THE MEDICAL CIRCULAR. [JUNE 1, 1853.

WEDNESDAY, JUNE 1, 1853.

DISPENSARY PRACTICE.

What would the public say if they saw rising up, one fine summer morning, like an apparition, in Lincoln's-inn fields, a superlative 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 a dream; and even such a dream, which even "seeing" would not convince the public 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 reputation for skill or charity, to keep a practice if they have one, or to gain experience; the latter to whet his 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 receive; 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 oversupply the profession. The necessity 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 hopes of catching some of the patients from his levantish 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—for too inadequate, alas! to meet a tithe of the demands upon their resources! What wonder that penurious widows and flourishing 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. Wood, 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 pungi 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 legislation 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 "joggers;" and although this is a low phrase hardly meriting a place in a professional journal, yet it is inappropriate, as the conduct which it depicts is of a character not more consonant with professional tastes.

The gentlemen constituting this committee, have by this manoeuvre 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-

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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 Yearnall, the originator and promoter of the practice. The latter gentleman to the assertions of Mr Toynbee appears to us to be conclusive, both as regards argument and testimony, of theutility 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 unsatiably and permanent basis.

MIRROR OF PERIODICAL LITERATURE.

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

OBSERVATIONS ON CHLOROFORM AND ITS ADMINISTRATION.

Mr Martin Coster 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 action of the lungs, etc., is freely purged the day before the operation, and his diet is limited on the morning appointed. Any article of clothing confining the thorax or chest is let loose. The patient is desired to raise one hand, and to keep it raised as long as possible. Five minutes is first given in Dr Sibson's inhaler, to diminish the sensibility of the mucous membranes of the larynx. After a minute has elapsed fifteen minims are added, and repeated every minute until the hands drop 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, 1853, has proved by experiments on animals that if the air resired 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 minutes is a general stimulant, and the first two or three doses of fifteen minutes usually renders the patient 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. Where 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 sterme action, and to relax the uterine 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 in pain for many hours under its influence. I think it desirable in these cases (of natural labour) to act upon the sensibilities 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 the then 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 perineum 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 consequence. "In no case have I seen an unfavourable result, and in one case I have 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 describe 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 crepitu 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
REPORT OF A CASE OF VACCINIA AND VARICELLA OCCURRING SIMULTANEOUSLY.

Mr. Clarke, of Kentish Town, reports the following case:

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

"E. C., aged twenty-two, who had been vaccinated in his infancy, was re-vaccinated by me, Dec. 6th. On the fourth day, a small red spot was visible, consequently I concluded either that the vaccinia would be arrested in its course, or that it would not be produced at all. In two or three days afterward I was called in a great hurry to see this patient. I found her to be 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 was short of breath, and had considerable hemorrhage 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, one day after the insertion of the vaccine, I was certainly surprised to see, somewhat disguised at seeing, the worst form of various 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 first noticed, was delivered of a fine child, which I vaccinated on the fifth day after birth, and who, to my great satisfaction, escaped the various disease, although constantly at the mother's side or breast.

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

REMITTENT OPHTHALMIA.

Mr. Hancocks 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 disease as affecting the eyes of the young, he says:-

"It is unnecessary to give further opinions than those just quoted; they are quite sufficient to show the leading ideas of some authors to view the disease in question as depending upon being connected with serofulous. Let us now inquire how far these opinions are tenable, and what just we are to condemn those who labour simply under this affectation of the eyes by the imputation of having a serofulous condition.

Great are the authors who pronounce 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 authorities under the titles of 'Strumous, Serofalous, or Pterygium 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 ionic in the general state of the patient. In giving this opinion, I would guard against its being supposed that I deny the existence of such a disease as serofalous ophthalmia. I by no means intend to do so. I merely deny that the disease so indifferently designated as serofalous is of a strumous or serofalous origin, whilst I agree with Jacob that the real strumous or serofalous ophthalmia is an entirely distinct affection from that under consideration.

"The question, however, must be left in the hands of the physicians to determine in what manner the disease may occur.
THE MEDICAL CIRCULAR.

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 is like manner the term scrofulous is subject to the same consider- ation. 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 more presence of tubercle in combination with another affection, does not, nor ever, 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 symp- toms or affection ought to have an independent and distinct classification, 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 be 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, or as, of the scrofulous diaethes, 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?—or how is it that it does not proceed, pari passu, with that form of the 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 those 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 recur at the same period of life. It is true, we should 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 power is not as yet attained, a condition of excitement, the facility of irritation, and the irritations obtained, 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 scrofulous 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 its power is from its source. These 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, syphilis, or rheumatic itch; but we ought to be careful not to apply a term of specific significance 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 it has already alluded. We are told that sixty out of every hundred cases of the disease 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 this 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 conse- quently adopt this term in my subsequent remarks. In all cases where the principal characteristics of remittent fever are present, more urgent and marked in some cases than in others, but in all they may vary more or less be traced if due attention be paid to the matter. The remittence of severity; the in- crease of fever and heat towards night; the subside- nce thereof, and accession of perspiration; the eruption on the nose and corners of the mouth; the picking the nose and lips; rubbing the eyes; the furtive, sour, and disagreeable breath; the strawberry tongue, covered with moist fur; the cant, breath, and swollen belly; irregular state of the bowels, sometimes constipated, at others relaxed; the eva- cuations, sometimes difficult, sometimes liquid, other- times dark, slimy, and nearly always offensive; the tendency to eritemnias over the face, head, and body, may suffice to trace in the ophthalmic affliction as in the remittent fever; and if we would carry our analogy further, we may refer to the phthisyce and ulceration of the nose and conjunctivae as analogous to the inflammation and ulceration of Peyer's glands of the intestines.

(From the 'Medical Times and Gazette,' May 21, 1858.)

TRACHEOTOMY IN A CASE OF CROUP SUCCESFUL.

Mr Wm. Unig, of Ayr, relates this case. The usual an- thyphilitic remedies having been employed without a benefit, the patient was ready to be declared hopeless. The boy was seated on the knee of an assistant. A free cut was made through the anterior oblique muscle of the neck, severing a branch of the common carotid, and exposing a trace of a drop of blood; and every drop was removed be- fore opening the trachea. It was opened to the extent of an inch and a half, 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 com- pletely recovered. The trachea, which 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 consider- able 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 it was found to be flapping in the wound. Part of this was forced out by the excreta of the patient; 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 tenacious, having been 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 crepito cough on the 22nd of April; but it became speedily better, and has since continued to progress most satisfactorily, and is now nearly well, and the wound in the neck is now cicatrized. There was some suspicion that this attack was connected with scalding, 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. With the addition, however, of an incision in the neck to this operation, 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 absence of any vomiting in the patient, as a regular expectory 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 extends below the point which I believe to be the site of the incision. If I do not consider that the question of tracheotomy should be left to experience, and a diffused and purpled colour of the lips evince to what extent the irritation of the circulating fluid has advanced. The hopelessness of the case can be readily propounded before the operation 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 state of things would have left the patient with diminished expectory efforts to force it through would inevitably have produced suffocation. Although the lower edge of the membrane was unattached within a few inches of the trachea, it was firmly connected with the upper part, as was evinced by the strong adhesion of the attenuated portion which came last away. The greatest number of authors who write on this disease consider the case as hopeless expecting to save patients labouring under this formidable malady. If one can be saved out of ten, or even a much smaller exceptional proportion or two is not a little distressing. A little suffering is the only chance which he has of being snatched from the jaws of death.

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. If we take all the cases which from time to time have been brought under my observation, 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 peritonitis, 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 urine; the highly alkaline urine, in its turn, keeps up the irritability of the bladder, and promotes the secretion of more pus. In this way the disease perpetuates itself as 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.

2nd. 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 the muscle to retain the urine, and not upon a paralytic state of the sphincter vesiculae muscles. In this form, the sensibility of the mucous membrane is very much excited, 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 pain, acid, devoid of mucus, and sometimes, it may be, albuminous, owing to the existence of gouty disease of the kidneys.

3rd. 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 sensitivity of the mucous membrane of the bladder is greatly excited, owing to the influence of the gouty poison, which seems capable of irritating the bladder as caustic acid does. The cases in which it is apt to occur are generally in elderly persons, whose systems are prone to local irritation, 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 waking, 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 reception of the blood; this, again, is sometimes attended with an irritable condition of the bladder, and, although the urine is of a healthy quality, I noticed the bladder itself is free from disease, the patient being tormented with a constant micturition, voiding his urine without pain, but at short intervals, and in small quantity.'"

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highly irritable by the guilty poison, and kept so by some irritant quality of the urine; but in the latter case the muscular cost is the seat of the irritation. There is little evidence to show that muscles may be attacked by the rheumatic or by the guilty poison. Thus, in subjects of guilty distemps, it is not uncommon to meet with sudden and severe approach of both to the interior of the bladder, accompanied with constitutional disturbances similar to that of scurvy. I am just now attending a nobleman in whom very decided constitutional distress, accompanied by distressing interiorization, of the heart's action, preceded for some time the sudden appearance of a very painful inflammation in the interior of a portion of the guttural muscle on each side, which came on in the sudden way in which guilt is apt to do. Lamblage is an instance of guilty affection of muscles. The intercostal muscles are often similarly attacked, giving rise to a most painful affection, which occasionally calls in play, or even pleuro-pneumony. Just in the same way guilt may attack the muscular fibres of the bladder, stomach, or blood, and in the cases of retention of urine such as I am describing, it affects the muscular cost 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.

As guilty attacks the bladder, in some instances, as follows, and (I take my remarks on this head from a case which actually came under my notice)—A guilty 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 a great distress. This condition is usually relieved by a few counter-irritation and the administration of antimonial alkaloids.

Dr. Todd then considers the treatment, advising counter-irritation by mustard and ammonium, anesthetics from coma, and terrors. He recommends also an opiate, and elixir to relieve pain. With respect to antimonial alkaloids he remarks:

"With reference to the treatment of all cases of guilt, where the disease is apt to attack internal organs, I may give you this practical hint, and I strongly advise you to have it in mind whenever you may be called upon to treat guilt of this nature. It is, that these cases are of an intractable character, and do not bear depritative measures; so that if you find a patient laboring under guilt of the stomach, or guilt affecting the bladder, you must not think of applying leeches, and employing the treatment which would be applicable to other forms of inflammation; 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 Ben-Jamin 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 secretory origin. With regard to the exhibition of escharinum, 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 unuitable to cases which partake of the atheric character."

"The treatment which, in my experience, has been most beneficial for guilt, 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 alkalizes 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 large quantities of pus appear 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 abscesses. To these may be added, cases in which the 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 23, 1855.)

Mr. Henry Hanocke’s Lectures on Hemorrhage, Ophthalmia, or some Diseases of the Eye of Children are about to be issued in the "Strenuous Ophthalmia," delivered at the Royal Westminister Ophthalmic Hospital. Dr. W. J. Cameron on the Yellow Fever in the West Indies. Mr. W. Martin Coster’s Observations on Chlorosis and its Administration. Mr. J. Gaskin’s Report of a Case of Vaeacita and Varicola, occurring simultaneously. Dr. Charles Edwards’s Practical Observations on Drachmatory above the Thyroid Gland. (With Engravings.) Dr. F. J. Brown on Lociations and Medicated Poudres in Phlegmonous and Erysipelas Inflammations, and especially in Perilacryse.—HOSPITAL REPORTS.—St. George’s Hospital: Stone in the Female Bladder, the Necessity of a Hairpin; Incontinence, Dilatation, and Extraction; Recovery. Stones in the Bladder; Lithotomy; Recovery. Grey’s Hospital: Tumour of the Liver; Recovery. St Bartholomew’s Hospital: Fracture of the Femur; Recovery. Reasonable Permission to Rupture the Urine in the Fragments during Lactation. Westminister Hospital: Amputation at the Shoulder-Joint.—REVIEWS.—On Lesions of the Body, or White-Cell Blood; In Relation to the Vitamins and Pathology of the Lymphatic-Glandular System. By John Hughes-Blenet, M.D.—LEADING ARTICLES.—The Incorporation of a District of Lancashire into the Present Province assumed by the Senate in reference to this question. The College of Physicians and the Licentiates of the Throat. The Burring and Forty of Gratious Medical Services. Cary versus Napier: Anomalous State of Medical Law.—MEDICAL SOCIETIES.—Medical Society of London: Puerperal Infection; Discoloration of the Hair. London Medical Reform Committee.

Medical Times and Gazette. (No. CLII. May 28, 1855.)—ORIGINAL LECTURES.—Dr. Robert B. Todd’s Clinical Lectures on Cases in which Pus is found in the Urine, and Guilt as it afflicts the Bladder; delivered at King’s College Hospital. Dr. A. W. Hofmann’s Course of Lectures at the College of Surgeons of Edinburgh on 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 the Treatment of Elephantiasis. Mr. James Wood, M.D. The Biennial Reports.—King’s College Hospital: Cases of Acute Renal Drupay. St. Bartholomew’s Hospital: Melanosis of the Skin of the Back. (With an Engraving.) Grey’s Hospital: Reduction of a Scoliotic Hernia which had been for nearly Six Months Irreducible. The London Hospital: Ulceration of the Umbilicus occurring after a Severe Burn. List of Scientific Meetings.—EDITORIAL ARTICLES.—Obituary of the following.—Obituary.

ST GEORGE'S HOSPITAL.

Stone in the Female Bladder, the Necessity of a Hair-pin; Incision, Dissection, and Extraction: Recovery.

(Under the care of Mr Hawkin.)

Ann S——, aged seventeen years, was admitted Jan. 5, 1853, under the care of Mr Hawkin. 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 later 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. The patient 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 anaemia not having appeared since the accident.

On admission the urine was found to be offensive, and it contained a large quantity of mucus, but no blood. It came away involuntarily for the first day after her arrival, but 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 menstruation.

Jan. 15, 1853.—Ten days after admission, chloroform being administered, the patient was put in the usual position for lithotomy. Mr Hawkin incised the anterior and upper walls of the urethra to a slight extent with a bistoury, and 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 abundant size were also extracted 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. 29, 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-
dent in which the gravid uterus has escaped unharmed; and even when the latter has suffered injury, the foetus, 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 sucking. We should here state that we very frequently see in the surgical wards of the hospital 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 strain 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 slippery 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, 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 placed her 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 sole splint was not so long as usual, and that more support was given to the back of the leg. The patient went on well for the next two days, and on Jan. 11, 1853, eighteen days after admission, she was deliv-
ered of a little boy.

The labour lasted eight hours, during which time the normal decelerities 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. 10, 1853, forty days after the accident, and twenty-five after the birth of the child.

GUYS HOSPITAL.

Reduction of a Scrotal Hernia which had been for Nearly Six Months Irreducible.

(Under the care of Mr. Hilton.)

On April 22, 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 attendant. 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 oc-
casioned him had, however, quite prevented him from at-
tempering 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, not adherent 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 accertained to have acted regularly each day. Having made careful and persevering, but inefficient attempts to effect the reduction of the tumour, Mr. Hilton directed—1st, That the man should observe an unviolatingly recumbent posture. 2ndly, That he should be kept on solid food, with not more than half-a-
pint of fluid in twenty-four hours. 3rdly, That a blader 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 carbolic acid, be taken before bed and 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 in-
convenience necessarily attendant on its bulk, would per-
etuate 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 quan-
tity of the circulating medium generally, as far as might be done without unduly depressing the vital powers; and, 2ndly, by local means to constrict and uninform the con-
gested 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 blood-vessels, Mr. Hilton further remarked that, in the case of tumours within the scrotum, the use of cold, by existing constant and powerful constriction of the vessels, 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 concomitant veins helping in the effect. With respect to the absconders, he observed that the use of the anesthetic 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 por-
tion of omentum. To return to our case. After the afore-
mentioned treatment had been rigidly pursued for a few days, it was noted that the mass of the bowel 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 29th, 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 the complaint; and, wearing an efficient tube, the hernia had not again protruded.

NOBLEMAN'S VALETS AND ASSISTANT-SURGEONS IN THE NAVY.—When Lord Ellesmere was embarking on board the British Cruiser, the Leander, to proceed to New York, recently, his Lord-
ship's valet discovered that the accommodation of a hammock had been provided for him. "James" 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. Curr."
AND GENERAL MEDICAL ADVERTISER.

1853.

Epitome of Toxicology.

DESIGNED FOR THE BUSY PRACTITIONER AND ANALYTICAL CHEMIST.

(Compiled from the latest authorities extensively.

(Continued from p. 467.)

The changes which poisons undergo in the living body have long been matters of consideration and research. The mode of action of poisons is governed by the chemical forces that are called into operation by contact between the foreign substance and the tissues, or by the action of the organs, to which we have already referred. Variations of temperature, the quantity of the deleterious body present, the relative vialsity of the system, and observations in the respiratory process, the circulation of the blood, &c., are circumstances which modify this action, and the degree and rapidity of it vary in different organs. Some bodies, 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, (Sulphate of lead), of which a considerable dose 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 carbonate acid it meets with in the system. Other substances which, whilst in the solid state, owing to their insolvility, 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 cell-salts, &c.

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 poisons depend on the sufferings of the organs in the organism, and are thrown off unchanged from the system. This is the case with Chloride of Barium, Nitrate of Mercury, Potassium and Sodium. There are several other substances, as pumice glass, enamel, &c., that pass through the living being unchanged, and whose primary action, from their insolvility, is that of mechanical irritants only, producing poisoning by the physico-chemical changes which ensue therefrom.

The changes which proceed under the circumstances in which bodies suffer on their first contact with the organism, have not been either numerous or precise; but the changes which proceed subsequently to their absorption by the system, the parts of the body in which they are localized, 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 animal experiments 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 action, and on the properties thus acquired many of the chemical changes which occur in the tissues are attributable to the absorption of poisons. Most of the metallic oxides, and the metallic, alkaline, and earthy salts, form new compounds with the albumen, casein, ptyalin, peptic, 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 alkaloids, alkaline earths, and alkaline carbones, are decomposed by the acids of the alimentary canal.

* * * See also some remarks at page 480 on some circumstances which oblige or modify the action of poisons.

beates, and some other metallic preparations, when swallowed, are partly converted into sulphur, 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 present articles are for this purpose directed to the condition in which they are detected in the living tissues, and in the fluids and secretions of the body, and we have been assisted by the mutual affinities which exist between the respective substances and the constituents of the organs or tissues in 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 oxalate acid with lime, and the formation of the octahedral 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.)

HISTORY OF THE MEDICAL PROFESSION AND ITS INFLUENCE ON PUBLIC HEALTH IN ENGLAND.

By William Farre, Esq., M.D., F.S.S.

(Continued from p. 468.)

The king thought it a duty of his royal 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 aversion, 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 editors, by the example of the 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 12l. 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 eorum reception per dictos medicos—their decision to be enforced by fines and imprisonment.

Before the charter was brought to Parliament, the usual

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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 Curatess, which are, however, far from conclusive. It appears probable in the case of absorption referred to, that either the substances are not strictly insoluble, or that their composition or condition undergo a gradual change from chemical to electro-chemical action, and are precipitated by a soluble compound. (Vide 'Monthly Journ. of Med. Science,' 1847.)

+ Petrus Materia Medica, Vol. 1. This is a mistake, 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 crystallization is known to every chemist.

LONDON:

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characteristics of the old corporate system betrayed them- selves; the six physicians desired to turn the College to ac- count, and harassed 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 chosen first called and clapped elect: 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 was a graduate of Oxford or Cambridge, who had accomplished all things for his form without any grace.

The 33 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 journeymen. 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 in rest 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 Wastey had re- ceived a great sum of money to foist it in among others. The act, however, failed 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 trans- grissers 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 censes, who exercised the powers and asserted the privileges of the whole body. The elects only chose the president. In Goddard's case (1600), while argued for the College, that by the act of Parliament, 14 Henry VIII, there were none but presi- dents, elects, and censes; that the college was not allowed to try cases by the bye-law, nor by the act of Parliament. On this ground the College gained the trial. In the first Pharmacopoeia (1618) there is a list headed, Nominis D.B. Collegiarum Societatis Medicorum Londinensium, hoc est, &c. H. Atkins, M.D., is president; he is also called physician in ordinary to the king. Theodorus de Mayers, M.D., regius ma- jestatum medicus primus, is followed by W. Paddy, J. Cragg, 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 were denominated seven of the eight elects. In the fifth edition (1628) the orthography of the names only is altered. Harvey is called medicus regius juratus; J. Cragg, junior, is chirurgus 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 scarfborough, Warton, and S. Collins. In 1692 the names remain literally as in 1651, not having been corrected in the interval. George East was president in 1677 and 1678, when fifty-four names of the fellows (sociorum) of the Royal College are enumerated in the Pharmacopoeia, and twelve candidates, fifteen hono- rary fellows, and ten licentiates (permis).

In Dr Fothergill's case (1770), the College of Physicians asserted that so early as 1655, the faculty was divided by a bye-law into three classes—fellows, candidates, and licen- tiates, 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 Pharmacopoeia of 1602. So early as 1652, however, prac- tioners 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 pre- pared medicines, notwithstanding the existence of the gro- cers; 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 confining phy- sicians; they recognised no right in the apothecary to prac- tice; 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 mak- ing 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 mem- bers who sat in ordinary to thirty; a charter (1638) 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 "all 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 dis- missed it as a project that could not be carried home with a flea in its ear." This did not prevent them from acting, to a certain extent, on the principles of the charter. The commonalty became merely "permisses." Licen- tiates.

Greetall ("The College of Physicians Vindicated, by C. Goodall, Doctor of Physick, anno 1676"); after stating that none was admitted a candidate until he had practised phy- sic four years, gives from the by-laws an apologia of the practice of not receiving the licentiates into the government of the College. "It is because many practice physic in this city whom we think altogether unfit (insanious omnes) 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 com- petent age of gravitas, or for other such causes; yet see- ing they may be serviceable to the commonwealth, and procure the health of men, at least in some cures, we do not apprehend the approbation of the president and censors, they may be permitted to prac- tise (permissantur ad praxis)." The examinations were to be annually made at meeting, but is the same with time of the candidates; the first turned on anatomy and physiology, the second on pathology, the third on the method of cure.

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 15th 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 Dublin Philosophical Institution, and 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 Drs. 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 lobbies of Crampton, Stokes and Gravies. 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 therefore 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 labour 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 abandoned the idea of mere academical honors, 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 work, his way into practice, but finding the ground protracted, 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, Pall's Pond.

J. COLE, 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 New street. He passed his examinations at the Apothecaries' Society and the College of Surgeons in the year 1837. He is the inventor of what he terms an Orthopaedic Soba for the treatment of Spinal Affections. In 1845 he published a work on Spinal Affections and the Proximate System of Treatment. He also published in 1850 a Treatise on the Medical Virtues of the Alga Marina, a concentrated essence of Seaweed; and in 1852 on the Tapeworm, its History and Cure by many means, and especially by the Brysner Anthelmintica, or Rouso. He resides at 26 Edward street, Largham place.

CHARLES CAMPBELL, ESQ.

FREDERICK CULLICOTT, ESQ.

CHARLES COLLIER, ESQ., F.R.C.P.

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

GEORGE FREDERICK COLLIER, M.D.

Verily, Dr. George Frederick Collier, thou dost rest, chastisement from our editorial rod, but in consideration of thy past good behaviour and thy chivalrous offices in days by-gone to various ill-used friends of ours and shine, we will remit the punishment. But how could thou, beloved George Frederick, venture to expose thyself to our tender mercies, when thou know'st it if 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 seductive spirit hath not in vain challenged our generosities; so we will treat thee as Edward the 1st. behoved 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 and could not suppress the rising jacta, so thou replied in us 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, there 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 shouldst 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 sensi all points and angles, that repel every attempt at a cordial good-natured squeeze: thou castest grunt with a euphony; and thou castest even condoned to be funny, though, like neighbour Bruin's huge, 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 the specimen; so likewise we have presented to the reader a small register, illustrative of the vein of humour which runs in every zig-zag direction through the cæcum 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 excursions 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 sour, 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 Walkley, we quoted a letter from Dr Collier relating to the death of Dermer, 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 examined at Magdalen Hall, Oxford. He holds the degree of Doctor of Medicine from Leyden.

The 'Translation of the London Pharmacopoeia' by Dr Collier is well known. The marginal notes and annotations.
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 footnotes with expressions of suggestive praise, or self-humbling enumeration for the genius of their author, the Doctor puts on his spectacles for no other purpose but to discover blunders, and with his wit only to expose them. He seems to nurse some unapparent grudge against the authorities of that respectable College, and, by the way, endeavored to procure an injunction to stop the publication of his book. Dr Collier has also translated Colinas, and has written a book about cholera, intitled '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 amendment 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 living into the sore and yellow leaf, but, as his note to us evidence, 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, no tuberbus propria offensat unicum, Ponsdat, igneas veruculam illium. Aquum est, Poesias vendit posentum reddere nullus.'

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 perhaps 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, precluding that meddlesome sage sent to us to find no fault with him: he is a clever, courageous, honest man, and a wise thing we wish him to, that when the failure of life shall finish his joces, may he have his revenges, and like many a jester before him, finish life with a joke. He resides at 32 Spring gardens, and Boswell 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.

(Five of 'London Medical Directory,' 1833.)

ADMINISTERING CHLOROFORM TO ANIMALS.—At Hachin, on May 13th, Mr James, veterinary surgeon, administered chloroform to two hunters, previous to the operation of filing. The horses were entirely insensible to pain.

MEDICAL REFORM.—On Monday, Mr Hutt presented a petition to the House of Commons, signed by Charles T. Medicus, 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.

[Extracting 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 in the week after it was published, but that we were anxious that the reply should accompany it, in order that the eye, it 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 UVELA TO BE EXICED 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, and Surgeon to the Prince of Wales, has occasioned 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 attaching 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 surgical science stand out honourably when investigated with patience and truth. Nor should I now deviate from the course I have hitherto pursued, nor feel it is 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 tube.’ In a letter in the ‘Medical Times and Gazette,’ of April 23, Mr Yeatsley 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 Yeatsley 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 from the tube; he will find its mouth 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

Yeatsley on ‘Throat Disease,’ page 4.
And General Medical Advertiser.

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 orifice 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 tympanic is a silent cavity. Repeated examinations have convinced me, that, even should the tympanic enlarge to its greatest possible and known extent, it never reaches the Eustachian tube; for, with the enlargement of the tympanic, the palatine-pharyngeal muscles also hypertrophy, and by their pressure on the tube, in the way of 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 same arm holds the mouth of the nose 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 tympanic, arises from a co-existent thickening of the mucous membrane of the tympanic. 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 1857, says, at page 257, “I altogether deny the connection of closure of the Eustachian tube with enlargement of the tympanic. 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 tympanics 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 affects, have ever satisfactorily investigated, by means of the calotome, the closure of the Eustachian tube, in any one single case of the kind. This remark applies even to Itard. From his very defective methods he has no more argument to have foreseen 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 tympanic.” Mr. Harvey, who has written a book to demonstrate, not merely the uselessness, but also the very dangerous policy, of trying to enlarge the tympanic, has arrived at the conclusion “that the enlarged tympanic or elongated uvula does not, per se, give rise to imperfect hearing, but that it partly contrives to exclude further cavities against this view, for Mr. Yearley’s own words are a sufficient refutation of it. He says (“Medical Times and Gazette,” April 23, 1885), “I saw cases of very large and projecting tympanics, and no deafness. I saw other cases, with thickening about the region of the tympanic, I passed in my finger to feel between the cartilages for the condition of the glands, and they were frequently found enlarged and stilling upwards towards the mouth of the Eustachian passages. Thus it was that I arrived at the conclusion, that enlarged tympanics did sometimes produce deafness, and upon this idea I proceeded. Mr Yearley’s words are, “We thus arrive at his conclusion, “that occlusion of the tube does occasionally take place in an enlarged face.” Now, I ask any anatomist or surgeon whether Mr. Yearley has adduced a particle of satisfactory evidence in favour of the position, that the Eustachian tube are pressed upon by enlarged tympanics; 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 native with his support of his point, supposing him to believe that the Eustachian tube is pressed upon “as in the case of an enlarged face.” I have said that the deafness is thereby produced, much mischief might not result from his “occasionally” existing a small portion of the hypertrophied gland. My own opinion, however, is, that this

Examination 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 tumours interfere with the functions of respiration or deglutition. I have seen cases where the tumours have nearly touched 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 greater than normal. But, if Mr. Yearley believes that occlusion of the Eustachian tube only “occasionally” takes place from the pressure of an enlarged tympanic, how has it happened that his experience in tonal-cutting has exceeded three thousand operations? And I am thus brought to the second division of my subject.

Secondly, Mr. Yearley advocates the excision of the tympanic 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 ear.”

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 auricular mucous membrane was diseased in no less than 91 cases, or upwards of three-fourths of the number examined.” This result 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 “Medical-Chirurgical Transactions,” 1843, and they are cited by Mr. Yearley 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 tympanic was present, but which it is almost certain could have been affected by tonal-cutting. In what way, for example, could this operation influence the membranous membrane or the bands connecting together other ossicles and various parts of the tympanic,—a diseased condition by far the most frequent in the 120 dissections? Could a rigid condition of the chain of bones, or endophytes of the stapes, be relieved by it? I do not believe that even a thickened state of the mucous membrane of the tympanic would be relieved in the most remote degree; for, in the sixth series of Researches into the Pathology of the Ear now before the Medical-Chirurgical Society, one of the results of between 1000 and 1600 dissections is to show, that, even in cases of co-existing hypertrophy, of the mucous membrane of the tympanic, the lining membranes of the inner half of the Eustachian tube remains quite healthy; I have seen at least one case in which, during searching out the mucous membranes of the funiculi and tympanum were both ulcerated, and yet the principal part of the lining membranes of the Eustachian tube, which is wholly protected, was healthy. In this second class of cases, it is evident that the operation of excision of the tympanic 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, and an aggravation of the deafness, my own experience, corroborated by that of Mr. Harvey, fully testifies.

Thirdly, Mr. Yearley advocates the excision of the Utricles 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 tonsil, 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. Toyne’s experience may be in tonal-cutting I know not, but I may state, that my own has extended over many years, and has exceeded 2,000 operations.”—Medical Times and Gazette, April 23.

LONDON:
PUBLISHED AT THE OFFICE, 20 KING WILLIAM STREET, LAND.
He says:—"Guided by a sound and wholesome experience, I have not hesitated, in certain cases of death, 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 irritative uvula frequently deranges the organ of hearing by purely sympathetic irritation of the ear. I have seen many cases in which the disease was manifestly excited in this manner." The only ground for this operation which I have been able to meet with in Mr Yearnale's book 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 Yearnale advocates excision of a portion of the soft palate in cases of death. 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 improveracies 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 overpressing 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 or mucous membrane from underneath the arched of the palate, improvement more or less considerable has taken place.

Such, then, are the four classes of cases in which Mr Yearnale advocates excision of the tonsils, uvula, and portions of the soft palate, in the treatment of death. I think it may be fairly asserted, that, even in the first class of case, 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 results which result from them, are fully appreciated. Can we, from my own experience, that they have been performed in every possible variety of case, 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 membrane tympani. Indeed, it was only requisite for a patient to be dead, in order to secure the operation 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 successfully, 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 material when the disease is manifest.

In the previous page, Mr Harvey says:—"Such excision (of the tonsils) is by no means calculated to afford relief to defective auditors; 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 is, it enables the frame, injures the constitution, afflicts 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 article, a celebrated physician mentioned to me a case of the kind. He said:—"Poor Mrs A., a professional singer, too, was induced to submit to the operation; I would not sate; I endeavored 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 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 face, the tonsils seem to have some intimate relation with other organs, especially in women. I have seen numerous instances in which the patients have dated the origin of a general debility, with its various accompaniments, to the excision of their tonsils. Indeed, the day in which the tonsils have been extirpated has been mentioned to me by several as one of the bleakest in their lives. Here is another corroborative case from Mr Harvey:—"A young lady, about eighteen years of age, had the tonsils removed for supposed obstruction, as well as for some thickness of the voice; she was of a rudely complexion, and the mammae were developed. A few days after the operation, her health became deranged, her bosom sunk, and great disturbance was complained of in the other functions. Here there can be no doubt of the close connexion between the mammae gland and the tonsils. My friend Mr Hunt detailed to me the particular of the case, and I 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 mammae membrane, and in the parathyms of the lung itself. I myself have frequently seen cases in which a pulmonary affection has dated from the extirpation of the tonsils. 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-cuts, and other operations on the throat."

I give the following case, in illustration of the evil states of the mouth and throat, of the tonsils, out of the many which I have taken under my notice:

Miss W., aged 25, of a weakly constitution, consulted me a short time since upon account of deafness. She says that this was caused by the deafness of her mother, who was deaf, and that two of her cousins are so. Eight years ago, after a severe cold and pains in the ears, she became dull of hearing, and the affection gradually increased in severity, until it became a classic tube. She complains of a loud roaring noise, which comes on suddenly in an aggravated form whenever she is in a state of extreme exhaustion. On examination, small meatus and membrana tympani was found in a healthy state, and the Eustachian tubes were not involved. 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." This lady's case slightly epitomized; however, the gentleman

† I have not deemed it requisite to say a single word in proof of the absolute absence of all reasonable ground for the excision of the uvula and portions of the palate. I have thought the above quotations in favor of these operations a sufficient condemnation of them.
§ Ibid. p. 31.

* This fact may be accounted for from the insertion of the tonsil in the Eustachian tube, the tensor and levator palati, being affected in the operation.
thought it his duty to aim the lase of his ates at these operations of "tonsil-c Kate," as well as at the system of unceasingly injecting the Eustachian tubes.

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 VEAREY, Esq.

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

Such a multiplicity of facts crowd upon my mind in relation to Mr. Tynynbean's statement, 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 Huldranian coupling—

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

I had at once concluded the pursuit of the article in question, when my services were required in two cases close 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 memora of the throat; and as this unhealthy condition is complicated with enlargement of the tonsils 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 arch of the palate; for although I have patch upon my patient's strength temporarily by tonsils, and fitted him for the resumption of his avocations, I can safely predict the return of his throat afflication 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 vocalisation will be permanently established. His case is the counterpart of the lady by whose recommendation he consulted me. I am at liberty to name her name, as she has always evinced a laudable anxiety that others should experience the same benefit as herself.

In 1840 Miss Louisa Payne 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 thinking 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 Stanes (now the Countess of Lons), since the heyday of that excellent lady. But not only Miss Louisa Payne, but many other vocalists of the present day, will tell Mr. Tynynbee, that they owe the recovery and answering 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. Tynynbee in relation to the voice. Of these, anon.

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The second case which occurred so opportunity was that of a young officer, whose regiment is just ordered out to Cayson; 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 passage, 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. Daniel, of Governor 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 measurements 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. This difference, 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 flatness of the anterior arch indicated to the practical eye what existed beneath it. On introducing the finger, the tonsil was found steaming upwards towards the vicinity of the guttural opening of the Eustachian tube on that side, irratiating 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 tenacious and levator palatii muscles—the muscles which, by stretching or raising the palate, necessarily open the guttural extremity of the Eustachian tube—and thus, in a word, we obstructing the free admission of air to the tympanum, to the detriment of the hearing; in proof of which I directed my patient to inflame the tympanum by stopping the nose and mouth. The experiment immediately enabled him to see that, by the watch in my hand, I could 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. Daniel to the greatly enlarged tonsil freely encroaching on the area of the faucæ, while the solen 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 seen, 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. Toyabee would have it believed. No; I did not excise those tonsils, because I believed their enlargement was of comparatively recent formation, and therefore very possibly admitting of relief by a judicious alternative 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. Toyabee 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. Danie1, and that gentleman was the gentleman in the truth of my position, that he could not help explaining, "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. Toyabee to write a paper to the Royal Society to prove that these muscles opened the guttural extremity of the Eustachian tube. Who ever doubted the fact?
roration; so that the tonsil glands, in a state of enlarge-
ment, give rise to a variety of disturbances dependent upon
the position they take up in the throat."

Had Mr Tynbee 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 existing 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 Tynbee
has a most erroneous notion of the circumstances under
which excision of the enlarged tonsil in asphyxia is reas-
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 aid to his
aural manipulations and therapeutic

But, asks Mr Tynbee, if Mr Yeares believes that exci-
sion of the Eustachian tube only occasionally takes
place from the pressure of an enlarged tonsil, how has it
happened that his experience in tonsil-cure has exceeded
three thousand operations?

Upon what grounds does Mr Tynbee infer that this
large number of operations has been performed in cases
of deafness? From the several quotations from his book it is
quite clear that Mr Tynbee 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
digitation, impeded respiration, throat-cough, throat-dog's
note; and though last, not least, the imperfect development
of the voice 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 the question of the efficacy of instruments to be employed,
and especially as to any difference of opinion or the current
results of the operation."—Yeares on Throat-Deafness, pp.
67, 8.

But not satisfied with misquoting me, Mr Tynbee 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,
views previously narrated by me. Indeed, I should be
sorry to be thought by my professional brethren to have
wasted so much valuable time as Mr Tynbee has done in
dissection of ears, the case being of which I have yet to
learn for it may fairly be asked, what new or useful fact has Mr
Tynbee yet discovered, that has not before been known? With
the microscope on the one hand, and the dissecting knife
on the other, we have covered the ground by great and in the
case, much was expected of Mr Tynbee; but it is too much to say
that the profession are disappointed. And now, by repudiating
the treatment of deafness through the throat, he will still further
injure his professional judgment. He is quite
wrong in supposing that the "intelligent members of the
profession, from the door to the private patients upon whom
I have operated have been sent to me by my professional brethren,"
and as to authors, every work except the one he has quoted is against him.

Every one who will take the trouble to read the obser-
ations of Mr Yeates on the dissection of the Eustachian tube from the presence of en-
170 to 180, Vol. II.) In Deane's work, I find a remark-
able 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 mal;" and then goes on to say, "C'est plu-
tôt lorsque ces glandes sont sujettes à passer à l'état d'in-
flammation aiguë, ou quand elles sont emmêlées d'un
cercle rouge et tuméfié qui envelopait les parois latérales du
pharynx qu'on s'aperçoit de l'affaiblissement de l'oreille, ou
de la naissance d'un bruit d'eau que les malades com-
parent à un bonnement d'eau ou au bruit du feuillage
agité par les vents. Une disposition plus grave encore que
poussée ces corps glandulaires, c'est leur développement
d'avant en arrière, de manière à écarter les piliers du voile
du palais. La douleur d'oreille accompagne presque toujours
de ces glandes aphtiques qui tendent plutôt à s'enfoncer dans les
cheveux qu'à faire saillir dans l'arrière-bouche. Difficultés à
atteindre avec le bistouri, elles se dérobent encore plus aux
nombreux instruments inventés pour faciliter les manœuvres
des chirurgiens inexpérimentés. J'ai eu l'occasion de voir
beaucoup de personnes qui en portent de semblables; leur
surdité, presque toujours rebelle aux traitements ordinaires,
ne guérit qu'après l'opération par laquelle je débute tou-
jours quand elles y consentent."—"Recherches Pratiques

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." Valinse relates a case of necrotic
tonsil, in which the presence of a tent blocked up the Eustac-
chian 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 Tynbee
about the natural condition of the Eustachian tube can
controvert it.

But were it the case that the tonsils in a state of enlarge-
ment never press upon or occlude the openings of the Eus-
tachian tubes, I should still advocate the removal of the dis-
ease, 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 opera-
tive proceeding, in the whole range of surgery is so uni-
formly 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 in adept at his work.

Of what do these morbid growths consist, the removal
of which is to produce such "calamitous results." So do.
They consist of deposits of jelly arising from chronic in-
flammation of the tonsil-glands; the deposition gradually
becomes organised, and, in the course of time, calcified 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
growth itself is never removed) can possibly have any "inti-
mate relation with other organs, especially in woman"—how
their removal can produce a "general debility with its
various accompaniments,"—how the two years' gout like

deterioration of the tonsils (mark, reader, the phraseology)
lost their health and their manum, and complained of much
disturbance in other functions. I commend the follow-
ing anecdot to the consideration of Mr Tynbee for it
appears to me that he does not duly estimate the influence
of the disease with which these young ladies' threats 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 re-
ceived 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 Tynbee? At the bottom of the second column of his

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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 deglutition." And near the middle of the fifth column, he finds the following paragraph:

A second way in which the excision of the tonsils acts injuriously, is by devouring the general health. I have seen numerous instances in which the patients [the patients!] have stated the origin of a general debility, with the various accompaniments, to the extirpation of their tonsils. But I will not suppose that Mr. Toynebee 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 footnote, I find Mr. Toynebee 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 hope that when Mr. Toynebee 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 inflammation, 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 too common, and patients are daily being subjected to this annoyance and useless practice, often much after month, with the greatest expectation, on the part of their attendants, that enlarged and indurated tonsils may be discarded 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 those circumstances, the effect of the applications has been, in my experience, to increase rather than to diminish the morbid growth; consequently for a number of years, I have been accustomed to practice excision in the treatment of enlarged and indurated tonsils whenever this operation could with propriety be performed—Green on "Bronchitis, &c.," 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 opinion as to the 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 cough, 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. Ferguson?

"The amygdales 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."—Ferguson's "Practical Surgery," p. 602.

Corresponding remarks are made regarding the enlarged uvula; but not only by Ferguson are the operations advocated, but by every other modern writer on surgery. What says Mr. Lister?

"The uvula, when affected by chronic enlargement, which has resisted judicious treatment, or when altered in structure, may be safely and with propriety ablated. Considerations relative to the glosis, and troublesome cough and expectoration, are thus often got rid of at once." In another place he speaks of the inconveniences they produce, and says "Sudden death from enlarged tonsils has been known to happen."—Lister's "Surgery," p. 293.

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 to justify the title of a substantial improvement in the practice of surgery."—Syme on the "Improvements Introduce into the Practice of Surgery during the last Thirty Years."

The neglect on the part of Sir Benjamin Brodie, approves of these operations, may be gathered from the following fact:—His friend Admiral—I had made an appointment with him 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 something done;—Oh, I am sure I shall be all right;—Oh, you will do it for her.""No," said the Admiral, "I must keep my appointment; besides, while I should come to you for any other surgical operation, I should go to you for any matter connected with the throat; practice makes perfect." The limited space which I am given fairly claim to the attack which has been made upon my practice by Mr. Toynebee, 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 Diseases," 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 I am glad to be assured by this enlarged epiyon, exciting more or less pressure on the carotid artery, thus impeding the ready flow of blood to the brain. I now merely suggest 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 seven four years younger), is a fine healthy child, taller and stouter than this one, which is always delicate."
OBITUARY.

March 27.—J. GRAY, Esq., Assistant Surgeon, of spastic cholera, near Cuttillah, Bengal.

April 2.—Dr. WATKINS, Civil Surgeon, and formerly Garrison Surgeon of the Bombay Presidency, at Broach, Cuddy, 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 regret and esteem entertained for him by all who had the pleasure of his acquaintance deepen into love and affection, and his removal in the prime of life, and in the zenith of his usefulness, has occasioned deep and general sorrow. He had been, for some time, 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 Afghanistan, under Sir J. Keane, and was present at the storming of Ghurka and received a Ghurka medal.

12.—HENRY MIDLAND STOOKER, Esq., Surgeon to St. Anselm, Combiset, aged twenty-one.

May 14.—WILLIAM MINER, Esq., at his residence, Dins, Northall, aged seventy-seven. Mr. Miners had been in practice at Dins 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 he 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 32 draughts of Schodiz’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 Ros House, Clarence square, Chelsea, aged eighty-one.

23. — SAMUEL FOX, Esq., M.R.C.S., Eng., 1822, at his residence 210 St. John’s, Darld. Fox had formerly been a Surgeon in the Royal Navy, and had published a work on "Chlorosis." Late of WILHELM WESTALL, Assistant Surgeon of the 94th Regiment, expired on board the "Zemisorda," while returning from Australia to resign 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 MEDICAL INSTITUTE OF MEDICINE, SURGERY, AND MIDWIFERY.

We have been requested to state, that on the 7th of Octo-ber 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 entirely different from those for which the National Association and National Institute had been for several years contending, that it was quite at variance with the latter, and not in conformity with the intended bill, and the following resolution was unani-

mously 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 mem-

bers 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.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen have 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 Everhard, Billinghurst, Sussex; William Hamilton, Tavish, Co. Tyrone; Andrew Henderson, Kirkaldy, Fifeshire; William Hopkins, Lennungton, Warwickshire; Augustus Johnston, Dublin; William Henry Moor, Durham; John Plackard, Hon. East India Company’s Service, Bengal; John Paine, Bensal, Derbyshire; Edward Malcolm Sinclair, Manchester; Robert James Wilson, Westminster.

OXFORD UNIVERSITY.—On Wednesday, the Degree of Licensate in Medicine was conferred on Mr. William Ogilvie, 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 15th 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.

APOTHECARIERS’ HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practice, on Thursday, May 19th, 1853:—Edward Atkinson, Little Woodhouse, Leeds; Richard Wofford Ew, Henry Hancock, Bilston, Staffordshire; Robert Walker Jenkins, Charing, Kent; Charles Schofield Richardson, John Tabbins, Warwick; Peter Wright, Wigan.

FEAR 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 11,295, being an increase of 1,251 over 1852-53, and of 2,037 over 1851-52. The vote was taken for the funeral of the late Doko of Wellington was 80,000.

Dr. Paris, Dr. Todd, and Dr. Hawkins, had an interview with Vincent 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 twelve months’ imprisonment with hard labor. It appeared they styled themselves in their bills profs 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 the boxes and phials charged as much as $.50, doing the prettiest trick trade. A person in Musselburgh having had his suspicions aroused that he had been imposed upon, submitted one of the phials for analysis, and finding that it was some simple mixture, gave information to the authorities, who soon discovered the impost which was being played upon the public. Cowdrew, cl, sop, and rubarb, 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:
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POISONING BY ACCIDENT.—At the Glasgow Circuit Court of Justiciary, Edward Ferdinand Whistle, a student of medicine, was accused of culpable homicide, in so far as, though not authorized to practise or prescribe as a physician, he prescribed for William Brown, jun., a dose containing tincture of belladonna and tincture of antimony, 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 Haswell has been appointed physician to the Royal Free Hospital in the place of the late Dr. Richard Chambers. Dr. Charles Bland Redcliffe has been elected assistant physician to the Westminster Hospital. Dr. Samuel Griffin, the assistant physician-accoucheur to St. Thomas's Hospital, has just been elected physician and medical examiner to the Royal Asylum of St. Anne's Society.

NOTICES TO CORRESPONDENTS.

Mr. Phillips.—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.

Miss (inquick) writes.—Having a severe case of lichen covering nearly the whole body in a stout man about forty-five years of age, who, however, drinks rather freely, and 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.

Guillemard.—The question is "subJustice." We cannot pretend to determine.

R. G. —No.

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

Hipppocrates.—The notion that electricity, heat, and the vital principles 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 instructions are not justified by the facts alleged.

Friburgh.—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. Milham Colesy, we believe, in his work on "Diseases of Children," pronounces in favour of the use of ivy-leaves. How they act we cannot satisfactorily tell us.

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

 SERIES.—The annual payment is two guineas.

Check.—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 indifferently in allowing a young barrister, clever though, without doubt, he be,—to become almost exclusively its organ with the Government. Negotiation 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 seats!

AN OLD REFORMER.—There is no harm in signing the petitions that have been circulated; but it does not follow that the signatories are the friends of the movement. The present 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).—Kolliker does not think that the malphysicians have any free cavity in the normal state. He also thinks that he has discovered a dilated ethmoidal at the entrance of the capsule of these bodies. Kolliker 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. H.—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.

Manor.—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 of the society by those who have complied with the law; but we do not think that you deserve so much as to be the object of censure as our colleges, whose jealousies maintain the present anomalous, and our legislators, whose apathy permits them to exist.

Mr. W. A..—Your suggestion is good, and shall be attended to. We thank you both for your opinion. We, however, continue our circulation in the way indicated has our approbation.

E. C..—Your query is to be referred to an opinion upon your exposition, as it would be unfair to prejudice any one upon an expectant subject.

Jenner.—The examination at the Edinburgh College is more stringent and pledges to the benefit of the association. The demand for reform in the college is steady, but, however, costs less. We have already answered the question in a foregoing number.

A. W. L. A. C.—The article to 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 do our best to refer to him at a future time. The object for which it was connected is very evident to us, and we are surprised that the "Daily News" should lend its pages to a movement so injudicious. But this paper is a mere bankrupt in matters of opinion; and it is, therefore, of little consequence what it glibly states.

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

M. D. (Brighton).—No. The subject demands careful consideration, as it concerns the interest in the subject being exhausted.

M. J. B. —Yes, and yes, and yes.

M. A. J. —Communication received.

Dr. Cocker.—Communication received.

Dr. J. Turner — (Aberdeen).—Communication received.

Mr. H. Brown, Jun.—We are much obliged to you for your offer; but it is not consistent with our plan.
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AND


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INDEX.

Absorbing power of the Skin, the, 217
Academy of Medicine, Paris, debate at, 45, 113, 174, 245, 284, 343
Academy of Sciences, Paris, debate at, 43, 174, 245, 283, 343
Accidental Death Insurance Company, Annual Report of, 42
Acne and Acneutia, 294, 314, 355
Actions against Medical Men, 105
Action to recover Compensation for Injuries, Contradicting 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
Adenbrooke’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, 59
Air-borne, the, and Enzootic Cachexia in Ear Diseases, 294
Aldershot Dispensary, Proposal for Extension of, 206
Alleged Libel, Morgan v. Lingen, 105
Alleged Slander, Brown v. Edwards, 54
Anasthesia produced by Tobacco, Cases of, 59, 123, 283
Anemometro and Hectometer, by Dr. Barnes, 241, 287
Anesthetics during Operations, 189
Anatomy of the Ode to his Mistress, the, 56
Anatomy and Surgery at the College of Surgeons, the Professorship of, 245
Anderson’s University, Resignation of Dr. Anderson, 19
Aseptic Chlamys and other Pressure Instruments, the Application of Indices to, 39
Achilles, Dislocated Inwards without Fracture of the Fibula, by Dr. Gray, 9
Aided as a Registrar for the Cataract... Functions, 99
Apohocaries’ Act, information under the, 41
Apohocaries’ Hall, Annual Dinner at, 78
Apohocaries’ Hall, New Regulations of the, 181
Apohocaries’ Hall, Qualification of Candidates,... Exam... Art—Profession, 101
Apparently Drowned, Dr. Sylvers’ Method for Restoring the, 147
Areas Scintillae, or Fatigue Degeneration of the Cornea, by E. Canton, (Review) 255
Army Medical Department, the, 195, 245
Army Medical Department, Grievances of the, 225
Army Medical Department, Qualification of Candidates and... Examinations, 33, 101
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 the Body, 388
Arthritic and Rheumatic Disease, 152
Asphyxia, Letter from the Secretary of the National Life Boat Institution to, 187
Asphyxia, the Treatment of, 290
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, 24
Association of Medical Officers of Asylums and Hospitals for the Insane, Annual Meeting of, 61
Association of Medical Officers of Health, 379
Asthma, Consumption and Bronchitis treated by the Water Cure and Air Bath, (Review) 337
Asthma, Contributions to the Pathology and Treatment of, 386
Athenaeum Medical Journal at, 95
Atrophy Considered in its Surgical Aspects, 242
Atrophia, Paper for the use of Oculists, 238
Attorney General v. King and Queen of England, 351
Australian Climate, and their Influence on the Arrest of Pelmonary Consumption, (Review) 206
Baron Larrey, Anecdote of, 33
Barth of France, Germany, and Switzerland, by Dr. E. Lee, (Review) 23
Badeh, The Practice of, 119
Beck v. Fawzy, Claim for Medical Fees, 222
Belfast Board of Guardians and Mr. Tierney, 153
Belfast Branch of the Royal Medical Benevolent Fund Society of Ireland, 299
Bolland and O’Connor, Antagonism of, 127
Bolland and Poisoning with the Herbs, 179
Bennett v. Hickson, Action for Breach of Agreement, 65, 230
Beples by the Marquis of Landa... 8
Bequest by Dr. Perez, 39
Bethlem Hospital, 12
Bethnal-Green Guardians and their Medical Officers, 260
Bethnal-Green, the Mortality in, 308
Bethnal-Green, the want of Sanitary Reform in, 225
Bethnal-Green Guardians and Dr. Moore, 259
Bladder, Extraction of Foreign Bodies from the, 173
Blennorrhoea; Bougies and Injections, 272
Blood, Coagulation of the, Lecture by Professor Lister, 92, 103, 105
Blood, Coagulation of the, Lecture by Galvani, 240
Blood, the Absorption of, as a Remedy, 124
Blood Poisonings at Bethnal-Green, 237
Bony Ankylosis of the Knee, Treated by Excision, 239
Bougie Twelve Inches long, extirpated from the Bladder, 120
Brain and Nervous System, Dr. Radcliffe on Certain Disorders of, 50
British Association, the, Annual Meeting, 125, 133, 203
British Medical Association — Annual Meeting, President’s Address, 89
Address in Medicine, 95
Address in Surgery, 95
The Dancer, 97, 101
British Army, Health of the, 265
Brodie, the late Sir B., 85
British Association FOR THE ADVANCEMENT OF SCIENCE, 152
Canal Deformities, 152
Ethology, by Dr. I. Hunt, 167
Physiology, Zoology and Botany, 211
British Universities as Schools of Medicine, the, 278
Bromide of Ammonium in Irritable Uterus, 359
Rubes, the Treatment of, 392
Calabar Bean, Its Action, Preparation, and Uses, 251, 268, 305, 321
INDEX.

Sewage, the Utilisation of, by Baron Liebig, 74, 77
Shaftebury, Earl of, on the Employment of Children, 67
Shaftebury, Earl of, on the Medical Profession and Bethlehem Hospital, 21
Sheep, the Diseases Among, 69
Soil 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 Ulcerative and Extra-Uterine Gonorrhoea, Proceeding to the Full Term of Gestation, 22
Skin Diseases, Lectures by Dr. Ross, on, 115, 144, 175
Skin Diseases of Parasitic Origin, their Nature and Treatment, by Dr. Fox (Review), 536
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 Recovered from 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 Edinburgh, — Report of the Transactions at the University, 225 ; Medical Reform, 229 ; Miss Nightingale on the Sanitary State of the Army, 227 ; Public Health Department, 236, 239, 249
Spinal Therapeutics, by Dr. Lory Marsh (Review), 237
Spinal Closure of the Axillary Artery after Division by a Gun-shot Wound, 106
Spontaneous Amputation in Utero, 181
Scurvy in the Navy, 511
Scurvy Diseases of the Skin, 134
Statistics of the Globe, 84
Sterility in Man, Observations on, by T. B. Carling, 25
Stomatitis and Diarrhoea connected with Toothache, 139
Stone in the Stone and Appetite, case of, 36, 39, 291
Strangulation of the Stomach in an Unbilical 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 Hospital and Schools, 165, 170, 182, 186
Sudden Death Caused by Rupture of the Stomach from Gastric Softening, 232
Suez Canal Company, the, 124
Suffocation General Hospital, Deficiency of Funds, 58
Suicide, Baits for, 241
Suicide of a Navy Surgeon, 134
Suphalet of Sewages, the, 197
Suppressed Abdominal Tumour, 539
Surgery, the Outlines of, by F. Le Gros Clark (Review), 38
Surgical Diseases of Children, the, by T. Bryant, 9, 22, 242
Syn strat, Dr., Method of Restoring the Apparently Drowned, 147
Symptom 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), 307
Syphilis, the Propagation of, by Vaccine Matter, 2
Syphilis of the Skin, their Nature and Treatment, by Dr. Ross, 115, 145, 177
Syphilis, Diathetic, 87
Tar, in Cutaneous, Phagedenic, and Erysipelas, Effectiveness of, 171
Tartarized Antimony, its Action on Teeth, as Supplied by Nature and Preserved by Art, the, (Review), 265
Teeth, Elements of the Anatomy and Diseases of the (Review), 265
Tension of the Eye-ball, Glaucoma, &c., Operations Practiced for the Relief of, in the 19th century, by J. V. Solomon, 5
Tetanus treated by Large Doses of Morphia, 60
Thrombodiastase of the, 248
Title of Doctor, the, 549
Time of Iodine in Neuralgia, for Producing Counter-Irritation, 79, 85
Touquet, Dr., Case of, 210
Traumatic Emphysema, Treatment of, 231
Trachotomy, 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 Gonorrhoea, with a Description of the Parts Involved, 58
Tumour of the Haæ Fossa, 189
Tuberculous Lesions, the Different Forms, and Chemical Appearances of, 22
Tumour of the Tongue of 30 years' Growth, Successfully Removed, 75
Tumour, Recurrent Fibroid, Two Case of, by Dr. Quain, 92
Ulcerous and Diaphoretic Affections, Efficacy of, 171
Typhoid Fever in Children, 217, 232
Typhoid Fever, the Contagious Property of the Heart, 223
Typhoid Fever, the Pathology and Treatment of, 267
Ulcerous Metritis, Treatment of, 267
Unfavorable Influence of Sudden Change of Climate, 121
Unhealthy Uteration after Vaccination, 135
University College Hospital, Subject and Hours of Lectures, 169
University College, London, Mr. H. Thompson Appointed Surgeon, 126
University of St. Andrews and its Advantages, by Dr. Benoist, 145
University of Alberta, Pass Lists, 111
University Regulations and Examinations of, 175, 176
Urinary Deposits and Calculi, by Dr. Bond (Review), 346
Uterine, Three Cases of Retention of the, 224
Uterus, Tuberculosis of the, 150
Vaccination Bill for Scotland, 27
... in Galata, the Fringe of, 142
Vaccination, Lecture of, by Dr. G. Hewitt, 8
Vaccination, Remarks on, by Dr. Lettice, 8
Vaccination, Fatal Neglect of, 20
Vaccination, Sanitary Improvement of, 293
Vermic, the Destruction of, by Dr. Hume, 291
Vertebreata the Blood, Lymph, and Chyle of the, 240
Verrucous Lichen, the, (Review, by Professor Huxley, 23, 51, 78, 226, 226, 205, 305
Vesical Lichenoma, 222
Venereal, Sequesters of Iron for the Cure of, 274
Versio, Continued External and Internal, 322
Villiers's Lotion, for the Cure of Caries and Sinus, Efficacy of, 30
Villego, Mr. Chassart's Prescription, 287
Vivisection, Debates on, at the Academy of Medicine, 106, 217, 260, 284
Vivisection, Letter From J. Skigg, 126
Vocal, Voices, Lectures on the, 42
Wanted Pure Water, 229, 235
Water Impregnated with Arsenic, 42
Watering Places of England Conveniently Resorted to, by Reference to their Medical Topography and Remedial Resources, by Dr. E. Lee (Review), 136
Webb, the late Dr. Allan, 282
Weeds, Dr., Catalogue of Surgical Instruments, &c., 227
Wen of the Scalp, 143
Wilson on Hospital Students' Guide, 170
White v. Harston, Action for Alleged Libel, 66, 222
Wire Escarpe for the Womb, 270
Womb, Retreat of the, 248
Woolwich Military Hospital, Additional Wing for Female Patients, 112
Yellow Fever, Report by Mr. Rafus, 2
Yellow Fever, Report by Mr. Guérin, 157, 218
Yellow Fever, Sanitary Measures Calculated to Check the Progression of, 259
Zoology, Almanac, Action by the Editor of, 22
Zoology, A Manual of, by Milne Edwards (Review), 147
Vaccination, Lecture of, by Dr. G. Hewitt, 8
Vaccination, Remarks on, by Dr. Lettice, 8
Vaccination, Fatal Neglect of, 20
Vaccination, Sanitary Improvement of, 293
Vermic, the Destruction of, by Dr. Hume, 291
Vertebreata the Blood, Lymph, and Chyle of the, 240
Verrucous Lichen, the, (Review, by Professor Huxley, 23, 51, 78, 226, 226, 205, 305
Vesical Lichenoma, 222
Venereal, Sequesters of Iron for the Cure of, 274
Versio, Continued External and Internal, 322
Villiers's Lotion, for the Cure of Caries and Sinus, Efficacy of, 30
Villego, Mr. Chassart's Prescription, 287
Vivisection, Debates on, at the Academy of Medicine, 106, 217, 260, 284
Vivisection, Letter From J. Skigg, 126
Vocal, Voices, Lectures on the, 42
Wanted Pure Water, 229, 235
Water Impregnated with Arsenic, 42
Watering Places of England Conveniently Resorted to, by Reference to their Medical Topography and Remedial Resources, by Dr. E. Lee (Review), 136
Webb, the late Dr. Allan, 282
Weeds, Dr., Catalogue of Surgical Instruments, &c., 227
Wen of the Scalp, 143
Wilson on Hospital Students' Guide, 170
White v. Harston, Action for Alleged Libel, 66, 222
Wire Escarpe for the Womb, 270
Womb, Retreat of the, 248
Woolwich Military Hospital, Additional Wing for Female Patients, 112
Yellow Fever, Report by Mr. Rafus, 2
Yellow Fever, Report by Mr. Guérin, 157, 218
Yellow Fever, Sanitary Measures Calculated to Check the Progression of, 259
Zoology, 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.—Ant agonism 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 fountains 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 proper to inculcate 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, the 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 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 premontary stage.

If,” he said, “the theory I have endeavored to establish, that the disease is a ferment is established 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 peril 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. Méliger, the interior structures of the body should also be thoroughly cleansed and purified. The subsequent remarks on the management of the premontary 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 exhalate, 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. Méliger, 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 added in support of this view empirical tradition, astrological 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 premontary 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, whatever may be its source. Now in the case of the Anne Marie, the physician attached to the ship exhibited peculiarities to the entire crew, with the exception of two men; these two, by a notable coinage, being the only individuals who died, out of fourteen cases which occurred on board. This circumstance is assuredly most suggestive, and acquires even greater importance when it is recalled that the advice to give aperients to the men was offered by Mr. Bellet, the physician of the hospital at the Havana, a practitioner of the most consummate experience and sagacity, who previously pointed out to Mr. Bertulfs the pathological characters of the breath in the early stages of yellow fever. This practical example, suggests the utility of aperients 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 incept 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 enabled Mr. Guérin, and indeed the physician 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, of course, 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. Méliger’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 prophylaxis.

Mr. Poiseuille is of opinion that the inside and hold of ships should be frequented, 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, being in accord with the conclusions of Mr. Poiseuille, Mr. Meulier, and even Poiselle, 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. Méliger with this unsatisfactory condition, and should have viewed the pumps, 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 Moren, an 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 dogs, viz. the dog, the cat, the ferrets, etc. The ‘Gazette Hebdomadoire’ states that twice, in 1815 and 1819, Mr. de Moren observed in Europe rabies in dogs, consequent on the bite of polecats. One genus of the same family (Baffon’s Zorilla), ages to be found in Chili, and in that country Mr. de Moren witnessed in 1829 and 1828, several instances of rabies, whereas in other lands in which the polecats do not exist, such as Polynesia, Van
Diemen's Land, and Australia, he had ample opportunity, from 1839 to 1846, of ascertaining that rabies is unknown. At Monterey, in 1846, the author found that throughout California and Sonoma, the same opinion prevailed as to the origin of rabies as in the polecat, and especially in a kind of fountaiax, 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 Morenhaast was present when a cat was bitten in this manner, hydrophobia and death following in a few days; he has also observed rabbits in children after the bite of the Vizcaya.

Providences, however, in creating the musteline, has provided us with an antidote to their venom. This in nature remedies the Constrictor grows in America, and would be, according to Mr. de Morenhaast, 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 Constrictor at the disposal of our chemists.

— Mr. Giraldes 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 Leguminosae, the Physostigma venenosum, a full description of which has been supplied in the Transactions of the Edinburgh Royal Society, by Professor Balfour. 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, Woodcott, Swelling Wells, Hart, and Giraldes. The researches instituted by the last-named surgeon at the Hospital for Inanity 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. Bourjeard. 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 opthalmic surgeon."

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 phobic and mydriasis, 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 landanum, or ergot of rye, 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. In the properties 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 had been induced. The child had been poisoned in the morning, the treatment was instituted at 3:30 p.m., 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 Médicale 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 1 in 30 of a solution of atropine 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 landanum had already been administered in an infusion of coffee when Mr. Béhier was called in; this gentleman at once prescribed fifty drops of Ogilvie's landanum to be taken in a glass of water in ten minutes. The patient showed some perception of the taste of the landanum. 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 was advised to remain in bed, and was advised to remit the now 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 Ogilvie's landanum 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 normal; at two p.m. a bowl of soup was allowed, the only remaining symptom being weakness of the muscles.

In this interesting instance of atropine intoxication, the progressive decrease of the symptoms kept pace with the action of the landanum. 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 atropine, and that of opium and morphia. Seventy-six drops of landanum (five of which were Rousseau's, a stronger preparation,) were necessary to counteract the poisonous action of one-fifth of a grain of sulphate of atropine; 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 urate for instance, are resorted to; the doses exhibited must exceed by far the quantity of atropine ingested, the practitioner at the same time cautiously feeling his way, on account of the similar sensitiveness of certain subjects to the effects of opium, a fact which the frequent use of the hypodermic in-
HOSPITAL FOR INFANCY.

(MR. BOUCHUT'S CLINICAL CONFERENCE.

Neuralgia.—Solution of Morphia in Tincture of Iodine.—Pleurisy and Articular Rheumatism.—Efficacy of Veratrum.—Stomatitis and Diarrhoea connected with Teeth.

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 effect of this mode of treatment, its beneficial 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 temples; 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 relieved 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 veratrum 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. Catherine’s ward. The child had been ailing for six days, effusion existing 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 swollen and tender; the wrists, feet, and knees were affected in succession, and the case assumed the appearance characteristic of acute rheumatic fever. Under these circumstances, the Professor prescribed veratrum, and indicated the precautions which should be borne in mind in its exhibition. The following was the formula of the pills:

B. Veratrum, 1
Extr. opii, 6 gr. j.
M. Divide in pilulas, 2 j.

It is indispensably necessary to combine opium with the veratrum, in order to obviate the occurrence of vomiting and diarrhoea, 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 every 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 60 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 colic or diarrhoea supervenes 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 hydropsy, may likewise have been suddenly absorbed when the morbid agency, of which it was one of the symp-

It is unnecessary to dwell on the frequent connection of diarrhoea and teething in infancy, the fact being fully established; but whether the diarrhoea is to be referred to mere sympathetic action, as Mr. Bouchut inclined 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 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 ulcerous inflammation of the follicular structures of the buccal cavity; diarrhoea was concomitant with this condition.

It is a prevalent opinion that this kind of diarrhoea should not be interfered with; the precept is sound if the intestinal relaxation is moderate, but not if the diarrhoea 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 3 ounces of gun mixture, and for the diarrhoea the following mixture to be taken in tea-spoonfuls in the course of the day:

B. Aq. lactici, 2 j.,
Aq. flor. aurantis, 3 j.,
Syr. papaveris, 6 j.,
M. Biomutri trinitatis, 5 j.

Both mixtures were exhibited alternately. Sometimes, Mr. Bouchut prescribed 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 subject 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, be reported thereto 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 Boards, and the consequent abandonment of early practical and 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 attempts to confine the commencement and prosecution of professional study to medical schools. 

The 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 of the kind. 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 come into line with the medical officers of other provincial hospitals in England, which, like their own, though not fully constituted "schools of medicine," are recognised as "colleges of 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 metropolitical 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 those lectures occupies nearly four years.

This latter system is incumbered by the regulations of the Medical Colleges, 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 an apprenticeship being only carried out where there is a medical school. In the language of the adoption of the latter mode of education, the object 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 now 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 nation, and 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 could be offered in the crowded hospitals attached to a medical school. This practical knowledge, acquired daily 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. That present system, which starts and ends with lectures, has been so clearly emulated by the Medical Council, and in the regulations of the various examining bodies, that its actions and influence 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 with their topics so varied, tasking the mind, if not bewildering it, is liable to be exhausted by the continuous strain upon its attention. Moreover, many of the subjects are of little use in the practical duties 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, infusing them amid exciting confusion. 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. The latter course of study can be calmly studied, and its treatment be understood and appreciated. Hence we find that the modern system of medical education, while providing for the economical studies of the house, and the practice 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, but, 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 unaccredited, 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 for them is, in my judgment, a system of practical instruction in the study of the profession under the instruction and guidance of a competent teacher. This will be accomplished as it was formed by the apprenticeship, or pupillage 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 supplying all the practical knowledge. The great sources of efficient practical study which abound throughout England, and are now in a great measure running to waste, would then 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 pupillage to a recognised medical practitioner. That attendance on country hospitals dispenses with the expenditure of several years of a student's life at the Royal Colleges or other institutions. That these hospitals be utilised for the improvement of medical education and benefit of the public. We have the honour to be, Gentlemen,

Your obedient Servants,

T. SHAPTON,
Senior Physician to the Devon and Exeter Hospital.
P. G. 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 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 Hanse 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 maintains 290 beds and is most liberally furnished with hospital appliances, and has a Museum of Medical Science. That it has a Museum of Natural and Abrupt Anatomy, with Lecture and Dissecting Rooms attached. That it has a Medical Library, to its about 3,000 volumes (of which Medical Literature), derived chiefly from the libraries of Dr. Glase, Dr. Bartholomew Parr, and the late Samuel Barnes; and that this Library, which is supported by the contributions of the Medical Staff, which is the largest and most efficient in the United Kingdom, is open to the Students frequenting the said Hospital on the payment of a small annual subscription.

That we humbly wish 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 marked and known for their knowledge of Medicine, Surgery, and Practical Anatomy as long as Schools of Medicine have existed in the Metropolis.

That notwithstanding that these Hospitals are 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 Memorials, 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 it may be possibly, if not entirely, caused by the gradually prolonged courses of study at Medical Schools enforced on Candidates by the various Examining and Licensing Authorities, and the consequent defect of early practical study; and that we are further convinced that the evil will be increased and perpetuated if the General Council, ignoring the value of early education as practical students, and thereby still furthering the necessity of the advice of the Medical Officers, 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 assure the Committee of the Devon and Exeter Hospital, that as the resolutions 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 regard the question of the importance of the Members of the Medical Profession generally, that we therefore should deem ourselves justified in calling attention to this subject, in which we may take the Medical Officers and other Provincial Hospitals in England, which, like our own, though not fully constituted, "Schools of Medicine," are recognised as "Medical 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 station in society and professional, too far removed from the great body of Medical Practitioners to be intimately acquainted with their habits of life and business, whilst we, who have resided and practised 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 medical excellence.

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 duration; that it afforded 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 in Medicine, Surgery, and Dispensary; and that, where the education was conducted in an Hospital, Anatomy was usually acquired, and the higher doctrines and proceedings of Surgery incubated 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 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 attention, 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; the number of lectures increases, and their topics so varied, that the mind of the student (wholly unfamilialised, as is assumed, with Medical subjects) is bewildered and strained 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 points 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 requiring the provision of the general system of Medical Education, they would be utilized for the improvement of Medical Practice, and the Public Benefit.

That we trust to 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 supply of more immediate 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 relatives; that the plan of the General Council renders their residence in a large city during the whole period of Medical Education obligatorily; that this not only injures their morals, but presses heavily on the means of their parents; that it will cast almost insupportable difficulty in the way of Medical Practitioners, Country Cremigionists, 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 Memorials, 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, so suited, indeed, to its own members, and to those whose circumstances justify their aspiring to the exclusive class of Consulting Physicians in London, to the limited means and to some lives of General Practitioners.

J. SHAPPEE, F.R.C.P.
SAM. BROOKE, M.D. M.R.C.S.
DAVID SMITH, M.B. A.D.S.
W. ELLROY, M.D. M.R.C.P.
M. MILLER, M.D.
FRED. GRANGER, M.B.

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 that occasion, however 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 the chinchona plant, so successfully cultivated in India, and the conditions of climate which were most favourable to its rapid development and production.

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 finding 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 study 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; and while the application of the medicine 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 prescribing bark alone, would give the preference to young bark.

PHYSIOLOGY.

Professor Rolleston opened 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 131.)
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. F. 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 sealed in a large lecture-room, amidst a crowd of students, listening to a Professor discussing on a science of which the new-comer knows nothing, and the very technical terms of
Sept. 2, 1863.

THE MEDICAL CIRCULAR.

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 lading 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 roadworks 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 unpromising.

RECOVERY OF PHYSICIANS' CHARGES.

It is with infinite regret that we allude to some cases which have lately been tried at the Crowdon 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 551. 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 591l. 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 131l. 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 25l. into court; and at the termination of the case, after a very impartial summing up by the judge, the jury gave the plaintiff 25l. 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 591l., under the circumstances we have described, was a fair and reasonable one; and in the other case we equally regret to learn that the
venonable 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 quen- lous 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 misrepre- sentation of the feelings of the fair sex as to matrimony. The lady writer states what is no doubt true, that there are multi- tudes 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 ex- ceptionally 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 maintenance. 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 work- houses.

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 dis- quisition on the classification, natural history, and treatment of morbid growths. It is shown that the distinction between ino- cent 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 re- semblance to well-known objects, as Fibroma, Adenoma, Osseoma &c.; and the primary divisions may be subdivided, according to minor differences of colour, consistence, &c., as Hygroma, Mel- noma, Chloasma, 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 appear- ance 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 extirpation, 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 Naylor 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 Leprosy. 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 complica- tion exists, mercury with the iodide of potassium is recom- mended. 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. Messengers 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 re- moved, 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 Skyre, reports a case of "Death from Intoxication," but the history is not very clear, and the pathological results are not very intelligible. Ac- cording 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 Dis- ease of the Eye," the principal form of which is Medullary Cancer, the other forms scirrhous 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 coat 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. Gairner 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 Pro- fessional 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. Garrett 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. Garrett's description, 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. Olle 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-nourishment, 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 pyogenic products at all in the fluid, as these are the occasional appearance of a few granules, nuclei, or cell-like particles; although, as a rule, 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 practices have long been known and acted upon by all careful vaccinators, but they cannot be too often taught and inculcated. Dr. Edward Mayson continues his "Pathological and Practical Researches on the various Forms of Paralysis," his present subject being paralysis from tarsal dorsalis, an affection which arises generally from masturbation practised in early life. This vice is not confined to the male sex, and although Dr. Merson does not endorse the opinion of Deslandes that out of twenty cases of leucorrhoea, from fifteen to eighteen result from this cause, yet he has seen one unequivocal case of the kind in the female. Dr. Thomas J. Waton 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.

On the Diseases, Injuries and Deformations of the Rectum and Anus; with Remarks on Habitual Constipation. By T. J. Ash-}


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 has learned.

Now, both these necessities have been admirably fulfilled in the production before us. Hence we accord high praise at the outset to the author, clear, concise, and practical, on a large and well observed experience. Partly, then, to corroborate this statement, it 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 Excavation, a third on External Ulceration, and fourth on Contraction of the Anus, to a consideration of that distressing complaint, Fissure of the Anus. The external patho-}
list, and so thwart nature with our "nilius diligenter," in the shape of tents and unguents, the "digestives" of our much respected forefathers.

We must hasten on. The fourteenth chapter relates to Polypty, and the fifteenth to Stricture of the Rectum. Our author affirms the infrequency of the latter affection. We coincide with him, and believe it too often the languishing habit 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 allude to 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 must 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 delineated at page 311.

Malignant disease of the rectum is a topical 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 his rectosigmoid habit by inserting his familiar stitches in a saline passage; how jelly-pots and wine bottles have both been found there. How, on the other hand, one, plagued with a relentless diarrhea, used 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 incontinent swallowed "bones and all," which former, and of no small size, slowly purged 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 from 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 the time of the formation of the embryo, or the occurrence of any complication, such as disease of other organs, before deciding on operation, for every case of rectal disease.

Our views we have thus expanded both from and of Mr. Ashton's work, now take leave of our task, confessing to an unimixed satisfaction, not often felt, incommending 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 Medicines. 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.

We are 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 the following pages 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 appreciation 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 late Mr. Annesley, in which we are informed, "his colleague, and, as 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.

Robert Graves was the youngest son of Richard Graves, D.D., Regius Professor of Divinity in the University of Dublin, and subsequent Bishop 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, 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 medical examiners for the City of Dublin. He was also elected physician to the Mounth Hospital, where he commenced the system of clinical observation and instruction, which has done so much to enrich the medical annals of Dublin.

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

1st. The study and stimulating influence of the condition of hypoesthesia from its earlier periods; in other words, their use by application.

2nd. The exhibition of the acetate of lead conjoined with opium in spasmodic paralytic convulsions by promoting adhesion between the hepatic and parietal peritoneum.

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 Marshall 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 medicine.

8th. The account of the yellow fever as it appeared in Dublin in 1866.

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 Exophthalmin cachectica."

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 latter part of 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 23rd 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 the same time he never leaves the labour of his able and invariable, his French physicians. Although a clinical observer, he loved the accessory sciences; we see him frequently having recourse to physiology in his diagnosis. No domain of which he loved to walk was absolutely foreign to him: he is acquainted with its extreme, and to which he accords a legitimate place. He often reminds me of the greatest in French clinical teaching. A born and able physiologist, a distinguished chemist, a learned botanist, an eminent naturalist, who incessantly, in his lectures and conversations at the Hospital in Tours, found in all those accessory sciences with which he is 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 conception 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."
The Medical Circular

Sept. 2, 1863

The British Association for the Advance-
ment of Science

(Continued from page 181.)

The microscope. The part of the address, however, in which the medical public will take most interest referred to the practice of vi-

The medicine of the past was largely characterised by a highly cultivated class of practitioners. Cruelty, he said, usually flowed from the superiors, wantonness and wantonness of refinement, but was it probable that both of them, some culture, and not a little education, should resemble persons lacking all these things? Experiments on living animals, he said, very frequently caused their death instantaneously; and when it was not the case, the animal still showed all the symptoms of epilepsy, as it was called, frequented the first step was the destruction of life, and that in a way as speedy, to say the least, as by the ordinary means of a blow on the head. In vivisection, as it

Dr. James Hunt read a paper on "The Physical and Mental Characteristics of the Negro." He said the object of the paper was to determine the position which one well defined race occupied in the general scale, 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 longer and thicker, in proportion to the muscles, than those of the European. Burnheimer 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 thumb as a third hand. 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 an European, and is essentially different, and consists of coarse, crisp, frizzled wool, which grows in tufts like the wool of sheep. The voice resembles sometimes the aroo of the ape, but is hardly said to exist in it, by which he can always be distinguished. Dr. Lewis Buchner after summing up the peculiarities of the negro, says they exhibit a most decided aptitude in vivisection, a fact which gives rise to the most serious consideration of the public. The negro was therefore encouraged to pursue this branch of study, and in this way the negro race has been enabled to make rapid progress in the study of science.
He could see no evidence to support the opinion of some writers that the negro had degenerated from some higher form of civilization. The general deductions he would make were:—first, that there was no 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; 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 evidences which would induce an unbiased observer to place 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 with absolute certainty 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 idiot 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 a tribe placed a public meeting when a chief died 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 remarkable how their greatest kingdoms had been ruled by Tawarres and Kankan, or Arab blood;—or, we may suppose, new conquered by it. How did it happen, then, that so degraded a people could furnish men capable of obtaining a large portion of the greatest empires? The question was raised whether the negro race was as 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 sufficiently apparent to a specific difference.

Mr. Craft (an escaped “contraband” who had resided for some years in this country) said that, through his travel, he had black enough to attempt to say a few words in reference to the paper which had just been read. His grandfather and grandmother 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-looking. Persons who had any knowledge of Africans knew that, when they enjoyed advantages, they were capable of making good use of them; a little brought to this country by Captain Fawkes was presented to the Queen, who had it carefully that discourage 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 and not to make any exception.

The Adams Defence Fund.

TO THE EDITOR OF THE MEDICAL CIRCULAR.

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

Tobacco v. Sugar.

TO THE EDITOR OF THE MEDICAL CIRCULAR.

The CASE OF DR. LINGEN.

TO THE EDITOR OF THE MEDICAL CIRCULAR.

I am, &c.,

ANDREW MORISON, Surgeon R.N.

Tobacco v. Sugar.

TO THE EDITOR OF THE MEDICAL CIRCULAR.

To the Editor of the Medical Circular.

TO THE EDITOR OF THE MEDICAL CIRCULAR.

I have read your strictures on the trial "Morgan v. Liqour" with complete sympathy and satisfaction, and fully concur with you "that all of the groundless and frivolous charges ever brought against a Medical man this is the most monstrous for its absurdity and ingratitude." Your analysis of the more extended report of this trial places before our Profession an instance of malevolence, and Dr. Lingen may equally happen to any other member of our body, and how a less amiable and discreet person than Dr. Morgan may but receive the same answers. Mr. Craft had stated his opinion that which fell from him, and thereby have made himself liable to those costs, which the "Blood suckers" 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 precaution and prudence of the 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; 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 the family) was handed over to the attorney, and for which 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 Hereford 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 there will be no delay. We are told, 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 us in the hope that the Profession should stand forward and mark their sense of the injustice of this transaction by some suitable testimonial to Dr. Lingen.

The "Lancet" is "painful" in 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 with the grinning at, and nodding of 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 malave- lent 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.

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 Mellon and a Special Jury.)

