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Original Communications.

FLATULENCE: ITS ORIGIN AND TREATMENT.

By John Chapman, M.D., M.R.C.P., M.R.C.S.,
Physician to the Farringdon Dispensary.

Gastro-enteric flatulence is mainly of two kinds—one having the odour of the contents of that part of the alimentary canal from which it proceeds; the other being inodorous. The former is evolved from the contents of the stomach or bowels, and results from chemical changes in those contents; the latter is developed wholly irrespective of the presence of decomposing or fermenting materials. The process of evolution in the one case is usually slow and gradual; in the other it is generally rapid and very often astonishingly sudden. The source, character, and treatment of flatulence produced by chemical changes in the contents of the alimentary canal are so well understood by the Profession, that I shall say only a few words concerning this part of the subject; but inasmuch as there is a great diversity of opinion concerning the source and mode of origin of that kind of flatus which is not due to the presence of fermenting or decomposing materials, I shall adduce certain facts tending to confirm the idea that gas is evolved from the alimentary mucous membrane, and that when so evolved it is not merely a symptom of disorder of the nervous system, but is also a direct product of nervous energy operative on that membrane. If this proposition be established, the way will, of course, be opened in the direction of both prevention and rational treatment of this distressing and often wonderful malady.

The kind of flatulence in question is remarkable not only because it is without odour, and is, in most cases, rapidly or suddenly developed, but also because the amount of gas thus developed is often extraordinarily great. Dr. Inman, in his informing and thoughtful essay "On Flatulence," appended to his work "Foundation for a New Theory of Medicine," cites a case described to him by Dr. George Johnson of a young woman attended by him, "who appeared to be in great suffering from hysterical flatulence. The most prominent symptom was sudden and enormous tympanitis, alternating with a complete flattening of the abdomen; no wind passing either by the mouth or the anus. The phenomena occurred many times in his presence." Dr. Inman also mentions several remarkable cases which came under his own observation. A lady, aged fifty-four, who had been suffering from excessive tympanitis, from which she had slowly recovered, enjoyed perfectly good health for some months. She then heard that her son was "in danger," and her abdomen was threatened with what she considered to be extreme danger. She could have no more tidings for a month, and was so devoured with anxiety, that she could eat nothing. A little wine and water was all she took. In the course of two or three days the abdomen began to swell again, and by the end of a month was enormously distended with flatus." Another lady under the care of Dr. Inman had "an attack of painful flatulent distension of the stomach in an evening whenever she had an unusually harassing day." During one illness the stomach was so extraordinarily sensitive, that the exertion of talking, &c., consequent on the presence of many visitors in the sick room, was enough to determine the coming on of the complaint." Dr. Inman justly remarks that "the enormous size which the abdomen sometimes acquires is such as to interfere materially with the patient's movements: one lady whom he attended was so bad, he says, that she was unable to put on her own stockings." In my own practice I have seen a considerable number of remarkable cases of flatulence, some of which closely resembled those published by Dr. Inman, and especially the one last quoted. I have satisfied myself over and over again that the gas generated in these cases is, as a general rule, quite inodorous—a fact affording a strong presumption that its source is not in the decomposition of material within the intestinal canal.

John Hunter first suggested that gas is exhaled by the gastro-enteric mucous membrane from the blood, and his idea has since been adopted by several pathologists. "If we view merely the results of the experiments of M. Edwards upon respiration, and the absorp-
tion and exhalation of various gases by the lungs, in connection with the secretion into the swimming bladder of fishes, this opinion," says Dr. Copland, "will appear not ill-founded, even independently of the support it derives from pathological observation. In many cases we have reason to infer that it is not air, as it exists in the surrounding atmosphere, that is thus exhaled, but its constituent gases. The experiments performed by MM. Gérardin, Magendie, and Chevreul have thrown much light upon the question as to the nature of the gases found in the digestive canal, as well as upon their composition; and have shown, that they are partly exhaled from the digestive mucous surface. It would appear, from the researches of these writers, that the gas, in the stomach, of nearly three parts in four of azote, the fourth part being oxygen and carbonic acid; and, in the intestines, of carbonic acid, azote, carburetted hydrogen, and hydrogen, in various proportions. It may, therefore, be inferred that the air which collects in the digestive canal is derived from three sources:—1st. From the common air swallowed with the food;—2nd. From the changes or decomposition of the ingesta, and of the contents of the canal generally; and, 3rd. From the occasional exhalation of gaseous fluids from the mucous surface during certain states of local and constitutional disorder.... The air, which is generated so rapidly, and eructated so frequently, during acute inflammatory diseases, particularly in gastritis, hepatitis, &c., must be exhaled from the irritated mucous surface, inasmuch as there is no other source existing in such circumstances to which it can be attributed, especially when the constant vomitings, and frequent evacuations from the bowels, have left nothing in the præma via capable of furnishing the enormous quantity of air which is often ejected." Dr. Inman also adopts the theory that a chief source of flatus is the mucous membrane of the stomach and bowels; and he says that in some cases "the stomach secretes air after it has been empty for a considerable time, prolonged fasting being generally accompanied by painful flatulence."

Dr. Copland, with whom Dr. Inman agrees, says that "the remote cause of flatulence are the nervous and hypochondriacal temperaments; and all the influences and habits which depress or exhaust the energy of the organic nervous system, or lower the tone of the digestive canal."

Dr. Chambers puts forward a very singular theory to account for the existence of abnormally large quantities of gas in the alimentary canal. He says:—"The flatus in the digestive canal I think arises from the deficiency of oxygen. Without it the gases of the body are difficultly exhaled from the system. You must not look upon wind as a purely abnormal denizen of the alimentary canal. It would be a very abnormal state of things indeed if there were none found there. The greater part of it is carbonic acid and atmospheric air, derived from and swallowed with the food. But in health its quantity is limited and kept from inconvenient excess by its continuous passage by expiration. It is well known, in the stomach, of nearly three parts in four of azote, the fourth part being oxygen and carbonic acid. Now it is a familiar law of physiology that the rapidity of the movement of the fluid towards which it sets. Obviously, then, obstructions to the circulation, by diminishing the quickness of the moving blood, must impede absorption, and so allow the flatus to accumulate. It must be viewed as a collection not as an effusion."

