—The salary must depend upon the circumstances of the case. The engagement is usually a yearly one.

DR. D.—The M.S. was duly received, but its publication was delayed by unavoidable circumstances.

JUVENIS.—We have no knowledge of the person alluded to, and we are not aware that his name appears in the Register.

MR. S. MARSH shall receive a private note.

DR. J. C. THOROWGOOD'S paper on the 'Therapeutic Action of Mercury shall appear next week.

DR. J. H. C.—The notice shall appear.

DR. GEORGE'S paper has been received.

DR. H.—The paper has not come to hand.

M.R.C.S. Eng.—The subject shall receive due attention in a future number.

The Medical Circular.

ORIGINAL COMMUNICATIONS.

ON THE USE OF THE BROMIDE OF AMMONIUM IN "IRRITABLE UTERUS," AND CERTAIN OTHER DISEASES, ESPECIALLY AS THEY OCCUR IN FEMALES.

By G. de Gorrequer Griffith, M.R.C.S.E., L.R.C.P., L.M. Dublin,

Member of the Dublin, and Fellow of the London, Obstetrical Societies, Member of the Surgical Society of Ireland, and of the Harveian Society, Late House Surgeon "London Surgical Home," Resident Surgeon "Male Lock Hospital."

(Continued from page 361.)

In Case I, recorded by Gooch in the book to which I have already made reference, those words occur :—"Two bleedings of ℥xij. each, produced excessive languor, without abating pain or the disturbance of the circulation;" while these from Case II corroborate my objections still further :—"As her spasms recurred twice, and often three times a week, leeches were applied equally often ; they were employed upon an average about ten times a month, and, if the quantity of blood drawn at eace time be estimated at ℥xij., she must have lost about ℥xx. every month. . . . The paleness of the blood, and the marble colour of her face and skin, showed how the circulating fluid had been drained of its red particles." Surely such remedial—I apprehend that we can scarcely apply the term to this item of treatment—measures were most pernicious, as is still further to be inferred from reading lower down on the same authority:—"One day after an attack of spasms and the application of leeches, which on this occasion were larger and bled more profusely than usual, the patient sunk into a dying state," on awaking from which there presented itself that peculiar form of mental aberration which results from anemia, or supervenes, when hæmorrhage has occurred.

Those treated on the lowering plan, that is, by spare diet, by leechings and purgings, "became pale, thin, and weak ; the pain, it is true, was diminished, but not more than is usually by the recumbent posture and the gentler remedies ; and at the end of several months the health was formidably reduced, and the disease not relieved in an adequate degree ; even the benefit afforded by small local bleedings is not uniform ; in some instances, *the pain is worse* AFTER bleeding. . . . In some cases it is aggravated, when the uterus has been relieved by the menstrual discharge." This latter is a curious, yet incontestible fact, though in not a few instances, the pain will be greatest immediately *preceding* the catamenial flux, while in by far the majority of cases it arrives at its acme *during* the "period," throughout which it continues to harass the patient, diminishing or wholly disappearing with the cessation of the menstrual molimena !

I would here again enter a strong protest against bleeding, against *all* forms of local derivatives—in the category of which I place bloodletting—against topical counter-irritants, being at issue with them because of their injurious tendencies. Is it not incompatible with scientific truth or treatment, that we should, by the employment of such means, be constantly directing the attention of the invalid to the seat of the lesion ? Is it not prejudicial to our character, as skilful practitioners, to the health of our patient—which should be of far higher consideration—that we should thus pander to her morbid, and depraved because morbid, sensations and anxieties, to their perpetuation and that of her particular malaise ? Most assuredly ! We should not in this manner treat any of these local affections, which in a highly nervous, or in the hysterical constitution, manifest themselves, at one time in the male, at another in the female. Our grand object should be in this and allied affections to withdraw, or at least to refrain from fastening upon the functionally disordered part or viscus, the consideration already morbidly excited.

Warm hip-baths have in the practice of some proved beneficial ; I should, however, be inclined to view them as inductives of debility, locally and generally, and as such be contra-indicated.

On the mercurial plan of treatment—the *very cautious* use of which Dr. Churchill enjoins—I will quote the expressions of Dr. Gooch, although I cannot say that I fully accord with the sentiments which they convey :—"From three to five grs. of the blue pill, or pil. calomel co., mixed with grs. v. of ext. of henbane taken every night for several weeks, or every other night for many weeks, have sometimes, without affecting the gums, occasioned a very regular action of the bowels ; and during its influence the periodical aggravations of pain have not recurred, and the permanent pain has diminished, and at length ceased altogether. Whilst the mercury has had this favourable influence over the local disease, it has occasioned no material injury to the constitution.

"This has been its effect chiefly when the health has not been much reduced, and the disease has not lasted very long."

In Case I, recorded by him in the same work to which we have before adverted, resort having been made to bleeding without any abatement of pain, or of the disturbance of the circulation, the patient "took gr. j. of calomel and grs. v. of ext. of henbane thrice daily ; in about ten days her gums became sore, and continued so for several weeks ; immediately the disturbance of the circulation ceased, the pulse became slow and soft, and never resumed its former excitement ; the pain likewise became considerably less, and the paroxysms came on at longer intervals." The recovery was perfect.

The late Mr. Fernandez, who drew the attention of Dr. Gooch to the value of this mineral in the acute irritable uterus, reported several such cases successfully treated therewith. Anti-rheumatic, anti-neuralgic medicines—as guiacum, arsenic (so highly commended by Mr. Hunt, of Dartmouth), quina, bark, colchicum, have all had their advocates, but as their success varied, so did also their popularity, and each was laid aside for another, which for a time would then become more fashionable.

Dr. Graily Hewitt recommends "a course of baths, such as are to be obtained at Wildbad, Schlangenbad, Buxton. The ascending hot-douche of Ems, the water of which has a temperature of 89 deg., and which contains carbonic acid, bicarbonate of soda, and chloride of sodium as chief constituents, has a wide reputation in the cases of chronic matritis, and would seem particularly suited for chronic obstinate cases of irritable uterus, in which pain is the most troublesome symptom."

When our patient falls into that condition of debility, which has for its cause the presence of an unceasing irritation and large losses of blood, the use of chalybeate waters often proves of immense advantage, not so much as an agent of local cure as of a general tonic ; but the effects require careful watching, lest, as not unfrequently occurs, there should supervene an aggravation of any existing uneasiness, or a complete relapse of the malady.

I have dwelt at some, it may seem an unnecessary, length, I have expatiated somewhat minutely on the symptoms, the usual treatment, and the effects thereof, the tendency and the pathological conditions, which may subsist contemporaneously with or be produced by this most obstinate affection, because I hold that "every disease worthy of notice should be well understood, nothing more than is necessary to this object should be said of the most important, and nothing less of that which is least important." I have sought to portray an outline, most correct and accurate, I have endeavoured to sketch the malady in its true colours, nor have I withheld from my drawing any lineament necessary to the proper expression or to the faithfulness of my picture.

Dr. Robert Ferguson, and others, have described a disease closely allied to that which we have just delineated, but which no doubt is entirely distinct, as will be seen on the comparison of their symptomatology. In it there are certain "fluctuating local changes" attendant upon the nervous affection ; they are—uterine congestion ; the assumption by the uterus of a peculiar retort shape ; the enlargement and curvature of the fundus uteri at the same time that there is most exquisite tenderness ; ovarian pain arising from engorgement ; ulceration of the os or cervix, or of both ; indeed, to quote the very words of Dr. Ferguson, there may be "every form of uterine infiltration." So apparent may be those changes, despite their fluctuating character, that in not a few instances we are deceived by them, and our attention is withdrawn from the nervous, which is, in truth, the real character of the complaint.

This affection, so ably described by Dr. Ferguson, has been noticed by him to run into phthisis, or into "that kind of chronic rheumatism which attacks the small joints, gradually crippling the hands and feet first, before it extends to the larger joints or disorganises the heart, or into ovarian dropsy, or uterine hypertrophy ;" he further, having premised the capability of erection on the part of the uterus and its appendages, urges the facility with, and the trivial causes by which this condition is induced, as well as its obstinacy and persistency :—"Thus I have known the fundus uteri to enlarge in eight hours to double its natural size, immediately after the easy and painless introduction of the uterine sound, and to continue thus enlarged and exquisitely painful for upwards of a year without any other change in its structure."

The tendency to phthisis is explicable, not alone on the grounds of the supervention of general debility, but also because of the close sympathy existing between the uterus and the lungs—the action of correlation—as is evidenced in that form of hæmoptysis designated vicarious menstruation.

With these premises relative to the symptoms, the natural history, the treatment *usually* pursued in both these affections, it has been considered proper to adopt almost, if not altogether the same. I will now ask attention to the means which I employ, and

for which I claim simplicity and originality. In order to dismiss from our minds the burden of local treatment, I would here mention that the only topical measure to which I give countenance, is the injection of the uterine substance with the morphia solution—the third of a grain of the muriate of morphia dissolved in xv. ℥ of distilled water—by the instrumentality of Wood's syringe. Other sedatives than the morphia may be employed, but this, I apprehend, will answer every purpose, nor will there, oftener than once in the day, be found any necessity for its employment; cases may, however, present themselves, in which we may think it advisable to adopt the more frequent use of this powerful anodyne.