At the Cheshire Assizes 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, Mr. Mellish, Q.C., and Mr. C. Hutton for the defendants.

From the evidence of the plaintiff it appeared that as he walked 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 several weeks. He suffered very much, and from giving away 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 Queens, the wife of Dr. H. B. Atkins, of Carrickboy, Bantry, of a son.

BRENNER.—On the 14th ult., at Algrona, the wife of Dr. E. Brunck, of a daughter.

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

COLOBURN.—On the 21st ult., at Chippenham, Wilts, the wife of W. H. Coburn, M.D., is hatched over to an son.

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

SHOEM.—On the 9th ult., at St. Martin's, Stannord, Lincolnshire, the wife of O. B. Shoem, M.D., of a son.

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

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

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

MARRIAGES.

BROW.—WYLD.—On the 23rd ult., at St. Stephen's, Avenue road, A. G. Brown, M.D., R.N., to Maria Louisa Lemmers, daughter of the late Lieut. E. Wyld, R.N., of the Royal Hospital, Greenwich. MAMBER.—Owen.—On the 17th ult., at the Church, Richard Mamer, Esq., of Longford House, to Agnes, eldest daughter of John O'ton, Esq., Surgeon of Falmouth. WALKER.—HASTIE.—On the 12th ult., at Chester, T. G. Walker, M.R.C.S., of Liverpool, to Mary Anne, daughter of the late Wm. Hastie, Esq., of Liverpool.

DEATHS.

FERRER.—On the 11th ult., at Firen, Pembroke shire, Dr. Ferrier, aged 56.


STEWART.—On the 23rd ult., at Islandrowe town, 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., of Leighton Buzzard, Beds.

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 £10,000 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, if not surprising, says Mr. Phillips, that it has afforded matter for earnest discussion among some of our leading pharmacologists, who, curious to preserve the integrity of medical science, have been not unreasonably alarmed by the assertion that wood spirit can be so far defaced as to render it almost indistinguishable from vinous alcohol, and by the exhibition of specimens of such spirit which might be used, as 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 exhibited it was found necessary to submit it to numerous extensive 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; and if it could be made equal to illicit spirit it would be by more costly apparatus and cumbersome processes much more difficult to conceal upon expensive materials. The commissioners state in their report just issued that the attempts which have been made, hitherto not very encouragingly, to purify methylated spirit so as to render it palatable confirm them in the belief that they have nothing to fear on that score.

APPOINTMENTS.—W. M. Belchoo has been elected Physician to the Salop Infirmary, Shrewsbury, vice H. Johnson, M.D., resigned. —Mr. H. Clayton, M.R.C.S., has been appointed Surgeon to the Birmingham Bluecoat School, in the place of W. Tait, M.B., resigned. —T. R. C. Downes has been elected Medical Officer and Public Vaccinator for the Muxlow 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 Glanmire Dispensary District of the North Dublin Union, appointed to the Workhouse and Ballynahoon Dispensary District of the Ballynahoon Union, Co. Longford.—T. J. Galton, M.D., has been appointed Physician to the Limerick County Infirmary, vice J. J. Griffin, M.D., deceased.—W. W. Griffin, M.D., has been elected Medical Officer and Public Vaccinator for District No. 2 of the Southampton Incorporation, vice H. Dusart, 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, 1 p.m.; Great Northern Hospital, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopaedic Hospital, 2 p.m.; London Surgical Home for Diseases of Women, Vesico Vaginal Fistula; Ruptured Perineum, at 2 p.m.

Operations at Westminster Ophthalmic Hospital, 1 p.m.

Saturday, September 5.
Operations at St. Thomas’s Hospital, 1 p.m.; St. Bartholomew’s Hospital, 1 p.m.; King’s College Hospital, 1 p.m.; Charing-cross Hospital, 2 p.m.; Lock Hospital, Dean Street, Soho, 1 p.m.; Royal Free Hospital, 1 p.m.

Monday, September 7.
Operations at St. Mark’s Hospital for Fistula and other Diseases of the Rectum, 1 p.m.

Tuesday, September 8.
Operations at Guy’s Hospital, 1 p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.


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 beforehand on Monday, as we are compelled to go to press on the afternoon of the day on which they are received.

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

BASAS EAST INDIA PALE ALE.

This Season’s Brewings of this celebrated Ale are now arriving in Crates of 40 gallons and upwards. Our stock of Ale in Bottles is in good condition. Tuesday’s Porter and Milds, in Bottles and Casks, and Devonshire cider may also be had of

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Pepine and Pepine Win...
PARISIAN MEDICAL NEWS.

HOTEL DIEU.

PROFESSOR JOBERT'S CLINICAL WARD.

Perinephritic 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 gonorrhoea, 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 we find an easily 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 gonorrhoea, 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 exceptional in a case of pyelitis 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 crest of the ilium and laterally by the iliac fossa. Fluctuation was evident, and the case presented all the characters of periureal or perinephritic abscess.

Perinephritic 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 cornal-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 abscesses.

Whatever its origin, the suppurative 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 cranial arch, and has even been known to traverse the phrenic, and reach the air-passages. It has been alleged that perinephritic abscess may be absorbed: this assertion, in Mr. Jobert’s opinion, rests on erroneous diagnosis. Absorption is possible only when the case is one of mere congestion or sequestra 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 system. The pain is more deep-seated than in lumber, 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 structure. This is true, although fluctuation is seldom perceptible, the side is more or less tumefied, and oedema 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 pyemia 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 pernephritis, before suppuration, its usual consequence, has set in, remedial agents may be of some 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 haemorrhage 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 to ascertain if the artery is felt, it should be raised up, and veins, which in this region are larger than the arteries, be cut between cut 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 vertebrae, a vertical incision four inches and a half in extent. The quadratus lumborum 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 gauze were interposed between the lips of the wound to check any tendency to haemorrhage, 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.


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, fumigated 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 chancres, 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 limbs and splints over the surface of the parts. In fractures of the leg, the roller should in the first place be applied over the

THE MEDICAL CIRCULAR. Sept. 9, 1863.

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 last case; for fractures of the tibia, 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 vinosous 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 affection 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. Triquef still adheres to Albiet'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 in low cases is chronic, and in greater degrees manifests itself in various symptoms. Its manifold and various symptomatological 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 may be 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 facial membranes tympani, and is often observed in children, and in the adult and maturer years. 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 surfaces:

A more or less febrile secretion exudes at the same time from one or both ears, and is supplied by pustules of impetigo or eczema, or vesicles of herpes, to the presence of which on the external and internal membranes of the tympanum of hearing, herpetic otitis must, in most cases, be ascribed.

The predispising 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 fossa, bladder, anus, intestine, joints, etc., a fact peremptorily demonstrated by Albiet 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, tender, shining, and presents a squamous 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, vesicles of eczema, disseminated or in patches, or of herpes multiformis. On the surface and margin of the pina, in the auditory duct, and even on the cutaneous aspect of the membrana tympani, bullae of pephigus may be described. 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, on account of the drum and meatus.

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

The secondary anatomical symptoms consist in an ichorous discharge, scales, ulcers, hypertrophy of the tissues, and obliteration of the meatus. The discharge is always scanty, its colour varying according to the putastural or vesicular nature of the eruption in which it originates. It is generally fetid, and in many instances, of so acid a nature that it leaves a red and acrid stain on the skin of the mouth 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 to disappear. 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 powdishes, the demodulated and ulcerated dem of the pinna and auditory duct are visible 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 facial membranes tympani, but in some cases may also become softened and perforated, or even destroyed, the laceration being sometimes traceable to a putastural 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 intertominal local catarrh.

The most important physiological symptoms are pain and deafness. The former is characterized 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 swollen it is true, and a discharge is present, but the ear is not the seat of any putastural or vesicular eruption, and its surface is not studded with chapped scabs. In catarrhal inflammation, the discharge is greenish, or copious, whereas in herpetic otitis an extremely acid oozing of ichorous nature exudes from the meatus. The pathognomonic 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 eczema, or even boils, or eczematous impetigo; inicular syphilitic eruptions, squamous or tubercular syphilitic might also possibly be mistaken for mere herpetic manifestations. But a careful survey of the existing symptoms, an attentive examination 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 syphiis 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 diagnosis is often difficult, and in addition, diep any remaining doubt 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:

B. Ferris arseniatis, gr. ij.;

Aq. destill, 3 jijas. M.

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

B. Soda arseniatis, gr. ij.;

Syr. cortisii aurantii, 5v. M.

To be taken in the same manner.

The use of these medicines should be progressively increased; thus, if one teaspoonful causes neither colics nor diarrhoea, 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. Balls 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 astrigent 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:

B. Cinnabaris, gr. xv.;

Sol. gum. tragacanthi, 3 jijas.

To be painted over the ear every second day.

B. Hydrom. oxydi sulphurici, gr. xv.;

Adips. recentis, 3v.

To be mixed carefully, and to be inserted 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-Neuf, 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 cauterization 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 Corporules; The remedies most efficacious in the Treatment of Syphilis; experiments on the mode of action of mercury on the living tissue; the absorption of the virus from the skin.

The syphilitic virus appears to me to affect principally the blood corporules, 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 irises, 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 corporules, 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 these 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 corporules 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 system which the debilitated syphilitic patient has lost. 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 iodine 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 medications. 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 that can be done for the action 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., aged 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 suckled. He returned 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 its primary symptoms by the Carbolization. Nevertheless, the soapy salve was applied. 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. I prescribed for the 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 not 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 stage of any common cutaneous eruptions, yet in broken-down and irritable constitutions, and in cases where a considerable amount of mercury has already been administered and the treatment is continued, the chancres are healed and the indurations in the groin have disappeared. The mouth however continued sore for most of the time from a continuous jet of pus.

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 vesicular, papular, crusted, and indurated 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 this nature, 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 tubercles of syphilitic eruption 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 bolls 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 deepened, the 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 sapins. Under the iodide of potassium, iron, and col-uber oil, this woman got well.

The tubercles definitely illustrate the marked character of secondary syphilitic eruptions, but I have to add, that in my opinion Ricord is right in his view of the infection of the system by the virus secreted by the glands, and I hold this opinion on the strength of the small-pox pustule—an opinion formed in entire independence of Ricord’s doctrine of syphilis, and without reflecting at the time that he had not expressed his opinion 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 weaving, 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 certain additional pleasure, for they are all full of neatness and good order, while the occupants are cheerful, industrious, and tidy. In one apartment we see them pursuing their studies and preparing for their work, in another, to which we are shown, religious instruction from some of the nuns. Thus are these poor abandoned children nursed, watched over, trained, educated, and prepared for a useful career; in short, everything 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 that the Cabildo has, from the earliest days, 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 1644.

The tenderer and more impassioned Christian affection are substituted in the place of pagan cruelty, neglect, and remorselessness, and we find Constantine, the Christian emperor, devoting himself to the care of children in poverty or other causes, could not support their children. One motive which evidently influenced him was to prevent infanticide, and there is little doubt, as infanticide had 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 906, who opened the first asylum for foundlings, and that in his own house. Not only this: he left all his wealth for the support, directing in his will that the children should be maintained till the age of nine, and then taught a trade.

Sept. 9, 1863

THE MEDICAL CIRCULAR.

145

The Pope, in the year 1007, erected an asylum for foundlings, in the year 1007, erected an asylum for foundlings, and in 1022 St. Vincent de Paul, who was justly regarded as the best Christian father, erected a similar asylum in Paris; and it was not till the following century that London followed the example.

Thus—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 various chronic diseases; some are in a very low state of health, having arrived on the southward, 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 real ruin.

The Hospital of St. John of St. Giovanni, 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 1539, and was founded by the executors of Cardinal Colonna, in compliance with his testamentary request. During the present century it has been much enlarged and improved by Pius VII, and is now rebuilt for the use of the Romans.

The present number of patients is 350, and 350; in 1846, the total number of patients was 2000, 1000, and 1000, and in 1846, the total number of patients was 2000, 1000, and 1000; and in 1515 Leo X. set it apart especially for the reception of lepers and scrofulous affections. In 1555 the whole building was restored, or rather re-erected, by the present Pope, Pius IX., and opened for the reception chiefly of scrofulous 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, three feet apart, and access to them is furnished by a light gallery on each side. The register showed the present number of patients to be 260, 110 males, and 150 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 horizontally, and in the male ward, three rows of beds, but in the female ward, the beds are sitting up and busily engaged in knitting, sewing, &c. The institution is managed by a government commission, appointed by the Pope, and it 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, and sometimes by other orders, and a small asylum for 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 purpose. There was a small clinical ward, conducted by two physicians, the head of which was Dr. Ricord. The heads of the hospitals are in correspondence with the college of physicians, and from time to time receive the acts of the examinations passed by the candidates in the various branches of medical science. They are in correspondence with the college of physicians, and from time to time receive the acts of the examinations passed by the candidates in the various branches of medical science. They are in correspondence with the college of physicians, and from time to time receive the acts of the examinations passed by the candidates in the various branches of medical science.
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 fall 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 dressers and jewelers 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 it 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 depreciating 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 shoulder 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 multipliad state for the purpose of further anatomical studies. 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 pursued 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 Minutes 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 Medical-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 patient 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.

Treatement 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 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 steam under the nose. The patient should not be kept in the warm bath longer than five or six minutes.

Rule 4.—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.

(Describe 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 recovery large moistening pads, M. to the chest and below the shoulders will greatly relieve the distressed breathing.

II.—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.—From Intoxication.—Lie the individual on his side on a bed with his head raised. The patient should be induced to vomit Stimulants should be avoided.

IV.—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 Dropies," which he divides into Pneumonias and Cavity, and which he also arranges according to the diseases giving rise to them. Some forms of dropy 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 hemorrhoids. Dr. Grafty 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. Hewit observ'd that many of the women who die in childbirth from haemorrhage, 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. Chamber's 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.


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 Zoology. It is possible that 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 phrases where the experiments of Majendie, performed about forty years since, and had disputed the inferences of the latter. Up start other men, pro, and con, heretofore of like shape, and the multitude of illustrative facts from which the text is elucidated, it is admirably calculated for the purpose.

It is an excellent manual for the study of zoology, and the extensive terms 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,—I am sure that the opening of living animals has more to perpetuate errors, than to confirm the just views taken from the study of Anatomy and Natural Motions."—Sir C. Bell on "The Mechanism of the Body," 1824, 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 physicians, 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 last 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 have read the "Times" correspondent's letter, and the powerful 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. Roach 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!"

Punitive, 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 barbarity, that you venture to put forth your plea?

Again, in Saturday's (Aug. 12th) 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 scalded, howl until the next day, in torments rendered heavier and more by another previous operation, intended to deprive them of pain, etc., etc.

Finally, and I say I can scarcely believe it possible, that in the nineteenth, nay, in any century, men could be 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 College and Practitioners, 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 for 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 present the animal kingdom as an incontrovertible fact, and those who read in medical literature the physiological experiments, will not fail to find confusion worse confounded."

Experiments of a most cruel kind are performed on helpless animals, the deductions are disputed, the experiments are again performed, 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 Physician has been reconciled to the experiments of Majendie, performed about forty years since, and had disputed the inferences of the latter. Up start other men, pro, and con, heretofore of like shape, and the multitude of illustrative facts from which the text is elucidated, it is admirably calculated for the purpose.

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

The urge for profit for the establishment of Physiological truths, is patient investigation with the scalpel and microscope. Minute anatomy, comparative anatomy, and then, above all, pathological investigation, will prove useful in the practical 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.


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-government. 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. These temptations are barred under our system, so that their moral ugliness is only found out after indulgence. Although many scholarly men—men of high scientific attainments—have been led by vicious pursuits, our purposes, those of French capital, and in other continental towns, such inducements as a rule are utterly inconsistent with the successful pursuit of study. A very large percentage of young men who enter universities 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 sticking, remain with him for life, and to deprive them of pain, etc., etc.

It is of the greatest importance 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. Andrews. I am speaking of the main University of the Provost, 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 for 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 present the animal kingdom as an incontrovertible fact, and those who read in medical
SYMPATHETIC IRITATION 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 complaint of colic and teething in infancy, the fact being so well established; but whether the diarrhoea is to be referred to mere sympathetic action, as M. Bouchut inclined 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 corroboration M. Bouchut's opinion.

1. I have never observed in the religious services, or even colonic (inflammation of the gum), so that there cannot be an extension of inflammation from a part not inflamed.

2. The rapid passage of the diarrhoea, when the gums are lanced; the sources 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.


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 humblest acknowledgment of the kindness and generosity of the subscribers to your last number. I can only hope that it will produce the effect which it so generously attempts to accomplish—viz., the liquidi
dation of the expense of that ingenious lawsuit. 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 worth the serious consideration of our entire body. The sufferings of an unnumbered band of sufferers, has so deeply impressed upon my mind, and the abject misery of action this balance may be easily wiped out, and a grievous wrong removed from the door of a most worthy, kind hearted, and prominent member of our Profession. Although I have already subscribed to this fund, still I cannot resist this appeal to our sympathies, and beg to forward you my further mite of 6s., fervently hoping that the example which Mr. Morison has so kindly set will induce others to follow in his footsteps; and that the fund will not close till the balance is cleared away.

I remain, &c.,


11 Minerva terrace, Barnsley park, Islington.

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 the details of their management. This inspires perpetual vigilance and untiring devotion to duty.

I next visited San Giovanni di Calabria, situated on the island of Bartholomew in the Tiber, and occupying the very spot where once stood the pagan temple of Esquiline, or a hospital attached to it. It is sometimes called dei Benefattori, or Fate bene, fratelli ("The good, brethren," derived from the inscription on the begging-box of the friars of the order of the Spanish San Juan de Dios de Calabria, by which it was founded in 1548, 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 treatment on the sick. It is devoted solely to male patients affected with venereal diseases. The principal hall or room is from 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 is a small but elegant chapel rising in the centre of the corridors, thus giving an opportunity to all the patients of witnessing and partici
dating 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 usual 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 pro
priate to the amount of his subscription. The apothecary department was in a large, splendid room, with marble floors, fres
ccoed 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 1779 by Ennio Lami, which was, according to the style of his practice, 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 1,900 patients, of both sexes, aged from 9 to 90 years, adults, and children, but at the time of my visit the register showed but 104. There were two rows of beds on each side of the wards, and canopied, as usual, for certain patients. A majority of the retired for many 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 re
tirement with an affectionate call upon it to join with him in this good work. He cannot see Mr. Adams suffer this heavy loss without sub
scribing his mite, accompanied by a letter which is worth fifty times the amount of the offering. He points out how other poor sufferers concern us all, and it is high time we should act with a little regard to the place of settlement for the student, surely St. Andrews is that which should be chosen.

Let me offer a few words on the curriculum. The preliminary education of candidates for the medical profession is a subject to which much attention has been given, and it is now re
quired, and must 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 attend
ance in medical classes. The St. Andrews degree in Arts is equal to that of Oxford or Cambridge, and confers the same advan
tages. 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 Senate of St. Andrews. The 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 benefited 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 other of the recognised universities referred to, he might return disease in medicine, and thus come out an accomplished and experienced practitioner, equal to all the emergencies and require
ments 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 simple 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 stand as high in regard to the number of students, as it does in point of excellence and true merit.

J. W. BEAUMONT, M.D.

Sheffield.

Sept. 9, 1863.

THE MEDICAL CIRCULAR.
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 religious doctrine, thus enabling them to pursue 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 inculcate the principles of religion, to impart useful information, &c. Separate bath-rooms are provided for both sexes. In short, the whole institution 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 1556, 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 last but seventeen 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 receive 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's convenient building for a hospital, and Clement XII. added refectories, in which 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 1826, the number of pilgrims who received hospital was 263,995: and the expenses of that under this head amounted to 64,984 dollars." In ordinary years, however, only about 4,000 of the faithful are lodged in this hospital; it has been regularly falling off during Jubilee years, for we read that in 1825 as many as 882,160 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 dormitory. 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 box of five or six gallons' capacity, which the Roman nobility, and several of the cardinals and other high church dignitaries, perform the office of washing feet. The total number is not numbered, and I noticed that there were seventy-two or sixty in each room. Ladies of the highest rank, including the Queen of Naples and other princesses, perform the same office for the poor. 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 Tpearpine Rock, now reduced by accumulations of rubbish to about thirty feet in height. The stands of the Capitoline Hill, and was founded and enlarged by Cesar Borges. 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 hall, 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, &c. Being situated near the populous quarters of the Monti and Trastavere, most of the cases of serious disease are never free of cases of the same.

I witnessed a post-mortem examination here of a poor fellow who had been stabbed in the thigh, wounding both femoral artery and vein. Though the artery had not been tied, he died of venous hemorrhage twenty-one days after the accident. The walls were perfectly clean, and admirably ventilated by the large windows and openings in the walls below near the floor. The beds, which were about five feet apart, were good clean, and the bedsteads of iron and everything bespoke the utmost care and attention. The brick floor, as usual, was the only drawback. Six secular clergymen constantly reside in a house attached to the hospital, which is also attended by Jesuits and other religious orders. A number of the sick are instructed in the religion of the Church.

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 patient and the clergy. Dr. Oldham remarks 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 approbation for the attention given to the religious, faithfulness, zeal, and devotion, in promoting the spiritual and temporal interests of the afflicted poor—an example worthy of all imitation by the religious orders, both among the seculars, in 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. Of least concern, but clean, and well kept, are the arrangements for the patients in the male and female dressers, as in the chapel, and in the parlor. There is a small museum in this hospital, containing some beautiful wax preparations by Professor Sartori. There are also some handsome dissecting rooms showing the nerves of the arm and leg, &c. 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. Ed. F. Darby was elected Fellow.

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

By Robert Barnes, M.B., B.C.P.,
Lecturer on Midwifery at St. Thomas's Hospital, &c.

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. The tumour was driven down by the child's head and jammed against the symphysis pubis, closing the urethra. Dr. Barnes observed that in the decidual effusion 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 the 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 cerebellum which occurs 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 necessity 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 birth would probably remain in after-life. In like manner, the sugar-loaf occiput elongation resulting from the common mode of birth was not infrequently 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 found the ovaries enlarged, and the patient died of tubercle elsewhere.

ON THE USE OF WINE LOOPS, HORSE-HOE WINE, &c., &c., FOR CURING VENEREAL DISEASES; OR, THE COMPLETNESS, OR IMPERFECTION, OF THE UNPROTESTED 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 little applicable, in the extent of their treatment for which they are proposed. In order to meet this difficulty, the author proposes a new and very simple series of instruments suited to the position of various kinds of uteri, 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 tuned.

Dr. Gaully Hewitt believed that in the majority of cases of retroversion 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 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. Burt said his 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 ingenious, but could not see how it could sometimes be of general relief. Dr. Simpson's was very efficient; but that also produced occasionally serious results. One drawback to this in Dr. Hewitt's was that the stem in utero was too long, and irritated the附件, his patients groaned on account of the same. This was banished with far more distressing as well as severe consequences to health. Moreover, it was chiefly due to this fundus endometritis that his patients groaned on account of the same. In the absence of this fundus 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 rectum, and not the inferior aorta, and was therefore in direct nervous relation with the sympathetic nerves and seminarian ganglia superiorly, and with the ovaries (also supplied from the same source). Hence the greater irritation, and discomfort. However, Dr. Simpson's instrument fixed the uterus in situ, and so very 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 the uterus, it was sometimes forcibly ejected by the uterus, because not always firmly secured inferiorly. To meet these difficulties, he (Dr. Burt) had devised a modification. His instrument could sometimes be borne where others were not tolerated. It consisted of a coiled wire bell-spire, covered with caoutchouc, and at about two inches less from its upper end separated by a perforated 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 a napkin from outside. By means of a disc to which the curve of the retroverted uterus was previously given, and then passed within the coil, it might be easily applied. The stem was replaced, and the instrument maintained 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 deputation, 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 measure.

Dr. Greenough stated that among the patients at St. Bartholomew's Hospital and in private practice he found misplacements of the uterus extremely common. The conditions described are distress both in their complicated and occasionally in their uncomplicated forms. In prolapses and procidentia he strongly recommended the use of Caunt's pessary, which possessed the advantages of a firm 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 distended and relaxed parts forming the floor of the pelvis, and reducing total prolapse. He found the broad ligament was not only largely dependent on injections but on congestion with enlargement of the uterine neck caused by delivery, pessaries were not so useful. It was often found that the prolapse was cured by removing the uterine engravement 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 and influence. The most frequent cause of the protrusion of 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 adema 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 prolapse. The value of the stem-pessary in procuring "rest" for the prolapsed uterus, complicated with edema and engorgement, was so manifest, that it was felt satisfied, not sufficiently appreciated. The support and rest afforded by 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, had 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 with the use of pessaries, said that in every case 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, 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 FORCES; RETENTION OF URINE AND SUBSEQUENT WEAKNESS OF LIMBS.

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

Mrs. H., in labour, had been confined, and was in the care of Wm. C. Zanke's pessary, which had possessed the advantages of a firm 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 distended and relaxed parts forming the floor of the pelvis, and reducing total prolapse. He found the broad ligament was not only largely dependent on injections but on congestion with enlargement of the uterine neck caused by delivery, the patient was much exhausted. We at once determined to deliver by forces. After drawing off the last (full) dose, I detached the head much disfigured, and the occiput forced back between the shoulders. The patient was now doing well.

Her first labour was in such cases of peculiar difficulty, and often commenced in 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 of the child at the birth of April 22d.-Four days after the 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 it naturally since her last 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 urine continued to dribble away; the urine became a little patric 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 perforated surface; the mucous surface had some grit of phosphorus upon it. The slough measured eight inches by five or six. (This specimen was exhibited to the Society.)

A specimen had been shown by Mr Spencer Wells under similar circumstances, which corresponds with whether it was healthy 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 useful means to prevent such a destructive process in every case.

ON A CASE OF ASCITES WITH OVARIAN DISEASE.

BY JOSEPH MURRAY, M.B.,

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 operated upon on the 12th of June, and a thirty-three-pints of fluid (ascites) were freely given. She 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 tumour was, in fact, within the eye 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 some months, before proceeding to the operation.

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

THE BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.

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-committee, read a paper on 'Cranial Deformities, more especially of the Sphenoidal 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 external mechanical irregularities, in which the skull is the measure, restricted himself to the consideration of the influence which premature or retarded synostosis may exercise in the production of such deformities. He arranged the sutures of the skull cap into a vertical-transverse group, a median longitudinal and two lateral longitudinal, and, carrying out the important proposition clearly established by Professor Virchow, he pointed out that if a premature osification 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 Sphenophaealus. The whole of these cranial anomalies, possessing the following characters: Absence of sagittal suture, and consequent blending of the parts of the parietal bones, were, in short, due to a synostosis, great elongation. He then described at length the theories which had been advanced in explanation of these characters. The first, proposed by Virchow, and concurred in by the author, supposes the two bones to have been formed in the usual manner, and the frontal bone to have been divided from one another by the sagittal suture, whereas the bones 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 the ethological inquiry into the various aberrant forms of skull, occurring 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 elongation of the sutures was not unfrequently met with in such bones as the Chinook Indians, which had been artificially formed. 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 effect which retarded union of the sutures might produce on cranial form. Mr. James Samuelson read a paper, illustrated with diagrams, on "Life and death of skull in the natural history, excepting the allied one, of the origin of species, has of late excited greater interest in the scientific world than the origin of the lowest type of living being 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 solution, had already served the useful purpose of throwing 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 rage imported from various countries, and shaken from them into the Great Northern Hospital, which had been exposed to the atmosphere. After describing generally the character of the living forms he discovered in these waters, he stated that he had stopped on the 27th of July, and the 15th of August, showed that it was not in Egypt, Japan, Munich and Trieste, the best, 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 rhizopods and infusoria, and an interesting colored worm-shaped form, which he believed to be the larva of some other infusoria. He also that if he had not been careful in regard to the dust he had been 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 they were worthy of attention), he had not seen that the retained vitality for a long period—one of which he could not pretend to define the limit. In his experiments they outlined the character of a tyloma, existing before the dust can die out for 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 the air in which the disease existed.

SECTION E.—ECONOMIC SCIENCE AND STATISTICS.

The proceedings commenced in this section with a discussion on Dr. Camp's paper on "The Sanitary Condition of the Troops in India." Dr. F. 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 properly done. Intemperance and intemperance, were the chief causes of the mortality, but they were not the sole causes of the mortality. The chief causes of mortality were heat, moisture and bad localities, as well as in some cases the heat and moisture as well as in this country. Men could be acclimated to elevated degrees of temperature, but it was impossible to acclimate any man being the climate of India, and some men were distinctly 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 in the localities, unsuitable and ill-ventilated barracks and bad water.
Sept. 9, 1863.]

THE MEDICAL CIRCULAR.

153.

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 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 inasmuch as he was positively sure that 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 to come by the Royal Commission.

Dr. Hancock pointed out the increased mortality of the unmarried officers and men, and he desired to give his opinion 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 repaired to London, and entered as a student at King's College, and he was a member of the South Hampton Medical Society, and has lately read before it a paper on the climate at 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 repaired to London, and entered as a student at King's College, and at the University of London, in 1844, and graduated in 1847, having studied under some of the most eminent physicians of the day, including some of the ablest and most successful practitioners in the metropolis.

Dr. Bird thus sums up Mr. Pardey's profession:—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 to act. He was a man of great energy, and he showed in operating neat mechanical skill, boldness with caution, and courage under difficulties. He was public-spirited in his profession; willing to work for the general welfare; and in those works of benevolence, which are the usual channels in which the public spirit of our profession is best displayed, he was usefully active. No one could converse with Dr. Pardey without recognising his mental power. He spoke with the clear enunciation of one who had reflected for himself on the subject in hand, and had either made up his mind on it, or would discuss its bearings logically. He liked such exercises of his argumentative powers as are connected with the practice of medicine.

With his medical brethren in practice, he was honourable and peaceful. What he won was not by pugnacity, or that self-exaltation which attempts to raise itself on the destruction of others, or by any of those modes of ensuring publicity, which we as a body strenuously dislike, as the 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 unsullied kindness, to which many of them, now testifying 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 profession; that devotion 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, Wingfield; William Gilmore Hayden, Charing-cross Hospital; Thomas Kelly, Tipperary; Samuel Cathcart Robert Kendall, Gateshead; Robert Williams, Liverpool.

The following gentleman also on the same day passed his first examination for the Edinburgh Lardowne, St. Bartholomew's Hospital.

The death of Mr. John W. Davies, of Prince's-street Liverpool, is announced.—Many of our readers knew and respected this gentle-

man, whose death we are very sorry to announce. For five-and-twenty years in the service of Mr. Churchill, Davies was well known to many in the Profession, and all can bear testimony to his obliging manners and considerate habits. In October, 1862, he returned to London, 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 accorded him in poverty for the firmness with which he had steadily made way and strengthening his connexion, which has been called away after a brief three years' struggle. Since May he has been in India, attributing the late return of his health to improved, 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. Mc Gee said he understood that Dr. Knox had made some investigation relative to the absence of some dispensers, 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. Mc 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 do in the way of discrediting some medical officer. At the Frederick Street station the average cost of each patient is, I find, on referring to the invoice, 1s. 6d. per week, while at the Barrack Street station it is 1s. 8d. per week. This expense is to be traced to the prescriptions; it cannot be entirely attributable to the apothecaries, though it may be a fair and justly confined to the medical officers prescribe. Another thing that struck me is, in requiring 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 bill it would be to report to the Secretary 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 Dr. Knox, in an intentionally, he believes the medical officers, who 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 hangments of these, and the facts referred to are not blameable on those who made out the lists. Mr. Ternay—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 the portion of the town which the North Side—there 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 obliged to supply cod liver oil every day. He said that the quantity given to the applicants for medical relief is missplied. The apothecary, in one instance, gave less oil than was ordered, and the state of the state at the present stage of 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 necessary to do so, and the apothecary supplied that quantity to give.—Dr. Knox.—The apothecary has no right to devote from the prescription of the physician as given to him.—Mr. Ternay 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. Ternay.—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 bill that the Higher is due to the use of the coarse language impromptu to Mr. Ternay 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 complaint on such language is useless, and that the evidence in 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, Edinburgh; C. G. S. Sclater, M.R.C.S.E., has been appointed Assistant Surgeon and Apothecary to the Western General Dispensary, Edinburgh; Robert Swan, M.R.C.S.E., has been elected one of the Vice-.appointments for 1863-64 of the Birmingham Medical Benevolent Society.—Death of Mr. R. M. C.S.E., has been appointed Assistant Magistrate. Public Health Vaccinator for district No. 1 of the Nottingham Union, viz, E. H. Lineker, R.M.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, rice C. Pardee, M.B., deceased.—H. G. Buckley, M.R.C.S., 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, rice 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, rice B. Shillito, F.R.C.S., resigned.—Flaxman, L.R.C.P., has been appointed Medical Officer and Public Vaccinator for Carrick-on-Suir District of the Carrick-on-Suir Union, rice J. Edmundson, M.D.—Foster, Assistant-Dispensary at the General Hospital, Birmingham, has been appointed Senior Dispenser, rice J. Horton, resigned.—T. French, L.R.C.S., has been appointed Medical Officer and Public Vaccinator for the Rathdrum Dispensary District of the Rathdrum Union, Co. Wicklow, rice C. Clarke, M.R.C.S., deceased.—C. Huthwaite, L.P.F. & S. Gis. has been elected Medical Officer and Public Vaccinator to District No. 2 of the Nottingham Union, rice Bateman, appointed to District No. 1.—J. F. Jones, M.R.C.S., has been elected one of the Vice-Presidents for 1863-4 of the Birmingham Medical Benevolent Society.—P. M. Kelly, L.R.C.P. Ed., has been appointed one of the Public Vaccinators for the Walsall Union.—W. Latham, M.R.C.S., has been appointed one of the Public Vaccinators for the Walsall Union.—W. H. Scott, M.R.C.S., has been elected Surgeon to the Islington Dispensary, Upper-street, rice W. S. Watson, M.B., resigned.—J. H. Somerville, M.R.C.S., Medical Officer for the Blockwich District of the Walsall Union, has been appointed a Public Vaccinator.—T. Stevenon, L.R.C.P. & L., has been elected Secretary for 1863-64 of the Bradford Medico-Chirurgical Society.—T. Taylor, F.R.U.S.E., has been re-elected Hon. Secretary of the Birmingham Medical Benevolent Society.—J. G. White, M.R.C.S., has been appointed Resident Surgeon to the Leith Hospital and Edinburgh and Leith Humane Society and Dispensary, rice R. Macnair, M.D., resigned.—G. H. Whymer, M.R.C.S., 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, 1 p.m.; Great Northern Hospital, Lun. King's Cross, 2 p.m.; West London; Orthopedic Hospital, 2 p.m.; London Surgical Home for Women, 2 p.m.; St. Pancras Hospital, 2 p.m.; London County Union, 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. 29 King William-street, Strand.

In order to obviate the recurrence of disappointments, we beg to state that all communications intended for the Editor 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. Sauzey.—We willingly insert our correspondent's letter, and we will find that we have again allied to the subject in our leading article.

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

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

Mr. Aslam.—The important paper of Directions for the restoration of 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 Gorguey Griffin.—The notice has been received, and the letter shall be inserted.

Dr. C. Louis Manuel.—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.

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GENERAL ADDRESS.

As a book requires a preface, so our Students' Number seems to require at our hands a few prelatory remarks, in connexion with 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 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 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 likely 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 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 secure 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 upon 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 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 100l. 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 eye 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. 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 generalize 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; the preliminary studies 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 100l. 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 eye 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. 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.
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 ramblings, 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 greater length, the facts and reasons 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 Examiners Bodies are not 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 gridding, as it is called, is to be deprecated, this species of private and familiar tuition, carried on peri- peri 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 incapable of true and adequate description 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 ἡ οισίς, 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 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 more applications to disease, 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 recognize 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 this will be amply rewarded. 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 Examiners Bodies, will find it advantageous to do so; as 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 store of knowledge in their student-career as may afford them sources of useful and pleasing remembrance 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

The Roy. Coll. of Surgeons of England

The Apothecaries' Society of London

The University of Oxford

The University of Cambridge

The University of Durham

The University of London

The University of Edinburgh

The University of Glasgow

The Universities of Aberdeen and Edin.

The Universities of Glasgow and St. Andrew's.

The King and Queen's College of Physicians in Ireland

The Royal College of Surgeons of Ireland

The Apothecaries' Hall of Ireland

The University of Dublin

The Queen's University of Ireland

Sir Charles Hastings

Dr. William Sharpey

Thomas Pringle, Esq.

Dr. Robert Chiristian

Nominated by Her Majesty, with the advice of her Privy Council.

Dr. William Sharpey

Dr. Wm. Hargrave, Esq.

Dr. Charles H. Leet.

Dr. James Ayljohn.

Dr. John D. Corrigan.

Dr. William Lawrence, Esq.

Thomas Pringle, Esq.

Dr. Robert Chiristian.

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 the commencement of 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 recommendations of the Council which shall allow the examination in general education to be passed after the commencement of professional studies.
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 Examinations or Moderations; Cambridge Previous Examination; 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 Caius College, Cambridge; 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 be obtained, 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 laying down any complete scheme of general education for persons intending to become members of the Medical Profession, the Committee recommended 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.

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Date of Registration</th>
<th>Place of Arts Exam.</th>
<th>Study. &amp; Date.</th>
</tr>
</thead>
</table>

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 therein, 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 reasons of the grants.
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 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 oral; and that such parts be included, if it be made as practical and demonstrative as possible.
21. That the second examination be conducted partly in writing and partly oral; 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 examinations, 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 desirable that any University of the United Kingdom should confer any degree in Medicine, or Surgery, 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.
Concurs—Drs. Owen Beaz, Birkett, West, and Handfield Jones.
Trustees—Dr. Alderson.
Registrar—Dr. Pittman.
Harveian Lecturer—Dr. W. Munk.
Bedell—Mr. W. Copsey.

EXTRACT FROM BYE-LAWS.

Licentiate.

The College will, under its Charter, grant Licences (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 Practice 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; Morphological 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 bedside, certified by the teacher); Midwifery and the Diseases peculiar to Women, three months; the certificate must also be produced of having attended not less than twenty labourers); Forensic Medicine, three months.

7. Of having passed the professional examinations.

A candidate who is 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 following subjects: Principles and Practice of Medicine, Surgery, and Midwifery. In the case of a candidate who is a "registered medical practitioner," having obtained a licence under the provisions of the Act, the examination shall be of medical science, or of the practice of medicine, according to the candidate's wishes.

Any candidate who has already obtained the degree of Doctor or Bachelor of Science 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 their own use.

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 Mithridate. Virgilius Maro. 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; Acoustics; 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 Physical, 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 completed the prescribed course of regular 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 considered 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 recommended from time to time, by the Medical Council; Oxford Examinations or Examinations of other Universities or Colleges; Cambridge Previous Examinations; Matriculation Examination of the University of London; Cambridge, Middle Class Examinations, Senior; Cambridge Middle Class Examinations, Junior; Durham Middle Class Examinations, Senior; Durham Examinations for Students in Abroad; 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 Oxford College, Barbados; 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 preliminary examination.

After September, 1865, the preliminary examination in the subjects of General Education will cease to be conducted at the College, and hereafter all certificates from the bodies named 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.

" A.M., from One to Four, by written questions on "Chemistry, Materia Medica, and Practical Pharmacy.

Evening, commencing at Seven o'clock, lying down in the "subjects stated above.

The Second Part will be conducted as follows:—

On the Second day.

Evening, from Seven to Ten, by written questions on "The Principles and Practice of Medicine.

" Third 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 Ward of a Hospital.

Evening from Seven to Ten, by written questions on "Midwifery and the Diseases peculiar to Women," and "The Principles and Practice of Surgery.

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 for the purpose 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 Ten Guineas; and each 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 this 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 Practitioners,” 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:**
- **Tuesday, October 6th.**
- **Tuesday, December 1st.

**Second Part, commencing:**
- **Tuesday, October 13th.**
- **Tuesday, December 8th.

1864.

**First Part, commencing:**
- **Tuesday, February 2nd.**
- **Tuesday, April 6th.**
- **Tuesday, June 7th.**
- **Tuesday, July 6th.**
- **Tuesday, October 6th.**
- **Tuesday, December 6th.

**Second Part, commencing:**
- **Tuesday, February 9th.**
- **Tuesday, April 12th.**
- **Tuesday, June 14th.**
- **Tuesday, July 12th.**
- **Tuesday, October 11th.**
- **Tuesday, December 11th.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.
Lincoln’s-inn Fields.

President—F. C. Skyny, Esq.
Vice-President—J. Hodgson and T. Wormald, Esq.


Examiners in Midwifery—Dr. A. Forre, H. Ohlham, and R. Lee.
Professor of Human Anatomy and Surgery—S. Sally, 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. Chato.
Secretaries—Mr. E. Bellour; Assistant-Secretary, Mr. Trimmer.

Clark—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 by the Universities at present recognised: viz., Oxford, Cambridge, Dublin, London, Durham, and Queen’s University in Ireland; Calculutta, 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 prescribed, be admitted to 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—Matriculation Examination. Durham—Examination of Students in Arts in their second and first years; Middle-Class Examinations, Senior; Registration Examination for matriculated Students. Queen’s University in Ireland—Two years’ Arts Course for diploma of Licentiate in Arts; Preliminary Examination at end of A.A. Course; Middle-Class Examinations; Matriculation Examinations. Queen’s College, Belfast—Baccalaureate Examination for non-Matriculated Students. Edinburgh—Extra Professional Examination for Graduation in Medicine. Calcutta, Madras, and Bombay—Matriculation Examination. Moscow—Preliminary Examination in General Literature. Queen’s College, Kingston, Canada—Matriculation Examination; Preliminary Examination of Students in Medicine. 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 College, Barbados.
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 from 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. Candidates will be passed who do 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 the English provinces, particularly. 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 Caesar’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 dreissigjährigen Krieges.” Besides these translations into English, the candidate will be expected to answer questions on the grammar of each subject, whether compulsory or selected. 4. Mathematics. Algebra to simple equations inclusive. 5. Mechanics. The principles of the 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, and on 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 regulations 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, Dispensary, or Lunatick Institution. The following are the duties of practical instruction are afforded as shall be satisfactory to the Council. 3. Attendance on Lectures on Anatomy, Physiology, or Chemistry 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 in a Hospital, will not be considered as the commencement of professional education until a certificate thereof shall be furnished to the Secretary for registration at the College, by the practitioner whose pupil the candidate shall be, certifying that he has personally examined the character of the candidate, and that he is satisfied that the candidate has been admitted until a certificate shall be furnished to the Secretary for registration at the College, by the practitioner whose pupil the candidate shall be, certifying that he has personally examined the character of the candidate, and that he is satisfied that the candidate has been admitted.
panied by proof of having passed the necessary preliminary examination in general knowledge.

The 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 acquisition of professional knowledge. 3. Of having studied practical pharmacy during the above 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 a course on physiology delivered not less frequently than twice in each week, during two winter sessions. 7. Of having attended lectures on such of the following subjects, viz., anatomy, materia medica, medicine, and midwifery. 8. Of instruction and proficiency in the practice of vaccination. 9. Of having attended, at a recognised Hospital or the faculty of the United Kingdom or Colonies, the practice of surgery, and clinical lectures on surgery, during three winter (c) and two summer (d) sessions. 10. Of having attended, at a recognised Hospital or Hospitals in the United Kingdom or Colonies, the practice of surgery, and clinical lectures on medicine, during one winter and one summer session. 11. 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 Parish or Union Infirmary recognised for this purpose, or in such other schools as the Council shall, in the opinion of the Council, afford sufficient opportunity for the acquisition 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 or anatomy and dissection shall 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 schools be members of one of the legally-constituted College of Physicians or Surgeons in the United Kingdom; nor from any School of Surgery, unless the teachers in such schools 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 colonics Hospitals and schools is governed by the 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 public 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; and the condition required by the regulations of this College 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 written request 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 return school.

N.B.—At the registration in October, candidates who shall have commenced their professional education subsequently to the 1st of October, and who have produced a certificate of having passed one or other of the preliminary examinations in general knowledge recognised by this College, will be at liberty to pursue 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 diplomas, 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 less than four years in the acquisition of professional knowledge, and of instruction and proficiency in the practice of vaccination.

General. Graduates in medicine of any legally-constituted College or University recognised for this purpose by this College, will be admitted to examination on adding, together with their diploma or degree, proof of being twenty-one years of age, of having been occupied at least four years in the acquisition 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, examinations, 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 previous to his examination will be returned, but will not 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 within the term of one year from the date on 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 has so failed to attend. 8. A candidate referred on the primary examination is required, prior to his admission to re-examination, 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 the performance of dissections during not less than three months, subsequently to the date of his reference.

SOCIETY OF APOTHECARIES.

Blackfriars, E.C.

Master—H. Conme, Esq.
Secretary to the Court of Examiners—A. M. Randall, Esq.
Clerk to the Society—R. H. Upton, Esq.
Professor of Chemistry and Materia Medica, and Examiner for the Society's Prizes in Chemistry and Pharmaceutical Education—W. T. Brande, B.D.L, F.R.S.
Examiner for the Society's Prizes in Botany—J. D. IIicker, M.D., F.R.S., E.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. 2. Of having served an apprenticeship or drug experience of four 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 at least the age of twenty years. (As evidence of age, a copy of the baptismal register will be required in every case where it can possibly be procured.)
Of good moral conduct. 5. And of having pursued a course of medical study in conformity with the regulations of the Court.

Clerk 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 no 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.

WINTER SESSION.
First Year.

Second Year.

SECOND YEAR.

Clinical Medical Practice.

Third Year.

Practical Midwifery and Vaccination. 2.
Registrations of Testimonials.—All Testimonials must be given on a printed schedule, and the blanks therein must be filled up by the candidates themselves. Students will be supplied with schedules when the time of their first registration: in London, at the Apothecaries' Hall; in the provinces, at the Church of England, or within the county of their residence, at the Church of England.

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 such 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 of 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 1869.

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 time deposit all the required testimonials and the fee at the office of the Beadle where attendance is given every day except Sunday, from 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 in oral examination.

The first examination, which may be passed after the second winter session, embraces the following subjects: Latin, of the Pharmacopoeia and physicians' prescriptions; Anatomy and Physiology;

(a) By Practical Chemistry is intended, a specific course of instruction in the laboratory, with an opportunity of personal manipulation in the Ordinary demonstrations of Chemistry, and of acquiring a knowledge of the various re-agents for Poisons.

(b) A Certificate of attendance, on not less than 30 cases, will be received from a legally qualified Practitioner.

Second Examination, after the third summer session (the five years' pupillage 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 Universities shall be in future allowed to a practical Examination in Practice of Medicine and Midwifery only.

The examination of candidates for certificates of qualification to act as assistant, in compounding and dispensing medicine, will be as follows:—In translating physicians' prescriptions and the Pharmacopoeia 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 before Wednesday in August, at ten in the Forenoon, and will be conducted by printed papers and oral 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.

The Examinations in Materia Medica and Pharmaceutical Chemistry, will be held at the Hall of the Society on the second 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 oral 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.

ARMY MEDICAL DEPARTMENT

6 Whitehall Yard.
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, and 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 and Ireland.

Degrees, diplomas, licences, and certificates 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 base.

Candidates who may desire it, may be examined in the Elements of Physics and in Physical Geography.

After passing the 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 commission, on Surgery, 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 £6 per diem, with quarters, or £7 per diem without quarters, to cover all costs of maintenance. And he will be required to provide himself with warm-weather, 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 an assistant-surgeon shall make a written application to the Secretary of the Admiralty, on the form 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 incorporated body legally entitled to confer 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 as 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-surgeon 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 and parts dissected by the candidates; that they have attended lectures, &c., at the recognised Colleges of Physicians and Surgeons in the United Kingdom, during the 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; or 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 conjoint periods, then the period required is twelve months.

Clinical lectures (at a hospital as above) on the Practice of Medicine and on the Practice of Surgery, six months each. Clinical Surgery, 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 C. Eve, D.C.L., &c., &c.

Registrar—W. B. Carpenter, M.D.

Chairman of Convocation—Dr. Foster.

Clerk of Convocation—Wm. I. A. E. E. M., M.A.

Clerk to the Senate—Mr. H. Moore.

Assistant Clerk—Mr. J. Don, B.A.

THE FACULTIES IN THE FACULTY OF MEDICINE.

Medicine:—Dr. E. A. Parkes, Dr. F. Sibson.


Anatomy and Physiology: Professor Redfern, Professor G. Y. Ellis.

Physiology, Comparative Anatomy, and Zoology:—Mr. G. Buak, 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. Hocker, Dr. J. Lindley.

Materia Medica and Pharmacy: Professor Garrod, Dr. F. Farre.

Forensic Medicine: Professor Guy, W. Olling, 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 candidates must have completed their course of examinations in the Matriculation Examination, or passed the Matriculation Examination or taken a degree in Arts in one of the Universities of the United Kingdom. Fourteen days' notice of the date of the examination shall be given. The fee for this examination is £2.

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 Infants, Surgery, and Medicine. 5. Of having dissected during two winter sessions. 6. Of having attended a course of Practical Chemistry, comprehend- ing practical exercises in conducting the more important pro- cesses 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. Examinations 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, urinous 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.

Candidates are examined in Anatomy, Physiology (including questions in Histology and Comparative Anatomy), Materia Medica and Pharmacy in relation to Physiology, Pharmacy, and Toxicology; partly by printed papers, and partly on recitation 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 academic 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 the two subjects comprehended in the list for the last examination, and for which the candidate had not presented certificates at that examination. 3. Of having conducted at least twenty labours. (Certificates of this subject will be received from any legally qualified practitioner in medicine.) 4. Of having attended the surgical practice of a recognized hospital or hospitals during two years, with clinical instruction and lectures on clinical surgery. 5. Of having attended the medical practice of a recognized hospital or hospitals during two years, with clinical instruction and lectures on clinical medical anatomy. 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 peripheral 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.

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, pathology, and chemical and physical chemistry; and are partly in writing and partly oral. They also include questions on the performance of surgical operations upon the dead subject; application of surgical apparatus; examination, and report on cases of surgical and medical patients; demonstrations and practical examinations; 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) 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) 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 disallowed in the case of those candidates who at the second examination have been placed in the first division. 2. 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; and no candidate is admitted to examination unless he has previously paid the fee to the registrar.

Candidates are examined in the following subjects:—Logic and Moral Philosophy; Medicine. A commentary on a case of medicine, surgery, or midwifery, at the option of the candidate, and report on hospital cases. First essay 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 Londonderry.
Vice-Chancellor—E. Atkinson, D.D.
Registrar—H. R. Patey, M.A.
Professor—Regius Professor of Physic: H. J. H. Bond, M.D.
Professor of Chemistry: G. D. Livinge, M.A.
Professor of Anatomy: W. T. Ewart, M.B., F.R.S.
Professor of Botany: C. B. Babbage, M.A., F.R.S., F.L.S.
Downing Professor of Medicine: W. W. Fisher, M.D.
Linacre Lecturer on Physic: G. H. Paget, M.D.
Lecturer on Surgery and Anatomy: G. M. Smith, M.B., M.R.C.S., F.R.S.
Lecturer on Chemistry: G. D. Livinge, 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 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 as Bachelors of Arts.

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:—For the degree of Bachelor of Medicine, 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 examination is in Chemistry, Botany, Elements of Comparative Anatomy, Human Anatomy and Physiology, Materia Medica and Pharmacy, and medical jurisprudence; and selected portions of Celsus, Hippocrates, and Aristotle.

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; and 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 up at the examination each year. 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 of Arts the examination 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 Dressership for six months.

The attendance at the Preliminary Scientific Examination 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.

Reader in Medicine.—Denis Embleton, M.D., F.R.C.S.
Lecturer in Chemistry.—T. Richardson, M.A.
Registrar.—The Rev. T. Cheverill, B.A.
Students who matriculate are entitled to proceed to a licence in medicine, and then to the degrees of Bachelor and Doctor of Medicine and of Master in Surgery.

Rules relating to Medical Students, passed in Convocation, in May 1856.

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 equitable.

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 the public examinations. No one shall be admitted 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 provided satisfactory testimonials of good conduct, and such certificates of attendance on Lectures and hospital practice as the Warden and Senate shall require.

3. No person 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 matriculation for the degree of Bachelor of Arts by substituting for the theological part of it an examination in Hippocrates, Galen, or such other ancient medical author or authors as they 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-one years at least (eight years) standing from his registration or matriculation, or unless he has performed such exercises as the Warden and Senate require. This regulation shall be held to apply to those who are already doctors 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 Warden.

The registration fee is 1£. to be sent by the candidate when he transmits his name to the Registrar. The Warden shall have authority, in time of urgent need, to appoint an extraordinary registration examination at any time. Any one who receives a certificate of an extraordinary registration examination shall, instead of the usual fee of 1£, pay the sum of 2£.

Candidates for the Degree of Bachelor of Medicine.

A Certificate of Registration to the Registration of Students in Medicine, and to the Registration of Examinations, made May 21, 1861.

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.—No one shall be registered to the University of Durham, unless he has passed 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. 34.—The requisite Certificate of Character shall be a Certificate of his being following 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 Examining Committee to examine the Candidates for the Certificate 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 for Durham.—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 need, 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 Grammar and Writing from Dictation. Elements of anatomy, including Valgus and Recurvatum. 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, Greece, Italy, Spain, and Algeria. Great Britain, Ireland, Italy, France. 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. Cesar de Bello Gallico, Book iv. 2. Cicer. de Amicitia. 3. Virgil. First Book of the Æneid. 4. Horace. First Book of the Ædes. Any Candidate, may, if he desires, 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 day of 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. H. BURTON gives daily demonstrations and examinations at 29 Newman street, Oxford street.

Dr. STEBBALL gives instructions to medical students in all the branches of their studies, at his residence, 2 Southampton street, Bloomsbury square.

Mr. TUCKER 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 ESTABLISHMENT.

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. Fees, 2£.

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, 5d. 6s.; two courses, 7l. 7s.; perpetual, 10l. 10s.

ANATOMY, DESCRIPTIVE AND SURGICAL—Mr. Skey and Mr. Holden. Tuesday, Wednesday, Thursday, and Friday, at half past two. One course, 5d. 6s.; two courses, 7l. 7s.; perpetual, 10l. 10s.

ANATOMICAL DEMONSTRATIONS—Mr. Callender and Mr. T. Smith. Daily, from half past ten to two. One course, 2l. 2s.; two courses, 5l. 5s.

CHEMISTRY—Dr. Frankland and Dr. Olling. Monday and Friday, at half past two; Mr. Drougheon (dean), Wednesday, at ten. One course, 5d. 6s.; perpetual, 7l. 7s.

PHYSIOLOGY—Dr. Black, Monday, at half past two; Dr. Kirkes, Tuesday and Thursday, at half past three. One course, 5d. 6s.; perpetual, 7l. 7s.

SURGERY—Mr. Lawrence and Mr. Coote. Monday, Wednesday, and Friday, at half past three. One course, 5d. 6s.; two courses, 7l. 7s.; perpetual, 10l. 10s.

HOSPITAL PRACTICE—Physicians—Dr. Burrows, Tuesday, Thursday, and Saturday; Dr. Farre, Monday, Wednesday, Thursday, and Friday; Dr. Jefferston and Dr. Black, Monday, Wednesday, Thursday, and Friday; Dr. Harris, Wednesday, at half past one. One course (six months) 1d. 13s.; two courses (twelve months), 1l. 10s.; perpetual, 3l. 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) 1d. 10s.; two courses (twelve months), 2l. 1l.; perpetual, 3l. 10s. Assistant Surgeons—Mr. H. Coote, Wednesday and Saturday; Mr. Holden, Friday; Mr. Skey, Friday; Mr. Callender, Tuesday, at twelve.

CLINICAL MEDICINE—Dr. 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.

MATERIA MEDICA, &c.—Dr. Farre. Tuesday, Thursday, and Saturday, at ten. One course, 5d. 6s.; perpetual, 7l. 7s.

MIDWIFERY &c.—Dr. Greenhalgh, Tuesday, Wednesday, Friday, and Saturday, at half past eight. One course, 5d. 6s.; perpetual, 7l. 7s.

BOTANY—Dr. Harris. Monday, Wednesday, and Saturday, at nine. One course, 3l. 3s.; perpetual, 4l. 4s.

MEDICAL JURISPRUDENCE—Dr. Martin. Monday, at eleven; Thursday and Friday, at ten. One course, 3l. 3s.; perpetual, 4l. 4s.

PRACTICAL CHEMISTRY—Dr. Frankland, Dr. Olling. Monday, Tuesday, Thursday, and Friday, from eleven to one. One course, 5l. 5s.; perpetual, 6l. 6s.

PRAXIS ANATOMIAE—Mr. Callender. Tuesday and Friday, at two. One course, 2l. 2s.; perpetual, 3l. 3s.

PATHOLOGY AND MORBID ANATOMY—Dr. Andrew. DEVELOPMENTAL ANATOMY—Mr. Savory.

MICROSCOPICAL ANATOMY—Mr. Savory.

PRACTICAL PHARMACY—Mr. Wood.

OPERATIVE SURGERY (Demonstr.)—Mr. Callender and Mr. T. Smith. One course, 2l. 2s.

Fee for all the Lectures required by the College and Hall, 50l. 10s.

For fee, and Hospital Medical and Surgical Practice, 50l. 15s.

DRESSES—Three months, twelve guineas; six months, eighteen guineas; twelve months, twenty-five guineas.

In 1864 will be awarded seven scholarships, of the value of from £100 to £1000, 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 Hicken'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 dissecting rooms (Practical Anatomy).

CHARING CROSS HOSPITAL AND COLLEGE.

Winter Session.

ANATOMY AND PHYSIOLOGY—Dr. Hyde Salter. Daily, except Saturday, at half past three. One session, 4l. 4s.; two sessions, 6l. 6s.

ANATOMY, DESCRIPTIVE AND SURGICAL—Mr. E. Canton. Daily, except Saturday, at nine a.m. One session, 4l. 4s.; two sessions, 6l. 6s.

ANATOMICAL DEMONSTRATIONS—Dr. Goldsbrow. Daily. One session, 2l. 2s.; two sessions, 4l. 4s.

CHEMISTRY—Mr. C. W. Hooton. Tuesday, Thursday, and Saturday, at ten. One session, 5d. 6s.; two sessions, 6l. 6s.

PHYSIOLOGY—Dr. Chowne and Dr. Willshire. Monday, Wednesday, and Friday, at half past two. One session, 4l. 4s.; two sessions, 6l. 6s.

SURGERY—Mr. Hancock. Monday, Wednesday, and Friday, at half past twelve. One session, 3l. 3s.; two sessions, 5l. 5s.

HOSPITAL PRACTICE—Physicians—Dr. Chowne and Dr. Willshire. Daily, at one. One session (six months), 10l. 10s.; two sessions (twelve months), 15l. 15s.; full period, 3l. 3s. 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), 10l. 10s.; two sessions (twelve months) 15l. 15s.; full period, 3l. 3s. Assistant Surgeons—Mr. Hooton, 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, 3l. 3s.; two sessions, 5l. 5s.

MIDWIFERY, &c.—Dr. Chowne. Monday, Wednesday, and Thursday, at three. One session, 3l. 3s.; two sessions, 5l. 5s.

BOTANY—Dr. Elwd. Head. Monday, Wednesday, and Friday, at ten. One session, 2l. 2s.; two sessions, 3l. 3s.

MEDICAL JURISPRUDENCE—Mr. Hind. Monday, Wednesday, and Friday, at four. One session, 2l. 2s.; two sessions, 3l. 3s.

PRACTICAL CHEMISTRY—Mr. Hooton. Monday, Wednesday, and Friday, at one. One session, 2l. 2s.; two sessions, 3l. 3s.

NATURAL PHILOSOPHY—Mr. Beacham. Monday, Wednesday, and Friday. One session, 2l. 2s.

COMPARATIVE ANATOMY—Mr. Barwell. Monday, Tuesday, Thursday, and Saturday, at half past three. One session, 2l. 2s.; full period, 4l. 4s.

PATHOLOGY AND MORBID ANATOMY—Dr. Salter (with Physiology).

Fee for all the Lectures required by the Colleges and Hall, 4l. 4s.

Fee for Ditto, and Hospital Medical and Surgical Practice, 6l. 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 2l. 2s., to be paid on entering. Medical tutor's class, one session, 2l. 2s.; two sessions, 3l. 3s.
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, 60 s.; perpetual 5l. 8s.

COMPARATIVE ANATOMY—Dr. Wm. Ogle. Tuesday and Saturday, at a quarter to three. One course, 60 s.; perpetual 5l. 8s.

ANATOMICAL DEMONSTRATIONS—Mr. Freeman, and Mr. T. Edgeworth. Daily.

CHEMISTRY—Dr. H. M. Noad. Tuesday, Thursday, and Saturday at half past twelve. One course, 60 s.; perpetual 5l. 8s.

MEDICINE—Dr. Fitzm. Monday, Wednesday, and Friday, at half past eleven. One course, 60 s.; perpetual 6l. 6s.

Surgery—Mr. Tatum. Monday, Wednesday, and Friday, at four. One course, 4l. 4s.; perpetual 5l. 8s.

HOSPITAL PRACTICE—Physicians—Dr. Page, Dr. Pitman, Dr. Fuller, Dr. Barclay, and Dr. Lee (acc.) Daily, at one. One course, (six months) 6l. 6s.; two courses (one year) 12l. 18s.; perpetual 25l. 4s. Assistant-Physicians—Dr. W. Ogle, and Dr. Wadham. Surgeons—Mr. Tatum, Mr. P. Hewett, Mr. Pollock, and Mr. Henry Lee. Daily, at one, or in two courses (six months), 15l. 19s.; two courses (twelve months), 21l. 6s.; perpetual, 32l. 10s. Assistant-Surgeons—Mr. Pollock, Mr. H. Lee, and Mr. Holmes.

CLINICAL MEDICINE—Tuesday and Saturday, at a quarter to two.

CLINICAL SURGERY—Tuesday and Saturday, at a quarter to two.

CLASS, Mr. Midwifery, &c.—Dr. R. Lee.

OPERATIONS on Thursdays, at one.

Summer Session.

MATERIAL MEDICIA, &c.—Dr. Barclay. Daily, except Saturday, at half past two. One course, 5l. 5s.; perpetual, 6l. 6s.

Midwifery, &c.—Dr. R. Lee. Monday, Wednesday, and Friday, at half past one. One course, 60 s.; perpetual, 5l. 8s.

BOTANY—Mr. M. T. Masters. Daily, except Saturday, at twelve. One course, 3l. 3s.; perpetual, 4l. 4s.

MEDICAL JURISPRUDENCE—Dr. Fuller. Monday, Wednesday, Thursday, and Friday, at ten. One course, 3l. 3s.; perpetual, 4l. 4s.

PRACTICAL CHEMISTRY—Dr. Nood. Daily, at half past nine. One course, 4l. 4s.

COMPARATIVE ANATOMY—Dr. Wm. Ogle (with Physiology).

PATHOLOGY AND MORBID ANATOMY—Dr. Ogle and Mr. H. Lee.

MICROSCOPICAL ANATOMY—Dr. Ogle. In winter.

OPERATIONS—Mr. Tatum. In summer.

DENTAL SURGERY—Mr. Vasey. In summer.

PRACTICAL PHARMACY—One course, 15l. 15s.; perpetual, 15l. 15s.

OPERATIVE SURGERY (DEMONSTR.)—Mr. Holmes. In summer.

One course, 4l. 4s.

Fee for all the Lectures required by the College and Hall, 50l. 16s. Fee for dissection, and Hospital Medical and Surgical Practice, 90s.

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 Dressers for two similar periods.

Gentlemen will be admitted to the Hospital Practice and Lectures required for the Licence of the Royal College of Physicians, for the Membership of the Royal College of Surgeons, and for the Licence of the Society of Apothecaries, on the payment of a fee of 50s. One hundred guineas 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 the holder to hold the office of Clinical Clerk and Dresser for three months each, but does not include 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 houses. Vaccination is performed every Tuesday morning at ten o'clock, and instruction is given by the Obstetrical Assistant. Fee one guinea.

All persons entering the Medical or Surgical Practice must hold the office of Assistant-Clinical or Dental Surgeon for periods of three months each, and must pay the full fees of tuition in the absence of the Assistant-Clinical or Dental Surgeon for two periods of three months each without additional fee. The Dresser of the Surgeon of the ward boards at the Hospital Practice, and is entitled to a House-Surgeon for six months, and House-Surgeon for twelve months (without additional fee), when present and engaged for the office. The Obstetrical Assistant resides and boards in the hospital, and has an annual salary of 100s.

Analysis of Prizes.—The "William Brown Exhibition," of 40s. per annum, tenable for three years, is endowed for the benefit of students who have been awarded silver medals for the exercise of the Medical Sciences, for the three years’ students, a prize of twenty guineas at the end of the session for general medical proficiency. Prize of twenty guineas each for the second and third years, for the most meritorious exhibitant, to Surgeons and Physicians’ pupils in their second and third years respectively. Sir B. Brodie’s Clinical Prize in Surgery is offered for the best surgical cases. The Lewis Powell Clinical Prize for the best report on no more than twenty surgical cases. The Thompson Medal for the best report on no more than twelve surgical cases observed in the hospital during the preceding twelve months. Sir Charles Shaw’s Clinical Prize for a good conduct, and the recommendation of the Medical School Council, with a salary of 8l. 6d. per annum.

Two registers are appointed annually, each with a salary of 6l. 8s. per annum.
A Winter Session.

Anatomy and Physiology—Dr. Beale. Monday, Wednesday, Thursday, and Friday, at four. One course, 6. 6s.; perpetual 9t. 9s.

Anatomy, Descriptive and Surgical—Mr. Partridge. Daily, at nine, perpetual 9t. 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, 7l. 7s.; perpetual, 9t. 9s.

Medicine—Dr. Johnson. Tuesday and Saturday at four, Thursday at five. One course, 7l. 7s.; perpetual 7l. 7s.

Surgery—Mr. Ferguson. Monday, Wednesday, and Friday, at five. One course, 5l. 5s.; perpetual 7l. 7s.

Hospital Practice—Physicians—Dr. Budd, Monday, Wednesday, Thursday, and Saturday, at nine; Dr. G. Johnson, Tuesday, Thursday, and Saturday, at half past one; Dr. M. Martin, Monday, Tuesday, Thursday, and Saturday, at half past one; Dr. J. M. Arrowsmith, Monday, Wednesday, Thursday, and Saturday, at one; Dr. Beale, Monday, Wednesday, and Friday, at one. One course (six months), 10l. 10s.; perpetual, 21l. Assistant-Physicians—Dr. C. Evans, Monday, Wednesday, and Friday; Dr. H. Duffin, Monday, Wednesday, Thursday, Friday, and Saturday, at one; Mr. Thomson, Tuesday, Thursday, and Saturday; Dr. Living, Tuesday, Thursday, and Saturday, at one; Surgeons—Mr. Parkinson, Tuesday, Thursday, and Saturday, at half past one; Mr. W. A. Guy, Monday, Wednesday, and Friday, at one; Mr. C. Wright, Surgeon-Dentist, Tuesday and Friday, at one. One course (six months), 15l. 16s.; twenty months, 32l. perpetual, 26l. 5s.

Assistant-Surgeons—Mr. Watson, Tuesday, Thursday, and Saturday; Mr. J. Wood, Monday, Tuesday, Thursday, and Saturday; Mr. H. Smith, Monday, Wednesday, and Friday; Mr. Mason, Monday, Wednesday, and Friday; one. One course (six months), 15l. 15s.; twenty months, 31l. perpetual, 26l. 5s.

Clinical Medicine—Dr. Budd, alternate Mondays, at half-past one; Dr. G. Johnson, alternate Tuesdays, at half-past one; Dr. Beale, alternate Saturdays.

Clinical Surgery—Mr. Ferguson, alternate Thursday, at half-past one; Mr. Partridge, alternate Fridays, at half-past one.

Fee to Medical and Surgical Practice, 21l. 10s.; or 26l. 15s. Operations, Saturday, at half past one.

SUMMER SESSION.

Materia Medica, &c.—Dr. Garrod. Monday, Wednesday, Thursday, and Friday. One course, 4l. 4s.; perpetual, 6l. 6s.

Midwifery, &c.—Dr. W. O. Priestley. Monday, Wednesday, Thursday, and Friday, at nine. One course, 6l. 6s.; perpetual, 6l. 6s.

Botany—Mr. Bentley. Monday, Tuesday, Thursday, and Friday, at a quarter past twelve. One course, 3l. 3s.; perpetual, 4l. 4s.

Medical Jurisprudence—Dr. W. A. Guy. Monday, Tuesday, Wednesday, and Friday, at three. One course, 3l. 3s.; perpetual, 4l. 4s.

Practical Chemistry—Mr. C. L. Bloom. Daily, at a quarter past ten. One course, 4l. 4s.; perpetual, 6s. 8s.

Comparative Anatomy—Mr. T. B. Jones. Monday, Wednesday, and Friday, at twelve. One course, 3l. 3s.; perpetual, 4l. 4s.

Pathology and Morbid Anatomy—Dr. Beale. (With Physiology). Tuesday, at four. One course, 2l. 2s.

Dental Surgery—Mr. Cartwright. Tuesday and Friday, at nine. One course, 3l. 3s.; perpetual, 4l. 4s.

Fee for all the Lectures required by the College and Hall, 51l. 19s.

Fee for ditto, and Hospital Medical and Surgical Practice, 82l. 9s.

The physicians' assistants, the physician-accoucheur's assistant, the 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 5l. 15s. 6d., and must be paid on entrance. Registration fee at hospital, 10s. 6d.

Gratuity—Warneford Scholarships: Two of 20l. per annum for three years; one of 20l. per annum for two years; one of 50l. per annum for one year; 2l. of 20l. per annum for one year. The Daniel Scholarships are awarded annually of the sum of 20l.

Prizes—Two Medical Clinical Prizes, one of 2l. for the winter session, and the other of 2l. for the summer session; and two Surgical Clinical Prizes of the same value. A prize of 3l. in each class, summer and winter.

A resident medical officer, who resides and boards in the hospital, and receives 75l., is appointed for twelve months, is eligible for re-election for the further period of twelve months, and then receives 100l. Two house-surgeons, elected every three months, are paid 6l. 6s. each 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 during the 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.
Guide—Continued.

ST. MARY'S HOSPITAL.

Winter Session.

PHYSIOLOGY.—Dr. Broadbent. Monday, Tuesday, Thursday, and Friday, at one; one session, 66.; perpetual, 68.

ANATOMY, DESCRIPTIVE AND SURGICAL.—Dr. Gagey. Monday, Tuesday, Thursday, and Friday, Mr. James Lane (obst.), at one; two sessions, 66.; perpetual, 68.

ANATOMICAL DEMONSTRATIONS.—Mr. Norton and Mr. Philip. Daily. One session, 32.

MEDICINE.—Dr. Chambers. Monday, Wednesday, and Thursday, at four p.m. One session, 46.; perpetual, 66.

SURGERY.—Mr. Smith. Thursday and Friday at one; one session, 46.; perpetual, 66.

CLINICAL MEDICINE.—Dr. Alderson, Dr. Chambers, and Dr. Sibson, twice a week at two.

SURGERY.—Mr. Lane, Mr. Ure, and Mr. Spencer Smith, twice a week.

Operations. Wednesday at half-past one; post-mortem examinations at two.

Summer Session.

Materia Medica.—Dr. Skeveking. Tuesday, Wednesday, Thursday, and Friday, at eight a.m. One session, 46.; perpetual, 66.

Midwifery.—Dr. Tyler Smith and Dr. G. Hewitt. Daily (ex S.) at nine. One session, 46.; perpetual, 66.

BOTANY.—Dr. C. Dresser. Monday, Wednesday, and Friday, at twelve o'clock; one session, 26.; perpetual, 66.

Medical Jurisprudence.—Dr. Randall. Monday, Tuesday, and Thursday at ten. One session, 32.; perpetual, 46.

Practical Chemistry.—Dr. Matthiessen. Saturday, from nine to one. One session, 32.

Natural Philosophy.—Mr. G. R. Smallay. Friday at a quarter to two; one session, 26.; perpetual, 32.

Comparative Anatomy.—Mr. Mivart. Wednesday and Friday at ten. One session, 26.; perpetual, 32.

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, 26.

Aural Surgery.—Mr. Tovebee. Thursday at half-past two. One session, 26.

Dental Surgery.—Mr. Sercombe. One session, 32.

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, Thursday, 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. Skeveking, Tuesday, Thursday, and Friday at half-past twelve; Dr. Markham, Wednesday and Saturday at half-past twelve. Three months, 65.; one session (to the above), 77.; twelve months, 132.; perpetual, 211.

Surgeons.—In-patients.—Mr. Lane, Tuesday and Friday at a quarter past one; Mr. Ure, Monday and Thursday, at a quarter past one; Mr. 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. Gagey, Monday and Thursday at half-past twelve; Mr. Ernest Hart (ophthalmic), Tuesday and Saturday at half-past one; Mr. Tovebee (aural), Monday and Thursday at half-past one; Mr. Sercombe (dent), Monday and Thursday at half-past nine a.m. Three months, 66.; one session (six months) 95.; twelve months, 211.; perpetual, 317.

Fee for all the Lectures, and Hospital Medical and Surgical Practice required by the Colleges and Halls, 96. 5s.; perpetual, 106. 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 in each department. 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.


Two protosocs are annually appointed who receive 51., and a certificate.

Students can receive instruction in vaccination from Mr. Gorman; fee 17. 1s. Some lectures on the subject are given by Dr. Graily Hewitt.

Entrance to the hospital practice and lectures required for the examination in Dental Surgery by the College of Surgeons, 521. 10s.

MIDDLESEX HOSPITAL.

Winter Session.

PHYSIOLOGY.—Mr. de Morgan, P.R.S. Monday, Wednesday, and Friday, at four. One session, 46.; perpetual, 68.

ANATOMY.—Mr. Moore. Daily at twelve, except Saturday. One session, 66.; perpetual, 101. 10s.

ANATOMICAL DEMONSTRATIONS.—Dr. Living. Tuesday and Thursday, at one. One session, 46.; perpetual, 66.

CHEMISTRY.—Mr. Taylor and Mr. Hessie. Monday, Wednesday, Friday, and Saturday, at eleven. One session, 66.; perpetual, 66.

MEDICINE.—Dr. Stewart and Dr. Goodfellow. Tuesday, Thursday, and Saturday, at nine. One session, 46.; perpetual, 66.

SURGERY.—Mr. Shaw. Monday, Wednesday, and Friday, at nine. One session, 46.; perpetual, 68.

Practical Physiology.—Physicians.—Dr. Stewart, Dr. Goodfellow, and Dr. R. Thompson. Daily, at one; and Dr. John Hall Davis (obst.), Wednesday and Saturday at twelve. Assistant-physicians.—Mr. J. Burdon Sanderson, Dr. Manchison, and Dr. Gurney. One session (six months), 101.; two courses (eighteen months), 101. 10s.; perpetual, 211.

Surgeons.—Messrs. Shaw, de Morgan, Moore, and Nunn. Assistant-surgeons.—Messrs. Hulse and Lowson. Solberg, Wells (ophthalmic), Yones, P.R.S. (dental). One session (six months), 101.; two courses (twelve months), 129. 12s.; perpetual, 211.

Clinical Medicine.—Wednesday and Saturday, at three. Clinical Surgery.—Monday and Friday, at three.

Operations. Wednesday at one; post-mortem examinations at two.

Summer Session.

Materia Medica.—Dr. H. Thompson. Monday, Wednesday, and Friday, at one. One session, 32.; perpetual, 51.

Midwifery.—Dr. J. Hall Davis. Monday, Wednesday, and Friday, at ten. One session, 32.; perpetual, 51.

Botany.—Dr. T. S. Cobbold. Monday, Wednesday, and Friday, at two. One session, 32.; perpetual, 51.

Pathology and Morbid Anatomy (With Physiology).—Dr. Broadbent; also on Friday at two during Summer Session.

Ophthalmic Surgery.—Dr. Gurney. Tuesday, Thursday, and Saturday, at nine. One session, 32.; perpetual, 51.

Practical Chemistry.—Dr. T. S. Cobbold. Wednesday and Friday, at four. One session, 32.; perpetual, 51.

Pathology and Morbid Anatomy.—Mr. Sibley and Dr. Manchison. Tuesday and Thursday, at four. One session, 32.; perpetual, 32.

Histology and Microscope.—Dr. W. Webb. Tuesday and Thursday, at three. One session, 32.

Ophthalmic Surgery.—Mr. Solberg Wells.

Aural Surgery.

Practical Pharmacy.—Mr. Devreux. One session, 81. 8s.; two courses, 137. 12s.

Priests.

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.

The Clayton Prize.—An annual prize, of the value of three guineas, given by Oscar Clayton, Esq., will be awarded for proficiency in comparative anatomy.

The 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.
ST. THOMAS'S HOSPITAL AND SCHOOL.

WINTER SESSION.

ANATOMY AND PHYSIOLOGY.—Dr. Briton. Monday, Wednesday, 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, Friday, at three.

HOSPITAL PRACTICE.—Physicians—Dr. Barker, Dr. Bennett, Dr. Goodall, Dr. Peacock, Dr. Britton, Dr. Britstone, and the Assistant-Physicians—Dr. Claydon and Dr. Gerris (acc.) Surgeons—Mr. Solly, Mr. Le Gros Clark, and Mr. Simon. Assistant-Surgeon—Mr. S. Jones. Daily, at half-past five or nine.

CLINICAL MEDICINE.—Dr. Barker, Dr. Bennett, Dr. Goodall, and Dr. Britstone. 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. Britstone. 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.

MICROSCOPICAL DEMONSTRATIONS.—Mr. Rainey. Saturday at twelve.

Fees for the entire of the Lectures and Hospital practice in the first year, 40l.; second year, 40l.; and every succeeding year. Perpetual to the whole, 90l. Special entries may be made to any course of Lectures or to Hospital Practice.

For all the lectures required by the College and Hospital Medical and Surgical Practice, 90l.

Fees and Allowances.—The Tenth of the First Year's Students, 1st, 2nd, 3rd, 4th, and 5th Year's Students, 1st, 2nd, and 3rd, the fees of the students, for the best Physiological Essay, to be illustrated by preparations and dissections.

The Chasenock 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 "Nature and Cure of Consumptions." The House Surgeons and Resident Assistant are chosen according to merit from amongst the Third and Fourth Year's Students, for the best Physiological Essay, to be illustrated by preparations and dissections.

The Committee of the "Nightingale Fund" has arranged with the authorities of St. Thomas' Hospital for the employment of 100 of the best and ablest 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, any application should be made to Mrs. W. W. Wardeyer, St. Thomas' Hospital, either by women as candidates for Training or by Institutions for Training Nurses.
WESTMINSTER HOSPITAL.

Winter Session.

ANATOMY AND PHYSIOLOGY.—Mr. Power, Monday, Wednesday, and Friday, at three. One course, 56.; two courses, 71. 7s.

ANATOMY, DESCRIPTIVE AND SURGICAL.—Mr. Christopher Heath. Wednesday, Thursday, and Friday, at a quarter-past nine. One course, 56.; two, 71. 7s.

ANATOMICAL DEMONSTRATION.—Mr. Teeran. Daily from ten to two. One course, 56.; two courses, 28. 7s.

CHEMISTRY.—Mr. F. Dupré, Ph. D. Tuesday and Thursday, at three; Friday, at half-past ten. One course, 56.; two courses, 71. 7s.

SURGERY.—Mr. Holthouse. Monday, Wednesday, and Friday, at five. One course, 56.; two courses, 71. 7s.

HOSPITAL PRACTICE.—Dr. Basham, Monday, Thursday, and Friday, at half-past one; Mr. Fincham, Wednesday, and Thursday, at half-past one; Dr. Radcliffe, Monday and Friday, at one. One course, (twelve months), 121. 18s.; two courses, perpetual, 211. 0s.

Assistant-Physicians.—Dr. Ansie, Monday and Thursday, at one; Mr. McPherson, Wednesday, and Thursday, at three; Mr. Willis, Wednesday, and Thursday, at one; Mr. Walker, Thursday, Saturday, and Monday, at half-past one; Mr. Brooke, Monday, Tuesday, and Friday, at half-past one; Mr. Holthouse, Wednesday and Saturday, at half-past one; Mr. Heath, Tuesday and Friday, at one. One course, 56.; two courses, 71. 7s.

SURGICAL MEDICINE.—Mr. Basham, Monday, Thursday, and Friday, at half-past one; Mr. Fincham, Monday, Wednesday, and Thursday, at half-past one; Mr. Radcliffe, Monday, Friday, at half-past one. One course, 56.; two courses, 71. 7s.

CLINICAL MEDICINE.—Dr. Basham, Thursday, at a quarter to two; Mr. Fincham, Thursday, at a quarter to two; Mr. Brooke, Friday, at a quarter past one; Mr. Holthouse, Saturday, at 9. One course, 56.; two courses, 71. 7s.

Pest-moria exams at two; Operations, on Tuesday, at 2.

Summer Session.

MATERIA MEDICA, &c.—Dr. Radcliffe, Monday, Thursday, and Friday, at three. One course, 56.; two courses, 71. 7s.