This doctrine expressed by Dr. Copland and Dr. Inman and that expounded by Dr. Chambers concerning the cause of flatulence deserve attentive consideration. How far I concur in their views, and in what respect I dissent from them, I shall endeavour to point out; but as it will be easiest for me to do so after I have explained my own and as the brief criticism which I have to offer will then be more acceptable by my readers, I shall serve it until the end of the discussion which I now enter on.

Dr. Copland in a passage already quoted, refers to the secretion of gas into the swimming-bladder of fishes for confirmation of cases of flatulence in man intestinal gas is some times exhaled from the blood, and as I, believe, a careful examination of the structure and function of the swimming-bladder of fishes will throw much more light than has hitherto been thrown on the mode of origin of gastro-enteric flatus, I shall premise so much concerning that interesting organ as seems needful for the purpose of my argument. The air-bladder (which exists in most osseous fishes) is the homologue of or prototype of the lungs of air-breathing vertebrates. Its peculiar construction consists in the provision of three parts: it is thin, the fibrous, which are contractile and elastic, being arranged for the most part transversely and circularly, and in two layers. The internal surface consists of a mucous membrane, and between this membrane and the fibrous unica there is a layer of blood-vessels. Different fishes exhibit remarkable differences in the disposition of these blood-vessels; in the perch and cod, for example, they are so arranged as to have received the name of "vaso-ganglions." But whatever may be the special arrangement of these blood-vessels in different fishes, their main function is the same, viz., to supply the whole of the mucous membrane copiously with blood. Now, inasmuch as the air-bladder contains air, and air only, and inasmuch as that air can only get into the bladder by passing through its internal surface—the mucous membrane, it is certain that that membrane secretes air, and that the nature of that air differs as to the case: in marine fishes it is chiefly oxygen; in fresh water fishes nitrogen predominates. As I have already mentioned, the fibrous coat of the air-bladder is elastic and contractile, so that the organ can be either distended or compressed. It is easy to understand, therefore, how the distortion is effected, viz., by the secretion or exhalation into the bladder of an additional quantity of gas from the blood by the mucous membrane; but where by no force or fibres so disposed as to compress the walls of the bladder are discoverable, and where there is no duct providing for the exit of air from the bladder, it is not so easy at first sight to understand how the volume of the bladder is lessened. In these cases, however, it seems to me probable that the mucous membrane performs, when needful, the function of an absorbent, and thus withdraws again into the blood a part of the gas which it had previously given out.

Some fishes—the eel and sturgeon amongst others—are provided with an air-tube, the ductus pneumaticus, which connects the air-bladder with the oesophagus, and which is the homologue of the wind-pipe in air-breathing vertebrates. Through this tube the air by compression of the air-bladder can be easily expelled from it; and in certain genera of fishes having this air-duct, muscular fibres, the action of which compresses the air-bladder, are found. "The axis vertebrae sends out on each side a slender process, which expands at its ends into a large round plate; this is applied to the side of the air-bladder, and can be made to press upon it and expel the air through the duct by the action of a small muscle arising from the skull. In some species of Gadus muscular fibres extend from the vertebral column upon the air-bladder." The duct varies in length and width in different genera of fishes, and whether it is short or long it is, as in the Loricaria, thus permitting a copious outflow of air if the bladder is compressed, the osseophageal end of the duct is surrounded by a sphincter muscle which, by its action, checks and controls that outflow. Nervous energy is supplied to the air-bladder by a branch of the pneumogastric nerve and fibres united with it from the sympathetic."

The functional relation of this

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* For the facts mentioned in the text concerning the anatomy of the swimming-bladder of fishes, I am chiefly indebted to Professor Owen's work on "The Anatomy of Vertebrates, Vol. I. Fishes and Reptiles," and to the elaborate article on "Respiration" by Dr. Thomas Williams published in the "Supplement to the Cyclopedia of Anatomy and Physiology," edited by Dr. Todd.
nerve-force to the muscles just mentioned is quite intelligible; the nerve filaments are not however restricted to these muscles, and the question arises,—what is the rôle of that part of the force which is expended neither on the muscles nor on the blood-vessels of the air-bladder, but on the air-bladder itself? This, in my opinion, is an extremely interesting and important question, because I believe that if we find the correct answer to it, that answer will not only prove a clue to the solution of the main pathological problem I proposed to solve in the course of this paper, but also to the solution of that larger and more important as well as long agitated physiological problem, viz., what is the chief function of the motor fibres of the pulmonary branches of the pneumogastric nerve.

Those fishes which have an air-bladder but no *doctus pneumaticus*, and no discoverable muscular fibres so disposed as to be capable of compressing the viscous have still, it is to be presumed, the power of increasing and decreasing the quantity of air within it; otherwise they would be unable to effect those changes in their specific gravity necessary to permit of their easy ascent and descent in deep water. Moreover, the air-bladder of the fishes in question as well as of those having a *doctus pneumaticus*, is described by manner just described, and this force cannot but fulfill some important office. Now the one only office so far as we know of the air-bladder in addition to that of lessening permanently the specific gravity of the fish, is, by its expansion and contraction, so to vary that specific gravity as to enable the animal to maintain a particular level in the water, and to rise or sink according to its needs. It seems clear then that the main function of the nerve-force expended on the air-bladder of such fishes, is to modify its mucous membrane so as to cause it not only to secrete gas from inside the bladder into the blood when the fish needs to become specifically lighter, but also to permit absorption of gas into the blood from the bladder when the fish needs to become specifically heavier than before. The elastic and contractile fibres of the wall of the bladder enable it to expand and contract mechanically according to the varying pressure of the air with it; but whether the absorption as well as the secretion of air is the result of a positive exertion of nerve-force is a question not admitting perhaps of an easy answer: I incline to answer it in the negative. It seems to me that when the nervous impulse causing the secretion of gas in to the air-bladder is completely arrested the air by the process of osmosis, and aided perhaps by the pressure of the contractile fibres just mentioned, passes back again from the bladder into the blood. If this view be correct, the movement of the air in and out of the air-bladder is expressive of the alternate play of a nervous and of a chemical force; for, as Graham has demonstrated, osmosis is but a phenomenon of chemical action on the septum between the fluids or gases on each side of it. I have used the expression "the alternate play of a nervous and of a chemical force," as if these two forces were not, as indeed they probably are, fundamentally the same; but whether they are, or not, their *modus operandi* is different, and relatively to each other they may be fairly regarded as the passive and the active character; the former, however, may be the agency by which air passes back from the air-bladder into the blood, the main propositions which I desire to insist on are, it seems to me completely established, viz., that the mucous membrane of the air-bladder secretes air, and that the chief function of the nerve-force distributed to that viscus is to effect the secretion.