I will not occupy much time in the general mode of treatment pursued by me, but shall state it in language as concise as possible:—Rest of mind, and of the body in the horizontal, supine, and *pronate* positions alternately; regulation of the diet, according to the condition and habit of the patient; proper daily discharge of the alvine function, by the use of no more powerful drug than castor oil; and the administration of the bromide of ammonium in doses varying from grs. x. to xx. (or even more should it be requisite), repeated every fourth hour; should we, however, wish to stop the matritic discharge altogether and quickly, we may use this medicine in the following way: for the first dose we might prescribe ℈j.—℈ij., or ℥j., to be followed every hour or every two hours by grs. x. to xx. I am now alluding to a case where hæmorrhage from the uterus, in the form of menorrhagia or metrorrahagia is the urgent symptom; in those instances, however, in which pain is the predominant cause of suffering, I make use of the same drug in quantities varying from grs. x. to xx., or even in larger doses, given as there may seem occasion every one, two, or three hours. If the pain assume the paroxysmal character, I have no hesitation in prescribing ℥j., to be taken at the very onset of the paroxysm; and if there be a tendency to periodicity, I order ℥ss. (sometimes ℈j. will suffice) to be taken about a quarter of an hour or ten minutes before the return is expected; the medicine, after this anticipatory dose, to be continued steadily in quantities of grs. x. every third or fourth hour till the pain be eased, when there may be allowed a longer interval, the quantity of the medicine ordered not being subjected to any diminution. The effect in allaying or removing pain, in checking, or altogether causing to cease, any uterine hæmorrhage, is sometimes magical.

I have not yet arrived at any definite conclusions as to the manner in which the bromide behaves itself, so as to have the effect of an anodyne at one time, and of a hæmostatic at another, or at the same time of use, to combine the action of both these classes of remedies; I only know, as an incontrovertible fact, that such felicitous results will be found to obtain. If, however, I might be allowed to express an opinion, I would venture to suggest that, in the cases of pain, this drug may work its effects by acting *directly* upon the nerves of the uterus, or indirectly through the great nervous centres, with which they are connected, altering and regulating deranged action, while at the same time restoring or tending to restore the affected parts to their wonted healthy condition. As a hæmostatic, its action, I apprehend, is otherwise than that which we have just described, and may consist in the stimulating of the uterine muscular fibres to contract, and by so doing to constringe the vessels, or in the immediate influence exerted upon the vessels themselves, whereby their tone is restored, the capability of answering stimuli regained, and the power of healthily diminishing their calibre reinstated, the laxity of their walls superseded by normal vigour and tension, so that there cannot occur exudation.

There are other diseased conditions in which, with as decided advantage, we may employ the bromide of ammonium, and of which, on some future occasion, I propose to lay the facts before the Profession: they are, menorrhagia, metorrhagia, in the latter of which are comprehended all forms of uterine hæmorrhages, whether from lesions of the uterus itself, from ovarian irritation, excitation, inflammation, or any of the various diseased or deranged actions peculiar to the ovaries or adjoining parts and viscera; amenorrhœa, dysmenorrhœa, renal derangement or disease, the same condition of the uterus, of the bladder, and of the urethra; in chronic bronchitis, also, I have employed this agent, to the great alleviation of the patient's distress.

The uterine and ovarian affections, for which the bromide is indicated, are many and various, and shall be hereafter enumerated; the vesical abnormal states are cystitis of the acute and chronic forms; mere irritation; stone; paralysis (which it will likewise occasion), and hematuria.

Reasoning from analogy, I should hope, though I have never administered it, that this medicine would prove powerfully efficacious in hæmoptysis, perhaps also in hematemesis, if not indeed in *all* forms of hæmorrhages; neither have I yet tried it, as a topical external application, in the arrest of external bleeding, but I see no contra-indication to, while I see every reason to adopt, its use.

I never give a smaller quantity than grs. x. for a dose, and in certain vesical or renal complaints, I sometimes combine it with kali nitratis, to determine it the more to the kidneys, or to hasten it to the bladder, whither it is still further accelerated, by insisting upon the patient taking large draughts of some bland or mucilaginous fluids, such as flax-seed, oatmeal, or barley-tea, or a strong solution of gum Arabic.

I have found this drug also very useful in obstinate cases of phosphatic urinous deposit!

May it not in post-partum hæmorrhage likewise prove as powerful a styptic as in those cases to which I have made reference in the foregoing part of this paper?

In so many uterine and ovarian affections will this drug be found beneficial, as almost to justify the attaching to it of the name utero-ovarian specific!

In conclusion, I would state, that the Profession is largely indebted to Dr. Gibb for the very valuable medicine which he has placed at its disposal; but, that on the part of the public, there is due to him a very much larger debt of gratitude for his having brought forward and established in use an agent so decidedly remedial in the various forms of disease!

December 14th.

GENERAL CORRESPONDENCE.

ON THE THERAPEUTIC ACTION OF MERCURY.

To the Editor of the Medical Circular.

Sir,—It was a matter of regret to me as a member of the Harveian Society not to have been able to be present to hear the paper of my friend Dr. C. Drysdale, against the use of mercury in syphilis and other diseases.

The question of mercury in syphilis, I am content to leave in the able hands of Messrs. De Meric, Weedon Cooke, and Lane, but I should like to say a few words on the use of mercury in some forms of inflammatory disease. We must remember that,

Abusus non tollit usum,

and because mercury has been grossly abused and made the instrument of much mischief in the hands of the ignorant, it does not of necessity follow that we do right in abandoning the use of a drug which is, in its proper place, a most valuable remedy.

That excellent physician, Dr. Chambers, says in a lecture on Hydrothorax, published in the 'Medical Times and Gazette' for February 8, 1862:

"Mercury distances all the contents of our Pharmacopœia, in the power of hastening destructive metamorphosis, the excretions are by it increased at the expense of the tissues."

"Harm therefore is done by it, but with the harm there is joined a good deal which I think is worth the loss."

"No drug so consistently promotes absorption as mercury, and in no cases can you trace its effects so easily as in Hydrothorax."

These words point out to us at once what the precise action of the drug is, and show also in what way its effects may be injurious.

The inference naturally drawn from the above remarks is, first, that mercury is likely to be a useful drug to control exudation, and promote the destructive metamorphosis of such exudation, when thrown out. Secondly, it must be given watchfully, and never unnecessarily, as it may act destructively on healthy tissues. Now, it is specially in inflammations of the serous membranes that we have such marked tendency to exudation and effusion, and I have yet to learn of a remedy that is equal to mercury in arresting this process of inflammation and exudation. I have in many cases of pleurisy of medium severity tried by means of warm cataplasms externally, and salines and diuretics internally, to cure the disease, but after days of this treatment, I have still found the patient feverish, and growing impatient at not losing the pain in his side; a few doses of mercury have then soon removed all pain, and in twenty-four or forty-eight hours, I have seen the patient able to get about comfortably, cheerful in aspect, with returning appetite, and in fact cured. Then again in peritonitis: Some three years ago, I attended on a case of the most severe puerperal peritonitis I ever saw. In conjunction with the two experienced practitioners who were also in attendance we tried opium, turpentine externally, and all the most approved means, but the patient got worse, and at last when the case was indeed quite given over by all of us, we gave one grain of calomel with two of Dover's powder every hour. The effect was that the incessant vomiting was at once stayed, and a convalescence set in and progressed most satisfactorily.

I should like to have given this case in full detail from the ample notes made by me at the time of attendance, for the diagnosis was established on the authority of two surgeons, both of whom had seen very much of puerperal peritonitis, and neither of whom ever saw so severe a case recover.

It would be superfluous to quote other minor cases, though I have the records of several cases of serous inflammation that have only turned for the better on the patient getting small doses of mercury, but in one case only were the gums made sore, for I do not think it at all necessary to induce anything approaching to a real

salivation. Watch for the first indication of gum tenderness, and then at once suspend the remedy.

The one serous inflammation in which mercury seems to me but of limited value is in rheumatic pericarditis; this disease does not, so far as my experience goes, give way to mercury like a simple pleurisy or other uncomplicated serous inflammation.

The reason, I take it, of this limited curative action of the mercury in rheumatic pericarditis or pleuritis is, that we have the rheumatic state of the blood to deal with as well as the serous inflammation; this must be overcome by alkalies, and then if pericarditis does chance to occur, and incline to progress, then mercury will be a useful adjuvant, especially if with it there is given colchicum.

In using mercury in rheumatic pericarditis it has seemed to me important to give as little of the drug as is compatible with arresting the progress of exudation, and the effect of the remedy should be watched carefully by auscultation as much as possible, rather than by waiting for the gums to become tender, for if anything will entail a long and tedious convalescence from rheumatic fever and its complications, it is for the system to have been brought thoroughly and severely under mercurial action.

With respect to the so-called cholagogue action of mercury I would say that assuming mercury to exercise something of a specific action over the liver, I should think nothing more probable than that when given in a healthy state of this organ, it would tend to pervert and disorder its action, and prevent its secreting bile in a healthy way, just as arsenic given in a healthy state of the skin is apt to create a diseased condition of this part.

Very recently I have seen a case of jaundice with biliary suppression, which lingered on for weeks, till the patient got one or two doses of calomel, which set him right and did what Taraxacum, Nitro-muriatic acid, and Purgatives, had been perfectly unable to accomplish. JOHN C. THOROWGOOD, M.D., M.R.C.P., Lond.

Dec. 1863.

LEGAL INTELLIGENCE.

COURT OF QUEEN'S BENCH.

(Sittings at Nisi Prius at Guildhall, before Mr. Justice BLACKBURN *and a Special Jury.)*

CANDLER V. PEAT.

Mr. Serjeant Parry and Mr. Shaw conducted the plaintiff's case, and Mr. Serjeant Ballantine and Mr. Philbrick that of the defendant.