MEDICINE.—Dr. F. Bird. Tuesday, Thursday, and Friday, at four. One course, 41. 4s.; two courses, 56. 5s.

BOTANY.—Mr. Syre, Monday, Wednesday, and Friday, at half-past eleven. One course, 56.; two courses, 71. 7s.

MEDICAL JURISPRUDENCE.—Dr. Fincham and Dr. Ansie. Monday, Tuesday, Wednesday, and Friday, at three. One course, 36.; two courses, 56. 5s.

PRACTICAL CHEMISTRY.—Mr. F. Dupré. Tuesday and Thursday, at half-past nine. One course, 26. 8s.

PHYSICAL PHILOSOPHY.—Mr. Brooke, Monday, at 4. One course, 56.

COMPARATIVE ANATOMY.—Mr. Power, Tuesday and Friday, at nine. One course, 26.; two courses, 36.

HUSBANDRY SURGERY.—Mr. Walker. One course, 26.

PRACTICAL PHARMACY.—One course, 36.; two courses, 56. 8s.

Fee for all the Lectures required by the College and Hall, 40L. 7s. Fee for ‘Jitto, and Hospital Medical and Surgical Practice, 76L. 16s. in three instalments, Perpetual, 84L.

FRINGE-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 candidates being appointed by the House-Committee on the recommendation of the Physicians and Surgeons. Candidates are required to produce testimonials of good moral character, and certificates that they have been admitted to practice for six months as Clinical Clerk or Dresser—at a hospital which is not connected with the Hospital Board. The successful candidates are not only appointed without the payment of any fee, but they are provided with board and lodging in the Hospital, free of expenses.

Assistant House-Surgeon.—Is appointed without fee from among the senior students who attend 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 provided with in the Hospital, free of expense.

Prizes.—The following Prizes will be offered for competition to the Students of the Medical Department of the University and Medical School.

1. A prize of books or instruments for each of the Winter Courses; and similar prizes, of the same value, to be competed for by all students who have not presented themselves for their final examinations before any of the Examinations Boards, the subject being Clinical Medicine.—10. A prize of 10L. to be competed for by all students who have presented themselves for the final examinations before any of the Examinations Boards, the subject being Clinical Medicine.—10. A prize of six guineas, to be competed for by all students who have presented themselves for the final examinations before any of the Examinations Boards, the subject being Clinical Surgery.—10. A prize will be given for the best Essay on the Medical or Veterinary Materia Medica, to be of 10L. and ten guineas, to be competed for by all students who have not presented themselves for the final examinations before any of the Examinations Boards, the subject being Clinical Surgery. The essays will be sent to the Society for the Diffusion of Useful Knowledge. The essays 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.

Prizes for the Clinical Courses.—Prizes will be given for the Clinical Courses in the Winter Session. The prizes will be paid at the end of each Winter Session.

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.

M A D I N E  N E W S.

APOTHECARY'S HALL.—The following gentlemen passed their examination in the sciences and practice of medicine, and received certificates to practise, on Thursday, September 10.—John Walker, Dewsall; Mr. R. W. H. Brown, Wisbech; Mr. J. C. T. Smith, Maidstone; Mr. J. R. Jones, Southport; Mr. W. H. M. Thomas, Stamford; Mr. W. H. M. Thomas, Daventry. The following gentlemen, also, on the same day passed their first examination.—Edward Reynolds, Guy's Hospital; William Bevan, and St. Thomas's College.

The recent examination for prizes in botany, given by the Society of Apothecaries, the successful candidates were,—1, Henry Greenway, Wisbech, 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 50,000L.—has funded 3,000L. for the purpose of establishing two scholarships in the University of Edinburgh, of the value of 60L. each per annum.

MANSLAUGHTER BY A MEDICAL HERBALIST.—On Friday W. C. Maynard, Esq., held an inquest at Newcastle, on the body of Jane Sumsin, aged forty-nine, who died from the effects of a dose of meadow saffron, prescribed for her by Joseph Marcus, a German Jew medical herbalist, residing in Church-street. Mr. Robson presented, on behalf of the Town Clerk, a memorial to the Postmaster General, charging him with manslaughter, and Mr. Graham watched the case on behalf of Marcus, 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. Marcus. There seemed to be some little question as to whether Marcus said a teaspoonful or a tablespoonful; but that did not touch the question of the treatment the girl was to receive. He (the coroner) had qualified himself to deal with these things, which were very dangerous. If they thought Marcus gave the medicine, however well intentioned, he was guilty of manslaughter. As to Marcus not receiving any pay for the medicine, that was of no moment, because he was in a state of actual conflict in the jury. After an hour's consultation, the jury returned a verdict of manslaughter. As to Marcus not receiving any pay for the medicine, that was of no moment, because he was in a state of actual conflict in the jury. After an hour's consultation, the jury returned a verdict of manslaughter. As to Marcus not receiving any pay for the medicine, that was of no moment, because he was in a state of actual conflict in the jury. After an hour's consultation, the jury returned a verdict of manslaughter.
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 directed our attention to 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 phlegemnatic 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 3 parts 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 pseudomembrane detected in the urine, as usually occurs in diphtheritic angina, and we have therefore no conclusive evidence that the solution of tannin 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 object of 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, melagra, 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 the Hospital Saint Louis, publicly professed his belief in the efficacy of resins and empyreumatic substances in diseases of the skin, and daily prescribed in his wards, as the very best local modifier and cicatrizant of every eruption, and in chronic impetigo and eczema, a pomade containing from 13 grains to half-a-grain of purified tar to one ounce of lard. He has since replaced the latter 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. Lecoq:

B. Glycerinum, 3i.;
Amylea, 3i.;
Pice prurit, 5e.

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:

B. Glycerinum, 3i.;
Fleas prurit, 5e.

Heat: add pulv. amyli, q.s., to make a thin and homogeneous liniment.

I remain, etc.,
Oscar Ratz, M.D.,
 Taietniers de Grandson,
 (Switzerland).

SCIENTIFIC MISCELLANEA.

REDUCTION OF THE SIZE OF THE HEAD OF THE FOETUS WHEN IMPACTED AFTER EXPIRATION OF THE BIRTHING.—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 fetus, 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 (2½ in.), and if, despite efforts of extraction attempted with the hand, foreps, 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 brainy.

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 Dupuy to Smechius’s or Boét’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. Chaillu’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 sufficiently 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
The proper density; were it less consistent, it would not so accurately mould itself to the shape of the teeth.

It is then incrusted in the form of the maxillary. If, as usually is the case, the fracture is comminuted amidst the teeth, 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 expulsion.

In a few minutes the gutta-percha resumes its solidity, but for further security Mr. Morél-Lavallée recommends the use of hot 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 fastened 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 contraction caused by cooling tightens the apparatus, and a little pressure is necessary to adjust the gutta-percha to the jaw, with which it then sticks as firmly as 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. Morél-Lavallée, "does the application of the dressing procure such immediate relief. Pain is almost entirely allayed, and the power of speech and mastication 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. Morél applies pressure to the gutta-percha mould by means of a piece of leather at the chin. This has been found a convenient auxiliary. A more simple method would however consist in protracting as
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.

There was a clear-starched bagaged twenty-one, who accidentally introduced into that cavity, for purposes 3 its needles 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 its occurrence.

This gentleman was occupied by the introduction of a catheter the presence of the needle in the bladder, and proceeded as follows to its extraction: anesthetizing having in the first place been induced, an injection of water was thrown into the urinary reservoir of the bladder. The finger inside the vagina, and passed the blades of a long dressing case forced 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 viscera. Counteracting the action of the forceps got 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. Julie, Surgeon of the 6th Regiment of Rifles, describes as follows in the Gazette des Hopitaux a mode of dressing wounds, which he has found highly conducive to cicatrisation in atomic 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 granulations checked. The same application daily repeated promptly modifies the appearance of the sore, and imparts considerable activity to cicatrisation."

Mr. Julie 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 atomic 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 embriicated bands of adhesive plaster had long and unavailingly been resorted to. In Syria Dr. Julio 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 agglutination 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 1863, 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. Bizeau, 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 aethenic or anesthetic condition of the subject. Dr. Desponts, of Florence (Gers.), states in a pamphlet recently published, that cod-liver oil must be considered as the specific remedy for hemeralopia. Dr. Nettier, chief surgeon of the Strasbourg military hospital, must also be ranked with those who conceive that local treatment is beneficial in this disease. Mr. Nettier 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

Blennothasia; Bougies, Injections.—The obstinate duration of gleet almost always depends, as Bénaqué 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. Montander recommends the treatment to be conducted as follows.

The urethra should, in the first place, be examined with a large sized bongie, 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 bongie; instruments of very gradually increasing diameter must afterwards be used in order to restore, by slow degrees, the proper caliber 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. R. Rose Gallica, 5ij.  
Boil in coarse red wine 3x.

Inject three times daily.

No. 2. A. Acidii tannici, 3 gr. 30 x 5;  
Plumbi discretatius, 5 gr. 3x.

Aq. rose, 3vij. M.

Three injections daily.

No. 3. B. Zinci sulphatis 5 gr. 30 x 5;  
Acidi tannici, 3 gr. 3x.


Aq. rose, 3x.

M. Three injections daily.
THE MEDICAL CIRCULAR.

[Sept. 23, 1863.]

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 hemorrhoæs; 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.

Bower's plan for the Prevention of Pitting in Small-pox.—After describing in the Union Medecine 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 purpurac, 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. Bower, 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 (5j to 3j), 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 Amée 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:

B. Sugar, Oij.

Common gum, 3jv.

Hops, 5v.

Juniper berries, 3j.

Elderflowers, 2s.

Water, O1x.

Infuse the hops, elder flowers and juniper berries; strain; add the sugar and gum; cool to 68° Fahr.; 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 sugar and gum 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.

Mr. Garrigou brings forward in support of his views, the authority of Messrs. d'Archiac, de Verneuil, de Passy, Buteux, Preston, Lyell, Lublot, 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 flints remaining 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 Mundley Cliff (Norfolk), supplied by Mr. Prestwich, with the structure of the quarries of Hexnico, in Ouray, and the valleys of the Waveney, 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 siliceous 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 northwest of Europe, and of the Americas.

Hence Mr. Garrigou concludes that the co-existence of man with the extinct Mammoths is unquestionably demonstrated.

Academy of Medicine.—Mr. Paquot, 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 importance, although the coincidence he describes is necessarily of very unfrequent occurrence. Thus in thirty cases of deformed pelvis, which Mr. Paquot 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 fetus 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 Cesarean operation. Mr. Paquot conceives that, under the circumstances alluded to, both are equally desperate resources, and aducses in support of his views the history of his five cases of transverse presentation, which all proved fatal, with one exception; he therefore unhesitatingly declares himself favourable to the Cesarean 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 2½ or 3 inches, after the accoucheur has vainly endeavoured by external manipulations to turn the child, the Cesarean 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 fetus, 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 via naturales, the Cesarean operation must on no account be instituted. Embryotomy must be resorted to, and the fetus extracted by repeated applications of the cephalotrope.

Mr. Paquot's method of dividing the neck of the fetus 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

Academy of Science.—The lovers of geology were at first staggered by Mr. Eliee Beaumont's statements with regard to the nature of the soil of Moulin Quignon, but have been appeased from a judgment for which that gentleman has assigned no reasons. Mr. Garrigou again endeavours to show that the layers which in 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)

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LEARNED SOCIETIES.

Academy of Science.—The lovers of geology were at first staggered by Mr. Eliee Beaumont's statements with regard to the nature of the soil of Moulin Quignon, but have been appeased from a judgment for which that gentleman has assigned no reasons. Mr. Garrigou again endeavours to show that the layers which in 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)

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—Gueguenès Muséeven.
extration, 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 uterus cannot be reached, and the lipitate divides with the same ease the parts of the body situated between the lower angle of the scapula and the crista ili.

Mr. Tarnier effects the same result with an enlarged model of Bécclar’s sound. But the blunt hook may be used with entire safety, because it is excessively troublesome without necessity: the severing of the placenta.

— 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 fetus is generally born on the ninth return of the menses hemorrhagica.

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 fetus, 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. Jost 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 evidence of the existence of epidemic ophthalmia in France, previously to the date of Bonaparte’s expedition. Mr. Jost 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. Jost further inquires how this pre-eminent 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 cooperating circumstances, which it is not to be found 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 Salgine, 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 Minderi 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 apple of peru, in which the effect is more marked.

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 sclerotic 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 Afections—Congenital Syphilis.

Some of the more salient phenomena of syphilitic eruptions having been described, we will now consider other points in connection with those affecting the skin of the newborn. Before we proceed, it must be remembered that although they break 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 syphilides are less acute. The eruption is, in fact, sym pathetic of a general condition, and marks a crisis of the disease. This observation is most readily verified in the roseo-luscent 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 indolent, perhaps, in a holyday reveller, 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 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 upon 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 syphilitic skin there is also an offensive faecal 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, or possibly a new eruption arising in old cases hardly be noticed but for the advent of the local symptoms.

When treating the peculiarities of the eruptive diseases associated with an attack of goot, 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 syphilides. A tuberculous lichen will seem to be planted on a roseolar base. This observation only shows that there is nothing special in these coexistent eruptions; that the same cause gives rise to those that occur under ordinary circumstances, and are only modified by the syphilitic taint. It is unnecessary after what I have said to
dilute upon the different forms of venereal eruption; they are as various as common contagious diseases.

There are manifestations, however, which must not be overlooked; I allude to the syphilitic erythema and syphilitic pemphigus with 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 it as a mere question of infantile jaundice, whilst there are others who, with difficulty, recognise syphilis even in its most obvious characters. I have no doubt that there has been much unwarranted exaggeration on this subject, and that some instances have been apt to see syphilis everywhere. It is of great importance that an accurate diagnosis of the syphilitic infection should be established, because when 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 the 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, unmistakable instances of inherited syphilis; they are perpetually under eye among the deprived 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 far-reaching disease. Prostitution and the highest among young children under five years of age amount to 56 or 60 per cent. of the number of children born alive. It is not a willful neglect or starvation altogetherquarters, but it is clearly the signification of 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 confusing 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 gravel malady which is due to syphilis. In some instances, the derogation of the cutis, and the accompanying inflammatory action, cause the great burning and, unless relieved by basting, wearing and exhaustion ensue. The child’s health fails, aphthous, which are in fact the concomitants of the cutaneous eruption, appear in the mouth, the lips are fissured, diarrhoea sets in, and death is the result. Sometimes this eruption covers the entire surface, and is 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 suffering 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 understand that in a very few days it succumbed. Well, cases of this kind are not syphilis; 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 venera taint. Syphilitic disease, the surgeon is 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 emaciated, and in a debilitated 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 deep and definite and 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 an allowance for the relief of these symptoms is desirable, in most instances, to subject the mother to treatment as well as the child. Of course it would be desirable to get rid of this infant, or of such one of such infants as that should be induced, to give it artificial nutriment. I have found that when children are fed from birth or very soon afterwards with prepared food, it 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.

1. 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.

2. The syllabuses of the three branches of the University’s 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 Studies.

3. No candidate is admitted to a Professional Examination who has not passed a satisfactory examination on at least two of the following: Latin, 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 attendance as an syphilitic.

4. The examinations under Sections 2 and 3 are conducted by Examiners in Arts, together with some of the Medical Examiners. The examinations being all held at one examination time, the University of the Universities in England, Scotland, or Ireland, or in any Colonial or Foreign University, specially recognised for this purpose by the University Court, excepts all preliminary examination.

5. 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 Addenda Medica, 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 Surgery. Attendance during, at least, six winter months on the sessions in Surgery is to be given at least twice a week during the prescribed periods.

6. Every candidate for the Degrees of M.B. and C.M. must give sufficient evidence of six months’ attendance in the following:

1. That he has studied each of the following departments of Medical Science, during Courses of not less than 100 lectures, viz.:-

(a) Anatomy, including the Dissection of the Human Body, for three months each, being 300 lectures; or a course of 300 lectures on Moral 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 at least three winter months, or a course of 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 the College or Faculty, or under the direction of a Surgeon- Officer of the Royal Navy, or of a Member 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 Dispensing, at the laboratory of the College or Faculty, or of a 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 the 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 rid of this infant, or of such one of such infants as that should be induced, to give it artificial nutriment. I have found that when children are fed from birth or very soon afterwards with prepared food, it 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.

1. 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.

2. The syllabuses of the three branches of the University’s Extra-Professional Education are English, Latin, Arithmetic, the Elements of Mathematics, and the Elements of Mechanics; and the proficiency of students in these
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. Entrance. 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 viva 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 conducted as far as possible, by Examinations 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 engaged sufficiently in his received the Degree of Bachelor of Medicine, for at least 2 years in attendance on the Medical, or in the Military or Naval Medical Services, or in Medicine 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 any of the Universities of England, Scotland, or of such other Universities as are above specified, or unless he shall be 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 Council.

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 1872.)

Elected.

Chancellor, the Earl of Derby
High Steward, the Earl of Carnarvon
Vice-Chancellor, J. P. Lightfoot, DD, Rector of Exeter College
Registrar, E. W. Rowden, D.C.L., late Fellow of New College

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. 2nd. To pass all the Examinations in Arts. 3rd. After the Final Classical Examination, to pass two years in practice: or to a Scientific Examination for the Degree of Bachelor of Medicine; and then pass the final or practical Examination for the same degree. This Degree confers the Licence to Practice. 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 electives above-mentioned—Mathematics, Natural Science, and Law and History.

The instruction in Natural Science is carried on at the Museum, where the following Teachers have their Department:—Regius Professor of Mathematics, and Clinical Professor, H. W. Acland, M.D., LL.D., F.R.S.
Savilian Professor of Astronomy, W. P. Donkin, M.A., F.R.S.
Savilian Professor of Geology, Henry, J. S. Sigourny, M.A., F.R.S.
Professor of Experimental Philosophy, B. Walker, M.A., F.R.S.
Deputy-Professor of Experimental Philosophy, G. Griffith, M.A. Fellow 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 Mackey, 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. Daunby, M.D., F.R.S.

The Medical Examinations take place annually in the Michaelmas Term.

Scholarships of about the value of £70 are obtainable at Christ Church, Magdalen, and other Colleges, by competitive examination in Natural Science. A Travelling Fellowship in the 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 Fellowship for 1861 is 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 at 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 III. of the said 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, 7th, 8th, 9th, 10th, and 11th, and an easy passage from a Latin Prose Author.

3. Arithmetic.—The Common Rules, including Decimals.


7. Moral Philosophy.—The springs of Action,—The Moral 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 191).

* Candidates may consult Whately's "Elements of Logic" on Fallacies, and Mill's "Logic," 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 Prospects 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 and 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 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 hitherto conferred on a most estimable and accomplished physician, has put the coup de grace 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, Skye, Quain, Todd, Pereins, 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 collegiate powers peculiarly fit them for the professorial chairs. The small schools offered a home to such aspirants, who, if incompetent, would soon re- lapse 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 elite 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 bond 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 exclusiveness 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
THE MEDICAL CIRCULAR.

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 80,000l., 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 not less than 6,000,000l., 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, haemorrhage 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 antagistic to puerperal inflammation, recommending its very early use in order to secure its beneficial effects, and advancing 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 vomition, owing to the prevalent ascetic 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 fetor 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 bleomuth, as suggested by Dr. Alfred Hulse. 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 Haydon relates a “Case of Poisoning with the Berries of the Atropa Bello-
The Medical Circular. [Sept. 23, 1863.

NOTICES TO CANDIDATES FOR DEGREES.

In provincial schools a candidate can make one annua medicina 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 annae medicina—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 four.

The Edinburgh Extra-Academical Classes only qualify if the fees 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 annae Medicina, 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 Graduations, etc., see the University Calendar, Published by Messrs. Macrae & Stewart, South Bridge, Edinburgh. Price 2s.; per Post, 2s. 6d.

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 to be acceptable to the University, and is entitled to that degree, and who shall, on examination, satisfy the medical examiners of the sufficiency of his professional knowledge; provided always that the degree shall not be conferred, under this section, to a greater number than ten in any one year.

2. No 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 presenting himself, pay a fee of fifty guineas, inclusive of the stamp duty.

3. The Degree of Medicine to be hereafter granted by the University of St. Andrews shall be divided into three classes, and be designated respectively Bachelor of Medicine (MB), Master in Surgery (M.Ch.), and Doctor of Medicine (MD).

4. 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.

5. 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, Logic, Moral Philosophy; and the examination on these subjects shall be as far as possible, take place before the candidate has entered on his medical curriculum.

6. 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 Commission, shall also be considered as all preliminary examination.

7. No candidate 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 at least the term of five 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 period.

8. Every candidate for the Degrees of Bachelor of Medicine and Master in Surgery shall give sufficient evidence by Certificates—

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. 1. 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 in the same extent in all 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 system 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 Book of Virgil.

Candidates who mean to appear at any of these Examinations must insert 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.
(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 Obstetrics; and has, as far as practicable, attended the classes of the course of Botany, Midwifery, of the three months’ course, being reckoned equivalent to six months’ course, provided different departments of Obstetric Medicine, as well as those of the course of General Pathology, and, in schools where there is no such course, a three months’ course of lectures on Materia Medica, together with a supplemental course of Practice of Medicine, or clinical medicine.

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, respectively.

(3) That he has been engaged for at least three months, by apprenticeship or otherwise, in compounding and dispensing drugs at a hospital, dispensary, or medical school, or the practice of a Surgeon, or a Lecturer, or of a Lecturer in Dublin or London Society of Apothecaries, of a Member of the Pharmaceutical Society of Great Britain, for the third year of his course.

(4) That he has attended for at least six months, by apprenticeship or otherwise, the practice of a hospital, or the practice of a Dispensary, or of a physician, surgeon, or Member of the London or Dublin Society of Apothecaries.

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 practice, and that not earlier than the third year of his course, as already provided, 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 the University of London 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 not fewer than eighty patients, in any one year of his course, 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 less than one fourth of the amount of his charge for the like course of lectures in the University of Edinburgh, of Glasgow, or of Aberdeen, as the case may be.

XI. Every candidate for the Degree of Bachelor of Medicine and Master in Surgery shall, at such period of the year in which he proposes to graduate, be designated by the Senate Academicus, by an address to the Senate,

(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) His studies, as well as literature and philosophy as in medicine, accompanied with proper certificates;

(3) An inaugural dissertation, composed by himself, to be approved by the Senate Academicus.

XII. Every candidate for the Degree of Bachelor of Medicine and Master in Surgery, shall be examined, both in writing and viva voce.—First, on chemistry, botany, elementary anatomy, and medicine in general; secondly, on advanced anatomy, with comparative anatomy, physiology, and surgery; and, thirdly, on practice of medicine, clinical medicine, clinical surgery, midwifery, and general 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 successful 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; each of which 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 Master of Medicine only, he shall, not on admission thereto, be required to pay any further fee in addition to the fifteen guineas so paid by him; but, if he desires to be admitted to 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 HOMEOPATHIC PRACTITIONER IN AUSTRALIA—Macfarlane v. Hickson.—This was a complaint brought by a medical man against the defendant, under the Homeopaths’ 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. Dr. 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 Mechanical Institute also with "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 sign-board you saw "Dr. Hickson," the word doctor was contracted. It would stand as contracted for other words. It would stand for doctor. The defendant having addressed the bench in defence, Mr. Gliddon 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 be quite disposed to let it be done. The bench would fine the defendant one shilling.

—Ballarat Star.

NEW REGULATIONS OF APOTHECARY’S 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, 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 recognized universities will 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, 41. 4s. 4d.; perpetual, 5l. 3s.

ANATOMY, DESCRIPTIVE AND SURGICAL—Mr. Elkington, Mr. Jones, and Mr. Johnson. One session, 41. 4s. 4d.; perpetual, 7l. 7s.

PRINCIPLES AND PRACTICE OF MEDICINE—Dr. Fletcher and Dr. Russell. One session, 4l. 4s. 4d.; perpetual, 7l. 7s.

PRINCIPLES AND PRACTICE OF SURGERY—Mr. Baker and Mr. Bolton. One session, 4l. 4s. 4d.; perpetual, 7l. 7s.

SURGICAL PATHOLOGY—Mr. Pemberton.

DENTAL PHYSIOLOGY AND SURGERY—Mr. Hawkins.

CHEMISTRY—Dr. Hill. One session, 4l. 4s. 4d.; perpetual, 7l. 7s.

Summer Session.

MIDWIFERY, AND THE DISEASES OF WOMEN AND CHILDREN—Dr. Elkington. One session, 3l. 3s.; perpetual, 4l. 4s.

MATERIA MEDICA AND THERAPEUTICS—Mr. Basset and Mr. Harrison. One session, 41. 4s. 4d.; perpetual, 7l. 7s.

PRACTICAL CHEMISTRY—Dr. Hill. One session, 2l. 2s.

BOTANY, STRUCTURAL AND SYSTEMATIC—Mr. Westcott, One session, 3l. 3s.; perpetual, 4l. 4s.

FORENSIC MEDICINE—Dr. Hill and Mr. Swain. One session, 3l. 3s.; perpetual, 4l. 4s.

MATHEMATICS AND PHYSICS—Mr. Bates.

Composition fee for all the Lectures required by the College and Hall, 4l. 4s. Perpetual fee to all the Lectures, 50l. Entrance fee, 2l. 2s.; Medical tutor, 2l. 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 by-laws of the College.

BIRMINGHAM QUEEN'S COLLEGE.

Winter Session.

ANATOMY AND PHYSIOLOGY—Professor Lawson. One course, 4l. 4s.

ANATOMY, DESCRIPTIVE, AND SURGICAL—Professor F. Jordan. One course, 4l. 4s.

ANATOMICAL DEMONSTRATIONS—Professor F. Jordan and Dr. Foster. One course, 4l. 4s.

CHEMISTRY—Mr. Anderson. One course, 4l. 4s.

MATERIA MEDICA AND PATHOLOGY—Professor Wade. One course, 4l. 4s.

SURGERY—Professor Sands Cox. One course, 4l. 4s.

HOSPITAL PRACTICE—Queen's Hospital—Physicians—Dr. Wade, Dr. A. Fleming, Dr. Sutton; Dr. Foster (Asst.) One course (six months), 6l. 6s. Surgeons—Mr. F. J. West, Mr. Ganges, Mr. F. Jordan; Mr. Wilders (Asst.). One course (twelve months), 10l. 10s.

Professors Berry and Suckling (Ass't.). One course, 5l. 5s.

Summer Session.

MATERIA MEDICA, &c.—Professor Divers. One course, 4l. 4s.

MIDWIFERY, &c.—Professors Clay and Suckling. One course, 4l. 4s.

BOTANY—Professor Hinds. One course, 4l. 4s.

MEDICAL JURISPRUDENCE—Professor Postgate. One course, 4l. 4s.

PRACTICAL CHEMISTRY—Professor Anderson. One course, 3l. 3s.

COMPARATIVE ANATOMY—One course, 2l. 2s.

DENTAL PHYSIOLOGY AND SURGERY—Mr. Parker.

OPHTHALMIC MEDICINE AND SURGERY—Mr. Hunt.

CLINICAL MEDICINE—Ivy, Wade and Flesing.

CLINICAL SURGERY—Messrs. West, Ganges, and F. Jordan.

For all the Lectures required by the College and Hall, and for Hospital Medical and Surgical Practice, 6l. 6s.

Scholarships and Prizes for strictly Professional Knowledge.—The Warnford Scholarships: Four scholarships of 10l. each, held for two years, conferred for diligence and good conduct. The Warnford gold medals, two prizes for essays of a religious as well as scientific nature. Dr. Wade's prize of 5l. 5s. for Clinical Reports in Medicine. Professor Sandes Cox's prize of 5l. 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, 5l. 5s.; perpetual, 9l. 9s.

ANATOMY, DESCRIPTIVE AND SURGICAL—Dr. Coe and Mr. Leonard. Monday, Tuesday, Thursday, and Saturday, at a quarter-past ten. One course, 5l. 5s.; perpetual, 9l. 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, 5l. 5s.; perpetual, 9l. 9s.

MEDICINE—Dr. Brittan. Monday, Wednesday, and Friday, at a quarter-past eight. One course, 4l. 4s.; perpetual, 6l. 6s.

SURGERY—Mr. Frichard. Tuesday, Thursday, and Saturday, at a quarter-past eight. One course, 4l. 4s.; perpetual, 6l. 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, 4l. 4s.; perpetual, 6l. 6s.

MIDWIFERY—Dr. Swain. Daily (except Saturday), at ten. One course, 4l. 4s.; perpetual, 6l. 6s.

BOTANY—Mr. T. E. Clark. Monday, Tuesday, Thursday, and Saturday, at ten. One course, 3l. 3s.; perpetual, 5l. 5s.

MEDICAL JURISPRUDENCE—Mr. Marshall and Mr. Herapath (Toxicology). Monday, Tuesday, Thursday, and Friday, at nine. One course, 3l. 3s.; perpetual, 5l. 5s.

PRACTICAL CHEMISTRY—Mr. Herapath. Daily (except Saturday), at eight a.m. One course, 3l. 3s.

CLINICAL MEDICINE—Weekly.

CLINICAL SURGERY—Weekly.

For all the Lectures required by the College and Hall, except Practical Chemistry, 4l. 4s.

Fee for all the Lectures and for Hospital Medical and Surgical Practice, 6l. 6s.

Prices are awarded after competition amongst students of the first, second, and third years respectively. The interest of 500l. will be given to the prized of the third year, who shall have been educated at the Infirmary, and can produce certificates of good conduct and moral character. The prizes of the third year, who shall have been educated at the General Hospital, will receive in addition to the Prize 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. E. F. Fripp. Surgeons—Mr. R. W. Coe, Mr. W. Michell Clark, Mr. F. Poole Lansdown, Mr. Henry Marshall. Physician-Accoucheur—Dr. J. G. Swain. Resident-Surgeon—Dr. R. C. B. Holland.

Medical or Surgical Practice—Six months, 6l. 6s.; one year, 10l.; perpetual, 20l. Library fee, one guinea per annum. Dressers' or clinical clerkship, five guineas for six months. Two scholarships of 10l. 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 for one year.


Fees—Surgeon's pupil, first year, 12l. 12s.; second year, 21l.; third years, 26l. 6s. Dresser (extra fee), 12l. 12s.; two years, 21l.; three years, 36l. 6s.
THE MEDICAL CIRCULAR.

THE STUDENTS' GUIDE—Continued.

years, 20l. 5s. Physicians' pupil, six months, 8l.; one year, 10l.; eighteen months, 20l.; perpetual, 23l.

Each physician appoints a clinical clerk without extra fee. Each pupil is required to pay an entrance-fee to the Infirmary of 5l., and a subscription of 1l. 1s. per annum to the library.

Dress residence in the house for one week in rotation to attend on casualties.

Prices—Supple price: A gold medal, value 5l. 5s., and 7l. 7s. in money, annually, to successful candidates, medical and surgical. Clerk's price: Interest of 600l. annually to the presmen 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, 5l. 5s.; perpetual, 82l. 8s. (Pathology.)

ANATOMY, DESCRIPTIVE AND SURGICAL—Dr. King. Daily, at five. Sessional course, 4l. 4s.; perpetual, 6l. 6s.

ANATOMICAL DEMONSTRATIONS—Dr. King.

Crawford, Dr. Maclagan. Tuesday, Wednesday, Thursday, and Friday, at nine p.m. Sessional course, 5l. 5s.

MEDICINE—Dr. Daly. Daily, at three. Sessional course, 5l. 5s.; perpetual, 7l. 7s.

SURGERY—Mr. J. H. Gibson. Tuesday, Thursday, and Saturday, at four. Sessional course, 3l. 3s.; perpetual, 5l. 5s.

HOSPITAL PRACTICE—Hull General Hospital—Physicians—Sir H. H. Haldon, 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—Dr. Arden and Mr. Holden. Daily, at eight a.m. Sessional course, 5l. 5s.; perpetual, 7l. 7s.

MIDWIFERY—Mr. H. Gibson. Daily, at seven a.m. Sessional course, 4l. 4s.; perpetual, 6l. 6s.

MEDICAL JURISPRUDENCE—Dr. Munroe. Monday, Wednesday and Saturday, at three. Sessional course, 3l. 3s.

PRACTICAL CHEMISTRY—Mr. Walton. Sessional course, 2l. 2s.

HISTOLOGY—Dr. Munroe.

CLINICAL MEDICINE—Sir H. Cooper and Dr. Daly. Twice weekly. Sessional course, 1l. 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, 4s. 2d. Fee for ditto, and Hospital Medical and Surgical Practice, 6d. 1s.

LEEDS SCHOOL OF MEDICINE.

Winter Session.

ANATOMY AND PHYSIOLOGY—Mr. Ikaia and Mr. Wheelhouse. Monday and Tuesday, at twelve. First course, 4l. 4s.; second course, 3l. 3s.

ANATOMY, DESCRIPTIVE AND SURGICAL—Mr. T. P. Teale, Jun., Mr. Atkinson, and Mr. Scotton. Tuesday, Thursday, and Saturday, at five. Sessional course, 6l. 6s.; second course, 5l. 5s.

ANATOMICAL DEMONSTRATIONS—Mr. Teale Jun.

CHEMISTRY—Mr. Scottargood and Mr. Reynolds, F.C.S. Monday, Wednesday, Thursday, and Friday, at six. First course, 4l. 4s.; second course, 3l. 3s.

MEDICINE—Dr. Chadwick, Dr. Heaton, and Dr. Hardwick. Monday, Tuesday, Wednesday, and Thursday, at five. First course, 5l. 5s.; second course, 3l. 3s.

SURGERY—Mr. Nunnely and Mr. S. Hey. Monday, Wednesday, and Friday, at eight p.m. First course, 4l. 4s.; second course, 3l. 3s.

HOSPITAL PRACTICE—Leeds General Infirmary—Physicians—Dr. Chadwick, Dr. Heaton, and Dr. Hardwick. Surgeons—Mr. Smith, 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, 4l. 4s.; second course, 3l. 3s.

MIDWIFERY, &c.—Mr. Smith and Mr. W. N. Price. Daily, at seven a.m. First course, 4l. 4s.; second course, 2l. 2s.

BOTANY—Mr. W. Hall. Monday, Tuesday, Thursday, and Friday, at five. First course, 3l. 3s.; second course, 1l. 1s.

MEDICAL JURISPRUDENCE—Dr. P. Smith. Tuesday and Friday, at three. First course, 3l. 3s.; second course, 1l. 1s.

PRACTICAL CHEMISTRY—Mr. Scottargood. Monday and Thursday, at four. First course, 2l. 2s.

OPHTHALMIC MEDICINE AND SURGERY—Mr. Nunnely.

CLINICAL MEDICINE—Dr. Chadwick and Dr. Heaton, twice weekly; Dr. Hardwick and Mr. Smith, ditto.

CLINICAL SURGERY—Mr. Teale and Mr. S. Hey.

For all the Lectures required by the College and Hall, except Pract. Chem., 4s. 2d.

Three clinical clerkships are at the disposal of the Physicians and Surgeons to the General Infirmary, and are gratuitous.

Clinical lectures are given on ophthalmic and auricular practice at the Eye and Ear Infirmary, by Mr. Nunnely.

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. East, Mr. R. Bickersteth, and Mr. Long.

ANATOMY AND PHYSIOLOGY AND DESCRIPTIVE ANATOMY—Mr. Fletcher and Dr. Waters. Daily, at half-past eight and (ex. Saturday) half-past nine a.m., 4l. 4s.

ANATOMICAL DEMONSTRATIONS—Dr. Graham.

CHEMISTRY—Dr. J. B. Edwards. Tuesday, Thursday, and Saturday, at four. 5l. 5s.

MEDICINE—Dr. Cameron. Daily, at five (ex. Saturday) 5l. 5s.

SURGERY—Mr. Long, and Mr. E. R. Bickersteth. Four days weekly, at six. Courses required 5l. 5s.

HOSPITAL PRACTICE, AND CLINICAL LECTURES, MEDICAL AND SURGICAL—Six months, 10l. 10s.; first year, 18l. 1s.; second year, 12l. 12s.; third year, 10l. 10s.

Summer Session.

MATERIA MEDICA—Dr. J. B. Nevin. Daily, at eight a.m. 4l. 4s.

MIDWIFERY, &c.—Mr. Batby, Dr. Grimshawe, &c. for Children, 7l. 7s.

BOTANY—Dr. Collingwood. Tuesday, Wednesday, Thursday, and Friday, at half-past nine. 3l. 3s.

MEDICAL JURISPRUDENCE—Dr. E. Whittle. Four days, at three. 3l. 3s.

PRACTICAL CHEMISTRY—Dr. Edwards. Monday and Thursday, at six. Courses required 3l. 3s.

PATOLOGY AND MORBID ANATOMY—Dr. Geo. Wednesday, at three. 1l. 1s.

OPHTHALMIC SURGERY—Dr. R. H. Taylor. Tuesday and Friday, at two. 1l. 1s.

DENTAL SCIENCE—Dr. Snape. Tuesday at nine. 1l. 1s.

DENTAL MECHANICS—Vagiant.

DENTAL ANATOMY AND PHYSIOLOGY—Mr. Fletcher, and Dr. Waters. Monday and Thursday, at a quarter-past ten. 2l. 2s.

METALLURGY—Dr. Edwards. Monday, at five p.m. 1l. 1s.

For all the Lectures required by the College and Hall, 4s. Ditto, and for Hospital Medical and Surgical Practice, 5l. 5s.

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 Doctors and six Clinical Clerks will be elected quarterly, by selection and examination, from amongst the house and out-patients 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 50 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 London Hospital attached to the Royal Infirmary; fee, 3l. 3s. per annum; six months, 2l. 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, 3l. 3s. for three months.

Children's Hospital, Hope street, 3l. 3s. for six months, 5l. 5s. percutual. Dental practice, 1l. 1s. per annum, 1l. 1s. 6d. perpetual, Rainhill County Asylum, 4l. 4s. for three months.
THE MEDICAL CIRCULAR. [Sept. 23, 1863.

THE STUDENTS’ GUIDE—Continued.

MANCHESTER ROYAL SCHOOL OF MEDICINE.

Anatomy and Physiology—Mr. Turner and Mr. W. Smith. Tuesday, Wednesday, and Thursday, at twelve. One course, 4s. 4d.

Anatomy, Descriptive—Mr. Land and Mr. F. Heath. Tuesday, Wednesday, Thursday, and Friday, at a quarter to nine. One course, 4s. 4d.

Anatomical Demonstrations—Mr. D. J. Leech. Monday and Tuesday at one, Wednesday, Thursday, and Friday, at a quarter to nine. One course, 4s. 4d.

Chemistry—Mr. D. Stone. Tuesday at one, Wednesday at two, Friday at half-past twelve. One course, 4s. 4d.

Medicine—Dr. W. M. Roberts. Monday, Tuesday, and Thursday at one. One course, 4s. 4d.

Surgery—Mr. G. Southam. Monday, Tuesday, and Thursday, at two. One course, 4s. 4d.

Winter Course.


Summer Session.

Anatomy—Dr. A. Somers. Tuesday and Wednesday at twelve, and Friday at half-past twelve. One course, 4s. 4d.

Midwinter, &c.—Mr. Greaves. Monday, Wednesday, Thursday, and Friday, at nine. One course, 4s. 4d.

Botany—Mr. Grindon. Monday, Wednesday, and Thursday, at twelve. One course, 4s. 4d.

Medical Jurisprudence—Mr. G. M. Harrison. Monday and Wednesday at one, and Friday at half-past one. One course, 4s. 4d.

Practical Chemistry—Mr. D. Stone. Tuesday and Thursday, at one. One course, 4s. 4d.

Pathology and Morbide Anatomy—Dr. Morgan. Monday and Thursday, at twelve. One course, 4s. 4d.

Oraltomy Surgery—Mr. Hunt and Mr. Lund. Monday, at a quarter to nine; Mr. Lund (in winter), Saturday, at a quarter to nine. One course, 2s. 6d.

Clinical Medicine—Physicians, Royal Infirmary. Wednesday, at eleven. One course, 4s. 4d.

Clinical Surgery—Surgeons, Royal Infirmary. Tuesday, at eleven. Fee for all the Lectures required by the College and Hall, 4s. Fee for ditto, and for Hospital Medical and Surgical Practice, 90 guineas, including fees for dress rehearsals.

Three scholarships offered for competition: one of 20l. for third year’s students; one of 15l. for second year’s students; and one of 10l. for first year’s students, for general proficiency. Also, prizes for first, second, and third year’s students, from 1l. 1s. to 5l. 5s.

NEWCASTLE COLLEGE OF MEDICINE.

Anatomy and Physiology—Dr. Embleton. Twice a week, at a quarter to nine, a.m. One course, 4s. 4d.

Anatomy, Descriptive and Surgical—Dr. M‘Nay. Four days a week, at nine. One course, 4s. 4d.

Anatomical Demonstrations—Mr. W. Murray. Daily, from ten to four.

Chemistry—Dr. Richardson, Mr. E. J. Brownell, and Mr. A. F. Maitce. Monday, Tuesday, Thursday, and Friday, at four, p.m. One course, 4s. 4d.

Medicine—Dr. Charlton. Monday, Wednesday, and Friday, at five p.m. One course, 4s. 4d.

Surgery—Dr. Heath. Monday, Wednesday, and Friday, and at seven p.m. One course, 4s. 4d.

Hospital Practic: Newcastle Infirmary—Physicians—Dr. White, Dr. Charlton, Dr. Embleton, and Dr. Humble. Each twice weekly, at eleven. Surgeons—Sir John Fife, Dr. Heath, Mr. A. Mandale, and Dr. Gibb. Daily, at half-past nine. One course, (six months), 20l. 5s.; (twelve months), 2l. 1s.; perpetual, 17l. 17s.

Anatomical and Therapeutics—Dr. Humble. Daily, at five. One course, 3s. 6d.

Midwinter, &c.—Dr. Dawson, and Dr. Gibson. Daily at half-past eight, a.m. One course, 3s. 6d.

Botany—Mr. Thornhill and Mr. H. B. Boyd. Monday, Wednesday, Thursday, and Friday, at nine, a.m. One course, 3s. 6d.

Medical Jurisprudence—Dr. Denkin. Monday, Tuesday, Thursday, and Friday, at six p.m. One course, 3s. 6d.

Pathology and Murbid Anatomy—Dr. Fenwick and Dr. Gibb. Wednesday, at four, p.m. One course, 3s. 6d.

Military Surgery—Sir John Fife.

Operative Surgery—Dr. Heath. One course, 3s. 6d.

Fee for all the Lectures required by the College and Hall, 4s. 4d. Fee for ditto, and Hospital Medical and Surgical Practice, 6d. 1s.

Medical Scholarships in the University of Durham.—Four scholarships of 25l. 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 dress rehearsals are also conferred for merit.

SHEFFIELD MEDICAL INSTITUTION.

Physiology—Dr. Keeling. Daily. One course, 4s. 4d.

Anatomy, Descriptive and Surgical—Mr. Skinner and Dr. Allanson.

Anatomical Demonstrations—Mr. H. Walker and Mr. Le Tall Daily. One course, 2s. 6d.

Chemistry—Dr. Bingley. Daily. One course, 6s. 4d.

Medicine—Dr. Bartolomé. Daily. One course, 4s. 4d.

Surgery—Mr. Barber and Mr. Favell. Three days weekly. One course, 3s. 6d.

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 10l. 10s.; perpetual, 18l. 10s.; 2l.

Anatomical and Surgical—Dr. Griffiths. Daily, at eight, p.m. One course, 3s. 6d.

Practical Chemistry—Dr. Bingley.

Dental Surgery—Dr. Motywebber.

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, 4s.

For the Dental Diploma of the Royal College of Surgeons 2l.

SCOTTISH MEDICAL SCHOOLS, &c.

UNIVERSITY OF EDINBURGH.

Winter Session.

Anatomy, Demonstrations, &c.—Dr. Goodie. Nov. 3, one, and four. Fee 8l. 8s.

Chemistry.—Dr. Lyon Playfair. Nov. 3, at ten. Fee 4l. 4d.

Materia Medica.—Dr. Christison. Nov. 3, at nine. Fee 4l. 4s.

Physiology (Institutes of Medicine)—Dr. Bennett. Nov. 2, at eleven. Fee 4l. 4s.

Pathology and Surgical Anatomy.—Dr. Henderson. Nov. 3, at four. Fee 4l. 4s.

Medicine.—Dr. Laycock. Nov. 3, at three. Fee 4l. 4s.

Surgery.—Mr. Miller. Nov. 3, at ten. Fee 4l. 4s.

Midwinter, &c.—Dr. Simpson. Nov. 3, at eleven. Fee 4l. 4s.

Medical Jurisprudence.—Dr. D. Maclagan. Dec. 1. Fee 4l. 4s.

Natural History.—Prof. Allman. Nov. 3.

Hospital Practice: Edinburgh Royal Infirmary—Physicians—Dr. Bennett, Dr. Simpson, and Dr. Laycock. Daily. Ten Surgeons: Mr. Syme, Daily, at twelve.

Clinical Medicine.—Dr. Bennett and Dr. Laycock. Daily and Friday, at twelve. Fee 4l. 4s.

Clinical Surgery.—Mr. Syme. Monday and Thursday, at twelve. Fee 4l. 4s.

Summer Session.

Botany.—Dr. Balfour. Eight o’clock. Fee 4l. 4s.

Histology.—Dr. Bennett.

Medical Jurisprudence.—Dr. D. Maclagan. Eleven o’clock. Fee 4l. 4s.

Comparative Anatomy.—Dr. Goodie. Fee 2l. 2s.

Practical Chemistry.—Dr. Lyon Playfair. Fee 2l. 2s.

Natural History.—Mr. Allman. Two o’clock. Fee 4l. 4s.

Medical Psychology and Insanity.—Dr. Laycock.

Matriculation.—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.

Midwifery—Dr. Keiller, Dr. J. Matthews Duncan. 4 High School Yards.

Medical Jurisprudence—Dr. Littlejohn.

Materia Medica and Dietetics—Dr. Alexander Johnson.

Clinical Surgery—Dr. Spence, and Dr. Gellie.

Clinical Medicine—Dr. Warburton Begbie, Sanders, J. Matthews Duncan, and Rutherford Haldane.

Pharmacological 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. Handside.

Operative Surgery and Surgical Anatomy—Dr. P. D. Handside.

Pathological Anatomy—Dr. Granger Stewart.

Natural Philosophy—W. Lees, A.M.

History of Medicine—Dr. Warburton Begbie.

Venerable 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 Faculty of Physicians and Surgeons of Glasgow; the Apothecaries’ Society 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 the case the fee for any of the above courses 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 body.

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 close on November 15th, except for those who can give a satisfactory reason for delay.

EDINBURGH DENTAL DISPENSARY, Cockburn street.—Consulting Physicians—Professor Grigg, F.R.S., James Spence, F.R.S.E. Consulting Surgeon-Dentist—Robert Nasmyth, F.R.S.E. Surgeon-Dentists—P. B. Imrie, 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. E. 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 attendance. 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 medical and surgical officers are appointed by the physician and surgeons. Each surgeon appoints from four to nine dressers for six months. Assistants in the pathological department are appointed by the pathologist.


THE MEDICAL CIRCULAR. [Sept. 29, 1863.]

THE STUDENTS’ GUIDE—Continued.

T. G. Wein. Secretary to Medical Officers—Dr. Jas. Huntr. Average number of patients prescribed for at the Dispensary during the past year, 4,981; out-patients, 2,788. Six months, 3,3a.


GLASGOW UNIVERSITY.

ANATOMICAL DEMONSTRATION, &c.—Dr. A. Thomson. At eleven, two and ten. One course, 32a.

CHEMISTRY—Dr. T. Anderson. At ten. One course, 32a. MATERIA MEDICA—Dr. Easton. At eleven. One course, 32a.

PHYSIOLOGY (IST. OF MEDICINE) — Dr. Buchanan. At four. One course, 32a.

MEDICINE—Dr. Gardner. At one. One course, 32a.

SURGERY—Mr. Lister. At one p.m. One course, 32a.

MIDWIFERY, &c.—Dr. Pagan. At three. One course, 32a.

MEDICAL JURISPRUDENCE—Dr. Rainey. At twelve. One course, 32a.

NATURAL HISTORY—Dr. Rogers. At ten.

NATURAL PHILOSOPHY—Dr. W. Thomson. At nine and eleven. One course, 42a.

LECTURES ON THE EYE—Dr. Mackenzie. At six. One course, 212a.

HOSPITAL PRACTICE—Glasgow Royal Infirmary—Physicians—Dr. Thomson, Bell, Fraser, Ritchie, and Orr, at half-past eight. Surgeons—Dr. Leith, Dr. Morton, Dr. G. Buchanan, and Mr. Lister; at half-past eight. Assistant-Surgeons—Dr. Dewar and Dr. G. H. B. McLeod. One year, 65a.; perpetual, 101 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. Rainey. At twelve. One course, 32a.

PRACTICAL CHEMISTRY—Dr. Anderson.

NATURAL HISTORY—Dr. Rogers.

ZOOLOGY—32a.

MEDICAL PSYCHOLOGY AND INSANITY (Operative Surgery)—Dr. Lister.

Bursaries tenable by Medical Students—The Brisbane Bursary, of 300 guineas, held for four years by a student of Medicine, who is a Master of Arts. The Walton Bursary of 200 guineas, held by a medical student (a native of England being preferred) for four years. The Ayrshire Bursary, three in number, amounting each to 200 guineas, yearly, for three years, open to students of divinity, law and medicine, who have taken the degree of M.A.

GLASGOW LEIX-ING 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. Shoolbred, and Mr. Mouat. Students’ fee for six months’ attendance (including certificate), one guinea.

ABERDEEN UNIVERSITY.

Winter Session.

ANATOMY—Dr. John Smithies. At twelve. One course 32a.

ANATOMICAL DEMONSTRATIONS—At two. Dr. John Smithies.

PRACTICAL ANATOMY—Dr. John Smithies and the Demonstrator. From two to four. One course, with Demonstrations, 32a.

PHYSIOLOGY—(Inst. of Medicine)—Dr. Ogilvie. At four. One course, 32a.

MEDICINE—Dr. Macrae. At three. One course, 32a.

SURGERY—Mr. Pirrie. At one. One course, 32a.

MIDWIFERY, &c.—Dr. Doyce. At four. One course, 32a. MATERIA MEDICA—Dr. Ogilvie. At ninet. One course, 32a.

NATURAL HISTORY—Mr. Nichol. At two. One course, 32a.

NATURAL PHILOSOPHY—Mr. Thomson. At nine and ten. One course, 32a.

Summer Session.

BOTANY—Dr. Dickie. At eight. One course, 32a.

MATERIA MEDICA, 100 Lectures—Dr. Harvey. At twelve and three. One course, 32a.

ANATOMICAL DEMONSTRATIONS—Dr. John Struthers. At two.

OPHTHALMOLOGY—Dr. Wolfe. 32a.

MORBID ANATOMY—(On Winter), and on General Pathology (in Summer), by Dr. Beveridge. 16. 116. 6d. for each course.

PRACTICAL ANATOMY—Dr. John Struthers and the Demonstrator. At one. One course, 32a.

PRACTICAL CHEMISTRY—Mr. Brazier. One course, 32a.

ZOOLOGY, WITH COMPARATIVE ANATOMY—Mr. Nicol, P.R.S.E. At nine and ten. One course, 32a.

HISTOLOGY—Dr. Ogilvie and Mr. J. Thompson. From one to three. One course, 32a.

HOSPITAL PRACTICE—Aberdeen Royal Infirmary—Physicians—Dr. Kilgour, Williamson, Harvey and Carr. Daily at ten. Surgeons—Mr. W. Keith, Mr. W. Pirrie, Mr. D. Kerr, Mr. D. Fildes. Daily, at ten. Fee to the Hospital, perpetual, 6d. or first year, 310s. second year, 32.

CLINICAL MEDICINE—Dr. Kilgour. One course, 32a.; subsequent, 11 15a.

CLINICAL SURGERY—Mr. Keith. One course, 32a.; subsequent, 11 15 a.

The Regulations relative to the Registration of Medical Students, and the granting of Degrees in Medicine and Surgery, may be had of Dr. Maclean, 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), recommend as follows—

University of Aberdeen. In the Faculty of Medicine the number of Students shows an increase over the number of the previous year. This Faculty has received a wider constitution, and is furnished with ample apparatus for teaching the various branches of Medical Science, than it was before the establishment 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.

APOTHECARIENS’ 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 Rosell Henlow, Hdon. The following gentlemen also passed their first examination—George E. Legge Pearse, Westminster Hospital; Philip Cowen, St. Thomas’s Hospital.

SCHOOL 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 1st of October, and approaching completion. The President of the Social Science Meeting at Edinburgh on the 1st of October, and approaching completion. The President of the Public Health Department is Professor Christison; Vice-President Dr. Craigie (Fac. Coll. Physicians), Dr. Newbigging (Fac. Coll. Surgeons), and Mr. Lindsay (Edinburgh). The Superintendents of the Department are Dr. Markham and Mr. R. Rawlins, C.E., in conjunction with Dr. Littlejohn, Dr. Scoresby Jackson, Dr. Stevenson Macadam, who act as local secretaries. The following gentlemen also passed their first examination—George E. Legge Pearse, Westminster Hospital; Philip Cowen, St. Thomas’s Hospital.

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The meetings 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 be held in the Free Church 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; a reception will be given as a reception to the representatives of the Scots, and the Free Grammarian students and other public buildings and places of exhibition will be open to members during the week. Conversations will be held in the University, in the museum, for the Royal College of Surgeons, and in 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 Railway Company 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 Ardwick is chairman, and Mr. C. Lawson sub-committee, 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 Princess will be present at one of the concluding meetings 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 18th of August last:

C. J. Atkins.
J. J. Beattie.
J. A. Berker.
F. A. Byrne.
J. R. Barker.
R. H. Bolton.
J. Barry.
R. Cusynghame.
C. M. H. Currie.
E. H. Condon.
H. C. Collier.
J. P. Delahaye.
F. Dick.
W. E. Elee.
R. W. Forcath.
G. Fearon.
V. Gouldebury.

**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 Lockyer, M.D., Univ. Edin., F.R.C.P. Lond., resigned.—Dr. William Abbatts Smith, M.D., Univ. Lond., M.R.C.P. Lond., (examin.), M.R.C.S. Eng., and L.M. and S.A. Lond., Assistant-Physician to the Metropolitan Poli Hospital, has been elected Physician, vice Dr. Hughing Hynd, 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. Abbatts 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.P. Edin., has been appointed Assistant-Physician to the Royal Lunatic Asylum, Morningside, Edinburgh, vice Dr. David Yallowic, M.D., Univ. Edin., L.R.C.P. Edin., deceased, assistant to the medical Superintendent of the Glamorganshire County Lunatic Asylum, Bridgend.—Dr. John Miller Pirrie, M.D., Univ. Duls., L.R.C.S. Irel., and L.M., has been re-elected Physician, and Dr. John Brown, L.K.Q.P.C. Ire., and L.M., M.R.C.S. Eng., Surgeon to the General Hospital, Belfast.

**The Care of Dr. Linder, 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. Linder 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. Linder’s Committee are the Right Hon. Lord Seyle and Seile and the Very Rev. the Dean of Hereford.

**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 Saturday.

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

We are compelled to postpone our Reviews of Books until next week.

**BRISTOL.**—We believe that "Kamptuloon Floor Cloth" is very extensively used in both public and private buildings. Photographs that we have seen are from Gough and Boyes, 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.

**VERDICT.**—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 open to those charges 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 will publish if our correspondent will favour us with the particulars.

**Dr. G. De Gourge Rogers.**—The paper has been received.

**Mr. J. L. Laurens’ application.**—Has been referred to and has not been attended to.

**Mr. H. T. Anderson.**—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 diarrhoea, 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 ammonium and carbonic acid, or can we say what is the cause of the diarrhoea?

[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 persons 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 purified soil, and from the absence of light. This, doubtless, may cause diarrhoea 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 fulfill his engagement, and the fact of his services not being called into requisition is the fault of the patient.

A second year’s subscription,—1. Mr. Jakes Hoggs’s Manual of Ophthalmoscopic Surgery. 2. The fee for those who possessed a legal qualification before 1839 is 2l.; for those who possessed qualifications were subsequently obtained, 3l. It is only necessary to send the fee with your diploma 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. Hearns’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 the same sum is paid to doctors below the agricultural districts, and that objections on the score of economy may very fairly be urged against the system proposed by Dr. Hearns, 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.

**Scully’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, so, for instance, the days of his visits, and the charge made for each visit, &c. D. shall receive an answer next week.
Charing-cross Hospital Medical School.—This SCHOOL WILL COMMENCE ON Tuesday, October 14th, 1863, and the third term of the Course will be commenced on the 15th of January, 1864. The fees will be charged as follows:—Course A, £15; Course B, £12; Course C, £9; and Course D, £7. The School is conducted by the Medical and Surgical Staff of the Hospital. The fees are payable in advance. Applications should be addressed to the Secretary, Charing-cross Hospital Medical School, 13, Strand, London, W.C. 5.

ROYAL SCHOOL OF MINES.

During the Session 1863-4, which will commence on 5th October, the following COURSES OF LECTURES and PRACTICAL DEMONSTRATIONS will be given:

1. Chemistry—By A. W. Hofmann, L.L.D., F.R.S., etc.
3. Natural History—By T. H. Hussey, F.R.S., etc.
4. Geology—By Warrington W. Smythe, M.A., etc.
5. Mining—By J. T. Pirrie.
6. Applied Mechanics—By Robert Willis, M.A., F.R.S., etc.
7. Applied Chemistry—By John Pirrie, F.R.S.

Instruction in Mechanical Drawing, by Rev. J. B. Haywood, F.R.S., etc. The fee for students desirous of becoming Associate Members of the Institute of Civil Engineers is £3 13s. The fee for Associate Members of the Royal College of Chemistry (the Laboratory of the school) under the direction of Dr. Smith is £3 5s. The fee for Associate Members of the Metallurgical Laboratory is £3 5s.

The fee for students desirous of becoming Associate Members of the Institute of Civil Engineers is £3 13s. The fee for Associate Members of the Royal College of Chemistry (the Laboratory of the school) under the direction of Dr. Smith is £3 5s. The fee for Associate Members of the Metallurgical Laboratory is £3 5s.

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PARISIAN MEDICAL NEWS.

BIBLIOGRAPHY.

**Treaté d’Anasthésie Chirurgicale** (a Treatise on Anaesthesia during Operations), by Messrs. Perrin and Ladger-Lallemand, Fellows of the School of the Val de Grâce. (c)

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. Ladger-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 labours, 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 anaesthetic 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. Fleurens and Louget, but is in opposition with the opinions of Aschoff, and L. Le Fort, who, it is true, propound a modified theory and conceive death to be the result of a combination of both syncope and asphyxia. Whatever be the mechanism by which these 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 anaesthesia. 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 anaesthetic 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. Chassagne, 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 seen 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. Chassagne and Robert’s useful precepts, abound in valuable information. The authors, after describing the best methods of administration of anaesthetics, 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 sequence of operations. They conclude with remarks on the use of anaesthetics in special surgical and proctological procedures, and on their application to the practice of midwifery.

**Treaté de Chirurgie d’Armée** (a treatise on military surgery) by Dr. Legouest, professor of clinical surgery at the school of Val de Grâce. (c)

What Mr. Stromeayr 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 prepared 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 reappear, and should therefore be familiar to civil as well as to military practitioners.

Another number of the present Journal we reproduce (Art. 6425) 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, has not only met with, but has met with, the most novel difficulties in the treatment of wounds inflicted by fire-arms, 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 facility. Mr. Legouest’s work is so full of suggestions and 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., hemorrhage, 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, lacerum, puritis infectiosa, 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 interposed in the text, and the author not only thus makes us acquainted with the aspect and arrangements of the new ambulance wagons, litters, and cedeces, 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 various 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.
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 Connaissances Méthodiques Pratiques, Mr. Caffo 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 nurses 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 amputations of the foot consequent on the empirical treatment instituted by a surgeon 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 rat, 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 is killed 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 animacule 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 concludes 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. —Galibourg's Messenger.

— After a brilliant competition, Messrs. Simon and Tilleaux have been appointed Surgeons of the Hospitals of Paris.

The Medical Society of Amiens has awarded a gold medal of the value of 86l. to Dr. T. Picard of Guebwiller (Haut-Rhin), the author of the best memoir on the subject of the Hygiene of Operations employed in Spinning-mills.

One 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 Alcoholicism. Another similar prize will also be presented to the author of the best memoir on Rachitis.

— It is our melancholy duty to record the recent deaths of Mr. Delcroeux 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 SIMPLE, 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 propose to make some remarks upon the prevalence of this affection, the means of detecting its existence, and the greater or less danger which it attends it.

The knowledge of heart-disease 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 performance of post-mortem examinations, and the careful comparison of the phenomena observed during life with the lesions produced 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 significance, 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 in 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 as always necessary, and almost fatal, a great amount of alarm was excited in the public mind, the bad effects of which almost counterbalanced the benefit which the revelations of the stethoscope had conferred upon mankind. In fact, in some cases the knowledge acquired by the stethoscope led to very consequences which medical science 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 sounds in the heart of a patient, to mention 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 an depressing influence and perhaps cause the superseding 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 always present itself to the mind, for such an idea is not in itself a badge of death, too often makes him unfit for life. In the second place, the most recent experience has shown that the course of heart-disease
in the case of a gentleman with whom I was intimately acquaint-
ited, I detected the presence of miliary disease several years be-
fore the occurrence of 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 men-
tioned it to his family. In one of these cases the patient, suffering
from the exception of chronic bronchitis, usually coming on in the winter,
continued to enjoy very fair health till nearly seventy years of age,
when he died of the disease alluded to. What is also remark-
able 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 92 years old. The conclusion of this is, that the 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.

Beside 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
withstanding 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 in-
convenience.

(To be continued.)


By G. de Goresques Griffith, M.R.C.S. Eng., L.R.C.P.,
I.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.

Ferral Adjee, a native Indian Fireman, was seen by me, when
I was Surgeon in the service of the Peninsular and Oriental Steam-
ship Company, on the 2d 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 somewhat over 20 lbs., was being hoisted down, it was
attached gave way, and the bucket, falling through a space of
about thirty feet, struck him as he was stepping down, upon
the back and shoulders. He is a man of slender built, small boned,
of upright muscular development naturally, and somewhat insusceptible
towards the mode of employment.

When I saw him there were these symptoms, indicative of the
nature of the injuries sustained: The head, neck, back, and arms
being apparently, and, perhaps, really paralysed by the blow; a
leaching of the entire body toward the injured side; a rusty swelling,
and extending for some distance around the seat of injury; acute
and lacerating pain in the site of the accident, a pain aggra-
 rated by full respiration, by sneezing and coughing; cough, which
had not been present before the occurrence; haemoptysis; dys-
pnoea. Immediately on laying the hand upon the swelling it was
evident that the puffiness resulted from extravasation of air into
the anular tissue.

By very careful manipulation I found what I considered to be
starred fracture of the body of the scalpa (the spinal and other
processes of that bone being unjured), 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 quantitization of stimuli were administered, and a pad of lint
being placed upon the fractured scalpa, 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 in the requisite mode.

I then placed him upon an ordinary hair mattress, and insisted on
the supine position being maintained.

A day had only elapsed, when, ignamiant that I had given him
food, I saw the patient, and was astonished at the tolerance of the bone of the scalpa, under such circumstances, and went to the conclusion that the existence of a many Nature of that bone may be happily unconscious, and the knowledge of which may em-
bitter his life.

Since I wrote that paper my opinions have been rather strength-
ened rather than otherwise to the tolerance of heart disease and
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 patients. The existence of a many Nature of that bone may be

No bad symptoms declared itself up to the 17th June, the day
on which he left our ship to go on shore at Bombay.
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. Bearing in mind that a number 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 phenyl, or phenic acid, is a white sublimate, which crystallizes in long prisms, fusible at 93-95° 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 acetic 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 Medical 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 nose, trachea, as well as ozena, and in all puridie diseases from the mouth, throat, nostrils, ears, rectum, and vagina.

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I shall next call your attention to the use of carbolic acid in Diphtheria, in which disease it is in the most valuable remedy used topically to the throat. . . . To apply it I use a sponge mop, which should be used freely, but not saturating it, lest a drop should fall into the airway, where it might destroy the arteries and leading to the death of the patient. In cases of relaxation of the mucous surfaces, the solution of carbolic acid is combined with 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 also be used as a gargle.

Cancers.—I apply carbolic acid in different degrees of solution, according to the character of the sore, to carbuncle and ill-conditioned sores.

Fistulae.—I apply it by means of a wax taper used in lighting gas, or, if the fistula will admit of it, I use a cautery or wax bougie, taking care to carry it to the bottom of the fistula. I have sometimes succeeded in anal fistula where there is a communication with the gut. In these cases an operation is still necessary.

The action of carbolic acid is mainly to corrugate, and therefore to obliterare, the sac of the pile. It congeals the contents, which may be squeezed out ; and by corruption it empties the sac, 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 setul ulcers in the following terms:—It may be advantageously used, as a solution of one part of acid in forty parts of water, in festin ill-conditioned ulcers. It alters the action of the blood vessels, causing a purulent instead of a sanious discharge, and destroys almost immediately the offensive smell of the secretion. In ulcers having a communication with cavities, 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 bone. When there is more 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 putrescence, 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 potassa 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 in cases of scrofula, resulting in remarkable benefit as described.

Mr. Oscar Clayton states that in two cases of fistula 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 disease (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., leproz, lice, criscus, lupus, &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 fungous disease, and have seen the last nine months with marked success. In three cases of fungous hematomes 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 think it well to insert the following remarks from Dr. Thomas Hughes, M.R.C.S., F.S.A., London:—Sir, I have used Mr. Calvert’s carbolic acid as an external application for the treatment of slopping wounds with the most marvellous effect; and in no case was it the 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 index and little fingers. In spite of every effort made to restore the circulation in the fingers, slopping took place, and which appeared to spread and extend to the hand and arm with such rapidity that it had been for the timely application of the carbolic acid the man would have lost his arm from the most destructive slopping 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 slopping, 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 carbolic acid in several other cases with the same happy effect.

Anlurch, 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 puerperal pemphigus.

Two eminent French physiologists, MM. Gratialet 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 amyloglaucine into hydrustr of benzoil, and the conversion of myricynoic acid by myrosoyce, it completely arrstes all vegetable and animal fermentations which arise from cryptogenic 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. Gratialet and Lemaire strongly impress me with the idea that this substance, which 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 scarlet fever, 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 on the day an enema consisting of a weak solution of carbolic acid—”

THE POLYTECHNIC INSTITUTE.—The celebrated optical illusions, patented by Professor Pepper and Mr. Dircks, continue to draw immense crowds to the Polytechnic Institute. These illusions are so perfectly lifelike that those who are unacquainted with the optical principles on which the phenomena depend regard the exhibition as almost magical; and those who have witnessed the effects are often unable to resist the temptation of asking how 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. Arkworth is about to resign his appointment as physician to this institution.
REVIEWS OF THE PERIODICALS.

THE 'LANCEM.'
Dr. FELLER 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 celestic from excessive venery or syphilis, or who have suffered from gonorrheal 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 redness 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, phalacium, 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, saraparilla, 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 be contrary to the employment of this remedy. Mr. T. H. 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 ankylosis 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 ankylosed 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 Carbovir Acid," which we have elsewhere printed entire. Mr. G. H. PHILLIPS 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 appro-

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 (sulphhydratic 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, sulphydric acid; and sulphide of ammonium (hydrothiosulphate of ammonia). Oxalic acid is used as a test for lime, but the exudate of acid of commerce often contains a portion of lime. Dr. J. W. OXLE 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 excrent irritation were improved by the administration of medicines tending to remove the exciting cause, such as ascarides, &c. Mr. A. E. SAXON 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 anaesthetic 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 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 paralyses, 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 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 on 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 commonsense 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 directly 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 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 unruary 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 obliterated 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 UTILIZATION 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 Utilization 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-weighed 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 led 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 Lieut. Colonel Alexander, 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 characterizes 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, it is 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 advertning 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. Silverstone for restoring suspended animation. The result was decided in favour of Dr. Silverstone’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.
slight mal-assimilation, or nutrition-change, perhaps depend 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 melancholy.

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 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 subervience 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 unnecessary, leading us to a correct 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—namely, to prove that they are far from being unnecessary, but occasionally perpetuate errors.

The result of pathological investigations led Bernard to construct the theory of the tergic functions 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 anaesthetics whenever practicable; and, moreover, the experiment should be undertaken by competent hands.

These remarks cannot apply to the disgraceful mutilations performed at the French Veterinary Schools, for they are simply atrocius, and call for suppression. 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)."
UNIVERSITY OF DUBLIN.

Winter Session.

ANATOMY AND PHYSIOLOGY, AND COMPARATIVE ANATOMY—Dr. M'Dowel. Daily, at one (Saturdays excepted).

PRACTICAL ANATOMY—Dr. Barton and Bennett. University Anatomists. Daily, at twelve (Saturdays excepted).

THEORY AND PRACTICE OF SURGERY—Prof. Smith. Monday, Tuesday, Wednesday, Thursday, Friday, and Saturday, at three.

THE INSTITUTES OF MEDICINE AND PATHOLOGY—Prof. Law. Wednesday, Thursday, Friday, and Saturday, at ten.

MATERIA MEDICA AND PHARMACY—Prof. A. Osborn. Wednesday, Thursday, Friday, and Saturday at eleven.

CHEMISTRY—Prof. Appjohn. Monday, Tuesday, Wednesday, and Thursday at two.

PRACTICE OF MEDICINE—Prof. Banks. Monday, Tuesday, Wednesday, and Thursday at three.

MIDWIFERY—Prof. Champion. Monday, Tuesday, Wednesday, and Thursday at four.

Summer Session.

BOTANY—Prof. Harvey.

MEDICAL JURISPRUDENCE—Prof. Brady.

PRACTICAL CHEMISTRY—Prof. Appjohn.

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, funded by the Board of Trinity College, value respectively 20l. per annum for two years, and the Exhibitions, funded by the Professors of the school, will be examined for in April and June.

Sir Patrick Don'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 LIVING-IN HOSPITAL, Rutland square.—Consulting-Surgeon: Mr. Rob. Adams. Consulting-Physician: Dr. C. W. Croker. Master: Dr. John D. Deming. Assistants: Dr. J. B. Kirkpatrick and Dr. John Croyn. 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 medical reading to 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, 211l; Extern pupil, 101l. 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.E., M.B. Resident Surgeon: Mr. R. Emsworth, 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, 32. 3s.

ANATOMY, DESCRIPTIVE AND SURGICAL—Mr. Symes, at twelve. Course, 32., 7s.

PRACTICAL ANATOMY AND DISSECTIONS—Mr. Symes, Mr. Swan, and Mr. Young.

CHEMISTRY—Dr. Aldridge, at twelve. Course, 32. 3s.

PRACTICAL CHEMISTRY—Dr. Cameron. Course, 32. 3s.

MATERIA MEDICA AND PHARMACY—Dr. Gordon, in Summer. Course, 32. 3s.

BOTANY AND ZOOLOGY—Dr. T. W. Grinshaw, in Summer. Course, 32. 3s.

NATURAL PHILOSOPHY—Dr. Cameron, in Summer.

HOSPITAL PRACTICE—Dr. Stevenson. Hospital, Daily at half-past eight.

CLINICAL LECTURES—Mr. Collis and Mr. Wilmot, at eleven. Course, 32. 3s.

SURGERY—Dr. Hardy, thrice weekly. Course, 32. 3s.

MIDWIFERY &c.—Dr. Feake and Dr. Burke, at eleven. Course, 32. 3s.

MEDICINE—Dr. Pollock, in Summer.

MEDICAL JURISPRUDENCE—Dr. Pollock, in Summer.

COMPARATIVE ANATOMY—Dr. Hamilton.

Physicians: Dr. Croker, Dr. Froko, 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, 7l. 7s. 6d. nine months, 32. 3s. Lectures and Hospital Practice for College and Hall, 63 guineas.

DUBLIN, CARMICHAEL SCHOOL AND RICHMOND HOSPITAL.

ANATOMY AND PHYSIOLOGY—Mr. Curtis. Daily, at one o'clock.

ANATOMY, DESCRIPTIVE AND SURGICAL—Dr. Cruickshank, and Mr. Corrigan. Daily, at twelve o'clock.

PRACTICAL ANATOMY AND DISSECTIONS—Mr. O'Grady, Mr. Wallace, Mr. 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 Hardwick 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. Curtis.

Fee for each course, 32. 1s., except Comparative Anatomy, 3s.

DUBLIN CATHOLIC UNIVERSITY.

ANATOMY AND PHYSIOLOGY—Dr. T. Hayden and Dr. Cynan. 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 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. Hennessy.

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. Macawine. Monday, Wednesday, and Friday, at twelve, and Saturday at one. (Summer.)

COMPARATIVE ANATOMY—Mr. T. Hayden and Dr. R. Cryan.

LOGIC—Dr. R. D. Dunne.

Fee—All students, 32. 1s. each course.

BELFAST QUEEN'S COLLEGE.

ANATOMY AND PHYSIOLOGY—Dr. P. Redfern. Weekly, at two. First course, 32.; second course, 32.

ANATOMY, DESCRIPTIVE AND SURGICAL—Dr. P. Redfern.

PRACTICAL ANATOMY AND DISSECTIONS—Daily, except Saturday, at twelve. First course, 32.

CHEMISTRY—Dr. T. Andrews. Daily, except Saturday, at three. First course, 32.; second course, 11. 
Practical Chemistry.—Dr. T. Andrews. Monday, Wednesday, and Friday at eleven. First course, 24.; second course, 22.

Materia Medica and Materia Medica and Therapeutics.—Dr. J. S. Reid. Monday, Tuesday, Wednesday, and Thursday, at four. First course, 24.; second course, 22.

Botany and Zoolology.—Dr. W. Thomson. Monday, Tuesday, Wednesday, Thursday, and Friday at one. First course, 24.; second course, 22.

Botany and Zoolology.—Dr. W. Thomson. Monday, Tuesday, Wednesday, Thursday, and Friday at one. First course, 24.; second course, 22.

HospitaL Practice.—Belfast General Hospital.

Surgery.—Dr. A. Gordon. Monday, Tuesday, Wednesday, and Thursday, at one. First course, 24.; second course, 12.

Midwifery.—Dr. W. Burden. Monday, Tuesday, Thursday, and Friday, at three. First course, 24.; second course, 12.

Practice of Medicine.—Dr. J. C. Ferguson. Monday, Tuesday, Wednesday, and Thursday, at one. First course, 24.; second course, 12.

Medical Jurisprudence.—Dr. J. F. Hodges. Wednesday at three, and Friday at one. First course, 24.; second course, 12.

Logio.—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, 24.; second course, 22.

Practical Anatomy and Dissection.—Mr. R. Reid. Daily at eight and eleven. First course, 24.; second course, 22.

Chemistry.—Dr. Rowley. Monday, Wednesday, and Friday, at twelve. First course, 24.; second course, 22.

Practical Chemistry.—Mr. R. Rowley. Tuesday, Thursday, and Saturday, at two. First course, 24.; second course, 22.

Materia Medica and Pharmacy.—Dr. S. M'Coy. Monday, Wednesday, and Thursday, at four. First course, 24.; second course, 12.

Botany and Zoolology.—Mr. A. M'Coy. Monday, Wednesday, and Thursday, at four. First course, 24.; second course, 22.

HospitaL Practice.—Galway Infirmary and Town Hospital.

Surgery.—First course, 24.; second course, 22.

Surgery.—Dr. J. V. Browne. Monday, Wednesday, and Friday, at four. First course, 24.; second course, 12.

Midwifery.—Dr. C. D. Doherty. Tuesday Thursday, and Saturday, at three. First course, 24.; second course, 22.

Medicine.—Dr. D. Cholam. Monday, Wednesday, and Friday, at three. First course, 24.; second course, 12.

Medical Jurisprudence.—Mr. S. M'Coy. Tuesday, Thursday, and Saturday, at four. First course, 24.; second course, 12.

Practice of Pharmacy.—Dr. S. A. M'Coy. First course, 24.; second course, 22.

Anatomy, Physiology, and Pathology, &c.—Mr. T. P. Mason and Mr. E. L. Llewellyn. Five days weekly, at one o'clock.

Arms and Surgery.—Dr. W. Wharton. Tuesdays, Thursdays, Fridays, and Saturdays, at twelve o'clock.

Surgical and Descriptive Anatomy, Demonstrations and Dissections.—Mr. E. L. Llewellyn. 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, Diseases of Women, and Children.—Dr. J. Ringland. Tuesdays, Thursdays, and Saturdays, at three o'clock.

Materia Medica and Therapeutics.—Dr. H. Hinch. Mondays, Tuesdays, and Fridays, at two o'clock.

Forensic Medicine and Hygiene.—Dr. Robert Tavner. 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 (subject, &c., included), 5s.

This School, claiming priority of foundation many years before any of its kindred uncultured institutions was established in 1810, by John Kirk, L.M.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 spirit of improvement. Since its foundation the College has maintained its character for the sound principles of its anatomical and surgical instruction, and numbers amongst its former students 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 of 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 term.

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 "Awards Medicus"; the Faculty of Glasgow; by the Army and Navy Medical Boards; and the Apothecaries' Halls, London, and Dublin.

ROYAL COLLEGE OF SURGEONS OF IRELAND.—The following are the Hospitals and Schools of Surgery and Medicine from which Certificates of Professional Competence are receivable for the Fellowship, which are currently 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.—Bedlinog General Infirmary; Birmingham.—General hospital; Queen's hospital; Bristol Infirmary; General hospital; Cambridge.—Addenbrooke's hospital; Derbyshire General Infirmary; Exeter hospital, Gloucester General Infirmary, Hants County hospital; Hull Infirmary, Kent and Canterbury hospital, Leeds General Infirmary, Leicesiter 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, Solop Infirmary, Sheffield General Infirmary, Somerset County hospital; Wales General Infirmary, Wrexham hospital, Wrexham General hospital, Dublin.—Richmond, Dr. Steevens's, City of Dublin, M'Naught's Meath, Jervis street, St. Vincent's, Adelaide, Irish Provincial.—Belfast General hospital; Cork—North and South Infirmary; 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, Kinmerton street, St. Mary's, English Provincial.—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 and Tupper's, Dublin School of Medicine, Original School of Medicine, Peter street, Cecilia street Medical School. Dr. Steven'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 Strasbourg, Berlin, Vienna, Heidelberg, Bonn, Gottingen, Weimar, Ingolstadt, Helsingfors, 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 28th, at 10 a.m. at the British Institution, Liverpool:—Dr. Thomas M'Mahon, Charing-cross Hospital.

REMEMBER THE VENOMOUS PUBLIC BENEFIT.—At a meeting of the Committee of the Newcastle Dispensary held on Tuesday, the 18th inst., Dr. Headlam personally tendered his resignation after a faithful service of fifty-eight years. This resignation

ORIGINAL SCHOOL OF ANATOMY, MEDICINE, AND SURGERY.

PETER STREET, DUBLIN.—FOUNDED 1810.

Anatomy, Physiology, and Pathology, &c.—Mr. T. P. Mason and Mr. E. L. Llewellyn. Five days weekly, at one o'clock.

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A Course of Operations to be performed by the student, under the superintendence of the lecturer (subject, &c., included), 5s.
was reluctantly received by the committee. During this long period he has scarcely ever been absent from consultation. Dr. Phillipson has announced his intention of becoming a candidate for the vacant appointment, the filling of which is fixed for Monday next.

CHATEAU GÉNERAL. 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 former making the same annual grant of £500, 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.—I regret to learn that the city of Madras is becoming yearly more unhealthy. The report by Dr. Corinai on the Causes of Death in Madras, for the year 1861, states that the mortality of that year was 5,662. In 1857 it was only 5,598; 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.

Dr. M. Kerridge.—The disinfection of the sewage has had a marked effect on the health of the town. The ravages of small-pox have also ceased.

LOSS OF LIFE IN COLLIES.—In 1862 there were 755 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 insuperable. The ignorance of the workman is a fertile source of mischief. This ignorance must be met, as it no doubt will, by the spread of information amongst those immediately interested.

PERCHLORIDE OF IRON AS A HEMOSTATIC.—The 'Antwerp Journal' states that perchloride of iron combined with collodion is a good hemostatic in the case of wounds, the bites of beasts, &c. To prepare it, one part of crystallised perchloride of iron, 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 colouration when well made is of a yellowish-red colour, perfectly limpid, and produces on the skin a yellowish peel, 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 surgeons attached to the Military General Hospital at Fort Pitt, 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 portion of the old hospital at Chatham 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 elaborated 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 subjoined researches; the establishment of a society for the encouragement of instruction in medicine by the operations of a committee upon admissions; 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 pharmacists consequent upon the labours of the Pharmacutical Society for the last twenty years, rendered it incumbent upon those who had enjoyed the advantages of medical education to provide 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, the 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 call for a 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 £963,474.

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 Indian acquaintance.

REMOVAL OF ST. THOMAS'S HOSPITAL.—At a meeting of the St. Thomas's District Board of Works, Southwark, it was resolved that the removal of St. Thomas's should be commenced the same day, and that a union with other parishes of Southwark for the same purpose should be formed. Mr. W. was voted for this object.