Now, recognizing these propositions as true, we are, as it seems to me, led inevitably to five conclusions having important physiological consequences; *Firstly*, if in the secretion of air is a normal function of a mucous membrane it is quite possible and even probable that the alimentary mucous membrane of man may easily be so modified by influences affecting the state of the general health as to assume the function of secreting air; *Secondly*, if in fishes having no *doctus pneumaticus*, the absorption of air from the air-bladder into the blood by the mucous membrane be a normal function of that membrane, it is quite possible, and even probable, that the alimentary mucous membrane in man does, in certain cases, absorb gas into the blood; *Thirdly*, if the secretion of air into the air-bladder it follows, reasoning analogically, that the secretion of air by the alimentary mucous membrane of man is an expression of nerve-force; *Fourthly*, seeing that in those fishes in which the air-bladder is devoid of muscular fibres, as well as in those in which it is furnished with them, it is mainly innervated by a branch of the pneumogastric nerve, and that the mucous membrane of the air-bladder secretes air by virtue of forces derived from that branch, it is evident that the nerve fibres constituting it, are to a great extent at least, not afferent, but efferent, or motor, or—as I call cerebro-spinal nerves, which cause glands or secreting-surfaces to function—*positive motor*; and, *Fifthly*, that as the air-bladder in fishes is the homologue of the lungs in air-breathing vertebrates, the argument from analogy justifies the inference that the chief part of the fibres of the pulmonary branches of the pneumogastric in man are motor, and that their chief, if not exclusive function, is to cause the bronchial mucous membrane to perform its appropriate office—the secretion of bronchial mucus. This last conclusion might be confirmed by other weighty considerations, but as the discussion of it is not relevant to the subject of the present essay, I simply indicate it here in its connexion with the group of facts with which I am now more immediately concerned.

(*To be continued.*)

#### PRACTICAL OBSTETRICS.

**By Francis E. Clarke, B.A., M.B., &c.**

Two very difficult cases of midwifery have within the past four months, occurred in my practice, and although there is nothing extraordinary or novel connected with either, I take the liberty of placing both on record, inasmuch as I see that many of our readers are interested in practical obstetrics, and contribute from time to time the result of their experience in that branch of medical science, and moreover, because I have not failed to recognize the importance of an intimate acquaintance with the practice indicated by each particular circumstance or presentation, more especially to those physicians and surgeons whose lots are cast and have perchance fallen on the varied and wearisome paths of country practice, and know not at what moment they may be called upon, under the most adverse circumstances, to attend the rarest cases which could possibly be combated with, in any one of the three great departments of therapeutics.

On the morning of the 18th of August, at seven o’clock, I was called upon to see a women in labour two days of her first child. She had had frequent pains during the whole time but of an extremely light character; the patient was quiet and listened to the preceding night, and she felt considerably exhausted. On examination per vaginam, I found that passage extremely narrow and indifatigable, having a hard fibroid tumour pressing anteriorly, which also tended to render the external orifice extremely small. The head presented, but so high that I found considerable difficulty in reaching it with my finger, the os was dilated to about the size of a sixpenny coin having a thin hard margin. The hardness of this os uteri had made me never before felt anything at all like it; subsequently, when I succeeded in dilating it somewhat, it appeared to the finger when "run round it” inside, to give the feel of a damp band of chamois leather held at its greatest degree of tension. The countenance and pulse of the patient betokened exhaustion, and having fully satisfied myself of the nature of the case I administered an opiate. On my second visit some three or four hours
afterwards I found that a tranquil sleep had been obtained, from which the woman had awakened much refreshed.

The os uteri however was as undilated and seemed as undilatable as before. I now ordered a warm solution of enema (chloride of sodium), and presented a sixteen fold of a grain of tartar emetic every ten minutes. This treatment was continued during the day for some hours, and towards night finding no improvement whatever, I put the woman sitting over the steam of boiling water, and endeavoured to dilate the os gradually with my finger and succeeded in getting it to about the size of a florin—more it would not dilate, and the pains being now severe I feared rupture of the uterus. At this critical juncture, I fortunately procured the advice and assistance of Mr. W. B. Brecon, L.K.C.P., and L.R.C.S.I., who having made an examination discussed with me the respective advantages of the various procedures that might be had recourse to; he agreed with me in my opinion that further measures with a view to relax and dilate the soft parts (such as tobacco enemats, belladonna applications &c.), were inexpedient after the many attempts I had made and length of time I had employed; we both disliked to attempt incision, which indeed might have been altogether impracticable, owing to the narrowness of the vaginal canal; the forceps were out of the question, and our sole choice seemed to lie between craniotomy under the most conflicting circumstances and Cesarian section. The os was only dilated to a florin if indeed as large, the cervix expanded tightly over the head, hard and thin, the vagina lax and atonic. Mr. Brecon, who distended the labia, I accomplished in the face of much difficulty, the danger of wounding the distended cervix being imminent; eventually we succeeded in safely delivering by means of the crotchets, the force required being very great even after the evacuation of the contents of the cranium. I have nothing further to call attention to save the fact of the patient’s fainting and vertigo, whilst the head was being drawn through the forcibly dilated os uteri, a most remarkable symptom, which tended to occasion alarm and apprehension in the mind of the operator if he remember not that these symptoms are usually observable during the passage of a head through an undilated os. It must be borne in mind, that such operations in similar cases have to be undertaken literally during the first stage of labour.

The second case which I am about to bring forward, came under my observation on the 2nd ult., about eight o’clock p.m. On arrival, I found the os uteri fully dilated, the fundus being visible, and the right arm and hand prolapsed into the vagina. I at once introduced the thumb and index fingers into the vagina, and while drawing the arm itself, I took hold of the arm and hand, and by a gentle pull and pressure, the arm was eviscerated, and requested him to seek the advice of a consultant. He selected Mr. Brecon, to whose kindness, dexterity and sage counsel I felt so much indebted in the case previously cited, and having summoned him, he arrived when utter pressure was so high as to make me apprehensive of further delay, fearing rupture might ensue. I eviscerated the thorax and abdomen, after which we amputated the prolapsed arm and delivered with the blunt hook after a most protracted and difficult operation, the breech first entering the world, subsequently the head.