Mr. Serjeant Parry, in opening the case, said the plaintiff was a man in humble life, living in Essex, carrying on business as a bricklayer, and also acting as parish clerk. The defendant was a surgeon, practising near Manningtree, and the action was brought to recover damages from the defendant for unskilful treatment of the plaintiff. Whatever might be the result of the action, the result of the treatment of the defendant had been that the plaintiff was permanently injured, and would be a constant sufferer. The plaintiff was about fifty years of age. On the 23d of July, 1862, the plaintiff was employed in building a stable, when he suddenly fell from a height of 10 feet, and was seriously injured in the foot. He was taken home in a cart. On his arrival at home the defendant was sent for, and his assistant, Mr. Ingram, came and looked at the foot, and pronounced that no bone was broken or displaced. In an hour or so after, the defendant himself came and examined the foot, and he agreed with Mr. Ingram that no bone was broken or displaced, and he treated the foot as for a muscular sprain; he ordered lotions and leeches. After many weeks the foot was no better. The plaintiff then went to Mr. Partridge, of Colchester, who pronounced it to be a broken bone, or that the bones were out of order. He then came to London, and saw the surgeons at four of the hospitals. When they saw the foot, they said it was too late, that the bones of the foot had been displaced, that the treatment that had been adopted had been an improper one. It was evident that the unfortunate man must go on crutches for the remainder of his life. There had been great difficulty in procuring medical testimony—whether there might be a disinclination in medical men to come forward against a brother practitioner, or from what other cause, he could not say; but in some instances a fee had been demanded, which it was impossible for the poor man to bear. The action had been brought for unskilful treatment, and it would be for the jury to say what damages they would give the plaintiff.

The plaintiff was called, and detailed the injury he had received, and the mode adopted by the defendant. The defendant upon examining the foot said he did not know whether it was a broken bone or not, he applied lotions, and told plaintiff to remain in bed. After some days he strapped up the foot, but the pain was so great, that after nine days plaintiff removed the straps, and put the foot in a bran poultice, which gave him relief. When defendant called again he found fault with the plaintiff for having removed the straps, and ordered the foot to be put in warm water four times a day, and that it should be moved about without regard to any pain it might cause. The plaintiff then saw Mr. Partridge and the surgeons at the hospitals in London, who said it was a dislocation. He could not walk, and still suffered great pain. He used to earn about 80*l.* a year, but could not now do so.

Cross-examined.—At the time of the accident his brother pulled his foot forwards. Mr. Ingram was now dead. He said it was a good job plaintiff's brother had put the foot in its place; he said it was a partial dislocation. Mr. Ingram only examined the foot, and ordered it to be kept in position. The defendant afterwards called; leeches and lotion were applied. The defendant told him to keep the foot quiet on a pillow. It was afterwards bandaged very tightly. In the early part of August the defendant told him to be very careful how he used his foot. Did not send a message to the defendant that he did not wish to see him any more. Did not at any time dismiss him. Defendant acted after plaintiff had removed the bandages. Defendant did not say after that that he would be a cripple for life. On the 13th of October Mr Bryant said nothing could be done for him. In the following February defendant confined plaintiff's wife, and Mr. Manning assisted, and then, at defendant's request, Mr. Manning examined the foot. The defendant had not yet sent in any bill. Never said to anyone that it was his own fault for having taken off the bandages. Mr. Smith, a surgeon, of Manningtree, saw the foot. Mr. Smith's assistant came in and asked to see the foot. That was before the action was commenced. Mr. Smith was not acting in the action.

Re-examined.—There was no pretence for saying that Mr. Smith had induced plaintiff to bring this action. Defendant told him to put the foot to the ground as much as possible. That was after the foot was put in hot water.

Mr. Holmes Coote.—I am surgeon at St. Bartholomew's. I saw plaintiff in October last. Examined the foot. There has been a partial displacement of the foot backwards consequent upon a very severe injury, the original extent of which I do not know. The heel is drawn up. There is a projection of the instep. There might have been a fracture. The treatment would have been to replace the bone and keep the foot at rest by proper bandages. If there was a fracture the bones might easily be replaced, and as easily would slip out again, but if no fracture it might be very difficult. From what I now see I can't tell what should have been done then. In such a case it would be right if possible to replace the bone, but the circumstances must be left to the surgeon at the time. It is advisable to reduce the fracture as early as possible after the accident for you cannot now reduce it. I could not now form an opinion of the case. It will be impossible now to recover the use of the foot. I can't say whether the defendant was right or wrong in his treatment. Bandages would keep the foot in position, but not reduce a dislocation. I think the pressure &c., were proper measures at the time they were adopted.

Mr. Serjeant Ballantine then addressed the jury for the defendant. The plaintiff had been made a party to a severe persecution of a man who had treated him most kindly, and he could not therefore feel so much sympathy for the sufferings of the plaintiff as he otherwise should have done. The notion that a gentleman like the defendant should have taken a dislocation for a strain was a gross absurdity. There was not an atom of ground for such an imputation; he knew what was the matter with the foot, and he had done all he was bound to do, and he would have preserved the foot if the man had followed his directions, and it was not till more than 12 months after the accident that the action was brought. This respectable body of men were sometimes scandalously ill-treated. The comforts of life of a man were destroyed for a time, and after recovering a verdict he would have his own costs to pay. It was lamentable to see a gentleman of education and a scholar thus treated. The replacement of the bones in such a fracture is not a case of extreme difficulty. The brother had replaced the bone in the socket, and the only question was keeping it there, but the slightest movement of the foot would displace it again. Inflammation must be got rid of before the limb resumes its healthy action. The defendant immediately knew what was the matter. He ordered the foot to be kept in the same position, and he called from day to day until the time had arrived for assisting the foot by means of bandages, the object of which was to retain the parts in their proper position. The plaintiff was told that the cure of the foot depended upon himself—all would be right, but it would be a nine or ten week's job. The defendant was not conscious of doing anything that was not right. At the end of a fortnight he discovered that the bandages had been wantonly taken off. The defendant called at the house and was actually refused admission; and he further heard that he was dismissed, and from that time, only three weeks after the accident, he had ceased all medical attendance. He had no doubt that Mrs. Thorn had pulled and twisted the foot in every direction, but it was untrue that the defendant had ever recommended such a course to be adopted, and he had afterwards told the plaintiff that he had rendered himself a cripple for life. Thus things went on until the plaintiff's wife expected her confinement. The defendant attended her; it was one of a very serious nature, and the defendant called in Mr. Manning to assist him. If the plaintiff had entertained such an opinion

of the defendant would he have called him in to attend his wife? The plaintiff then told Mr. Manning that the defendant had been exceedingly kind to him, and that the state of his foot was entirely owing to his own act in taking off the bandages. No complaint was made until Mr. Smith's apprentice called in. He would say that every day's practice would convince them that Medical men willingly made every sacrifice to assist any man, however poor, either at the time of an accident or afterwards in a court of justice. This was a most cruel and ill-founded prosecution.

The defendaut was called. He had been in practice for upwards of twenty years. On the 23d July he was sent for and went to the plaintiff. Mr. Ingram was an independent practitioner. Plaintiff was downstairs on a couch. He knew from Ingram that there had been a dislocation of the ankle-joint, but it had been reduced. The little buckle-bone had been broken. Had him put to bed, and put the foot in a semiflex position, and it was bathed with evaporating lotion to allay the inflammation. Visited him twice a day. Up to the fifth of August the joint was in proper position, and all went on nicely. Then put on a bandage up to the knee. The limb was then perfectly straight. Told the plaintiff at first that there had been a severe dislocation and a fracture. He was very unruly, and his wife frequently apologized for his conduct. Visited him until the 11th of August, when the bandage was still on. He made no complaint. Had no idea that he intended taking off the bandage. Went to the house on the 12th of August. Saw his wife, who refused him admittance, and said that she was very sorry, but her husband had been so obstinate that he had removed the bandage; he had complained of its giving him pain. There would, no doubt, be pain. Never visited him professionally after this. In six weeks after saw the plaintiff sitting on a chair. He asked him to walk in. Found then that the dislocation had returned, and that there was a great deformity. Told him he could do nothing for him, that he was crippled through his own neglect, and that he ought not to have removed the bandages. Plaintiff said he did not think that would have produced the injury. Gave him a note to Mr. Partridge, the hospital surgeon, who wrote to witness. Read his letter to the Plaintiff, but he refused to have on the bandages which Mr. Partridge had recommended. Afterwards assisted in procuring a subscription for providing a boot for him. In February attended his wife in her confinement, and afterwards asked Mr. Manning to look at the foot, and the plaintiff told him he had been very wrong in removing the bandages. No blame was attributed to the defendant until in July, 1863, he received a lawyer's letter about this action. Never ordered the stretching of the foot. Had exercised the proper treatment according to the best of his skill and ability.

Cross-examined.—Never told Mrs. Thorn to apply hot water, or to twist the foot, or anything of the kind. When he first saw the foot it was in its natural state; the dislocation had been reduced.

Charlotte Atkins met the plaintiff out walking in the autumn of last year with his foot in a sling, and crutches. He spoke very highly of Mr. Peat.

The Rev. Mr. Manley was acquainted with the plaintiff. Saw him repeatedly after the accident. He told witness he had taken off the bandages and had sent his little girl to the defendant to say that he did not wish to see him any more.

Cross-examined.—He said he was suffering so much pain from the bandages that he was obliged to take them off.

Mr. Manning, surgeon.—Saw the plaintiff's foot. Told him it was an unreduced dislocation. He said he knew he had taken off the bandages too early, and that the defendant was not to blame, but that it was his own fault.

Cross-examined.—Made a memorandum of the conversation, because he had read of cases where actions had been brought. Had not seen the attorney upon it. Intended to have brought it here, but had changed his coat.

Mr. Partridge, the senior consulting surgeon of the Colchester Hospital.—There was a great supply of dislocations at one time. Saw the plaintiff's foot. If there had not been much pain, should have interfered with the limb as little as possible.

Cross-examined.—The reduction of such a dislocation was nothing—a child might do it. Forcing a patient to remedial measures against his will was up-hill work.

Mr. Bryant, surgeon, Guy's Hospital.—Saw the plaintiff. Had not the slightest reason to suppose the defendant's treatment wrong from what ne had heard in court.

Cross-examined.—It would be want of skill if the defendant had mistaken it for a sprain.

The learned Judge said he thought the medical evidence amounted to this, that if the case was such as the defendant had stated the treatment was quite correct.