Queen's College.—It is understood that the building was entered by members of the University Medical School 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 VACCINATION 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 the superintendence of the Privy Council, for the examination of candidates. 2. The public vaccinators officiating at these stations are authorised by the Privy Council to give the necessary certificates to candidates, and when they have not themselves instructed:—Mr. Mason (Penrose Station), Surrey Chapel, Blackfriars road; Mr. Gerrans (North West Station), Lisse grove; Mr. Jorden (West Station), Lower Belgrave street; Mr. Lewis (East Station), St. John's street, Wimbledon; Mr. Simpson (North Station), Tottenham court Chapel, Tottenham court road. *Mr. Garner, the General Dispensary, Birmingham; Mr. St. George (Bristol), Mr. Gibson, Nile street, Hull. *Masters, Steele, Wilson, and Fenton, acting conjointly, or at least two of them together, the Ladies' Hospital. *Mr. Atkinson, Leadenhall market, Manchester. *Mr. N.C. Margery, Branthers' Hall, Castlefield, New castle. *Mr. Allam, St. Georges terrace, Sheffield. *Dr. Hus band, the Royal Public Dispensary, Edinburgh. *Dr. Dunlop, the Hall of the Faculty of Physicians and Surgeons, Glasgow.

ROYAL ORTHOPEDIC 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 56 more than the preceding half-year, 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 children who, having previously enjoyed the use of their limbs, 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 expenses of the institution. The patients were cases were waiting for admission as in-patients who could not be received for want of funds. Towards the reduction of the mortgage of £10,000 raised last year, 35 contributions of 25 guineas each, and 31 contributions of the like amount have been obtained towards a second instalment of 1,000l., and it is hoped the remaining 10 names will be procured before Christmas. The Prince of Wales has 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 ignorance and conjuration in medicine; the check of science has stagnated in medicine by the operations of a committee upon admissions; 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 pharmacists consequent upon the labours of the Pharmacutical Society for the last twenty years, rendered it incumbent upon those who had enjoyed the advantages of medical education to provide 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, the 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 call for a joint invitation from Bath and Bristol to hold a conference at the former city next year was read and accepted. Annual sitting communications were read upon "Metric weights and measures" and "adulterations," which gave rise to general discussion.
ary examination should be made are the schools. At the com-
men of each year 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, he should be SECIFICATED, and not permitted to proceed.

*American Medical Times.* [In corroboration of the opinions of the 'American Medical Times' on the Primary Education of Medical Students, the following certificate is taken from the following certificate of the file of a public institution in an American city:]

"That --- has been confined on board of Canal Boat A Nelson laying at Pier 17 East River. It would be better for both mother and child to have her removed immediately.

This man sick under inflammatory rheumatism has spent his last money to Doctor to cure and unsuccessfull he has been sick since last 6 weeks has been in the dispensary nothing can relieve him. . . I deliver him this present certificate.

*This Certificate is---- born in the State of Connecticat lived in this City since last Febry. has been an inmate of this institution about one month. She has one hip dislocated and requires proper treatment. We recommend her to hand at this institution, she is therefore recommended to----

"To certify that: ---- has been under my physical attendance since three months ago, during which time she has been much in bed, and it has been found that she is very much improved.

This certificate is written in favor of ---- and as a true fact I singly the same with my own hand.

**FATAL NEGLECT OF VACCINATION.** Dr. Lancaster, the coroner for Critical Middlesex, held an inquest lately, in Hornsey road, on the body of Henry Tunt Hamble, 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 went out to see the evidence of the father and mother of the child, and also that of a medical gentleman. Samuel Smith Hamble was then examined. He said he was a tailor. He was father of the deceased child, who was two years and half a child at the time of his death. On Monday week he left his home to go 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 Hamble 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. The child was more than a week old, but he did not have the others vaccinated because he once lost a child through vaccination. Selina Hamble, mother of the deceased, was next witness. She said that the child had been 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. He was sent for Dr. Wilkinson on Friday, but he 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. Lancaster, in summing up, said this was a case of very gross neglect in the child having been permitted to die without vaccination. There was also the other point, which the jury ought to take into their consideration, and that was the neglect of vaccination. It appeared that the mother had been scared, and the usual notice to the child, and 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 being detected from their hands 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 effect upon the parents of the children vaccinated. The coroner found that the death had resulted from a neglect 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 upon the authorities of the Bezance of the prevalence of small-pox in the neighborhood, and the necessity of inspection for the purpose of preventing the spread of all children having small-pox.

**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 familiarizing themselves with diseases common in camp, it might be said that surely they now ought to be able to do well in the field. It is undoubted, that at least in the medical 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, and who have been a continual source of comfort to the sick, have been the constituents of the Medical force, which prevents it from improving as a body, although the members of it are daily being reduced. 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 the instruments lost to it by men leaving the ranks has been far greater than the additions brought by those who fill the vacancies. Many Medical men come out, and, after a few months trial of soldiering, get tired of it, just at the time, perhaps, when experience has begin 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 recover their health, and as soon as they are able to continue their duties, they return to their companies. This is often continued year after year, until, in the end, they lose their rank. Is it not therefore better to secure the services of those who have been in the field, and have been the most efficient in its service? It is better that they should be retained and they should be retained.
to the Birmingham and Midland Free Hospital for Sick Children, it having been determined to increase the medical staff. J. E. Davies, M.D. has been elected to the Medical Office to the Broadland District of the Romney-Marsh Union, Kent, (being part of District No. 1, which has been divided into two—viz., Broadland and Lyddo), vice T. A. Gold, M.D., resigned. — W. H. Durr, 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. resign. — M. J. Egarr, M.R.C.S. E., has been elected Medical Officer and Public Vaccinator for District No. 6 of the Wivelisich Union, Cambridgehire, vice R. Hunt, M.R.C.S. E., deceased. — M. W. Fisher, L.F.P., & S. Gias, has been elected Medical Officer and Public Vaccinator for Districts Nos. 4 and 5 of the Wivelisich 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 Bilton, in the Kennsham Union, vice J. Lodge, M.R.C.S. E., whose appointment has expired.

APPOINTMENTS FOR THE WEEK.

Wednesday, September 29:

Operations at Midlothers' Hospital, 2 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, 1 p.m.; Great Northern Hospital, King's cross, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopaedic Hospital, 2 p.m.; London Surgical Home for Diseases of Women, Vesico-Vaginal Fistula, and Restoration of Anus and Rupture Perineum, at 2 p.m.

Friday, October 2:

Operations at Westminster Ophthalmic Hospital, 1 p.m.

Saturday, October 3:

Operations at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1 p.m.; King's College Hospital, 1 p.m.; Clare-crib Hospital, 2 p.m.; Lock Hospital, Dean's, Soho, 1 p.m.; Royal Free Hospital, 1 p.m.

Monday, October 5:

Operations at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 11 a.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, London, S.E.

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 us 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 unregistered 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 may be proved towards depriving the expenses of the prosecution."

"Plenish 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 "plenisher" 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.

The paper has been received, and we shall be glad to hear from Mr. B. again from the same quarter.

L. C. — The paper referred to is Charing-cross Hospital, and will be noticed in due time.

A. Student — There is an Eretz of Wheat as well as an Eretz of Rye, and the effects of both are analogous.

D. 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., Clerkenwell Record Office, Clerkenwell-John, London, June 18th 1862.)

The inventor begs to thank the Medical Profession for the liberal support they receive 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 it charges for it allows the poorest sufferer an opportunity of enjoying the benefits of the greatest pharmaceutical invention of our days.

The immense demand for this preparation is a convincing proof that they find it a most valuable therapeutic agent.

The following are a few out of many voluntary Medical Testimonials —

From W. V. WALLERSTON, M.D., Hon. F.R.C.S. Eng., formerly lecturer upon Anaesthesia and Physiological Phnomographia 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 exceedingly valuable and important medicine."


"I can with much confidence bear testimony to the efficacy of Mr. Freeman's Chlorodyne as a Sedative and Anaesthetic, having used it for some years in Public Neurology, Phthisis, and Asthma. It is regularly administered to after-pains, and in all cases finds it invaluable. 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 nine days. In fact, I cannot speak too highly of it." From F. W. HOOPER, M.D., M.R.C.S. Eng., &c., Medical Officer, United States Consulate, at Constantinople.

"I have much pleasure in stating, that after a sufficient trial of Mr. Freeman's Chlorodyne, I am of opinion that it is superior to any preparation of the kind, and its moderate price, is a great boon to the suffering poor, who daily acknowledge its salutary benefit."

From W. C. KING, M.D., M.R.C.S. Eng., Hockney.

"I have used your Chlorodyne for some time, and can bear testimony to its nice and varied in all cases in which a Sedative has been indicated."

Manufactured by RICHARD FREEMAN, Pharmacist, Kennington-road, London, S.

And Sold by all Wholesale Houses in bottles 1 oz. 1s. 6d. 2 oz. 4s. 6d. 3 oz. 8s. 6d. each.

Second-hand Microscopes, by Smith and Beck, Bloomsbury, and a variety of others, from £2 to £3. 3 R. & H. En. Astronomical Telescopes, with 33 in. object-glass, by Troughton and Simms. A large stock of Photographic Lenses, Opera and Race Glasses, TELESCOPES, and Mathematical Instruments, by Ross, Velddakle, Dalmer, Troughton and Simms, Elliott, &c. The largest and best stock in London of Second-hand Surgical Instruments, by Weisz, Savigny, Cooper, Duck, 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, Plates, Patents, and Dissecting Cases, forwarded on receipt of Postage Stamps.

T. WEDDON, SURGICAL INSTRUMENT MAKER AND CUTTER, 41 Hart street, Bloomsbury-square, W.C. LONDON, Surgical Instruments, 10s. 4d. ground and sharpened.

Table Cutters, Instr. in Iron, Cardboard &c, 1s. each.

Trimmers, electro-plated, Knives, scissors, and other Handicrafts. Dental Instruments made by any pattern.

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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 college, to a numerous and attentive company of students, most of the Professors, and many friends and supporters of the College. Dr. Reynolds, in his capacity of Special Professor of Surgery, followed in exhibiting a collection of the various classes of Medical students who frequent the Medical Schools, and the quietness and fidelity of the portrait 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 remitter form; that occasionally prolonged intermissions occurred; that the intervals between the commencement of the lecture and the increased interest, 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 whom he had noticed that there was no reason why the return to his former position in the lecture-room or the theatre. At first he sat in the gallery in the back seat, and occasionally took notes of the lectures that were delivered; but afterwards, having eaten his paws, he was reduced to the necessity of making such notes and illustrations as he could with the assistance of the printed matter in his pocket, from his pocket to his locker, and he appeared quite devoid of it after a little time, having substituted for it a walking-stick, the handle of which he kept in his mouth as he sat at the top row of the theatre, or removed it from that locality 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 lower body, if he were about to dissect himself; and looking entirely 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. As he set about "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 other time and another," by the aid of one of those rotary 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—a 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 affected like himself, and proceeding in a manner as if he had nothing to do. He is 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 directly to the discovery of the cause of his infirmity. 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 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 detonation of the latter towards the one or the other side has of late shown a marked tendency to increase. This has been a subject of conversation many times, and in its acerbation has been thoroughly established. There can be no doubt of the correctness of the observation, for our patient usually keeps in a state of modesty, and others are in the habit of removing theirs. After, however, the conversation had passed in this 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., sitting found, with his hat on, upon the corner of the table in the middle of the ward; thus, during the day, 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 colouring a comprehensive survey of the whole room by being allowed to see all the patients it contains at once. He yawns frequently, comes into the outermost circle of students around the lecture, looks first over the shoulders of those in front of him, falls to see anything of the case under examination, and so talks and jokes with his nearest neighbour, not necessarily with his patient, but in a tone which is less than that of conversation, when the nursery is 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 sign, "Take the patient's name," and anyone else 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 cholic 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 he bears some curious relation to lunatic time, and that they are often synonimous with his absences. It has also been noticed that he often boggles at such a word as "slow," and that any word similar to it was 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 the task of writing in this name, was often so great that all our patient could accomplish, after he had encountered it, was sometimes to take fresh air in the surrounding theatre, or confide in the darkness 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 me of late that it is not of the 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 is of course an exception to the usual medical assistant's 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, as he is scrupulous to avoid even the appearance of this evil that he absorbs 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 examine. 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 surgical 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; or the two are too often found together in the same character. It is not a day developed often pari passu, and forming as were the right and left handed accomplishments of a college course as it affects an individual like young Vane Veleox.

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 and quite different 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 has been in all of them ever since. He was in his fourth year at the college when observed, and his case has been in all respects chronic. 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 of last night, 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 rooms of manuscript. So large was it, however, that it was like the Sphynx upon a close examination; and if 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 material 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 "consummating midnight oil" in the full 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 thus 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 physicians' assistants. He is fresh from an operation, under which he was absent, his fingers even now 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 for the skin department, the ear, eye, ear, stomach, 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 come his way. He is even mad robotically; for he dreams something of every cardiac murmur; he hears something of every sputum; percusses every morbid chest; he handles every morbid specimen. He seems almost as ubiquitous as he could wish to be; he is up both day and night; he gives himself no time for rest, no time for thought, no time for sleep. He is in a condition of educational pyrexia, and even when he sleeps exhibits a "low muttering delirium" of broken bones, triple phosphorus, phosphorous, 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 mild and somewhat modified in character, is commonly observed. Cases radite 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 types. I wish you, therefore, to retain H. in your memory, for I shall have many features of his affection; but before doing so, I must bring under your notice another case, equally important and interesting; that of—

Case 3—Cerebral Phrenodyne, which is a fair specimen of a malady not unfrequently to be observed, and which, as we shall see, is closely connected with general physiology, and with those laws of thought which regulate all forms of scientific inquiry. They studied equally each branch of knowledge; the relations of anatomy, physiology, and chemistry, to comprehend the principles of morbid change in both function and structure of the body. They attempted both practical and theoretical work, but with a punctuality and regularity; but they did not waste time by going uselessly over the same ground again and again. They did not lose the chance of improving upon their studies by some arrangement exactly that which is described in books. Nature does not move in the narrow rut or lines along which our thought seems, as it were, compelled to travel. But again I say it is useful to coalesce 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 studies, having prepared themselves to enter upon those studies by some arrangement exactly that which is described in books. Nature does not move in the narrow rut or lines along which our thought seems, as it were, compelled to travel. But again I say it is useful to coalesce types; and—

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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 none. The young reader may gather the matter of the present, 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 same, the unanswerable 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, may be, is yet to 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 that serious apprehension and deep interest which concluded amidst the unanimous plaudits of the numerous audience.

**KING'S COLLEGE.**

The President addressed at this Institution was delivered on Thursday evening, October 7th, 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 excellent state of the Asylum for Lying-in Women, which he illustrated by the story of a nurse who, in consequence of being sick herself, was enabled to point out to the Medical Student, more especially at the commencement of his career, the nature of the Profession he had selected and all its advantages and disadvantages, the character of the various studies he would have to pursue, the difficulties to be encountered, and the shools to be avoided. The Profession of Medicine he regarded as one of the noblest which theHuman were engaged in, having for its end the alleviation of human suffering and the cure of disease. Furthermore, it is one which, when properly pursued, acquires the confidence of other scientists, and 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 all, he deprecated the present practice of too early attending bodies demanded of the Medical student—how they often lead to the least attention to the subject, and, on the other hand, that the natural progress of disease is not always easily diverted, is equally fatal; still, the expectation of obtaining bodies at a distant part of 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 practice of medicine, is quite as fatal to the contemplation of those who have the most conscience to the welfare of the patient. Already the clinical study of therapeutics, by the aid of modern methods of investigation, has done much, but not in the discovery of new modes of treatment, at least in one respect, the advantage of 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 science in connexion with Medicine, and even Medicine itself, are rapidly progressing, yet the difficulties which the student has to encounter are not necessarily increased. On science advances and acts multiply, generalisations take place, laws are discovered, and the whole reduced to greater simplicity. In conclusion, Dr. Garrod would urge upon the student the need of being in order to become eminent or even successful in his Profession; no superiority of intellect, nor the possession of the so-called genius would make up for the want of acquaintance with the practical side of knowledge. Dr. Garrod concluded by speaking of the science of pathology, and the progress which has been made in it of late years, and the advantages which could only arise from taking a narrow view of the subject, from regarding a man as a mere animal, only a little higher than the brute, from regarding their materialism and reasoning, and more convincing evidence than can be derived from the study of matter, that man possesses, which has been denied to other animals, the "Breath of immortality."—An immortal soul among the poor humankind. His diseases he 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 assistance of students, giving daily and weekly instruction in the wards, but, in another and much more important way, the presence of a large class of students serves the interests of the hospital, and tends in a happy degree toavail us of it. For the sake of the Students, 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 contest. To-day the Students of every Hospital, in every such hospital, invite and compete for 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—it is scarcely less important for the patients in 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 his wish, 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 interest, but by the heaviest responsibility which has been laid upon 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 talk about the lives and welfare of men. For their fellow-men, and they should think of what can be spared on the lives and the welfare of men. For their fellow-men, and they should think 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 same time the possession 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 the right hand, on the men of their 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 learned among the patients in the wards. He said well, that first must be laid the foundation of principles, and that then the structure 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 different medicines. 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, are utterly imperceptible, but also because this education of sight, hearing, and touch, if not begun early in life, becomes, 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, the mind will, new movements of are acquired, or greater precision, greater swiftness, or greater ease in those learned long ago; till, at last, the mind can certainly do them without effort, so much the more will the senses. The case is just the same. The eye, which is practised and exercised, will discern expression of diseases, and face, and postures, 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 prudence, such fine differences as are at first imperceptible, and which, to the mind, are as definite as any objects that are sensible even to the coarsest touch.

For the purpose therefore of acquiring this dexterity as well as the science, it is of some part of every day, and that part 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 done in what has been done, and from what have been learned, and 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 instructive. Such facts are 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 accurately, 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 the only, or even the chief object of medical knowledge; no greater value is, as means of mental exercise in sciences, as means by which, while learning useful knowledge, students may be doing learning how to observe and to obtain knowledge to the living body, how to become, when they are their own masters, their own teachers. Pasting on to the consideration of the other subjects of study, Mr. Paget said that, 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 study 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 observations, there are perfect examples of classification yet attained in science, and the strictest 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 consequence 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 character of an exact science; counting and weighing the very elements of which we are composed, and gradually unravelling 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 hope of philosophical 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. Nor dwelling on this subject a little more fully, Mr. Paget said that the School of St. Bartholomew would lose some year some of the services of Dr. Franklin, who had given up a part of his lectureship, because, as he himself expressed, he had an urgent and constant desire to devote a larger portion of his time to original research,—a motive, Mr. Paget remarked, worthy of the worldly elected successor of Davy, Braude, 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. Olling for his associate in the chair, there is no question that everything by which we can minister to Medical knowledge will be put within the student's reach.

It was no argument, Mr. Paget continued, against the study of subjects of such value, if it was just as successful in the Medical Profession of the present day knew little or nothing about any of the sciences of which he had been speaking. They had studied these, but they long knew them; and the passage 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 forced us to be by our successors. But this only proves that the chief value of these things lies 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; because, with a happiness which, in all offices of the proper 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 and physics, he continued, are equally useful, at all times a most plausible and prolific part of erroneous science.

When once the mind has been disciplined by careful and exact thinking, its judgment, its powers of observation, and the exercises of discipline of practice in whatever may be the chief pursuit of life. He who has studied the scientific part of his Profession need not, when in prac-
GUY'S HOSPITAL

Dr. Davy delivered the introductory address at the opening of the Medical School of Guy's Hospital. He commenced by saying:

The first garment comes round the body again; and far, year after year, and for how many years past had not been regularly brought forward and placed upon somebody's shoulders? It was not then that 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 brought out and put to a trial, until all fresh garments 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 that it did not intend to take them far from their daily life in what 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 value on the advice of a person of experience, as an object of gratitude 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 medical man, but little to the student, but there was more than enough. There was something melancholy in the picture drawn by the great Dr. Johnson, in saying about time that when we had dedicated all that was absorbed in sleep, all that was inevitably appropriated to the demands of nature, or irremissibly engrossed by custom; all that passed in regulating the superficial decorations of life, or was given upon the receptions of civility to the disposal of others; all that is torn away from us by the violence of disease, or stolen away imperceptibly by lapse 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 in their guard. They would be constantly beseamed 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 sufficiently early to attend their nine o'clock anatomical lectures, or, if they did put in an absent herself, 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 lectures in time and sum up to their conscience, and make them to remain away altogether. Under these circumstances they took a middle course, which was of little or no good to themselves, or the lecturers. If they were to be of the least use, they must 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. "Whose will was want of leisure? There were amongst the students who came there almost exploding with eagerness at first for work. They were not, however, impudently punctual; they had not 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 their presence was still to be seen; and unless aroused by the chance of circumstances, might ultimately sink into the position—be nothing to say, and why should he not?—the dejection of idle men. Let them not then be over eager at first, for they might be disappointed in finding that their eagerness did not proceed from a love for the profession of study. Each having quietly got into our endless life, and not having the habit of being hurrying 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 taste, industrious men. Theodor No. 2 was the solicitation of friends. Save the student from his friends, it 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 scroue; 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 have their rubber again. The language of these young men was 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 was a frequent accomplishment of genius. Men giving themselves up so much to one particular direction became neglected in their observance of the ordinary customs and manners of society. بل لكن...
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 pupillage 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 fullness 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 Granger, a Turner, a Quain, an Elliotson, a Green, or a Bell, were in the habit of conversing; 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 EXTEMPORANEOUS.

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 suspicious 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 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 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 confirmed that no class of men were more esteemed by their comradely 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 his 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.

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 confirmed that no class of men were more esteemed by their comradely 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 his 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 softness 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 make the first place, without favour or regard to school, or any other consideration.

The propriety of the first years' students excluding themselves at once 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 to hospitality, to the character and symptoms of disease. "Not a word, but nothing," 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.
to the unadulterated nature of the preliminary studies in which the student was engaged, and who persevered they would make agreeable. Their studies had all been planned for them by the Examining Boards, and they would have nothing to do in discovering the right path, or proving their own dexterity. The lecturer defended the prize system which prevailed in the school, spoke of the strong kind of freemasonry which existed amongst medico-students. Only when they had left the school had they felt at the departure of Dr. Olling and this was confirmed with some remarks on the important subject of vivisection, which is still in the vast majority of medical schools. The lecturer is of the opinion that I am about to touch upon is one which has recently attracted great deal of public attention, and in connection with which the guarantee has been so pointlessly thrown down to physiologists the most powerful of whom have declined the challenge, and the lecturer 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 in 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-informed persons who have specially espoused the cause of the lower animals, and who doubtless effected the prevention of an immeasurable amount of suffering. It is true, however, that the suffering of pain as unjustified, has been exerting its influence towards repressing the performance of experiments upon living animals for the advancement of medical knowledge. This will not admit that room has here existed for their existence. But because the scenes that have been described of the suffering that has been occasioned for the mere purpose of acquiring knowledge, the animal world will be affected upon the dead as upon the living animal—because these scenes have justly excited popular indignation, all are operations upon living animals to be placed in the same category. The house of Commons has recently pronounced 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 who belong myself to the class of experimental physiologists, and I am not ashamed to admit it, for I am ready to justify and defend such operations. It is no argument that the pain is 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, no such 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 denunciations of experimental physiology upon their own ground. It cannot truthfully be denied that the knowledge which has been acquired through physics/physiology has been as productive of 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 your experiment supplied by physiology has not been over and over again in avoiding impending death, and mitigated an immense amount of suffering? If physiology, then, can be shown to have itself done this, is it not fair to presume that it remains capable of doing more? Now, are those anti-vivisection agitators prepared to take upon themselves the responsibility of restricting the progress of science and deft medical skill? We are 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 of the unutterably loved one—of the wife or child—and say if they are prepared to incur the responsibility of frustrating the attempts to ease these calamities by denying 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 pictured the suffering supplied by physiology has not been over and over again in avoiding impending death, and mitigated an immense amount of suffering? If physiology, then, can be shown to have itself done this, is it not fair to presume that it remains capable of doing more? Now, are those anti-vivisection agitators prepared to take upon themselves the responsibility of restricting the progress of science and deft medical skill? We are directed towards enlarging our sphere of usefulness in affording relief to the sufferings of humanity!
and we can then have nothing to be ashamed of. Let us all have the occasion to feel that we are employing our time 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 7th of October as an event of great 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 plans and experiences 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 working 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, student benevolence, charity, patience, and self-denial, and, even after exacting so much, would often fail to satisfy its disciples. Having fully realized the importance of the question, he trusted that the overhanging cloud of the sunshine of hope, when he told them that the profession they had selected to follow out, with a view to fulfill the object in their line, was a truly worthy and beneficial calling, would afford a grand opportunity for independence of thought and action, would ensure to the indomitable an honorable 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 some extent to suffering, and to elevate the moral and intellectual 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, through they were 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 the intelligent practitioner from slight superficial indications, should be able to detect what lay below that unerring accuracy, and should proceed as unhesitatingly to his work as if the hidden field of his operations lay spread out before him. Mr. Maunder congratulated the students 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 extend their liberal views on sentiment and manners which indicated the true gentleman and citizen of the world. Let students cultivate easy and agreeable manners, which were quite compatible with sincerity, and avoid any eccentricity, either of dress or otherwise. Mr. Hewitt afforded a beautiful illustration of this kind and contributed to the happiness of the students. He was not independent, but withal independent, never forgetting that he who possesses no self-respect has no right to exact respect from others. He was neither a fop nor a tatterer. In a recent and important matter, 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 committee officiating 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 the highly interesting subject of their own interest sufficiently to lead them to encourage well educated medical men to enter the service. The lecturer then proceeded to allude to the highly interesting subject of their own interest sufficiently to lead them to encourage well educated medical men to enter the service. The lecturer then proceeded to allude to the highly interesting subject of their own interest sufficiently to lead them to encourage well educated medical men to enter the service.
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 which those principles were founded on. In order that they might be sure that they had laid a sound foundation upon which to build their conclusions, he would have them write, and touch, and hear for themselves, and not be satisfied with the description at second hand when they could use their own senses. There had not been wanting those who had never done even in our own day, the belief 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 operating on the objects of its own consciousness. 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 to sense, 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 those higher considerations, as in the study of simple particulars, accuracy was all-important. Now, he had the privilege and the happiness of knowing Mr. Dalton personally, and of hearing from his pupil, and he knew that he had 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 to whom the highest classical attainments existed 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, in order to have access to that grander and more lasting pageantry of Egyptian monuments, in which not the shrunken form and lineaments of nations are preserved, but their wisdom and their will, 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, with 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 Friday 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 the laws of nature's ordinary laws. If they had then found themselves with such different opportunities, and under such different modes of education, obtaining the same power of insight into what Harvey calls the "closest secrets of nature," must they not conclude that he 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 to the thought 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 sight of diseased specimens in the dissecting-room, the observation of the effects of disease in the body, was of great importance. When they contemplated the broad back of some compendium of medicine or surgery, would give place to the smile of complacency with which they had both the students and the profession. He was glad to see by the presence of so many old friends that he had not failed to do 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 home. The medical profession is so assiduously taught to our profession; but all of you, by a diligent and honest discharge of your duty, may carry with you a consciousness of being forward in upholding the best and highest principles of the ethics 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 pre-atory 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 he had not failed to do 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 home. The medical profession is so assiduously taught to our profession; but all of you, by a diligent and honest discharge of your duty, may carry with you a consciousness of being forward in upholding the best and highest principles of the ethics of life, which to have done "twere sweeter than to wear what kings bestow."
veterinary colleges on the Continent. Although it is not necessary for a student to use animals in his practice, he should be taught the art of using them. A surgeon who attempts to sin by killing a dog, has hospitals for superannuated cats, and does 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, you know, he is a man who performs with unnecessary cruelty. Surely it is not necessary for students to become adept in surgery that their operations should be performed on living animals. Does it seem to them that experiments should be carried on simply for the purposes of demonstration, or improving more vividly upon the mind certain physiological truths? But however the question of the experiments, for it has already been much and promises to do more towards the alleviation of the sufferings of mankind, and the education of the public in the business of animal science, perhaps 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 former years of the opposition, seeing the weakness of their points, have sought to strengthen them by attributing unworthy motives to the governors and managers of the medical staff; but this charge in reality, 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 have been necessarily not made 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 which we lost, and presents advantages not afforded by any other site which has been discussed. Our hospital should be in a densely-populated neighborhood, of easy access to the classes, in proximity to factories and accident-making districts, and readily approachable by loading thoroughfares. The few nuisances enumerated as present existing near our proposed site are removable ones. The gas works would, in the term of existence, be needed to be 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. The opportunities of a hospital so large a 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. Hearn, 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 for the great future business of their lives. Instead of reading them a homily, he proceeded to the profession. Medico-surgical manly characteristic of the present generation of physicians—never the allusion to a phenomenon, which was thought by many estimable men to be the profession's most instructive; but he endeavored to avoid that path, 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 show that the suspicion of the unreasonable, 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 occasion to refer especially to what in his opinion appeared to have been two main obstacles, to the advancement of their knowledge of the 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 by the unreasonableness of a practice which was very 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 second age; and if by that expression they meant that they lived in an age when men refuse to accept without question the dogmatism of the past merely because they were conscientious men and had high and true convictions, and as 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, the grandeur of science, progress, every fact 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 fact, rudely shaken; to have seen opinions long received as settled truths on matters touching on worldly, and even the most 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 civilization such as centuries of ages have seen. The progress of science 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 grounds of the belief of their fathers, and had urged them, no less, to combat with the ignorance, and the prejudices, and the thousand vain images which had so long kept and still keep the world from learning the truth. How, then, could not—"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 advancement of medical science. 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 the science was free from the dread 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 science. 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 care of patients. They could observe the limits of their therapeutic powers. The fermentation which medicine was now undergoing was a process of purification from the dross 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 which might be called specific. Men of this time were not content to be content with the tradition of what was good and bad; they were beginning to 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 the way to the full development of their powers. 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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 science had totally opposed concerning its use? From this reasoning there resulted this important conclusion—that, in every case in which there was a divided opinion concerning the effects of a remedy, the true effects of that remedy had not yet been decided. It was a duty, he believed, the trust and character of their profession! He had been taught to believe 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—homeopathy. The patient had been educated in the belief that the drugs he took were therein the chief elements in his treatment; and this even though the physician was as mild as coloured water, or as innocent as a bread roll. No one was more convinced of the fact than himself. If he recovered not, he blamed the drug and him who gave it, and at length lost his faith in legitimate medicine, and rushed into the hands of the homeopathist. 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 consciousness of the patient. Medical men had created this 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 maxims for the students. Mr. Morkham 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 arbitrators of a professional man’s skill and success were the public, who, he need hardly say, were utterly incompetent as to how to judge of the worth of a man’s skill and success in this dark side of medicine, it was because he would generously buy them then to swell their minds to an unwavering adherence to homoeopathy, which taught them so much science. The greatest safeguards which they could have against the contagion 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 homoeopathy—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 a homoeopath 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, or possessed a single particle of the medical knowledge. Be 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 decepts of charlatantry. Above all, let them never let their moral sense grow dumb. The voice of self-interest might tempt them in many a false direction. They might have to choose between the rugged and hard path of an ill-reputed but honest labour, and the easy and luxurious road which led to wealth and a gain to which they might be only superficially acquainted. They would have to choose between the rugged and hard path of an ill-reputed but honest labour, and the easy and luxurious road which led to wealth and a gain to which they might be only superficially acquainted. 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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 of the course which depends entirely on work and not on parts is to try to work hard. This was the drill that would be kept up at Cambridge, and the temptation to all 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 in an unbroken succession before them, and with little 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 unobserved, 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 hence 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 carrying out immediately reading 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 follow the lectures regularly. Let him, if possible, take notes—this, however, being to some an aspect of difference—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 the others. Then he might discard his first love, and take up 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 unsatisfying 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 he did attend, and desist a thousand other ways 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 grime, and frequently succeeded ultimately in passing their examinations.

Mr. Beaton next proceeded to speak of the course of scientific study which occupied 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 branches of Mathematics, and Physics. 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.R.C.P.I., Pettigo, of a daughter.

DEATHS.

LINLEY.—On the 12th ult., J. Ferguson Linley, M.R.C.S.E., of Chandle, formerly of Staleybridge, aged 36.


RoyAL COLLEGE OF PHYSICIANS OF LONDON.—At a general meeting held on Wednesday, the 28th ult., the following gentlemen, having undergone the necessary examinations, were duly admitted Members of the College:—Samuel Fenwick, M.D. S. Andrews, 74, Harley-street; Edward Francis Fussell, M.B. Aberdeen, Brighton; William Withers Moore, M.D. Edin.; William Boyd Musket, M.B. Lond., Upper Norwood; Charles George Sutton, M.B. Lond., Harrow, Middlesex; John Thomas Aikin, F.R.C.S., 39, Duchess of York-street; John James Thorne, M.R.C.G., M.D. Lond., Finsbury-circus.

At this meeting the following gentlemen were reported by the Examiners to have passed the Examination in the subject of General Examination;—James W. Barry, Eton; Samuel A. Bathurst, Eton; John Chatham; David Evans, Wrexham; James Howard, Dukinfield; M. J. de Galway, Hurst, Great Russell-street, Bloomsbury; John C. Mc Donald, Deeside, Aberdeen; Andrew McGregor, Norwich; Edmund W. Parkinson, Red Hill; Charles Parr, 16, Ashby-place, Westminister; George Parr, Ashby-place, Westminister; Charles Pattle, M.B. London; Frederick W. Strange, Beaufort, Reading; John L. Ward, Cardiff.

PRELIMINARY EXAMINATION IN ARTS.—The following gentlemen passed the Preliminary Examination in Arts on the 25th and 26th of September, 1863:—W. C. Bucknill; John James Ridge; H. J. Kendrick Vines;—Special Certificate of Honour. Samuel Alfred, Tamlin; Arthur Andrews, Hertford; Charles Austin, Blackburn; Robert Biderston, Tidworth; Charles T. Bell, Sheffield; John B. Bever, St. Ives, Cornwall; Jas. Webb Booth, Hucknall; J. R. Barrowthorpe, Weymouth; G. W. Brumwell, Kenilworth, Westmoreland, 30, Broad-street, Bury; W. B. Burn, Forest-street, Limehouse; Louis C. A. Carrè, Bath; W. R. Cheyne, 27, Nottingham-place; Eil Crew, Tetbury; James Crose, Preston, Lancashire; Frederick Samuel Dailey, Broad-street Buildings; B. Golly, Plymouth; F. Edwards, Otten, Belchamp; Percy M. Ellis, Botesols; G. E. E. Etheridge, Stans- ford; F. W. C. Hare, Northfield; Richard J. Horsley, West; Ada G. Guy, Wycombe; Charles Hildy, Richmond, Yorkshire; C. F. Hensman, Kimbolton; T. H. Hickman, Ruisley, Bedfordshire; A. H. Inns, St. John's Southwark; Edward Hopkins, M.B. London; James Hope, Gosforth, 6, Charlotte-street, Northumberland; Peter Hope, Wilsibeth; Charles Goding, Rochdale; William Hill Payne, Bristol; Isaac Pittman, Willenhall; Stafford; Charles Read, 1, Guildford-place; John James Ridge, Thomas-street, Southwark; F. W. Rogers, 71 Finchley-road, N.W.; C. A. Sampson, Stone, Stratford; Ed. Sandwell, Gerrard-street, Soho; T. E. Scatchard, Boston Spa, Yorkshire; S. A. Shackford, Huddersfield; William Slum, Wath; Ebenezer Smith, Hollinwood; Lord Tattersall, Blackpool; Richard Tudge, Stone, Stratford; H. J. K. Vines, Reading; Clarence Vissich, 14, Regent's-park road; Ed. D. Wallis, Bodmin, Cornwall; J. Wallwork, Tylerside, near Manchester; R. A. Waterworth, Newport, Isle of Wight; E. W. Williams, Lancashire, Montreal, G. J. Woods, Southport.

OBSTETRICAL SOCIETY, 53, BURNERS-STREET.—The first meeting of the Obstetrical Society was announced to take place this evening, October 7, at the usual hour.

THE CASE OF DR. LANG.
The ORIGINAL CHLORODYNE.

"INVENTED AND DISCOVERED IN 1844 BY RICHARD FREEMAN"

(Extracted from Affidavit made before S. C. Ward, Esq., Chancery Record Office, Chancery Lane, London, June 16th 1862.)

The Inventor beaks 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 is by the agent. The following are a few out of many voluntary Medical Testimonials:—

From W. BEASLY, M.R.C.S., Bedford. "I have no doubt in recommending this to the benefit of Mr. Freeman's Chlorodyne as a Solvent and Antiseptic, having used it for some years in Colds, Common Coughs, &c. I always 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 the former remedies my patients suffered eight or ten days. In fact, I cannot speak too highly of it."

From F. W. HODGSON, M.R.C.S., London, 14th Feb. 1855. "I have much confidence in its benefits to the efficiency of Mr. Freeman's Chlorodyne as a Solvent and Antiseptic, having used it for some years in Colds, Common Coughs, &c. I always 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 the former remedies my patients suffered eight or ten days. In fact, I cannot speak too highly of it."

From J. W. G. STEVENSON, M.R.C.S., London, 16th Nov. 1855. "I have much confidence in its benefits to the efficiency of Mr. Freeman's Chlorodyne as a Solvent and Antiseptic, having used it for some years in Colds, Common Coughs, &c. I always 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 the former remedies my patients suffered eight or ten days. In fact, I cannot speak too highly of it."

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Manufactured by RICHARD FREEMAN, Pharmacist, Kennington-road, London, S. And sold by all Wholesale Houses in bottles 1 oz. £2 6d.; 2 oz. 5s.; and 3 oz. 8s. 6d. each.
PARISIAN MEDICAL NEWS.

Legal Responsibility of Monomanics.—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.—Viscerections.

The important question of the responsibility of Monomanics has again been mooted at the Academy of Sciences by Mr. Briere de Boismond. 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 impulsive, but to that numerous class of individuals who labour under a delusion, and whose unreasoning 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 juris; 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 sensibility, 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. Briere de Boismond opines that the best method of establishing, or confounding, and quieting these impulsive persons, is to ascertain the amount of moral responsibility of monomanics, 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. H. de Boismond 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 employ 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 feces or flatus had caused incarceration, and both in femoral and 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 hernia, 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 Department of the 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 mode of action of elastic pressure.

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 tampered organ is restored to its 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 soyeurs, 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 instances 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 therapeumatic 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 bella donna 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 vigor 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 exemplified, 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 St. Nazaire, Mr. Mélier replied collectively to the remarks offered by Messrs. Beau, Rufz, Guérin and Poiselle.

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 infested 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, 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, or the passengers are transferred to hulks, which are said to be scarcely more habitable than those which were, at an earlier period, used for prisons of war. The latter method is too 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 St. Nazaire for want of any better arrangement. Hence serious consequences have arisen at Southampton and elsewhere, and although English authors generally show and illustrate their knowledge to the knowledge of the public, yet Dr. Within and Dr. Harvey have brought forward facts of the most conclusive character, supplied in 1832 by the ship "Lot," which sailed from the West Indies; and 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 premortuary 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. Burullus, 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 tainted 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. Poiselle who also defends the opinion that the holds are the true foci of the disease, 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. Poiselle's objections to the system recommended by an eminent naval engineer, Mr. de Lapparent, which consists in burning gas in the holds after the unloading of the cargo. This operation does not, as Mr. Poiselle alleges, cause the formation of a layer of charcoal calculated to absorb and retain poisonous miasmas, but merely hardens the hold 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 as 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, in the investigation 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. The 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 practice of most cruel experiments. After most of 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 Mears, Checot, Cruchelion, Robin, Claude Bernard, Renauld, and Leblanc were members, came to the conclusion: "Vivisection, as it is practised in our schools is not an inhuman and inobtainable practice, and does not lead to monstrous cruelty; that it is not a disgrace to modern civilization, 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 endeavor 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 with regard to 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 proposes, 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.

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-Honore or Emu, were merely suffering from chronic congestion of the lungs. Cases of this description are not uncommonly 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 been referred to his wards, the professional advice 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 feebly 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-splenic 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 super-added sounds, or increased resonance of the voice. In the corresponding region of the right side, the vesicular murmur is louder, and posteriorly, in the right supra-splenic fossa, the expiration is protracted, and the voice-sound louder, but no rhonchi whatever are audible. The child moreover is in a debilitated and anaemic condition, and occasionally subjected to feverishness in the evening.

Guided by these signs, which for ten days were invariably found the same, Mr. Bouchut, instead of pronouncing the 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 experiments 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. Parfes addressed the Academy after Mr. Dubois, and in a speech frequently interrupted by applause, expressed his indignation at the manner 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. Parfes, "they cannot be defended; but to mitigate, or suppress them, we certainly require no interference from the authorities.

"At least, for the suppression of those abuses which may be viewed as a peril to public morals, the provisions of the Gramont Act will certainly be found ample sufficient.

"The abuses complained of in laboratories and dissection rooms will be promptly and easily corrected by public correction, lightened 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.
should be exchanged for rapidly increasing doses of oark 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 arsenique 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:

B
Soda arseniatis, gr. 7½
Oxyn., salis, 3x
Symp. papaveris, 20.

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.:

B
Soda arseniatis, gr. 7½
Syr. cinchona, 3x.

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 (c).

The Spas recommended by Mr. Bouchut, are those of Engle, Pierrefonds, Eaux-Bonnes, Eaux-Chaudes, Saint-Sauvent, Cauterets, or Luchon in summer, and in winter those of Amiélie 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 WARS.)

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 of but 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 coracoid 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 for the repair of the fracture of the radius, mention was made of a depression which suggested the idea of dislocation of the elbow. But this erroneous impression was corrected by the fact that the ecleuran preserved its usual situation with respect to the processes of the ulna, 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. Maizeneur of flexion and extension of the forearm in cases of simple fracture. Mr. Coulon, however, makes remarks in his "Clinical Treatment 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 with 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 immoveable bandages. In uncomplicated cases, the limb should be merely laid upon a light bandage, for the purpose of support, 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 passaboard, 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. Treil'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 reduced in its normal situation. After consolidation of the fracture, it was impossible to bend the forearm more than at right angles, whereas...
Oct. 14, 1863.] THE MEDICAL CIRCULAR. 221

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. He believed that the medical student 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 actually prejudice in the form of prejudice, which is believed to be fraught with much advantage when pursued under the tutelage of an able and enlightened practitioner, but at the same time, he believed that preliminary examination of a student was essential to a medical student, and therefore congratulated new students on having passed a preliminary general examination. Those who had already had a considerable degree of medical practice were warned, moreover, not to neglect their practical studies, since different methods of treatment might be seen at an early stage, 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, he should 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 rare, and perhaps dangerous possession, if its possessor were led to believe that he could dispense with hard work; and, as Buffle 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-and-then to accept many statements without actually proving them to themselves, yet the occurrences of every day in medical life necessitated an acquaintance with surgical anatomy. He thought that anatomists were to blame for having overlooked their science, and that, for having neglected it, systems of the parts composing the one perfect body, and for having kept at arm's length the surgical and anatomical relations. The study of anatomy was essential, and he could not imagine how any surgeon could be perfect in his profession without having some knowledge of anatomy. It was, therefore, to be regretted that the young medical man was urged to concentrate his energies on the business of his education for all past deficiencies, and to study to gain knowledge, and not merely to pass examinations; whilst the fresh graduate 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, because each year had its allotted amount of study. From study was shown to be occasionally necessary for the most diligent, but care in the choice of companions and amusements was inculcated. Amusements, whether plain or profuse, were often the most diverting, but not necessarily the best for him who intended to become a practitioner. It is as important to prevent the student from being too idle as to prevent him from being too industrious.

The Medical Circular.

There were two main causes of inactivity: the first was the abhorrence of the young practitioner to the laborious and exacting business of the practitioner; the second was the fear of the other's success. He was therefore to remember that a practitioner must not only be 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 disposition, and not merely upon the fact that they were in the same profession. He was further urged to concentrate his energies on the business of his education for all past deficiencies, and to study to gain knowledge, and not merely to pass examinations; whilst the fresh graduate 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, because each year had its allotted amount of study. From study was shown to be occasionally necessary for the most diligent, but care in the choice of companions and amusements was inculcated. Amusements, whether plain or profuse, were often the most diverting, but not necessarily the best for him who intended to become a practitioner. It is as important to prevent the student from being too idle as to prevent him from being too industrious.

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After the lecture the board-room of the hospital was thrown open for a conversation, a large display of microscopes and other optical appliances being prepared for the entertainment of the numerous visitors. Dr. Gibb demonstrated the use of the laryngoscope; Dr. Raffell exhibited some most interesting chemical experiments; and Mr. Brooke showed the facility of 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 ANGLO-AMERICAN CHAIR OF MIDWIFERY.—We understand that Dr. James G. Wilson, F.R.S.E., was on Friday last unanimously elected to the American 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 dropy 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 Thordell 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 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 apothecary 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, loco a non locendo) 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—quiesa non morere—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 insubility 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 (1) 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 exposition 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 indifferen 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 journey 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 ro-junior.

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 case 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 26 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 where this disease has singled out, when just now scarlet fever is most prevalent throughout the country, not only along the coast, but also in the inland towns. It is a very curious state of things that scarlet fever is 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 and treated under the rubric, if not of "the healthiest," then of "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 cause 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 me 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 "Lodging 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 for the very same blankets on which the patient had lain, not even washed, much less subject to any disinfesting process. The house was a very respectable one, and I know that the report of 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 epidemics in households in households and localities where all the conditions of health seem to be present? I fear also that convalescents from scarlatina and measles, especially in crowded towns and cities 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 extensively attended, the number of tickets sold, up to Wednesday evening, being nearly 2,800. 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 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 topering steps, reached the presidential chair and the healthiest man in the assembly and told that he was in great hurry to proceed. That was the moment 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 withering remains of his former 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 the incomplete recovery of his Majesty in England, have not, for the purpose 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 would not do it, 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 spirit 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 take up the class. He was permitted to continue teaching the Medical Profession; but if a woman 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.)

"I trust you," he said, "that 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 received the universal shout of praise from the inhabitants of the State, and it was believed by some most eminent men who had given their minds to the subject that that college would make something in this behalf."  

**MISS NIGHTINGALE ON THE SANITARY STATE OF THE INDIAN ARMY.**

The first paper in the Public Health Department was contributed by Miss Florence Nightingale, read by Dr. S. Jackson.

The commission 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, the enormous death-rate 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 prematurities from infectious diseases from the recruiting depots at home. In former times, when the Company's troops bore but a small proportion to the resources (in men) of this country, fighting was not so much. The small army 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 of the Indian army is stationed beyond the question of which 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 an undoubted authority, to be not less than 69 per 1,000 per annum. We have been endeavouring to explain away the obvious result of these figures by showing that the average was not constant; that in certain 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 the remedy. As well, 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 prematurities from infectious diseases from the recruiting depots at home. In former times, when the Company's troops bore but a small proportion to the resources (in men) of this country, fighting was not so much.

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**Dr. Jackson next read a paper by the Rev. Dawson Burns** on the Infection 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 accommoda-
tion, 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. Mr. Rawlinson said that there was a want of attention to the country. He referred to the want of attention to the country, and to the ordinary system of dieting British soldiers in India, which he pointed out, was more unhealthy climate than that in which they did their work in England. More than that, the occasional drum at home was commenced by regulation in India into a permission to drink alcohol—drum, that is, six ounces of spirits each day; and he 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 drinking whisky, which the troops thereby acquired, the men never had or over-drinking, and total idleness, and vice springing directly from these, the British soldiers in India had small chance of coping with the evil so called. The regulation allowed of the consumption of spirits, which in the British army and in the colonies, in the estimation of economic, to the measure being the motion of the.

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 18 gallons a year of spirits besides what he got sur-

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THE MEDICAL CIRCULAR.

[Oct. 14, 1863.]

REVIEW OF THE PERIODICALS.

'THE LANCET.'

The number opens with Mr. Panton'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. Wm. Lockyer 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 corrosive jala 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 blood, comprising the estimation of the water it contains, and its relative richness in nitrogenous constituents. The former is ascertained by drying the blood at a temperature not exceeding 250°, 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 Ankylosis at the Knee, following a Gun-Shot Wound, treated by Excision of the Ankylosed Portion."

The patient was a soldier, who had been shot through the knee-joint at the battle of Inkerman. The ball was extracted atScarborough, but the joint afterwards became inflamed, and finally ankylosed in an unfavourable position. Mr. Smith removed the ankylosed portion, and the man recovered with the use of a serviceable limb. Dr. Garr. T. T. F. relates the particulars of "Two Successful Cases of Caesarian Section," the operation having been performed in Italy, where, it would appear, this proceeding is often successfully adopted.

THE 'GLASGOW MEDICAL JOURNAL,' No. XIXIII.,

OCTOBER, 1862.

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 Reissein 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, as in the membrane is dry and harsh, from the diminution of its secretion, while in the latter the latter are filled with an excessive mucous-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-alternates, as tartar emetic in small doses, ipecacuan in small doses, hemlock, henlock, aconite, hydrocyanic acid, &c., to be used in the acute cases, and stimulating broncho-muco-alternates, as squill, leek, onion, garlic, benzoyle, sarsaparilla, senega, sesquioxide of ammonia, &c., in the chronic cases, and as coughing is necessary for the removal of excessive mucous-purulent secretion, and as this act is a muscular one, it should be exerted by a class of medicines which might be called pneumo-musco-excitants, such as the stimulating preparations of ammonia, alcohol, mus vomicum, iron, cinchona, together with general hygienic measures, emulsions, sparging and friction, and the inhalation of stimulating vapours. Dr. Leishman continues his critical and historical essay on the "Mechanism of Parturition," taking Naegeli's work as the basis of his remarks, and illustrating his views by diagrams. In reference to the practice of supporting the perinum 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 nabobs," "swellings 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. McColl Anderson relates some "Cases Illustrative of Diseases of the Ear," the present series being cases of diseases of the cernuous glands. Dr. Anderson carefully describes the method of syringing the ear for removing accumulation of wax in the external meatus. Mr. Charles D. Dool 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. MacLeod, of Greenock, gives a short paper on the "Treatment of Ankylosis 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 strangury disease of the joint. Altogether, the present number of the "Glasgow Medical Journal" fully maintains the character of this very meritorious periodical.
than a series of tables showing the statistical details connected with the patients received into the Hospital, such as the number of admissions, 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 inestimable benefit by establishing models for all similar institutions throughout the world. Dr. M'Call Mackenzie has executed his very difficult task with great ability.


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 Hydrophathy, 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 mixtures, are all, under suitable conditions, available and useful measures in the treatment of disease. All this we admire, but we know it before, and 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 the public for the first time.

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 solutrice 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 scabies is said to be cured by the same application, but then injection of belladonna and olive oil was superseded; 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 and 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 subjects in the title-page, and we should express a stronger degree of appreciation if we thought that the application of water and of hot air, either in immersion or of medicated inhalation, was unduly neglected by the Profession. The public, however, may not yet sufficiently appreciate these measures as therapeutic agents, and the time may perhaps be remitted of their unproved efficacy and utility.

GENERAL CORRESPONDENCE.

ON THE DESTRUCTION OF VERMIN BY THE USE OF CHLORFORM.

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 the sick rooms of our wealthy patients, even though the most scrupulous attention be paid on our part to avoid such an occurrence.

In several instances upon the lower animals, which have been prosecuting in relation to the use of chloroform in ovariotomy, I found that all the vermin with which those animals were concerned specially died from the anaesthetic which I employed, and which I administered in the following manner: the hair was a 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 anaesthetic, had placed in it the subject of experiment, which was allowed to remain therein till it was brought completely under the influence of the soporific 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 cheap of application, that I would leave it to the ingenuity of the physician or surgeon to devise the mode, which may seem to him the best.

I am, Sir, 
G. DE GORRECHER GRIFFITHS, 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, haemorrhage 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 fingers, both uteri, I discovered another constriction directed backwards towards the uterine cavity.

Through this constriction I insinuated first one finger, and then 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. 29th), the patient has gone on well, having been free from any further complication.

I am, Sir,
158 Dover road, S.E.
CHARLES LATON ALEXANDER.
Sept. 29, 1863.

BIRTHS, MARRIAGES, AND DEATHS.

BIRTHS.

HEFFERNAN.—On the 22nd 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, Castlegard, Co. Tyrone, the wife of Samuel Leary, L.R.C.G.P., of a daughter.

MAY.—On the 2nd inst., at Pontville, the wife of Geo. May, M.R.C.S., of Nochell's park road, Birmingham, of Sarah Bennett, daughter of J. Hollingsworth, Esq., Edgbaston.

DEATHS.

CHADWICK.—On the 1st inst., at Lincoln, D. Chadwick, M.D., Consulting Physician to the Lincoln County Hospital.


GILBERT.—On the 5th inst., at Upper Philimore place, Kensington, Henry Gilbert, M.R.C.S.E., aged 59.


SAYERS.—On the 26th inst., W. Sayers, M.D., of Great Homer street, Liverpool, aged 32.

MEDITAL NEWS.

Apothecaries' Hall.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received their admission to the practice of medicine in the following order: Ralph Gooding, Ipswich; William Harmer, Milsted, Hawkhurst, Kent; James Ashburner Lighthouse, Preston; George Frederick Walford, Maidstone; William Morison, Hertford; George Miles, Gillingham, Dorset; Charles Holman Parks, St. Colomb, Cornwall; John Skelton, 106 Great Russell street, Bloomsbury; Alexander Towne, 19 Kingsland crescent.

The following gentleman also on the same day passed his first
THE MEDICAL CIRCULAR.


THE MEDICAL CIRCULAR.

examination.—Charles Edward Covey, St. Bartholomew's Hospit.

[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 APOTHECARS' Hall should have preceded the words Preliminary Examination in Arts.


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 Cartwright; Certificate of Honour, Charles Unny.—Botany and Materia Medica—Medal, Michael Cartwright; Certificate of Honour, John Watts; Certificate of Honour, Charles Unny; Certificate of Merit, Jonathan Phillips.—Practical Chemistry—Medal, Charles Unny; Certificate of Honour, James Ansell.—Certificate of Merit, John Boundas.—Pereira Medal—Michael Cartwright.—Herbaria.—Silver Medal, Thomas Harrison; Bronze Medal, Edward M. Holmes; Certificate of Honour, Henry Medd.—Jacob Bell Scholarships, value 12s. 6d. per annum, with free laboratory instruction.—John Watts, Frederick E. Passmore. 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, the 16th inst., at 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 was 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. In his view, this application should be made to Parliament for an addition to a statute already in existence regulating the punishment of the offence, 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 agency of unsanitary punishment could have subsisted. 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 exempted from the penalty of an ordinary murderer, so he thought that such 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 this charge was supported by many instances. He considered that the principle of the main causes of the present prevalence of infanticide was the partiality for boys, and the present law did not put the penalty of death or imprisonment on the party who killed her child for any reason whatever. Another reason was the lack of power to deal with mothers who gave birth to illegitimate children. This was a great matter of public importance, and the fear of illegitimacy not only prevented some women from marrying, but those who did marry and have children were compelled by circumstances 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 his maintenance than that now demanded by the present law.

PREVENTION OF INFANTICIDE.—On Monday week a public meeti

ing on this subject was held at the Royal Oak Tavern, Spencer street, Goswell road. The meeting was convened some eighteen months ago, having for its object the devising of some means for the arresting of this crime, which has of late years become so lamentably prevalent. The meeting was opened 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 subject of childhood connected with the administration of the Poor-law as tending to increase infanticide, and that measures should be adopted for having the same remedied.

S. 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, Bermondsey street, Bermondsey, on Monday last. A letter was then read from Mr. Reade, chairman of the committee of parishes, forwarding a copy of a resolution stating, "the committee recommended 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 Stowage 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. Leck (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 consider the site in opposition 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 employ counsel in court, and he moved that advertisements should be issued for a site or sites in or near Southwark as possible. This was also 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 it is supposed that the 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 disease, and among those who have died are the only 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.

WATER.—Pure Water.—We are informed by the highest chemical authorities, that pure water so rapidly acts upon lead, as to render it useless, as the water contains carbonic acid and what water does not it would not be appropriate to itself a portion of the metallic medium through which it passes; these are facts from which we have no appeal. We believe water may contain the necessary metals, but 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, etc., 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 homoeopathic 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 mixture of metals yet highly scientific process, the discovery of Dr. Schwarz, of Breslau. This prevents the passing through lead pipes of a solution of an alkaline sulphide of potassium, at a temperature 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 corrected.—Building News.'
make room for which their lowly habitations had been demolished. A wealthy nobleman, the Comte de Madre, has built a number of houses for the use of mechanics; where 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 be found in the neighborhood of London at such a price? The Comte 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 gone well. The Comte 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.

WILLIAM H. TURNER.—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., has been elected a Fellow of the Edinburgh Society.—J. C. Constable, M.D., the Parochial Medical Officer, has been appointed Public Vaccinator for the Parish of Leuchar, Fife.—R. Cowan, M.D., has been elected Surgeon to the Glasgow Faculty of Medicine for 1863-4.—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 Ward of the Royal Infirmary, Edinburgh.—G. P. Goldsmith, M.R.C.S., has been appointed Surgeon to the Bedford General Dispensary and Lying-in Institution.—R. D. Hanson, M.R.C.S., has been appointed Surgeon to the Bedford General Dispensary and Lying-in Institution.—J. Holden, M.R.C.S., has been appointed a House-surgeon to the Ayr and Ayrshire Dispensary, Manchester, and a member of the Ayr and Ayrshire Dispensary, Glasgow.—W. J. Kite, M.R.C.S., has been elected a Fellow of the Edinburgh Society.—H. Hopkins, M.R.C.S., has been elected a Fellow of the Edinburgh Society.—H. Hopkins, M.R.C.S., has been elected Medical Officer and Public Vaccinator for the Stone District and the West-house of the Stone Union, Stafffordsire, vice J. Fellows, M.R.C.S., deceased.—W. J. Kite, M.R.C.S., 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 re-elected a Public Vaccinator by the Parochial Board of Tealing, Forfarshire, and by the Parochial Board of Kincardine and Struthmartine.—J. M'Carroll, F.R.C.P. & S. Glas, has been elected General Medical Officer of the Glasgow Faculty of Medicine for 1863-4.—J. D. Montgomery, F.R.C.P. & S. Glas, has been appointed a Public vaccinator by the Parochial Board 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. Rogerson, M.R.C.S., has been elected Vaccinator for the Parish of Cupar, Fife.—A. J. Moore, M.R.C.S., 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., resigned.—F. J. Pattle, M.B., has been appointed Junior House-Surgeon to the Liverpool Northern Hospital, vice N. Heelas, M.R.C.S., resigned.—E. 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 Woodwich District of the Greenwich Union, Kent.—R. Ramsden, M.D., has been appointed Assistant Surgeon to the Cambridge Borough Police, vice C. Knibb, M.R.C.S., deceased.—W. Rayner, M.R.C.S., has been elected Assistant Medical Resident Officer to the Leeds Public Dispensary, vice W. A. B. Barker, M.R.C.S., deceased.—W. A. B. Barker, M.R.C.S., has been elected Assistant House-Surgeon to the Limerick Fever Hospital and House of Recovery.—J. P. Richards, M.R.C.S., has been appointed Assistant House-Surgeon to the Shrewsbury Dispensary, vice W. G. Parker, M.R.C.S., 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 Assistant House-Surgeon to the Shrewsbury Dispensary, vice W. G. Parker, M.R.C.S., resigned.—C. Robinson, M.R.C.S., has been appointed Assistant House-Surgeon to the Bedford General Dispensary and Lying-in Institution.—J. H. Simpson, L.S.A., has been re-appointed Medical Officer for the Southwark District of the Kentish Union.

APPOINTMENTS FOR THE WEEK.

Wednesday, October 14.

Operations at Midlesex 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 Orthopaedic Hospital, 1 p.m.; Royal Northern Hospital, 1 p.m.; Great Northern Hospital, King’s cross, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopaedic Hospital, 2 p.m.; London Surgical Home for Diseases of Women, 2 p.m.; House of Aunts and Penitents; Vasiou-Vaginian Fistula; Removal of Stone from Bladder by Vaginotomy; Prolapus Uteri. Herriean Society, 8 p.m. Mr. J. Z. Lawrence will exhibit his Reflecting Ophthalmoscope.

Friday, October 16.

Operations at Westminster Ophthalmic Hospital, 1 p.m.; Western General 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, 1 p.m.; Charterhouse Hospital, 2 p.m.; Lock Hospital, Dean street, Soho, 1 p.m. Clinical Demonstrations and Operations; Royal Free Hospital, 1 p.m.

Monday, October 19.

Operations at St. Mark’s Hospital for Fistula and other Diseases of the Rectum, 11 a.m.

Tuesday, October 20.

Operations at Guy’s Hospital, 11 a.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.


The Dental Review for October. London: Robert Hardwicke, 12 Piccadilly.


Army Medical Department, Statistical, Sanitary and Medical Reports for the year 1861.


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 HAVRESEAN 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 “Orthopedic” has no connection with the Greek word signifying “foot”; the term is derived from ὄσθος, straight, and ἔφος, a child, and it is used in connection with the remedy of deformities in children.

A YOUNG PHYSICIAN.—The subscription is one guinea a year, and the election is by ballot.

EXPECTATANS.—We shall publish the report in due time.

X. Y., LIVERPOOL.—The manuscript has not yet arrived.

D. E. ED.—The facts are not stated with sufficient clearness to enable us to give an opinion.

D. T. H. FELLE.—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 Fetus, etc., together with a careful study of the numerous cases of tedious labour recorded in that publication, (1) emboldens me to forward a summary description of instruments of very simple construction, which, in the course of my surgical practice, have enabled me to deal successfully 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 francs. One is a double tracor, 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 fontanelles 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 detraction, to endeavour to alter the position of the head in order to facilitate the removal of its contents in a boy or girl, I have always found it an easy matter to avoid or to remove any mole from 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. (2) GREVIN, M.D.

Valence (Drome).

SCIENTIFICO MISCELLANEA.

On the Efficacy of Opium for the Relief of Delirium Typhoid Fever.—The recent and frequently successful experiments which have been instituted to test the efficacy of opium and the solane in chronic delirium have suggested to Dr. Limousin, physician of the hospital of Bergson, the idea of applying the same treatment to the delirium which accompanies fever. If the patient should 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 occurring 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:


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 sores, abdominal distension and diarrhoea were removed, copies perspiration supervene, 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 dose 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 diarrhoea was observed, the diarrhoea was arrested, and the sores 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 sordid 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 child aged two years, in both of which opium proved most beneficial. Ten grains of syrup of morphia, a tea-spoonful to be taken every hour, were prescribed for the older child, and to the younger, in whom the meningitis was connected with enteritis caused by teething, three grains 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 persevered, and the recovery was delayed by diarrhoea 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. Monard, of Tours, succeeded in checking the delirium of subjects labouring under typhoid fever, by the exhibition of mixtures containing fifteen drops of laudanum. Dr. Limousin's practice shows that opium does good, 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 vascularuity has moreover not been discovered in the brain of animals or individuals who have died from the effects of opium, but only very little of its action on the system beyond Mulieres virtus dormitivm, 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 unsavory.

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 probe or through the pylorus 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 that part as the place where the object was situated. Mr. Green, however, more fortunately, being unable to insert the contracted vagina his usual tracor, at the same time with his left forefinger, the operator introduced an incised piece of this wire with which he divided and extracted the foreign body, without damage to the patient.

H. C.

(5) These remarks are an abstract of the contents of an important memoir, in which Mr. Grevas, 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 in the bowel, speedily followed by an evacuation, and the passage of the obnoxious pencil. 

Another device not intended 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 draughts 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 increased 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 nutrient beyond the pylorus.

ON THE EFFICACY OF JUNIPER-BERRIES IN ASCITES AND ANASARA.—We formerly published (Art. 5539, and 5942), the formula of a diuretic wine for the preparation of which Mr. Trouseau gives the following directions:—

B. FD. Digitalis purpurea, 5jiss.;
C. Scill. 3j.
D. Fuct. Juniperi Contus. 5jiss.;
E. Vini albi, 5xxiv.

Macerate during six days; strain; add—

Potass. acetatii, 5v.

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-berry in the treatment of the ascites occasionally consequent on attacks of palseal 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 anaesara were attributed to the disturbance of the circulation. The serous effusions had extended to the peritoneal and pleural cavities, 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 digitals and squill; 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 diarrhoea, but the renal secretion promptly became extremely copious, and in the course of six weeks the oedema 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 anaesara 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 Bourne’s remarks on the Juniper tree, and on the wine prepared with its berries, which he called the foror 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.

Lieutenant, an eminent practitioner well acquainted with the paludial distaste, esteemed highly the wine made with Juniper-berry, and exhibited this remedy as a diuretic, a diaphoretic, and a most efficient tonic of the stomach. Albert 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 ameliorating properties of the distilled water of Juniper-berry. Acetate of potash, which is an ingredient in Mr. Trouseau’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 indigeneuse medicinal plants, Mr. Carin, after speaking favourably of the use of the berries in mild cases of anaesara 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 berry or vinous infusion of the berries (from half- an-ounce to one ounce of bruised berries for every quart or white wine). Mr. Carin often supersedes 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 diptheriotic sore-throat, the disease generally assumes a benign aspect. Subsequent extensive experience at Havana, has confirmed this practitioner’s opinions on this point, and he now returns in the same journal to this important subject.

“In March and April 1861,” says he, “an epidemic of diptheritic angina broke out at Havana; adults were the chief victims of the scourge, and in one house of the Chausée de la Réine, 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 ophtalmia. 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 hesitatingly 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 an hour 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 purgative acid had unavailingy been resorted to. Ice was exhibited, and convalescence set in in the course of twenty-four hours.

Mr. Grand Boulogne trusts that those 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 LOOSED SOLUTION OF MORPHIA.—We stated in our last number that the loosed 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.
Revel, the learned chemist attached to the Hospital for
Infancy, has analysed the preparation, and that from his re-
searches it appears that one-half only of the amount of mor-
phine 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 isomoan. Enough
of the morphous salt remains, however, in solution, to modify
the counter-irritant action of the tincture of morphine, diminish
the pain of the application, and act as a direct sedative.

Professor Piazza’s New Hemostatic.—An interesting
paper was recently read at the Brussels Society of Medical
Science, by Mr. Janssen, on a New Hemostatic 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 in-
crease the efficacity of the latter by the addition of a concen-
trated solution of chloride of sodium. In order to reduce to
15 deg. (Areeom.), one part of liquid sesqui-chloride of iron at
30 deg., two parts of water are required, hence the following
formula for a safe and effective coagulating fluid:

B. Ferri, sesquichloridi liquidi (30 deg.), 5v.;
Sal. chloridi purificati, 5iv.;
Aq. destillati, 5i.

Dissolve the chloride of sodium in the water, add the salt
of iron, and the result is a mixture weighing 20 deg. by
Barné’s aereometer.

It is to use absolutely neutral sesqui-chloride, 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 hemorrhage; it arrests immedi-
ately the escape of blood, and the application causes but a
transient and easily bearable sensation of pain.

Efficacy of Cascarilla in Chronic Diarrhoea, Chlo-
rosis and General Debility.—The Gazette Médicale re-
produces the pages of the Deutsche Klinik, an article in
which Dr. H. Bebenus, 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 diarrhoea of children, he prescribes the
tincture:

B. Tinct. cascariæ, 5v.;
Ag. dest. lauracæi, 5i.

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:

B. Pulv. cascariæ, 1

Aq. Rhiz., 5i.;
Ferri malatii, 5iss.

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. H. H. Bebenus extols the tonic properties of
the extract of cascara:

B. Extr. cascariæ, 5j.;
Col. aquæ, 5j.;
Aq. destillati, 5i.

Dose: One teaspoonful four times a day.

Dr. H. H. Bebenus also prescribes cascara 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 viscera are
thinned. Under these circumstances he represents the remedy
as a very valuable sedative of pain, spasmolytic action and difficulty of
breathing:

B. Extr. cascariæ, 1

Hyoscyami, 1

Aq. destillati, 5i.

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 fre-
cently prescribed to persons who can neither prepare, nor
really 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. Gayot d’Anney
employs the system of granulation, and proceeds as follows, for instance, in the preparation of the granular extract of
soap-wort (saccarharum de sapoario):

B. Extr. saccarharum, 5j.;
Aq. destillati, 5i.

Dissolve the extract, add the sugar, boil over a quick fire,
and stir uninterruptedly with a wooden spoon during refrig-
eration, until the mass is reduced to a granular form.

Each tablet-spoonful weighing 5iss., contains fifteen grains
of the extract and is equivalent to ½ of the dry leaves, the
quantity required for each tablespoonful of tisane.

Syrop 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:

B. Pepsine, puræ, 5j.

Aq. dest. lauracæi, 5i.

Mix in a mortar the pepsin and water; heat in a water
bath for two hours, not exceeding a temperature of 104 deg.
F. stir occasionally. Add:

B. Tinct. aloe, composita, 5j.

Filter, add: Syrupi simplicis, 5xxx.

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 im-
regnated with atropia, for the use of oculists. A sheet of
uninspired 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 up-
wards, the inferior lid is lowered, and the moistened paper is
laid on the eye-ball. The eye is then closed and a mono-
cular bandage is applied. In the course of a quarter of an
hour the iris has fully expanded, and ophthalmoscopic in-
vestigation may be proceeded with. Mr. Squire binds this paper
into small books which occupy but very little space.

The Death of Dr. Dilfer.—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 Liver-
pool Town Council, on the recommendation of the Health
Committee, have resolved to apply to Parliament for powers to pur-
chase the courts and alleys of the borough, in order to effect a
complete sanitary reform, and check the growth of fever in over-
crowded localities.
The Medical Circular.

NETLEY HOSPITAL.

OPENING OF THE MILITARY MEDICAL COLLEGE.

INSTRUCTORY 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 expressed in the introductory address which has 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 scheme to which candidates for medical commissions in the army are subjected before they enter this school. I feel that 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 are 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. It is true, the young army medical department is open to public competition. Into the general question of competitive examinations I do not mean to enter. Like almost every individual instance, the consequences of public affairs have of necessity operated into operation in our time, it has given rise to much discussion, and to that wholesome conflict of opinion and enquiry which 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 part, I believe this principle was to be the fulness of time. The extension of the 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 seems undeniable, that certain 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, as an inseparable consequence, a principle of the many causes of that political contentment and tranquillity, which, above all peoples, past or present, we enjoy. The objection, correctly informed, of the association of candidates 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 also argued that if 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 the numbers that must be within the threshold of the public service, and bars the way to incompetence, sinks into insignificance. Into the cold and rapid river of police life to seek public confidence must adventurously plunge; in that swift stream the strong swimmers only live; the idle, the dissentient, 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, and who would attend to them with tea, and coffee, and a preliminary test, the medical department would soon become the refuge of the intellectually destitute, and the hope of the profession, to whom the public confidence of the public is a matter of nothing but staving. In a brief time a department so constituted would become a national reproach; public indignation would be excited against it, and amnesty never be restored.

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 Indian Medical Service with the Indian Medical College would soon 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 the conflicting authority, hurtful alike to the public interests, and the well being of the two services. My anticipations unhappily are not realized. The desired union has not been brought about, and the powers 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 been taken place. Some benefits have been anticipated.

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 come within the scope of the regulations already in operation, and will study here, two links at least will be bound them one to the other, and we may hope that the only contention between them may be such as Jacob says should alone prevail among Christians, "who should be a brother against brother, and a house against a house." But as the vine with the olive, which bears the best fruit. I understand that the Government of India has resolved to make its attraction to recruits as strong as the 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, I have been more than realized. 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, 780 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 army medical department, the Army Medical School, sooner or later they must take a tour of service in India. It is the duty, professional and military, of the Indian army, to profit by the experience gained by the British army. In this respect, India is no worse than the army of the United States, in which the British army, 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. The military, however, is in one respect, the Indian army, 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. The military, however, is in one respect, very different from the British army, the character and spirit of the two lines of the race that it is, and, above all, its endemic and epidemic diseases should be to those who have such a destination subjects of anxious study and inquiry.

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. It is one of the many causes of that political contentment and tranquillity, which, above all peoples, past or present, we enjoy. The suppression of the Sepoy mutiny, as an object of the public had never, in any degree, been accommodated to the spirit of the people. The suppression of the Sepoy mutiny, the object of the public had never, in any degree, been accommodated to the spirit of the people. The suppression of the Sepoy mutiny, which, above all, its endemic and epidemic diseases should be to those who have such a destination subjects of anxious study and inquiry. The suppression of the Sepoy mutiny, which, above all, its endemic and epidemic diseases should be to those who have such a destination subjects of anxious study and inquiry.
the public mind by the publication of the first report. We all remember the anguish of the innocents 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 84, the mortality among the young women of the same ages amounted to 216 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 arguments of the opponents were met by the stern verdict of Lord Herbert, riding on the high flood of public opinion, was able to carry out the reformation with which his name is imperishably associated. Benjamin Disraeli in 1848 was able to的成绩 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, and the stigma of her displeasure has almost ceased to appear. It ought not to come as a 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 statistics of the 1st Army in home service were, were prepared to hear that things were at least no better in so distant a possession as India. Making due allowance for this, I do not think that those who are interested in this important question have much 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 and recommendations, have been prepared 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 tender to the feelings of those whose demands for a more efficient medical service have been vindicated by the result, it is because this hygiea 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 by her 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 easily granted 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 first Commissioner, who calculated on the assumption of a 50 per cent reduction of the death-rate; the mortality from this disease, like that caused by faulty health arrangements during war should be, according to this calculation, 27 per 1,000. I refer to, left untouched, is it not reasonable to say that in India, since 1817, cholera has engrafted itself on the frame of the soil, and has become a disease of annual occurrence at many of our large stations. Why then, ask it, is there left out any more of our depots, 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 laid waste. No more news to scare the face of the world. I have no mistakes at all; scarlatina to steal into our nurseries and rob us of our children, no more consumption to plant its heetie on the check, no fevers to destroy.

I cannot, of course, tell what answer the Commissioner 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 no better time for the recognition of the fact that their sufferings of the past, and their share in the disease, has been in the nature of a necessary sacrifice, is the present occasion of the increasing use of the commonest remedies, officers and adjutants of corps. They had therefore a perfect right to deem them essentially correct, and to analyse them for their purpose. The death-rate of 69 in 1,000 is the present rate. 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 30 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 Royal Army in India. Under the circumstances, it must 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 both the cure and the cause of the great evil have been 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 come to India, in the service of the country, and 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 Commissioner 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 troops, to inquire into causes of death in former times. Nothing can be more unreasonable than such an objection as this. The Commissioners, as it appears to me, were not appointed to answer questions of the half the case—to tell as much of the truth as would be credible, and to support with facts 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 upon which may be laid down the maxim that to cook the statistics, for the sake of "making things pleasant." Moreover, all vital statisticians 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 quantities of the same description of the fact that whereas the deaths among 1,000 of the English male population between the ages of 20 and 25 amounted to 84, the mortality among the young women of the same ages amounted to 216 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 arguments of the opponents were met by the stern verdict of Lord Herbert, riding on the high flood of public opinion, was able to carry out the reformation with which his name is imperishably associated. Benjamin Disraeli in 1848 was able to的成绩 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, and the stigma of her displeasure has almost ceased to appear. It ought not to come as a 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 statistics of the 1st Army in home service were, were prepared to hear that things were at least no better in so distant a possession as India. Making due allowance for this, I do not think that those who are interested in this important question have much 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 and recommendations, have been prepared 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 tender to the feelings of those whose demands for a more efficient medical service have been vindicated by the result, it is because this hygiea 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 by her Commissioners, have no choice but to set to work diligently to remove them.

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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 rugged 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 willfully 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 Superintendatent to the Prison in Milbank, "On Sufficent and Insufficient Diets, with Special Reference to the Diets 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 205 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 distiries; 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 distasties 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 potato should form an important element in all dictaries. 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 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, as the letters published in the newspapers.

THE DIAGNOSES 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 unmoveable 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 Goal, 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 coloured 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 sordid 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 10l. 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 part 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-
THE MEDICAL CIRCULAR.

Oct. 21, 1863.

The vestry have a very intelligent medical officer of health, and also an inspector of nuisances; and, under the provisions of the Nuisances Removal Act, a special number of the vestry was appointed to carry that Act into execution, who meet as and when occasion requires.

No doubt there are instances of neglectfulness 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 health of the parish will not suffer by contrast with any other parish with which it may be fitly compared.—I am, Sir, yours, &c.,

H. A. Bruce, Esq., M.P., Home Office, Whitehall.

The above answer on the part of the Bethnal-green autho-

Rities 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, too. I am, Sir, your servant,

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, 340 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, our laws, and our eyes; and we can know what the results of our 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 comprises 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 instance, 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, have 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 the public attention is being called to this subject; the first burst of wholesome agitation is beginning to disturb the surface of this foul and loathsome malady. Whatever may be the difficulties of the treatment, 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 remedy; yet, as usual, as they are, I submit them as a complete new to our system. We may sum them all up in five words—obeys the laws of nature. So far have we gone all the way from honest nature's rule; and this is no new case. 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 waste 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, afflicted by disease as our ancestors were. A glance at the table behind me will show what 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 extent, if not wholly. But we feel it destitute of that sanction until the completion of the northern outfall sewer had provided a proper outlet. The requisite sanction is now given.

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 requested to 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 secure 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 members 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 works, 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 the sanction until the completion of the northern outfall sewer had provided a proper outlet. The requisite sanction is now given.

Lowring extracts from the leading article of our contemporary of Saturday last:—

In respect, then, of every house and court we examined, we must state that, although we have seen conditions as bad, we have rarely seen anything much worse. As a rule, the courts are wet, muddy, unoccupied, and malicious; the houses filthy and unventilated; and the privies either open and exposed, or panned with water, supply, drainage, 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 constantly for want of a receptacle for it being provided at all. Pig keeping is in some places apparently permitted, even in densely populated localities.

The following graphic moretus also confirms our views of the manner in which the particular duty of Sanitary Inspe-
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 your beloved profession. One of the chief objects 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 greater than was ever enjoyed by any other profession. You have the science of the human body in its fullest extent, the labours of predecessors, particularly during the last century. You are enabled to study the cause of any disease, and, that is the most important, you are enabled to treat it contemporaneously with the time when you find it. This knowledge will be of great value in the practice of your profession. I truly hope that you will be able to complement the medical cadets on their exemplary conduct, and that you will not fail in your good example. I am sure that you will be a credit to your profession and the public, and that you will be able to alleviate the sufferings of your patients in a manner that will do credit to your profession. I am sure that you will be a credit to your profession and the public, and that you will be able to alleviate the sufferings of your patients in a manner that will do credit to your profession.
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 town of 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 system of 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 retrogressive, numbers of our rural population, there is a loud call to the public, systematic, extensive, though it may even be costly, ameliorations. Professor Christie conclusively gave us some remarkable evidences of the almost total absence of tuberculous diseases from the island 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 how 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, urban, 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 181. It was read a paper on "The Contamination of Wool 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 Gauner 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.

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 1850. The meeting, thereupon, 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 had not been equalled before. There were 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 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 ventured to hope, as 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.

The following abstracts and criticisms have been prepared for the benefit of those who cannot read the whole of the "Medical Circular."

**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 suppurition 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 contracture 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 Metacarpal-Phalangeal Joint," showing 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. Lissfranc and Dupuytren, attributed the difficulty to malposition of the tendons, and Mr. Wordsworth advanced 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 strychnine beneath the human skin in the year 1830. Morphia, aconitine, 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, 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 bistouri, and the patient recovered without any bad symptoms. Mr. E. Garraway contributes a paper on "The Treatment of Whooping-Cough by Belladonna and Morphine." 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 zine, 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 narcotic-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 colour 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 Vertebrates," 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 Henlo, 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 condensed, favored by an increase in the viscosity 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 specific gravity of the liquor sanguinis, since the aggregation of the corpuscles may either be increased by increasing this viscosity, or diminished by increasing the tenacity 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 liquid salpin- gins, which may be either hastened, prevented, or even reversed, by the means specified in the preceding paragraph; and this all the more, 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 Amenorrhoea and Hematemesis," 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 imperfect menstruation, another of absence of the vagina, a third of undeveloped uterus, a fourth of atresia of the vagina by cicatrization. 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 in the Treatment of Paralysis and Diabetis," 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. Saxon, in a paper on the "Administration of Chloroform," continues to impress upon the profession the danger of giving this anesthetic in a careless manner, and he describes an apparatus devised by himself for its safe administration.

THE MEDICAL CIRCULAR. 241

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 position 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 medical-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 service 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 so very excited 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 'Geste,' 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 complimentary 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. Berenger's article in the 'Annales d'Hypie Écule,' "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 literally fed to death. The Dublin School of Surgery is the subject of an 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 restate 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 en Fever" is warmly commended, and an analysis is given of the contents of the work. There is a short but interesting article on "Sentari—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 reposes in death.

THE CONORERSHIP 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.
ANDREW F. SINGLETOR.