As in the first case the placenta was retained by an irregular contraction, and as I am always fearful of such an event in cases involving manual or instrumental assistance, I introduced my hand immediately and removed it. In the second case there was smart “post-partum” hemorrhage, which was speedily checked by means of the cold douche and a dose of ergot.

One thing is certain, that such operations are much easier in theory than in practice, and had it not been for the timely assistance of my medical brother and the providential guidance of our Omnificent Creator, I fear life would have been sacrificed; and as the present article merely started on the subject of “Practical Obstetrics,” I shall only apologize for its length and abstain from giving my readers any theoretical observations or authorities on the practical points alluded to.

I may add, I was consulted about three months since in a “footling” case, but the os uteri being fully dilated, the labour was naturally accomplished. I trust such a trio of difficult midwifery does not often present itself to country practitioners.

THE MEDICAL LADIES AT EDINBURGH.


At a meeting of the Royal College of Surgeons of Edinburgh on Monday the 19th December, it was moved by Dr. Andrew Wood, and seconded by Dr. Gardiner, “that in the opinion of this College, it is neither proper nor expedient, that males and females should be associated together in the study of medicine, either in hospitals or in classes.” This motion was carried by a large majority on the division; so that we may take it for granted, that the progress of the lady aspirants after medical degrees in Edinburgh may be said to be threatened for a time. Now, in the first place, I confess that I am among the number of those, who has never seen, why women might not study medicine, law, or even divinity, and practice any of these divisions of labour, if they could get anyone willing to accept them as exponents of the art of healing, or of the mysteries of our social and spiritual existence. The principle of “caveat emptor” has been allowed its full sway in all such matters as this. If a lady, like Miss Garrett, or Miss Dr. Elizabeth Blackwell, can make a handsome income, by advising women, children, and even some men, how they should guide their lives, in order to avoid pain, and secure length of days, I cannot, for the life of me, see what “motives of delicacy” has to do with causing them to remain non-professionals, and thus, in all probability, poorer than they would be in their doctoral capacity. It has, indeed, been truly enough urged, that the young nurses attached to our various medical and surgical hospital wards, are constantly in the habit of witnessing all sorts of indelicate operations and sights: but that doctors seldom, or never find fault with nurses on that account. The indecency would appear to be limited to the idea of ladies competing with the members of the profession for the honorarium, which are, fortunately, the reward of a successful study of medical science, even in these days, where unpaid labour is so outrageously in fashion.
One by one, the arguments against women taking to industrial and professional life, have been found to be untenable. First of all, it was said that such a thing as women becoming doctors was utterly unheard of; and, therefore, that it could never take place. But, it is clear that such a notion is one of what may be called the exploded fallacies of this century. Everybody once said, that railways had never existed, and would therefore not do; and the same thing was said of electric telegraphs; and yet railways and electric telegraphs now dot every township. But the women are by no means weak either in body or in mind; that a Miss Harriet Martineau, or a Madame Dufilvart, are just as able to make their own lives as the ablest man of the day. Such facts make no impression on the man, who has a good stout "ideal" of what a woman ought to be. He can only see that women, in general, are weaker than men; but infallibly, the worst accident that could be put under a condition of permanent disability for the sake of the majority. The consequence of such sublime theories of course is, that the most able women, are compelled to remain in a position of obscurity and forced, in many instances, against their will, and for the sake of a livelihood, to "suckle fools and chronicle small beer," in the house of some stolid male citizen, whose true interest, did he but know it, would be to make the wife, instead of himself, the head of the house.

There seems to be a singular attraction for some of our best women now-a-days towards the study of medicine. I don't, for instance, remember that any lady has applied as yet, to be admitted to the society of attorneys or of barristers of this law-loving country; but, already, we have some eight or ten ladies knocking with all their might at the portals of our Medical Colleges. One of the latest, and most graceful acts of the Parisian Academy of Medicine, was the granting of its degree in medicine to Miss E. Garrett; but, in the modern Athens of Scotland, it seems that even the slaves can aspire. Moreover, this stately company with male students in Paris, and as all know is now quite a personage in London. Does it not seem unworthy of the fame of the land of Scott and Burns to put so many difficulties in the way of the faithful band of seven, who are now students in its capital. For, notice this outcry about the indelicacy of males and females studying together is, of course, a great piece of injustice to that band of female medical students. By the rules of the examining bodies in this country, it is necessary, that everyone, who comes up for examination, shall give certificates of attendance on the practice of a qualified hospital for a certain number of years. This attendance in Edinburgh is now impossible, so that the interests of the present lady students, is simply sacrificed to the feeling of indelicacy, so much spoken of, I must not be held to give a decided opinion for, or against the study of medicine, conjointly or apart. In this system it is necessary, that every person, who wishes to enter the university, should make it his business to study medicine and disease; "but the Edinburgh opposition to the ladies, is of the most unkind description. Those familiar with Dr Andrew Woot's former arguments in the Senate, will feel little surprise at anything, that either he, or his colleague Dr Laycock have to say against women's rights. It is not from such opponents that the cause of women has much to fear. Their style of rhetoric, is too apt to frighten the more moderate of their own party. It is on the more thoughtful of the anti-mixed classes adherents, that

I would urge the necessity, of at least allowing the ladies at Edinburgh, to complete their studies, which they cannot do, unless permitted to attend hospital and dissections along with students of the male sex.

It is needless to say that this would create a precedent. Such need not be the case. I have no doubt, the conduct of the students and some of the professors in Edinburgh, will have the effect of making some of the smaller hospitals in London and elsewhere open their doors to the students of the weaker sex; and thus give them the opportunity they ask for, of studying in localities not frequented by male students.

Thus, the battle of Edinburgh will only do harm to the school, without much retarding the admission of women into that profession which they are, it must be confessed, so likely to succeed in, both pecuniary, and to the advancement of human learning. Science, truly is of no sex; but doctors have to trust both sexes; and those best conversant with the art of medicine, as it exists in London and Paris at present, know how many rash uterine operations have been performed by men upon the sister sex, which I venture to say female doctors would hardly have thought of, or been permitted by their own sex to attempt.

CASE OF FIBROUS POLYPUS OF THE UTERUS.

BY DR. TANNAHILL,
Physician-accoucheur to the Glasgow Maternity Hospital;
(Co-Communicated to the Glasgow Medical Journal by C. K. McKellar, House-Surgeon).