Mr. Serjeant Ballantine having summed up his case,

Mr. Serjeant Parry replied upon the whole case.

The learned Judge then summed up.

The jury returned a verdict for the defendant, who retired amid the congratulations of his friends.

COURT OF EXCHEQUER.—Saturday., Dec. 19.

Hints to Medical Witnesses.

MURPHY V. FIRBANK.

This was an action by a person formerly and for seventeen years in the employment of a Mr. Brown, a market-gardener in the neighbourhood of New Cross, to recover damages for an injury through the neglect of the defendant, or his servants, a railway contractor. The defendant had paid 20*l.* into court. The injury complained of was broken ribs and damage to the right lung.

Four medical witnesses were examined on behalf of the plaintiff, but their evidence did not go to the extent of the injuries alleged to have been inflicted; while, on the other hand, three medical witnesses—one of them being Professor Solly—deposed that the injury which the plaintiff received was very slight, and that he ought some time since to have returned to his work. Mr. Solly was consulted by the defendant in reference to the condition of the plaintiff; he met in consultation the medical gentlemen who first attended the plaintiff and the plaintiff's attorney, Mr. Moss; and, after thoroughly examining his chest, came to the conclusion that he was seriously injured; he suggested, however, that as the plaintiff had received a severe blow, which had made the muscles of the right arm a little stiff, it would be better for the defendant to pay some compensation; and that suggestion was acted upon by the payment of 20*l.* into court.

At the conclusion of the examination of the defendant's witnesses, the jury said they were of opinion that the money paid into court was sufficient compensation.

Mr. Philbrick thereupon elected that the plaintiff should be nonsuited.

The Lord Chief Baron said there had been a very wrong mode of dealing by some parties with the medical witnesses in this case; for it appeared that on the very day Professor Solly—a gentleman of the highest respectability in the medical profession—had suggested that a sum of money should be paid to the plaintiff, the plaintiff and his attorney consulted four entirely new doctors; but not in consultation with the gentlemen who had previously attended the plaintiff, and he thought when those four gentlemen discovered the way in which they had been treated, they would see that they had been made the tools of somebody by getting them to come together to give their evidence as they had done in this case. In his opinion, the attorney for the plaintiff ought to have told those four medical gentlemen when they were called in of all that had taken place in consultation with Mr. Solly, and then, no doubt, the time of the court and jury would have been saved.

Physiological Characters of Menstruation in Disease. We give the following from a Parisian Medical Journal: Dr. Gubler, of Beaujon Hospital, demonstrates in a recent publication that the oozing of blood, which, in many women, occurs shortly after menstruation in the incipient stage of acute febrile or inflammatory disease, is entirely unconnected with the true catamenial function, and the periodic escape of an ovule.

The discharge is constituted by simple sanguineous exudation, as the extremely short interval which has elapsed since the last catamenial period would tend to show. In one case, for instance, Mr. Gubler observed, one week after the occurrence of the menses in a young woman, aged twenty-three years, simultaneous nasal and uterine hæmorrhage, both extremely slight, and coinciding with the first symptoms of typhoid. Now, it is scarcely presumable that in so short a period an ovule could possibly have reached maturity, and induced congestion and a sanguineous discharge from the womb, when we recollect that the ovuleum and the enveloping Graafian vesicle requires no less than a period of twenty-eight or thirty days to attain their full development.

It is moreover an acknowledged fact that these discharges, assumed to be menstrual, occur under circumstances entirely incompatible with ovulation. Mr. Gendrin, in his *Médecine Pratique* mentions a family in which three successive generations of girls were affected with irregular uterine hæmorrhage between the ages of six and eight; one of the children, who did not present this symptom, was liable to frequent bleeding at the nose, which persistently recurred up to the age of sixteen, when the catamenial function became established.

The same peculiarity is observed in women who have reached the age at which menstruation ceases. Mr. Gubler has noted sanguineous exudations of this description in women of seventy and eighty.

Another circumstance may be adduced in proof that the discharge of blood from the womb is not necessarily connected with ovulation; some women who have never menstruated, in the usual sense of the term, have nevertheless borne children, and present on the surface of the ovaries distinct indications of ovulation. This very year, a girl, aged twenty-three, who had never menstruated, died at hospital Beaujon; Mr. Gubler performed the autopsy, and found eleven cicatrices on the left, and six on the right ovary, in every respect similar to those observed in women whose catamenial functions are perfectly regular.

NOTICE.—*The first number of a New Series of the* MEDICAL CIRCULAR (*Vol. 24th*) *will be sent on Wednesday, January 6th*, 1864, *to every Member of the Profession whose name appears in the Medical Directories for England, Scotland, and Ireland. The intention of this large issue of the Journal is to draw attention to its many improvements, in size, in paper, and in the arrangement of its contents, which, under new Editorial management, will be of a more practical character, and better adapted to the requirements of the busy practitioner than heretofore.*

Advertisements on this occasion cannot be received later than Saturday, January 2nd.

THE MEDICAL CIRCULAR.

WEDNESDAY, DECEMBER 30, 1863.

STILL MORE PERSECUTIONS OF MEDICAL MEN.

We are indeed sorry, in this our last number for the present year, to record and comment upon another unjustifiable action brought against one of our professional brethren. We might have hoped that such actions had come to a climax in the case of Symm *v.* Fraser and Andrews, and that the course of judicial persecution could go no further; but no—like the shadowy forms of the kings who appear in succession before the eyes of Macbeth, a third, a fourth, a fifth appears, till the line seems to extend to the "crack of doom." Our remarks made on the 9th inst., when we had no knowledge whatever of the case of Candler *v.* Peat were almost prophetic. "How do we know at the present moment how many actions are threatened, how many writs have been issued, how many trials are pending, upon matters as trumpery and as mendacious as those involved in the case of Symm *v.* Fraser and Andrews? The mere threat of such an action is enough to cause many timid men to compromise, and indeed this is the cheapest plan; while those who resist are inevitably saddled, even if they gain the suit, with heavy costs, for the ultimate recovery of which the law affords no security whatever." What course the Profession ought to take, under these circumstances, has now become a matter of the gravest importance.

It is of very little consequence that in the last case the verdict is for the defendant; here we have a gentleman, Mr. Peat, practising at Manningtree, in Essex, dragged up to London at enormous expense, and at the loss of his practice, to defend himself against a charge which turns out to be groundless, and against a person whose motives for bringing the action are not difficult to guess at, and whose power of paying the costs, in case of an adverse verdict, are, to say the least, problematical.

The case is precisely one of those which are calculated to act upon the sympathies of a jury, if they allow themselves to be carried away by their feelings instead of being guided by their judgment. A poor man receives an accidental injury, the result of which is to make him a cripple for life, and he is therefore so far the object of just compassion. But when he turns round upon his medical attendant (who in the present case appears to have rendered his services gratuitously), and endeavours to fix upon him the blame of an event, resulting, as it turns out, from the nature of the accident, and from his own disregard of instructions, he becomes no longer an object of pity, but of contempt and of righteous indignation.

We have reported the trial in another part of our Journal, and, therefore, we are under no necessity of analyzing the whole of the evidence. The case apparently was one of dislocation of the foot backwards, with a fracture of the astragalus; a very serious complication which must have been the result of great violence. The dislocation, however, had been reduced, and for the completion of the cure, and the union of the fracture, it was of course necessary to keep the parts perfectly at rest, and to support the injured joint by appropriate bandages. Now let us mark the dates, and observe the manner in which the patient was treated by Mr. Peat, and the manner in which Mr. Peat was treated by the patient. Mr. Peat saw the case on the 23rd of July, 1862, when he at once discovered the nature of the injury, and directed the proper treatment. Everything was going on favourably until the 11th of August, when the bandages were properly adjusted, and the dislocation and fracture were both in progress of cure. As we are addressing ourselves chiefly to Professional readers, it needs no argument to show that a period of nineteen days is wholly insufficient to repair the rupture of the strong ligaments, necessarily following so severe an injury as a dislocation of the foot backwards, in a man of fifty, or to effect the union of a fracture of the astragalus. Yet on the twentieth day after he was called in, Mr. Peat, on proceeding to visit the patient as usual, was actually denied admittance by the man's wife, who stated that her husband had removed the bandages, thereby declining to submit to the treatment recommended. Mr. Peat consequently discontinued his visits, and the patient took the case into his own hands. The result was, as might have been expected, that in six weeks aftewards the dislocation returned, and there was great deformity. Although there was now very little chance of effecting a cure, Mr. Peat gave the patient a note to take to Mr. Alderman Partridge, the highly respected senior surgeon of the Colchester Hospital, who recommended a reapplication of the bandages originally applied by Mr. Peat. The patient, however, refused to follow Mr. Partridge's advice, and it can astonish no one to learn that the ultimate effect of the patient's own obstinacy was the permanent deformity of the foot.

The only matter of astonishment is how an action at law could be instituted under such circumstances. We might have added our astonishment that any attorney could have advised the patient to bring such an action, but unfortunately this is no matter of astonishment at all, for whether it is that some individuals of this honourable body are deceived by the false representations made to them by clients, or that others are anxious to obtain costs whichever way the case goes, it certainly does happen that many very outrageous actions at law are brought, which ought never to have been even entertained. Our remarks are entirely general, as we know nothing, not even the name, of the attorney who brought the action now under consideration; but we are sure that, whoever he is, the Profession would be glad to learn from him the circumstances under which he was induced to undertake the case.