This was an action in which Dr. Arthur, of Mompox (for whom Mr. J. Smith, barrister, appeared the plaintiff, and Mrs. Singleton, widow of the late Mr. William Singleton, of York (for whom Mr. J. Mason appeared), was the defendant. The amount claimed was £187. 7s. 6d., for visits made and medicine furnished to the plaintiff, and he was asked to the defendant and her son, who had been previously 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 Elsmere House, on the Malton road, defendant was staying with them, and a former witness in the Shambles. Dr. Arthur, however, swore positively that all the visits set down were made at Elsmere House. The defendant then called Mr. Coates, surgeon, of Mickleham, 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 that it was overcharged both as to visits and medicine. The charges were more than he would himself have made, and were unreasonable. He usually charged 2s. 6d. for an ounce bottle, 3s. 6d. for a twoounce bottle, and 3s. 6d. 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 he charged only for 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 he could not have been served 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 of 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 himself than 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 upon the 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.

[We consider that Mr. Coates's evidence in this case was very creditable 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 brethren. Med. Circaur.]

THE ANATOMICAL AND PHYSIOLOGICAL MUSEUM OF NEWCASTLE

Under the direction of the Society, the Museum has been enlarged, and many improvements and useful additions have been made by the lecturers and others.

[Seeaddendums and hospital. At the late quarterly meeting of the Society, Mr. Dugib Wyatt was appointed to adopt the plan proposed by Mr. Dugib Wyatt for the erection of the new building, subject to a modification by Dr. Hum-]
BIRTHS.

BUTOFF.—On the 8th inst., at Rectory place, Woolwich, the wife of R. Butoff, M.D., Staff Surgeon, Surgeon to the 1st M.D. of the 3rd Bengal Lancers, of a son.

CARE.—On the 12th inst., at Berwick-upon-Tweed, the wife of Dr. C. Care, of a son.

DELANY.—On the 11th inst., at Sion, Killkenny, the wife of Dr. B. Delany, M.D., of a son.

LAWLEY.—On the 10th ult., at Welbeck street, Cavendish square, the wife of Owen J. Lwellyn, K.N., Surgeon, H.M.'s Ship 'Archer,' of a daughter.

MACGILL.—On the 5th inst., at Enston 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.

BIRCH.—On the 7th inst., at Cardiff, J. J. Buist, M.D., to Anne, daughter of R. Davis, Esq.


DEATHS.

BULLMORE.—On the 5th inst., at Princes street, Truro, Dr. W. H. Bullmore, aged 65.


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 Emnian, 6 Stanley gardens, Notting-hill; Robert Harrison, Newer Levens, Mildhord; Joshua James, Bristol; Walter Jones, Llaneilin, Oswestry; Charles Marshall Kempe, Augusta place, Chatham road; Frederic Morley, Bicker, Lincolnshire; Thomas Shepherd, Stratford-on-Avon; Hugh Taylor, Norwich; Richard Turner, King's College.

The following gentlemen also on the same day passed their first examination.—Edward Chippendale, St. Thomas's Hospital; William Nathaniel Ilion, Sydenham College, Birmingham.

VERDICT OF MANSLAUGHTER AGAINST A HERBALIST.—At Yeovil, presentment on the adjourned inquiry, held on the body of Elizabeth Fox; and after a lengthened inquiry the jury returned a verdict of "Manslaughter" against a well-known herbal doctor, Robert Slade Colner. 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 4th 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 Thursday 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 herbal 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 patency of the town. The inquest, which is a man about fifty, is said to have known something of "astrology," and was stated 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 last 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 superstitions. 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 a place 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 unlawful use of instruments.

THE FACULTY OF MEDICINE OF PARIS.—It is rumoured that M. Mayor, the Dean of the Faculty, has expressed a desire that a chair of the history of Medicine should be founded. The celebrated Bostan is said to be on the eve of retiring from his professorship of medicine.

MORE DEATHS IN CENTRAL AFRICA.—Dr. Dickson died on March 17 from an attack of malignant bilious fever. Mr. Richard Thornton, a geologist, attached to Dr. Livingstone's party, 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 SURGONS.—At the last meeting of the Council of the Royal College of Surgeons, Professor Ferguson, 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.

EXPLOSION 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.—John Edward Proctor, the entry having been fraudulently made; Richard Ogun, name erased for infamous conduct; John Burton, the entry having been fraudulently or incorrectly made; John Bratun, for obtaining admission on the Medical Register by a false declaration; John Kurran, for infamous conduct; Daniel de la Cherois Gourlay, convicted of misdemeanour; Hugh Brown, diploma obtained by a false statement of his age; Daniel Donaghy, diploma obtained by the withdrawal of his age; David Griffith Jones, convicted of a misdemeanour; Evan Thomas, convicted of perjury; Robert Wrixon, convicted of forgery; Samuel L. Weir, for infamous conduct in a professional respect; Jacob Jodson, 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 163 to every 1,000 persons between the ages of twenty and fifty. Of the whole number of children over 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 5,785 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 new wards will be occupied by the patients of Dr. Thorpe, of the Leeds Fever Hospital and House of Recovery.

The Leeds Fever Hospital and House of Recovery.—Dr. Cowan, M.D., St. And., has been elected Secretary of the Glasgow Faculty of Medicine for 1863-4—C. Hutton Page, 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. Jameson, M.D., has been appointed a Public Vaccinator by the Parochial Board of Pethead.—T. Kelly, M.R.C.S., has been appointed Public Vaccinator for the Princes' End District of the Dudley Union, vice T. Mills, M.D., resigned.—R. Munrold, M.D., has been appointed a Public Vaccinator by the Parochial Board of Ballingry and Beath, Fife.—Mr. A. E. 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.—Dr. Henry Rowland, M.R.C.S., has been appointed Medical Officer and Public Vaccinator for the Rastick District of the Halifax Union, vice Tempus Pollard, M.R.C.S., resigned.—J. Taylor, L.E.P., has been appointed Vaccinator to the Canterbury, Bullethorough and Grinstead, Co. Cavan, vice J. A. Johnston, L.K.C.P., I.R.C., deceased.—T. Thompson, M.R.C.S., has been appointed House-Surgeon to the Queen's Hospital, Birmingham, vice J. St. J. Wilders, M.D., who has been recommended since appointed Assistant-Surgeon.—J. G. Wilson, M.D., has been elected Professor of Midwifery in Anderson's University, Glasgow.—Dr. J. E. Wilson, M.D., has been appointed to the Bridgewater Institution.—Geo. K. Paterson, L.R.C.P.E. (exam.), and L.R.C.S.E., the parish Medical Officer, has been appointed Public Vaccinator by the Parochial Board of St. Martin's, Pershamb.
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 Anaemia."—Adjourned discussion.

Thursday, October 22.

Operations at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 11 a.m.; Great Northern Hospital, King's cross, 4 p.m.; West London Hospital, 2 p.m.; Royal Orthopedic Hospital, 2 p.m.; London Surgical Homes for Diseases of Women, 2 p.m.; Vesico-Vaginal Fistula, Removal of Posterior Lip of Os.

Friday, October 23.

Operations at Westminster Ophthalmic Hospital, 1 p.m.

Saturday, October 24.

Operations at St. Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital, 11 a.m.; King's College Hospital, 1 p.m.; Charing Cross Hospital, 2 p.m.; Winchester Hospital, 1 p.m.; Clinical Demonstrations and Operations, 1 p.m.; Royal Free Hospital, 11 a.m.

Monday, October 25.

Operations at St. Mark's Hospital for Fistula and other Diseases of the Rectum, 11 a.m.; Metropolitan Free Hospital, 2 p.m.; Medical Society of London, 8 p.m.

Tuesday, October 27.

Operations at Guy's Hospital, 11 a.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. 56. October 15, 1863.


NOTICES TO CORRESPONDENTS.

** It is requested that all Communications intended for the Editor, may be sent to the office of the Journal, No. 29 King William street, Strand.

In order to obviate the recurrence of disappoinments, we beg to state that all communications intended for the Editor 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. FAEGE.—The appointment is inserted.

DR. T. H. S. POLLARD.—Dr. Arthur Davis, of Oswestry, Oswestry, or Mr. Albert Napper, of Cranley, will be able to afford the required information.

STUART.—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 in Practice Medicine.

MRS. S.—The communication is declined, with thanks, owing to its great length, but a short abstract would be acceptable.

SUFFRANCE.—The case is an ordinary one, and we advise you to consult your usual medical attendant.

DR. EDWIN HEARN.—The subject shall be noticed next week.

MR. G. K. H. PATTERSON.—The notice shall be inserted.

DR. A. B. will see that we have attended to his suggestions.

VEITAR.—The Guardians have no power to compel a Medical man to furnish the certificates of vaccination.

LINEN TESTIMONIAL.

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 Sarje, 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, was Resolved,—That the professional brethren of Mr. Lingen are desirous of marking their sense of the propriety and delivery 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 action,—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 us for the medical and surgical friends for Mr. Lingen, as one who holds a high position in his profession, and has ever borne a reputation conspicuous for his moral and Christian character,—a Committee be now appointed to promote testimonial to him, to be presented at the earliest opportunity.

Resolved,—That the amount of Subscription shall not exceed £100 from each person.

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, in early November:

J. T. Clover, Esq., 3 Cavendish place, Cavendish square.

Dr. J. W. Little, 34 Brook street.

Dr. G. G. Reid, 29 Dover street.

Dr. R. H. Sampson, 3 Tottenham street, Euston.

Alfred Leggatt, Esq., William street, Cavendish square.

CHARLES HAWKINS, Chairman.

The Gentlemen whose names follow have, since the Meeting, kindly consented to be added to the Committee:

Peter Waterston, Esq., Harford.

G. S. Gardiner, Esq., Kingstown, Harford.

Dr. John Bedford, 2 Landseer place, Clifton.

G. D. Pollock, Esq., 27 Grosvenor street, W.

J. W. Barber, Esq., Harford.

Richard Green Price, Esq., M.P., Knighton.

James Truett, Esq., 12 Brook street, Bath.

Robert Hawkins, Esq., Montague place, Euston.

J. H. Gibson, Esq., Stanhope-street, Evesham.

Henry M. Hawkins, Esq., Harford.

The Rev. Canon Holman and the Hon. Mr. Bishop, Harford.

The Rev. Henry Cooper Key, M. B., Rectory, Stretford, Manchester.


Dr. Hall Davis, 11 Harley street, London.

W. Foster, Esq., Huntingdon.

Dr. Gilliland, Harford.

Mr. Price, Rogers, Leominster.


Rev. J. Pegler, Aymestry, Leominster.

Rev. T. Owers, Gobowen, Hereford.

Rev. Chas. Maybery, Penygroes, Aberystwith.

T. G. Williams, Myddleton, Ross.

Rev. C. J. Winkworth, Worceter, Hereford.

Dr. Blew, Evesham.

Dr. Robertson, 1 West mall, Clifton.

Dr. Gough, 11 Gough-street lodge, Hereford.

F. C. SHEPPARD, Hon. Sec.,

PARISIAN MEDICAL NEWS.

LEARNED SOCIETIES.

ACADEMY OF SCIENCES.—We allude 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 several years borne reducible inguinal hernia on the left side, 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 any caressing of the truss; he trusted that the horizontal attitude alone would be sufficient to cause the return of the protruded bowels into the abdomen. The pain, however, persisted throughout the night, nausea and vomiting made their appearance, and 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 unsatisfactory.

"The attempts were again repeated after the application of ice over the truss, 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 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 India-rubber bands. By 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 cure of the hernia on the right 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 method. 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 aperit inguinia was speedily con-structed; 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 hernia, the base of which cannot easily be stretched 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 countchone band can be secured.

"The pad is analogous 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 abdomen. 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 to the tumour, which at the same time cannot be removed. 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 membranism for instance, of erectile tumours, &c., but it would seem more especially calculated to be useful in cases of hernia, in which no truss was patient.

"Mr. Maisonneuve's communication was preceded by another paper, read by Mr. Seguin, 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 inoemoenousness of consanguineous unions, ten instances of consanguineous marriage, within my own, and the Montgolier 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, Leunens, 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 viscous 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 plicometer, 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 enbow 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. Pierre’s letter, an obviously easy locality. 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 ticking’ which occasionally accompanies systolic contractions of the ventricles, and has been observed by several authors as a symptom of some gravity. In his opinion, the sound referred to is caused by the direct concussion of the heart against the thoracic walls without the intervention 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 thickening 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 outcome. 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 Gintac, of Bordeaux, then read an interesting paper on the contagious nature of typhoid fever.

Brestonnu was the first who pointed out at the Academy the physiologic characters of this affection, and the question, since that period, has remained undecided. Mr. Gintac 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 place of their locality.

— Professor Scoultetton proposed 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, epe the late Mr. Cazaux.

The following were the candidates presented by the Committee:

1. Ex. Aepho.—Messrs. Blot and Pajot. 2. Mr. Carlier. 3. Mr. Laborie. 4. Mr. Salmon.

Forty-four members out of 67 having voted for Mr. Blot, that candidate was declared duly elected.

At a recent meeting, Dr. Keyhard, of Lyons, was named corresponding member of the Academy.

BIBLIOGRAPHY.

Manuel Complet de Medicine Legale. (A handbook of Medical Jurisprudence), by T. Briand, M.D., E. Chaudé, L.L.D., and H. Gaultier de Clauvery, Professor of Toxotology at the School of Pharmacy. Seventh Edition (a).

If we judge from the frequency with which it is referred 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 fulfills 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 deal out our praise with no sparing hand to Professor Casper’s interesting Treatise on 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 Gaultier de Clauvery, on the contrary, present 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. Clavien, 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 in which the medical jurist must not remain an ignominate; 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 render 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 consolations, 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 disease, simulated, alleged, concealed, or imputed diseases and affects which entail liberation from military service.

The chapters devoted to the subject of legal chemistry are from the pen of Mr. H. Gaultier de Clauvery, who has frequently availed himself of Mr. Ch. Robins valuable assistance.

Mr. Ernest Chaudé, Doctor of Laws, has remodelled in the present edition the passages most interesting to the medical jurist, and abridges 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 prospectus of the laws and regulations which govern the practice of medicines and pharmacy, a perusal of which furnishes the practitioner with every desirable information as to his rights and his obligations.

Functions 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 the 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. Baillières and Son, Paris.

(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 as the professor of medicine at the college 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 incursions 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 Spermatorrhoea, 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 chieflly 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, at least superficially, acquainted with tair and Roussel; men of earnest and grave character such as Parent-Duchatelet are phenomena rarely met with amongst us, and we seldom approach these very delicate subjects, without lapsing into unseemly 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 adds 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 Révèillé Paris. "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 of their sufferings not being unexperienced with, nor unheard of 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.

Treaté Elémentaire 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 educated physician must, hitherto be, at least superficially, acquainted with the microscopic 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 digestive treatise, and to satisfy this desideratum, at least in a less expensive 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 treatises 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 glândular and non-glândular parenchymata; and the fifth to the skin and nervous 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 traité.

Lancet Medical, Annuaire général de Sciences Mèdiques (A General Annual of Medical Science), by Dr. Cavasse. Fourth year, 1860 (o).

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 Fontius leve 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 was 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 laryngoceps, 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's papers on myopeptic tumours, Mr. Valin's memoirs on sub-ungual exostosis, and Mr. Foncheur's thesis on the traumatic disjunction of epiphysis.

Nécrologie clinique (Nice and its climate), by Edelin Lor, M.D., second edition. (b)

Mentone, Essai climatologique sur ses différentes régions, (Mentone, an essay on the climate of its different regions) by Forain, M. D. (c)

Du climat de l'Espagne sous le rapport Medical (The climate of Spain medically considered) by E. Coureas, M.D., Consulting Physician at Emu 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 useful for the purpose of continuing, and possibly of perfecting the effects of the treatment instituted with favourable results in Germany, 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 had superficial acquaintance; its artistic treasures, its agricultural wealth, and

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(b) A pamphlet, 12mo. J. B. Baillière and Son.
(c) A pamphlet, 12mo. J. B. Baillière 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 upon the 2,000 mineral springs, i.e., 232 more than in France, are to be found in the Peninsula. Mr. Cazeneve, 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 Cruveilher.
- Knights: Mesrs. 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 Mecanici de Compagnie states on the authority of a correspondent, that cray-fish caught in streams shaded with alders, may acquire by feeding on Spanish flies temporary aphrodisiac properties, particularly in spring.

Dr. Cochetous, physician of the Valincennes Hospital, remarks in the Gazette des Hopitaux, that in adults, tuberculosis seldom affects both sides of the chest in the same degree, and that 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 instances of tuberculosis of the left lung. If the observation be correct, its prognostic value is obvious.

Mr. Vés, 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 hemostatic 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 90, 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 343, or 27 in 1,000; and for the same period since 1843, or 21 in 1,100, an actual reduction of almost one-fourth of the whole number. With justice, but an average 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.**

[Oct. 23, 1863.]

**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.—, aged 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 swellied 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 puffed up, 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 external 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 dropical, 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 fetus to the left side, and succeeded in raising the womb nearly three inches from the perineum, where it had previously lodged, but resisted 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. hyosc., with chloric ether, 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 few cases. 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 dropey 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? Chloriform 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 very constipated. After inspecting the bladder, which proved to be most urgently required, and finding the rectum plugged with hard faces, I ordered an injection of warm soap and water, to be followed by a dose of castor oil. The next morning I found her in a much improved condition 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 viscus to the full. 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.**
NEW TREATMENT OF
GUNSHOT AND PENETRATING WOUNDS
OF CHEST AND ABDOMEN BY HERMETICALLY SEALING.

By R. 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 and abdomen. When the call for aid is so peculiarly urgent and distressing the surgeon has been able but to avert his impotence, to hide the wound from view with a simple dressing, and abandon the patient to his fate. It is the application of this that induces me, without waiting for properly armed statistics, to write prematurely from the field, and state briefly a plan of treatment which I presume will meet with very proper assent, as it has already met with the general commendation of my confreres.

The most formidable symptoms of gunshot wounds of the lung, and one or more of which in their proper order produce death in fatal cases, are, Hemorrhage, Dyspnoea, 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 Hemorrhage.

It allows the full force of atmospheric pressure upon the entire surface of the lungs, and thus necessitates Dyspnoea.

It also involves continually renewed currents of atmospheric air, decomposing the clot in the pleural cavity with extensive and profuse suppuration of a very furious character, while it does not provide for its exit until after such 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 cease to be available.

Suppose, however, that the wound be perfectly closed, the following will at once appear among the advantages to be gained.

1st. **Hemorrhage** is checked. 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 clotted by air, being a resulting, furnishing a myptic par excellence for the wounded vessels of the yielding lung.

2nd. **Dyspnoea** 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, restored one 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 constant renewed currents of atmospheric air, and its character is very favourably modified.

Indeed if the wound be closed soon enough, I deem it possible that the lung, though traversed by the limited amount of attendant pus, might be entirely disposed of by absorption and expectoration. The operation which I propose 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 colloid over the wound; let it dry, and repeat it at discretion.

For greater security shields of charpie may now be arrayed crosswise over the wound under the manner of warp and woof,—saturate it thoroughly with ether and dry repeat the process until the wound is securely covered over; as still greater protection a dressing of lint may then be placed over the part and retained with adhesive strips.

If there be a tendency to undue heat in the part it may be kept down with cold application; should any loosening of the dressing occur an additional coating of colloid may be applied. The sutures must not be removed until healing by first intention is complete.

Should suppuration occur so as to occasion disturbing dyspnoea, 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 in the chest, which was successfully accomplished in a private cottage 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 contraindicated by serious complication. In indeed or punctured wounds the paring process is of course dispensed with.

Practically the immediate results have been very remarkable, and I think unparalleled. The most painful cases of dyspnoea have been promptly relieved, the patients falling into a well-marked state of numbness in about an hour after the operation, as is in a case observed by my friends, Drs. 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 disappoint my expectations.

I have obtained healing by first intention, and removed the sutures within three days after the operation. The only 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 underestimated 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 dyspnoea 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 common 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 hitherto proceeded or abated uncontrolled by art, may each in their proper order be restrained and modified, 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 operate immediately, before reaching a General Hospital, part of the road traveled being 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 unexpectedly re-opened, except when the attendance was 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. last, 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 our 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 to come to close the posterior wound, from which profuse hemmorhage subsequently occurred and in two days after which the patient died.
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 insomuch 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 trumpety quibble about the word "blood-poisoning," which in the profusion 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 unpleasant 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 HOSPITAL.

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 majority, 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. Bevill, 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 153,292l. 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 these 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 Addenbrooke’s Hospital, which has hitherto been inadequate to the purpose of affording sufficient clinical instruction. The estimate of the plan amounts to 7,000l., 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. Syne 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 principles 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. Syne, therefore, trusts that iridectomy will soon disappear, not only from surgical practice, but from surgical language. Mr. Syne’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 Christie’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 Nunnley commences a series of papers on the “Calabar Bean: its Actions, Preparations, and Uses,” and he gives a brief account of the discovery of the poisonous character of the bean by the experiments made by Dr. Christieon himself, of the researches of Dr. Frazer under Dr. Christieon’s directions, and of some original experiments performed upon the lower animals. Mr. Nunnley 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 punch 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 hoax, 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 pressure of the cough.

'The Medical Times and Gazette.'

Professor Huxley continues his lectures on the vertebrate skull, his present subject being the "Skull of Fishes and those of Amphibia." Dr. R. Ducas Thompson 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 Dr. Moreen 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. Ed. 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 those groups, would form a generic division to be called idiopathic insanity, and this again might be subdivided into atonic or atypical according to the excess or deficiency of muscular action characterizing 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 Maddoxley communicates a rather long, but learned and elaborate article on "Homicidal Insanity," showing how that form of disease is comparatively rare, and that it is not necessarily connected (as some of the Judges erroneously suppose) with physical lesion of the brain. The writer deprecates the execution of lunatics, such as Powkes and Burton, and censures severely the improper tone of exultation adopted by some of the newspapers at their fate. He also adds 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 Ammonia 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 excerpts 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.)

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. Gamage's paper was a most valuable production, and created great interest on account of 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 trades. 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 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 farm, 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 the contagious disease in this 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 inspections. 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. Gangee concluded by asking all who recognised the importance of this subject to join the Society for the Prevention of Veterinary Slaughter House and Market Sanitation.

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. McKinlay supported Professor Gangee. 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-centange of men who suffered from a parasitic disease of the muscles constantly confounded with rheumatism. With respect to the eating of braised 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 31st.

Disease in Large Towns.—Dr. Williamson said he would confine his observations to the two operations in the production of 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 proved unsuitable. Filthy accumulations in dwelling houses, and the want of proper breathing-space in sleeping-rooms, were also enumerated as among the chief causes of the spread of plague and smallpox. The speaker 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 reports before him, and from a careful consideration of facts, that during the present century from 30 to 50 per cent. more people died in Scotland aged "out of his or her years and upwards." He had compiled a list of these to the extent of several hundreds; and amongst those were two at 180, three at 183, five at 186, one at 188, one at 190, one at 193, one at 198, one at 200, and one at 203. 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., and 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 MacDonaldis in Edinburgh. Peter Macdonald died here in 1772, aged 109; his father died aged 116; his grandfather aged 102; and some of their later descendents had died at ages above a century.

REVIEW OF BOOKS.


As this is, we believe, the first medical book published by Mr. Canton, it is only common justice to observe that the volume exceedingly well got up in regard to paper, type, and general style, while the subjects treated, and their arrangement, are, in every way, 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. The detection of this phenomenon in organs examined after death, many morbid affections observed during life, have been satisfac-

torily explained, and in the case of the arcus senilis, the visible manifestation of partial degeneracy in an external part affords a process which any smart physician would regard as an alarming symptom of disease; it is, however, proved to be a link in the chain of degeneration which necessarily occurs towards the declined life, and which is sometimes accelerated by peculiar and idiopathic 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 inebriately 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 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 it is thus that we have been afforded the clue to the peculiar character of the mischief in progress."

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 return 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, its descriptions and dissections being illustrated by numerous engravings; in the subsequent chapters, the hereditary character of the arcus is noticed, and its formation as the result of disease or injury of the eye is admitted to occasion the arcus to occur in old age, while it is commonly found in the immature, 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.


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 precurser 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 naso apparatus. In several cases, polypliform excreencies 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 thereby obtained; 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 application of the laryngoscope in the diagnosis and treatment of diseases of the throat and adjacent air-passages. We should remark that this book is both large and very cheap pamphlet, and it is full of interest, 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.
THE MEDICAL CIRCULAR.

MEDICAL SOCIETIES.

THE PATHOLOGICAL SOCIETY.
TUESDAY, OCTOBER 20.

Mr. Percival Hewett, President, in the Chair.

The President, in taking the chair for the first time this Session, spoke of the Society's financial condition, as well as of its lattst doings. He referred to the large number of specimens exhibited at the last meeting, and to the long list for the present one. The volume of "Transactions," which will 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 congratulated 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. Murch showed specimens of

LOOSE BODIES FROM A BERNAL SAC AND FROM THE PERITONITIS.

The specimens illustrated the mode of formation of these bodies. Once loosed in the sac of a hernia, the holds and false attacks to the intestine, being one of the appendices epiploicae coated over by layers of a dense concentric material.

Dr. Murch also showed specimens of

CALCAREOUS DEGENERATION OF THE ARTERY OF THE FOWL-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 artery was firm in a hard, rigid cords, but did not pulseate in the least. After death the coats of these arteries were found much diseased, but not obstructed, but the laryngeal cords were found.

Dr. Cripps thought that the great peculiarity of the case was, that the vessel was unique in this respect.

The President said that he had not infrequently seen

OBSTRUCTION OF THE BILE-DUCTS BY A GALL-STONE.

The patient, a woman, fifty-six years of age, in St. Thomas' Hospital, under the care of Dr. Barker, had been ill five or six 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. Ginn exhibited a specimen of

SUPRA-GLOTTIC ODEMA OF THE LARYNX.

from a patient under his care at the Westminster Hospital, who died of acute pulmonary tuberculosis. He had had apnoea on and off for two years, but persistently for six weeks before his admission with severe dyspnoea. The laryngeal mirror showed oedematous state of the fauces, and epiglottis with tuberculosis ulceration. The laryngeal symptoms subsisted under treatment, but the pulmonary disease was too advanced to permit of recovery.

Also a drawing of

OBSTRUCTION OF THE EPIGLOTTIS,
in a gentleman aged twenty-seven, with disease of the throat for four years, described as phlegmonous, associated with painful dyspnoea and varying aphonia. He could not swallow fluids at all, and only pulsatous solids, and expectorated a large quantity of mucus in the twenty-four hours. Laryngoscopy showed extensive ulceration of the fauces and epiglottis with tuberculosis ulceration. 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. Ginn 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 symptoms depended upon a wart growing 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 position 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. Ginn stated that the tumours were fibro-cellular, and consisted of epithelial scales with a little fibre.

In reply to Mr. Hinton, Dr. Ginn said that as yet none of the tumours he had removed had returned. In reply to Mr. Halke, he pointed out that by sub-gloottic oedema he meant oedema below the vocal cords. The distinction was a practical one. Supra-gloottic oedema might be dealt with readily by scarifying the parts, but sub-gloottic oedema often necessitated tracheotomy in the later stages.

Mr. Lee stated that the exact position of the various kinds of oedema 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. Ginn believed that the epiglottis had been destroyed by the cold fibre. The patient could swallow pulchaeous 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. The hypopharynx, being indeed, little more than a connective tissue, Dr. Ginn, in reply, said that the tumour he had removed consisted of epithelial scales with a few fibre.

Dr. Andrew Clark asked as to the exact character of the epidermal 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 trouble 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 allowed of growth. He wished for accurate information as to the exact kind of epithelial cells found in the tumours.

Dr. Ginn, 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. Ginn should transmit any other tumours he might remove to Dr. Clark, in order that Dr. Clark might report on them to the Society.

Dr. Peakock 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 curvatures 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 not completed. The child only survived nine days, and was cyanotic.

Dr. Peakock also exhibited

VARIOUS SPECIMENS OF BIBRACHIAL TUBES,
which had been expectorated at intervals by a gentleman who laboured under chronic bronchitis. At the periods at which the so-called "bibrachial polypus" were expelled, 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 spuits 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 forces in water. The peculiarity in the specimens was the large quantity of cholesterol they contained, about 95 per cent.

Dr. Cripps exhibited the following

SPECIMENTS FROM THE LOWER ANIMALS.

1. Several hundred dried tubules 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-four 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 this reason the bladder was frequently filled with earthy matter. 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 much of the tongue and pharynx. Dr. Crisp alluded to the recent experiments of M. Deveine, in France, respecting the presence of Bacillus, so-called, in the blood of animals dying of splenic apoplexy. He (Dr. Crisp) had not seen these bodies in the 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. Squire exhibited an Amnionceps Monster, with photographs.

Dr. Chittwy 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.

An Observation of the Os Uteri by the Sea-tangle (Laminaria digitata) to procure Abortion was read by Dr. Piccard.

Dr. Greenhalgh exhibited two specimens of Disturbed Cervix Uteri, which he had removed that afternoon with the wire écaresse 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 to 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," 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 praecox uteri, is of rare occurrence, and is frequently taken for and treated by posseys 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 several years with great success; 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 of amputation by a cutting instrument, covering the stump by flap of mucous membrane brought from behind and before—had a considerable advantage over ablation by the écaresse. 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. Routt said that he had also operated, and successfully, in several cases; but while he admitted the usefulness of the écaresse, and its advantages in preventing hemorrhage, 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 dysmenorrhoea. None of his patients, nor those he had seen, have ever since been 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, hardness followed the use of the écaresse, Dr. Sims' operation, which enables 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 écaresse, but, inasmuch as it was a slight modification of his (Dr. Hicks') device. 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 him 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 écareses, without any untoward symptom. He thought that the inclusion 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 écaresse objectionable in cases of hypertrophy of the cervix where the bladder was drawn downwards with the cervix, insomuch 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 such cases the écaresse had been used with some reason. In the other class of cases, where the hypertrophy was limited to the vaginal portion of the cervix, the écaresse could be safely and advantageously employed. Dr. Grailly Hewitt said that observations on the effect of the écaresse on the size of the head were not carried out with sufficient care; but his own experience led him to believe that, on an average, the head was perceptible to be enlarging.

NOTES OF A CASE OF CHRONIC HYDROCEPHALUS.

By Henry M. Maddox, 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 still troubled with convulsions. After the 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 perceptible 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 from time to time. Gradually the signs of intelligence in the usual childlike way; but the little intelligence she had entirely disappeared, reappearing after a period of three months in a low form—namely, that of a blunderbuss, with 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 blistering 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 diasthetic 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 respecting the etiology of convulsive diseases of infants were erroneous, and consequently the treatment deduced therefrom not the best. He believed that scroma of the brain, which was the pathologic 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 excessive secretion of food produced by reflex action when a child has to such excess to obtain its food, and which effort he designated "fruitless sucking." The green diarrhoea of infants, and the chronic state of diarrhoea 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 diarrhoea 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 in the condition already existed, 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 this county. 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.
sucking from an exhausted mother, or from the sweetened piece of flannel to keep them quiet by ignorant nurses, produce diarrhoea and green stools, and, after a time, head-symptoms and hydrocephalus. But he did not say this was always the result observed. Dr. Magde's paper was important as illustrating—first, the effect of a strong tubercular diathesis in inducing hydrocephalus, spite of his statement of obliteration and absorption; 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. Magde. He (Dr. Routb) instanced an example similar to the present, in which idiocy was impending, where ten grains of calomel alone 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 kidney.

Dr. Grealy Hewitt congratulated Dr. Magde 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 this patient was the living proof. The remedies he had used were very extensive counter-irritation over the scalp by means of tartar emetic, and liberal administration of stimulants. Dr. Magde, 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 diarrhoea," and that the treatment had been altogether wrong. Dr. Magde considered there were no grounds whatever for such an opinion. It would be difficult to pay a greater amount of so-called "fruitless sucking" had place in this or in any case, but it was a mere assumption that it had taken place at all, and still a 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 diarrhoea, there was a marked absence of it in this case; apprehensions 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. F. Russell, President, in the Chair.
The President delivered a brief address.
Mr. Benedon Cunovens described the particulars of a case as to which he wished to ask for an explanation of some of the opthalmic 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 Hare explained that the affection was one of accommodation, and produced by the paralyzing influence of hyoscyamus on the ciliary 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 effect 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 occulti may be readily observed by inserting a sheet of plate-glass between the eye and a lamp-flame. An observer regarding the surface of the glass at the proper angle saw the illuminated pupil. It was then shown that the aerial image formed in the focus of a convex lens may be at once rendered obvious by its reflection by a plate of glass placed between 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 two to three in chess focus. An ophtalmoscope on this principle consists, then, simply of two convex lenses, of which one, as a rule, serves as the eye-piece. By means of this means Mr. Laurence stated he had observed various details of the human fundus occulti; but at the same time he was bound to say that he had not been able to establish 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 suffering a very striking instance of rapid cataract, and whose 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 26th inst., at Pembroke 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. F. Murray, M.D., H.M.'s Colonial Surgeon, of a son.
Reilly.—On the 16th inst., at Devonshire terrace, Glebe road, the infant daughter of Frederick J. Reilly, M.R.C.S., Eng., of a daughter.
Smith.—On the 21st inst., at Blackheath, the wife of George W. Greenwick, the wife of F. H. Smith, M.D., of a son.
Sutherland.—On the 2nd ult., at Putney, the wife of Dr. J. Sutherland, of a son.
Wylock.—On the 16th inst., at the Castle House, Canterbury, the wife of W. Wylock, of a daughter.
Williams.—On the 23rd inst., at Killiney, the wife of John W. Williams, M.B., F.R.C.S.I., Surgeon Westmeath Hospitals, of a daughter.

MARRIAGES.
Hiller.—Thomson.—On the 29th 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.—Nettlefield.—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 Nettlefield, Esq., of the Grove, Highgate.—No Cards.

DEATHS.
Hale.—On the 14th inst., at Gurney, Frederick Howe Hale, F.R.C.S.E., M.R.C.S.E., of Ramsgate, to Sarah Jane, daughter of J. B. Thomson, Esq., of the same place.
Ramsey.—On the 6th inst., at Benet head, Ullswater, Cumberland, James Ramsey, L.R.C.S.Ed., aged 74.

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., Lec. 16 Queen Anne street.
On the same day, the following gentlemen, previously Extra-Licentiate, 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 practice Physic as Licentiates of the College:—Thomas William Colbeck, Rousney, Hants; Leonard Emmanuel, M.D. St. Andrews, 6 Stanley gardens, Notting hill; George Smith Delauney Harris, Haxey, Beverley; Edmund Thomas Hinse, Askern, near Doncaster; Hermann Johnston Jones, M.D. Heidelberg, Spring- field, Upper Clapton; Frederick Joseph Keene, Holbrooke, Ipswich; Alexander Thoburn Magowan, New Brighton, Kent; Harry Gage Moore, Lymington, Hants; Richard Wagstaff Smith, Hands- worth, 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. Ferrier, 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. Aberystwyth, 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 19th inst.—
George Edward Dunsterville, Cape of Good Hope; diploma of
THE MEDICAL CIRCULAR.

Oct. 28, 1863.

membered date August 13, 1841; Thomas Bennett Humphreys, Thos. Dundas, Tower hill; Oct. 16, 1840; George Taylor, Derby; May 6, 1842.

At the same meeting of the Council, Arthur Martin, of Liverpool, a Life Fellow of Physical Society and Surgeons of Glasgow, whose diploma bearing date May 5, 1860, was admitted an ad eundem member of the College.

APOTHECARIANS' 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, Dumfriesshire; John Scott, M.D., Stowe-on-the-Wold; Percy Law Kinnear, King's College Hospital; Richard Prior Wintle, Kensington.

The following gentlemen also on the same day passed their first part examination in the Science and Practice of Medicine, and received certificates to practise on the 15th inst. — John R. W. Evans, M.D., Associate, Robert Worrevent, 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 a few words from the chairman, Mr. Thomas Oliver 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, idleness, and the thinning out of the population, constituted a crying evil of great magnitude, and demanded the immediate attention of every philanthropic and Christian mind. Mr. Wigginton seconded the resolution, and suggested some remedy, namely, the substitution of a new house for the old. The resolution, however, not being moved, 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 which now unfortunately form almost the only staple recreation afforded 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 undertake to 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. Sandiford, and carried by acclamation. 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 of the meeting.

SOCIAL SCIENCE SOCIETY. — 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. Bausay, 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 excursionists described 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 excursionists described the arrangements of the water supply for the city and adjoining towns.

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 diseases occurring in the British army in England, in the year 1861, were 1,015 per 1,000 of mean strength, deaths 92-4, and the constantly sick 54-58, a slight reduction from the previous year in all these particulars. Excluding the deaths, because in them many are men with health impaired by service in unhealthy climates, the number of deaths was 35, and the sickness among the male population in the healthy districts of England under the age of 25, nearly identical with it between the ages of 25 and 30, and therefore is probably that of the civil population above the latter age. The leading causes of death have been disease of the respiratory system (influenza, pneumonia, etc.), and among the civil population, disease of the system that is, pneumonia, influenza, and tuberculosis, were less prevalent than in the previous year, and prevalent in the latter partly, no doubt, from the adoption of the various inoculations into hospitals, and the instruction of the civil population above the latter age. The leading causes of death have been disease of the respiratory system (influenza, pneumonia, etc.), and among the civil population, disease of the system that is, pneumonia, influenza, and tuberculosis, were less prevalent than in the previous year, and prevalent in the latter partly, no doubt, from the adoption of the various inoculations into hospitals, and the instruction of the civil population above the latter age. 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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 Houseohold Cavalry, 8:45 in the cavalry of the line, 7:74 in the Royal Artillery, 12:19 in the Foot Guards, and 9:06 in the infantry regiments. The mortality by tuberculous disease 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 depot, which included men sent home on change of climate, the proportion of deaths by tuberculosis diseases is remarkable for its uniformity in all the arms, ranging between 8:41 per 1,000 in the cavalry of the line and the Foot Guards, and 7:75 in the Military Train. But it is in diseases of the 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, 6:86 in the infantry regiments, 12:19 in the cavalry of the line, 12:75 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 did ° intermittent fever. The admissions from delirium tremens and obrazritis contumaciously were 3:38 per 1,000 of mean strength in the Household Cavalry, 3:36 in the cavalry of the line, as high as 6:39 in the Royal Artillery, and 5:53 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 to the hospital in some cases was double that in others, and that for a considerable part of the year the sick 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 sick corps.

APPOINTMENTS FOR THE WEEK.

**OPERATIONS AT WESTMINSTER OPHTHALMIC HOSPITAL, 1 P.M.**

Saturday, October 21.

**Operations at St. Thomas's Hospital, 1 p.m.**

Bartholomew's Hospital, 1 p.m.

**King's College Hospital, 1 p.m.**

Charing-Cross Hospital, 2 p.m.

Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 11 a.m.

Royal Free Hospital, 1 p.m.

**MONDAY, NOVEMBER 2.**

**Operations at St. Mark's Hospital for Fists and Other Diseases of the Rectum, 11 a.m.**

Metropolitan Free Hospital, 2 p.m.

**SOCIETY OF LONDON, 8 P.M., CLINICAL DISCUSSION.**

**TUESDAY, NOVEMBER 3.**

**Operations at Guy's Hospital, 11 a.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. 29 King William street, Strand.

In order to obviate the recurrence of disappontments, 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 Friday thereafter.

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.

**VETERAN.—** 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 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 the 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 requires the Guardians, if they think fit to exercise the powers placed in their hands by the statute.

To the Editor of the Medical Circular.

St:—I send you an advertisement, cut from the 'Medical Times and Gazette,' which I hope the booksellers 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 their 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.

**SCUTTAR.**

"Our correspondent sends with his note of inquiry an advertisement headed "The School of 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. Pomeroy. — The case shall appear.

Dr. W. — The physicians' and surgeons' visits at the French Hospitals are made in the morning.

Mr. B. — The term of apprenticeship includes the time spent in attending lectures and hospital practice.

Quesne. — The only poisonous species belonging to the Leguminous order of plants are the Common Laburnum (Opile Laburnum) and the Catabber Bean (Phasmeus Trapa). A Highlander. — The scythe is of great importance in agriculture, and is particularly used in the northern and western parts of the country.

Mr. J. W. Williams. — The notice is inserted.

Dr. G. E. Wade's case shall appear.

Dr. W. — The subject shall be noticed next week.

Professor B. is thanked for his communication.
PARISIAN MEDICAL NEWS.

Patrid Injection.—Galvanic Cauterisation.—Sanitary Measures calculated to check the Propagation of Yellow Fever. —Vieiscisions.—Rabies.

Puriflrm infection, a question which never loses its interest, has again this year been mooted at the Academy of Sciences by some of our authors, amongst whom Mr. Bataliié is conspicuous by the munificence 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. Bataliié, the term puriflrm infection should be struck out of scientific language, and he proposes, as a substitute puriflrm infection of the first day (Sub-and, after wounds or labour) infection patr ic des premiers jours, in order to distinguish it from the other forms of puriflrm disease. The expression infection supplicative phlebitis is also improper, because supplicative phlebitis does not give rise to infection. Pyemia, or puriflrm infection, can be prevented by a very simple measure. Recent wounds should be dressed in the manner recommended by the ancients—viz., with alcoholic spirits, alcohol, and spirits of 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 purperal fever, which is but a puriflrm 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. Bataliié opines that the lives of fifteen or twenty thousand women, who annually die in France of purperal fever, might be saved.

Mr. Bataliié 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 fetus, is represented by Mr. Jules Guérin, as the method best calculated promptly to close the gaping orifices 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. Bataliié'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 bringing unifying 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. Mainsonneau's clinical conferences; at the conclusion of the lecture, Dr. Séré exhibited an instrument in the shape of a history, 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 any haemorrhage, 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 battery is heated to this degree, it does not prevent the escape of blood, and this remark induced Mr. Mainsonneau 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, as to add that, although at white heat the instrument affords no protection against haemorrhage, 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 Amusat. 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 haemorrhage 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 haemorrhage in the numerous operations we have seen Mr. A. Amusat perform, amongst which we may quote the destruction of a sarcomatous tumour of the gums (pgn, which he did 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 history; but we must even now take note of the fact that the hemostatic 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. Benic, the new Minister of Agriculture, Commerce, Public Works, and Public Instruction, the French Government has decreed, and it has issued a mandate 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 unloading of trade vessels. The unloading of trade vessels, and 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. Longuet and Mr. Claude Bernard, and the isolated opposition of Mr. Dubois d'Amiens proved insufficient to stem the tide of the prevalent opinions. Mr. Bernard's objections were promptly dismissed by the Alfort Professors; not only were vivisections defended, but they were, in the highest degree, commanded, at the Academy, a result of the attempt of the British philanthropists, which might easily have been foreseen. After a discussion, in which Messrs. Béclard, Pichot, Bouley, Bouvrier, Roynal, Vernos 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

[Nov. 4, 1863.]
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 fantastical 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, as far as is fair to view, 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 the weird instinct.

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 Vernous.

— In our July number (Art. 5453), 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 systematic killing of all dogs 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 doubtless has 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, from 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 most important 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 the world, do not prove 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 prolonged 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 visited as a penalty or as a means of preventing the disease, but as a means of ascertaining it, and of ascertaining the utility of immediate and effective counteraction 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 cautery, and according to the promptness with which it has been resorted to. Thus, of 115 individuals who died of hydrophobia, from 1852 to 1856, 64 had never been cataractised, in 37 cases the procedure had been insufficiently executed, 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 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 irreparable and 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 engrosses 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 (dothieneté), have rendered eminent service in uniting under one denomination a variety of cases which formerly were hitherto considered distinct. 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 necessary to dwell on the requirements 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, in pressure and on percussion, during a certain 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 forms of dothieneté. 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, appearing on the face and occupying the integumentary and the thighs. Some authorities 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 phthisia, 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 dothieneté has been discovered by Professor Poirier, 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 cerebro-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 titanic, typhoo-necrotic, adynamia, otacic, or an appendicitic 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. Trouseau, for instance, but is referrable, says Mr. Beau, to relapses during convalescence, two consecutive fever's having, in the cases alluded to, existed in succession.

Mr. Beau unsheathelessly pronounces the disease contagious, and he opines that many students are infected in hospital. Many theories have been put forth 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 inflammation of the organ. 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 perfor-
Admission of the patient, unhesitatingly prescribed a blister over the external surface of the articulation. This remedy alleviated 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 10th, 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. To the apparatus was added every morning for a week, and on the 27th the condition of the patient was perfectly satisfactory, and the hydropneumothorax 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. Joubert's remarks are applicable, as by the discrimination between these two conditions, the surgeon must decide on the propriety of dividing the tendon of the sterno-mastoides.

Mr. Joubert 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 edematic 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 most practised general consists in endeavouring to remove, in the first place, the rigidity, and, subsequently the retraction, if it should persist.


The invention of the laryngoscope and its general introduction into practice, has 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 we are confronted with irritability of the nerves of the glottis. Dr. Mackenzie does not, however, recommend galvanism as a universal cure, even in cases of nervous phonia or dysphonia. The laryngoscope must be employed in the first place to ascertain the absence of inflammation or of any mechanical cause of the 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 galvanizer," 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.


When a writer presents us with a work extending to more than six hundred pages of matter 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 mind highly cultivated, and who has found in his opinions upon a careful study of existing authorities together with the results of his own personal experience. Whether some conclusions might not have been improved by an improvement in the book more likely to meet with general acceptance, is, perhaps, a question; but according to the motto prefixed to its reviews.
intercourse; whereas, in gonorrhea, there is a period of incubation 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 space to 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 indications requiring immediate 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, is the seat of a purulent secretion, such a purulent fluid 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 much greater: normal or known; normally there is no secretion 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 associated 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, demanding the confirmation 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, which, in the words of the terms "inflammatory ulceration," Dr. Farre describes as inflammation, thickening and hypertrophy of the papillae, follicles and rugae of the cervical canal. It is evident that the condition described by the latter author is 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 patient, mean that a considerable number of cases tend to reduce the reputation 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 than to destroy the facts 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 meetings of the British Association. The honour was also made to the hospitals so liberally dispensed by the esteemed president (Sir W. G. Armstrong) and the inhabitants of the town generally; the address is intended 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 the infant science. A very gratifying expression of feeling Mr. Bell responded in suitable terms.

VENTOR.—At a special meeting of the Ventor improvement Commissioners, Dr. Lescon in the chair, it has been decided to carry by the majority to adopt the provisions of the Ventor Improvement 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 progress of the case of spurious or manufactured water, partly from the very favourable health report of the Registrar-General for the year 1851-60, and partly from the imputes given to it by the construction of the railway and harbour works.
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—

“Haro antecedentem se celestem
Deseruit pede Peas clausa.”

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 doubt 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 least 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 juxtaposition 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 puddings 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 ignominy and vulgus 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 comprehensively, namely, the whole course and the several varieties of diseases, 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 mutus 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. R. 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 decided 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:—

Sun.—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 welfare.

Professor Maclean, in his Introductory lecture at the Royal Victoria Hospital, Netley, states that the ills which arise from the abuses 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; and in the Royal Artillery a little more; and the Military Train and depot battalions, at most 7,000 men, furnish about 1,400 admissions per annum, on the 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 65 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 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 1856, 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 Aldershot. 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, efficient 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 16, have really many years to wait before they become completely formed and able-bodied 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 about 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 eyes, 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 taken in, 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 not more or less prevalent in the schools ever since. Mr. Poland attributes the cause of this ophthalmia to the admission of Rabbit Chalk, but its creation was not directly propagated by direct contact or contagion, being next to impossible to prevent young children from associating together, and one who may have caught the epidemic, and has since been subject to the influent of the insinuate stunts 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 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 breach made in the transparent cornets. 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 such cases as demonstrate that the disease is still active, and who have resided in the infirmary, away from all the other children. Now, of the whole number of children who had been infected since August 1682 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 cornets were 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 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.

Notwithstanding 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 meads, near Euston and Gordon squares. These premises are very extensive, and occupy that space in the rear of the University College yard, 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 entirely opposed last year by the inhabitants of Gordon square, but upon the parties undertaking to remove certain mannure 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 number of medical practitioners in the case.

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, and felt it a duty to appeal to themselves and the public to come before that court and ask it to refuse in any longer upon the neighbourhood 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 did the effluvia very often offensive, and by its influence manifest to the stendants or medical officers, 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 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 breach made in the transparent cornets. 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 such cases as demonstrate that the disease is still active, and who have resided in the infirmary, away from all the other children. Now, of the whole number of children who had been infected since August 1682 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 cornets were 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 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.

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Mr. Sleigh—It was an old woman's notion that people should be taken to live near cow-houses because they were healthy. There was no hesitation in saying this was really 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 the injury of the residents and their families. The effect of insufficient or impure atmosphere upon a cow would have the same effect as upon another sucking a child who was off-nourished. 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 imprecated the atmosphere of the whole district with their odour—that of sour gruenes and manure. In his opinion it was 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 not unconnected with this. 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.

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Several gentlemen, residents of the western side of Gordon square and Gordon street, went then, called at Mr. Sleigh's from 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. Stich, in support of the renewal of the license, said, in dispute of the evidence of his friend Dr. Lankester, he should produce the evidence of medical gentlemen, who stood high in their

[Nov. 4, 1863.]
profession, who would prove that cow-houses were beneficial, rather than to the contrary. Did not Dr. Lancaster know that St. Bartholomew’s Hospital, from its close proximity to Smithfield, was considered as one of the most healthy hospitals in the kingdom? If the engendered doctor had made his inspections, he would not know that there was no known part of the metropolis so healthy as Smithfield and its vicinity whilst the market was held there.

Dr. Lancaster said he had been a physician to the Farringdon Dispensary for thirty 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 Cow-houses better than the matters 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 think from town great hardship which was attempted to be inflicted upon Henry Bancister and the others by this opposition to the renewal of his license, and he begged to remark that the cow-houses 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, and washed every morning, and, instead of being ill-drained, ill-ventilated place which had been described by the opposition, he should know that such was not the case, and also that the cesspool, or the yard, each animal had 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 an evil that place which could be injurious 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, when properly washed, 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 the 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. Garrets, if kept till the last, might be so. The place might have been 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 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 construction 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 neighborhood was never prejudiced.

Cross-examined: Would not say that cow-houses were beneficial to health, either one way or the other. Should say that those near Great Smithfield were prejudicial. If there were 300 cow-houses, with only a space of two yards between each, did not think that it would have any prejudicial effect.

Dr. John, chairman 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 had extended in 1849, he had attended in 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 there 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. Stuart, and with his house backing on to the yard. He had never been affected by the smells, nor by 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 odours were only complained of 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 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 1862-3, the admission increased, and reached their highest number in the month of April, when the hospital was nearly full. The fever then appeared to subsist 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 184 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 very recently been brought from the poor districts of the south and west 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 three hundred cases of typhus, in order to isolate the sick in every practicable instance.

We have, &c.,

Mr. Charles Murray,
Mr. 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 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.
REVIEWS OF THE PERIODICALS.

THE LANCET.
The Number opens with the conclusion of the address on "Public Health," lately delivered in Edinburgh by Dr. Christie. Mr. Thomas Nunnely continues his paper on "On the Calabar Bean; its Action, Preparations, and Uses," and adds 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. Nunnely 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. Nunnely 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 "On the Use of the Clamp in the Treatment of Hemorrhoids and Proctitis." In the case of the haemorrhoidal tumour, the operation consists in searing 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 cauterised, 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 proctitis, Mr. Smith does not make it appear very clearly whether he recommends the above treatment in all cases of prolapse, or only in special instances. He cannot surely mean that the general plan of treatment of prolapse is to seize the prolapsed bowel with the clamp, cut it off, and then cauterise 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 Clyde of Venous Disease, 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 younger brother-in-law Magnus Falconer. 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 foci, and in the early time of life after birth. About five-and-twenty years ago, Mr. Gulliver undertook the task of peasing the experiments, originally made by Hewson and followed up only by Hewson's brother-in-law Falconer, and the 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 Falconer, 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 admitted. But however might continue the inquiry would be amply rewarded for his trouble. Let us, therefore, survey this subject by the light of recent researches, comprising that, when Hewson undertook and concluded, 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, notwith- standing the stupendous 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 result of which was a simple lens of one twentieth 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 anatomy. Thus, as we have already shown, 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 skillfully executed, during the course of several years of his too short life; so that, considering also his labours concerning the nature 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. HOLME relates "Three Cases of Conjunctivitis, with Fibrinous Deposits on the Lids of Both Eyes," and he states that pseudo-membranous deposits on the conjunctiva in this country, though it appears to occur more frequently in Germany, and is described by Von Graefe. Mr. Holme 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 depression can be made on it by local remedies. His object being to show that mercury is by no means necessary in the treatment of 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 case had any of these, or any like inquiries without remuneration. He has suppressed the name of the union, and the names of my colleagues: I cardo my own name, and am, Sir, yours, &c.

A UNION SURGEON.

October 22, 1863.

The petition of certain public vaccinators in the Union, to the—

Right Honourable the Lords of Her Majesty's Privy Council, Sirs,—

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. The solution 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 petitioner, 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, not arbitrarily to this attendance voluntary, and the inquiry not one that was beneficial to them.

H. S. N. B. J. B. CARL. J. B. R.
(Signed)
October 29, 1803.

Mr.  J. Z. Laurence's Reflecting Ophthalmoscope.
To the Editor of the Medical Circular.
Stn.—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 my report correctly says, "much remains to be done in the details of its construction."

J. Zachariah Laurence, 30 Devonshire street, Portland place.
October 26th.

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 pupils, which he says has been pronounced by several authorities as being moderately strong and regular since he first noticed it two or three years since, seldom exceeding 50 in a minute, often only 40 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 one 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. CAMPBELL, President, in the Chair.

Mr. Henry Smith read a paper on Some Cases of Tracheotomy, with Observations on its Employment in Diphtheria.

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 children of a few weeks' age, when death was hardly looked for, in this disease, had latterly been so successful that it might be recommended in certain instances with confidence; but it was only to be employed in the child of 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. He alluded to the various diseases of the throat and air-passages in which tracheotomy was applicable. Mr. Smith's peculiar 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. Also, another very interesting case was related as illustration of the form of disease was one in which there had been phthisic mischief in the throat for some time, and a sudden attack of dyspnoea 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 systemic poison, and thus cure the disease. A very successful case of this kind was narrated.

The author then made special 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 controversial 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. One was that, 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, it 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 Medical Society—had been saved 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 part 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 simple and familiar instrumen-

Mr. Rogers Harrison exhibited a patient, aged fifty, who was the subject of Gangrene of the Hands, and Annulus of Both Ears.
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 hands and disease of the superficial arteries. The patient was a great martir 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 better there. His feet are becoming affected like his hands. The ears were complete bluish white annulus. He was taking cod liver oil and iron with great benefit.

Mr. 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 valvar disease of the heart, but a want of rhythm, with subduced action and diminished impulse. The arteries of the limbs were calcified.

Mr. A. L. J. T. remarked the patient was not made useful. Mr. 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 calvarious degeneration, but not in the atheroma-
tic form.

Dr. FALFARY related the particulars of a

CASE OF PLACENTA PREVIA,

and exhibited the uterus and placenta. The patient was in her fifth pregnancy, had hemorrhage from the vagina, in labour about two hours, and twelve minutes after the arrival of the mid-
wife she was dead. At the autopsy, thirty-nine 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
circumference was over the os, which admitted only two fingers.
A full-grown dead child was extracted. Dr. Falfary inquired,
"ought we not to perform Caesarean 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
Caesarean section in such a case as Dr. Falfary'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. Altmann said all the French authorities were opposed to the
operation.

Mr. Henry Smith saw the woman performed upon a woman in
Edinburgh once, when passing through the town. As she was
actual in pregnancy, the operation was done. She died in a few
hours.

Dr. Playfair remembered a case in the Maternity Hospital, Ecos-
Pane, where the operation was done by the hour-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 previa? for the child would likely be dead too.

Dr. Rogers thought large doses of brandy and plugging might
be useful in his Falfary's case.

Dr. Smyth Thompson related a similar case to Mr. Henry Smith's,
occuring in King's College Hospital; the mother was eight months
pregnant; the child was dead.

Mr. Henry Smith related

A CASE OF DEATH FROM CATHETERISATION

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

WATER SNAKE FOR THE WOMB,

lately modified by Winsel, with an interchangeable screw-gate of
power and yet much simplicity. He thought it preferable to any other
hitherto made. Its special advantages he particularly described. With
this singular instrument he succeeded in removing a large
fibrous tumour of the uterus which was easily cut through without any
haemorrhage. 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 commence-
ment 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
member 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 un-
complimentary 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 instilled and all had believed. There was, on the other
hand, the great disadvantage that the so-called sanitarians
institutes and the best sanitation supervisors rode their hobby to the
very verge of charlatanism; but, on the other hand, it must be admitted that their earnestness and zeal had awakened
against the adoption of measures which might other-
wise 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," containing 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 "cho-
lera" as a type, in which, whatever the theory of its propaga-
tion, very great epidemics are caused, whether from meteoric in-
fluence, 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 source. Then, that under the very conditions of air, earth,
and water, are found without the spread of cholera when the epide-
mic influence is absent. In the same manner proof of such an
epidemic 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 typhus 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 not occurred. He expressed his conviction that the Compulsory Vaccination Act failed entirely as a measure of compulsion, and neglected 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 Sel-
ches, 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
as a test for a stimulating substance in bread, in which he
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., of a son.
Cowen.—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
dughter.
Griffiths.—On the 21st ult., at Aberaftail hall, Cemmes, the wife of
Richard Griffiths, M.R.C.S., of a son.
Philcox.—On the 21st ult., at Chelseaham, the wife of W. Philcox,
M.D., of a son.
Bower.—On the 25th ult., at Sandgate, the wife of A. Rudge,
to the T.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 Midmym park, N., of a son.
MARRIAGES.

Lakin.—M'Adam.—On the 16th 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, Worce-
stershire, Dr. Perry, of High street, Eravham, to Harriett H.,
second daughter of Dr. Smith of that place, of a daughter.
Willy.—Chalk.—On the 22nd ult., at Eythorne, Kent, Ambrose
Willy, Esq., of Eccle square, Margate, to Caroline, fourth daughter of
Frederic A. Chalk, Esq., of Penge.

DEATHS.

Braybrook.—On the 22nd ult., at Woolwich, Wm. Braybrook,
to the T.C.S.E., Staff Surgeon-Major Army.
Tronek.—On the 19th ult., at Westminster place, Queenstown,
Pheobe E. Doacon, the wife of John L. Treedale, M.D., surgeon
of the fleet, of a son.
Drew.—On the 23rd ult., at Lochoing, near Middleton, E. P. Drew,
M.D., of Campsguick, Co. Waterford, of a daughter.
Liddell.—On the 22nd ult., at Kinturty, Berks, John Liddell,
M.D., eldest son of the late Captian John Liddell, of Huggerford,
in the same county, aged 61.

MEDICAL NEWS.

APOTHECARY'S 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,
N.C.S.E., Staff Surgeon-Major Army, of Cheltenham; Arthur
Evershed, Guy's Hospital; Montague Frederick Evershed,
Billinghurst, Sussex; Charles Frederick Knight, B ill; near
Sussex, the great Thomas Lucas, Burwell, Cambridges; Sabby Man
Morton, 25 Haverstock hill; Joseph Smith, York. The following
gentleman also on the same day passed his examination as an
apothecary.—George Robert Gough.

THE COLLEGE LAST.—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-

[Full text continues]
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 1286. Of this number, 280 have undergone the examinations for the title. The members amount to 1600. 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 last year; the number amounts to 258. The number of persons who have obtained the certificate of qualification in dental surgery amounts to 102, being an increase of 38 over last year. The council, which consists of ten members, is to give an answer t

Lawrence, Swan, Green, Arnett, and South, the remaining being elective members. Of the Court of Examiners, which consists of ten members, the president is F. Carpenter, and no less than six of these gentlemen have twice filled the president's chair—viz., Messrs. Lawrence, Swan, Green, Arnett, South, Hawkins, and Luke. The financial condition of the college is equally interesting. It appears that the receipts of the institution from Midsummer, 1862 to 1863, amounted to 12,140l. 1s., or 1,725l. 12s. less than those of the preceding year. The principal sources of income were from examinations for membership, which produced 5,282l. 15s. The next largest amount is for rent of chambers, which yielded 678l. 11s. 6d. The fellowship examinations produced 400l. 10s. The certificates of qualification in dental surgery realised 514l. 10s., and from the midwifery licence only 1912s. 6d. was obtained. The disbursements amounted to 15,418l. 17s. 1d., being a reduction of 570l. 19s. 6d. less than the preceding year. Contributions to the library fund amounted to 4,666l. 16s. 1d. more than the receipts of this year. The most expensive portion of the establishment is what is termed the college departmen
to council, for which a year ago the account was 4,500l. 3dl. The library department is moderate, and has been increased at an expense of only 574l. 8s. 6d. for the purchase of books, including, in addition to works on science, 1,129l. 16s. and 9d. for miscellaneous items, including taxes, insurance, pensions, etc. The balance remaining in the hands of the bankers at Midsummer last amounted to 3,06fl. 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 was adopted on 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 H.M. General Secretary, Mr. J. W. Hastings; and the Assistant Secretaries, Miss Isla Craig and Mr. Randall. It stated that the working men's meeting was a feature of special importance. Among 54,963 applications made for admission, of which only about 3,600 could be gratified, and the order of the meeting, and deep interest taken in the proceedings, that the admittance was excluded by advertising to the great success which had attended the excursions. Mr. Curror, City Treasurer, read the financial report, which showed that the revenue of the general fund from the sale of tickets was 1,747l. 14s., and the disbursements 209l. 16s., leaving a balance, 1,538l. The local subscription fund amounted to 905l., and the disbursements to 893l., leaving a balance of 102l. It was proposed to transmit immediately the sum of 1,400l. 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 connections, 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 two to a shop and a confectionery. The rent of the shop, 37, Wellington-street, Bethnal-green, was paid in advance weekly. The failure of the shop reduced the family to extreme want. Her husband was without food, and was greatly emaciated. On Sunday the mother got an attempt to attend her, and the son of Dr. Moore, the district medical officer, attended, and advised her immediate removal to the infirmary. Mrs. James was then transferred to Moore's infirmary, where she was taken care of, and attended by the minister of the church and a Roman Catholic friar, who was the confessor of Mrs. James. She was taken home, but her life was saved. The doctors attended her at her house, and died on the following Wednesday. Dr. Unthank Wallace said that deceased was greatly emaciated. Death resulted from consumption of bad vegetables. 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 long from inactivity and severe strava

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 1864, when cholera was raging its hundred days. The summer season gave 113,643 as the tale of deaths; those for last summer give 112,384. A correction should, of course, be applied for the increase of population, 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 1864. The season 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 sum
mer 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 largely increased that of the season was not due to any general use of what was going on. The whole year has been unhealthy, but the last quarter especially so. It is not that the relative mortality increased 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 least unhealthy of all, and its occasion becomes the highest. The deaths for the winter, spring, and summer quarters have been 129,524, 116,375, and 113,374. Last year for the corresponding periods, they were 123,592, 107,005, and 92,295.

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 continues to show a high ratio of invalids from fever 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—the chief sickness being 12s. a week, the parish doctor attending the sick, and keeping the parish doctor attending the sick, and keeping the sick in bed while returning to head-quarters from a surveying expedition. From the West Indies the returns show a great improvement over the previous year, and the blacks are, in general, in a better condi

ion. In Jamaica the rate constantly sick was only 29.87 per 1,000 among the white troops, but 22.33 among the black—a difference of 7.54 per 1,000, which is traceable to the white service being quartered in the lowlands, where intermittent fevers are rife, while the white troops were in the more healthy climate of New-
THE MEDICAL CIRCULAR.

[Nov. 4, 1863.]

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 these 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 an improvement 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 great as 12 per 1,000; and in New Zealand also, dedicating 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 malarious diseases were 31,890 per 1,000 in the north, and only 12,589 in the south. The diseases especially fatal in the north were dysentery, diarrhoea, and cholera. Diseases caused by immolation were only half as common in the north as in the south; in the south the admission into hospital from this cause reached 51 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 in South China was as high as 283 per 1,000, and in North China 293; 392 men, 638 per 1,000 of mean strength, were sent home to England for convalescence. The number finally discharged as invalids in 1861 was 116, or 1888 per 1,000 of strength. The climate of Tien-tsin is described as remarkably dry, and there is great preponderance of blue sky at all seasons; the thermometer ranged in 1861 from 108 deg. to 15 deg. Lastly we have the returns from India. Out of an average force of 37,082 of Her Majesty's troops, 2,007 men died, 3674 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. Harley "On Retrospection of Uterus," Dr. Braxton Hicks, "On His Method of Turning," and Mr. J. B. Brown, "On Vaginal Lithotomy," in the Obstetrical Society, Mr. Allingham, "Two Cases of Sterility 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, 1 p.m.; Great Northern Hospital, 1 p.m.; St. Thomas's Hospital, 1 p.m.; West London Hospital, 1 p.m.; Royal Orthopedic Hospital, 2 p.m.; London Surgical Home for Diseases of Women, 2 p.m.; Harveian Society of London, Mr. Ernst Hart, "On Some Diseases Constituting the Condition commonly called Anaemia (with Ophthalmoscopic Demonstrations.)" Chemical Society, Dr. Sprengel, "On the Detection of Nitric Acid," Dr. Tschudin, "Some Physiological Variations of Hippuric Acid in Human Urine.

Friday, November 6.

Operations at Westminster Ophthalmic Hospital, 11 a.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, 11 a.m.; King's College Hospital, 1 p.m.; Charing-cross Hospital, 2 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; Royal Free Hospital, 1 p.m.

Monday, November 9.

Operations at St. Mark's Hospital for Fistula, and other Diseases of the Rectum, 11 a.m.; Metropolitan Free Hospital, 2 p.m.

Tuesday, November 10.

Operations at Guy's Hospital, 11 a.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.


On Australasian Climate and their Influence in the Prevention and Arrest of Pulmonary Consumption. By Dr. Douglas Bird, M.D., L.R.C.P., Physician to the Benevolent Asylum, Melbourne, &c., assisted by Longman, Green, and Longman.


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 disappointment, 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 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 for the ordinary service of a medical man would show great service if printed in your periodical. I would have this include not only charges for medicines, 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 for one should value very highly such a table for reference. I am, &c.,

E. G. WAll, M.D.

Dr. J. M. C.—The letter is inserted.

THE ROYAL INSTITUTION.—The notice has been received.

THE OSTEOMETRIC SOCIETY OF LONDON.—The notice has been received.

THE HABEVIAN SOCIETY.—The notice has been received.

VETERIN.—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 Registrars. 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 avail himself by instituting legal proceedings, even although ultimately useless, 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,' bears so much weight of public importance to justify us in publishing it entire, and although it is headed "Alleged Unskillfulness 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. In our opinion, 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 scarletina. 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. The whole of the evidence is not published in this number, but it was proved by the mother of the deceased that the attentions of Mr. Murray were unremittent.

Dr. DE GORGUEUR GRIFFITH.—The paper shall be inserted.

Mr. T. K. PARKINSON.—The ticket has been received.

Dr. M. M.—The omission was merely an accident. A Union Scrip — The papers have been received.
PARISIAN MEDICAL NEWS.

HOSPITAL SAINT LOUIS.

(MR. HARDY'S WARD.)

Pellagra.

Many authors have, within the last twenty years, written on this subject, and foremost amongst them Mr. Landouzy has endeavoured to show that pellagra so disposed to be peculiar to Italy, Spain, and the coasts of Gascony, 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 agraria) would imply, a disease of the skin; but a complex afflection, 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 the patient last admitted under pellagra, and now, in Mr. Hardy’s wards, hard and dry epithelial 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 rosy spot, attended with slight swelling, and sometimes a few blisters analogous to those consequent on a superficial burn. This is the Pellagraeous Erythema, the Pella-rosa of Italian authors, the mal de la Rose described by St. Vincent. In the skin, often a time, assume a purple hue, and a greasy, 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 scales, 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 broncholacrasion carefully noted by Mr. Landouzy, which in some instances invades the nails.

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 bilious and obstructive diarrhoea, 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. Landouzy 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 insanity in pellagra is leprousmania, 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 apt 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 diarrhoea. This year the relapse took place in April. With this success in several successive years the disease has thus occurred, the mind usually gives way, and becomes permanently unsettled.

Pellagraic 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. Pellagraic 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 leprousmania attended with debility of the limbs, differ widely from what has been termed general paralysis of the insane. In the former, the motor antagonism is complete; in the latter, the motor antagonism is absent. In the 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. Pellagra has been frequent 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 despicable. The consumption of Indian corn attacked with a certain disease (cereff) 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 in the Hospital Saint-Louis would seem to have originated in the latter cause.

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, an general 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 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. Pierry’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 Valleys-son-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. Pirry'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 tablespoonfuls every hour:

B. Ag. destill. Tisae. 3 vij.;
Liq. ammonii fortioris, ml. 30 v.;
Syrupi altheae, S 3 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-Sequard, Schüff, 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 (fibres-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 reflux of blood is accompanied by 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 reflux of blood is augmented, and the temperature of the parts proportionately raised.

Mr. Schüff 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 constrictor power of the arteries in every part of the body, may thus be immediately modified to serve the purposes of the therapist.

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 vaso-constriction 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) 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, depressor, 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, for nerves passing in 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 along the shoulders or at the nape of the neck; the result of this procedure is also to produce additional influx 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 stricti to diminish 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 obliterative headache, inability to walk, weakness of vision, lateral anæsthesia, tic-douloureux, spasmodic muscular affections, paralysis of the bladder and urethra, haemorrhage, diarrhoea, 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 stimuli 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 influx of blood in that organ; and in the second, he must endeavour to prevent spasmotic contractions of the vessels 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, andepromixing the operation with a poultice of red pepper. Mr. Chapman advocates physical exertion, and certain special procedures calculated to increase the activity of the respiratory functions, and dispose of the superfluos 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 tight and cool clothing.

Under the influence of these remedial measures, Mr. Chap-
nan 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. Chapman's hospital, the treatment 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)
cumulative 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 suppress the blood-loss, or to 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 Scopel:

"Commence impregnated with a solution of sesquichloride of iron (a draught and a-half to three draughts 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, Dr. 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 sesquichloride are, on the contrary, 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. Denoncin, 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 |
| Intercostal | 4 |
| Epigastica | 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. Cohen prescribed arsenic, and a complete cure was rapidly effected.

From January, 1859 to 1862, Mr. Cohen administered arsenic, for various affections, to 292 patients. The minimum daily dose was one-sixth, 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. Arsenic 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 arsenic of soda, in rheumatic and gouty affections.

With regard to neuralgia, Mr. Cohen observes that arsenical 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 sciaticis, and the Journal de Médécine de Brussels publishes in its July number an encouraging case in point. The patient was a man much debilitated by previous disease, and loss of rest. Varicamadne of quinine, belladonna, blisters, turpentine, and all the sedatives of the Pharmacopoeia had failed in allaying his sufferings, which had become exacerbating. Dr. Barella then had arsenic of arsenious prescribed and prescribed on the 1st of December the following solution:

| B. Liquor. potassae. arsenitii. 5iv. | Aq. destillat. 5yiv. |

Dose: one tablespoonful night and morning.

No improvement was observed before the fourth day; on the fifth, diarrhoea set in with marked amendment. On the sixth day copious perspiration broke out, the intestinal relaxa-

tion 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. Cohen noted diarrhoea 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 AIR DAVID BREWER.

On Monday, November 3, the winter session of the University of Edinburgh was opened with an introductory address by Principal David Brewer. For half an hour the proceedings continued, and the sentence, "We have not heard of the day when we were presented to the public, not only from their peculiar character and constitution, but from the aspects of nature and of society which our country presents."

We do not propose to our readers to be a few lines of other institutions, or the soundness of other creeds, or the
salubrity of other skies, or the moral purity of other communities—were the only, and with humility, of what Scotland can contribute 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 recognition 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; and there are few countries that possess objects or institutions of a more varied interest than our own. Distant enough from the rigid zone, indented by sinuous estuaries, and spacious bays and inlets of the sea, the islands of the ocean, Scotland Enjoy opportunities of climate and soil, mild and salubrious, equally removed from the rigors of an arctic winter and the scorching heats of a tropical sun. No exhalations poison its atmosphere, no stucco blights it, and we know how possible it is to live through the earthquake in which we are 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 braw steamers plies uneasiness along its wavy and rugged coasts. With this external character the interior of our peninsula correspondence. Mountain ranges of lofty aspect—here rising into precipices of gorges, 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 becomes a continuous principle of industry and life. In descending to the level of vegetable forms, we enter upon scenery at once picturesque and beautiful—here studded with sober beauty, there garnished with the richest verdure—at one place the crevices of the rock rushing out its cramped and wild vegetation, and at another the river bank displaying its embroidery of birch and oak; while the flank 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 echieved. I do not refer to our laves of trap and granite, or to the gems and ores which they embosom, nor to our buried forests, with their decayed and withered fifth generation; nor to our beauty caves and gigantic sea-cliffs lashed by the ocean. Nor do I refer to our ancient castles, guarding our mountain passes, or crowning 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 Gleneny, 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 other countries and among another people. We cannot offer him either the bull-fight or the carnival, and he must recuse the Tweed to enjoy in perfection the excitement of the turf, or shoulder at the brutality of the prize-ring. But, what he may see and know is our health and our 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 show him the games and contests of our mothers and fathers, 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 gravel 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 to which the exercise of the duties of a priest, instead of a series of impulsive efficacious only during the high pressure which produces them. Here, therefore, the stranger will not find any gorgeous temples, or any nation in the circumstance which decorates foreign churches, and in the sorcery of which the pontifical leans on the broken reed of the priest, and enhances his formal aspirations by the support of his palace and lying miracles. But he will find, pretending as are our temples and simple rites, we are not without associations which influence the imagination and reach the heart of the people. There are few countries in which consorts were won together in 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 it triumphed or fell, and the sea and the seas where they were vanquished, are 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 which our students are 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 the same advantages that have accidently made 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 this University and the nation, 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, with the opening 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. Bell of the Royal College of Physicians; Drs. Somerville, Bart, Renton, Macadam; A. D. Handside, Keiller, Argyll Robertson, Scoresby-Jackson, Huis, Orphoo, John Smith, Edwards, F. H. Watson, John Thomson, Lewis, Handside, Stewart, Dr. Handside, 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, securing 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 the duties of their profession 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. Haining.

TRINITY COLLEGE, DUBLIN.

MEDICAL SCHOOL OF TRINITY COLLEGE.

The Winter Session of this School of Medicine was opened on Thursday, Nov. 18, by the Vice-Chancellor of the College, by Professor McDowell, M.D., and Professor of Anatomy and Physiology, Trinity College, Dublin.

Professor McDowell 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 he had the subject of his address would be the Nervous System, some topics connected with which he would slightly consider, such as 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 physiological working of the heart. It was difficult, he said, to discover the action in the living animal, the winter session difficulty was in 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 exhibited several remarks on the subject, written by Harvey, and recommended to the student 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 all attempting to discuss what gave the heart its action, he would on that occasion merely endeavour to show that the heart was the great propelling of our country 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 dissecting the heart from the body of a living animal, when its physiological motion was seen to continue, which showed clearly that it was not dependent upon the nerves. The reason for the deep deep gray matter of the heart was shown to be 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 electricity) would stop it altogether. In conclusion, Professor McDowell spoke as follows:—I have trespassed long on your time, but I have 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 disease than those with which physiological investigations have hitherto been conducted. We have the best evidence that the science of medicine is rapidly advancing. We may rest assured that, as medical knowledge increases, the 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 3, 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 that had issued from the Council of Medical Education in England, and from the sixteen points put forward the lecturer selected eight on which he dwelt in the suggestion 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 consecutively, the case, the proposal 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 more exact and in writing. That recommendation had been approved of, but its adoption had been opposed as it would be a source of opposition to the pupils; but there were still six months for them to determine on the matter. It had been suggested to the college that the examination should be as practical as possible. Doctor... 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 the practice of 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 practice 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 license to practice in surgery to publish that they were also licensed to practice 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, and, if they desired it, they could go into novelties. If a man has a valuable watch, he will not entrust it to the knowledge or care of some boisterous individual, and, if the knowledge and care of his watch is to be transferred to novelties. If a man has a valuable watch, he will not entrust it to the knowledge or care of some boisterous individual, and, if the knowledge and care of his watch is to be transferred to novelties, he will not ask them to rush rashly into every novelty, they ask us to trifle with life, with human life, with that which God alone can give, which cannot be taken away from us, from heaven the lightning and the thunder; he can raise the earthquake in destruction, and rend the solid mountain; he can consume with fire the cities of the earth, realising the horrors of day of doom; he can annihilate life in the most majestic of created beings, but he cannot restore it to the poor wretch he has wronged upon a garden walk. And this is life, this gift of God, which our fathers have preserved to us, and to which we are not to renounce, 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 as if the trembling flame of life were more consequence than a flickering gas light. Our duty is not to reject anything, but to put carefully and cautiously to the test of reason and all that comes to us, from which it comes with the stamp of common sense and on trustworthy evidence. But, on the other hand, we are not
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. Last 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 tree 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 on safe at those modern requirements 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 measure 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
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 the elapsed from the commencement of study or practice. Believe me it does not; neither brains nor experience necessarily grow with years. In our profession at least, whatever it is that makes the tongs of physicians, there will ever be less practisers of it, with 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 carefulness in work, three words compared and carefully 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 an indication that it may be supposed 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 which the oldest practitioners, in his whole after life of public service, 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 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 therewith besides are the plans 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 whoever shall be best conversant on the principles of treatment of their cases, the 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 care 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 got, and shall continue (if not for years, will still continue) to the public service, or 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 1865-66 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. 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, during the act of breathing the keeping it by so 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 pressing down the air into the lungs). Artificial breathing is thus carried on. These efforts are to be repeated fifteen times in a minute, until a spontaneous effort to respiration is perceived. During the employment of one of 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 hot 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. Ginnob 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 was more applicable to the more advanced attainment of students in practice.

The President remarked that treatment was more generally successful in cases of poisoning by opium, chloroform, or spirits, than in drowning, in drowning the fatal cause of asphyxia. It had been found that death from drowning the trachea took place in four minutes, whilst in drowning it took place in a minute and a half.

Mr. Lindley 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 50 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 20 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 November 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 case 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. 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 Nunnerley 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. Hazley regarding it as paralyising the nerves which supply the respiratory muscles, while Dr. Chrystison supposes that death results from paralysis of the heart. Mr. Nunsley, 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 you will be aware which 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 just imbibing and imbibing and imbibing and imbibing 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 rather long period to have submitted from it. A 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 only got to work, when it is interrupted by the recess usually taken both by professor and pupil at that festival period. It would have been well if the Medical Council had drawn attention to this, and provided an equalisation of time and study for the three terms; 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 Noster of the Medical profession in Ireland, Arthur Jacob, who for about half a century has been connected with our metropolitical schools, and who has compelled his 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 future will be divided into two parts. The first, in anatomy and physiology, to be held at the expiration of two years from commencement; the second, in surgery, materia medica, and all 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 orals. Some possess a marvellous power of volubility, and glibly pour from their tongues 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 reflects what 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 parchament, as the poor laws and public service do not recognise it. We enjoy sufficient purely medical institutions already without swelling the list.

Of the original and elegant 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 students 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 fancies of fancy, never intended such things to exist, I mean that over-rated and over-nourished body of so-called "grinders," a more elegant designation. Well intentioned and useful in the communeent, the practice of grinding run into the fault of being carried to excess. It was never intended by its introducers to subjugate the student’s knowledge, sharpen his understanding, and make him ready at answering. However, it ran the course of every fashion, it was carried to the extreme, and in vain contains within itself the germ of reproduction and resuscitation, and this system too having arrived at the acme of its folly must follow out the inevitable law of human affairs, and rise up in opposition to all that 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 such large sums as possible from the salaries of the student. 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 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 theory of the practice—never of the practice your practice." This is Hahneman, of homoeopathy, of allopathy, and of hydropathy. There is no such thing as theory in medicine. All theories of medicine are so much of a piece as to make no difference; or if it is phlogiston and anti-phlogiston in chemistry. What would you think of a theory in engineering, of its being laid down that all injures and defects of bridges, viaducts, and embankments were all tried 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—a circling watercourse by which 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 flesh in the other. Say there is no such thing as theory in medicine, 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 student in medicine, in 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 Precocities."

He ably carried on his simile, and gave some practical illustrations to support his views, and concluded this part of his discourse by the following words, and with a landaunt 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 "Edetic 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 found erroneous."

He closed his 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 he begins the career of a medical editor. 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 that most frequent application to study, impressing what he had the motto says—

"Quidquid agis agere pro virtuis.
Satis est, si vivris.
Sive quid aliud quidam.
Omnia in gloriam dei facite."

At the Meath Hospital and County Dublin Infirmary Dr. Smyly delivered an address on the nature of sound preliminary education, of careful observation, and on the cultivation of habits of temperance and virtue. Dr. Wharton opened the session of the medical students of the Royal College, and addresed principally directed to the junior members, on the objects and duties of
Nov. 11, 1863.]