C. P., aged thirty-three, married, was admitted to the Glasgow Maternity Hospital in August, 1870, complaining of strong bearing-down pains, attended by a profuse discharge of blood from the vagina. She was rather a spare woman, but not particularly emaciated or anemic. She stated that she had been married for thirteen years, but never had any children or miscarriages. Before marriage she was quite well, and for six years afterwards; the menstrual periods not being attended with anything unusual. About five years ago she noticed her health beginning to fail, but could not assign this to any cause in particular. Shortly after she felt a severe pain in the hypogastric region, which she describes as a "cramp," and ever since she has suffered very much at the monthly periods, there being great pain at those times at a spot just above the pubis, as well as a profuse haemorrhage, continuing often for about a fortnight. The pain always ceased immediately on the cessation of the discharge. Of late these attacks have been much worse. Throughout all this time the menstrual periods have been regular, and when she applied to a practitioner in town a fortnight ago for advice, it was merely on account of the pain which attended them; for this she got some anodyne medicine.

On admission, about ten o'clock p.m., she complained, as above stated, of pains very much resembling those of the second stage of labour, and they had, like the discharge, been gradually getting worse for a week.

On examination, per vaginam, I found a large tumour, so low as to be quite apparent to the eye when the labia were held aside. It had a liver-red colour, and its apex was cleft, giving it very much the feel as well as the shape of the prolapsed uterus. Forty orminis of solution of hydro-chlorate of morphia were administered to ease the pain, and as this did not seem to have any effect, in an hour and a half twenty-five grains of hydrate of chloral was given; this last caused the patient to fall gradually into a sound sleep. I did not think the haemorrhage was sufficiently great to demand any very active treatment that night. On the following morning Dr. Tannahill saw the patient, and on careful examination found that the tumour had its attachment at a point in the cavity of the uterus, an inch within the os on its anterior wall. The patient
being put under the influence of chloroform, he proceeded to twist the tumour from its pedicle, which was accomplished with great difficulty, owing to the fact of its completely filling up the cavity of the vagina, so that the hand could not be used with any freedom. After the tumour was removed, no hemorrhage ensued. Patient got twenty-five grains chloral, and on the following morning was found to be much better, the pains being quite gone. She had slept well, and the pulse was good. From this day patient continued to improve rapidly, and on dismissal, six days afterwards, was quite recovered.

The accompanying wood-cut represents the form and situation of the tumour; the appearance and microscopic structure of which are thus described by Dr. Joseph Coats, Pathologist to the Glasgow Royal Infirmary:—"It is of an irregularly oval shape, and divided by a deep cleft into two unequal portions, one of which is six or eight times as large as the other. Its total weight is fourteen ounces. In the fresh state the growth presented a very deep port-wine colour externally, and on section this colour was seen to exist throughout the tumour except at a point near its attachment, which had more of a white fibrous aspect. On microscopic examination, the most striking appearance is the very great abundance of blood and blood-vessels, the former occurs as echynoses in nearly every part of the tumour, obscuring the proper tissue. The latter are very numerous, and generally pretty large in size. The proper tissue of the tumour consists of fibrous tissue mixed with smooth muscle and a considerable number of round cells. The case appears to be one of very vascular fibro-muscular polyposis."

**Hospital Reports.**

**LONDON HOSPITAL.**

Two wards, one for male and the other for female patients, containing together thirty beds, have been set apart from the general wards for the express purpose of Clinical teaching. The care of these wards is taken during the Winter Session by three physicians in rotation for two months each, and during the Summer Session by the three Senior Physicians or Assistant-Physicians who have the charge of out-patients in rotation for one month each. The cases for the Clinical Medical Wards are selected from the applicants for admission into the hospital, for the systematic illustration of the various diseases of internal organs.

The Clinical Professor for the time being meets his class in the Clinical Wards twice a week. One visit is entirely devoted to bedside instruction; and at the other in addition to bedside instruction, the Professor delivers a Clinical Lecture. There is, therefore, one regular Clinical Medical Lecture a week during the Winter and Summer Sessions.

The Physicians not on Clinical duty still give bedside instruction to the students accompanying them in their Visits to the General Wards, and in the wards, Mr. Davies, who attends early in the morning, holds the class which he has been accustomed to hold for many years for practical auscultation and percussion. The Clinical Medical Wards have been instituted for the convenience of students who are required to attend hospital practice, both to give them variety of instruction and to encourage accuracy of observation.

Further facilities are afforded to students to gain skill in examining patients by the appointment of Ward Clerks, who record in their note-books the history and progress of the cases. From the Ward Clerks four Medical Assistants are selected every three months, one for each physician. The Ward Clerks and the Medical Assistants are aided by the Resident Medical Officers in note-taking and in their chemical and microscopic observations. A room is specially fitted up with microscopes and chemicals for the use of the Physicians, the Medical Officers, and the Medical Assistants and Clerks.

The out-patient department is also utilised. The Physicians and Assistant-Physicians with the care of out-patients impart instruction at each visit, the large numbers of medical patients enabling them to select cases presenting variety of symptoms and points for comparison and contrast. Practice can be obtained in auscultation and the other means of physical diagnosis under the direction of the Physicians and Assistant-Physicians.

**Literature.**

**SAINT BARTHOLOMEW'S HOSPITAL REPORTS.**

We have received the Sixth Volume, being the volume for 1870, of Saint Bartholomew's Hospital Reports. It contains twenty-seven original articles, together with the Hospital Statistics for 1869, prepared by the Medical and Surgical Registrars, Dr. Philip J. Hensley, Dr. W. Alineil Holmes, Mr. P. Howard Marsh, and Mr. J. Astley Bloxam. In the tables for this year the forms have been somewhat altered. The percentage of mortality in each disease and each age has been omitted, but two diagnoses have been introduced. The Nomenclature of the College of Physicians has been followed throughout. The tables occupy fifty-six pages.


* Saint Bartholomew's Hospital Reports. Edited by Dr. Andrew and Mr. Callender. Vol. VI. London: Longmans, Green, and Co. 1870.
Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

DECEMBER 19th, 1870.

JOHN GAY, Esq., President.

OPHTHALMOSCOPIC DEMONSTRATIONS OF SOME DISEASES OF THE EYE.