We are extremely sorry to find that Mr. Serjeant Parry's talents were called into requisition on the part of the plaintiff, the more especially when we recollect the eloquent speeches which he made in the vindication of the Medical Profession in the late case against Drs. Fraser and Andrews. As we have before observed, a barrister is paid for taking any side, however bad the case may be, and therefore we have no right to expect that any particular barrister should form an exception to the general rule, but surely an honourable member of

the legal Profession has no right to deal in insinuations against another Profession, quite as honourable as his own. It appears that in the present instance there was a difficulty in procuring medical testimony against Mr. Peat, and no one will wonder at the circumstance who is acquainted with the case, but Mr. Serjeant Parry insinuates (we hope that his language has been misreported) that the non-attendance of the witnesses was occasioned by the inability of the plaintiff to pay the fees which were demanded. We have no hesitation in saying that any medical gentleman who had come forward to condemn the treatment adopted by Mr. Peat under the circumstances we have detailed, would have forfeited his character in the eyes of the profession and the public.

The only Medical witness called for the plaintiff was Mr. Holmes Coote, of St. Bartholomew's Hospital, who, we understand, saw the case only three days before the trial, and whose evidence was really in favour of the defendant. Mr. Coote is entitled to infinite credit for the straightforward and truthful manner in which he gave his evidence. The Medical witnesses called for the defence gave such overwhelming testimony in favour of Mr. Peat's treatment as to satisfy the most rabid opponent of our Profession of the groundlessness of the plaintiff's case.

Such are the remarks which are naturally suggested by the evidence given at the trial, and we should be glad to believe that there were no influences at work in the locality where Mr. Peat lives and practises, to create a prejudice against him, to injure him in his calling, and to mulct him in pecuniary loss. In a small and scattered population, like that which inhabits Manningtree, Bergholt, and other small towns in the vicinity of Colchester, a matter like that involved in the late trial, creates a great sensation, and partisans are enlisted on both sides of the question. Under these circumstances, it is especially necessary that members of our own Profession should keep aloof from these discussions, and should, above all things, avoid any interference which might tend to create prejudice against a brother practitioner. We hope that no Medical man in Mr. Peat's neighbourhood has had any part in the proceedings, but the following copy of a letter written by Mr. James Henry Smith to Mr. Bryant has fallen into our hands, and it shows that Mr. Smith, in the early part of the present year knew something about the case :—

MANNINGTREE, ESSEX, March 27th, 1863.

DEAR SIR,—As I am personally a stranger to you I must apologise for addressing you, but as it is with the view of benefitting a poor man I feel sure you will pardon me. James Candler, of Mistley, Essex, consulted you last July at Guy's Hospital for laxation of the ankle joint, with no doubt a fracture which had been overlooked, unfortunately for him, and the injury treated as a simple sprain by Mr. Peat, of this place, who then attended him. Some months had elapsed after the accident before you saw J. Candler, consequently he was beyond the reach of restoration. This melancholy case has just come under my notice, and I am extremely anxious to attempt some relief, if possible, if you would humanely assist me. You gave him a note to Mr. Milliken to make a shoe with iron attached, but I regret to say he finds no relief from it as he is unable to wear it for any time without extreme agony. I should be much obliged if you would favour me with your view of the case, and if you could suggest any improvement in the apparatus which he has attempted to wear, but which pains him considerably. Both Dr. Hayne, the Rector of Mistley, and Mr. J. Ambrose, either wrote to you or the secretary on the subject.

I am, dear Sir, yours obliged,

J. H. SMITH.

T. Bryant, Esq.

Mr. J. H. Smith is described in the Medical Register of 1863, as of Manningtree, Essex, the same town as that in which Mr. Peat resides, and his qualification is stated as "in practice before August 1, 1815." Mr. Smith will, no doubt, explain to the Profession the part, if any, which he has taken in the transaction, and we really think that the letter we have above quoted requires some explanation. We understand Mr. Bryant's answer to have been to the effect that he (Mr. B.), had already communicated full particulars of his opinion to Mr. Peat.

SUMMARY OF THE WEEK.

THE CASE OF SYMM V. FRASER AND ANDREWS.

A Mr. Powell, the managing clerk to Mr. Edward Lewis, of Marlborough street, the solicitor of Mrs. Symm, has been good enough to inform the public, through the medium of the 'Times,' that Mrs. Symm has paid her taxed costs, to the amount of 358*l.* 12s. He thinks it right that this fact should be known, because he has observed an advertisement professing to raise a subscription in behalf of Drs. Fraser and Andrews. This candid gentleman, who is so anxious that the public should not be misled upon the subject, was of course not aware that the costs incurred by Drs. Fraser and Andrews in this most shameful action amounted to upwards of 700*l.*, and that the costs paid by Mrs. Symm were only the taxed costs, leaving all the rest to be paid by the defendants themselves. A letter published the next day in the same journal, from the Honorary Secretary of the Fraser and Andrews' Committee, puts the matter in its real light before the public and the Profession, who will, we hope, continue to send in their subscriptions to those who (ourselves among the number) are ready to receive them.

A LATE STRANGE STORY IN THE DIVORCE COURT.

A late case in the Divorce Court, Fitzgerald *v.* Fitzgerald, would be entirely out of the pale of our Journal, had not the character and reputation of some members of our Profession been in a certain degree implicated in some of the questions which were raised. A lady sought for a divorce from her husband on the ground of adultery and cruelty, the latter charge being mainly founded on the alleged production of abortion at one time, and of the very early death of an infant child at another, from the husband's ill-treatment. It was, however, completely proved that both these untoward events arose from natural causes; but an absurd attempt was made on the side of the defence to prove that the abortion was owing to the carelessness or mismanagement of one of the lady's medical attendants. For this insinuation it turned out that there was not a shadow of foundation, as the treatment was skilful and judicious in every respect. The proof of adultery was sought to be sustained partly by the evidence of servants, whom the judge and jury did not believe, but mainly by the production of certain letters written by Major Fitzgerald to his wife, in which it certainly appears that he admitted his transgressions, and made no effort to defend the character of the highly respectable lady whose conduct was impeached. As these letters were really the chief instruments of arousing Mrs. Fitzgerald's suspicions, the following extraordinary explanation has been published in the 'Times' to account for their being written :

Captain Melfort Campbell presents his compliments to the Editor of the 'Times,' and requests the favour of his inserting the subjoined letter (marked No. 2), which, after a personal interview with Major Fitzgerald, he was authorized to write to Captain ——, and to make public in this manner, together with Major Fitzgerald's letter to himself (marked No. 1.)

No 2.

"CAPTAIN MELFORT CAMPBELL TO CAPTAIN ——.

Dec. 21, 1863.

"Sir,—Major Fitzgerald has this evening informed me of a circumstance which I was not previously aware of—viz., that at the

time of writing the reckless and offensive letters to his wife, reflecting on Mrs. —— character, he was out of his mind. His medical attendant, and his brother who had charge of him, are prepared to certify to the truth of this statement. Major Fitzgerald, hoping that the publication of such statement may account, and in some degree atone, for the cruel untruths and imputations he unwittingly penned, desires me to say he is anxious to give this statement every publicity through the medium of the press, provided you have no objection to his so doing.

"I have the honour to be, Sir, your obedient servant,

"MELFORT CAMPBELL.

"To Captain ——."

No. 1.

"From MAJOR FITZGERALD to CAPTAIN MELFORT CAMPBELL.

"My dear Campbell,—I hereby authorise you to explain to Captain ——, by writing, or *vivâ voce*, the state of mind I was in when I wrote those unjustifiable letters to my wife, reflecting on Mrs. —— character. My brother and doctor will vouch for the state I was in. Now that I am calm, I cannot conceive how I could have written such misstatements reflecting on the character of a virtuous woman.

"Yours, most sincerely,

"WILLIAM FITZGERALD."

We make no further remark upon these documents, than to regret that the name of the medical attendant is withheld, and to express surprise that such an important witness was not produced at the trial. His evidence might have thrown great light upon both sides of the case.

REVIEW OF THE PERIODICALS.

THE 'LANCET.'

Dr. GEORGE ROBINSON contributes the first of a proposed series of papers on the "Home Treatment of the Earlier Stages of Insanity." He argues that there are several of the incipient forms of mental disease which are better treated at home than in an asylum, but he restricts his observations to acute mania, melancholia, and puerperal insanity. Dr. J. G. GLOVER communicates a short case illustrating the use of the "Tincture of Sesquichloride of Iron in Delirium Tremens." The patient was a drayman, who had had no sleep for five nights, and was quite unmanageable by ordinary means. Dr. Glover prescribed for him fifteen drops of the tincture of iron every three hours, but he also prescribed full and repeated doses of opium and laudanum. At last, sleep was obtained, and the patient recovered. It is not very clear that the cure was due to the tincture of iron. Dr. H. KENNEDY, of Dublin, contributes a short paper entitled "Are the Rose Spots of Typhoid Fever always Diagnostic of that Affection?" and he answers the question in the negative by relating three cases in which rose-spots existed, but in which the other symptoms peculiar to typhoid fever were altogether wanting. Dr. Kennedy thinks the cases very important as throwing a doubt upon the diagnostic value of the rose-spots.

THE 'MEDICAL TIMES AND GAZETTE.'

The lectures of PROFESSOR HUXLEY delivered at the Royal College of Surgeons, and which have been published both by the 'Lancet' and the 'Medical Times and Gaaette' now draw to a close, with some observations on the theory of the "Vertebrate Skull," and the views entertained on this part of transcendental anatomy, by Goethe, Oken, Owen, and others. Dr. J. O. GRANT offers some remarks on the "Disease termed Black Leg, as observed among the Ottawa Lumbermen," and illustrates his observations by relating a case which was cured by the administration of quinine, change of diet, and an ample supply of vegetables. It appears that this affection is very common on the Ottawa river and its tributaries, and is, in fact, a very aggravated species of scurvy, resulting from sameness of diet and the use of nitrate of potash, which is employed for preserving pork. The blackness of the leg is owing to the dark venous hue of the skin from capillary congestion. The gums are swollen, and livid at the edges, and bleed moderately during the mastication of food. This disease is so common in the districts referred to, that Dr. Grant mentions that in one shanty twenty-five men out of thirty-six were attacked. Dr. Garrod's view is that scurvy is caused by the long continued absence of potash, but the "Black Leg" of the Ottawa seems to be caused by the long continued use of the nitrate of that alkali.