THE MEDICAL CIRCULAR.

281

the profession, and Dr. Hughes delivered the Introductory at one of the finest Dublin hospitals, the Mater Misericordiae. This has been followed in a short time at some other hospitals, but it is contemplated to have it connected with the new Catholic University which is in course of erection quite convenient to it. The Society of St. Thomas' Hospital was opened by the Lord Chancellor, and there was no introductory introduction.

A deputation from the Council of the Irish Medical Association with uniform improvements pressed for various suggestions for the amendment of the Medical Charities Act. The object of the deputation was to solicit aid in bringing the bill before Parliament at the next session. Sir George Ronald, the physician with great courtesy. The principle 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 to Dr. MacCormick, the President of the 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 a similar return from 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 that the charge for each student is £8 per annum, they have cost the city 50,000. On a rough calculation the number at present might be between six and seven hundred. 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. This fee is paid in consequence of the employment of pupils and the remuneration of the professors. The students have also raised their terms from ten to fifteen guineas, and for this sum they will prepare you for the 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 to consider a petition from 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 Stag Lane selected for the erection of St. Thomas's Hospital, and also to aid them gratuitously with the needful instruments and documents. The Lord Mayor took the chair. A letter was read from the Lord Mayor Elect (Alfred Pate) 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 Corporation.

A memorial was read, from the committee mentioned above, by Mr. Woolthorpe, the town-clerk. It was addressed to the Lord Mayor, Aldermen, and Commonalty of the City of London, and communicated to the Vestries, and in several cases to 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 materials 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 so continued 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 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 Stag Lane, on the eastern side of the Thames, which, in the opinion of the members of the Corporation 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 on the 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 fitness 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 public opinion of the site opposite the present site, and from what they can gather of the intentions of the Governors of the Hospital and of the Metropolitan Board of Works, that the grandsons of the site selected for 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 advantages, and that the funds, largely extended in the special benevolents of the charity and the needy districts accustomed to use it. That the Act of Parliament, the 25th and 26th of Victoria, chapter 4, orders that the sanction of the Court of Chancery shall be had before the actual purchase of the necessary site, and that before that the parishes in question have given 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 Stag Lane, and have voted money for the necessary expenses. The memorialists most respectfully and respectfully insist that consideration of the object of the foundation—namely, the poor of London and Southwark, repeatedly recognised by the authorities of the city, and cited in a certain book called Memoirs, &c., relating to the Royal Hospitals of the City of London, most particularly the Poor of the parishes assembled, the right with the city to the benefits of this foundation, and they look upon the City of London as the original and bountiful contributor to help them, and therefore earnestly and respectfully pray that the Court will aid them in their opposition in the Court of Chancery to the Stag Lane site, either independently or in co-operation with the parishioners 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 instruments 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 new hospital, but had decided simply that the site of Stag Lane was unsuitable. They thought that the first consideration was that the hospital should be so 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 severely injured who were relieved within its walls. The memorialists were of the opinion that Bethlem 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 Stag Lane was unsuitable also because of the vicinity of the parishes except that of Lambeth. Lambeth, he said, had a population of 160,000, one-half of whom lived in four contiguous parishes by the river side. In these four parishes, which had been ten years had been 2,500 in 10,000, while in the inland hall of Lambeth it was not more than 1,500 as compared with 2,500, in the other parishes. Again, taking the two parishes opposite the Parliament on the opposite side of the river, the mortality in the same ten years was even greater, namely, 2,000 in 10,000, while in the whole of London it was 2,500.

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 Stag Lane 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 employed in building 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 state and other public officers, and dangerous to the healthy men. To show that the Governors of the Hospital were not about to commit a grave mistake in removing it to the remotest part of the city, the memorialists quoted a passage from the report of the institution to the House of Commons, that in 1861 the number of patients discharged from the hospital, and residing in Southwark was 461; Bermondsey, 264; Rotherhithe, 85; Newington, 201; Kennington, 57; Lambeth, 133, and of the whole of London it was 2,065.
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 that district, which was inclosed by the formation of a new parish. The 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 222 single men. In the parish is the danger of the practice of letting rooms to families. The parish is very large and densely populated. Coppersmiths, labourers, weavers, and persons who obtain their living by precarious means elsewhere, reside there. The inspector could not of his own knowledge state an extraordinary mortality existed at the present time among children in rooms occupied by families in the parish. On the 29th ult., an inquest was held on the body of Sarah Ward, an infant 2 months old, who, with four other children, resided with its parents in an outer room at 10, Holybush-square, according to 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 of 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 habitation, and 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 unkept, saturated with stagnant water and heaps of putrid garbage, with a scanty water supply, and unprovided with vessels, tanks, or butts to hold it. The medical officers of health, are to an independent supervision of the houses, power to compel owners, lessees, &c., to thoroughly cleanse, repair, and supply sufficient well-constructed water and unwholesome water and covered ditches. 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 Thornold-square, Dr. Pearce suggests “that the dust-bins be covered with doors and the gutters relaid, and every house be thoroughly cleansed, lined, washed, and repainted, cesspools abolished, the drains trapped, proper closets made, and water supplied to every house.” He recommended that in Holybush-square the cesspool should be filled up, the new cesspools be effectually drained, and the gutters improved. The report on No 10, in which the Ward family resided, should be thoroughly linewashed and cleansed, and all the other houses should have a separate water supply. Among other reports were the following: “There are eight pigs kept at Mr. Brown’s range at 6 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-looking, 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, inquiring a rumour that certain persons were running a brothel in the back parts of several houses in Nicholl-street, Bethnal-green, was read. The report stated that the back walls were damp and unwholesome, the cesspool water and impure, and the yards unkept. There was no water supply or vessel to hold water, and in one instance (house No. 85) the water-closet had never been used. At No. 55 there were four families, or 17 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.

Dr. 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. On the motion being carried, an arrangement was made by Mr. Robinson, it was resolved that it was ascertained what houses in those parts of the parish where there are sewers have not proper and sufficient water supply, and that in such cases it is not 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 served 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 post of Presidency Surgeon, and Surgeon to the Native Hospital. He had passed the best part of thirty years in India, and had attained the eminence and 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 of the late Bishop (Daniel Wilson) of Calcutta, and accompanied him in his periodical visitations to various parts of the greatest disease among the Indian population. He was subsequently appointed to 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 general experiments he had gained from his private investigations, 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 Pathologic Indice.

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 so in his papers on the Indian Annals of Medical Science, on “Oesous Tumours,” and on “Elephantiasis Orientalis.” This subject he made his own; no European Surgeon has had more experience in this very common Bengal disease, which he has taught to appreciate, 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 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 death will be received with feelings of great regret. They will have lost not only a trusted Medical adviser but a true friend.

LEGAL INTELLIGENCE.

COURT OF QUEENS BENCH, Nov. 6.

This was one of two rather remarkable actions brought by the plaintiff, a medical man, against two persons named Furey and Stern, to recover fees for alleged medical attendance so long ago as 1859, and for which he regards Mr. Reeve to be as a witness between them and the plaintiff. The cases were both tried at the last assizes at Croydon—one, the present case, before Mr. Baron Chancellor, the other, before Mr. Baron Commissioner. The former resulted in a verdict for the plaintiff; but in the other action, against Stern, the plaintiff failed. In the present case, in the latter, there was a case of facts that the alleged attendance by the plaintiff had been friendly visits, or gratuitous attendance on the occasion of such visits; but 10l. 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. Sergeant 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.

BEECH V. STEENE.
This was the other of the two actions above mentioned, and it was a claim for 55l., for alleged medical attendance during a lengthened period of time, some years ago, between November, 1856, and July, 1859. The case was referred before Mr. Baron Beaumont by well and a special jury. The case for the defence was that the “attendance” 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. Sergeant Shoe, 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 Shoe.—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 Shoe said certainly no account had been sent in until no longer 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 Bancroft, before the Lord Chief Baron, Mr. Baron Bramwell, Mr. Baron Channell, and Mr. Baron Flaxman.)
BENNETT V. HICKSON.
This case was tried at Nottingham, before Mr. Justice Williams, when a verdict was found for the plaintiff for 100l.
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 Workop, against the defendant, who was the executor of Mr. T. L. Beardsall, upon an agreement by which the defendant, on the 3rd of March, 1858, undertook to take 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 of the plaintiff that he would not be long at Workop, as his charges were too high; secondly, that the defendant’s co-executor had competed with the plaintiff for the post of medical assistant of Odd Fellows, which had been held by the defendant’s testator, and which produced 8l. 10s. 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. DALY, President.

CLINICAL DATA RESPECTING AMAuroSIS, MORE ESPECIALLY RESPECTING THAT FORM OF IT SUPPOSED TO BE INDUCED BY TOBACCO.
BY JONATHAN HUTTON, 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 probable influence of smoking on 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 notice, but forms of the more interesting ones. The cases quoted were 65 in number, and were allotted to two groups:—First, cases in which both eyes were affected and the patients were not; and 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:—

Series I.—Symmetrical, and in Adults:—Males Females
Cerebral amaurosis, uncomplicated (idiopathic) 37 3
Ditto, probably complicated or secondary 3 4

Series II.—In Children.
Cerebral amaurosis, uncomplicated (idiopathic) 3 7
Ditto, probably complicated or secondary 0 1
Series III.—Unsymmetrical (all ages) 3 2

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 should 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 when present at the meeting explained how this great disproportion (37 men to 3 women) could be explained. The possible influence, 1st, of different occupations; 2nd, of temperament; 3rd, of sexual diseases; 4th, of injuries; and lastly, of tobacco, were severally examined. That occupation had not much to do with it, seen from the fact that the patients had not had the professional calling; 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 14 of the whole of the whole the male sex was exposed in sufficiently disproportionate degree to account for the very different numbers. In only 14 of the whole

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; while 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 days of the cases or the patient had ceased to attend.

With regard to the probability of sexual excesses having anything to do with the occurrence 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 varicose was a frequent concomitant of this form of amaurosis. Still, on the other hand, in many instances the patients were healthy, robust men, who alled nothing whatever excepting the loss of sight. In not a single instance in the series was there any strong reason for attributing the disease to masturbation. Even if it were proved that varicose, 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 displaced, as 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 were addicted to it; and that it did not appear suffering from amaurosis; that it was not easy to understand how the tobacco poison could act on one single nervous ganglion alone, to the other parts of the body;—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 made to appear. The subject was one of genuine 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
observations—
1. A much more extended series of cases.
2. More detailed information as to the use of tobacco by those affected in each 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 varicose veins with this form of amaurosis.
5. Information as to whether it ever occurs in women who have smoked; some indications that being a smoker is more common amongst women than it is here, valuable information on this head might be obtained.

Mr. Critcher, 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 suggestions presented themselves for the consideration of the Society in reference to this subject—first, Does the amount of evidence we possess at present justify the inclusion of tobacco as one of the causes of amaurosis? Secondly, 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 held an opinion that tobacco was deadly, and severer cases that had come under observation had induced him to adopt the same views. It must, however, be admitted that it was exceedingly difficult of proof; and ranked neither as a strong inference nor 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 gavo 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, and frequently smoked strong cigars, 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 ophtalmoscopic 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 been unable to trace any beneficial effect from any therapeutic treatment.

Mr. Worwood, 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 had been able to discover any of the under-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 ophtalmologists of France, Germany, and the continent generally, that tobacco is a very prolific cause of blindness, or at least of imperfect vision. 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 stages, all being indicated by changes of colourotion 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 tell which one of them was suffering from tobacco. He considered the cases of tobacco-amaurosis divisible into three categories. In the first the optic nerves were decidedly hyaline, 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. Emmett, 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 seventeen cases were considered, however, as which he thought the question could, with any approach to rational inference, be opened, in reasoning from effect to cause—a process which required some logical skill; but in this number there were still only a few typical cases. He quoted one of these at length, where optic atrophy had supervened with only mild cerebral symptoms, such as giddiness, and headache rather than atrophy, 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. If
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 lassitude 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 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 over-doses 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 is not 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 those cases. He laid stress upon the disproportion of sexes, and thought that the influences of sexual causes might suggest the explanation. He had come 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 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 dose Mr. Simon perform for nothing?

His hit at our lack of public spirit is simply ridiculous.

Yours, &c.,

Nov. 3, 1863.

A UNION VACCINATOR.

(Copy)

Medical Department of the Council Office.

Sir,—I am directed by the Lords of his Majesty’s Council to acknowledge the receipt of a petition signed by you with other public vaccinators of the United Kingdom, praying 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 concur with their lordship’s inspector.

As to the state of vaccination in your Union, their lordships hope that you will not fail to have rendered this unpaid service in furtherance of an important public object for which you are officially engaged.

I am, &c.,

October 29, 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 instruments as being more safe and more expeditious in its results than any other method.

19 Caroline street, Bedford square, November 9.
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£, an expense which I declined to entertain, especially as before the New River Company adopted the plan of supplying the water by leaving the time of the supply I always had sufficient for the wants of the house. For this diminished supply I am now charged the extra valuation of 61s., 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 inhabitant can have, on a fair remunerative payment, whatever water is desired. Millions of gallons of beautiful water are daily pouring into the sewers of Gray’s from a series of underground lagoons, 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 or gallons a day. I believe it to be much more, and that it is col-
glected in Hertfordshire and Bedfordshire, where consequently its supply will be immense. Without speculating on the source of the water, I may say that at Gray’s, if the supply is not exhausted by its present users, I believe it will exist 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 water to wash and cool themselves.

APPOINTMENTS.—J. C. Agra, F.R.C.S.E., has been appointed Junior Surgeon to the West London Hospital, vice Teven, pro-
motored.—J. G. Alexander, L.R.C.P.Ed., has been appointed a Public Vaccinator by the Parochial Board of Leslie, Fife-shire.—G. Barrow, M.R.C.S.E., has been appointed a Public Vaccinator by the Parochial Board of Forgbe, Aberdeenshire.—J. W. Beaumont, M.D., has been appointed medical officer to the newly formed District No. 5 of the Ecclesall-Bierlow Union, Yorkshire (the Districts through-
out the Union having been re-arranged).—O. Booker, M.R.C.S.E., has been appointed Medical Officer for the newly formed District No. 5 of the Ecclesall-Bierlow Union.—J. Bridison, M.D., has been appointed to the Isle of Man General Hospital and Dispen-
sary.—D. H. N. Scarff, M.R.C.S.E., has been appointed to the Public Vaccinator by the Parochial Board of Forgbe.—Mr. J. S. Ferris has been elected Resident Physician-Ace-
oucheur to King's College Hospital.—W. Graham, L.F.P.S.Glas., has been appointed a Public Vaccinator by the Parochial Board of Cardross, Dunbartonshire.—G. Gray, M.R.C.S.E., has been appointed a Public Vaccinator by the Parochial Board of Insh, Aberdeenshire.—J. Gregory, M.D., has been appointed Medical Officer for the newly formed District No. 3 of the Eccles-
all-Bierlow Union.—H. Gribbin, M.D., has been elected Medical Officer and Public Vaccinator for the Ringer Dispensary District of the District No. 3 of the Ecclesall-Bierlow Union, Co. Mayo, vice W. Z. Bournes, M.D., resigned, and appointed to the Ballacamp Dispensary District of the Killala Union, Co. Mayo.—R. McIalharn, M.D., has been appointed a Public Vaccinator by the Parochial Board of Forgbe.—H. L. Kempf, M.R.C.S.E., has been elected House Physician to King's College Hospital.—A. K. Kerr, M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Ringer Dispensary District of the Clifton Union, Co. Galway, vice G. St. George Tyner, L.R.C.S.I., ap-
nointed 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 Uxbridge Union, vice E. Smethew, M.D.—E. A. Marting, M.R.C.S.E., has been 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 current 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. O. Oliver, M.R.C.S.E., deceased.—R. Pollock, M.R.C.S.E., has been elected House Surgeon to King's College Hospital—T. S. Row, M.D., has been elected Surgeon to the Royal Sea-Bathing Infirmary, Margate, vice G. H. Hoff-
mann, M.D.—J. Rent, 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.—D. Y. Ross, M.D., has been appointed a Public Vaccinator by the Parochial Board of Limlington.—T. A. Stephenson, M.D., has been elected President of the Nottingham Medico-Chirurgical Society.—W. F. Teven, F.R.C.S.E., has been appointed Surgeon to the West London Hospital, vice T. 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 Oldham.—W. E. Watson, L.R.C.S.Ed., has been appointed a Public Vaccinator by the Parochial Board of Aborgny, Aberdeenshire, and by the Parochial Board of Brough (the Western Division).—V. West, M.R.C.S.E., 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 Dundy District of the Guisebourn, Yorke, and Yorke Union, vice J. P. MacKeth, 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. Yield, 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.; Westminster Hospital, 6 p.m.

Operations at St. George’s Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1 p.m.; Great Northern Hospital, King’s cross, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopedic Hospital, 2 p.m.; London Surgical Home for Diseases of Women, 2 p.m.

Friday, November 13.

Operations at Westminster Ophthalmic Hospital, 1 p.m.

Saturday, November 14.

Operations at St. Thomas’s Hospital, 1 p.m.; St. Bartholomew’s Hospital, 1 p.m.; King’s College Hospital, 1 p.m.; Charing-cross Hospital, 2 p.m.; London County, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; Royal Free Hospital, 1 p.m.

Monday, November 16.

Operations at St. Mark’s Hospital for Polials and other Diseases of the Rectum, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

Operations at Guy’s Hospital, 1 p.m.; London Free Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.

The Dublin Quarterly Review of Medical Science, No. LXII. Novem-

NOTICES TO CORRESPONDENTS.

** It is requested that all Communications intended for the Editor, may be sent to the office of the Journal, No. 29 King William street, London.

In order to obviate the recurrence of disappointments, we beg to state that all communications for the Quarterly Review of Medical Sciences are to be addressed 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 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. MARSHALL.—The writer expressly states that the instruments are made for the use of the country practitioners, and are manufactured by the village blacksmith, and no instrument-maker has lighthouse offered them for sale, as far as we are aware.

Dr. Cook’s interesting account of the Lycops and the Statistics of Tracheotomy shall appear next week.

A UNION SCRIBOS’s letter is inserted.

Mr. J. B. B.—The card has been received.

Dr. L. is thanked for his communication.

Dr. Harrison.—The anti-salutary sentiments of the candidates for municipal honours have not escaped our notice.

Mr. J. M. G. H.—We believe that the threatened litigation will not take place.

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PARISIAN MEDICAL NEWS.

PRESCRIPTIONS AND FORMULAS.

VITILIGO: MR. CHAUSIS’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 porroiga favesae; it habitually invades the scalp, and is characterised by the formation of smooth, discoloured, circular bald patches, a diseased condition of the scalp, 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 parasitic 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. Chausis, 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 parasitic 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:

B. Tinct. aromat., 3ij.;
Medull. Bovis, 5iv.;
Ess. limonæ, 2ij.

Every morning lotions with a flannel brush moistened with:

B. Tinct. quinae, saturat., 3ij.

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. Chausis 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:

B. Lig. sode arsenis (Pearson’s solution), 5ij.;
Syrup. lupuli, 5iv.

Frictions in the evening with the following pomade:

B. Tinct. aromat., 3ij.;
Unguent. cerü. albus, 5v.

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 for the whiteness of the hair it would have been impossible to discover the spots formerly occupied by the patches.

ASH-LEAVES IN RHAMMATISM AND GOUT.—The Frons 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 and a half 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 eczemas; and the leaves heated in a stove, and applied over the painful parts, form an efficient sedative poultice.

AMENORRHÉA.—In a letter addressed to Mr. Bouisson, of Montpellier, and published by the Gazette Hebdomadaire, Mr. Couty gives an account of his visit to Scotland, and describes as follows Mr. Simpson’s treatment of amenorrhea:

This gentleman inserts into the uterus a hollow sound, frustrated 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 catamential period, the discharge is re-established.

THE USE OF HOT AIR-BATHS IN ALBUNOSIS NERVIATIS.—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 hydro pathetic establishments, and which can readily be constructed with a case-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 periostea is not endowed with sensation except in the regions in which nervous filaments penetrate into the bones. Mr. Jobert states that he can make himself somewhat ambiguously, and would seem to share in the doubts entertained by Haller, who, speaking of the periostea, 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, accidently inflicted on himself during an operation, Mr. Reynard, of Lyons, forwarded to the Institute a short paper in which he dwelt on the benefits derivable from a procedure which he calls obstetric catheterism of the urethra.

Hüther, 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 bongie terminating by a bulb, whether the instrument be withdrawn immediately after infiiction, 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 21st, 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 cicatrice, which is usually apparent after the removal
of a suppurating ganglion, resort to the following pro-
cedure:

"I united the lips of the incision, which was more than three
inches in length, provisionally with serre-fines; when the
space previously occupied by the cyst had filled with blood,
all copious outward hemorrhage having ceased, I closed the
wound definitely with collodion, removing the serre-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 incision, and the
promised union was as complete and perfect as could be
wished. 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 in-
viable 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 prevents the surgeon from watching the progress
of cicatrization. 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 cows
in Yorkshire. At Pompeii a baker's house has been re-
cently 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 of a dark brown colour
which 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 Par-
chappe, whose views we reproduced in our last number, Messrs.
Béclard, Pierry, Bouley, Reynal, Vernoi, 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
prostitute the temple of science."

Mr. Béclard opines, however, that vivisections are not in
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 free-
dom of the experimenter. 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 Pierry, vivisections are indispensa-
ble 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
experimentalist's 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. Pierry professes but little respect for the affected senti-
ments 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 cru-

minging to which ducks and geese are indebted for the diseased
liver of our most earnest philantropists unscrupulously relish.
Mr. Pierry suggests, in accordance with an idea which the
Unión Médicale has frequently propounded, that in scientific
experiments the enemies of our hen-coops, such as the fox,
wolf, 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
practice; to the performance of practical exercises in science;
and to the superiority of French, German, and English Veterinary
Colleges, a superiority attested by the number of foreign
students who having already received their diploma at home,
certify it necessary to complete their studies in France.
"Let it not be supposed," said Mr. Bouley, "that the Ethics,
who are so compassionate in their own country, display in our
Schools any regurgitation 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 reptiles. 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 become popular prac-
titioners."

The abuses alluded to by Mr. Dubois d'Amiens have, ac-
ccording 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 death
of the subject.

"Like politics, science has terrible and distressing require-
ments; to the latter vivisections are necessary; to the former,
war, a kind of vivisection far more cruel and barbarous than
the experiments performed in our amphitheaters."

"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 inde-
pendence of the savant would be fatally compromised, were
it possible for a police agent to interpose a lecture in the name
of the law, and threaten to report on the professor's pro-
ceedings."

Mr. Bouvier, after declaring that experimental physiology
should disdain any reply to the censures of its detractors, and
that this branch of tuition is "the life blood of the French Science," entirely agreed with Mr. Bouley's obser-

vations. . . Persons prejudiced against the study of
operative surgery on the living animal, inquire why veteri-
nary surgeons should not, like medical surgeons, be enabled
to attain 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 hands. After thousands of
operations thus learned, the student has yet another appren-
ticeship 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 appren-
ticeship and diminishing its perils. The most eminent con-
temporary surgeons, such as Dupuytren, Roux, Bécold,
Liebermann, Blaschko, Bouvier (to mention only the chief),
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 prac-
tical tuition of this kind for students intending to devote
themselves to the practice of surgery. "Previously to address-
ing themselves to the human subject," says Mr. Magendie,
"would it not be better for surgeons to operate first on ani-
males? . . . 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 pur-
chase their experience at the expense of their fellow creatures. . . .
Applying these principles to truth or falsehood, an operation occa-

[Nov. 18, 1865.]
sionally entrusted, at the Hospital for Infancy, to inexperienced interns, 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 anguish by the death of their 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. Royal, 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 fallacy; they have spoken of erroneous 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, Longcot, and Ségalas. It is impossible, even in scientific institutions, to prevent the use of animals to meet with individuals who are fond 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. Piercy 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 regulation; it is to the public interest to encourage such investigations 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 abuse, 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 and experiments in his lecture; he 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 not be the men they are. 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. Du Bois 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 are agreed in opposition to the wisdom and conscientious feelings of the operators."

Mr. Gosselin then moved the adoption of the resolutions we have stated (Art. 6351), and which, with the addition of an amendment proposed by Mr. Bouley, relative to the study of surgical anatomy, the Academy finally 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.I.

Physician to the Western General Dispensary.

In an excellent treatise on Croup recently put forth by Mr. Roger in 'Les Archives Générales de Médecine,' April 1862, that gentleman asserts that "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 successfully attended M. in five instances. His pupil, M. Trouseau, has since that time performed no less than 18 of 60 operations were successful, from Andre's first performance of it in London in 1782. M. Trouseau has himself opened the trachea thirty-six times in cases of laryngeal disease, and in nineteen cases his patients recovered. Veulpe, Bouchut, Goussant are equally favourable to its adoption, (a). British surgeons, on the other hand, have met with no success, and uniformly advocated its abandonment. 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 well established facts in pathology, that they are worth our deepest consideration.

M. Trouseau's language is very emphatic, "I formerly said that 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 children whose bronchi were already involved with pellicular concretions. Dr. Watson in his forty-fifth lecture draws the same argument in favour of its early performance as M. Trouseau, viz., that, as in hermia, the main success of the operation depends 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

(o) Vide 'Memoire de Diphteria, Tracheotomi,' &c, &c. New Sydenham Society, 1869. By R. H. Temple, M.D.
would be withheld! Let us interrogate ourselves on the following points in connection with the disease.

1. Is there much dyspnoea, at least, much sense of suffocation in action of the thorax, but such as arises from laryngeal distress?

2. Is there utter loss of vocal modulations?

3. Is the dyspnoeia such that no adequate cause for it can be discovered in the thorax, but such as arises from laryngeal distress from a Tracheal disease, as that as so 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, but all attempt to force them open the tracheas, from half to one inch in length, with the bistoury, and then attempt to insert the cannula.

Bretoneau and Co. have, as we learn, in making similar incisions in the trachea, the dilator is not only not only the cannula can be easily introduced without much more than a half inch of the larynx being exposed, but it can be done in a much more quiet and less dangerous manner, and the patient can be kept in a state of consciousness throughout the operation, and the trachea can be opened and the cannula inserted, without much danger of the danger of the patient's life being endangered.

4. Is the patient in any degree of distress from laryngeal trouble?

Referring to the first of these derangements, we may be assured that the epiglottis has become stiffened by crypsis or at least inclined to be detached from the larynx, and also that the thyro-conic sheath is not much canal the pharyngeal bag, as is the case in glositis after swallowing a corrosive poison, but that peculiar duraed of the tongue makes the pharyngeal connection to be in a state of partial obstruction, lest the passage be obstructed, it will be noted that the semi-erect epiglottis, should also appear in a particle of food, and thus induce the terrifying sense of instant suffocation.

The distress must be viewed under the following circumstances. We may have the most perfect laryngeal intonation without sufficient air, 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, modulate the note."—Darwin.

If the patient has lost all "tremble" in the voice, the vocal cords are not at work, the air upon the vocal cords, as the term implies, and speaks only in an inaudible whisper, the glottis is fast closing upon the tidal air around him.

With respect to the question, it is presumed that the practitioner will freely satisfy himself of the condition of the whole respiratory tract below the cricoid cartilage ere he considers the operation eligible. The fourth phenomenon is more corroborative 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 'ring glottis' remain nearly as open as they are when the cords are wide apart; or, again, the voice may be lost, as in ordinary cataract, yet no impediment exist in the respiration; if therefore, pressure over the vocal cords in laryngeal aphonia induces a sense of acute suffocation, it may be inferred that the respiratory portion of the glottis is narrowed; the cord will soon fall in its office also. When such has happened, it was rapidly made at that "Door of Life," the ring-glottis, the recurrent will soon 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.

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 diaphoretic 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 losing our voice, but on returning 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 trachea, or rather, and canula, should pierce a portion of the innominate surface, not yet involved in the super-imposed inflamed membrane; for as the wounding of such a membrane, and the pressure on the body of the larynx will be almost instantaneous upon the 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 depositions 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, at first, have tried to open the tracheas, from half to one inch in length, with the bistoury, and then attempt to insert the cannula.

Bretoneau and Co. have, as we learn, in making similar incisions in the trachea, the dilator is not only not only the cannula can be easily introduced without much more than a half inch of the larynx being exposed, but it can be done in a much more quiet and less dangerous manner, and the patient can be kept in a state of consciousness throughout the operation, and the trachea can be opened and the cannula inserted, without much danger of the danger of the patient's life being endangered.

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 origin of, or may be so sudden as by its very suddenness to
baffle us in our efforts to decide upon a cause that may be con- sidered truly assignable.

**Symptoms.**—Concomitant with the general disturbance indicative of the affection, there are the local signs which attach to the 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 symptoms also varies with the extent of the injury, affecting the animals, being dependent them for its existence. There are unseasoness in the joint or joints involved, pain of a fixed and constant character, varying, however, from a dull ache to extreme, cutting, or gnawing, or a sense of a weight pressing against the bone 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 pubis was the unsouled articulation, and this irritability will demonstrate itself in various manners, at one time so implicating the urethra that as to occasion retention of urine from want of detrusor power, and subsequently stillilitiscum, when the viscous becoming overfull, there can be no longer any retentive action of the bladder urethral muscular fibres; at another, involving only these latter fibres, and creating such an augmented sphincteric force as to allow liquid or even liquid with some air to be expelled by the successive characteristic of the urine. The character of the urine may itself deviate from its natural standard, and may be permanently restored only by the removal of the existing agent.

There may or may not be present actual leucorrhoea, 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 rectorum, more particularly in those instances where the sacro-ilial or sacro-jilary joints are the subjects of the lesion, sharing in the disturbance, will be affected with tenesmus and uncontrollable desire of a passage or an irritation to which we would almost apply the term pruritis.

Vaginal examination will evince great tenderness at the back of the disease will be situated in that articulation; while by vaginal, rectal, and external manipulation, the sacro-ilial joints will be in the same manner found incapable of pressure, shall they be found.

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 supplicative stage, it does so with great rapidity, and soon the joint will be filled with the products of the disease, nor with the presence of pus be won in the interval. Pathological change, since the bones will be affected, their cartilages eroded at particular points, or altogether (after some little time). Whatever they themselves feel to be curative, 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 enveloped in supplicative degeneration; and this affection is readily explained, when we bear in mind the unhealthy state of the patient's general habit, which in these cases is almost always the result of constitutional disturbance most untoward, even fatal results before there is a tendency to external discharge. Two such cases are put on record by Messrs. Hillier and Monod.

Nature, however, more frequently performs the absorptive process, whereby she effects the removal of the retaining ligaments, and procures rest for the matter either posteriorly into the vagina, or anteriorly against the rectum, with the presence of a small piece of soft white, fluffy, and thick, 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 a towel of a rock, while the swelling of the absorption of moisture burst against the rock; secondly, the diffusion of relaxation of the ligaments dependent on seors interulation. With the latter condition there will be an unhealthy discharge; for it, the normal tense condition 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 labor by restraining the efforts necessary for advancement.

**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 hot saline, soothing, or soothing, or soothing, sulphuric, or disinfecting, or softening, or black balsam, the cold douche, baths, and stimulating embrocations. Binding together the entire pelvis by means of a bandage, ligatures, bandage is of immense service, and if applied and continued with constant use for some time, proves a valuable aid in our treatment. Friction, having for its object the excitation of a certain degree of inflammation, by which may be produced cicatricial deposit and anchylosis.

Blundell proposes for those cases in which the patient becomes completely invaded, on the supposition that the pain is not from the offending joint), and immediately after the operation the binding together of the parts in tight apposition.

These remarks have been induced to make by my having had recently under notice a case of the so-called "inflammation of the pelvic articulations," a frequent phenomenon 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 draughtings 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 Puddingdon; 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 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 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 barely been entertained at all.

In the first place, without dwelling 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 toxic 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 shrieks which sometimes characterize 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 Bishopsgate 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 manoeuvre 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
medical witness (the only one called in this very important investigation), was either missed 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-twentieth 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 aconite, 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 cunning and coolness with which he evaded 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 conclusion. 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 brute, some of which will destroy other animals for the mere gratification of destructive propensities, or of savages who destroy other human 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 commis-

sion 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 authorites 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 little-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 trumpury 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 2,000l. 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 abstained 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. Haddleston, Q.C., moved for a rule calling upon an attorney to show cause why he should not be struck off the rolls on account of misconduct, and to answer certain matters in an affidavit. It appeared that an article was published in 'The Daily Telegraph' sanctioning 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 500l. damages to Mr. Percival, who, however, said, in his attorney, that there would be considerable difficulty in recovering the 500l, and that he should advise his taking 250l. in satisfaction of his claim, but, if possible, the whole sum should be obtained and paid to Mr. Percival. Under these circumstances 250l. was accepted. The attorney, however, received the 500l. 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, who has been an exiled member 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 the Male and Female Anatomist," it is hereby ordered, that 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."

**CASE OF POISONING BY LAUDANUM.**

**BY E. G. WAKE, M.D.**

Mrs. Brown, aged 74 years, took half an ounce of laudanum at 5 a.m., Oct. 12th, 1863.

She was found still 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 Sulphus, followed by warm water. Vomiting, however, was as slight, that I used the stomach-pump only half part nine. No smell of opium could be detected, and I could not test its presence, as I had no thermometer in my hand. The tendenkcy to 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 inhospitality. I gave her, therefore, a little brandy to remove the extraction from vomiting: At twelve a.m. I prescribed one-third of a grain of sulphate of atropine in water, and after an hour's interval a second.

I ordered her, moreover, to take one-sixtieth of a grain every hour until 9 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 continuation 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-teas 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 examination of 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 Salters offers some "Contributions to the Pathology and Treatment of Asthma," his present paper being on the treatment of the asthma paroxysm by full doses of alcohol. Dr. Salters has found, 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 Caesarean 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 three classes form a natural group of animals agreeing with one another, and differing from the branched 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 sauropsians, 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 olenia cyanescens. 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 aluminas, 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 Enzyma," in which pancoesthesia 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 Lenkamia, 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 neurological department of the Registrar General's returns. Dr. J. W. Oakey 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. Brodhusen commences a series of lectures on "Orthopedic 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 Celias," read at the late meeting of the British Medical Association at Bristol, is concluded in this number. Dr. W. H. O. Sanket, 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. Price relates some "Cases of
Gunshot Wound," three in number, all of which occurred in private practice, and were the result 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.


(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 on cotyledon any of the difficulties and contested points of treatment, and hence his reception, far from being dogmatic, are eclectic, and founded upon a careful survey of existing doctrines, strengthened or not, according to 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 men of opposite views, and may be advocated 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 a number of modern developments of uterine and ovarian therapeutics.

The subjects chosen for the illustration of treatment are amenorrhoea; profuse menstruation and hemorrhages; leucorrhoea; pain in the bladder, dysmenorrhoea; nausea, vomiting, and hysterical symptoms, arising from disorder of the generative organs; affections of the external parts, and of the urethra; hernia of the uterus; other displacements of the uterus; cancer, fibrous tumours, and polypi of the uterus; diseases of the ovaries; peritoniectomy, pelvic abscesses and diseases of the Fallopian tubes.

With respect to leucorrhoea, 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 administration of the latter. Of his 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 amount is more beneficially 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 to the patient when she is at home. In other cases injections of decoct 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 vexed question 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 fatalty 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 fatalty 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 that 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. 503.

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 not experienced much pleasure, a little assistance, and that it is highly creditable to the talents and industry of the author.


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 regained six inches 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 to Sydney, and one to Melbourne, and he can only conclude the climate of the Australasian colonies, but he draws such a fascinating picture of the voyage itself, as to tempt anyone, whether a peregrin or not, to take a passage to the Antipodes for the purpose of the excursion. It is only 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 to the South Australian capital, (for such Dr. Bird designates the modern Australian line) 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. For Dr. Bird, whilst the meteorological 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 Gre- cian 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 temperature not going 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 as temperate as the climate of England. The climate of England is generally dry, always stimulating and cheery, 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, 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 into 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 resist, and we have only room to remark that all the information 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, to a class of invalids to whom it is especially addressed, which will undoubtedly 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 Strength 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 new bone in one of the lower or less resistant orders, so as to maintain the proper shape and proportions of the bone. The object of the communication was to shew in what manner this principle is carried out in the jaws, so as to maintain the permanent teeth, which are both larger and more numerous than those of the first dentition.

It was known, 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 same name and order, the two incisors, the canine, and the two pre-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 addition of the third molar? How do Dr. Maundrell, in the three monographs, and the ten articles, in which he has treated this interesting subject, the author made use of experiments upon young pigs, passing wires round the condylal and coronoid margins of the ascending processes of the bone, 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 condylal, side, the absorption of which being greatest, edges of the bone. The molars, 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 periotic 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 compared with the long bones, in a paper by the same author, published in Vol. 44, of the Transactions of the Medico-Chirurgical Society).

The 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 the bone.

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 spheno-maxillary, corresponding with those in the coronoid processes of the lower jaw.

PATHOLOGICAL SOCIETY OF LONDON.

NOV. 3RD, 1863.

Mr. Prescott G. Hewitt, 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 deltoid muscle, and extended into the depth of the pectoral muscle, which was quite prominent. Shortly afterwards the right hip began to swell in a similar manner, and finally the right parietal 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.

EXPOSITION OF THE MUCOUS MEMBRANE OF THE BLAEDER.

Mr. Lewis presented this as a case of disease. The patient, a middle-aged man, was admitted with orchitis and hematuria, and sank in two or three weeks. At the posterior portion of the neck, a tumor rolled up in the bladder, covered with phosphates. The muscular coat was denuded. The patient had stricture.

This presented a similar third case—a woman—an exposition of large size, which he had removed. It occurred after symptoms of cystitis, retention, and ammonial urine.

Mr. Maundrell 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 stone in the last of the kind which had not existed. He had learned from Dr. Knox that he had seen the late Mr. Liston remove one from the bladder of an old man. Dr. B. H. Thomson, after the then evidence, there was no question that excision of the mucous lining did sometimes occur, or that a fibrous cast resembling it was thrown off. The question whether the bladder, when a specimen had been given, 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 view. The patient was a young hysterial 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 removed by the late Mr. Liston, and knew whether Mr. Liston had prepared a fibrous exudation or an exfoliation of the mucous membrane; for the bared condition of the mucous membrane was not, in his opinion, evidence of the latter condition having existed.

Dr. Gally Hewitt stated that, in a specimen of a similar kind brought before the Obstetrical Society, and which had been subjected to very careful examination by a medical examiner, the condition was not very evident; and, in fact, a great part of the thickness of the bladder appeared to have been evacuated. In the case in question, the specimen was preserved by Blennerhassett, after delivery. The physical distension of the bladder was, he believed, the cause of the death of the living 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.

CIRRHOSIS AND ATROPHY OF THE LIVER.

Dr. Wilks reminded the members of the Society that the theory of cirrhosis must usually be taught of late years, that owing to the inhibition of alcoholic fluids into the portal veins, an inflammation of Glisson's capsule took place, with an exudation of lymph, which, contracting, opacified, 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 life was discoverable. He did not, however, think that the material necessarily superseded the older; and, as regards cirrhosis, he accepted both the old and new explanations as correct. In some cases, a large quantity of new fibrous material was formed in the specimen which he brought to the Society at its last session, and as in the specimen 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 not be felt, which made it a question whether the organ was merely of irregular shape or contained cancerous tubers. 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 cellular tissue much softer than ordinary hepatic tissue. Between them was a quantity of dense firmous tissue, and on microscopic examination of the nodules, or tumours, they were found to be composed of a cellular structure. This showed an atrophia in the one form of the disease; lesser degrees of this were not uncommon; and cases where in a granular liver no adventurous tissue at all were found, were cases met with. The patient died, but no granulation was, but simple atrophy, came from a man who was admitted with hepatic ascites, but after whose death the liver, when opened, was supposed to be healthy, was found to be very hard 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
Mr. Mason had known several children in a family to die skin-bound, and stated that the medical man in attendance had concluded that this state of things might be owing to hereditary syphilis.

The President favoured the meeting with the history of a case where the skin was detached, 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 delicacy of bone 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 healthy.

Dr. O'Connor corroborated Mr. Walter Coulson's statements, and some of Mr. de Mérimé's cases, as to the occasional immunity of children born of tertiary parents. A Member thought that the immunity of which Mr. de Mérimé'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 Mérimé, 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 Lettoomian 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 born of tertiary parents; and he would note the fact mentioned by Mr. Mason, of skin-bound children being thought to be hereditary tainted.

A Member would only add that the gentle children amongst the 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.

**MEDICAL SOCIETY OF LONDON.**

**Monsday, November 2nd.**

Mr. E. CANTON, President, in the Chair.

Mr. de Mérimé 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 escaped from the disease, 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 Mérimé 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. Crowe, in his 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. Crowe 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. Gibson asked whether Mr. de Mérimé had examined the children 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 be likely 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.

**MARRIAGES.**

**Hawthorne—Wilson.**—On the 4th inst., at Newcastle, Liberty, M.R.C.S.E., to Frances, daughter of R. Wilson, Esq.

**Lepper—Gilbert.**—On the 3rd inst., Miss L. Reep, L.R.C.S.I., of Tinsley, Co. Wicklow, to Susan Frances, daughter of the late G. Gilbert, Esq., of Ballylough.

**Stockwell—Cowan.**—On the 2nd inst., at Muswell, Wm. Stockwell, L.R.C.S.E.I., Staff Assist. Surg., Army, to Marion Mackay, widow 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.

**Campion.**—On the 3rd inst., at Mussenden Campkin, M.D., of Compton Terrace, Ilkington, and Finchbury square, aged 73.

**Walker.**—On the 2nd inst., at Rotherhithe, Hannah Maria, the wife of W. S. Walker, M.R.C.S.E.

**UNIVERSITY OF LONDON.**

The following is a list of candidates who have recently passed the 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 Elly, University College; Thomas adjoining Hospital; James Gwyne, University College; Royal Infirmary; Gwyne Henry Hurries, King's College; John Walle Hicks, St. Thomas's Hospital; John Taloued, Jones University College; Henry Thomas Lancaster, St. Bartholomew's Hospital; Frederic John Money, St. Thomas's Hospital; Philip Henry Pye Smith, B.A., Guy's Hospital; Walter Rivington, B.A., London Hospital; Frederick Thomas Roberts, B.A., 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 Cooks, University College; Alberte De Negri, University College.
College: Henry Stanley Gale, King's College; James Jackson, London Hospital; John Thomas Mercer, Guy's Hospital; Richard Patrck Burke Taaffe, St. Bartholomew's Hospital.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemens passed their professional examinations in Anatomy, Obstetrics, Physiology at a meeting of the Court of Examiners on the 10th inst., and when eligible will be admitted to the pass examination:—T. E. Blaylock, St. Mary's Hospital; E. C. Bligh, Dublin; A. B. Russley, University College; C. C. Clayworth, London Hospital; T. E. Cochran, Dublin; H. Commins, Dublin; W. R. Coward, Newcastle; S. J. Dickinson, Middlesex Hospital; E. E. G. Foster, Charing-cross Hospital; Frederic Earl, St. Mary's Hospital; T. D. E. Finch, Dublin; David Griffiths, Edinburgh; A. G. Groves, Edinburgh; E. St. P. Hadow, Westminster Hospital; S. B. Haldane, Dublin; Daniel Hudson, Edinburgh; E. J. Lebrun, M.D., Belgium; A. S. Lethbridge, Calcutta; Charles Lydon, St. Mary's Hospital; J. G. Mackinlay, Charing-cross Hospital; Frederic Pickard, University College; William Ray, Guy's Hospital; C. G. Rigg, St. George's Hospital; C. E. H. Rogers, Middlesex Hospital; William Sheldon, University College; R. B. Thurgar, Edinburgh; W. F. Vise, Middlesex Hospital; Andrew Wise, Guy's Hospital.

APOTHECARYS' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates:—Dr. John, on the 11th inst., at Birmingham; Cornelina Benjamin Fox, Truro, Cornwall; William Gill, Truro, Cornwall; George Thomas Joyce, Northwich, Cheshire; James Kemp, Tynemouth; William Augustus Norton; 44 Kensington park gardens; Thomas John Peatfield, Edinwotne, Netts.

The following gentlemen also on the same day passed their first examination:—Earrnest Last Fryon, 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:—J. 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, DENBIGH.—The following gentlemen passed their first professional examinations during the recent session of the examiners:—Joseph L. Kingston, Cork; John McCarthy, Cork; Latham E. McCallum, 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 Jérôme Gavan Murrin; Henry Glover, Co. Down; James Jefferies Hardisty, Edinburgh; John M'Gill, Chirn; Joseph Mackenzie, Belfast; James Snodgrass Matthews, Edinburgh; Sir Hugh Munro, Dunfermline; Thomas Sheriff Northumberland; William Davidson Thirteenth.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—The following gentlemen passed their first professional examinations during the recent session of the examiners:—John Livingstone, Perthshire; John M'Igner, Caithness; James Provost, Edinburgh; William Walker, Killiecrankie.

The following gentleman passed their final examinations and received the diploma of the College:—Peter Maury Dunlop, Edinburg; John Francis Hartland, Co. Cork; Joseph O'Kelly, Co. Tipperary; James Robertson, Aberdeen; 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 20th ult.:—William Backley, Surbiton; Alexander Cornick, Edinburg; John Dennant, Brighton; Alexander Fothergill, Darlington; William Fothergill, Darlington; James Sackville Grunt, Arrent; Alfred Granville Murphy, Derby; William Linstead Leather, Great Portland-street; Edwin Martin, Newmarket-street; William John Parks, Prince-street, W.; George Augustus Slater, Burslem; John Nettleship, Stock, Bayswater; Andrew Locke, Swanso, Edinburg; Charles West, Hackney-road; William Robert Wood, Brighton.

The following gentlemen passed on the 4th inst.:—Charles Jeavons, Onslow Gardens; James Gilbert, Old Queen-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 Granville 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 Collier, Folke, Eastbourne terrace.

The following gentlemen passed on the 11th inst.:—George Edward Ash, Dover; William Ash, M.R.C.S. (May 18, 1859), Great Marlborough street; William Tenney Bradley, Chichester; Charles S. Bright, Gosport; John Caldecourt, Old Elost, Durham; James Davis, Old Cavendish street; Alexander Marshall Duff, Queen Victoria street; George Henry, Old Kent road; Augustus Lloyd, Bristol; Alfred Marson Mathews, Bradford, Yorkshire; Richard Southam, Carlisle place, Pinmill; William Richards Twick, Cambridge, Cornwall; Felix Wise, Great Russell street, Bloomsbury square; George Stahl, Old Kent road; John Coates, Smithfield.

The Senate Academicks 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 Congress 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 Edinburgh. On the morning of the day the Secretary, Mr. Evans, transmitted, Mr. Carter Blake, F.G.S., read a paper on Fossil Elephants, which evoked a discussion in which Mr. Charlesworth, Mr. Fordyce, Mr. Weir, Mr. Crose, 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 may be obtained to the Hon. Secretary, Messrs. Cunning, F.G.S., at No. 7 Montague Place W.C., or at No. 32a George-street, Hanover-square.

DR. GREEN.—This doctor's health, we regret to state, is in a very precarious condition.

BENEDENIO.—The University Hospital has received 500l. from an anonymous benefactor.

DUDLEY DISPENSARY.—The new building is now completed, and is in every respect suitable for the purpose 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 suspension for upwards of a fortnight, has induced Captain Powell to send home all the cadets.

SHEEP IN SHEEP.—The flockmasters of the county of Wilts are about to present to Mr. Joseph Parry, of Allington, a testimonial of the mark of their appreciation of the means whereby he has checked the spread of the small-pox in sheep. It will be remembered that Mr. Parry's own flock suffered severely.

CHELSEA BRANCH OF THE ROYAL MEDICAL BENEFICENT 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 Usher Medical Society, 33 High street, Dublin. Dr. T. F. Blomfield, the chairman, 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 570l. 8s. 1d., being 362l. more than last year, which made the grants to average between 84 and 94 each, the highest grant being 22l, and the lowest 3l, 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 for 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 impar- tionally managed at head-quarters, than the funds of this society and their distribution, which is universally admitted; and the Chancel- lor of the Exchequer himself might learn a lesson from those excellent and able professional men to whom is entrusted the so- ciety's fiscal and general management, and who devote an amount of their valuable time in the discharge of their voluntary and arduous duties in connection with the society, without any of their most disinterested philanthropy, and which 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 fur- therance of the objects of a society which is so all-important, and the welfare of the arts and general prosperity of the profession in particular, and every member of the general community whose heart throb for those who are enduring adversity silently, and who once knew better days. Some subscriptions, wit
dons of St. each from Dr. Knox, Strongford; and "Anony-
mous," having been reported as received, and the remaining busi-
ness disposed of, the meeting separated.

At the quarterly meeting of the Royal College of Physicians of
Edinburgh, held on Tuesday, the 8th instant, Dr. Alexander Wood
was unanimously re-elected Representative of the College to
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 post mortem, but unarranging 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 descendants were connected.

DISTRIBUTION OF PRIZES TO THE PATIENTS SUFFERING FROM
IDIOTY AND EPILEPSY AT THE SALVETRIE.—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 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. Bichlun, M.R.C.S.,
has been elected Mayor of Godalming, Surrey.—C. Black, M.D.,
has been elected Mayor of Chesterfield.—W. Carr, F.R.C.S., has
been elected President of the West Kent Medico-Chirurgical
Society.—D. Edmundson, 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 Regis-
tration of the United Kingdom.—J. F. Forrest, M.D., has been
elected Medical Officer and Public Vaccinator for the Kildonan
Dispensary District of the Maitland Union, Kirkcudbright.—C. Holtum, F.R.C.S., 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.—Dr. D. Kerr has been appointed Examiner in Medicine in the University of
Aberdeen.—L. King, M.B., has been elected one of the Vice-Presidents of the West Kent Medico-
Chirurgical Society.—S. Mason, M.R.C.S., has been appointed
House-Surgeon to the Infirmary, Teignmouth, Devon, vice T. W. Harris,
M.R.C.S., resigned.—W. W. Miller, M.D., has been elected
Mayor of East Suffolk.—J. Pringle, M.D., has been elected Secretary
of the United Kent Medico-Chirurgical Society.—R. P. Tidley,
L.R.C.P.Ed., has been elected by the Town Council Mayor of the
Borough of South Shields.—J. Scattergood, M.R.C.S., has been
elected Surgeon to the Hospital for Women and Children at Leeds,
vice G. Morley, M.R.C.S., 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., 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, 1 p.m.; Great Northern Hospi-
tal, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopaedic
Hospital, 2 p.m.; London Surgical Home for Diseases of
Women, 2 p.m.; Chemical Society, 8 p.m.; Mr. Riley, "On Vanadium,
Iron, and the Slow Poison of Salt," 5 p.m.; Mr. Price, "On Quantities De-
minutive of Sulphur." D. Franksland and Dupuis, "On Mercure
Organic Bacteries." Dr. Philoecus, "On a Sulphacetised Hydrogen
Apparatus." Mr. Schuhlemmer, "On Etyhyl-Amyl Bacteries."

Friday, November 20.
Operations at Westminster Ophthalmic Hospital, 1 p.m.

Saturday, November 21.
Operations at St. Thomas's Hospital, 1 p.m.; St Bartholomew's Hospital,
1 p.m., King's College Hospital, 11 a.m.; Charing-cross Hospital,
2 p.m.; Lock Hospital, Dean street, Soho; Clinical Demonstrations
and Operations, 1 p.m.; Royal Free Hospital, 1 p.m.,
Monday, November 23.
Operations at St. Mark's Hospital for Stittusia and other Diseases of
the Nectum, 14 p.m.; Metropolitan Free Hospital, 2 p.m.
Tuesday, November 24.
Operations at Grey's Hospital, 14 p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.
Asthma, Consumption, and Bronchitis, treated by the Water Cure and
Hardwicke, 192 Piccadilly, W.
The Teeth as Supplied by Nature and Preserved by Art. By M. C.
Transactions of the Pathological Society of London. Volume xiv.
London : Boche, 1865.
Medical Observation and Research. By Thomas Laycock, M.D.,

NOTICES TO CORRESPONDENTS.

* * * It is requested that all Communications intended for the Editor, may
be sent to the office of the Journal, No. 29 King William street,
Fitzroy-square.

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 hypotonic of the oxide of ethyl. There is always a slight acidity, owing partly to the imperfect neutralisation
of the hypotonic acid, and partly to the formation of a little azotic
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 hypotonic ether may be obtained by a peculiar
process, but in practice the spiritus etheris absolutis 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 perma-
ently held 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 unions, the Poor-law, treated, although they pretend
or exercise a control, will never interfere to obviate any hardship
endured by a Medical Officer, and we therefore advise you that, how-
ever great and just your grievances may be, you will not act to a
broken read 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 Doctor
Burke has long since earned for him the fullest confidence of the public.
Aid, therefore, to testify their appreciation of his amiable quali-
ties, upright conduct, and professional abilities, it is intended, on the
occasion of his appointment as Medical Officer of the Stairfarn 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.

MR. H. —He is thanked for his communication, which shall be inserted.

X. Y. —A Member of the London College of Physicians can use for
his fees, but a Fellow is disqualified from so doing by a by-law of the
College.

A FATHER.—The term of five years may include the whole period of
professional study.

MR. H.—The Report has been received and will be inserted.

MR. NICHOLAS WILLIAMS.—The communication shall be inserted.

MR. JAMES C. HAYES.—The communication is received and will be inserted.
No charge is ever made.

MR. FREDERICK FITZMAURICE'S note shall receive attention.

MR. CHARLES KIDD'S letter arrived too late for insertion this week.

MR. FRANCIS MARSHALL'S note will be inserted next week.
PARISIAN MEDICAL NEWS.

BIBLIOGRAPHY.

Traité Pratique des Maladies Mentales (a Practical Treatise on Mental Ailments), by L. Y. Maré, M.D., Fellow of the School of Medicine, and Physician to the Lunatic Ward of Biécètre (a). Journal de Médecine Mentale, à l'Usage des Médecins Praticiens (a Journal of Mental Pathology, for the Use of Medical Practitioners), by Delaissiue, M.D., Physician to the Hospital of Biécètre (b).

It is our intention, in the present number, to notice several works relative to special branches of the science of medicine, and, in: as first place, we shall offer a few remarks on two publications of a class 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 recognize 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 legal 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 observation, 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. Laënnec 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); La Salpêtrière, (d); Delaissiue, being an analytical history of apparitions, visions, dreams, trances, magnetism and somnambulism, by Dr. Brierre de Boismont (e). But a volume which we regard as especially worthy of perusal is Mr. Maré's Practical Treatise on Mental Ailments.

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 moral conditions, such as idiocy, epilepsy, hysteria, chorea, pellagra, and alcoholism, which are indirectly connected with insanity by the coincidence of mental aberration. Mr. Marédevotes 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. Maré, however, has allowed one of the signs of the incipient general paralysis of the insane to escape his attention; we allude to delirium of the wound, a symptom frequently observed, and indicated in Dr. Lins's inaugural thesis. In itself this symptom may, perhaps, be deemed unimportant; but like the unequal extension of the pupils, it may acquire by its coincidence with other more striking pathognomones, a considerable amount of value, and remove hesitation when the diagnosis would otherwise appear doubtful in the incipient stage of the disease. Mr. Maré has little faith in the curability of general paralysis; but we hope that at a future period the therapist may be able to contend victoriously with the affection, he points out, with full parti-

culars, 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. Ballanger, and the Journal de Médecine Mentale, by Mr. Delaissiue, 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 (f), 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 access of the insane to the courts, patients on consanguinity, on education, on popular errors on the subject of lunacy, &c. Mr. Delaissiue's coadjutors are competent alinists, 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 l'Œil et en particulier sur les Applications de l'Ophthalmoscope au Diagnostic des Maladies des Yeux. (Lectures on Examination of the Eye, especially on the Utility of the Ophthalmoscope in the Diagnosis of Ocular Ailments), 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 Nancy and Paris. (c).—Leçons de Strabisme et de Diploïe, Patho-physique et Thérapeutiques, (Lectures on the Pathology and Treatment of Strabismus and Diplopia), by P. Giraud-Toulet, formerly a Pupil of the Polytechic 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 entitled him 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, removal of the various malical 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 various numerous procedures belonging to each method, Mr. Follin has adopted a classification which separates them into four distinct groups.

[Nov. 25, 1863.]

(a) One vol. 8vo, pp. 672, Gerner-Baillière and Son.
(b) A periodical in monthly numbers, pp. 32. Victor Masson and Son. Price: 6s, 6s. 6d. in France, and 6s. abroad.
(c) One vol. 8vo, 500 pages, with 500 illustrations. T. B. Baillière and Son.
(d) One vol. 8vo, with illustrations. T. B. Baillière and Son.

(e) Each vol., post paid, 6s. in France, and 6s. abroad.
(f) One vol. roy. 8vo, with two coloured prints in the diagrams. Adrien Delahaye, Paris.
(g) One vol. roy. 8vo, with three engravings and 18 explanatory figures. Adrien Delahaye, Paris.

id One vol. 8vo, with illustrations. T. B. Baillière and Son.
the medical circular: a journal of [nov. 25, 1863.

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 morphological conditions revealed by the ophthalmoscope.

in the third group, m. 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 his chapter briefly treats of the production of phosphene.

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 the eye.

such is the programme of m. 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 coldness of the theoretical parts not without the notices of the particular historical sketch in which m. follin discusses the values of the doctrines of beer, which are still upheld by m. 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, whereas perhaps not far from the truth." m. follin, however, qualifies this praise with a sagacious remark, which m. velpeau has repeatedly shown to be founded in fact, in that, in describing certain anatomical changes as characteristic of specific diathetic conditions, the school of beer has established a rhizomorphological semiotics leading to the most important practical inferences.

after passing this legitimate censure on the obscure theories of german writers, m. follin candidly acknowledges that the advance of ocular surgery for the last ten years has been mainly due to german practitioners, moser, helmholz, 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 specialty either in tuition, or in professional practice.

the last part of the first volume of m. wecker's theoretical and practical treatise on diseases of the eyes has now appeared; it contains the description of the diseases of the 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 mans, of strasbourg; the anatomy of the conjunctiva was in the earlier parts of the publication entrusted to professor w. k., of jena.

in the exposition of the affections of the sclerotic, m. wecker shows, in the first place, that the radiated or peri-keratic circle, caused by the congestion of the superficial textures, is not a disease, but the symptom of various morbid conditions. this radiated circle was formerly viewed as characteristic of gouty and rheumatic opthalmia.

recent researches of pathological anatomy have however satisfactorily demonstrated that rheumatic opthalmia, in which this peri-keratic congestion plays an important part, must be referred to in its origin to a disease of the sclerotic. m. wecker observes, in addition, that in this case the episceral hyperemia is not proportionate to the amount of inflammation in the iris, and is more enduring than in common iritis.

m. wecker devotes considerable space to the affections of the cornea, and agrees with vischer and m. his that the theoretical views entertained on this subject must undergo a thorough reformulation. in spite of the natural repugnancy to give up denominations and explanations which satisfy the understanding, the terms corneal congestion and infiltrations 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 m. wecker's prac-

the author, guided by morbid anatomy, establishes the following divisions in iritis: simple or plastic, acute, and parenchymatous iritis, the latter including the syphilitic and the supplicative forms. m. wecker includes in his description irido-choroiditis, a morbid state which has engaged a large share of the attention of modern pathologist. he treats of the wounds, tumours, and functional lesions of the iris, and describes the various procedures of iridectomy, iriderhesis, iride is, &c. lately introduced into practice for the establishment of artificial pupil. m. wecker states that iridectomy has been so fully delineated by mr. schimke that dr. walen 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 sclerotic 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 sufficiently large, and the sclerotic incised, the iris is during 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 pupil is now rotated into the eye, and a compressive apparatus is then applied, consisting of lint and a funnel 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 from the cornea. this operation must be carefully performed in order to prevent the healing process from being protracted, and to obviate consequent irritation. the bandage may be reapplied for one day, or the eyes may 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 prolapse into the eye; in the course of twenty-four hours, adhesion of the extruded part of the iris may be expected to take place, and the lips of the incision, and all further dressing is unnecessary." at addams and hinyi had already proposed to form an artificial pupil by impacting the iris in a linear incision of the cornea, but the increased incuration of the latter membrane in the direction of the corneal stroma was considered as a serious consequence on the procedure have long caused it to be abandoned.

m. wecker's plan is very different. the incision is performed in the sclerotic; the trephine of the sphenoid 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 placing the pupil with great ease; no danger is incurred by the patient, and the serious hazards of the procedure of addams and hinyi are entirely obviated. in a very few days a complete cure is effected." m. 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 less natural to part 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 the affection of the retina to the production 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.

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the question of strabismus has for so long a time been
Nov. 25, 1863.

PRACTICAL MEDICINE AND SURGERY.

303

set aside, that Mr. Giraud-Toulon’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 for a determination of the present 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-Toulon 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 a 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-Toulon describes a plan of treatment founded on the use of deviating prismatic glasses.

The functional disturbance in which diplopia and strabismus originate, is frequently referable 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 conjunction with stationary as well as in retrogressive paralysis, of the tenotomy of the antagonist muscles, an operation which has long been resorted to under the same circumstances by one of our most eminent oculists, Dr. Guépin, of Nantes.


Although not engaging so wide a compass as the pathology of diseases of the ear has of late been the object of numerous researches. In 1887 Mr. Tricot published his Practical Treatise on Diseases of the Ear, and another volume on the same subject by Mr. Bonnafont appeared in 1890. 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 Wurzburg in 1862.

These various works are the object of the present notice.

Mr. Léon Defauve 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 to this branch of science. We, therefore, welcome Mr. Léon Defauve as a follower in the career of his illustrious preceptor and companion. Mr. 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 apparatus.

Our readers are aware that the air-douche, introduced into practice so far back as 1791 by Horpold 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. Delee, Sen. This gentleman unquestionably deserves credit for having resuscitated, and given new life to the air-douche, 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 Casis, that “Mr. Delee 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 peeled away.” Itard doubtless partly sacrificed the truth to a clever quibble, as deafness may certainly depend on obstruction of the Eustachian tube; Horpold moreover distinctly proved that the air-douche disperses the adhesive mucous which prevents the renovation of the air contained in the drum and the masticoid cells, and thus interferes with the proper performance of the special functions of the organ. In these cases Messrs. Tricot and Bonnafont have found 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 Delee holds an entirely different opinion, and although he does not profess to cure every variety of deafness by this method, he yet ascertains 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 means of preparing an ear, which enables the surgeon, at the very outset of the treatment, to form an opinion as to the prospects of the case.

Mr. Delee 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 so much discussed on former occasions (vide Art. 6312 and 6332), and by following the precepts laid down by Mr. Tricot, surgeons will always be enabled to introduce the catheter with safety into the Eustachian tube.

Mr. Tricot 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 chapter devoted to the condition of otitis consequent on mumps, to the description of gonorreal otitis, and of the inflammations of the ear induced by coryza, menings, scarlatina and typhoid fever; to his remarks on aching in the ears, on the application of other remedies than that of deafness, etc. Mr. Tricot 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 78 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 cutaret, which, according to Mr. Tricot, 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. Von Troëtsch’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 be even more valuable to the profession and with the public; success attends merit.”

— Now we turn to Mr. Von Troëtsch’s anatomical researches, set forth in a small volume from which, despite several omissions and defects, important practical information may be gathered. The author, however, 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
We much regret that we were unable to give our readers a timely notice of the change of date of the National 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 purpose of procuring, by the sale of tobacco, an infallible remedy for carbuncle 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: "A small piece of linen and a bit of 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 ointment. This remedy discovered by a blacksmith of the name of Daniele, 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.


The method of treating stricture described in this book was suggested to Mr. Barnett 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 boings, "stricture fever" was often induced. Mr. Holt therefore determined to try the effects of the dilator 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; once the first line of the work was published, Mr. Holt had 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 inflammation 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 perineal section under Mr. Syme in 1855; but the condition remained, 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 the operation was repeated a second time, 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 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-

Dr. Smith admits in his title-page that his little work is an abridgment 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 although it cannot be said to exhibit any specific virtues, yet, as a vehicle for more active remedies, may be extensively employed with advantage, as it possesses many properties which render it superior as an excipient to water, alcohol, syrup, and other fluids 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 information 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 Diseases," and having previously described the stage of inflammatory and active mischief, he now turns to the sequel 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 comfort. 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 Leard contributes the commencement of a Paper on the "Treatment of Pithisis by the Hot-Air Bath," which remedy he advocates on the grounds of its general hygienic effects, of the substitution of artificial sweating as a better and a safer process than the natural sweating in pithiosis, and of the beneficial effects of inhaling heated air in checking cough and expectoration. He relates a case in which the pithoidal 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. Nunney continues his paper on the "Calabar Bean: its Action, Preparations, and Uses, and among other circumstances he observes that this drug has a local action, as it 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 oyster, and the skull of the latter is compared with that of the beaver, among the mammalia. Dr. R. Dun-

(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. Christie'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. Christie'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. Christie's views, and in the very next week to that in which the oration 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, deprecates its merits and disputes its conclusions in the next.

Dr. Christie 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. Christie's address on public health (and we ourselves think it a most admirable and thoughtful production) it is simply ridiculous to find the same journals 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 speciously 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 the 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 pennya-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 the 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 "traveler to a chemist of standing in the trade, and therefore he had access to all subtle poisons," putrid acid included, whereas he was only a shopman to a herbalist who, although he kept several vegetable preparations, never kept putrid 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 adminis-
tered." 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 de-
tecting the criminal, who had made no attempt whatever to escape, and for whose apprehension a reward of 1000 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 inmate; 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, ap-
peared 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 horri-
ble affair, but as we observed in our last number, there re-
main, 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 derogation of opinion on Dr. Christieon’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 surmise 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. Wydwith 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. Toale. 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. Christieon, 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 Beigate. Both belonged to the class of General Practitioners, and were distinguished ornaments of that order, to which they were both warmingly attached. Mr. Ancell was a highly scientific man, having formerly lectured at a public Medical school, and having written a voluminous, classical, and exhaustiving 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, flexibile occidit,” and his work lives after him. He died at the age of fifty, after a long, and exhausting illness. The second in our obituary is Mr. Peter Martin, of Beigate, 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, insomuch 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 naiveté 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 petitions 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 disregard to the authorities.

REVIEWS OF THE PERIODICALS

(Continued from page 308.)

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 Cataract,” and records a case of that affliction 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. Brodieker continues his “Lectures on Orthopaedic 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 some times 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. Sansky 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.

A JOURNAL OF

ORIGINAL COMMUNICATIONS

CASES OF LARYNGITIS AND OF TRACHEOTOMY
By George Corpe, M.D., M.R.C.P.I.
Physician to the Western General Dispensary.

(Continued from page 290.)

Syphilitic Uceration of Throat; Laryngitis; Laryngotomy.—Feb. 18.—James Stanbridge, set forty-five, suffering from fistulous opening below the urethra with stricture, under Mr. Arnott, who succeeded in curing it, owing to the following circumstances, March 19.—The countenance had become pale, anxious and distressed; he had suffered for a few months from sore-throat, aphonia, hoarseness, andecera, a livid; respirations forty, attended with a grunting rather than with a croaky sound; inability to swallow fluids from a sense of impending suffocation; the fluids lodged in the glottis. 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 19:—Syphilitic ulceration within the larynx—inflammation and persistent depelitation and larynx to be removed. 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; many moist; the heart portion of the cricoïd 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 his 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 absceded 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-arytenoïdei 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, sanguineolent, and puriform substance.

The lungs were congested, but healthy. The pleurae were filled with dark serum.

Accidental Swallowing of Nitric Acid; Laryngitis; Laryngotomy.—James Keane, set fourteen, employed in a match factory, whilst at his work April 20, 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 before the accident (11.30 a.m.), when he complained of a bitter taste and several clots of blood. The countenance betokened the utmost distress, the tongue was partially lolling from the mouth, and of a cinette appearance; the uvula and tonsils were enlarged by oedema; 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 died 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 raucaus, 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 croaky 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 cricoïd cartilage was one inch in length, in making which, a large vein was opened, and considerable haemorrage ensued; on dividing the tissue beneath, a small artery bled profusely, this was secured, and after some little delay the crico-arytenoid membrane was pierced by the bistoury, and the wound gripped at its edges by wires, and the tracheal opening was thus rendered gaping, without the insertion of a cannula. The relief was immediate, for the muscles secundarily 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; breath freely and voluntarily through the mouth, from which there was no secretion. The lungs were well filled at inspiration. Pulse was 120, with power. Ordered hydr.-chlor., gr. 1/2, 2 d. hor., 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 census. There was marked oedema of the eyes and face, and a rather hard mass could be detected in the chest, except some bronchial crepitation here and there.

Four p.m. Has become restless; breaths 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 papille swollen and raised.

Eight p.m. Surface cold; pulse scarcely perceptible; great restlessness.

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, other large patches 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-glossidis was natural, on removing the flaps of the membrane was vascular, and presented numerous puncta, corresponding to orifices on the under surface of the flaps, 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 transparent, and as thin as a pig's bladder. The heart was natural in size, but the endocardium was opaque in several parts, especially in the arteries, and the valves of each ventricle rendered nodules, of a thick, though not sufficient to do damages to the offices materially; the same change was noticed in a less degree in the semi-lunar valves.

Rebecca Tudor, at. thirty-two, street fruit seller, was admitted (April 8) into the hospital under the following circumstances:

Countenance livid; respiration laborious (45), attended with a groan 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 distresses; some coldness of the extremities, Pulse feeble and interrimetnent every tenth throbs; 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 dyspnea, which gradually increased, and to this was added, two days afterwards, difficulty in deglutition. She was examined by a renowned quack, who, after giving her the usual quackery treatment without the slightest relief, though a blister to the throat gave her some ease; but finding her symptoms gained ground, she sought admission at sight of the deputation.

A consultation was held, and it was determined to open the trachea without further delay; at ten a.m. the external incisions were cut through the fascia and muscles drawn aside by two blunt hooks, and a little internal traction from without, but which shortly subsided, when the operator plunged a long curved trocar and cannula into the trachea at its second and third ring; on withdrawing the trocar, the patient coughed, and herself.

"Thank God I am easy now," and fell off into a gentle dose; whilst the countenance assumed a natural hue, though palid, and the breathing was easily and gracefully by the cannula.

Four p.m.—Has dosed at intervals. Since the morning breathes with ease and placidity; some little inconvenience is commencing from the blocking the cannula. Dysphagia remitted; it is now stated that this was one of her earliest symptoms.

Pulse, 110, with power. 110, with power. 110, with power. 110, with power.

April 9.—Has slept comfortably, and was awake by the clogging of the cannula from plastic mucus and fibrinous shreds; less dysphagia. The tube was removed this morning, and found to be firmly choked with a little tough protein, from which the cannula seems to be free. He is now tolerably well, and appears to be convalescent. He had been kept three hours during which period the breathing was carried on wholly through the wound, and he remained in a deep, calm sleep; but at noon it was necessary to replace the tube. Continue the lavulon dregg every hour.

April 11.—Tube entirely removed this morning. Breaths partly through the wound and partly through the mouth. Blows out a candle through the former, so that we were not anxious to replace the cannula, as her deglutition is less embarrassed when it is out. Hydr. chlorid, gr. 1/2, 2 d. hor., et past hor., 4. Continue the anodyne. Pil. hydragr, gr. v., nocte maneque.

April 18.—Has gone on favourably till the present date, guns 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; emit pil. hyd.; 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 reach and vomit some tough mucus, deeply stained with blood, her deglutition is easy.

Emp. cantharis, 1; angulis maxillaris; Colonem, gr. 1/2, et past hor. 2. Esm. opiat. gr. ss. | omni nocte.

May 8.—In the course of last night she was awake with a sense of suffocation, nausea, and increased dysphagia; after some convulsive efforts to "haw 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. stat. four, was brought to the hospital Sept. 15, breathing with a stridulous sound; aphonia, and great 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. At 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 patient enter the trachea was she found to be partly equal and half an inch below. The child's head fell back, blood from the wound was seen to be actively drawn into the trachea, and coma, apnoea, and death followed in rapid succession within a few hours.

The cannula 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 respirate which the patient makes when threatened with suffocation by the copious explosion of blood, etc.

There cannot be a shade of doubt that the result would have been far otherwise had the operator used a trocar and cannula in piercing the trachea.

Erythema Nodosum of Throat after Inflamed Punctured Wound of the Neck; Laryngotomy; Death.

December 15.—James Barber, aged 32; a Laboratory man, punctured his second right finger in sewing up a body, from which arose severe inflammation along the whole course of the wound, which recovered, the patient removed to this hospital, having recovered from the 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. 23rd, 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 sore and should certainly die; 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 saw the ward.
summoned me stating that the patient was dying, "choked." Having obtained the two house-surgeons, Messrs. Chalpam and Dixon, who brought a long trepo and cannula, we arrived at the bedside just as the final gasp was made. Mr. Chalpam, without any external incision, drove the instrument through the tracheal cartilage, and urged it into the trachea, but no effective respirations succeeded. Mr. Dixon then performed artificial respiration through the tube, for 6 or 10 times, when the respiratory movements were gradually resumed to action, 6, then 8, then 13, 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, andcontinued every half hour throughout the night.

Dec. 22.—Is perfectly conscious of his surroundings, has slight difficulty in swallowing, tube previous, breathing tranquil; takes nourishment freely; ordered strong beef-tea ad libitum.

Dec. 23.—Had gone on favourably until this evening, when I was again summoned for a sudden attack of dyspnoea. The bronchi appeared filled with mucus, and the right lung was very insufficiently expanded. He drew in air through the cannula, 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 sinuses on the right side, as far as the spine; the cellular membrane and fascia gave a gratifying 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 larynx, the membrane of which reminded us of the character of a tooth's decay in appearance; the right vocal cord was thickened, and in its centre was a purulent deposit, the size of a small pea. The whole bronchial membrane was vividly red, and there was purulent exudation of the two lower lobes of the right lung in the stage of red hepatization. No purulent débris 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 tissue 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.

Follow of the College of Physicians, Dublin, 

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 the possible possibility of the second taking place at the same 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 same 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 affections 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., aged 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 bedroom and sat on a vesseled with about one pint and a half of a straw-coloured fluid passed. She did not pass any more urine at that time. She went to bed immediately, and applied ice over the region of the uterus. There was no hemorrhage. 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 hyposmotic. 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 very near all over. The red discharge continued 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. She continued to menstruate regularly for five and six months in the family way, I met with such an expression of doubt from the foregoing circumstances, that my opinion would not be given as being more 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? As there were no urgent symptoms, no further discharge of water or any blood, I made no examination at the time, prescribed sedative, and left positive orders that there 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; or uterine 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, tough, and encircled the neck of the child. The inches long, very thin; skin of dusky red, colour, well-formed; the eyes lids adhered closely to each other, and could not be separated. The arms of the fetus were retracted.

The mother recovered without any untoward symptoms, having a copious supply of milk.

The placenta was small but perfect in texture and formation, and I could detect no excess of it in its appearance 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., under the suspicion of being pregnant in its confinement. It might not here be out of place to say a few words about her previous history. The patient was 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 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 bed; complaining principally of "pain in her side" and debility.

After a short course of quinine, with a nourishing diet, she felt pain and general 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 fetus 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 by its integuments, and there was no sign of any urine at that time. She went to bed immediately, and applied ice over the region of the uterus. There was no hemorrhage. 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 hyposmotic.

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.

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12 Via Della Mercede, Rome, Nov. 6, 1863.

FOREIGN BODY IN THE ALIMENTARY TRACT.

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 of nine years was brought to me 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 the pain was not referred down 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 in the morning; her head is slightly fevered, 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.

She was emetic 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.

Occasionally she complained of 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 show the least symptoms of indisposition; she could run and leap as well as her playmates.

On the 9th of the present month (from June 11th twenty-one weeks) the mother who had either herself or by deputy carefully examined the infant, was recommended 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 coal tar) which I think I could ascertain; now, how could a thin film, which quickly crumbled and revealed the coin as it is now appears, slightly corroded, more at one side than the other. It is, I think, a case of metal in the system;

As I think of metal in the system, I am reminded of a case I read of in the one called "Chambers' Magazine." Verily is it on the face of it absurd that you can treat can safely only by one great law: a woman say, dyed of ulcer hemorrage, and another woman dying with consumptions requiring venesection: a case of hysteria and a case of dropsy. All views as to one great law in medicine, let it be Brunnom or Hahnemann. Simplicity, the touchstone of all systems, is the touchstone of all systems. We have a theory of sleep, and that it is essentially a reparative action, all animals sleep, our theory becomes a kind of general useful law.

I have got out one great law in medicine, however, as the Hahnemannians 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 can safely only by one great law: a woman say, a woman dying with consumptions requiring venesection: a case of hysteria and a case of dropsy. All views as to one great law in medicine, let it be Brunnom or Hahnemann. Simplicity, the touchstone of all systems, is the touchstone of all systems. We have a theory of sleep, and that it is essentially a reparative action, all animals sleep, our theory becomes a kind of general useful law.

M E D I C A L S O C I E T I E S.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY NOV. 10TH, 1863.

MR. P A R T H I D G E, P R E S I D E N T.

ON THE TREATMENT OF PROSTATE BY FRICTION WITH SNOW.

FOLLOWED BY I N C U R S I O N.

BY A. R O W A N D, M. D.

Surgeon to the Marine Hospital, Quebec.

The method adopted by the author is as follows:— After the disease has 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 remarks that, not only is there less inflammation and mortification caused by too great reaction, but by setting the blood in motion also, when it has been stopped by the operation of the cold, and should be employed consequentially at an early period.

A CASE OF CANCER'S INFILTRATION OF THE ENTIRE P E N I S ; S E C O N D A R Y D I S P O S I T I O N.

BY H O M B Y C O O T E, E S Q., F. R. C. S.

Lecturer on Surgery at St. Bartholomew's Hospital.

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 heart 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. Ferguson wished to hear the opinion of members of the Society as to the precise significances 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 skin, and at a distance. Sir B. Brodie said that to distant parts, but that 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 the remote parts? He thought not. He thought that 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 scirrhous, 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 referred to Mr. Ferguson as to the diffusion of scirrhous cancer being a different form.

A Member referred to a case recorded by Dr. Warren of America, in which cancer of various foci disseminated the primary focus which Mr. Ferguson’s suggestion was an important one, and asked for the opinion of eminent microscopists as to the possibility of recognizing the elements of cancer in the blood.

Mr. Moore was surprised to hear that the substantial 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. Ferguson 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. Ferguson.

Mr. Coote replied that the substantial injection of a strong solution of Morphia, as practised at the Midloes hospital, had been found extremely useful in alleviating severe pain in cancerous as well 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. Ferguson’s objection to the use of the term “secondary,” he would observe that he used the terms “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 OF THE LLARYNGEAL ASPECT OF THE EPIGLottIS, SEEN BY THE LLARYNGOSCOPE, AND SUCCESSFULLy TREATED BY TUNION.

By Arthur E. Durham, Esq., F.R.C.S., Assistant-Surgeon to Guy’s Hospital.

The patient, a woman, aged 37 years, was admitted into Guy’s Hospital, under the care of Dr. Wilks, on June 10th, 1861. She had for three years suffered from gradually increasing impairment of voice, and difficulty of breathing, and coughing. On admission all his symptoms were very severe; he complained of pain, increased by pressure, about the larynx; 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 dyspncea. Trachesyotomy 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 laryngoscopic examination. On doing so the epiglottis could be distinguished in its normal form, but instead there appeared a large, round, tense tumour, projecting backwards and downwards, and completely concealing the glottis. On either side and further behind this portion of the aryteno-epiglottidean folds could be seen, swollen and apparently oedematosus. The tumour could not be 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. Examination was then made from time to time, and he was repeatedly able to watch the gradual subsidence of the oedema, and the return of the parts to their normal condition. The patient was last examined nearly three months after the operation; he was in the opinion of the best unable to distinguish 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 allowed to progress, they might not only cause blindness but 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 diseases, such as were constantly met with in general practice, selecting those which were liable to be overlooked. Mr. Hart first briefly described the condition commonly called amaurosis. By Ernest Hart, Esq., Ophthalmic Surgeon to St. Mary’s Hospital, and Lecturer on Ophthalmic Surgery in the School. The author said that amaurosis was not one, but many diseases, and that by the ophthalmoscope it was possible to distinguish in their early stages all those conditions which were liable to occur with the 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 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 allowed to progress, they might not only cause blindness but 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 diseases, such as were constantly met with in general practice, selecting those which were liable to be overlooked. Mr. Hart first briefly described the condition commonly called amaurosis.
Nov. 25, 1863.]

PRACTICAL MEDICINE AND SURGERY. 318

BIRTHS.

CAMPBELL.—On the 12th inst., at Stockhill, Woking, the wife of Dr. J. Campbell, R.N., of a daughter.

CATTLE.—On the 13th inst., at Newent, Gloucestershire, the wife of W. D. Cattle, M.R.C.S., of a son.

ILES.—On the 17th inst., at Waford, the wife of William Iles, M.D., of a daughter.

JAY.—On the 11th inst., at Sheerness, the wife of John Jap, M.D., of a son.