Mr. Jabez Hogg gave some demonstrations with his ophthalmoscope of some diseases of the eye. A patient was shown whose case illustrated the affection named by Desmarres, "Synchisis scintilans," the vitreous sparkle of shiny particles of cholesterol diffused through it; another patient was an example of "Choroiditis Fibrigenosa," a disease that Mr. Hogg often found hereditary in a family. A third illustrated "Choroiditis Disseminata"—a fourth was a case of "Staphyloma Posticum," which had materially improved under the internal use of various preparations of iron.

Mr. Wickham Barnes showed portions of bone coughed up by a patient who had had omea, antecedent syphilis was suspected. Mr. Barnes had also the woman, and one of the turbinate bones that had come away from another patient.

The President said, that some years ago he had collected several cases where diseased facial bones had come away, they were all cases of syphilis that had been largely dosed with mercury.

Mr. Barnes was not aware that either of his patients had taken mercury.

Dr. Wiltshire alluded to a case he had seen of disease of the frontal sinuses of long standing, there was reason to believe it to be of a syphilitic nature.

Mr. Hanworth thought that too many of these cases were assumed to be of syphilitic origin, the bones of the face might become necrosed, just like bones in other parts of the body. He had seen the superior maxilla come away by necrosis without there being any evidence of syphilis in the case.

Mr. W. M. Paget showed half-a-sovereign into which he had removed from the larynx of a man in King's College Hospital, last Thursday. On Sunday, while drunk, the man swallowed the coin, and on Wednesday came to the hospital suffering much from dyspepsia.

Dr. W. M. Paget, and Dr. Geo. Johnson saw the patient with Mr. Smith, and Dr. Johnson showed the coin in the laryngoscope lying horizontally across, between the ventricles of the larynx, a small chink only being open as the only passage to the lunge. Various attempts were made to seize the half-a-sovereign with forceps, but, as these failed, Mr. Smith opened the cricoid cartilage with a morsel, pushed the coin out of the mouth. The case well showed the value of the laryngoscope, by it, the exact position of the coin was fully seen.

Mr. Gant said, that he believed that this man came to the Royal after the larynx had been drunk, and made off while they were gone to summon Mr. Gant to the case.

Dr. Miller mentioned a case where he had extracted a half-penny that had been swallowed, by means of a probang thus giving relief to suffocative dyspepsia.

Mr. Barnes mentioned a case where a boy was suffocated by a chinking of the rims glottides.

Mr. Smith some years ago had a boy admitted to King's College Hospital, who had swallowed a cherry-stone. There being no urgent symptoms, it was decided, in consultation, not to perform any operation. In the night, however, the stone got into the rims glottides, and the boy was suffocated. At the post-mortem examination, the stone was found in the trachea. Mr. Smith had urged tracheotomy the previous day.

Mr. Hanworth brought before the Society a young man who had been troubled with enlarged tonsils, but was now much relieved, and able to sing well. The plan of care followed by Mr. Hanworth was to train the child with a curved history, and then to cut from within outwards. The gland after this operation, gradually diminished in size, and as its excretory ducts were not interfered with, there did not ensue that dryness in the throat which was often disagreeing to patients who had had excisions previously.

Dr. Thudichum narrated some of his recent experiences at the Seat of War. Before proceeding to describe the various kinds of injuries sustained by the wounded, he showed to the Fellows the instruments with which these injuries had been inflicted. The Prussian needle-gun invented by Dreyser in 1825, and also the French chassepot-gun, which was an improvement on the Prussian arm, with the cartridges for use in these guns were all shown. The needle-gun weighed ten pounds six ounces, and carried a bullet weighing 450 grains that was an inch long, and required a charge of seventy grains of powder. At the highest elevation, the range of this gun was seven hundred yards. The chassepot-gun was lighter than the other, and two-thirds of its bore, it took a charge of eighty-five grains of powder, and a bullet weighing 350 grains, it was an effective weapon at 1,500 yards. After much firing it begins to leak at the breach, and allow windage. Dr. Thudichum showed the serious nature of the wounds inflicted by the percussion shells which explode instantly, and give people no time to lie down on the ground, he also spoke of the nature of the wound varying according to the velocity of the bullet. The further reading of the paper was postponed until Monday, January 2nd, 1871.

THE SEWAGE QUESTION.

SPECIAL REPORT.

(Prepared expressly for the Medical Press.)

No. XVIII.

PRECIPITATION OF SEWAGE WITH THE SALTS OF ALUMINA AND IRON.

The A B C process of Messrs. W. C. and R. G. Sillar, and G. W. Wiggens, which was patented in the summer of 1868, consists mainly in the use of alum, blood, and clay for the defecation of sewage, the other agents being the compounds of manganese and of magnesia, chloride of sodium, and animal or vegetable charcoal. They claim, in fact, "first, the deodorizing and purifying sewage by means of these chemical substances, and the so obtaining a sediment which may be used as manure; second, the deodorizing and purifying sewage by means of the mud already precipitated from sewage, as above described; and, thirdly, the addition of an acid to the mud in order to retain ammonium, and fit it for use as a manure." The proportions of the ingredients which they recommended for ordinary sewage were—"alum, 600 parts; clay, 1,900 parts; magnesia, 5 parts; manganese of potash, 10 parts; animal charcoal, 15 parts; vegetable charcoal, 20 parts; and magnesian lime-stone, 2 parts. These substances are mixed together and added to the sewage to be purified until a further addition produces no further precipitate. The quantity required will be about four pounds of the mixture to one thousand gallons of sewage. In many cases it is preferable to mix the above compound with a small quantity of water, and add it in a liquid state to the sewage. The sewage must then be thoroughly mixed with the compound, and allowed to flow into settling tanks. The greater part of the organic and other impurities will be immediately separated in the form of large flakes, which rapidly fall to the bottom, leaving the supernatant water clear and inodorous, or nearly so. The water may then be allowed to flow away into a river, or be disposed of in any other way, and the sediment or mud allowed to accumulate at the bottom of the tank. In some cases it is preferable to add the compound of manganese to the water after the sediment produced by the other ingredients has had a sufficient time to settle. clay may be found to possess the power of precipitating a further quantity of sewage; it must, therefore, be pumped or otherwise taken from the tank and mixed with fresh sewage, the sediment being allowed to subside in the same way as before. The sediment may be used five or six times over in this way. When the sediment no longer possesses the power of precipitating the impurities in the sewage it must be removed from the tank and allowed to dry; when partially dry, a small quantity of
THE SEWAGE QUESTION.