MEDICAL SOCIETIES.

THE PATHOLOGICAL SOCIETY.

TUESDAY, December 1, 1863.

Mr. PRESCOTT HEWETT, President, in the Chair.

A report by Dr. Andrew Clark, Dr. Murchison, and Mr. Henry Thompson was read on Mr. Henry Lee's specimen of

EXFOLIATION OF THE MUCOUS MEMBRANE OF THE BLADDER.

We have submitted the above specimen to microscopic examination, and having found in it, though greatly altered by disease, nearly all the structural elements of a mucous membrane, epithelium, musculo-tendinous slips, areolar tissue, and blood-vessels; and, attached to its deep surface, partially disintegrated shreds of the common muscular coat of the bladder, are of opinion that it is a true exfoliation of the entire mucous membrane of that organ.

A report, by Dr. Andrew Clark, Dr. Murchison, and Mr. Henry Thompson, was read on Dr. Martyn's specimen of

EXFOLIATION OF THE MUCOUS MEMBRANE OF THE BLADDER.

The free surface of this specimen is of a mottled reddish-brown colour, variegated with patches of a whitish crystalline deposit shreddy to the eye, and here and there granular to the touch. At a few points the specimen is thin, soft, and elastic; elsewhere it is dense, friable, and a sixth of an inch in thickness. The soft parts appear to contain various structural elements, whilst the denser parts are caky and homogeneous, as if infiltrated with coagulated blood. The posterior surface of the specimen shows fewer signs of diseased action. There are two or three rounded patches where the specimen is thickest and densest, on which a rudely fibrous exudation has been produced, but elsewhere the appearances resemble those of the fresh submucous areolar tissue and muscles of the bladder, with scarcely any well-marked signs of their separation by deseased action. By microscopic examination we find that the calcareous and crystalline incrustations are composed of phosphate and carbonate of lime; that the epithelium has been quite destroyed; that the density of some parts of the specimen is due to extravasated blood; that the submucous areolar tissue is present, its areolæ being occupied by calcareous granules and fat; and that the muscular fasiculi adherent to the deep surface of the specimen are in the condition of nearly complete molecular disintegration. It is curious that this specimen should exhibit such scanty evidence of the pathological separation which it has undergone, and that, considering its size, it should so readily have passed out of the bladder without the help of artificial dilatation of the urethra.

Dr. MARTYN then gave some further particulars as to the history of his case. It was passed by a woman about fourteen days after her confinement. For ten days previously she had had retention of urine, requiring the use of the catheter. The urine was extremely ammoniacal, and to its caustic action Dr. Martyn attributed the exfoliation of the membrane. Forceps had been used in the labour, but no damage was done, delivery having been with their use comparatively easy.

Mr. SPENCER WELLS presented two specimens of

SLOUGHING OF THE BLADDER.

He said that the specimen of Mr. Lee (in which the mucous membrane was found, after the death of a woman, detached and folded up in her bladder, the muscular coat being exposed) and those of Dr. Wilks and Dr. Martyn (in which the exfoliated membrane also contained muscular fibres) illustrated different degrees of the sloughing process, as did the two specimens which he was now about to present, and which, when brought before the Obstetrical Society, had appeared to be so new to the Profession that great doubt was then entertained as to the possibility of so complete an exfoliation of the bladder occurring. In the first specimen a thickened and contracted bladder is seen, still lined by mucous membrane; and with it is a detached cast of exfoliated epithelium, coated with urates and phosphates, which was found in the cavity of the bladder after the death of the patient. In the other specimen there is shown nearly the whole of the mucous membrane and muscular coat of the bladder, which had passed through the urethra of the patient six weeks after a tedious labour. This woman had recovered, was still alive, could retain her urine for some hours, but never acquired any expulsive power. Mr. Wells added that he did not go into the detail of these cases, as they were published in the *Obstetrical Transactions*, with a full

report by Dr. Harley; but he wished particularly to have them considered with respect to the report of a committee, published in the last volume of the *Transactions* of that (the Pathological) Society, at page 150. The specimen which had been referred to the Committee was clearly one of the same class as those brought forward this evening. It had been presented by Mr. Maunder; and when the report was presented at the meeting of the 20th of May, he (Mr. Wells) objected to its adoption, but was informed by the late president that the council did not permit discussion on reports. The conclusion of the reporters was "that the membrane in question is the bladder of some animal, most probably that of the bullock; and that it has not been passed in the manner which the patient represented." It is of great practical importance that the real nature of these cases should be understood in order that retention of urine should be carefully guarded against, that the mucous membrane of the bladder should be protected from the caustic action of ammoniacal urine, and that the possibility of these casts or exfoliations being found in the bladder should prepare the Surgeon to seek for them and remove them if found. A revision of that conclusion of the reporters was necessary. Mr. Liston had removed one such cast from the male bladder, and the specimen was now in the Museum of the College of Surgeons. He (Mr. Wells) went to see the patient from whom his second specimen was taken, fully prepared to remove it, but it had just come away. Once found, there could be little difficulty in the removal, but if doubt were thrown upon the nature of such specimens, and the Profession were led to believe that they were the bladders of some animal introduced by women for amusement or exhibited for deception, the true lesson of the cases would be lost, and some dangerous errors in practice would be the result.

Mr. Henry Thompson, as one of the reporters, defended the accuracy of the report, admitting the occasional occurrence of such sloughing of the bladder, of which the specimens shown and reported on this evening were undoubted examples, but still maintained that in Mr. Maunder's case the specimen was that of the bladder of some other animal. Dr. Knox had examined it with him, and agreed in that opinion. There had been no history of cystitis, and the woman was hysterical. He thought that discussions on reports were not advisable, as a full discussion generally took place when a specimen was exhibited, and the report was held to settle questions raised in discussion.

Mr. Spencer Wells replied that in Mr. Maunder's case there was no history of hysteria, but there was of cystitis. A pregnant woman had retention of urine, consequent upon retroversion of the uterus, and a catheter had slipped into her bladder. Three days after the accident, Mr. Maunder incised the urethra and removed the catheter. Then acute cystitis came on, and she passed the membranous cast of her bladder, which Mr. Maunder exhibited. That history was published in their 'Transactions,' with the report to which he (Mr. Wells) objected when it was presented, and he hoped it would lead the council to reconsider the rule which prohibited discussion upon reports.

Mr. Maunder then read his report of the case from the 'Transactions,' and Dr. Murchison stated that the whole thickness of a bladder had been found in the specimen.

Dr. Harley said, in reference to a specimen brought forward by Mr. Wells, that he had been for some time in doubt as to its real nature. For some time he fancied it was the bladder of one of the lower animals, but further examination convinced him that it was not. He had examined the urine of the patient some days before the cast was expelled, and had found it very highly charged with carbonate of ammonia.

Mr. Henry Thompson said that no such history as that just read had been sent to him with the specimen. If it had been, he certainly should not have expressed his doubt so strongly as he had done.

Mr. Callender said there should be some rule that when a specimen was sent to a committee for report a full history of the case should be sent with it.

In this opinion the President concurred.

Mr. Callender exhibited a specimen of

CANCER OF THE TRANSVERSE COLON.

The patient, a man sixty-eight years of age, had suffered especially from abdominal symptoms for about three years. At first there was mere uneasiness in the epigastric region, but at lenth a tumour was found above and to the right of the umbilicus, and diarrhœa came on, with the passage of large quantities of blood and soft polypoid masses. The patient died slowly of exhaustion. It was found after death that the cancer had destroyed about three inches of the transverse colon, but that still communication was not interrupted, the canal of the colon on each side being continuous with the cavity of the tumour. In this cavity there were softened masses of cancer, which were easily detached, and no doubt corresponded to the polypoid masses passed per anum during life.

Mr. Spencer Wells said he had attended the gentleman from whom this specimen was taken for three or four years before he died. The earliest symptom of illness was a bronzing of the skin, so marked as to attract the notice of casual acquaintances. This long preceded any perceptible abdominal tumour, and became very much less distinct during the last year of his life. Dr. Wilks had seen him when the bronzing was subsiding, and did not think it sufficient to lead to the diagnosis of disease of the supra-renal capsules. No disease of these bodies had been found; but it might be useful in diagnosis to remember that such bronzing might be a very early sign of malignant disease of the colon.

The President then briefly alluded to another case, in which an abdominal tumour was lessened in size after discharges from the bowel, supposed to be of pus, but probably of softened cancer.

Mr. Callender exhibited a specimen of

TALIPES FROM AN HYDROCEPHALIC CHILD,

who lived fifteen months, and was sent to St. Bartholomew's by Mr. Haward. She presented the ordinary condition of the sacral vertebræ associated with spina bifida. The lower part of the cord and the nerves forming the sacral plexus were firmly adherent to the sac at its posterior and middle portion, the cord was also soft, almost diffluent The sac of the spina bifida had enlarged considerably about the sixth month of the child's life, and about the same time the feet began to be distorted, passing gradually into the extreme condition of talipes calcaneus. Either foot was equally affected, and no doubt existed as their having, at the time of the child's birth, presented a natural appearance. It is probable that the distortion dated from the time of the pressure upon the sacral nerves, and softening of the cord tissue about the period at which the enlargement of the sac began to be noticed.

Dr. Murchison exhibited microscopical specimen of the fungus of

TINEA TONSURANS AND HERPES CIRCINNATUS.

A boy had had well-marked tinea tonsurans of the scalp, and soon after it was noticed his sister had the same, and also herpes circinnatus. In both the tinea tonsurans and the herpes circinnatus the same kind of fungus was found. At the Fever Hospital three children of the same family were admitted with scarlet fever; two had tinea tonsurans, and one herpes circinnatus. According to the mother's statement, the herpes circinnatus appeared first, and had spread to the others as tinea tonsurans.