MACFARLANE.—On the 15th inst., the wife of J. M'Farlane, M.D., of Cheltenham, of a daughter.

MERRITT.—On the 15th inst., at Brunswick Terrace, Westbourne Grove, the wife of P. Collins Merritt, M.R.C.S., E., of a daughter.

NICHOLLS.—On the 16th inst., at Denmark Hill, the wife of Dr. Nichol, of a daughter.

NORTON.—On the 16th inst., at Watertown, 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.

WILKIE.—On the 18th inst., at Upper Ormond Quay, Dublin, the wife of T. Wilkie, M.D., of a son.

MARRIAGES.

RAWSON—NEWTON.—On the 10th inst., the wife of Peter's Church, Dublin, T. J. Rawson, M.D., of Barnwroth, Co. Carlow, to Janet Semphill, widow of J. Semphill, of a daughter.

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 Clapton, London E., of a daughter.

DEATHS.

ELLS.—On the 16th inst., at Crowle, Lincolnshire, of scabhistis, Archibald Williams, youngest son of Henry W. J. Ellis, L.R.C.P., aged 11 years and 8 days.

HAMILTON.—On the 14th inst., at the Royal Infirmary, Dundee, W. G. Hamilton, M.D., aged 22.


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 Guy's Hospital Medical School, Netley, Essex, to the vacant place of Doctor of Medicine, of Harley street, London; and Henry Wyldforse Ramsey, 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 Jago Tite, 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 inst., viz.—Barker, William Lavington, Hangerford; Belamy, Edward, Balham; Dickson, John, Thompso, Chapelsford; Douglas, Morley, Sunderland; Fox, Francis, Kilburn; Franklin, Charles, Maida-hill; Geoghegan, Richard Taylor, Birkenhead; Grace, Alfred, Dommend, near Bristol; Haworth, Walter, Barnsley, Yorkshire; Jameson, William Hugh, M.D. Edin. Cuistor, Lincolnsire; Lebrun, Joseph Pierre Desire, M.D. Edin, Brussels; Lewis, Alfred, M.D. Edin, Haverstock-hill; Lord, Richard, M.D. Edin, Crewe, Cheshire; Muir, Henry Skey, M.D., Glass, Glasgow-place, Regent's-park; Murray, Thomas, Trinidad, W. I.; Mussen, Arthur, M.D. Queen's Univ. Lis- jon, on Austria; Rais, Charles Henry Cambridge; Rossellity, John Crampman, Watford, Herts; Sandburg, Henry William Adias, Wood-green; Waugh, Alexander, Cireland, Wiltshire; Wilkin, Henry Cox, Dublin; Zinnan, Robert Vaux, Hinon.

The following gentlemen were admitted on the 18th inst.—Atkinson, James, Hyde, near Manchester; Beverley, Michael, M.D. Edin, Seelting, Norfick; Bernard, Charles, Frederick, Plymouth; Page, Patrick, Manchester; Pink, Jonathan, Ercbrugh, Montague, Frederick, Billingshurst, Sussex; Gilbert.
Henry, Birmingham; Greene, James Sherwin, St. George’s, Shrop-
shire; Green, George Fox, M.D. Edin., Alstone, Cheshire;
Haigh, Sam, Leeds; Halden, Saunders Barton, Dublin; Hamlyn,
William Trent Bennett, Plymouth; Marriott, Henry Thomas,
Colston Basnett; Nott, Lond., Frederic Charles, Chichester; Phi-
lips, Richard, Bridgwater, Ray; Shaw, Charles Edward
Martin, Crewkerne, Somerset; Shears, Arthur,
Isleworth; Sherwin, John, Upwell, Norfolk; Smith, Solomon
Charles; Southwell, William Ackrill, Beverley Yorkshire
Stott, William John, Manchester; Wall, George, Stourbridge, Wor-
cestershire.

APRILS 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, Tewit Dale, Stockport; Bryan, Edward, Frasby-on-the-Wreake, Leicester; Holroyde, Thomas, Kinver, Staffordshire; Kilvington, Thomas, Bradford, University College, London; Richards, George, Chirk,
North Wales; Stanling, George, Hebe Cottage, Charlton; Wintle,
Henry James, St. Paul’s, Bristol.

The following gentlemen also on the same day passed their first examination:—Bunham, 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 tem-
porary 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. Drosier, of Caius College, was appointed Deputy Pro-
fessor of Anatomy in the absence of Dr. Clark.

SANITARY STATE OF HERTFORD. 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, Palmers-
place, vice Searle, resigned; J. C. Blackford, M.R.C.S., has
been elected Medical Officer and Public Vaccinator for the Cannock
District of the Penkridge Union, Staffordshire, vice J. Wheatcroft,
M.R.C.S., resigned; W. P. Brabazon, M.D., Visiting Surgeon
to the Southern Dispensary, Liverpool, has been elected House
Surgeon, vice H. W. Watters, L.R.C.P.Ed., appointed one of the
District Medical Officers of the Parish; T. Brewer, M.R.C.S.,
has been elected House Surgeon to the Hadfield and Upper Agecroft
Infirmary, vice W. Oxley, M.R.C.S., resigned; R. Cockes, L.R.C.P.Ed.,
has been elected Medical Officer for the South-East District of
the Buntingford Union, Berks, vice W. H. Moor, M.D., deceased;
J. C. Cookworth, M.D., has been appointed Consulting Physician
to the Shrewsbury Public Dispensary, on resigning as Physician.
R. T. Cowan, M.D., has been elected President of the Andersonian
Medical Society, Glasgow, for the ensuing year; O. Fearnley, M.D., the
first of Devonshire, Yorkshire (having been elected imme-

The treatment in question is said to be so successful, that every case
covered in which it was tried, and it has the power of completely
controlling 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. Mason was the only manufacturer of
aconitina in this country. We have since been informed that Masons,
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.—Alkaldehydes are rather a barbarous word, composed 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 H8,
and the radical of aldehyde is C4 H6. 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 vanega.
It is also, as we lately remarked, a constant ingredient in the common
sweat spirits of niter of commerce.

THE OSMETICAL SOCIETY OF LONDON.—The report has been re-
ceived.

Dr. B.—The subject shall receive attention.

To the Editor of the Medical Circular.

SIR,—In your "Review of the Periodicals" in the Medical Cir-
cular 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 pedicle." A reference to my communica-
tion 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 larger 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. 18, 1863.

[Mr. Mason's explanation clears up what was certainly rather
obscure, owing to the shortness of his communication, and the use of
figures indicating the different parts of the Woodcut. Mr. Mason
should recall his well-known saying, "Revive esse labore, obscurae
esse."—Ed. Med. Circular.]

Dr. Mason's interesting paper shall be inserted.

Dr. G. de Gorgerex Griffith.—The paper has been received.

2 p.m.; Lock Hospital, Dean street, Soho. Clinical Demonstrations
and Operations, 1 p.m.; Royal Free Hospital, 11 a.m.

Monday, November 30.

Operations at St. Mark's Hospital for Influenza and other Diseases
of the Rectum, 11 a.m.; Metropolitan Hospital, 2 p.m.

Tuesday, December 1.

Operations at Guy's Hospital, 11 a.m.; Westminster Hospital, 2 p.m.
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. Laudonny's opinion, thatpellagra 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 disturbances is but one of the possible consequences of pellagra, and may be considered as the original cause of this disease in some instances. In this view, the possible consequences of the system, and subsequently give rise to the development of genuine pellagra.

The Director of the Asylum of Sainte-Géme (Maine et Loire), Dr. Billot, who for many years has perseveringly contended that in lunatics pellagra is one of the sequels 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-Géme proposes to leave the settlement of the matter to the arbitration of six fully competent medical judges, one resident in each of the six refuges where pellagra is endemic. Two of the referees should be chosen in Le Mans, two in Spain (in the provinces of Asturias and Aragon), and two in France, in the Département des Landes. Mr. Billot claims the right to elect three of those gentlemen, and his adversaries will appoint the remainder. The commission thus named would repair next year to Sainte-Géme, 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 compilation.

Mr. Billot binds himself beforehand to accept the verdict, whatever it may be, of the said commission of inquiry, and publicly engaged 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 200,000 francs, 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-Géme?

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 23,000) enjoy perfect immunity from the symptoms said to be found in the lunatics? 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. Can the circumstances other than soundness or unsoundness of mind, be detected in the diet, habit, and general hygienic conditions, to explain the prevalence 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 the lunatics and of the population of the adjacent village and district, that the cause which induces pellagra in the lunatics, remaining ineffective for all other persons, the only circumstance in which they differ, viz.: insanity, exists at least among the masses.

7. Amongst the lunatics who have been affected with, or are actually labouring under the symptoms of the disease under consideration, the mental demagnetism has in some instances been the consequence of epilepsy, and cannot therefore be referred to the previous existence of pellagra. An important remark already urged with considerable power by Dr. Pain in

The Medical Congress at Rouen.—Pellagra and Insanity.—Examinations and Injections.—The Medical and Surgical Cyclopedian.
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 relatives 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 be sure to convince the referees of the reality of the hypnotic 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 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 diarrhoea coincident with the last stage of dementia, general paralysis, lepymania, and idiocy," Professor Tardieu gave utterance to most sagacious remarks, which have since been fully confirmed by the acknowledged similarity of the forms of erythema and diarrhoea, with those which are pathognomonic of pellagra.

The referees, says Mr. Billo, 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. Billo's earnest appeal. Should his assertions prove correct, it will be proper to examine how it happens that "at the close season of the year," i.e., in so extensive an asylum as that of Nantes, where Mr. Petit, the learned director of the institution, showed us 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. Billo; and also how Mr. Landouzy can possibly have failed in discovering a single case in the asylums of Armeni- tières, Lille, and Lommelet, in which, a short time after, Mr. Joir (vide Gazette des Hôpitaux, Oct. 8, 1868), 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, Mr. Veillos, Mr. Vernos, Mr. Poirier, and Gosselin are legitimately entitled to the encouragement of the Medical Press; all three Mr. Gosselin’s words. 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. Punters, at so late a period, cauterisation had but slender chances of success, but in the uncertain stage 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 terebenthine, using for the purpose a dozen of the robustos of 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 medicine above alluded to, was then renewed to Mr. Gosselin’s mind, and he prescribed the following complex measure 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 salisil cells every morning, and at the same time; a liberal allowance 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 induce one after the other, and thus take advantage of the reciprocal and neutralising influence of the different kinds of morbid and mineral poisons.

Mr. Poirier also contends that medical practitioners should not remain inactive spectators of the progress of rabies which in his opinion assumes a Sinister course. Sane is it not in his opinion that they should be responsible for the fate of this disease. Thus, when at a certain stage of the morbid process consequent on the absorption of the virus, nervous pains are observed 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 atropine. 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. xx. — 5j. In his opinion the skin should be left in a more efficient condition 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 apertur medicaments, the idea occurred to him that the remedies represented as necessary 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. Punters, at so late a period, cauterisation had but slender chances of success, but in the uncertain stage 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 terebenthine, using for the purpose a dozen of the robustos of 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 medicine above alluded to, was then renewed to Mr. Gosselin’s mind, and he prescribed the following complex measure 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 salisil cells every morning, and at the same time; a liberal allowance 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 induce one after the other, and thus take advantage of the reciprocal and neutralising influence of the different kinds of morbid and mineral poisons.

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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 1880 at Hospital Beaujon, and in February 1883 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 eucharotics, it is proper to seek in hygienic treatment, and for measures calculated to arrest the development of rabies.

— As an interlude in the debate, Professor Courtier 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 the 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, 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. Courtier 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 Médicine is not yet completed, but in the first part, to which it is our intention to revert, the author states that he has reported 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 coccal neuralgia, etc. Mr. Luton relates, in addition, a most remarkable instance of infraorbital 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, or sulphates of copper or zinc will soon be ascertained, and the therapist 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 Cyclopedia of Medical Sciences, an undertaking of far-reaching importance, the scientific direction of which has been trusted to Messrs. Dechambert and Raibe-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 Velspeur 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 Cyclopedia 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 will judge necessary.

Messes. J. B. Bailliére 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 WARD.)

Typhoid Fever in Children.

In our last number, we reproduced Mr. Beau’s views on dothienentry, 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. Rillette 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. Rogers remarks that although no epidemic was prevalent, a dozen instances of the affection might be seen dispersed in his own and in Messrs. Blanche 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 dothienentry 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 aminated glands, are subject to become inflamed under the influence of feverishness and diarrhoea, 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
if a bilious condition is present, indicated by a bitter taste of the mouth, nausea, 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 —

B. Mixture amygadalum, jv; Aq. dest. lauro-ceras. 3j — 5ss.; Lactucaii, gr. ss. — 8ss.; Potassae nitritus, gr. ii. — r.

The Medical Circular.

ORIGINAL COMMUNICATIONS.

INFLAMMATION AND RELAXATION OF THE PELVIC ARTICULATIONS.

By Dr. G. de Gorrequeur Griffith, Member of the Dublin Obstetrical Society, and of the Surgical Society of Ireland; late House-Surgeon to the London General Hospital; Resident Surgeon "Male Look 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 parturition, 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; insomuch, as the former in its acute or sub-acute form 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.

It must be once more emphasized that they may be insidious, as to afford us no opportunity for fixing upon any real cause—or for the discovery of the origo malae; 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, when due to 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 them"; this is usually 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 pube was the unsound articulation), and this irritability will demonstrate itself in various ways; at one time so implicating the entire of the urinary viscera, as to occasion retention of urine from want of detrusor power, and subsequently stitildiassen, when the viscous becoming overfull, there can be no longer exercised any, or at least the normal, retractive action by the intrinsically muscular fibres; at another, involving only these latter fibres, and creating in them such an augmented spincteric force, as to allow little, if any, fluid to be expelled by the "Deterior Urinae."

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 through the vulva, 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 seat of the trouble, 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 ischial parts will in the manner of enduring pressure, without pain being induced, should they be affected.

The mode I prefer for conducting the vaginal examination is by passing into the canal the thumb, while the forefinger of the same hand (the right, with which we usually examine patients, they being oblique position) is employed externally to compress the front of the articulation.

With the adoption of this mode of examination we are enabled to determine whether the presence of pain 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, the joint is filled with pus and discharge of the matter. 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 sunken, or even cavitated, and causing to issue a fetid unhealthy discharge, through a wound in its appearance also unhealthy.

The unhealthy character of this effusion 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 state of the disease, is itself a symptom of treatment of the cause.

Suppression will behave itself here, as when occurring in any other parts of the body, where dense unyielding tenacious structures known diseases of animal life: remove, and may in no case confine the severity of constitutional disturbance or result, but 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 published by MM. Monod and Hillis.

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 vagus, or anteriorly on the "mons veneris," the groin, or about "Scarpa's angle." I need hardly say, that I now allude to instances of public disease.

The joints, specially the pubis, may undergo the "pubic degeneration."—

Ex postfacto.—The same must be pursued, as we should adopt in any case, when phlegmatic action happened to be the lesion, always however bearing in mind the condition of our pauperial patients, (who are generally the sufferers) whether it be the plethoric or asthenic.

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.

Ex postfacto, I would mention that the fever attendant upon the suppurative process is of a type, distinctly of its own, a type 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 general condition of the patient and the maintenance thereof bites a steady, constant issuing of blood into a hot fomentation cloth or lined poultice, till the inflammation has been subdued, or at least, moderated.

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 anastomosis.

Relief in the different suffering parts 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 prevailing 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 advise the conduct 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 relative position, permit a falling in of the scrotum, or to borrow the barn phraseology "a sinking of the rump."

The facts, that muscular bands have been demonstrated in the lower animals of animals lacking together the opposite pubis 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.

Raysch, Harvey, and Blundell agree in the existence of this condition of relaxation in the human female at or about the parturient period, and have also ascribed to its frequency. Indeed, we know that were it looked for, it would be often observed than is perhaps generally supposed; owing, however, to the rapidity with which the joint is filled and action of the parts are restored to their accustomed functions resumed, there is some difficulty in detection.

Expiration is most frequently met in the pubic symphysis; relaxation in the other articulations; such relaxation altogether independent of, or preceding the phlegiotic condition.

It is now," says Cacace, "generally admitted, that a softening of the Symphyses really occurs in most women during gestation, and this, in connection with the relaxation of the ligaments, 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 observed in some cases.

Symptoms.—Unaeasiness 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 afforded support to the body. The patient is, frequently, even 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 mean while, evident to the patient and his 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 opposed bones are:

Firstly, the cartilages became softened by inebriation of fluids and expanding effect the separation, as would pieces of sponge placed between two substances admitting of diversification, or as the iridio-rotlets 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 by the absorption of moisture, burst assenders the rock; or like polyni in the nasal cavities.

Secondly, mere relaxation of the ligaments dependent on serous inflammation. 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: Retention—firstly, because the abnormal muscles, deprived of the "point d'appui" afforded ordinarily by the pelvis when it is immovable, cannot render their due assistance to the expansive uterine action, the birth is impeded in their development.

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Treatment.—This will best be fulfilled by general and local tonics, whereby may be traced 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, blister, and stimulating embrocations; binding together the entire pelvis by means of a "firm, ligaturing bandage, is of imaence service, and if applied properly, and continued in constant use for some time, proves a valuable adjunct in such treatment. Friction has been recommended, having for its object the excitation of a certain amount of inflammation, by which may be induced osseous deposit and anastomosis.

For those cases in which the joint has become completely inviolated, 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 approximation.

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, which was continued, with little amelioration, for some time after parturiently.

JUNIOR MEDICAL SOCIETY.—At a meeting of the Council held at Charing-cross Hospital, on the 17th inst., the following officers were elected for the ensuing year: President: Mr. S. G. Freeman, St. George's Hospital; Treasurer: Mr. Duke, Guy's Hospital; Secretaries: M. P. H. Gerris, St. Thomas's Hospital; Mr. Murray, King's College.
THE MEDICAL CIRCULAR.

WEDNESDAY, DECEMBER 2, 1863.

SANITARY CONDITION OF THE CITY OF LONDON.

Dr. Letherby 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. Letherby'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 diarrhoea has declined from 62 to 43, 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 carcasses 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. Letherby 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. Letherby, "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 parishes 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 425 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 70,912 lbs., 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 bimannual 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 inquiring all the opinions expressed by Dr. Drysdale, and the other anti-mercurelialists, 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 asked to answer 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 CAM. BRIDGE.

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, each once, 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., Caums 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 microscopic characters of pus cells? Wherein do they differ from those of cancer cells? How are pus cells produced? 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. What are the symptoms of a popliteal aneurism. What accidents may follow after the ligation 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. 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 'LANCE.'

Mr. Richard Barnwell 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 perineum, 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 Brown 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. Nunnleley 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 prolonged through a wound of the cornea, and where it is desirable to withdraw the prolapsed portion. Mr. Nunnleley has already related two such cases in the 'Lance' for July 18 of this year, and he relates another which has lately fallen under his notice, where a child three weeks old had prolapsus of both irides through the cornea, which had sloughed from acute purulent ophthalmitis. The form of application which Mr. Nunnleley appears to prefer is a fintune, 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 C bile of Vertebrata," and combines 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 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 Henze commences some papers on "Infantile Paralysis," a disease which he appears to have had considerable 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 "Ulcer Tents made from the Dried Stem of the Leminaria 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 Constantiople, describes briefly a case of "Melanopatia" in the person of a Black Armenian, whose skin became swarthy after an attack of intermittent fever, followed by jaundice.
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 Mr. Hamilton's method of resection. The second case was one in which Syne's operation was performed for the radical cure of redculble hernia. The result was perfectly satisfactory. The third case illustrates a new mode of arresting venous haemorrhage 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 it with 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 Deep-seated Tumour of the Face and Neck, successfully removed by operation. The tumour was as large as the patient's head, and belonged to the fibro-cartilagenous 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. Petreboyl relates some Cases of 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 praevia, post-partum haemorrhage, haemorrhage from retained placenta, haemorrhage and death from morbidity adherent placenta, vesico-vascular 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. W. S. Little relates a Case of Pneumonia-Torax without Perforation, rapidly Consecutive on Simple Hyper-aemic 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. Barnington describes some Cases of Paralysis Caused by Working under Compressed Air, in sinking the foundations of Loudonerry 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 Reid commences 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.
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 mouth of the uterus, and the right was useless here. It would be found very difficult to twist the arm round to introduce the hand with facility into the womb.

Dilated and placenta occurred which attended 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. A few minutes after she became conscious. An 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 first one after the other through the rigid os, and the head was extracted only after prolonged efforts. The child died from pressure, and the matter, being violently pressed in getting, 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. Hicks had found Dr. Greenhalgh's method most useful when joined with the introduction of two fingers of the left hand to hook on the knee, of which the foot could not otherwise be reached. In some cases he had found version by one hand impossible; he had then by bringing down the other hand, which had effect upon his object with facility. In those cases of placenta previa, in which the patient 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 repletion and subsequent pressure, the obstetrical hand could not be more readily introduced to the womb than if the hand into the uterus was attended with greater risk. Dr. Davis had in a few cases, in obviating turning, tested the practice of detach- ing the placenta from the cervix, but the hemorrhage had continued. No fatal result followed, however, as the child was immi- diately brought down, and acted as a plug upon the bleeding orifice.

Dr. Greenhalgh mentioned a case in which he performed the operation of version by Dr. Hicks's method. He had adopted it at Dr. Barrow's suggestion, who had kindly given his assistance, and perfectly conducted the operation. 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 might have been considerably attended with difficulty. A few days afterwards he had the pleasure of introducing the child—pelvic inlet being very greatly narrowed—so great that it was necessary to perform the Cesarean section.

Attention was directed 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 than 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 foetus 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. This principle consisted simply in acting upon the two poles of the long diameter of the foetus 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 move; but if you pressed upon opposite poles in all directions at the same time, the ball would revolve easily; so it was with the foetus in uterus. The general application of this prin- ciple of turning, from the first time he had introduced the method, in its most perfect form, had developed difficulties arose. He had first been led by Dr. Simpson's recommend- ation to use the right hand externally to support the uterus, and from the results which he had obtained by this method, he found the hand outside was often found to be more useful in effecting version than even the left hand inside. Thus he had for some years past in practical opera- tions he had developed, and had developed by introducing more than two fingers into the uterus. But he was glad to acknowledge that he had not fully grasped the principle of the method until he introduced it into practice with entire comprehension and accuracy, until after reading Dr. Hicks's work. It was right to refer to the history of this operation in reference to the researches of others. In 1807, Wigan published an admirable memoir, in which he fully described the principle and method of turning; but Wigan only used the intrapulmonary method, and 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 immaculate plan of turning was lost, and late years been translated into French, and from that translation Cazaux had largely quoted in his System of Mid- dleton. This theory was, in fact, not originally a French practice. In neo text book, except Cazaux's and Hohi'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 exorcise other practitioners who had spent many hours in vain attempts to turn, he had never yet failed to deliver by version, and he had not yet reduced to the unpleasant necessity of excising. One secret of success lay in obtaining an accurate idea of the position of the foetus; 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 foetus 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 degree than the shoulders, and the feet were generally near the 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 get out, and there was only one possible method which he did not think Dr. Hicks had described with sufficient care. As soon as the knee was seized, the muscle of assisting by the external hand in this manner was not to be neglected, and 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 was completed with remarkable ease. He had sometimes even been enabled by this manoeuvre to elevate the head and shoulder from the brim in cases of extremity: so as to give space for the introduction of the hand, which was otherwise impossible. The obstetricians were informed upon this method, the most difficult to deal with were in certain cases of dead children were decomposition had advanced so far as to destroy all elasticity and resiliency in the fetal 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 Hohi 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 uterus into a mass which moulded itself to the resisting structures. Another difficulty arises in cases in which the foetus was engaged in an unevolved condition of the uterus which impeded manipula- tion, and partly from the want of rigidity of the uterus—also the result of immaturity—which led to its being compressed by the episiotomy into a narrow cavity, and in such cases regard to the use of this method of turning in placenta pravia, he fully recognised its merit. Although insisting upon the advantage of the principles of treating placenta pravia 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 indi- cated, 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 experiences 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 clinical method, that the foetus was liable to cause mischief unless only pole in one direction was used, he had only one objection, which was 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 method was performed with less practice gradually increased difficulties arose. So easy was it that the hand outside could be used, and he had no case of placenta pravia, turned and delivered a child without passing more than two fingers into the vagina; he had not even turned below the iliac fossa, and his ease was a consequence of his use of the small deep sense of the merit and usefulness of this manoeuvre. He firmly believed it would exercise an important influence in improving obstetric practice in this country.

Dr. Galtley Hayter's excellent discussion, in which all who had heard the paper now read before the Society would, however strongly prejudiced in
of the older method of turning, have recourse to the bimanual method when it presents themselves. Eppinger thought the author of the paper had brought the subject before the Society in a 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 practiced 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 not venture to say that, 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 overestimated. 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 himself 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 to assure the Committee that he had not expressed his disapproval of the opinion just pronounced 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 had been, at that 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, in its application in one case, he had turned it as much difficulty would be found, he had turned it in a case of which he had himself had in his practice, and as the instance to which he had been called since he had published (Dr. Hicks's) first paper. He had not found the premature age of the fetus any considerable obstacle to delivery. Many of the cases brought to him were premature, and no particular hindrance was observed. In answer to Dr. Cleaveland, he would state that the right hand was not so easily used instead of the left, if the patient were placed on the right side.

THREE CASES OF RETROVERSION OF THE UTERUS.

By ROBERT HARDY, Esq., M.R.C.S., Etc.

Vice-President of the Society.

The cases related presented features of interest from their rarity, and from other peculiarity. 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 on the left side. The abnormal position of the head was rectified by manual manipulations, and the patient delivered 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 pelvis of the tumour. The third case related was one of retroversion of the uterus with excessive hemorrhage. 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. W. W. D. W. 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 diffi-
syphilis, as well as in inflammatory diseases. The author 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, and 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 chloral and iodide of mercury, required about 62 days for treatment, while 611 similar cases, treated with Epsom salts and external applications, required only three days. Also the primary symptoms of the tertiary 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 at present of the times; and Dr. Day was beginning to treat indurated sores and secondary eruptions with hygiene; and to show the horrible effects of Rowntree's treatment in causing salivation of the mouth and loosening of the teeth. Indurated ulcers and secondary ulcers were said to be benefited by small doses of mercury in syphilis. In the treatment of syphilis in mild forms is the consequence of the study of its pathology. The indurated sores are 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 late tertiary symptoms. With respect to bone disease, he could corroborate what Mr. Déméric had said—viz., he had frequently seen bone disease in patients who had never taken mercury. The thought mentioned was the most useful in cases of infantile syphilis, especially the infantile type.

Mr. Wexen 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 elimination 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 so embittered by doses of mercury. As to the suppression of the eruption being a reproach, he could only say that the term anti-mercurialist was more so; and he had often smelted 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 often been reproached with it.

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 and so much used as a specific? 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 disinterested 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 local application.

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-on-Trent, on the 19th instant, when the President (Dr. Aridge), delivered the usual address. He, in the first place, briefly reviewed the Society's proceedings for the past year, and some of Dr. Potter's statistical papers, obtained in the course of his practice as physician at the North Staffordshire Infirmary, added certain important and interesting statements, relative to the sanitary condition of the county and its adjoining districts. Dr. Potter—"from which it would seem that scrofulous affections prevail to an alarming extent; brought on chiefly by certain kinds and conditions of work, and a matter of considering whether the fashionable 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 the paper before the 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 his regrets having expired with his address. The election of officers for the ensuing year, resulted as follows:—President: W. H. Fulkor, 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-on-Trent; Samuel GODDARD, Esq., Burslem; John SHARMER, Esq., Hanley, and Joseph Walker, Esq., Burslem.
IMPORTANT MEDICAL TRIAL

SYMS V. FRASER AND ANDREWS

In the Court of Queen's Bench, on Thursday, was tried Syms v. Fraser, and another. The declaration alleged that the defendants and their servants broke into plaintiff's house, and imprisoned her, on the ground that she was of unsound mind, and they compelled her to swallow noxious drugs. Plea, not guilty, and leave and license.

—Mr. Chambers, QC, said the plaintiff, a widow since 1856, now lived at 5, Oakley-terrace, Camden Town, and formerly in Sunderland. In 1829 she took a house in Oakley-square, from Dr. Fraser, one of the defendants, being formed in partnership as medical men, near Oakley-square. The plaintiff received into her house, through charity, a Mrs. Hill, who required her kindness with ingenuity. In October, 1861, plaintiff suffered from insomnia, which caused her to be unwilling to occupy certain pastures, 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, she sent in "a little, active, lively woman," who hustled 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 a Mr. E. Hill, and under 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 of them, and to a friend of Dr. Barrows, but an esper viro nocturnum answered not, and she was cruelly and indignantly treated, and kept without food. Feeling exhausted in the night, she asked the "big man" for some wine, but he refused to give it to her, or even a corked bottle. 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 Mr. Bennet and his wife, who took her from the house, and sent her to Bath for the relief of her health. During the 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, but the defendants had it sent. When she had received it 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. Syms was well, and that she requested him to write, and to enclose him an order for 2,128. 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 in further exhibition 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 refused according to medical principles. Dr. Fraser then said 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 out in the plea. — 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 said that she had been excited by Dr. Fraser and Dr. Andrews. It is 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 in front of Dr. Fraser, and say she would give 100 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. Barrows's presence. — Re-examined: She had a large wound in her knee, which was drying up, that made her fear that it would enter her stomach. As a rule she never took any 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 she took ill and took none, being afraid of its effect upon her knee. — Dr. Barrows said if she put her in a box for asylum he should exert himself to get her out. He said the persons put into her house, especially the man, were improper persons. The persons sent in were respectable persons. — Mr. Elcox, QC, said 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. Syms, what's the matter?" She replied, "Oh, they have took the whole house." — Here Sergeant Parry said this was not to be treated as a lunacy case. The defendants said that the defendants did what was best done in such a case. — The witness said that the witness said the witness was received in order to show her state of mind while under restraint. The question of whether the keepers acted under the defendants' directions was left to the jury. The latter part of the case was for the purpose of saying that he asked Dr. Andrews whether he authorised the keepers to be there? He replied that he had done so in the belief that the defendants did what was best done in such a case. Witness replied that he had always known her to be of abstemious habits. Next day witness called on Dr. Fraser, but he was not at home, and witness went to Dr. Barrows, who said Mrs. Syms 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. Syms's friends. Dr. Andrews replied that Mrs. Hill had represented herself as Mrs. Syms's confidante, and that the defendants would be bound until the officers arrived. In cross-examination, the witness denied that there had been any communication with Mrs. Syms about making a will in favour of witness. Witness never saw his wife under plaintiff take physic, and plaintiff went to sleep. — Mr. Elcox, QC, said that the witness had no connection with Mrs. Syms's friends. Witness lived at Borthwick, residing with her uncle at Aberdeen, she lived for three years up to August, 1861, with Mrs. Syms as servant. Mrs. Syms was always very kind. — 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 autonomy. — Mr. J. Barnett, of Bath, Fellow of the College of Surgeons deposed that he attended Mrs. Syms from the 18th 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 statement did not imply delirium tremens. — Dr. J. Tunstall gave similar testimony. Mr. Serjeant Parry then rose to the address of the solicitor for the plaintiff, which was of the last importance to their professional and personal character, especially to Dr. Fraser, a physician, who had been in practice 32 years. He 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. He 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, but some

[Note: The rest of the text is not fully transcribed due to quality and content, but the above represents a coherent section of the document.]
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 away. On the 23rd of December, Dr. Andrews called in to the patient, who was suffering from excitement caused by indulgence in drink. Delirium tremens, as had been stated, was a disease which had many stages, from the incipient stage discussed last and worst, when there was a total prostration of the nervous system and the senses. The learned counsel described the state and conditions in which the patient was to be. When Dr. Fraser saw the patient, 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 to observe both and 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 harrased by an action like this—an unfounded, unscrupulous act. He had lost his usefulness to the patient, whose tool she had become. She had no doubt denoted a good deal of what had occurred, but the very nature of the disease was that the patient dealt unaware of what had taken place. But when she admitted having broken a bottle, at eleven or twelve o'clock, in order to drink wine, surely the jury saw something of the real state of the case. And so when she complained of the odour of spirits, as she had, it was a possibility. Dr. Andrews would produce his books and prove what he had administered. It was a dose of morphine, which was given to soothe the nerves of a patient in such a state, and that medicine was used by 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 persons who were placed in charge of such patients were used to such duties, which were of a most disagreeable character. These Medical gentlemen had gone to attend 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, 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 the real fact. It was a perfect defence to the action the 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 act with discreet 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 wrong. The poor lady could not give any information 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 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 knew that the man and the woman went; but how could they be responsible for their conduct, even supposing there was anything wrong in it? If the jury should find medical aid, then it should be a question whether they should sue the "keepers" as trespassers. In conclusion the learned Serjeant declared his confident belief that, after hearing the evidence which would be adduced in defence, the jury would hasten, by their verdict, to relieve these respectable gentlemen from the load of anxiety which had pressed upon their minds ever since this most uncivilized and wicked action was brought, and these monstrous and monstrous 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 had called in Andrews as to what they had 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 the ward were 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 assisted her—Dr. Fraser saw her—saw her, was of opinion that they had done. He was of opinion that she had done, having nothing to do with sending either the male or female attendant, further than recommending one when asked to do so by Mrs. Taylor. Mr. Hill confirmed this witness, and a sergeant who had been summoned, seeing that plaintiff twice in a few minutes swallowing half a tumbler of sherry. The sergeant also swore that Mrs. Bennett, had, 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.


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 in respect of 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 mayor 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 select the 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 MERI, 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. Lo Mert, had been erased from the register on the ground that he had been guilty of "infamous conduct in a professional respect"—i.e., in publishing an indecent and unprofessional treatise entitled Self-Preservation. Mr. Lo Mert, in having stated that his object was "a Licentiate of the Royal College of Physicians," had been jointly concerned in the authorship of the work.

Mr. Chambers, Q.C. (with 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 he had been guilty of "infamous conduct in a professional respect." In publishing an indecent and unprofessional treatise entitled Self-Preservation, he was necessarily as responsible as trespassers. 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 with the decision of the Council. He then read the whole of the statute were—"shall have been judged by the Medical Council to have been guilty of infamous conduct." The Council were bound to judge on the merits of the case, and had no power to hold it to be 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 power to interfere than in any other case of conviction of a crime of concealment of a crime. Mr. Chambers urged that the Court was bound to look at the book to see if it were innocent, 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 book 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 they 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 SERBAN.

In this case the Medical Council had removed the applicant, a surgeon of Histon, 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, he tendering the proper fee for registration.—The court granted a rule nisi.

COURT FOR THE CONSIDERATION OF RESERVED CASES.—Nov. 1st.

(Being the Lord Chief Justice Exule 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 prosecution 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 parties to take the poison.—The Lord Chief Justice thought the Bench were all of opinion that the intention of the prisoner alone was sufficient, the statute 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 distinctions of Members of the College at a meeting of the Court of Examiners on the 10th instant:—Bell, Hutchinson Rayer, Endleigh-street, Tavistock-square; Boulton, Albert Edward, 145, Prince's-gate, Southwell; Thomas Edward Digby, Galway; Patto-son, John, M.D., Cobourgh, Canada; Hawthorn, Frederick John, Uttoxeter, Staffordshire; Julius, George Frederick Henton, Rich-mond; Wightman, W. T., Sheffield; Lisher, Henry Corin, Galway; Fulneck, near Leeds; McNair, Frederick, London; Mosely, Isaiah A., Newcastle; O'Flynn, Andrew, Sligo; Rogers, William Richard, Oxford; Shoudan, Edward Barton, Chesham; Smith, Cleveland, Herford; Smith, Henry Fly, M.B., Oxtam, Cornwall-street, Regent's-park; Stott, Thomas Shirley, Holloway; Trenerry, Charles James, Gibraltar; Von Stieglitz, Lewis Frederic, Tasman; Welles, George, Mile-end-road; Whipple, Connect, Plymouth.

The following gentlemen were admitted Members on the 20th inst.—Atkinson, James, Hyde, near Manchester; Bastie, Emil Julius, M.D. Götting and Leipzig, Finsbury-square; Bligh, Alexander Murray, Liverpool; Cooke, Richard Edward, Southwell; Netts, Diver, Edward, M.D. St. Andrews, Yately, Hants; Fuller, James, Exeter-place, Woolwich; Gwyther, James, M.B. London, Manchester; Hayden, William Gallimore, High Wycombe; Hedley, William Snowden, M.D. Edin, Albwck, Northumberland; Leitch, Ralph James, Forbes, Middlet, Abersdeenshire; Lichtenberg, Philipp Justus Ludvig, M.D. Gättingen and Berlin, Finsbury-square; Nash, Frederick, Royston, Ryde, Francis, James, Green-wich; Parke, Augustone Keeve, Richmond; Vipan, William Henry, Ely, Cambridge; von Büren, William Godfrey, Cape of Good Hope.

NAVAL SURGEONS.—The following gentlemen formed part of the examination of the Medical officers of the RNavy at a meeting of the Council of the Royal College of Surgeons on the 10th inst.—Kipling, Thomas, of H.M.S. "Crom- photos," at Devonport; diploma of membership dated April 15, 1859; Steeles, Robert, of H.M.S. "Cumberland," at Skewershorne, May 18, 1856; Warren, Thomas Roberts, of the Plymouth Divi- sion of Royal Marines, Dec. 15, 1852.

SUGGER-DENTERS.—The following gentlemen, having passed the statutory examination, received their certificates at a meeting of the Court of the Royal College of Surgeons of England, on the 24th instant:—Aaronson, Andrew, Jew-street, Brunswick-square; Bromley Edward Ponnell Bastard, Southampten; Maitland, John Nathaniel, Grovener-street; Moore, Hambold, Grovener-street, Grovener-square; Morley, Henry, Derby; Myers, Lancastel James, Charlotte-street, Fitzroy-square; Schoefield, Robert Edward, Rodney-street, Liverpool; Stuck, William Robert, Bedford-street, Bedford-square; Young, Gavin, Edinburgh; Zinkgraf, Frederick William, Rhine, Grimsby.

APOTHECARYS' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received their certificates at the 60th in the course of their education, at the Medical Society of London, Dr. Edward Buckingham; Samuel Grantham; Gilbert, Henry, Bir- mingham; Gyther, 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 ap- pointed, at a salary of 80l. per year; that the present 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 each should be under the inspection of the members representing it.

The clerk stated that a loan of 7000l. for drainage purposes, had been negotiated with an insurance company, and con- sidered 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 18th inst. the session was opened in the usual manner; the Dean of the Faculty, M. Rayer, in the chair. It was observed 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. Guavarres proclaimed the prizes, and also the thesis which had received the special notice; and Prof. Tandiez delivered the introductory discourse, the subject chosen being the psychogenesis of the late Prof. Adelon and forensic medicine.

THE NEW PHARMACOPEIA.—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 Pharmacopoeia are to be sold to the profession and others as follows:—3s. 6d., 1s. 6d., 6d.

THE FIRST OPERATION OF OVARIOCTOMY IN SPAIN.—On the 6th inst. Dr. F. Rubio, de Seville, performed this operation upon a woman, twenty-seven years of age. Two operations were appended to the primary operation, which removed the uterus insensible with chloroform, but as no such result was obtained the operator was obliged to proceed without the assistance of anesthesia. The operation was long and trying, on account of numerous adhesions, and the dangerous degeneration of the ovary. The patient died on the fourth day after the operation. We conclude that this was very severe and dangerous. Dr. F. Rubio from venturing, when an opportunity occurs, upon another case.

APPOINTMENTS.—E. C. Board, M.R.C.S., has been elected House-Surgeon to the Bristol Royal Infirmary, vice G. V. Cooper, M.R.C.S., resigned; A. T. Carson, M.D., has been elected Medical Officer and Public vaccinator to the Articular Dispensary in the Caledonian Union, Co. Londonderry.—H. Cooper, M.R.C.S., has been appointed Medical Officer for the Stanfords district of the Oweet Union, Essex, vice T. M. Parrott, M.R.C.S., resigned; J. Dale, M.R.C.S., has been appointed a Public vaccinator by the docket Board of Guardians of the Weeke Union, vice J. M. Cooper, M.R.C.S., has been appointed Medical Officer and Public vaccinator by the Parochial Board of Old Maches, Aberdeenshire, vice G. Carr, M.D., deceased; C. S. Hall, M.R.C.S., has been appointed Certifying Factory Surgeon for Carlisle, vice E. Armstrong, M.R.C.S., deceased.—W. Hood, M.R.C.S., has been elected Medical Officer and Public vaccinator for District No. 2 of the York Union, vice P. Bickel, M.R.C.S., deceased, and J. Plummer, M.R.C.S., resigned.

APPOINTMENTS FOR THE WEEK.

Wednesday, December 2.

Operations at Midddlesex 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 Swelling of Pulse, with Remarks, 8 p.m.; Operative Society of London, President, Dr. Keppel; Braxton Hicks, Dr. Gervis, Dr. Barnes, and Mr. Baker Brown 8 p.m., December 2.

Operations at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; Londoq Hospital, 1 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, equally 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 bedclothes changed every day. Mr. Roger recommends the hair to be cut short, and the lips and teeth to be carefully sponged with water and Botox's elixir.

If the symptoms assume more marked characters, the treatment must vary according to their nature.

In the early stage, should the exhibition of mild laxatives, Mr. Roger prescribes half-an-ounce of citrate of magnesia, or one grain of charcoal 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 diarrhoea 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 aromatic enemas (rutabaga).

Mr. Roger contends with thoracic complications by the exhibition of a grain or two of oxyzaphiluret of antimony, ten or two grains of resorcin of antimony, or two grains and a half of tartar-emetic in a four times mixture. He prescribes, at the same time, counter-irritation with erction oil, tincture of iodine, or small blisters, from which the cuticle is not removed, in order to arrest the possibility of diphtheritic exudation. We may here remark that, in bronchitis, coincident with typhoid fever, the remedy, in which Mr. Rillicit 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 convulsions and cerebral forms of fever, music 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 (bic. sod. chlorat.), he also resorts to, with advantage.

Finally, if any intermitteness 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 LAHIBOISIÈRE
(MR. CHASSAGNE'S WARDS.)
Fracture of the Clavicle.—Caries of the Os Calcis.—Herniotomie des Téneurs Vaginatis.

We remarked, in Mr. Chassaigne'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 case constructed with a starched roller; the shoulder should then be forced upwards as much as possible, and the arm 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 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 opportunity 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 observed, in the same hospital, several interesting instances of periostic abscess, and of white swelling, in which the efficacy of surgical drainage 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. Chassaigne'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 Riboisière, but we especially desire to invite attention to the results attained in suppurative caries of the os calcis. The disease may occur either of the two forms of suppurative arthritis of the sinus. In the former case, as in all other varieties of abscess, an elastic, fenestrated tube is conveyed through the cavity. With regard to sinususes, several procedures are adopted, according to the state of the bone. When the caries is superficial, an incurved 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 drainage tube is inserted, and, if several sinususes 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. Chassaigne's wards, superficial drainage 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 prolonged. The treatment above described would have permitted a cavity to remain, favourable to the accumulation of matter; more latent and tangential drainage would have answered no useful purpose; and, in order to arrest the necessity of suppurative arthritis, Mr. Chassaigne 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 coccus particles might escape towards the more dependent
part of the foot. The channeling 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 hematocoele, drainage is also an extremely useful remedy, and, if followed by the iodine injection, will spare the patient the hazards of a procedure, which is equivalent to castration, viz. the decorticating of the testis and tunica vaginae. A patient suffering from hematocoele, was a few months since, admitted into Mr. Chassaigne’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 Würzburg in this manner, and a similar favourable result was obtained.

When the channeling is skillfully 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 vaginae separate, and after a more or less lengthened period, that membrane recovers its flexibility; a desirable result greatly promoted by the additional use of detritic injections.

HOTEL DIEU.

(MR. MAISONNEUVE’S WARDS.)

Nasal Polypi.—Hydrops of the Spermatic Cord.—Effects of forcible dilatation in Sphincteric 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 extend 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 pedicle, and 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 inhaled and fenestrated forcipe, 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, caustication with nitrate of silver are utterly ineffectual 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 nitric 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. Parize, 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 Pissure 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. Nelson 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 part to be detached in the disease, but the sphincteric 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, Riolanum, Robert, and all those whom we 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 dilatation 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 faeces is not impaired, as might be supposed, by the dilatation, and the orifice of the intestino spicule 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 defection. Constipation is present in some, in others diarrhoea or tenesmus; on the introduction of the finger, the real cause of the symptoms is easily detected, in the shape of spasmatic contraction of the sphincter muscles. If distension is at once performed, the infirmity is immediately relieved, but the patients remain firmly convinced that they have been cured of hemorrhoids.

MEDICAL CORRESPONDENCE.

THE ROYAL 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. Giraldis.
Vice-Presidents—Messieurs Duchesne, Verneuil, Morel, Maire.
Secretary—Mr. Bouteiller.
Assistant-Secretaries—Messieurs Laurent, Douyre.

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 condyies 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 Strumated 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. Vienneois, 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'Etoilles, On the Influence of Venous Concretions on the Cure of Vesical Calculi, and two other memoirs were also presented by Mr. M. de Givalds, the first on the Ethyl Alcohol Debility, the second on the Celador Bean.

Amongst the most important papers read at subsequent meetings we may notice one by Mr. L'Heut, of Rouen, on Simple Ulcer of the Stomach, Consequent on Intemperance; and another by Dr. Foucher on The Ephemeral Divagations of LDS, a memoir by Mr. Anquetin, on Colics Pictouans, and Novel Practical Remarks on Menorrhagia in its Connection with Peri-Uterine Hematocoele by Mr. Raciborsky. This gentleman conceives retro-uterine hematocoele 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 Tours, On Paludal Diseace in the Plains of Ouna, and Mr. Gilbert d'Hercourte remarks on the Advantages of Hydrotherapy in the Treatment of Lymphoid Goitre.

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 peril 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 phthisis 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. Liegeard, of Caen, expressed his partiality for the use of disinfectants. Mr. Payet, of Tours, 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 Doueau, of Paris; the debate was not of sufficient importance to require further notice.

We regret that our space does not admit of our advertising to many other communications which reflect much credit on the medical profession. We are bound to show the great advantage of the 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.

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, but that the fright 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 anesthetic effects of the drug to be a regimen, and once induced, and again be induced whenever a recurrence of the convulsions seems imminent.

This medication, however, is not appropriate in every variety of convolution, 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 in the case illustrated by the author of the ascertainment of this fact, as communicated in the Gazette des Hopitaux by Mr. 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 were 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 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 anesthetic effects began to subside, the convulsive action returned. The spasmatic tendency was at last conquered, and as indigestion had coincided with the attack, Mr. Sicard prescribed eight grains of ipecacuanha, with the best effect. The convulsions were at once arrested. In fewer lapses 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 symptomatic; it is highly probable that had the enemie been at once administered, the spasmodic paroxysms would have spontaneously ceased; but our fellow-practitioner was deferred 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 gasous 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 Medicale, by M. Morel-Lavallee. After patiently 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 in the nature of the ribs, or penetrating wounds of the chest, and even then only when the complication acquires unusual proportions.

"Emphysema," says Mr. Morel-Lavallee, "is not an uncommon 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, in cases of 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 Ledan; 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 in 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 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 the region exposing the patient to the peril of accidental passage of air into the chest, but near the fracture. Several deep incisions at some distance around the principal injury, permit the effusions of air to pass into the atmosphere instead of contributing to increase the already existing, until the spasmodic action is calmed down, and again be induced whenever a recurrence of the convulsions seems imminent.

Penetrating wounds of the thorax are frequently aggragated 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 ineffectual or unbearable, several eminent surgeons, amongst whom I may mention the illustrious Lazare, recommend that the oblong 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 gauze, as in the case of fractured ribs. The air diffused 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 parasthenia between the inner and outer surfaces 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 disordered system to assume its healthy condition, 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 and in these cases," 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 a few days in the sole of the foot, the same remedy was resorted to with immediate benefit.

Since the year 1857, the data 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 Medicine 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 cresson cadaudacitale, 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 transulnation. 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 73 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 chamois ulceration of the bubo. (a).

Hemorrhage in the PALM of the HAND; Ligature of the Radial and Ulnar Arteries at the Wrist.—In case of hemorrhage 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 de Medicine publish a case supplied by Mr. Duproz, a military surgeon, which speaks in favour of the latter course.

In the month of June, 1863, a Lancer was admitted into hospital for hemorrhage in the palm of the hand. The loss of blood was temporarily arrested by pressure, but it recurred with obstinacy, Mr. Duproz 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. Duproz 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 18th, the Revue de Thérapeutique relates the case of a child of twelve months in whom Mr. Beaulard, physician of the infant asylum at Villefranche, (Yonne), succeeded in effecting a rapid cure of talipes calcaneus, by securing the feet to each other in a very simple manner.

The child wore little wooden shoes, with leather anklets fastened in front. Mr. Beaulard carved 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. Beaulard, 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. 6631) 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: I. The inflammatory;

2. The virulent, which secretes inebulable matter;

3. The hard glandular calculus, coincident with induration of the sinus, 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 variety, 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 the doctor, this method causes the resolution 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 a neglected bubo."—Journal of Practical Medicine, Engl. Edit, fourth year, p. 396.
cushion should be placed between the shoes, the malaxis being at the same time kept in close apposition to each other. The same procedure is applicable to \textit{calples calpus}, but here, in the absence of the malaxis the tail must be kept under 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 and intrusive. If 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 EXTINGUISHING SUCH BODIES.

By CHARLES G. Ritchie, M.D., &c.,
Late Resident Physician to the Royal Hospital for Sick Children, Edinburgh.

Jan. 9, 1863.—Mrs. H., resident 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 remarkably 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 bowing 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 haemorrhage, which, however, ceased spontaneously after some days. Since then the haemorrhage has returned at every monthly period, being of longer duration each time, so that now it lasts for nearly three weeks. The vaginal smear is examined as being a condition of a temporary congestion, "the red and the white," but having no fetal smell. The present attack began six weeks ago, and according to the patient's statement has weakened her much. She has used ointment 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; anemic murmur audible in neck on both sides; abdomen large; parietes flaccid and deeply scarred; (lines albicans) no tumour to be felt 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 the quarters of an inch in diameter. The sound shows slight alteration in the length of the uterine cavity. A sponge soaked in Tinct. Ferri Murat., was introduced, and left in position with the tumour, and the patient was ordered to be kept cool.

10th.—Patient has bled 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 escaravel 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 Gynecological Surgery where an operation yields a more immediate and manifest relief to the patient than the excision of uterine polypus. In former days when from fear of haemorrhage, 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 compelled to remain for several weeks in bed. Now during the tumour rolled 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 cleanliness could not prevent being offensive. She had to submit not only to a vaginal examination, in which she 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 fibrous polypus cases in which the moulding by 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 subi-exterctor. The advantage of this method is that it is simple and speedy, the haemorrhage is rarely considerable, and if it become at all alarming, may readily be stopped by the application of a solution of nitrate of silver 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-forcerps of Mauseu.

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 he is introducing and withdrawing them in vain, and that they are only removed from laceration only by the sacrifice of his own fingers. The ordinary Pince a crémallière may be submitted for Musaeu'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 Polypotome 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. Simpcon states that in some cases he had finished the operation before the patient was aware that she was undergoing more than a mere puncture. (b) Retrospectively speaking, it must always cut obliquely, and must be useless where the polypus is attached near the fundus unless inversion uteri have occurred.

3. By Ecceasure Lintivar.—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 haemorrhage is usually trifling; but we must remember that the presence of a large quantity of blood is a grave matter to a patient exhausted by long-continued leuconarous and sanguineous discharge.

4. By Oleum-anemic.—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 counter-balancing advantages; it is, however, strongly recommended by Professor Brauns, of Vienna.

2 Hartford street, May Fair, W.


CAMBRIDGE UNIVERSITY, Dec. 1st.—At the Second M.B. Examination the following gentlemen were examined and approved: Charles Walter Baw, M.B. Cambridge; William Tristram, M.B. Cambridge. University College Hospital.—John Hilbert, Esq., of Benwick Hall, has given a further donation of 1000, to the University College Hospital, which makes 1000, altogether given by that gentleman to the institution.

The Removal of Bethlehem.—One of the chief subjects of the inquiry now going on to ascertain the advisability of the removal of Bethlehem Hospital.

RHEUMATISM IN PARIS.—The medical returns in Paris for the 4th month of October show an extreme decrease of cases. The hospitals are full of patients suffering from what a few years ago was called an English disease.
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 trumpety 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 neighborhood 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, Cundren-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 defense 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 abhorrence.

Oh Heaven! that such companions should 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 scavengers who are hunting up actions against Medical men, on trumpery grounds, or no grounds at all, and thus spreading dismally 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 unjustly accused, 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 pillaged 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 $10,000, 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 vexation, 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£ 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 Aerated 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 in the form of 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 fifteenth 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 contended were represented in the ‘Times’ as having been advanced by Dr. Pucke, 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. Eagles, H.M.S. “Impeccable.”

**London Hospital.**—A quarterly general court of the governors of this hospital was held on Wednesday; Mr. Thomas Powell Buxton in the chair. The report stated that the hospital was at the present time 5,000£ 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 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 1,607 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 endeavours to provide one with reading rooms especially as only 1,350£ more was required.”
THE SCOTTISH HOSPITAL.—The 100th 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 Palmerton, 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. 1,000l. was collected.
to the notice of the Profession as a valuable contribution to Dermatology.


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 now before. The prejudgment that every case of consumption is equally treated is a dangerous error, and the facts 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 fifteen 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 have been nearly all 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 labors and somewhat ungrateful task in a very satisfactory manner.


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 supervision. Dr. Macleod does not trust exclusively, however, to water and compressed air, but avails himself also of those general therapeutic and dietary measures which experience has sanctioned.


In this pamphlet, Dr. Drysdale raises a very important point for discussion, the question being, in fact, 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 collect 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 (oneselves 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 bearing upon the question of the use of mercury must come under the consideration of the Committee, although many of his facts and conclusions are already generally known; but we cannot altogether acquit him of overstatement, on the one hand, and drawing rather too harsh inferences on the other. He enumerates many diseases as being unsuitable to mercurial treatment, although no one, in the present day, thinks of treating them with that drug; he denies 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 hold 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 Harleian 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, that he is regarded to infantile syphilis: "It is a disease which, as far as is now known, is prevalent in the infants of the parents with syphilitic disease; and, in fact, 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 complaining of rachitis, with the following symptoms: Both ears and nose, of a very fetid description, and in a most emaciated condition. The child had been born of a very healthy mother, and she was, about the time it was noted that she had a rumor, when some weeks after a slight rash appeared, which got worse; then deep excavated ulcers showed on the neck and thighs, which were very stinking discharge from both ears and nose. There was also a slight ulceration of the oral cartilages and an opacity of the cornea of one eye. The medical man who vaccinated her was applied to; he stated that in unhealthy (sulphur-blued) children, such an occurrence was not rare, and that a little cooling medicine would soon cure her. 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. cava, every night only, and to take three daily pot. of fever. I sent for You to see. 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 look which she had previously. What can Dr. Drysdale say to this? 1st. The child was not affected by mercurio-sulphurpliatic parents, for they are country and very healthy. 2nd. The mother in fearful description in so young a child, were vaccinated by mercury! I am, &c.,

W. ALEX JONES.

Posby Bewley, Dec. 2nd, 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 an amelioration of the subject will be considered by them, but the recent illness of my son, Dr. Griffin, of Southampton, who has lately assumed a Poor-law Medical Officer in consequence of his having been attached to a partnership with a gentleman, since dead, who held a Poor-law appointment, induces me to request the favour of your allowing me to lay before my professional brethren the distressing condition of Poor-law Guardians, in their corporate capacity, not only in reference to the Medical Officer but also to the poor. In order that you 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 I 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 interferes 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 sympathize with him in his present condition.—En. Med. Circular.]

MEDICAL SOCIETIES.

PATHOLOGICAL SOCIETY OF LONDON. Nov. 3rd, 1863.

MR. PRESIDENT.

Dr. Ogle presented the following specimens:

1. SPINAL ARACHNITIS, THE RESULT OF DISEASE OF THE CERVICAL VERTEBRAE AND INTERVERTEBRAL CARTILAGES, IN AN INSALE WOMAN, WHO HAD ATTEMPTED SUICIDE BY CUTTING HER THROAT.

Dr. Ogle was indicted 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 esophagus, to a considerable extent. She was kept alive by the injection of fluid through an esophageal tube thrice a day for three weeks. During this 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 esophagus, but that inflammation had been set up behind the pharynx and esophagus, and that a curious condition of the anterior surface of the cervical vertebrae and secondary cartilage, 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 case, I found that the spinal cord was more or less involved. If the case, therefore, is examined at the upper part of the cervical region was thick and shrivelled, and that the spinal arachnoid cavity throughout its whole length contained a large quantity of purulent and fibrinous material. I also found, on examining the canalis, 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 cord was healthy.

In recalling 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 esophagus, setting up inflammation, and eventually striping, strictureing 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 aneurysm and disease of the spinal cord originated.


The case was a man, aged thirty-five, who had been an outpatient 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 right eye, all objects appearing hazy, and she said 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 the left leg was very painful. When examined the eyeballs were at once noticeable as oscillating, or rocking from side to side, partially rotating on their antero-posterior axis, and he was constantly in the left side of the face and half 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, spasmatic 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. The other side 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 homoeoptysis 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 Popout's ligament, and in the "arteria dorsalis pedis," no artery of either leg had pulsation. The toe on both feet at one time also disappeared, "around the nails." When last examined, there was no pulsation in any blood-vessel 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 feeble pulsation in the femoralis below Popout'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 TYPANICI.

Mr. HITSON presented this specimen, not as a rare one, from a man without history, and having no 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 to King's College Hospital. They had existed since birth. Recently one of these was enlarged temporarily. It was ligatured, and then removed with the knife. He had not been able to find examples of a similar kind.

DISSECTED RENAL BODIES, WITH BRONZING OF THE SKIN.

Dr. Cripps 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, furrowed 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 was weighed only 16 gms., and was composed chiefly of amorphous cells and fibrous tissue. The left weighed 1 oz. 162 gms., its normal structure being entirely replaced by fatty deposit. Dr. Ginn, who also saw the patient, thought that the capsules were probably disorganized.

Dr. Wilks doubted this being a case of Addison's disease.

Dr. Cripps believed that a great many cases described under this head of bronzing of the skin appeared to be rather little, and that he thought that a committee should be formed to inquire and report upon all the cases brought before the Society. The committee selected to make the report did not do this because the time of their office had expired; but two members of this committee, Dr. Wilks and Dr. Harley, had come to such opposite conclusions regarding the so-called "Addison's disease," that he (Dr. Cripps) thought the matter should be fully investigated by the Society.

EXTRA-UTERINE FERTILIZATION; SUCCESSFUL OPERATION.

Mr. H. THOMPSON presented Mr. J. THOMPSON, of Nottingham, a preparation exhibiting various portions of a fetus, of nearly full term, which he had removed by cæsarean section. Mrs. —— was sent for by Dr. Joseph Thompson, at Nottingham, about twelve months ago, having the conviction that she was the subject of stone in the bladder. She 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 a part of a fetal vertebra. He then obtained the following history. Seventeen years ago she had been confined, and seven years ago she thought herself pregnant. The symptoms disappeared, and everything was prepared; labour pains came on, but gradually subsided, and she believed that she had been mistaken. The milk disappeared, and she commenced her period 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 rectus, enabling him to feel the bladder and extra-uterine portions of the fetus. 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 insufficiency of urine persisting.

Mr. Thompson concluded his very interesting paper with remarks on the proceedings, and statistics relating to the subject in general.

Dr. GRAYLY 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 evolution of the fetus 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 often end in the destruction of 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 acute in onset, as convulsive attacks, with 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 clasp in the scrotum, and which was assuming the usual form of perforation. 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 base of the organ was below.

Mr. Brodribb believed the child was a female, and that what had been supposed to be testicles were really ovaries.

Dr. Planche has seen it first, and gave his reasons for thinking it a male.

Mr. T. SMITH believed that it was a female.

Mr. Parkinson thought that the ovaries 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. Proctor examined the organs, but thought the symptoms were so important as to be of 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 anemic liver, and was discovered to be in the liver, and to be much less fatty matter in it. It was taken from a woman, aged thirty, who died of enteric fever.
TUMOUR OF THE ILLIAC FOSSA.

Mr. Holmes showed this as a specimen of recurring fibroid, from a woman of matronly age. It had grown 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 esophagus.

Mr. Broadhurst referred to a case in which the laryngeal symptoms were instantly subsided on the patient's lying down, and the excitement of the case, and stated the presence of aneurism.

MURDER REMOVED FROM THE MALLE 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. Partridge called to a certain case--twin infants--in the practice of Mr. Teaven, of Kestington, and he was enabled to remove it from the canal, but one of the points of the hair-pin came through the tract of the penis into the seminal duct, 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.

Mr. Partridge detailed the particulars of this case, in which dislocation of cartilage occurred, and in which he showed certain peculiar motions of the muscles surrounding the joint, resulting from the morbid condition of the bones of the penis and phallic, &c.; and demonstrated that muscles would adapt themselves by stretching much more readily than by shortening.

Mr. Clarke showed specimens of structural transformations occurring during a discharge from the ear. A gentleman aged thirty-five had been long troubled with otitis; he then irritated it severely by aching, and the discharge showed the following characters: first, pus was seen; then cholesterol; then it became yellow, slimy, watery, and, finally, only healthy wax. On the application of irrigation to the ear the discharge reappeared, and the same series of transformations repeated.

Mr. Brookes showed this from a female aged forty years. It had occupied 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. Cruickshank 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 Followker showed this preparation. 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 left 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. Ogilvie, M. Cantab.,

Physician to the Derbyshire Infirmary.

A lad, aged seventeen, who lived under the care of Dr. Ogles, 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 by the patient; when there were no symptoms of internal pain and jaundice. The nature of the "tumor," owing to the lad's reticence, was not diagnosed, but after being sixteen days in the hospital, he passed a stick from the rectum. It was only after much cross-examination that he was now induced to confess that he had himself introduced it per anum. The peculiar character of the case consists purely in the morbid obesity of the youth, 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 a person of less weight. It was 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 flatulences 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 FROM GREAT DISTORTION OF THE PELVIS BY RICKETS.

By Henry Thompson, F.R.C.S.,

Surgeon to the Infirmary 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 perineum, 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 was 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, introducing his first sound, and; lastly, the stone was removed. The case was afterwards reported as remarkably prominent; beyond this his finger passed with difficulty, &c.; and the stone lying in the bladder, which was altogether in the lower part of the pelvis. There was some resistance to pass lithotomy forceps up 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
THE MEDICAL CIRCULAR; A JOURNAL OF [Dec. 9, 1868.

pressure, while, with a slender-bladed polyposus forceps, he extracted the head with some difficulty. There was no bleeding in any consequence. Peritonitis set in next day, and proved fatal in three days.

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 just exceeding the smallest diameter of the bone. The upper opening of the pelvis is obliquely conical; that of the lower being within 2 in. from the left pubis, and barely 3 in. from the right; from the public symphysis it is nearly 3 in. The stone is hard, a flatish oval form. It is 1½ in. length, 1½ in. breadth, and 1 in. in thickness.

Mr. Thompson had examined the condition of the pelvis per rectum to ascertain its condition.

Mr. Shaw 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 upward, the ischium and pubis are displaced backward, and the symphysis pubis is pressed. 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. He also suggested that the case exhibited by stunted growth and distortion of the upper and lower extremities, a very small and distorted pelvis might conceivably be distinguished from the former, though it would probably not be distinguished from those being produced by the same agencies which deform the children—namely, weight and muscular action—it was, therefore, evident from gross reasons, probable that the two would undergo simultaneous and co-ordinate, though not of necessity, changes. In looking at the pelvis, held over the moulage, Mr. Shaw believed that the condition of the pelvic cavity was less developed than in the case of the stillborn infant. He believed that this child must have been upon the feet very early, and while the bones were very soft, even for a rickety case. Some years ago he had seen a remarkable instance of the right pelvis 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 difficulty.

Mr. Holt remarked that from all he could gather, it would appear that the present case occurred in an acknowledged rickety, and that the child was not healthy. The history of the case had been previously narrated to the author's colleague, a gentleman of known skill and ability, without, however, the calculus having been brought to the physician for examination. The patient was convalescing, the impendence to its removal appeared to be more due to some oesophageal obstruction than to any want of space occasioned by the condition of the soft parts, for Mr. Ericsson 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. Ericsson was the right one: it was an operation which called for 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 there was not a doubt of the removal being accomplished. With his present knowledge he would have easily completed the operation. Mr. Holt could not endorse Mr. Ericsson'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 of the rectum would have revealed the diminished aperture of the pelvis; but in their case, when the bladder was examined, the stone was struck, it would at once have shown the high situation of the bladder, and the palpable impossibility of reaching the stone and its complete inability to remove it. He thought, at first, that this might result from a sort of hour-glass contraction of the bladder; but it would even if this 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 lay in a perpendicular direction that it could pass through the opening in the bones.

Mr. Barwell remarked that he differed in opinion from Mr. Ericsson as to the pathology of rickets. He (Mr. Barwell) came 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, 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 the hip and the head of the femur, he advanced forwards towards the symphysis pubis. He believed 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. He also suggested that the case exhibited by stunted growth and distortion of the upper and lower extremities, a very small and distorted pelvis might conceivably be distinguished from the former, though it would probably not be distinguished from those being produced by the same agencies which deform the children—namely, weight and muscular action—it was, therefore, evident from gross reasons, probable that the two would undergo simultaneous and co-ordinate, though not of necessity, changes. In looking at the pelvis, held over the moulage, Mr. Shaw believed that the condition of the pelvic cavity was less developed than in the case of the stillborn infant. He believed that this child must have been upon the feet very early, and while the bones were very soft, even for a rickety case. Some years ago he had seen a remarkable instance of the right pelvis 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 difficulty.

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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. At the time much excitement existed in this case, and the removal of the calculus would have enabled the surgeon to determine the exact dimensions of the pelvis with as much care as the accoucheur could obtain a knowledge of the dimensions of the pelvis in the case of a pregnant woman by making an examination per vaginam. In Mr. Thompson's patient, the finger passed in the rectum could have reached any part of the pelvis.

Mr. Thompson, in 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 removing the calculus in this case, but at the same time he recorded in 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. Erichein, he would also ask why the calculus was not broken up in the second operation?

Mr. Erichein replied that he was unprepared for the difficulty which presented itself, and that he 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. Buxton 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 of there being any deviation from the state of things existing. It would appear there was some rickety distortion of the upper and lower extremities, but never had such a condition been regarded as indicating deformity. In the 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 bowels. 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 rectal pelvis was the common feature amongst these cases; this ought to be borne in mind when such cases with calculi 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 came now to the question of Mr. Holt—viz, why, after the non-success of so experienced a surgeon as Mr. Erichein by the median operation, did Mr. Thompson repeat the proceeding? Why did he not adopt the supra-pubic method? He replied, first, that it was easy to say what should have been done when all the facts have come to light—fact alone knows it. 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 from which he quoted 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 danger. Although he had unfortunately died of peritonitis. Then, again, on sounding, nothing was easier than to enter the bladder and find the stone, and this being so, he had proceeded. Was it good? Was it against? Why, 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 at the time of its occurrence. Mr. Erichein was sent 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, compared with the pelvis opening, he would state that it was only by proceeding by holding up the abdominal parities, which was easily accomplished, and presenting it lengthwise in that manner, that it was possible to lay hold of and extract it.

LEGAL INTELLIGENCE.

SYLLABUS OF FRASER AND ANDREWS.

(Concluded from page 357.)

Our limits enable us only to give a brief abstract of the remaining part of this important trial including the admirable summation of the Lord Chief Justice.

Our defence were called—viz, Policeman Cook, 198 S, Solly, 105 S, and Counsels, 593 S, who had been called into plaintiff's house at different times, were examined. One of the plaintiffs was lying on the parlour floor 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 purses, saying, "Now you will fetch me a bottle of wine." She had been drinking a great deal. The constable found a house in a most disorde 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 the plaintiff was recommended to her as a monthly nurse for Mrs. Taylor, who was expected any day, and the 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 you will abide by what he says." Without her approval, she said the plaintiff was drunk, well, and left, but in the afternoon of the same day Mrs. Taylor sent for nurse, and witness then found the plaintiff wandering up and down the parlour, and she continued during the whole afternoon. Her brother fetched her some wine, and witness purposely up-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 charges, 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. Mr. 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, he, after conversing with plaintiff in the passage, went to witness and Searies in a very insulting manner, and asked witness why he did not give plaintiff more wine. Witness replied that he was placed there to prevent plaintiff from being left alone 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, deposed: In consequence of a complaint from the constable, on the 28th, Dr. Barnes was 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 has been given as to the condition of the plaintiff, and to the symptoms of delirium tremens, counsel on both sides adduced 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 improper judgment. He remarked that Mr. 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; that his evidence would count for the defence. And, adverting to the immense preponderance of evidence in support of it, he asked the jury if they could have a serious doubt upon the point? What was there against 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 interest 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 there was no evidence of abuses. 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 willful and learned counsel for the plaintiff himself, after all the evidence, had made no charge of bad motive, and not one imputed entirely incorrect and error. And if the jury had no evidence of a common object of evidence adduced for the defence was a mass of defension and hallucination, and that the plaintiff's condition had not been what it was described to have been? The jury might ask themselves 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 sake. Let the jury put themselves in the place of gentlemen, or of the friends and relatives of this person (the plaintiff), and let them ask which, even supposing that the defendants were aware that they had done to prevent her coming out of the streets or throwing herself out of window, the jury would not consider that these gentleman, 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 individual 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 vexations and harassing actions.

"At the close of the summoning-up, the jury barely turned round in the box, and at once returned their verdict for the defendants.

MEDICAL NEWS.

APOTHECAREY'S HALL—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practice, on the 28th ult.:—Everett, Herbert, University College; Frode, William Bentley, Queenstown, Ireland; Miller, Richard May, New College Hospital, Barnstaple; Milner, James Forman, Hull; Seabrook, William Millward, Old St. Leons, 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, Nynham H., Guy's Hospital; Wals, Albert James, St. Bartholomew's. West, mouth, Albert, Middlesex Hospital; Williams, William Griffith, King's College Hospital.

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 the 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 occupation. A sum of nearly £500 was raised in 1848; they raised a still larger sum of £1,000, in 1849; this fund has been increased to £3,000, and it is now the practice of the hospital to collect annually a further sum of £500, to be added to the fund. Mr. Tite, who has long been a member of the committee, has promised to give £1,000 for the establishment of a permanent fund, and Mr. Lister, the president, has also promised to give £1,000. The sum of £200 was voted to the committee for the purpose of providing a temporary residence for the president of the hospital.

PHARMACOLOGICAL SOCIETY OF LONDON.—The first meeting of the twenty-first annual session of this society was held in the Anatomical Theatre of Trinity College, on Saturday, the 30th ult. Dr. Fleming exhibited a remarkable specimen of a very large fibrous 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 gentlemen were elected for the ensuing year:—President, Robert Brown; Vice-Presidents, Joseph O'Neill, James S. Hughes, Alfred H. McIntosh, Joliffe Tufnell, Benjamin G. McDowell, Alfred Hunter, Robert Adams, John Banks, Aveling Banon, Thomas Beatty, Dominick J. Corrigan, Fleetwood Churchill, Christopher Bentley, Samuel Gordon, John Hamilton, Edward Hutton, George Reid, Robert Law. Honorary Secretaries, William Stokes. Secretary and Treasurer—Robert W. Smith. Secretary for Foreign Correspondence—Robert D. Lyons.

SHRIMP FISHERMEN.—Shrimp fishing is so prevalent in Southampton that the mayor of the town has offered £50. reward to any person who will give evidence that will convict any of the criminals.

MEDICAL APPOINTMENTS.—Dr. W. Allan, M.R.C.P. Ed., has been elected Medical Officer and Public Vaccinator for District No. 1 of the Wharfseale Union, Yorkshire, vice G. Gardiner, C.M., resigned. Miss J. Arlidge, M.B., late President of the North Staffordshire Medical Society, Stockport-Trent, has been elected "ex officio" Assistant-Surgeon to St. Thomas's Hospital. Dr. Graham, M.R.C.S., has been appointed Medical Officer and Public Vaccinator for the Birmingham District of the Tenasee 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.

NOTICES TO CORRESPONDENTS.

** It is requested that all Communications intended for the Editor, may be sent to the office of the Journal, No. 29 King William street, London.

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 passage to which they desire to draw attention.

Dr. Ritche'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.

CIBA.—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 accepted any such views in this Journal, and are therefore in no way responsible for them.

First Year's Student.—The substance commonly called mephit has been the subject of much discussion. It is sold to the public under the description of rectified spirit for burning in spirit lamps. The real mephit 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. L.—The appointment is inserted.

Dr. L. shall receive a private note.

TO THE EDITOR OF THE MEDICAL CIRCULAR.

Sir,—I am to inform you that the following person has been appointed Medical Officer and Public Vaccinator for District No. 1 of the Wharfseale Union, Yorkshire, vice G. Gardiner, C.M., resigned. Dr. J. Arlidge, M.B., late President of the North Staffordshire Medical Society, Stockport-Trent, has been elected Assistant-Surgeon to St. Thomas's Hospital. Dr. Graham, M.R.C.S., has been appointed Medical Officer and Public Vaccinator for the Birmingham District of the Tenasee 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.

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Wednesday, December 9.

Operations at Midlexseal 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 Ophthalmological Hospital, 1 p.m.; London Hospital, 11 a.m.; Great Northern Hospital, King's cross, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopaedic Hospital, 2 p.m.; London Surgical Home for Diseases of Women, 2 p.m.

Friday, December 11.

Operations at Westminster Ophthalmological Hospital, 11 a.m.

Saturday, December 12.

Operations at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 11 a.m.; King's College Hospital, 11 a.m.; Charing-cross Hospital, 2 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 11 a.m.; Royal Free Hospital, 11 a.m.

Monday, December 13.

Operations at St. Mark's Hospital, 11 a.m.; for Diseases of the Rectum, 11 a.m.; Metropolitan Free Hospital, 2 p.m.

Tuesday, December 14.

Operations at Guy's Hospital, 11 a.m.; Westminster Hospital, 2 p.m.
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 consangunious unions.

The facts related by the author have induced him to adopt the following views on the subject: Consangunious exercises a debilitating action on vital energy, and more especially on one of its highest and most important attributes, reproductive power; a consangunious marriage may not prove barren, but sterility will be observed in the offspring of such an union; consangunious 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, consangunious would seem to impart increased activity to one function only, the genital sense, while it most seriously impairs reproduction, the ultimate purpose of the faculty.

On the 12th of October, Mr. Courty read a paper on the innocuousness 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 cautery, 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 leukorrhea, which as all practitioners are aware, so severely tries the endurance of both patient and surgeon. The metod has proved to me, as far as I am aware, induced any unfavourable 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 unharmed. It must also be observed that the physiological state of the viscous, 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 22d of September, Dr. Marcellin Duval, the Director of the Naval School of Rost, 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, consisting 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 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 tumult 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. Melier, and admits the existence of a premonitory stage, characterised by various symptoms, amongst which throbbing of the colic 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 pepecuanha, laxative enemias, tepid baths, leeches to the seat of the malady. The subject be vigorous, and even venesection in the leg if the pulsations of the colic 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 regards 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 osseola 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 stylet 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. Bonnaffe’s three cases confirm the opinion of Kramer, that in ostitis of the auditory duct, the bone becomes so turgid as to cause complete obstruction of the passage.

In consequence of hypertrophy of the thyroid, or of the isthmus of the gland, its blood-vessels may acquire precocious development, and after incision troublesome hemorrhage may occur, whether the blood escapes externally or rushes down the air-passage. 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 ligatures or scissors before opening the air-tube; when the isthmus interferes with the operation, its section should be performed with Chassaingac’s devourer.

"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 infrequency of hypertrophy of the gland in childhood. We must admit, 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 child’s body did not make the 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 obstruction."

"A recovery was perfectly effected; 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 what may be considered as a similar description; the patient was a woman who was operated on by Mr. Joubert de Lamblie, 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. Verneuil 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. Verneuil 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. Verneuil denounced the tax on dogs as totally impertinent 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. Verneuil 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," he said to me, "was one afternoon in my presence by a man affected with hydrophobia. His mind became possessed with the dread of coniagion, and he fell into the deepest state of despair. He left France, and after a period of three years devoted to most anxious labour, returned to Paris, where he has since become one of the brightest luminaries of surgical science."

Mr. Verneuil 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 alternatives, 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 rules."

Mr. Leblanc considers the restraint from sexual intercourse as one of the efficient causes of hydrophobia in dogs. He adduces, 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 cases are rare, and entirely unknown on the opposite bank. Likewise in France, according to Meers. Leblanc and Lafosse, the animals least 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 does not make the appearance 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 the period of one year.

It would be cruelly 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 alternatives and evacuant remedies.

Mr. Leblanc believes in the spontaneous development of hydrophobia in the dog, more especially in the male. He contends 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 Meers. Gosselin and Pierry’s remarks. Mr. Beau dwells in his observations on the symptoms and peculiar anatomy of rabies in the human subject. Mr. Beaum 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 8th 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, and 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 Chaussee Chigancourt, gave the following information:—The dog was born in a 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 the dog; he bit her slightly. 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, 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 M. Charenton; his condition 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 scarce 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. The 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 practicing 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 tear 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 worth while when dogs display such enigmatic indications of the peculiar excitement alluded to, to recollect the wise advice given according to Horace, to 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 the formation of a cicatrix. Mr. Leroy, in his report, said, "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 drainage tube in hygroma, and to have recourse only to the iodine injection."

Mr. Denige related a case of penetrating wound of the abdomen, of which the following is a brief abstract. A farmer, from the village of Saint-Man, aged thirty six, was gored by a bull 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 endeavored 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. The condition of the patient 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. Denige 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. Denige unhesitatingly divided the sinuses, enlarged the wound of the peritoneum, and reduced the intestines. Two incontinences, 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. LAMC., M.D., L.C.P, L.R.C.P. 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 SYMMETRIS FRASER AND ANDREWS.—The following suggestive letter has appeared in the "Lancet:"—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. Now, viewing 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 lives of innocent and 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 its stand against a repetition of such trials as the last. In 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: A JOURNAL OF

ORIGI VAL COMMUNICATIONS.

SOME OBSERVATIONS ON ELEPHANTIASIS SCROTI.

By Dr. G. de G. de Gohier Griffin, Late House Surgeon to the London Surgical Hospital, Resident Surgeon to the Male Lock Hospital.

Elephantiasis scroti, and elephantiasis, as it may be found in different parts of the body, because to use 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, occurrence and conclusion of the disease, now under consideration—preferring to confine myself to an account—and that too something briefly—of a condition, which, I believe, can in many instances, be satisfactorily accounted for. In the first place, the symptom with 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 and usual course of the parts involved; the first of a series of abnormal processes, and which, in almost every case, if left to itself, is, that without the adoption of remedial measures to effect a cure, or, at least, check its development, will steadily progress to an eventual unfavourable issue; is to a complete alteration of 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, unrelied by the friction used by the patient for its alleviation. Soon, owing to the constant rubbing, the epidermis is peeled from the cutis, which thence denuded of its protective covering, becomes intolerant of contact with any substance, other than applications of a cooling or soothing nature; further friction is undesirable, 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 erosion from the itching part, of a fluid, at first thin, watery, abundant, and of a bluish or purplish colour, but which, whenallowing in larger quantities, becomes thicker, of a somewhat curdy or cheesy character, and of a hue distinctly yellowish.

This discharge may be constant—always present—even, at times, and under certain circumstances, it is liable to very great increase; such as, when the patient is taking violent exercise, or using manual force, greater than usual, or, when exposed 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 exhausting strain upon the system; yet there is generally no seminal debility, nor want of sexual feeling or of premonitory 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 patient will return with a loss of a degree of periodicity; will sometimes lose interest in his usual amusements, and entirely cease for a time, not by the instrumentality of any curative agent, but spontaneously, and wholly, because it seems to have been accelerated.

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 hypertrophied thickening; at the same time that it is noticed to be of a deep red colour, moist and oily, its surface, on tactile examination, being somewhat villous, over a part, no doubt, to the alteration of the natural rugae, and to the development of the secretory follicles in a very extensive and marked degree. Subsequent to the appearance is the magnified form of these follicles, they seem to be the secretory organs of the albuminous fluid, which is found flowing certain quantities of greatest quantity from that spot, where they are largest or densest; and, again, the follicles are largest 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 control the follicular affections, or to check the fluidity exudation; indeed, the only advantage that we can claim—when they are administered internally—for such astringents as the tinctura ferri muriatici, 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, some direct sedative. I prefer to keep applied by means of some fine linen, the following unguent:—

B. Rhamnuth Trinitatis, grs. viij. —
Ol. Amygdalinarum Anser., M. viij. —
Acidi Hydrosyracis (Scheele's) M. viij. —
Glutamicum, Z. —
D. E. 5. —
E. Unguent.