Jan. 4, 1871.

Acid—by preference sulphuric acid—may be mixed with it, which will retain all the ammonia in a soluble form. When dried, the sediment will be a valuable manure. Of the above-named substances the patentees say that the manganese compound, the burnt clay, chloride of sodium and magnesite lime-stone may be omitted, and the proportions of the others may be varied according to circumstances. In the following year (1870) Mr. Wigner obtained a patent for certain improvements in the working machinery of the process, for the use of a catch-pit with a mud channel and well for collecting the grosser parts of the sewage before its treatment with chemicals, and second, for improved precipitating apparatus, whereby the sediment was more easily collected and removed from the tanks, and, thirdly, for improvements in the construction of filters, for filtering the defecated sewage water. These patents are now being worked at Leamington, Hastings, and elsewhere, by a company called "The Native Guano Company, Limited." At Leamington the works have been in operation for some time, with a manifest improvement of the river, the local authorities being under an injunction not to pollute it with sewage. The works are on the banks of the Leam, about half-a-mile from the town, and close to a public promenade. The population of Leamington is about 20,000, and the sewage amounts to about 600,000 gallons a day in dry weather, the maximum flow being about 35,000 gallons an hour. When it reaches the works it enters a circular tank, eight feet in diameter and six feet deep, where it is stirred by machinery, and thus mixed with the A B C materials, which are discharged into the tank from a chain of buckets at the rate of about two and a-half gallons per minute, or one part of the liquid materials to 100 of sewage. The sewage then passes into a pair of settling tanks, there being three sets of them for alternate working. Each tank is 32 feet long, 15 feet wide, and 6 feet deep, with a transverse wall a little below the surface of the sewage. The capacity of the tanks is not sufficient for the thorough defecation of the sewage, nor is it sufficient for intermittent settling, and hence the effluent water is generally a little turbid, as it flows from the tanks over a shallow weir into the outfall channel which conveys it to the river. This channel winds upon itself for a distance of about 850 feet. It is 10 feet wide and 4 feet deep, and the last third of it was at that time converted into a filter of sand and animal charcoal. The superficial area of the filter was about 3,000 square feet, and we were informed that it worked for about three months, when it became foul and was removed. Each of the settling tanks is kept in action for a week, and then the sewage is diverted into another tank, and the sedimentary mud is removed, and converted into a stiff paste by means of centrifugal machines, which revolve at the rate of from 1,500 to 1,600 times a minute. The paste is still further dried by exposing it to the air for two or three days, after which it is sprinkled with dilute sulphuric acid, composed of one part of acid to six of water, the acid being used in the proportion of about one per cent. of the manure. After this it stands in a heap for about a fortnight, during which time it heats considerably, and forms a rotten compost, which is still further dried, and then riddled and sold for manure. We have visited the works on several occasions, and have noticed that the proportions of the precipitating agents have been varied according to the condition of the sewage. Eight sets of samples have been submitted by us to chemical examination, and the following are the results:

<table>
<thead>
<tr>
<th>Date, &amp;c.</th>
<th>Dissolved matters per gallon</th>
<th>Suspended ditto</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec. 11, 1869</td>
<td>Raw sewage</td>
<td>66-13</td>
</tr>
<tr>
<td></td>
<td>Effluent water.</td>
<td>67-27</td>
</tr>
<tr>
<td></td>
<td>Ditto filtered.</td>
<td>60-97</td>
</tr>
<tr>
<td>Jan. 20, 1870</td>
<td>Raw sewage.</td>
<td>67-81</td>
</tr>
<tr>
<td></td>
<td>Effluent water.</td>
<td>51-33</td>
</tr>
<tr>
<td>April 20</td>
<td>Raw sewage.</td>
<td>94-10</td>
</tr>
<tr>
<td></td>
<td>Effluent water.</td>
<td>72-27</td>
</tr>
<tr>
<td>July 14</td>
<td>Effluent water.</td>
<td>72-33</td>
</tr>
<tr>
<td>Sept. 20</td>
<td>Raw sewage.</td>
<td>80-67</td>
</tr>
<tr>
<td></td>
<td>Effluent water.</td>
<td>74-93</td>
</tr>
<tr>
<td>Sept. 21</td>
<td>Raw sewage.</td>
<td>81-10</td>
</tr>
<tr>
<td></td>
<td>Effluent water.</td>
<td>69-30</td>
</tr>
<tr>
<td>Sept. 30</td>
<td>Raw sewage.</td>
<td>95-67</td>
</tr>
<tr>
<td></td>
<td>Effluent water.</td>
<td>69-67</td>
</tr>
<tr>
<td>Average</td>
<td>Raw sewage.</td>
<td>81-91</td>
</tr>
<tr>
<td></td>
<td>Effluent water.</td>
<td>67-26</td>
</tr>
</tbody>
</table>
The first set of samples (dated December 11, 1869) were taken continuously, every half-hour, throughout the day, and during heavy rain, by the Royal Rivers’ Commissioners, who sealed the samples for the satisfaction of the Company, in order that their identity might be preserved. The second and third sets of samples were taken by Dr. Letheby and Mr. Hawksley during their visits to the works; and the samples dated September 20th and 21st were taken by Mr. Fewtrell, who went to Leamington for the purpose of securing accuracy in the results. It thus appears that the suspended matters of the sewage are almost entirely removed from it, whilst the dissolved organic matter is reduced from an average of 16.21 grains per gallon to 0.613 of a grain.

The quantity of material used for precipitating the sewage was ordinarily about 28 grains per gallon, and the precipitate, when dried, was generally about three times the weight of the material, a good average being in fact about 80 grains per gallon. Allowing, therefore, for 20 per cent. of moisture in the manure when ready for sale, the average quantity obtained from a gallon of sewage would be 100 grains, or about four tons per day. In the experiments made by Professor Brazier on the sewage of Aberdeen, at the request of the Commissioners of Police, he found that 1 per cent. of the A B C mixture supplied to him by the Native Guano Company, gave from 77 to 120 grains of dry precipitate per gallon of sewage, according to the amount of suspended matter in it. As might be expected, therefore, the chemical composition of the precipitate differs according to the quality of the sewage, and hence the analytical results obtained by different chemists are somewhat discordant. In the following table the sample analysed by the Native Guano Company was obtained by five successive precipitations of sewage with the same deposit. Dr. Voelcker’s results are, he says, from samples furnished to him by different parties, and Professor Brazier’s are those obtained from the samples of sewage on which he experimented, the dry precipitate being brought to an uniform proportion of 14 per cent. water.