Mr. Trotter exhibited a specimen of

ANEURISM OF THE THORACIC AORTA.

The patient, a sergeant of the Coldstream Guards, died suddenly of hæmoptysis. He had been on day duty up to the time of death, and had complained of dyspeptic symptoms and of pain in the back; the symptoms altogether had been so slight that no physical examination had been made. The aneurism had opened into the œsophagus, and the stomach was found to be full of blood.

Dr. Crisp said the fatty body he had described as the left renal capsule, proved to be, on examination by Dr. Wilks, a piece of fatty pancrease. Dr. Crisp said that the body was examined in a dark room, and an incision only was made in the abdomen. He expected to find the renal bodies diseased, and knowing that there were several cases on record where the capsules are said to have been converted into fat, he was deceived by the shape as well as by the fatty nature of the supposed renal body, and did not make so careful an examination as he ought to have done. The right renal capsule was carefully sought for, and the small body described was the only one found. The case was comparatively valueless, but he thought that it should be placed on record, as the accumulation of a large number of examples hereafter might throw some light upon the nature of the body last mentioned.

Mr. Maunder then exhibited a calculus removed by median lithotomy, and gave the following particulars of the case, chiefly with a view to discussion of the nature of

ERUPTIONS OF THE SKIN AFTER OPERATION.

A male child, aged six years, was admitted to median lithotomy on October 21, 1863, and a calculus weighing six drachms removed by steady, prolonged traction with the forceps. On the following day the urine flows freely through the wound; There is thirst, heat of skin, and a rash upon the exposed left fore-arm, which is deemed to be by the Resident Medical Officer that of scarlatina. The child is removed to the Medical attic, and dies on the tenth day after the operation. The patient was deemed to have sore throat, from apparent difficulty in deglutition. A partial post-mortem examination only was allowed. There was a recent wound in the perineum communicating with the urethra and bladder. The latter organ was empty and contracted, its coats thickened, but otherwise normal. The posterior part of the wound in the urethra had ragged edges, consequent on extraction; the anterior portion had smooth, clean-cut margins. The front and left side of the skin of the chest were mottled purple, the stains persisting under pressure.

Dr. Graily Hewitt said that he had observed an eruption of urticaria after an operation for the removal of an excrescence from the female urethra; and he remarked that Scanzoni had men-

tioned that it not unfrequently followed operations on the female genitals.

Dr. MURCHISON said that the ecchymosis in Mr. Maunder's indicated a bad case of scarlatina, rather than urticaria.

Dr. BROADBENT said that he had seen three cases of vivid eruptions which were not scarlatinal, after operations. There was slight desquamation, but no thirst, no signs of scarlatina from the tongue, and, indeed, the symptoms were not general, and were not followed by any renal affection.

Dr. CRISP many years since operated upon a strong, healthy young man for phymosis. A short time after the operation the body was covered with a scarlet, erysipelas-like rash, and the patient died. On examination after death, the whole tract of the alimentary tube was found to have been affected in a like manner, many parts being in a sloughy condition.

Mr. SPENCER WELLS said that eruptions of various kinds were by no means uncommon after wounds, injuries, or surgical operations. They were the outward and visible signs of alterations in the blood, urticaria and erythema, showing some comparatively slight change, while purpura and bloody albuminous urine accompanied the most fatal cases of blood-poisoning. He had seen a bright red rash like the erythematous form of erysipelas or scarlatina, cover the whole body of a woman within a quarter of an hour after perchloride of iron had been applied to a cauliflower excrescence of the uterus. He had often seen urticaria follow slight operations upon the female genital organs, even the application of caustic to the uterus ; and he knew one patient who never had the speculum used without urticaria following. These slighter cases were very interesting, as they were doubtless as complete evidence of blood-poisoning as the more severe forms known as pyæmia and septicæmia.

Dr. CAMPS said that urticaria was as likely to be the result of some nervous alteration as of blood-poisoning.

Dr. HILLIER also thought that when urticaria followed the simple use of the speculum it could hardly be referred to blood-poisoning. It was well known, he said, that in some people urticaria would follow the slightest mental excitement.

Mr. CALLENDER had noticed that eruptions would follow operations, and instanced one case in which the eruption of scarlatina came out twenty-four hours after operation.

Mr. LEE had seen three cases of eruption after operation. In one, twenty-four hours after an operation for phymosis, a livid blush appeared, and the child was dead in a few hours.

Dr. HARLEY had seen a red eruption after a case of perineal section, but it was not, as in Scanzoni's case, urticaria.

Births, Marriages, and Deaths.

BIRTHS.

BARBER.—On the 12th inst., at Elverstone, Lancashire, the wife of Henry Barber, M.D., of a son.

BEDDOES.—On the 6th inst., at Bellevue, Shrewsbury, the wife of W. M. Beddoes, M.D., of a daughter.

DAVIDSON.—On the 15th inst., at the Royal Hospital, Haslar, the wife of Dr. Davidson, Deputy-Inspector General of Hospitals and Fleets, of a daughter.

HUMPHRY.—On the 8th inst., at Stone, near Aylesbury, the wife of J. Humphry, M.R.C.S. Eng., of a son.

PARSON.—On the 14th inst., at Godalming, the wife of W. Parson, M.R.C.S.E., of a son.

WILLIAMS.—On the 9th inst., at Kensington, the wife of J. L. Williams, M.D., prematurely of a daughter, still-born.

MARRIAGES.

COLE—MATCHETT.—On the 10th inst., at Norwich, G. Cole, M.R.C.S.E., of Ely, to Harriet, daughter of the late J. Matchett, Esq., of Norwich.

HALAHAN—BOURNE.—On the 3rd inst., at St. Peter's Church, Dublin, Dr. H. S. Halahan, of Harcourt street, Dublin, to Frances Catherine, daughter of W. Bourne, Esq.

DEATHS.

BETTS.—On the 8th inst at Stow-bridge, Norfolk, J. W. Betts, Surgeon, aged 72.

BLOUNT.—On the 16th inst., at Offord Road Barnsbury park, S. Blount, Surgeon, late of Uxbridge, aged 73.

BOWEN.—On the 7th inst., at High street, Tewkesbury, S. S. Bowen, M.D., aged 37.

CHEETHAM.—On the 7th inst., T. Cheetham, Surgeon, of Stockport, Cheshire, aged 80.

FLYNN.—On the 25th of Oct., at Madras, Dr. G. W. Flynn, aged 42.

FRESHFIELD.—On the 30th ult., at Harwich, P. W. Freshfield, M.R.C.S.E., aged 67.

GREER.—On the 4th inst., at Apsley house, Partick, Glasgow, J. Greer, M.D., aged 84.

GRIFFITH.—On the 13th inst., J. Griffith, M.R.C.S.E., of Bangor, aged 29

KEAL.—On the 13th inst., at Oakham, Rutlandshire, J. T. Keal, M.R.C.S.E., aged 31.

KENDALL.—On the 4th inst., at St. Margaret's place, King's Lynn, Sarah, infant daughter of Thomas Marsters Kendall, Surgeon, aged 7 months.

NORGATE.—On the 18th inst., at Foxley Parsonage, Norfolk, L. A. Norgate, M.R.C.S.E., of East Dereham, aged 24.

WEBSTER.—On the 8th inst., at King street, Dundee, A. Webster, M.D., Senior Consulting Physician to the Dundee Royal Infirmary.

MEDICAL NEWS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At a General Meeting of the Fellows held on the 22nd inst., the following Fellows of the College were elected members of the Council for the ensuing year :—Dr. Hamilton Roe, Dr. Barker, Dr. Monro, and Dr. Herbert Davies.

At the same meeting, Dr. Francis Hawkins was elected an Examiner on the subjects of General Education.

Also, the following gentlemen, having undergone the necessary examination, were duly admitted Members of the College :—Sydney Ringer, M.D. Lond., University College Hospital.—Eustace Smith, M.B. Lond., York street, Portman square.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 17th inst.:—Joseph James Henry Bartlett, Notting Hill, W.—John Thomas Caldwell, Knutsford, Cheshire.—John Cook, Warwick street, W.—James Dickson, Colsterworth, Lincolnshire.—William John Gray, Princes street, Cavendish square.—John Hillary Haire, Gosport.—Robert Hughes, Woodbridge, Suffolk.—William Thomas Lewis, St. Bartholomew's Hospital.—Charles Nathaniel McCaull, Wilton, Salisbury.—William Rayner, Leeds.—Dudley Howe Ryder, Greenwich.—William Nathaniel Symonds, Sprowston, Norfolk.—Robert William Tibbits, Ashton, Bristol.

The following gentlemen also on the same day passed their first examination :—Joseph William Barrett, Guy's Hospital.—Walter Lattey, St. George's Hospital.—William Foster Vise, Middlesex Hospital.—John George Frederick Wilford, Guy's Hospital.

DR. HUGHES BENNETT has been elected an honorary member of the Royal Society of Medicine of Belgium.

The Funeral of the late Mr. Jos. H. Green took place at Highgate Cemetery on Saturday last. The President and most of the Council of the Royal College of Surgeons, and a large number of old pupils attended.

PRESIDENCY OF GUY'S HOSPITAL.—At a general court of the governors, held on Wednesday, the 16th inst., the Right Hon. Sir Lawrence Peel was unanimously elected president of the institution in the room of the late Mr. Bonamy Dobree.

Mr. John Goggin, a confectioner of Limerick, has recently died from hydrophobia, the effect of the bite of a pet monkey. The usual symptoms appeared, and the patient died in five days.

HEALTH OF THE DUKE OF BRABANT.—His Royal Highness the Duke of Brabant, heir apparent to the Crown of Belgium, has recently left Brussels to pass the winter in a mild climate, and has appointed Dr. Eustace Smith, late of University College Hospital, to be his medical attendant during his absence from Belgium.