To be applied constantly to the part affected, so as to keep it thoroughly and slightly 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 thisVirtual nature is somewhat attemptant, as there may be a disposition on the part of the disease to implicate by continuity and contiguity the healthy structures in its virescence.

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. Vogel. Fourth edition. Four parts, with 400 plates; cloth, 4to. London: Trustees of Neubauer and Vogel. 1863.


The Council of the New Sydenham Society are entitled to the hearty thanks of the Medical Profession, for their publication of Dr. Neubauer's 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 the auspices of the second 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 Semiology 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.


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 to be looked for, to be sought for in the examination 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 components.

The plan on which Dr. Vogel has proceeded in the consideration of the general semiology of the urine is laid down in the following paragraphs:—

1. 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. Changes in the function of the urinary organs, its secretion, irritation, etc.
3. The presence of unusual and abnormal constituents of the urine.
4. Unusual 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 special importance to the physician, as indications of their recently acquired habits.
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 326.

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, its analysis, its uses, and its treatment. We are confident that the name of Dr. Markham occurs sufficiently frequently to make the translation both accurate and elegant.

Dr. Beale's work, which has reached a second edition, in little or no time, is composed of eighteen chapters, which are mainly devoted to the following subjects:—tests, clinical apparatus, and instruments necessary for the clinical examination of the urine. The volumetric process for estimating the various constituents of the urine. Apparatus required. Examination and preservation of urinary deposits. The anatomy of the kidney, its function in health and disease, and the diseases of its parts. 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. Enterozoo in the urine and urinary organs. Urinary calculus.

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 urine in different diseases, and observations on the treatment of urinary disorders.

Dr. 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 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 contain a great deal of information, and that the authors, by carefully conducted experiments, have been successful in extirpating and tuberculosis has been cured by analgetic 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 former. Physiology and pathology are the true foundations for medical practice, and therapeutic agents are divided into alimentary, hygienic, 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, in the form of specific 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 hypodermal effects of morphia and atropine. The former is a narcotic and checks inflammation, the latter acts at
NOTICE.—The first number of a New Series of the Medical Circular (Vol. 24th) will be sent on Wednesday, January 6th, 1863, 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 reproaching 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 pursued 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. Atkens'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 wiseracres 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 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 oaths against oaths. 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 Bonenpes of the long robe may vent against a respectable defendant is only such 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 soundrels 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 avise, 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 700l., 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 leads 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. Desey, 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 Blackbournes, 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 dispossessing 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 so 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 ineffectuals; but on returning to the use of strychnia and the employment of the magno-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 "On the Vertebrate Skull," and analysing its different parts in a manner particularly described, he shows how the structures are modified in the monotrema (ornithorhynchus and echidna) in the elephants, the cetaceans, and the seals. Professor Gulliver continues his lectures on the "Blood, Lymph, and Chyle of Vertebrates," 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 titubous 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 chyl:i of animals is analogous to the liquor laticis in vegetables, especially in the orders papaveracea, campanulacae, and cichoracae. 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, sulphur of copper, acetate of lead, tartar emetic, strychnia, laudanum, and muratic 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. Strange's House describes a "Case of Leucocytosmia," 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 sialo-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 specific 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-occurrence 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 decoyiser.

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, etc.," 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 letter. Again, Mr. W. 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. W. Jones does not believe that his case is one of vaccine-syphilis 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. ecret., gr. q. t. d. for three weeks, and afterwards once a day, with pot. iod. gr. q. 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., 1869), and with the fifteen cases published by Mr. Allingham (Med. Times and Gazette, Oct., 1869), to which I refer Mr. Jones for details.

As to mercury curing syphilitic children from syphilitic patients I may remark that Hannen (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.

Shamberton Row, W.C.

Charles R. Dyerdaile
Dec. 12th, 1863.

LEGAL INTELLIGENCE.

THE TITLE OF DOCTOR.

COURT OF CHANCERY IN IRELAND.

(Received by the Right Hon. Maurice Brady, Lord Chancellor.)

Friday, December 3, 1863.

INJUNCTION.

THE ATTORNEY-GENERAL E THE KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

This was a petition filed at the instance 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, testimonial, 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 Meares, Lloyd, Q.C., and Dames, appeared for Trinity College; and Sergeant Sullivan and Meares, 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 1616, it was declared that no person other than the Provost, Fellows, and Scholars should make public profession 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 extended to St. John's College, 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 1863, Williams 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 allowed 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 is an active sick 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 addition 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 no authority to restrain them, and 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.

Sergeant 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 MEDICAL CIRCULAR: A JOURNAL OF
Dec. 16, 1863.

The Solicitor-General: We prefer to discuss the matter here, and I am now prepared to do it.

The Counsel: 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. He is at this present moment 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 sanity 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 undisturbed and unaltered impression of what he had said. He repeated to me that he did not recognize 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 endeavored to impress on him my own 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 question 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 act of violence; that he viewed her in the light of his wife, and that he had committed an act of adultery, and that he had perfectly a right to deal with her as he had with any other description of property, as the money in his pocket, &c. I endeavored 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 now had to leave the country. He became much excited, and assumed a wild, maniacal aspect. I am satisfied that the aspect was not simulated. I could not get from him the names of the conspirators.

Dr. Gisborne.—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.—I 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 mere point. I was not in doubt that he knew these opinions as contrary to those generally entertained, and that if acted upon they would subject him to punishment. I should think he would know that, and that killing a person was contrary to law and wrong in a moral 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 ever I saw that of any other human being. His opinions were pretty much those of deists, but he was beyond all control. 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 conception, which would add to his extremities. It was more remarkable last evening than on the 18th of November, and might not have existed on the 21st of August. He said he was now prepared to determine 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 evidence related to the fact that he looked upon a woman engaged in him in the same light as his wife, and that he ought to have the same control over her 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 offense if not hanged.

Baron Martin then summed up, and said that George Victor Townley was on his trial before them for the murder of Elizabeth Florence Goodwin, and the evidence indicated that the prisoner and the deceased had been more closely related than was stated, 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 what he did would cause death, that he was punishable by law for such an act 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 the verdict accordingly. Judge Martin, 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 with whom he lived. He had committed adultery with an infant, with an infant, and in the opinion of what he had said, repeated to me that he did not recognize he had committed any crime at all, neither did he feel any degree of pain, regret, contrition, or remorse for what he had done. He endeavored to impress on him the seriousness 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 question 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 act of violence; that he viewed her in the light of his wife, and that he had committed an act of adultery, and that he had perfectly a right to deal with her as he had with any other description of property, as the money in his pocket, &c. I endeavored 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 now had to leave the country. He became much excited, and assumed a wild, maniacal aspect. I am satisfied that the aspect was not simulated. I could not get from him the names of the conspirators.

By the Learned Judge. —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.—I 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 mere point. I was not in doubt that he knew these opinions as contrary to those generally entertained, and that if acted upon they would subject him to punishment. I should think he would know that, and that killing a person was contrary to law and wrong in a moral 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 ever I saw that of any other human being. His opinions were pretty much those of deists, but he was beyond all control. 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 conception, which would add to his extremities. It was more remarkable last evening than on the 18th of November, and might not have existed on the 21st of August. He said he was now prepared to determine 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
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 ground of insanity.

A man was acquitted 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 8th.

Mr. E. CASTON, 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 advertizing to several points in the general pathology of the destructive disease of the spinal column, described as carsis and necrosis of the bodies of the vertebrae, 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 disease may appear to be 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 sequel 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 Orthopaedic 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, he cited cases which clearly showed, 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, because a disease in which the beginning and the end were wrapped in the greatest uncertainty.

As to the usual result of the malady, the author considered that it generally terminated in bony ankylosis at the seat of the disease accompanied with more or less external deformity, including angular curvature of the spine, with distortion of the chest, &c.

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 spine processes.

The second stage, when angular curvature coexists with advancing disease, with or without external deformities.

The third stage, that of deformity remaining after arrest of the disease, and bony ankylosis.

With regard 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 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, and rarely this would be unduly delayed by the hopefulness of 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 correct counter irritation, in some form or other, and complete remittency were indicated, and might be practised in proportion to the certainty of the diagnosis.

With regard to the treatment in the second stage, the greater difference of opinion exists upon three points:

1st. The necessity of absolute rest—i.e., the recumbent position in bed.

2nd. The advantage to be derived from counter-irritation either by the use of blisters, the morax, or the actual cauterity.

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 recognized, 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 with counter irritation was generally used, and the skill and experience of the practitioner 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 natural and indications 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 girdle.

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 the latter, 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. ROYTH 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 fatal nature of the disease. The patients died from pneumonia, or low typhoid fever. At the Cripples' Home, with which he was connected, spinals were adopted in many cases, but the patients, however, were not allowed to lie down, but obliged to take as much exercise as possible.

Dr. Bellen, 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.

Dr. ROBERTSON 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 curie; it was the latter condition that proved the most cases 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. FALFIRE 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 480 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 infectious 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. MACKOURI remarked that the author's observations fully acceded with his own; indeed, 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 and extend to the bones?

Dr. Gibb inquired whether the author had taken rickets into consideration in relation to the causes of these deformities?

Dr. COWPER thought that strangles was not so much 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. Adams 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 support of irritation as was generally used, and above. 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. I am only

354

and cholera. He had been treated with clouding of the cornea, and he noticed that some of the symptoms were similar to those of tarsal keratitis. He thought that the symptoms were due to an irritation of the cornea caused by a grain of sand.

Dr. Grimsley said that there were three classes. (1.) Mercurialists, who said that 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 disarmed with small quantities of mercury and found it a source of benefit, which he believed. Dr. Sisson repudiated the base doctrine of some that the cure of venereal diseases was unimportant, because there were a divine chastisements of vice as well as a punishment. To relinquish the healing art altogether, since "Vitiis nemo sine nascitur." He was a mistake to call Mr. Syme an anti-mercurialist. His attacks were levelled against the use of the drug, 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 of mercury, he said that it had been said against the chloride 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 hydrate bichlorid for about three weeks. He thought mercury would stand its ground against Dr. Drysdale’s attack.

Dr. G. D. GRIMSLY asserted the evidence brought forward by the author of the paper against mercury in syphilis was quite overwhelming. His own experience completely corroborated it. A gentleman patient of his had chancres, which was treated by mercury, and he received no benefit, he placed himself under Dr. Griffith’s care, and received no benefit, he placed himself under Dr. Griffith’s care, who gave him pot. chlor. and bark. The eruption disappeared and the chancres were gone. He mentioned a case of secondary vescicle. He had not seen such a case abroad, he had never found it necessary to administer mercury for the primary or other forms of the disease, believing that the patient was not suffering from syphilis, or that it had been 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 chloride of potash. The eye faded, the ulceration soon healed, and the patient got perfectly well, and had continued well for some years. In all the cases of which he had heard or read, 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 Chinamen, whose practice was not to suffer from this disease, looked upon it in a frightful manner. This was an interesting remark in connection with the natural history of the disease. The treatment which he prescribed was to give the patient a small dose of quinine, 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 laev. alkaline, and said that any medicinal action of the drug in constitutional and syphilitic cases could be obtained far better without giving the patient any ill effects.

Mr. BROWN considered the statement of Dr. Olcott, which he had made on the subject of syphilis, as quite unnecessary, as well as Mr. Spencer Wells.

Mr. Kollock 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 medical student in Dublin, there was a great deal of discussion on the subject of Colles and Carmichael, on the matter of mercury in syphilis; so that the students did not know what to think. Dr. Kollock thought that tarsal symptoms were not due to mercury, and that none of the other symptoms required it. As to mercury in tarsitis, it was unnecessary, as he had first remarked, when he treated cases of which he had had several, when the natives got well without it. 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 cases. He had been treated by "rational" means at first, and six months afterwards with chloride of potash, &c. Thirteen months after this he still had induration at the site of his ulcer, 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, who was born eye less by the side of an eye, and lost its sight by the side of the other, which was not affected, and the latter was quite right. Mr. Kollock had had not a single case of syphilis in the present week, and had not had a single case of syphilis in the present week. 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. LAURENCE did not think there was any merit in the statement of Dr. Kollock. He (Mr. Laurence) had treated a large number of cases of interstitial keratitis by local solutives, counter-irritation and syphilis, and he thought that the statement of Dr. Kollock was not correct.

Mr. Sisson went on to review the facts surrounding the case of syphilis in the face of the learned audience. He had been present at the first case, and had seen a number of cases. He had been treated with clouding of the cornea, and he noticed that some of the symptoms were similar to those of tarsal keratitis. He thought that the symptoms were due to an irritation of the cornea caused by a grain of sand.
The prevalence of syphilis among hospital patients. With regard to the treatment of syphilis, M. Lavergne 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 young woman who had given birth to a child born from such a treatment for recurrent iritis; having formerly employed mercury fruitlessly. In conclusion, as far as related to the surgery of the eye, he reviewed the views of Dr. Gralfy.

Dr. Gralfy 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 since then 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 pulmonary peritonitis, in pulmonary fever, or pleurisy. He did not think that any opinion could be given to this point.

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. Camp thought that all the opinions he had formed pointed to the use of mercury. Syphilis did better without mercury in warm than in cold climates.

Dr. Charles Dreydale said that as the debate had lasted two evenings, and fifteen gentlemen had spoken, he could give only a few observations of each speaker. With regard to iritis, he was glad to find that so eminent an oculist as Mr. Lawrence was, like Dr. Hughes Bennett and others, as completely opposed to the doctrine. He hoped that Mr. Lawrence's example would soon be followed by other ophthalmic surgeons. Mr. Sedgwick's anti-mercureal convictions were most valuable. In London a gentleman who had had extensive experience of the non-mercureal treatment of syphilis. Dr. Deneric had been the chief defender of the faith in mercury; but he (Dr. Dreydale) had expected a far more telling defence from a gentleman's eminence in the art. As to the gigantio trials of non-mercureal treatment had been made before M. Ricord's doctrine of induration was published. But, during the last two years (1857), the only admirable result he had been obtained by Professor Beck of Christiana, and, among hundreds of thousands of cases recorded by the said observers, there are mentioned innumerable cases of cure and induration were, 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. Dreydale said that there was no new doctrine about such cases. Dr. Deneric'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 had met it but rarely; 2nd, because he could not prove that a drug ought to be abandoned which experiments on dogs proved to have the power of producing cures of the bones and complete degradation of the tissues. As to Dr. Ricord, Dreydale had the opinion that for this reason the doctrine of mercury somehow caused it, among other poisons influences. Mr. Lane's opinion showed him to belong to M. Ricord's school and Dr. Dreydale would only remind him that Caillebert, Fournier, Dider, &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. Dreydale thought, were still greatly under the influence of John Hunter, in comparison with Germany and Switzerland. Mr. Weeke'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-mercureal 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 modern school, and he must be said of what it then was not too little mercury to please Ricord, too much to please others, and too little to be worth keeping. Dr. Beck's experiments ("American Medical Times," 1860) prove that mercury is used far more frequently, nearly twice as often, after mercury has been given, than when not given, contrary to Dr. Menzies' opinion. As to the view of syphilitic infants he would refer those interested to some case he had published in the "Medical Times and Gazette," Nov. 22, 1858, and to fifteen cases published by Mr. Allingham in the same journal, but there only one case which he could compare the evidences of the mercureal treatment. Mr. Curgivenen had related two interesting cases of natural history of syphilis. In the first case the leson 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 per woman during pregnancy, eleven were born alive; none of these had since their birth died, or manifested any suspicious symptoms, although some of them were not treated by mercury. After two hours of exposure to air, however, he found that this would prove rather injurious than beneficial. Dr. Sisson had given further evidence against mercury in syphilis, and entered his protest against the doctrine of the default of 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 the 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 Friske and Beck. Dr. Griffith's anti-mercureal experience and in the Lock Hospital, and were very valuable. As to what he wanted, he extended his opinion of baths and mercury for the Lock Hospitals. We might better learn what the natural history of the disease is when cured by mercury.

Dr. Pollock added another authority to the list of those who, like Dr. Walsh, Dr. Hughes Bennett, &c., consider mercury injurious in the treatment of puerperal convulsions and in the Lock Hospital, and were very valuable. As to what he wanted, he extended his opinion of baths and mercury for the Lock Hospitals. We might better learn what the natural history of the disease is when cured by mercury.

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In conclusion, Dr. Drydale remarked that the result of the evidence, given by the different members who had spoken, tended to strengthen himself in the course he had 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, Dr. Dreydale 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 diseases.

**MEDICAL NEWS.**

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, 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 Colquhoun, Winchester; and Richard H. Dyer, of Eastleigh. With regard to the examination of Mr. Joseph Ridge Greenhill, a resident of Dartmouth, July 14, 1848.—Thomas Charles Langdon, Winchester; March 10, 1856.—Frederick Nodhill, Newnham, May 15, 1854. *These gentlemen had also passed 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. 12, 1842.—Richard Sydney Strange, New, Feb. 17, 1842.—Heary James Penny, Madras Army; March 5, 1842.

At a meeting of the Council on the same day, John Charles George Robertson, L.R.C.S. Edin., County Asylum, Hanwell (Jan. 19, 1852) was confirmed in his Membership.
APPOINTMENTS FOR THE WEEK.

Operations at Middlesex Hospital, 1 p.m.: St. Mary’s Hospital, 1 p.m.; Soho Hospital, 1 p.m.; Hunterian Society, Dr. J. Bea- bond Hickey, “On a Case of Abdominal Perinoma,” 8 p.m.

Operations at St. George’s Hospital, 1 p.m.: Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1 p.m.; Great Northern Hospital, King’s Cross, 2 p.m.; West London Hospital, 2 p.m.; Royal Orthopedic Hospital, 2 p.m.; London Surgical Home for Diseases of Women, 2 p.m.; Harrietson Society, Dr. W. Tillyar Fox, “On Forreys,” 8 p.m.

Operations at Westminster Ophthalmic Hospital, 1 p.m.

Saturday, December 19.

Operations at St. Thomas’s Hospital, 1 p.m.; St Bartholomew’s Hospital, 1 p.m.; St. Mary’s Hospital, 1 p.m.; Charter’s crossing Hospital, 2 p.m.; Lock Hospital, Dean Street, Soho, Clinical Demonstrations and Operations, 1 p.m.; Royal Free Hospital, 2 p.m.

Monday, December 21.

Operations at St. Mark’s Hospital for Finsbury and other Diseases of the Rectum, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

Tuesday, December 22.

Operations at Guy’s Hospital, 1 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.


NOTICES TO CORRESPONDENTS.

SIR,—It is requested that all Communications intended for the Editor, may be sent to the office of the Journal, No. 29 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 notify 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, entitled "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 in a straight line, the shortest way, to the nearest postoffice. There are two decisions: Woods v. Denrett, 2 Stark, 80, Leigh v. Hind, 4 Man. and L. 379. In the second, the patient lived at a postoffice near the practising place, and he has "practised" there, though his residence may be miles away.

I am, &c.,

R.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, nor 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.

PHARMACIES.—The Calabar Bean is the fruit of the Physostigma venenata. 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.S.G.—The College does not grant an admission degree under the circumstances you mention.

A. FELLOW.—Yes, at the University of St. Andrews.

DR. BOURKEVILLE.—Your wishes shall be complied with.

J. DENT.—The distance you allude to is too small, and the beard has been received. Mr. Lumley is thanked for his communication.

To the Editor of the Medical Circular.

SIR,—I shall be glad to oblige you if you will inform me (at your convenience) in your Notes to Correspondents the most recent and best work on the Poor Laws. Being connected with District Preacher, there are certain grievances with which I have to tolerate from a very disagreeable Relieving Officer, and we wish to know, on the best authority, how far his duties extend.

[Laudey’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. Man. Circular]
PARISIAN MEDICAL NEWS.

BIBLIOGRAPHY.

Trot de la Diphtherie du Larynx (crop), (a Treatise on Laryngeal Diphtheria or Croup), by A. Millet, M.D., of Tours, (a). — Memoire sur le Traitement du Croup, Nouveau Precis de Cauterisation largique, (Treatment of Croup, a New Procedure for Cauterisation of the Larynx), by Seraunu, M.D., of Lyon, (b). — De la Trachome dans le Cas de Croup, (Tracheotomy in Croup), by A. Piquet, M.D., late Intern at Hospital Sainte Eugenie, (c).

Mr. A. Millet, the author of a memoir on Pharyngeal Diphtheria, presented in 1851 to the Medico-Chirurgical Society of Tours, recently presented the results of his treatment 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 laryngitis sternitis, the author, undeterred by the previous researches of Bretonneau and Trousseau, supplies us with a succinct and 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 dwell on the present occasion, except that attention is drawn to 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 among 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 nucous or fragments of false membranes, which may in many instances touch the lips, naes, or conjunctiva. For my own part, I have very frequently incurred similar risk, and never thought it necessary to disinfect the operation or the inspection of the affected parts, for the purpose of wiping away the ejected material, 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,

It was while watching by the bedside of a child affected with croup, and who had recently undergone the operation of tracheotomy, that Mr. Blache, junior, persisted on the battlefield of science. Dr. Gilette was also a victim to the same mode of transmission.

"Nothing could have surpassed my vexation 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 in general 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 of croup, into general, local and surgical.

After an enumeration of all the remedies which have been recommended for the cure of croup, the author summarizes 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 should be resorted to, alternately with the salm elec.

The object of the new procedure for 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 Loineau, of Montmartre.

On the surgical treatment, it is unnecessary 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 instrument employed is a curved whalbone rod, ten or twelve inches in length, and of about one inch 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 fingers 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 chorde vocale; the larynx and the upper part of the trachea are then rapidly cleared 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 esquischloride 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 completely 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 esquischloridii, at 30 deg. arcom., and two parts of distilled water.
The method is obviously but a simplification of the procedure originated by the late Mr. Loiseau, of Montmartre.

Mr. Pouqut 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. Pouqut, 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. Pouqut's instructive pamphlet reposes on 214 operations performed in the wards of Mr. Barthée, in 462 cases of croup, and the author briefly 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," he says, "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. Pouqut 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. Pouqut 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. Bayer, and a brief statement of the financial condition of the Central Society by Mr. Legouesq, 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:

<table>
<thead>
<tr>
<th>Year</th>
<th>Members</th>
</tr>
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<tr>
<td>First year</td>
<td>1577</td>
</tr>
<tr>
<td>Second</td>
<td>3088</td>
</tr>
<tr>
<td>Third</td>
<td>4416</td>
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<td>Fourth</td>
<td>5033</td>
</tr>
<tr>
<td>Fifth</td>
<td>5746</td>
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</tbody>
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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.”

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 ill-fated buildings for married indigents in the Rue de Sèvres.

“Till the time of its erection is 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 square 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 380 beds, the total capacity of the Asylum is 1778 beds; 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 200 to the Medical Association of the Département du Rhone, and a sum of 400 to the Hospital of Annayon, to which for twenty years he had been attached as surgeon.

Dr. Persigny recently communicated to the Academy of Sciences a curious instance of hereditary palmisticty, in which four generations in succession presented the same deformity always on the right foot or hand, and always on the same toes of 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 offense at the standards cautioning them against a repetition 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 prosecution the counsel 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 subpoenaed 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 pretends 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 magistrate.

"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 manner in which the Profession, which, in a recent case of legal interdict, 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 instrumnet for cauterisation by means of electricity. It consists, as our readers will recollect, of two large discs, 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 hemmorhoidal tumour with this appliance, which he has slightly modified; the wire now lies in a groove cut on the outer edge of the circumference. Grenet's battery is used by this surgeon for the production of the electric current.

— Dr. Regnault, of Rennes, a former Intern 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.

— At Amiens, Mr. Pierquin; Mr. Bergeron, at Saint-Nicolas-de-Beine; Mr. Rouques, at Montpellier, Mr. Lescat, at Toulouse, Mr. Beticie; at Hambrew. Mr. Goujet, aged 44.

The Medical Circular.

ORIGINAl COMMUNICATIONS.

ON THE USE OF THE BROMIDE OF AMMONIUM IN "IRRITABLE UTERUS," AND CERTAIN OTHER DISEASES, AS THEY OCCUR IN FEMALES.


Member of the Dublin and Fellow of the London, Obstetrical Society, 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 uterovesical bladder, either from a disease of the uterus, or from a disease of the bladder itself, which is probably the most common female affection, which requires so much observation and research, as to be classed among the most important of the diseases of women." (Gortes Hospital, London.)

— The Medical Circular.

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, which probably none more appropriate could be applied, insomuch as it conveys to the mind a mental image of the nature of the disease, which than could perhaps be rendered by any other title; so faithful in truth, and so complete is his delineation, that scarcely any feature seems to be filled in—the picture is complete, and has been 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 to his fame than to remove the constant misconception which has grown up to his name.

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; more necessously, provided it be great and constitutional, will be transmitted from the parent or parents to their offspring, and that frequently without being at all in its intensity, nay, rather in many instances assuming an aggravated form, as though in their issue the condition of the parent had concentrated itself.

Though we most frequently meet with the malady in the nervous and hysterical 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 condition of life, with a seemingly total disregard for idiotocy of temperament.

Constipation, habitual or protracted, is to be ranked under this division, as are also those other conditions of the bowels and alimentary canal, enumerated as hereditary-predisposing agents, but which we very often find to act as remote excitants; there having been no previous or occasional taint or disease: diarrhoea, dysentery, worms, or indeed any gastro-intestinal irritation, as well as any condition of the general constitution, particularly, if it occur in the lower segments of the vertebral cord,—irritation, in the "Pruritus Vulvae," or that of the entire generative apparatus, mental or physical, be it as it may, if there be a superadded irregular discharge of the uterine functions, amenorrhoea, pellagra, 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 length, health, and 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 menses or the resumption 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 such 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 it apprehended, 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 aching, is yet or a diurnal period, sexual character, being aggravated, often when there is no apparent antecedent circumstances to evoke it; these paroxysms are best marked during, previous, or subsequent to, the assistance of the catamenial, 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 fins 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 at rest, either in the public, hypodermic, urethral, or vaginal, douche, 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 extreme sensitiveness of the uterus in question, and, as a consequence, external tenderness; all of which are increased by any causes, inducive of an erect and turgid state of the organ, such as obtains at the menstrual menses; there may
be anecororrhia, metrorrhagia, 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 cover the discharge, the discharge being in reality, health, either in the discharge itself, or in the periods of its return. Leucorrhrea, though not a necessary or constant symptom, is too often in the opinion of the patient, to be omitted, with the irritation, which we have seen will be productive of the malady, may likewise co-exist or even become a sequent. "Obscure tenderness," probably the result of a certain amount of vascular engorgement or turgescence, "and tension, the uterus feels perfectly natural in structure, there is no evidence of abnormality 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 assumption 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 cases of disease of the uterine function incident to advanced age;" and not even those who have passed the climacteric age can be reported as not obnoxious to the affection.

This condition does not, in the majority of cases, evidence very much sympathy; in some there is general irritability, a pulse quick and frequent, and in both these respects accelerated by the allergic medical excitation or mental excitation; indeed, it may come 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 on the worst forms of hysteria, the most nauseating, digestible, and abominable substances being longed for and devoured; there will be likewise a most impassioned yearning for commissuration, a morbid craving for sympathy.

Nature of the Disease.—Having exhausted its non-inflammatory character, as evidenced by there being no organic structural changes, the disease assumes the form of "a disease only of function," with the same time he gives it as his opinion, that the organ will be found in a state of simple irritation. Dr. Fleetwood Churchill, that whom there is no higher authority, considers it "simple neuritis 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. Graf. Hewlett, and by Valles, who considers it a part only of a form of neuritis, to which he has applied the term—lumbo-abdominal; while others again look upon it as essentially a sympathization, the irritability of the womb being alone secondary, that is, the sequence of irritation, primarily involving some neighbouring or more remote viscera or other part of the body, which is communi catecd to the uterus by means of the affected action or sympathy. Without any doubt this malady does depend on a morbid condition of the nerves, a condition sometimes present, which others purely secretory, and may, with no violation of physiological or pathological truths, "be regarded as a local hysterical 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 development 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 unwaited action, when in the system at large there are as regards health abnormal deviations. The one sometimes finds the same morbidly sensitive and deranged nervous excitability of the vagina, a condition to which the name of Vaginismus 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.

Conclusions.—Owing to the constant presence of this—to speak it of the mildest terms—source of discomfort, the health, even should it have been strong and our patient robust, will soon begin to be damaged; but since frequency of menses, 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 visibly mark themselves. The patient, on 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 undeniating, tendency of this ailment is to uterine hemorrhages, 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 tubercles. Again, sterility will be the case, there being, if there is one—indeed, if there is any—reason for it, it will be engaged in the exquisite morbidity sexual congress is wholly impossible, owing to the extreme agony occasioned; and, secondly, because in these cases, in our enumeration, the dejection, 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 vaginitis 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; hence, in any acquisition to the use of any medicament, 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 beholders, beheld 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 and entire recovery is marked with such necessarily imposed restraint, and, indeed, with all modes of treatment, to intensely the harassing and wearing anxiety of her already over-anxious dependents, to seriously be desired. Recovery is hopeless, and that she must, despite all effort, yield to her malady, and become a confirmed invalid; while with her must necessarily apper appear a day, drug, or drug, and still scarcely any amelioration to the constant suffering; remedy after remedy fails in the administration and application, and at length baffled in its most earnest efforts to food acknowledged, what too often feels, his entire impotence.

The indications of treatment are these—first, 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 patient, and which he should be taught, that he has not previously been learned, by her medical adviser to cultivate and exercise to their fullest extent, insomuch as the complexity of the disease is debarred from the aid of the skill of the operator, to the furtherance of the physical or corporeal qualities and powers. To each case, therefore, there is such an infinite variety of character, and of phases in the characters themselves, which we are at a loss to express to the patient the mental and moral method of treatment, adopting at one time or with one class of cases, mild and persuasive measures, at another time vigorous and severe, in a different order. Yet, in the case of the 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 phthisis.

Rest, the great and most essential, the removal of almost every malady. This is to be insinuated, not alone for the subslial of the pain and for the amelioration of all the symptoms, but likewise for the patient, and which he should be taught, that he has not previously been learned, by her medical adviser to cultivate and exercise to their fullest extent, insomuch as the complexity of the disease is debarred from the aid of the skill of the operator, to the furtherance of the physical or corporeal qualities and powers. To each case, therefore, there is such an infinite variety of character, and of phases in the characters themselves, which we are at a loss to express to the patient the mental and moral method of treatment, adopting at one time or with one class of cases, mild and persuasive measures, at another time vigorous and severe, in a different order. Yet, in the case of the 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.
obvious to all—of such a foreign body will tend to keep up the very irritating influence which it has upon the parts. 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 logical applications, 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 relief from pain, requires to be given in gradually and continually increased doses, very much to the detriment of our patient, to the maintaining, if not the aggravation also, of both the local and general perturbation, and to the induction of great nervous prostration; furthermore, opiate exercises a decidedly baneful effect in arresting, or at least, checking the secretions, especially the gastro-intestinal, whence arises dyspepsia in the multiform varieties, constipation and its attendant ills, among the least of which the necessity for administering purgatives cannot at all be estimated.

"I think an important fact," says Gooch, "that in cases which remain uncured for many 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, it results in a local and general debility; thus, the debility resulting leads 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 explanation of the irritability, 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 a long time 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.


These lectures, besides being delivered before the College of Surgeons of England, have already appeared in the pages of a Medical Journal; 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 yet unopened by the College Professors, and he therefore selected a department of surgical practice hitherto unoccupied, namely, that of Thaerapeutics. By this term, he does not imply the action of drugs, but the influence of what may be called Nature's agencies—other agencies 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 trie, and apparently commonplace, that they seem almost beneath the notice of the uninitiated, who speak from the professorial chair; but they really involve a host of considerations and inquiries which interest alike the Medical philosopher and the homely practioner 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 excited 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 the medical practitioner by tracing the nerves from their origin to their distribution, or vice versd, and by studying the connexion of the different sets of nerves with one another, is led to discover the nature of disease and to devise the 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 are poured out, and irritation and inflammation are set up until the unwelcome intruder is expelled, where rest alone effects the remission 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 calculus in and around the fracture affords the repose which is necessary to the juncture of the injured fragments. In internal diseases the principle of Rest is of the same operation; the object of Nature is to procure rest for the injured part; the brain excited to phreny or to inflammation by the cares of life or by over- exertion, is restored by repose, by silence, and by sleep; the inflamed pleura, painfully gnawed by the surfaces obtains rest by the beneficent effusion of coagulable lymph; and the fistulous opening, enlarged by movement, is closed by the compression 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-splanic fluid, which is too often overlooked in anatomical examinations, but which forms the floor 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 consciousness 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 fracure 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 sand into the external meatus of the ear in earache, 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 it is probable that the applications and disguised medicinal uses of this and other nostrums are many and various, and the use of poisons are only imitations of and auxiliaries to the remedial powers of Nature, which dictates rest for the cure of disease.

On most of the philosophical views and reasoning 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 on which he has meditated 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, Almanac, 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 practice. 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, obstetrical and vaccination engagements, and many other particulars, the whole being got up in very excellent style, and of good materials and workmanship.


This little work communicates in a small compass, with the development of the teeth, their diseases, and the appliances of art in remedying the defects of these organs, or in supplying their defects. A chapter is devoted to 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 caudal adhesion alone; and as the only metallic appliance ligated is said to be pure gold, no solution of the material can 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 carried 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 Diis majores of the Borough hospitals; and private teachers, of more or less celebrity, such as Grainger, Carpus, 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 depolymerized 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 claim, like the Trojan hero, with reference to the changes in medical history, "quoniam pars magna sui." Still we do not give Mr. Green credit for promoting the cause of medical and surgical science, or the advancement of the Profession in general 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 undeniably 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 Gay'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 indulgence 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 son 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 dropscap effusion in the pericardium from retrocondylium. 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 TOWNEY.

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, died, 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 decessor 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 the 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 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 he 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. after wards 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 lectures on surgery and pathology. As an operative surgeon, he was unequalled in the skill with which he performed that for litorotomy, 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 'Dissection 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 wholly injurious where it did. About this time he was unfortunate in entering into a woeful warfare with the Lancet, about the publication of his lectures, and in which he was severely handled and utterly 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 he refused 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. Both were considered popular discourses; the latter 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 Council 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 in their power to confer—the President's gown—an honour again most worthily conferred on him in 1848. From Her Majesty's Government he received the appointment of President of the Council of Medical Education and Registration of the United Kingdom for 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. Britton, 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 lachrymali 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, sthildicism 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 ophthalmitis, 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 sthildicism 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 Tetania Medio-Canellata in the Same Patient." In this case Dr. Greenhow at first suspected the ethereal oil of male fern in half-dozens 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 Tetania 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 Tetania 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 tetania medio- canellata, which may sometimes be mistaken for solium solium. In the treatment of the latter, Koch's observer considers the oil of male fern very efficacious, but in the tetania medio-canellata he thinks that oil of turpentine is more successful, and Dr. Greenhow's case seems to bear out this opinion. Dr. GRAILY HARRITT communicates a paper on the "Biliarycirrhosis Osymi," 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, his morrhage and seso-sanguineolent discharges ceased 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 cedematous 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 Hemiplagia," 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 magnesia, and sulphate of magnesia. This produced a copious evacuation of bowels, 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 mammals, 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, Gerlt, Schultz, and Valentia, 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 1832 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 described 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 physiological 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 absent 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 identical 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 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 man and quadrupeds; 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 the bodies of quadrupeds, under the impression 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 Seznec, Martin Butt, and John Hunter, now often called plasma, or bile, we are 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 these liquids of a mixture of 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 mass—a protracted clot. Such a design may readily be the coagulum—this protoplasm—in the serum may immediately assume the form of a membranous sac having lumina within and an intimate texture of cells throughout. Yet all this, moreover, so purely 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 this osmotic secretion 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 animal nature. While cordially acknowledging our obligations to such admirable foreign observers as Malpighi and Bordali, Patag and Senegal, we must also, with just pride the pre-eminent native service 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 already aspiring to the first scientific demonstration of the life of the blood; to Harvey the discovery of the leading office of the lymphatic system, of the formation of, and endosmosis 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. Cole continues his relation of "Cases of Epilepsy, Convulsions, Giddiness, etc.," illustrative of the affections of the nervous system, most of his cases now related occurring in adults, and being of etrogetic 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 inlaid in the hand, and hooking it over the highest portion of the fetus, 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 a number of students of the London Hospital. The object of the society is to establish weekly meetings for the discussion of professional subjects. It is repeatedly urged, 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 interest. University Intelligence.—Oxford, December 12.—Mr. William Thistleton 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 required by the 1st of June 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 portion of the charges levied at the above College to "a sum not exceeding 25L. 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 endear to regain for the exhibitors 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 had been 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 remitting their failure in carrying out the exhibitors' part of the school,—a failure noticed, I may add, by yourself in your valuable Leaders dated January 22 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."

"Governor, The Exhibitors' Committee, representing as it does a body of Governors of the Royal Medical Benevolent College, who are dissatisfied with the charge now made for exhibitors, 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 parent body of the College.

"It must be admitted that each department of the college was designed for the poor members of the profession, and that a moral obligation still rests upon the council to supply so much as a high character, conducted by laymen of the Church of England, for 25L. 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 Exhibitors' Committee holds that the council were not entitled 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 Exhibitors' 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 possible to give the Sons of Medical men a good commercial education for 25L. a-year, and a classical education for 35L. provided a moderate number of lay scholars were admitted to the lower school, and the upper school at a charge of 55L.; the addition of lay scholars being regarded as a benefit to a school otherwise composed of boys derived from one particular profession.

"The Exhibitors' 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 Exhibitors' 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 Exhibitors' Committee.

"1 Manor road Upper Holloway, June 16, 1863."

ROYAL MEDICAL BENEVOLENT COLLEGE, Epsom,
Office: 37 Soho square, London, W."

"By the way, 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 exhibitor, have reported to the Council that they find, as the result of very careful calculations, at the present time each exhibitor is costing the Institution 40L. 3s. 6d. per annum.

"I am directed to add that, whilst it is the opinion of the Council that this report would not justify any immediate reduction of the charge for the education of exhibitors, the Council are considering the expediency of adopting charges which may eventually enable a certain number of scholars to be admitted at a lower rate than is at present paid by exhibitors.

I am, Sir, your very obedient servant,

W. B. KESTEVEN Esq."
The case appearing in many respects a favourable one, it was resorted to by Mr. Ernst 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 of the three prevalent causes was carried out over those already described, on the limb, and the degree of flexion somewhat increased. On the 11th the bandages were removed, and the aneurism examined. No pulse could be felt; but, on making a deep pressure, a slight thrill was just perceptible. The limb was again flexed and bandaged. The next day (that is the fifth from the commencement of the treatment) neither pulsation nor thrill could be felt or heard. The aneurism was thus diminished in size, and the patient got about comfortably in the course of two or three weeks. He left the hospital on the 25th of August. At the time of the treatment the patient took every thing for about four hours a draught containing tincture of opium, tincture of digitalis, and hydrochloric acid, with manifest good effect.

**NOTE ON A CASE OF POPITULAR ANEURISM CURED BY FLEXION OF THE KNEE (BY THE LATE MR. H. C. JOHNSON).**

By Ernst 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 fresh aneurism in a man who had effectually by forcible flexion of the knee, carried out in the manner which proved successful in the first case which Mr. Hart communicated to the author. That patient was the same under whose cure the case was described, but 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, with a popitolar aneurism of moderate size, and of a few month's duration. He employed pressure with tourniquets for nearly three months, but ineffectually, and was just about to adopt of proceeding to a more sure measure 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 the manner in which Mr. S. F. of Edinburgh, at a forcible flexion successful in curing a relapsing popitolar aneurism, which had recurred after ligature of the femoral at Scarpa's triangle, where the two uniforming alternatives were the ligature of the ilie under those peculiar 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 popitolar aneurism effected by British surgeons since September, 1858, the date of his first case.

**NOTE ON THE APPLICATION OF INJURIES TO ANEURISMAL CLAMPS AND OTHER PRESSURE INSTRUMENTS.**

By Ernst 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 aneurismal disease by percussive, by instantaneous ligature, or by inflation, 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 tediumness of the process, giving an abandonment to the patient which the ligature of the main artery, Ligature after compression had failed, gave less satisfactory results than primary ligation. In thirty-three 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 continuing and constant pressure upon the femoral aneurism, so 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 an easy or required skill, 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 patient 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 assistant 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 many of the objections which educate the patient, on putting the pads in position, could in each case ascertain for himself with what amount of pressure the femoral circulation could be stopped, and, according as he judged, to produce the one or the other effect. Having determined the minimum force by which this could be effected, it could then inform his assistant, and point out to them the limits within which they were to keep the pressure in view, and if circumstances subsequently, they found that the circulation was not controlled with that degree of pressure, they would know that the pad was not well applied, and that the compression had to be increased. Instead of screws 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 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 be a fruitless and unprofitable purpose, as this would need to be ascertained for each particular case at the commencement of the treatment. He might, however, select the three following from among the most curious of his 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, 5 ft. 6 in. high, robust and powerful; measuring (at the level of the perineum) round the thigh 22 in., above with the knee 14 1/2 in. Pulsation arrested at apex of Scarpa's triangle by a pressure of 11 lbs.; at Hunter's canal by a pressure of 14 lbs.
- J. 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 12 1/4 in. Pulsation of femoral arrested at fold of skin causing pulse 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 Blaine, and which he offered for instruction, 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 large aneurism. The analysis of cases showed that elastic pressure was best borne.

The principle involved in the application of indices seemed to be that the author not unworthy the attention of those who were obvious one which might be applied with advantage to other instruments of pressure and extension in surgery; and on the table of observation would be an eye to the kind of pressure on the femoral aneurism, and the consequent dislocations. It might be useful to apply it to apparatus for overcoming fibrous ankylosis, and restoring bent and deformed limbs.

Mr. Ferguson 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 medical 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 so novel, and the mortification which was peculiar interest. He referred to the bandaging of the limb in Mr. Hart's method, and suggested that its omission might account for failures in some cases. 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 well machine. He thought, however, that the pressure was too great, and that if all surgeons paid such attention to minute particulars they would be overburdened with anxiety. Mr. Ferguson also did not think it probable that Mr. Moore, Mr. Robin, Mr. Woods, and Mr. Fergusson, who had used compression, advocated remedies tending to thicken the blood. Then he asked why Mr. Moore, when he supposed that part of the ced had been separated, did not attempt to break through it, and set part of it into the distal end of the artery, and thus cure the aneurism? Mr. Ferguson 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 popliteal part of the calf.

Mr. Barclay 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 in the Charing Cross Hospital, under the care of Mr. Canton.

Mr. Moore said that he had little to say, except to answer the court's inquiries about Mr. Ferguson's case. 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 ask any question; and he apprehended that Mr. Ferguson might have 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 (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 not 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 treatments 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. Ferguson, Mr. Moore, and Mr. Barclay, not only for the interest 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 those particulars very closely to the case which he (Mr. Hari) 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 successfully adopted in the hands of so many surgeons, and in cases where other methods had failed, that he hoped it might now be considered as one useful resource in the treatment of this affection, 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 flexion was not a universal method, and was contra-indicated when 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 regular support. He had no objection to the use of any apparatus for maintaining the leg in flexion, but it was necessary to observe that a variety of which a suitable one had to be made; but he thought the use of bandages perfectly effectual, when they were always at hand, and it was one advantage of this system that neither apparatus nor the apparatus leg 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 a large number of layers of fibrin in the aneurism on the cure; rather than by conglutination of its contents en masse—the worst and most dangerous. Referring to the case of Mr. Moore, and the suggestion of Mr. Ferguson as to manipulation, Mr. Hart mentioned a recorded case by Mr. Teale, where manipulation so employed, after a period of compression, 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 discharging 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 in the cases of continued fevers, spondiisis, melancholia, and typhus, my colleague, the Professor of Practical Medicine, has placed in the hands of his pupils a printed list of not less 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 surgeons take to be all distinct fevers, and then read "eight hundred fevers," 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 on the question of responsibility which they would incur were their verdict such as might tend to impair the energy and efficiency of medical practitioners. His Lordship was of opinion that "in that particular case the evidence was so overwhelming that even the fullest and most prejudiced of juries could not have resisted it." The warning which his Lordship gave was not without effect, for the cause did not come to 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 require, 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 will 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 manifest than when the liability of the profession is in question. It is not waiting for the defence, published a long time since, 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 generally, say to the courts, "You ought to be taught that they and the public generally are incurably far greater peril from the increasing reluctance of medical practitioners to undertake the most hazardous, and whenever necessary, the most perilous services of their patients. This is not the only instance 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 incapable enough from his emotions and actions, it did not betray those obvious hallucinations or delusions which impress on the mind a notion of its reality and power, and were more ready to admit the propriety of putting restraint upon one who enters some innocent delusion such as that his head is a basket or that of a horse, and is, when such, better than on one who may any day commit arson, or suicide, or murder.

The extreme jealousy of our countrymen on this subject has been made very apparent by the case already referred to—the worst and most dangerous. Referring to the case of Mr. Moore, and the suggestion of Mr. Ferguson as to manipulation, Mr. Hart mentioned a recorded case by Mr. Teale, where manipulation so employed, after a period of compression, 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.
cases resembling this in kind, though not perhaps in degree, are met with.

The Medical Profession may beforelong be driven to concerted action, on that of refusing to sign certificates of insanity in any cases. They would truly represent it only for the restraint of insane persons without medical certificates. If these are not forthcoming let the law find them; in other words, let every discretion be provided with a public officer, whose duty it shall be to testify to insoulsness 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. DEPU TATION 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, authorizing the erection of St. Thomas's Hospital on which is called the Stanton site. Amongst the deputation were Mr. T. Nelson, City Solicitor, Mr. Seammell, C.C., Mr. Alderman Funnis, Mr. Neil, Mr. Parker, Dr. Bendle, Mr. Dannell, Mr. Dennis, &c.

Mr. Nelson, on the part of the City Corporation, stated that he apprehended no support of what had been done. The Corporation of London had considered a right conferred upon them by the charter of Edward VI. That charter authorised the Corporation to erect St. Thomas's Hospital; and now the necessity 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. Bendle, of St. George's, Southwark, who has taken an active interest in this question, stated he came on the part of the parishioners on the south side of the Thames, who have resolved on appearing before the Vice-Chancellor by counsel in opposition to the Stanton site, showing that the necessity for the purpose 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 56,000 in 1859, and 30,000 in 1861, to 63,000 in 1862. All that showed the necessity for the institution as nearly as possible in its original locality. As to the site at Stanton, he had handed addressed letters to all the chief medical men on the south side of the Thames, to the number, he thought, of 115, and from 107 of these gentlemen he has received a remonstrance that site was altogether unfitness for the purpose of a hospital. It was surrounded by numbers of unwholesome and deleterious manufactories, besides a well-known marsh, semi-peat up 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, and while they had the site of Bethlem Hospital still in prospect, he could not see the wisdom of paying 96,000 for the privilege of building an hospital on the muddy banks of the Thames.

Mr. T. Neil, 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 said he had to take that opportunity of stating, in respect to what had been reported as to the insolvency of Stanton 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 petitioners for 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 inconvenience.

After some further conversation.

The Attorney-General said he certainly thought that the representatives of the parishioners who had appeared before him were perfectly entitled to incur necessary 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 not consider 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 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. Reeb. Flesby, Peninsular and Oriental Company's Service; Charles J. Harrer, M.D. Vienna; John Warrington Haward, t. George's Hospital; William Mallimore Haydon, High Wycombe; William Hewitt, Upton, near Birkenhead; John Hide, Ebenezer terrace, Turner street, Mile end road; John Charles Hunter, Wilton House, Belgravia; George Edwin Hyde, Forester; E. H. Jones, Llanasa, Panshire; Wynne Stanet Ramsan, M.D., Wincanton; John Wilton Sheridan, Bowmurray; John Henry Simpson Maidstone; David Shorter Skinner, Headcorn, Kent.


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 Fitzherney, Brymawright, Creon, S. Wales; Edward Lloyd Harries Fox, University College Hospital; David Hamilton Jones, Cardiff, May 26th; J. J. Mackenzie, William Foster Roake, Scarborough Yorks.

MEDICAL EDUCATION.—The question of medical education was discussed at a Conference of the Royal College of Surgeons of Edinburgh, on Thursday. There was also a meeting of the Medical Faculty, 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 to the university, the exclusion from the regular 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. While 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 500 errors. 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 publications of licentiates in medicine, and the correspondence of surgeons and teachers. The branches which surpassed all others in importance were practical anatomy and hospital instruction, but at present, with the multiplicity of clinical subjects and the frequency with which they were taught, 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 merit. He had no hesitation in saying that the present system of examinations should be entirely abandoned,—1st, because inefficient for their professional purpose; 2nd, because they interfered with the acquirement 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 profession before a certain age; third, he would require four years' practical study in 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 a 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 uninteresting or indigestible details, or allowed an unwise hobby to carry him away from the field of practical utility into regions of unprofitable speculations, or, still worse, taught doctrines 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 subjects 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. Bart, President of the College of Physicians and Dr. 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: —


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:—Dacccoli in Medicine.—Joseph F. Blake and Georgius Atkinson. Magister in Chirurgia.—Georgius Atkinson. Doctor in Medicina.—Thomas Edwardus 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 bequested the following sum to the under-mentioned institutions:—100l. to the London Fever Hospital; 500l. to the Winchester County Hospital; 500l. to the Royal Free Hospital, Gray's-inn road; 500l to the Deaf and Dumb Institution; 500l. to the Inlignant Blind and 1,000l. to the Midhurst Hospital, making a total of 2,500l.

Surgical Progress in Lancaster.—Mr. J. Grant, the superintendant 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 exactions made to effect a similar reform in that town, the rate had been reduced to 22. In five years, 1858-44, 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. Atkinson, 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., deceased.—G. P. Atkinson, M.R.C.S., has been appointed Medical Officer for the Knootley District of the Pontefract Union, Yorkshire, vice J. H. Bywater, M.R.C.S., deceased.—J. W. Beaumont, M.D., has been appointed Public Vaccinator for District No. 2 of the Eccles-Bierlow Union, Yorkshire, vice G. R. E., deceased.—W. M. Bont, M.R.C.S., has been appointed one of the Resident Surgeons to the Birningham Lying-in Hospital and Dispensary for Diseases of Women and Children, vice E. C. Asheford, M.R.C.S., deceased.—G. Boeker, M.R.C.S., has been appointed Public Vaccinator for District No. 5 of the Eccles-Bierlow Union, Yorkshire.—S. W. Fisher, M.R.C.S., has been elected District Surgeon to the Bristol Dispensary, vice H. Cooper, M.R.C.S., resigned, and appointed Assistant House Surgeon to the Bristol Royal Infirmary.—J. Gregory, M.R.C.S., has been appointed Public Vaccinator for District No. 3 of the Eccles-Bierlow Union, Yorkshire.—H. R. Howatt, M.D., has been elected Assistant Treasurer of the Gloucester Southern Medical Society for the ensuing year.—J. Janieson, M.R.C.S., has been elected Medical Officer and Public Vaccinator for the Acliff Dispensary District of the Newport Union, Co. Mayo.—W. F. Loneran, M.D., has been elected Vice-President of the Gloucester Southern Medical Society for the ensuing year.—E. M'William, L.R.C.S., has been elected President of the Gloucester 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, 1 p.m.

Thursday, December 24

Operations at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1 p.m.; Great Northern Hospital, King's Cross, 2 p.m.; West London Hospital, Orthopaedic Hospital, 2 p.m.; London Surgical Home for Diseases of Women, 2 p.m.

Friday, December 25

Operations at Westminster Ophthalmic Hospital, 1 p.m.

Saturday, December 26

Operations at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1 p.m.; King's College Hospital, 1 p.m.; Charing-cross Hospital, 2 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; Royal Free Hospital, 1 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 Fists and other Diseases of the Rectum, 11 a.m.; Metropolitan Free Hospital, 2 p.m.

Tuesday, December 29

Operations at Guy's Hospital, 1 p.m.; Westminster Hospital, 2 p.m.

BOOKS RECEIVED FOR REVIEW.


NOTICES TO CORRESPONDENTS.

* * * It is requested that all Communications intended for the Editor, may be sent to the office of the Journal, No. 29 King William street, London.

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 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. HICKSHEAD's note has been received, and the subject shall receive appropriate notice.

Mr. Lang, who asks for an explanation of the word ApoÌ audiences, is informed that it is the active principle of the common parsley, called in botany, Apium petrosenum.

QUESTION.—The hydrated oxide of methyl or methylated spirit bears the same relation to methyl alcohol (which is the hydrated oxide of ethylene) does to ethylene. Methylated spirit is obtained from wood, but alcohol always from sugar.

Alipa 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, hyoscymus 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 arseniates of soda and iron, but it acts, in small doses, as a tonic. Medicus, Edinstow.—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 understood to be for the year.

Dr. D.—The M.S. was duly received, but its publication was delayed by unavoidable circumstances.

JUVENILES.—We have no knowledge of the person alluded to, and we are not aware that his name appears in the Register.

Dr. S. L. E. has been elected a privy patient of Dr. C. THOMPSON's paper on the Thapeutic 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.

DEC. 30, 1863.

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 Gori-Requiere 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 1, recorded by Gooch in the book to which I have already made reference, those words occur: "—Two bleedings of 33 xj. each, produced exclusive leucorrhoea without abating pain or the insufficiency of the circulation;" while these from Case II corroborate my objections still further: "As her spasms recurs twice, and often three times a week, leeches were applied equally often; and they were employed upon an average about ten times a month; and, if the quantity of blood drawn at each time be estimated at 33 xj., she must have lost about 33 xj. every month. . . . The paleness of the blood, and the marl 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. We are 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; on this occasion were larger and bled more plentifully 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 amnesia, or supravision, when hemorrhage has occurred.

These treated on the lowering plan, that is, by spare diet, by leechings and purging, &c. became pale, thin, and weak; and 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 correspondingly 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 the cases in which it is aggravated, when the uterus has been relieved by the menstruation, discharge.

This latter is a curious, yet incontrovertible fact, though in not a few instances, it will be greatest immediately preceding the catamenial flux, whilst in other 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 menses.

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 incomparable 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 deprave because morbid, sensations and anxieties, to their perpetuation and that of her particular malaise? Most certainly! 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 very morbidly excited.

Warm hip-baths have in the practice of some proved beneficial; I should, however, be inclined to view them as inductive of debility, locally and generally, and as such be contra-indicated.

One plan of treatment—the very extensive use of which Dr. Churchill enjoins—I will quote the expression 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 a few drops of alcohol, 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 on 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 been acute. In Case I, recorded by him in the same work in which we have before adverted, resort having been made to bleeding without any abatement of pain, or of the disordered circulation, the patient "took gr. j. of calomel and gr. 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 cases successfully treated therewith. Anti-rheumatic, anti-neuralgic medicines—as guaiacum, 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. Grant 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 71° F., and which contains carbonic acid, and chlorid of sodium as chief constituents, has a wide reputation in the cases of chronic mastitis, 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 clysteric water often proves of immense advantage, not so much as a local of acute care as of a general tonic; but the effects require to be watched, as not uncommonly, it may, in fact, be worse; there should be an operation of any existing uneasiness, or a complete relapse of the malady.

I have dwelt at some unnecessary length, I have explained somewhat minutely on the symptoms, medical treatment, and the effects thereof, the tendency and the pathological conditions, which may subsist contemporaneously with or be preceded 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 line in its 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 described, but which in no degree is entirely distinct, as will be seen on the comparison of their symptomatology. In it there are certain "fluctuating local changes" dependent upon the movement of the uterus; they are the result of the progression; 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 in the variated pain arising from engorgement; ulceration of the cervix or os, 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 to phthisis, or into "that kind of chronic rheumatism which attacks the small joints, gradually crippling the limbs, and feet first, before it extends to the larger articulations, disorganising the heart, or into ovarian dropsy, or uterine hyper- trophy;" he further, having promised the possibility of erection on the part of the uterus and its appendages, that these may be set up 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 two fingers breadth, and entirely after the easy and painless introduction of the uterine sound, and to continue thus enlarged and exquisitely painful for upwards of your without any other change in its structure."

The tendency to phthisis is explicable, not alone on the grounds of the superimposition of general debility, but also because of the close sympathy existing between the uterus and the lungs—no notion of corrosion—necrosis is evidenced in that form of hysterotrophic designated vicarious menstruation.

With these premises relative to the symptoms, the natural history, the treatment of these 2 cases, which are inserted 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
by means of a new and effective measure by which I can
obtain, is the injection of the uterine substance with the
morning on—three of a grain of morphiae taken in capsules—by the instrument of
Wood's syringe. Other solutives than the morphia may be em-
ployed, but this, I apprehend, will answer every purpose, nor will
they bebetter than once in the day. I have not yet, found any necessity for its
employment; cases may, however, present themselves, in which
we may wish it advisable to adopt the more frequent use of this
powerful analgesic.

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
prone 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
eastert oil; and the administration of the bromide of ammonium in
doses varying from gr. x. to xx. (or even more should it be requisi-
ted), repeated every fourth hour; should we, however, wish to stop
the uterine discharge altogether and quickly, we may use this
medicine in the following way: for the first dose we might pre-
scribe 32, or 32, or 32, at a single hour or every two
hours to gr. x. to xx. I am now alluding to a case where hemorr-
Oage from the uterus, in the form of menorrhagia or metrorrhagia
is the urgent symptom; in those instances, however, in which pain is
not the principal symptom of suffering, I make use of the same
medication, in quantities varying from gr. x. to xx., or even in larger doses,
given as there may occasion every one, two, or three hours. In
other cases, I may prescribe the former dose, and in no case have I
hesitation in prescribing 32, to be taken at the very onset of the
purury, and if there be a tendency to periodicity, I order 5's. (sometimes
32, or 32) will suffice to be taken about a quarter of an hour or ten
minutes before the return is expected; the medicine, after this
anticipated dose, to be continued steadily in quantities of gr. x.
every third or fourth hour till the pain be eased, when there may be
an allowed a longer interval, the quantity of the medicine may
not be subjected to any diminution. The effect in allaying or
removing pain, in checking, or altogether causing to cease, any
uterine hemorrhage, is sometimes miraculous.

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 on the uterus, and may be divided into two classes, one
of a haemostatic at another, or at the same time of use, to combine the action of both these
classes of remedies; I only, 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 sug-
gest 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, eliciting
and regulating disordered action, while at the same time restoring
or preventing to restore the affected parts to their wonted healthy
condition.

As a haemostatic, 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
constraining the vessels to, or in the immediate influence exerted upon the vessels themselves, whereby their tone is
restored, the capability of answering stimuli regained, and the
power thereby lost in diminishing the tension or the walls superseded by normal vigour and tension, so that
there cannot occur exudation.

There are other decided conditions in which, with as decided
advantage, we may employ the bromide of ammonium, and of which,
in some future occasion, I propose to lay the facts before the Profes-
sion: they are, menorrhagia, metrorrhagia, in the latter of which are
comprehended all forms of uterine hemorrhages, whether from
lesions of the uterus itself, from ovarian irritation, excitation,
infanmentation, or of any of the various disordered or abnormally
peculiar to the ovaries or adjoining parts and viscera; amenor-
rhoea, dysmenorrhoea, renal discharges or disease, the same con-
dition of the uterus, of the bladder, and of the urethra; in
chronic and chronic, also, I have employed this agent, to the great
allievement of the patient's distress.

The uterine and ovarian affections, for which the bromide is
indicated, are many and various, and shall be hereafter enumer-
ated; the vesical abnormal states are cystitis of the acute and
chronic forms; mere irritation; stone; paralysis (which it will
likewise relieve), and hematuria.

Reasoning from analogy, I should hope, though I have never
administered it, that this medicine would prove powerfully effi-
caciously employed, in a very mucous form, in hematuria, if not indeed in
all forms of hemorrhages; neither have I yet tried it as, a
topical external application, in the arrest of external bleeding,
but I see no contra-indications, to 'while I see every reason to adopt,
its use.

I never give a smaller quantity than gr. x. for a dose, and in cer-
tain 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
upon continuous use of the same for a few days, with a saline
fluids, such as frax-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 urinoma deposit!

May it not in post-partum hemorrhage likewise prove as power-
aful as it is in the cases to which I have made reference in the foregoing part of this paper?

In so manyuterine and ovarian affections will this drug be found
far more medical, as almost to justify the attaching to it of the name
utero-ovarian specific!

In conclusion, I would state, that the Profession is largely in-
debted 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 18th.

GENERAL CORRESPONDENCE.

ON THE THERAPEUTIC ACTION OF MERCURY.

To the Editor of the Medical Circular.

Sir,—It was proposed to me, some months ago, by a number of the Har-
vian 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, to write a few words on the use of mercury in some
forms of inflammatory diseases.

The question of mercury in syphilis, I am content to leave in the
able hands of Messrs. De Mérice, Weeden Cooke, and Lane, but I
should like to say a few words on the use of mercury in some forms
of inflammatory disease. The subject, however, is so large, and
Abuses non tollit umnum.

and because mercury has been grossly abused and made the instru-
ment 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 very nature, a
medicine magical.

That excellent physician, Dr. Chambers, says in a lecture on
Hydrothorax, published in the "Medical Times and Gazette" for
February 6th, 1862, "Mercury distances all the contents of our Pharmacopoeia, 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 ways 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
drawn out, or prolonged, or in the immediate influence upon the
bodies, or in the immediate influence exercised upon the vessels themselves, whereby their tone is
restored, the capability of answering stimuli regained, and the
power thereby lost in diminishing the tension or the walls superseded by normal vigour and tension, so that
there cannot occur exudation.

There are other decided conditions in which, with as decided
advantage, we may employ the bromide of ammonium, and of which,
in some future occasion, I propose to lay the facts before the Profes-
sion: they are, menorrhagia, metrorrhagia, in the latter of which are
comprehended all forms of uterine hemorrhages, whether from
lesions of the uterus itself, from ovarian irritation, excitation,
infanmentation, or of any of the various disordered or abnormally
peculiar to the ovaries or adjoining parts and viscera; amenor-
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all forms of hemorrhages; neither have I yet tried it as, a
topical external application, in the arrest of external bleeding,
but I see no contra-indications, to 'while I see every reason to adopt,
its use.

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tain vesical or renal complaints, I sometimes combine it with kali

Dec. 30, 1863.
salivation. Watch for the first indication of gum tenderness, and then at once suspend the remedy.

The sore inflammation in which mercury seems to me but of little account in rheumatic periartritis; this disease does so far as my experience goes, give way to mercury like a simple pleurisy or other uncomplicated serious inflammation.

The remedy I take it, of this limited curative action of the mercury in rheumatic periartritis 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 periartritis does characterize as acute as severe, the mercury will be a useful adjuvant, especially if with it there is given colchicum.

In using mercury in rheumatic periartritis 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 chologogue 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 state as secretory as organic. The action of the drug is apt to create a diseased condition of this part.

Very recently I have seen a case of jaundice with biliary suppuration on record for weeks, the patient got one or two doses of colchicum, which set him right and did what Tannic acid, Nitro-muratic acid, and Paragreges, had been perfectly unable to accomplish.

JOHN C. THROCKWOOD, M.D., M.R.C.P., Lond.
Dec. 1883.

LEGAL INTELLIGENCE.

COURT OF QUEEN'S BENCH.

(Sittings at Nisi Prius at Guildhall, before Mr. Justice Blackburn and a Special Judge.)

CANDLER V. PEAT.

Mr. Sergeant Parry and Mr. Shaw conducted the plaintiff's case, and Mr. Sergeant Ballantyne and Mr. Philben that of the defendant.

Mr. Sergeant 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's case. Whether the defendant might be the result of the treatment of the defendant, or whether the defendant was, in a permanent manner injured, and would be a constant sufferer. The plaintiff was about 40 years of age. On the 29th of July, 1876, the plaintiff, employed in building a stable, was suddenly thrown from a height of 10 feet, and was seriously injured in the foot. He was taken to the nearest hospital. On his arrival there, he 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 strain; 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 accident must go on crutches for the remainder of the time. There had been great difficulty in procuring medical testimony—whether there might be a dyscalculia in medical men to come forward against another 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 professional treatment, and he hoped to 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 conducted by the defendant 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. Some days after he had strapped up the foot, and in a buon poultice, which gave him relief. When defendant called again, he had come in contact with the plaintiff for having removed the straps, and ordered the foot to be put in a plaster four times, and to him 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 80s. a week, but could not do so now.

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 his brother had put the foot in the plaster; he had been a partial dislocation. Mr. Ingram only examined the foot, and ordered it to be kept in position. The defendant afterwards called; leeches and lotions were applied. The defendant told him to keep the foot quiet, and then mercury was very tightly. In the early part of August the defendant told him to be very careful how he used his foot. He did not send a message to the police, nor that he did not wish to see the police, but not at any time dismiss him. Defendant acted after plaintiff had removed the bandages. Defendant did not say after that he would be a cripple for life. On the 18th 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's wife to act. Defendant had told him to put the foot to the ground as much as possible. That was after the foot was put in hot water.

Mr. Holme Coote, the surgeon, said he was not a surgeon at St. Bartholomew's. He saw plaintiff in October last. Examined the foot. There had been a partial displacement of the foot. Backward consequent upon a very severe injury, the extent of which was very considerable. The heel is drawn up. There is a projection of the instep. There might have been a fracture. The treatment would have been to reduce the bone and keep the foot quiet. 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 damage 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. Sergeant Ballantyne 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 patient's misfortune as the plaintiff's case would be of the nature as the plaintiff's case should have been done. The notion that a gentleman like the defendant should have taken a dislocation for a strain was a gross error. There was no pressure on the patient's part; as 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 for the reception of the dislocation; he would have preserved the foot for the reception of the dislocation, and the foot would have been in a case more than 12 months after the accident that the action was brought. This respectable body of men were sometimes scandalously ill-treated. The compensation of the bones in such a fracture is not one 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 required time for the required time for for assisted 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 the patient, and he 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 dislocation had been instantly 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, for three weeks after, he had no evidence of attendance. He had no doubt that Mr. Thorn had pulled and twisted the foot in every direction, but it was untrue that the defendant had ever consequently had a course to the patient. The defendant 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 as the result of a very serious illness. The defendant was required in Mr. Manning to assist the defendant if the plaintiff had entertained such an opinion
of the defendant would have called him in to attend his wife? The plaintiff then told Mr. Manning that the defendant had been extremely kind to him, and that the state of his feet was 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 he was锛ितto convince them that Meddle was willingly made every sacrifice to assist any man, however poor, either at the time of an accident or afterwards in a court of justice. The charge was crust and ill-founded prosecution.

The defendant 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 a surgeon on a couch. He knew from the first 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 plaster of Paris 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 angry, 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 bandages. Set him free on the 12th of August. Told his wife, who refused him admittance, and said that she was very sorry, but his husband had been so obstinate that he had removed the bandages himself. He had complained of his 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 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 consider he would have prevented the injury. Gave him a note to Mr. Partridge, the hospital surgeon, who wrote to witness. Read his letter to the Plaintiff, but refused to have on the bandages with which Mr. Partridge had recommended. Afterward 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 stitches. 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 walking in the autumn of last year with his foot in a sling, and crutches. He spoke very highly of Mr. Partridge. Mr. B. 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 want 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 unreduce 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 at the attorney upon it. Intended to have brought it here, but had changed his cost.

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 the bone had not been irregular without pain, should have interfered with the limb as little as possible.

Cross-examined.—The reduction of such a dislocation was nothing —I did it. Forcing a patient to remedial measures against his will was up hill work.

Mr. Bryant, surgeon, Gwy's Hospital.—Saw the plaintiff. Had not the slightest reason to suppose the defendant's treatment wrong from what he had heard in court.

Cross-examined.—It would be want of skill if the defendant had mistaken wrench for a spurt.

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 plaintiff returned a verdict for the defendant, who retired amid the congratulations of his friends.
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 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—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 greatest 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 he 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 afterwards 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 re-application 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. Sergeant Parry insinuates (we hope that his language has been misrepresented) 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 practices, to create a prejudice against him, to injure him in his calling, and to muzzle him in pecuniary loss. In a small and scattered population, like that which inhabits Manningtree, Bergate, 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 benefiting a poor man I feel sure you will pardon me. James Caviller, of Mistley, Essex, consulted you last July at Guy’s Hospital for laceration 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. Caviller, 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 obediently,

T. BRYANT, Esq.

Mr. J. H. SMITH: as 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, 1818.” 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 358L. 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 Mrs. 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 Mrs. Fraser and Andrews in this most shameful action amounted to upwards of 700L, 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 true light before the public and the Profession, who will, we hope, continue to send in their subscriptions to those who (themselves 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
Dec. 30, 1865.]

PRACTICAL MEDICINE AND SURGERY. 377

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, 1865.

Mr. Prescott Hewett, President, in the Chair.

A report by Dr. Andrew Clark, Dr. Murcheison, and Mr. Henry Thompson was read on Mr. Henry Lee’s case of EXPLOSION OF THE MUCOUS MEMBRANE OF THE BLADDER.

We have submitted the above specimen to microscopic examination, and having found it in, though greatly altered by disease, nearly all the structural elements of a mucous membrane, epithelium, muscularis tenuissima, 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 was a true explosion of the entire mucous membrane of that organ.

A report, by Dr. Andrew Clark, Dr. Murcheison, and Mr. Henry Thompson, was read on Dr. Martyx’s case of EXPLOSION 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 appearance, the depth of which was shedly 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, fribrous, and a sixth of an inch in thickness. The white parts appear to contain various structural elements, whilst the denser parts are, hard and homogenous, as if infiltrated with coagulated blood. The posterior surface of the specimen reveals many signs of diseased action. There are two or three rounded patches where the specimen is thickest and densest, on which a rude fibrous exuilation 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 diseased action. By microscopic examination we find that the calcareous and crystalline incrustations are composed of phosphate and carbamate of lime; that the epithelium has been quite destroyed; that the density of some parts of the specimen is due to extraneous blood; that the submucous areolar tissue is present, its areole being occupied by calcareous granules and fat; and that the muscular fasciae 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 have passed out of the bladder without the help of artificial dilatation of the urethra.

Dr. Martyx 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. Martyx attributed the exfoliation of the membrane. Forecops 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 SLUGHING 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 that of Dr. Wilks and Dr. Martyx (in which the exfoliated membrane also contained muscular fibres) illustrated different degrees of the sloughing process, as did the two specimens which he was 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 six weeks after the patient’s death. This woman had recovered, was still alive, could retain her urine for some hours, but never acquired any explosive power. Mr. Wells added that he did not go into the details of these cases, as they were published in the Obstetrical Transactions, with a full

REVIEW OF THE PERIODICALS.

THE LANCET.

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 Rosy 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 Gazette, 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, 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 martastion

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 (pathological) Society, at page 150. The specimen which had been referred to the Committee was clearly a case of the same class as those brought before it this evening. It had been presented by Mr. Maudner; and when the report was presented at the meeting of the 28th of May, he (Mr. Wells) objected to its adoption, but was informed by the President that the committee did not permit divisions 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 to ascertain the mode of removal of such cases, as it is very important to ascertain, against that the mucous membrane of the bladder should be protected from the constant action of ammoniacal urine, and that the possibility of these cases 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. Lidon 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 escaped from the bladder, and was 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 exhibition, 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 specimens of the bladder, of which the specimens shown and reported on this evening were undoubted examples, but still maintained that in Mr. Maudner's case the specimen was that of the bladder of some other animal. Mr. Kriex 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. Maudner'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. Maudner incised the urethra and removed the catheter. Then acute cystitis came on, and she passed the membranous cast of her bladder, which Mr. Maudner 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 forbids discussion upon reports.

Mr. Maudner then read his report of the case from the 'Transactions,' and Dr. Murchison stated that the whole thickness of a bladder cast was not found in the specimen.

Dr. Harley, 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 presumed 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 eradicable abdominal symptoms for about three years. During this time he was much in the erysipelas, and at length a tumour was found above and to the right of the umbilicus, and subsequently, with the passage of large quantities of fluid, and soft polygonal masses. The patient died slowly of cancer. 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 polygonal masses passed away during life.

Mr. Spencer Wells said he had attended the gentleman from whom this specimen was taken for three or four years before his death. The earliest symptom of illness was a brassing of the skin, so marked as to attract attention. The symptoms of fever and colic long preceded any perceptible abdominal tumour, and became very much less distinct during the last year of his life. The patient was of the usual robust type, and Dr. Wilks did not think it sufficient to lead to the diagnosis of disease of the transverse colon. No disease of these bodies had been found; but it might be useful in diagnosis to remember that such brassing might be in the abdominal organs, but not in the bladder or urethra.

The President then briefly alluded to another case, in which an abdominal tumour was lessened in size after discharges from the bowels, supposed to be of pan, but possibly of softened cancer.

Mr. Callender exhibited a specimen of CANCER IN THE TRANVERSE COLON OF A YOUNG INFANT, aged five months, who was sent to St. Bartholomew's by Mr. Haward. She presented the ordinary condition of the sacral vertebrae associated with spina bifida; the lower part of the posterior 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 diaphanous. The sac of the spine 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 equinovarus. Either foot was equally affected, and the right foot was more so than the left. A portion of the sac, corresponding to the size 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 that the period at which the enlargement of the sac began to be noticed.

Dr. Murchison exhibited microscopical specimen of the fungus of TINXIA TONSURANS AND HERPES CIRCINATAS.

A boy had had well-marked tinxia tonsurans of the scalp, and soon after it was noticed his sister had the same, and also herpes circumnatus. In both these cases the same kind of fungus was found. At the Fever Hospital three children of the same family were admitted with scarlet fever; one had tinxia tonsurans, and one herpes circumnatus. According to the mother's statement, the herpes circumnatus appeared first, and had spread to the others as tinxia tonsurans.

Mr. Trotter exhibited a specimen of ANEURISM OF THE THORACIC AORTA.

The patient, a sergeant of the Coldstream Guards, died suddenly of hemorrhoptics. He had been on 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 esophagus, 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 pancreas. Dr. Crisp said that the body was examined in a dark room, and an incision only was made in the abdomen. He had not expected to find the renal bodies exposed, but 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 the fatty nature of the supposed capsules; he had been 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 fatty body was of no medical value, 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. Murchison 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, the vesicles; the urethral portion of the prostate had been cut, and the urethra had ragged edges, consequence on excision; 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. Gantly 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 Scauzen had men-
Dec. 30, 1863.]  

PRACTICAL MEDICINE AND SURGERY.  379

BIRTHS, MARRIAGES, AND DEATHS.

BIRTHS.

BARBER.—On the 12th inst., at Elverstone, Lancashire, the wife of Mr. John Barber, D.D., of Man.

BIRDSON.—On the 6th inst., at Bell Fancy, Shrews bury, the wife of Mr. W. Balden, M.D., of a daughter.

DAVIES.—On the 15th inst., at the Royal Hospital, Hailar, the wife of Mr. David Davies, Deputy-Inspector General of Hospitals and Fleets, of a daughter.

HOPKINS.—On the 8th inst., at Stone, near Aylesbury, the wife of J. Humphry, M.R.C.S. Eng., of a son.

PUGH.—On the 14th inst., at Godalming, the wife of W. Parson, M.R.C.S. Eng., of a son.

WILLIAMS.—On the 9th inst., at Kennington, the wife of J. L. Williams, M.D., prematurely of a daughter, still-born.

MARRIAGES.


HALLAHAN.—BOURNE.—On the 3rd inst., at St. Peter's Church, Dublin, Dr. H. S. Hallahan, of Harcourt street, Dublin, to Frances Catherine, daughter of W. Bourne, Esq.

DEATHS.

BETTS.—On the 8th inst at Stowbridge, Norfolk, J. W. Betts, Surgeon, aged 72.

BICKNOR.—On the 16th inst., at Oldford Road Barnbury park, S. Blount, Surgeon, late of Uxbridge, aged 73.

BROUGHTON.—On the 7th inst., at High street, Tewkesbury, S. Bowron, M.D., aged 37.

CHESTHAM.—On the 7th inst., T. Chestham, Surgeon, of Stockport, Cheshire.

FLETCHER.—On the 22nd of Oct., at Madras, Dr. G. W. Flynn, aged 42.

FREEMAN.—On the 80th ult., at Harwich, P. W. Freeman, M.D., aged 77.

GREEN.—On the 4th inst., at Aleppo, Partick, Glasgow, J. Greer, M.D., aged 84.


KENDALL.—On the 4th inst., at St. Margaret's place, King's Lynn, Sarah, infant daughter of Thomas Marsells Kendall, Surgeon, aged 13 months.


WEBSTER.—On the 5th inst., at King street, Dundee, A. Webster, M.B., M.R.C.S., of 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. Moro, 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 Strong, M.D., Lond., University College Hospital; Eustace Smith, M.B., L侬d., York, Portman square.

APOTHECARIERS' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practice, on the 17th inst.:—Dr. J. James Hebb, Bartlett, Notting Hill, W.; John Thomas Caldwell, Knutsford, Cheshire; John Cook, Warwick street, W.; James Dickson, Cumberworth, Lincolnshire; William John Willoughby, Pavilion street, Cavendish square.—John Hillary Hairs, Gosport; Robert Hughes, Woodbridge, Suffolk; William Thomas Lewis, St. Bartholomew's Hospital; Charles Nathaniel McCaul, Wilton, Salisbury; William Bayner, Leeds; Dudley Howse Ryder, Greenwich; William Nathaniel Symonds, Sprowston, Norfolk; Robert William Tibbitt, 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 Vine, 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.

PRESIDENT OF GUY'S HOSPITAL.—At an extraordinary general meeting 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 in the late Mr. Bonamy Dobree.

Mr. John Goggin, a confectioner of Limerick, has recently died from hydrophobia, the effect of the bite of a bat monkey. The usual hippopotamus is always, and the bat monkey is usually, the cause of hydrophobia.

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 clerk, many of whom are medical officers of St. Bartholomew's and other hospitals, whilst others again, as Dr. Roupell and Dr. Baily, 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 entire 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 Hospital.
be exhausted, and will stand, a fitting memorial of well-done work long after the generation of those who wrote him 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 SYPHONING.—A crime similar to that committed by the notorious Palinor is the subject of judicial inquest in Paris. A physician insured the life of his wife for $60,000 (£3000), and shortly after the payment of the first premium the young woman died. The evidence 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 1537 in the previous week, declined to 1291 in the week that ended last Saturday. Small-pox was recorded in 10 cases; measles in 32; scarletina 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 the District No. 6 of the Abingdon Union, Berkshire, 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 Disease of Women, Stanley terms of Hatton, Islington. —A. Freshfield, M.R.C.S.E., has been appointed Medical Officer for District No. 1 of the Tendring Union, Essex, vice P. F. Freshfield, M.R.C.S.E., deceased.—D. 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.E., Eng., deceased.—R. C. R. Jordan, M.D., has been appointed additional Honorary Medical Officer to the Birmingham and Midland Fee Hospital for Sick Children. —H. W. Newton, L.P.S.C.G., 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 Alnwick Union 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. Roberts, M.R.C.S.E., resigned. —A. 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. S. Smith, M.R.C.S.E., 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. Conner, Assistant-Surgeon R.N., has been appointed to the "Victory" for Hotham Hospital; F. Duckworth, M.D., Assistant-Surgeon Madras Medical Establishment, has been posted to the medical charge of the 3rd Infantry, Hydrabad Contingent, during the absence of Assistant-Surgeon Siddell, or until further orders. Assistant-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 Assistant-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, 1 p.m.

Thursday, December 31.

Operations at St. George's Hospital, 1 p.m.; Central London Ophthalmic Hospital, 1 p.m.; London Hospital, 1 p.m.; Great Northern Hospital, 1 p.m.; West London Hospital, 2 p.m.; Royal Orthopaedic Hospital, 2 p.m.; London Surgical Home for Diseases of Women, 2 p.m.; Royal Institution, Prof. Tyn dall, "On Electricity at Rest and Electricity in Motion," 3 p.m. (Jovinale Lectures.)

Friday, January 1.

Operations at Westminster Ophthalmic Hospital, 1 p.m.

Saturday, January 2.

Operations at St. Thomas's Hospital, 1 p.m.; St. Bartholomew's Hospital, 1 p.m.; King's College Hospital, 1 p.m.; Charing-cross Hospital, 2 p.m.; Lock Hospital, Dean street, Soho, Clinical Demonstrations and Operations, 1 p.m.; Royal Free Hospital, 1 p.m.; Royal Institution, Professor Tyn dall, "On Electricity at Rest and Electricity in Motion," Juvenile Lectures, 3 p.m.

Monday, January 4.

Operations at St. Mark's Hospital for Fetal and other Diseases of the Rectum, 1 p.m.; Metropolitan Free Hospital, 2 p.m.

Tuesday, January 5.

Operations at Guy's Hospital, 1 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.

Sirs,—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?—O.M.C.

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 subpoenaed 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 me?" "Look and see," I took the note, and, unfolding it, found it enclosed a subpoena, "What is all this about?" I said. "I do not know anything about it," said the plaintiff to the Royal Institution, 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.

When I subsequently heard the facts of the plaintiff's case, I expressed my conviction that she would lose her action, and I then heard that I had been subpoenaed 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 subpoena 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.

1 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 Harvard Society is received, but its publication is necessarily postponed until next week.

Dr. Thomson's note is received, and the correction made, but, as he says, the remark is correct. Dr. R. S. Simon'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.