THE LIBRARY OF ST. BARTHOLOMEW'S HOSPITAL.—Within the last week Dr. Latham has performed an act of generosity which is so full of suggestion for those who, like him, have retired from the public duties of their profession, that it seems well worthy of being publicly recorded. He has presented to the library of St. Bartholomew's between fifty and sixty volumes of manuscript notes of cases which were under his charge during the seventeen years in which he occupied the post of physician to the hospital. The notes were taken by his clinical clerks, many of whom are medical officers of St. Bartholomew's and other hospitals, whilst others again, as Dr. Roupell and Dr. Baly, are now dead. The chief present value, however, of these notes consists in the fact of each volume, as it was finished, having been carried home by Dr. Latham, who first studied it, and then wrote an index to it ; a work which must have cost very much time and trouble, but not too much for the object in view—namely, that it should present an accurate epitome of the facts which each volume contained, and make all of them, pathological and practical, of easy reference. It is much to be hoped that the example thus set by Dr. Latham may be followed by others who have the opportunity of doing the like, and remembered also by those who are now doing what he did, so long and faithfully, in the wards of St. Bartholomew's. The value of such records as these—stamped, as they are, by the master's hand—cannot be overrated : they form a store of knowledge not easily to

be exhausted, and will stand, a fitting memorial of well-done work, long after the generation of those who wrote them has passed away.

ST. THOMAS'S HOSPITAL.—The city solicitor, Mr. T. J. Nelson, has prepared a statement by order of the corporation, indicating the claim of the city that the hospital should be rebuilt within such a distance of the city as shall secure to the citizens all its benefits and advantages. The statement concludes with an appeal to the Attorney-General to refuse his sanction to the purchase of the site at Stangate, and to oppose the re-erection of St. Thomas's Hospital there.

ALLEGED POISONING BY STRYCHNINE.—A crime similar to that committed by the notorious Palmer is the subject of judicial investigation in Paris. A physician insured the life of his wife for 500,000f. (20,000*l*.), and shortly after the payment of the first premium the young woman died. The suddenness of the death and the large amount for which the life was insured created suspicion in the minds of the directors of the insurance company, and they determined to make the case known to the highest law authority. An investigation was commenced under the direction of the Imperial Attorney-General, in consequence of which the physician was arrested and committed to the prison of Mazas.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, DEC. 19TH, 1863.—The deaths in London, which were 1357 in the previous week, declined to 1291 in the week that ended last Saturday. Small-pox was returned in 19 cases; measles in 18; scarlatina in 101; typhus in 51. The deaths referred to pulmonary diseases (exclusive of phthisis) were 261, against a corrected average of 316. Those from bronchitis were 147; from pneumonia 92. Phthisis was fatal in 150 cases.

APPOINTMENTS.—R. Beveridge, M.B., has been elected Secretary to the Aberdeen Medico-Chirurgical Society, vice G. Carr, M.D., deceased.—F. W. Clarke, M.B., formerly Medical Officer and Public Vaccinator for District No. 5 of the Abingdon Union, Berks, has been again elected, vice A. Weaving, M.R.C.S.E., resigned.—T. Chambers, M.R.C.S.E., has been elected Assistant-Surgeon to the London Surgical Home for Diseases of Women, Stanley terrace, Notting hill.—A. Freshfield, M.R C.S.E., has been appointed Medical Officer for District No. 1 of the Tendring Union, Essex, vice P. W. Freshfield, M.R.C.S.E., deceased.—P. W. Freshfield, jun., M.R.C.S.E., has been appointed Medical Officer for District No. 2 of the Tendring Union, vice Freshfield, deceased.—H. Hill, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for District No. 3 of the Worcester Union, vice J. R. Woodward, M.R.C.S.Eng., deceased.—R. C. R. Jordan, M.D., has been appointed additional Honorary Medical Officer to the Birmingham and Midland Free Hospital for Sick Children.—H. W. Newton, L.F.P.&S.Glas., has been elected Medical Officer and Public Vaccinator for the St. Andrews or No. 1 District of the Newcastle-upon-Tyne Union, vice J. L. Gilchrist, M.R.C.S.E., appointed to the All Saints or No. 1 District of the same Union.—J. Oldman, M.R.C.S.E., has been appointed Honorary Surgeon to the Huntingdon County Hospital, vice E. Carver, M.B., resigned.—E. Roberts, M.R.C.S E., has been elected House-Surgeon and Dispenser to the West Kent General Hospital, Maidstone, vice G. J. Sealy, M.R.C.S.E., resigned.—J. W. F. Smith, M.D., has been elected Physician to the Royal Infirmary, Aberdeen, vice G. Carr, M.D., deceased.—C. S. Smith, M.R.C.S.E., has been re-appointed Medical Officer and Public Vaccinator for the Fulbeck street District of the Newark Union, Nottinghamshire.

MILITARY AND NAVAL MEDICAL APPOINTMENTS.—R. T. Abbott, M.D., Inspector of Jails Central Provinces Indian service, has been appointed also *ex officio* Inspector of Government Charitable Dispensaries in those Provinces; H. Briscoe, M.D., Surgeon-Major, principal Medical Officer of the Infirmary in Woolwich Arsenal, having completed the full period of five years' duty, has been re-appointed; R. Connor, Assist.-Surgeon R.L., has been appointed to the "Victory" for Haslar Hospital; F. Duckworth, M.D., Assist.-Surgeon Madras Medical Establishment, has been posted to the medical charge of the 3rd Infantry, Hydrabad Contingent, during the absence of Assist.-Surgeon Riddell, or until further orders; Assist.-Surgeon Fleming, Bombay Service, from general duty in the Presidency, has been appointed to general duty in the Northern Division; W. Fletcher, M.D., has been appointed Assist.-Surgeon to the 2nd Derbyshire Rifle Volunteers, vice Forbes, resigned.

APPOINTMENTS FOR THE WEEK.

Wednesday, December 30.

Operations at Middlesex Hospital, 1 p.m.; St. Mary's Hospital, 1 p.m.; University College Hospital, 2 p.m.

Thursday, December 31.

Operations at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1½ p.m.; Great Northern Hospital, King's cross, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopædic Hospital, 2 p.m.; London Surgical Home for Diseases of Women, 2 p.m.; Royal Institution, Prof. Tyndall, "On Electricity at Rest and Electricity in Motion, 3 p.m. (Juvenile Lectures.)

Friday, January 1.

Operations at Westminster Ophthalmic Hospital, 1½ p.m.

Saturday, January 2.

Operations at St. Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 1½ p.m.; King's College Hospital, 1½ p.m.; Charing-cross Hospital, 2 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; Royal Free Hospital, 1½ p.m.; Royal Institution, Professor Tyndall, "On Electricity at Rest and Electricity in Motion," Juvenile Lectures, 3 p.m.

Monday, January 4.

Operations at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 1¼ p.m.; Metropolitan Free Hospital, 2 p.m.

Tuesday, January 5.

Operations at Guy's Hospital, 1½ p.m.; Westminster Hospital, 2 p.m.

NOTICES TO CORRESPONDENTS.

*** It is requested that all Communications intended for the Editor, may be sent to the office of the Journal, No. 20 King William street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for this Journal should be sent to the Office *before noon* on Monday, as we are compelled to go to press on the afternoon of that day

We must request our Country Correspondents who favour us with copies of Provincial Newspapers, to mark the passages to which they desire to draw attention.

CERTIFICATE OF DEATH FOR INSURANCE OFFICES.

To the Editor of the Medical Circular.

SIR,—Will you, or any of your readers, be good enough to inform me if it is the practice or not to charge for a certificate of death to be handed to an insurance office, the deceased person having had his life insured, and having been attended in his illness by the Medical man who gives the certificate? OMICRON.

THE CASE OF SYMM *v.* FRASER AND ANDREWS.

Dr. Tunstall has written the following letter to the 'Medical Times and Gazette,' to explain his evidence in the above case:—

SIR,—I ask you as a favour to insert the following remarks upon my connexion with this unfortunate case as witness for the plaintiff.

The mode of my being subpœnaed was as follows:—A gentleman entered my consulting room one morning, saying, "Good morning, Doctor, I have a five pound note for you." "Indeed," I replied, "who from?" "Look and see." I took the note, and, unfolding it, found it enclosed a subpœna, "What is all this about?" said I. "I do not know anything about it," he replied, "I was directed to serve you with a subpœna, and I have only to wish you good morning."

When I subsequently heard the facts of the plaintiff's case, I expressed my conviction that she would lose her action, and I then learned that I had been subpœnaed contrary to the advice of her legal advisers.

The evidence which I gave in cross-examination theoretically was confirmed practically by the defendants; and I hope, in conclusion, that this letter will be satisfactory to my Professional brethren, as explanatory of my appearance in court as evidence for the plaintiff.

With regard to accepting a subpœna by a Medical man in a civil action, I am told by a practising barrister that my service was perfectly legal, because I read the document in the presence of the server; that if I had failed to obey it I might have been fined for contempt of court, and, as the plaintiff lost her action, would have been liable to an action at law.

In reference to my use of the word "travelling," as applied to gout, I employed this word to save the use of the scientific and more technical one "metastatic," considering it the duty of the well-educated physician to employ as few purely scientific terms as possible while giving evidence in a court of justice.

I am, &c., JAMES TUNSTALL, M.D.

Bath, December 19.

DR. R. S. is thanked for his communication, and for his good wishes.

THE Report of the meeting of the Harveian Society is received, but its publication is necessarily postponed until next week.

DR. THOROWGOOD'S note is received, and the correction made, but, as he remarks, the grammar is correct either way.

DR. R. S. SISSON'S note is deferred until next week.

A FRIEND, LOWER NORWOOD.—The postage stamps (5s.), in aid of the Fraser and Andrews' Fund have been received.

WE are compelled to omit many of our Notices to Correspondents, and much other matter until our January number.