<table>
<thead>
<tr>
<th></th>
<th>Native Guano Co.</th>
<th>Professor Brazier.</th>
<th>Dr. Voelcker.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. 1</td>
<td>No. 2</td>
<td>No. 3</td>
</tr>
<tr>
<td>Water</td>
<td>14:1</td>
<td>14:00</td>
<td>14:00</td>
</tr>
<tr>
<td></td>
<td>100:0</td>
<td>100:0</td>
<td>100:0</td>
</tr>
<tr>
<td>Containing nitrogen</td>
<td>3:36</td>
<td>1:48</td>
<td>2:42</td>
</tr>
<tr>
<td>Equal to ammonia</td>
<td>3:20</td>
<td>1:80</td>
<td>2:70</td>
</tr>
</tbody>
</table>

**SCOTLAND.**

The Edinburgh Courant has been publishing a series of articles entitled "Glimpses of our Juvenile Pauperism," and which, we understand, will form the basis of a volume on the subject. From the evidence brought forward as to boarding-out of pauper children we extract the following by a member of our profession:

"Ballie Miller, surgeon, Edinburgh, writes—In answer to your enquiry respecting my experience and opinion as to the expediency of boarding-out pauper children instead of bringing them up into the poorhouse, I beg to say that I have been a member of the City Parochial Board for about seven years, and for three years of that time I have acted as chairman of the Medical Relief Committee of the board, and have taken considerable interest in the affairs of the board. I have several times visited officially, along with the inspector and other members of the board, the pauper children boarded-out in various parts of the country. The system is in my opinion the very best that could be adopted. The children are entrusted to the care of decent villagers, carefully selected, where they are brought up along with the children of the villagers, and are treated in every respect as they are; they are clothed in the same manner, attend the same school, and join in the same play. There is nothing about them to indicate that they are paupers; and they grow up under these favourable conditions until they are apprenticed out to learn some trade whereby they may be able to earn a living for themselves, and in course of time are absorbed into the mass of population, becoming useful members of society, no one knowing anything at all about their early history. Our inspectors visit the children at stated intervals to see that they are properly cared for, and that the parties with whom they are boarded do their duty towards them. It is impossible in this short note to point out all the benefits that the children derive from the system, but so far as my experience of the system extends I can see nothing but good in it; and I am only surprised that the plan is not universally adopted throughout the country, as I am fully convinced that it is the best possible system that can be adopted, having respect to the interest of the ratepayer and more especially to the future welfare of the children themselves and the good of society."

**ROYAL COLLEGE OF SURGEONS, EDINBURGH, AND MIXED CLASSES.—** In a letter to the Editor of the Scotsman, Dr. Gillespie, President of the College of Surgeons, states, that his reason for bringing the subject of mixed medical classes before the College, with a view of ascertaining the opinion of the College on the matter, was the erroneous impression under which the students and the general public were labouring as to the connection between the medical schools in the vicinity of Surgeon’s Hall where mixed classes are tolerated, and the Royal College of Surgeons. The result he says, was the adoption of a resolution disapproving of the system by a majority of thirty-one to four, and two declining to vote; two of the minority of four being the lecturers to mixed classes of male and female students.
The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 4, 1871.

1870.

We have already glanced at some of the great questions that have occupied our attention in the year 1870. In looking back at the ground we have gone over, the next to demand a word is that of the amalgamation of the London Medical Societies, about which so many hopes are entertained, and over the attempt to accomplish which so much labour was wasted. The whole question was discussed by several of the Societies with much patience, and a scheme which was considered practical was elaborated, and yet we are no nearer than before. It is not unlikely that the advocates of union may make another effort to reconcile interests that seem so opposing; and yet we feel half inclined to put them to once more the question, cui bono?

It is not to be denied that considerable strength might seem to accrue from a concentration of the Societies, although it is just as competent to argue that a large amount of valuable energy would be sacrificed. There has been room for several Societies. Competition of a certain kind may be a capital stimulant. Not a few good papers would be smothered if only one Society could entertain them, and very likely some men would hesitate to appear before a great academy who are induced to state their opinions at the less pretentious gatherings. On the other hand, in pecuniary matters, what a gain might amalgamation be. Why should not the profession have a building worthy of it? It would surely be a gain if we could possess a great central hall in the metropolis, which would be the home of medical science. The only danger would be that a small number of men would have too great a control; but with so self-deifying a profession as ours, there is little fear that this danger would ever be great. If the scheme for amalgamation should again be taken up, we sincerely hope it will be in a larger spirit than before. Whatever the difficulties, we think that all Societies should be embraced. To our notion, to unite only half the Societies would be little better than leaving things as they are. Either we should have our academy co-extensive with all the Societies that now do good service, or we should be content to go on in the way that has already done so much for us. London is a huge place. It is no trifle to go from the suburbs to the centre in an evening after a hard day's work; and unless we can have something that shall attract a great number of members, we may just as well continue to avail ourselves of the convenience of several meeting-places, in different localities, and of the meetings at different hours and on different nights.

Having spoken first of the amalgamation of Corporations, then of Societies, we may add that there has been some talk of calling in the same agency to diminish the number of Schools of Medicine in London. The project has found little favour, except with two or three smaller schools that would obviously gain by the change, though few would be disposed to deny that advantage might accrue from such a union amongst those near to each other as would give students a larger choice of teachers, and—what is of more consequence—the chance of watching the practice of a larger number of men. Many think, however, that such choice would only be an excuse for shirking work, as a man would not be missed from a place that was no longer his own.

The reform of the out-patient departments of our hospitals has excited attention; but this has not led to much action. True, 150 hospital men were brought together, and some elaborate reports have been issued, but at present this is all. The fact is, the profession is in the hands of the managers of Charities.

Talking of meetings, we must not forget to allude to those held at the London College of Surgeons. At last the Fellows and Members have met in their own hall,—have demanded their rightful share in the management of their own concerns,—have—well, we cannot say they have accomplished much, but, at any rate, there is a promise that some day the affairs of a corporation of thousands of members shall not be directed by a self-appointed committee.

The London College of Physicians has not been behind its sister. It is now becoming recognised that this venerable College is likely enough to be the head of the profession for a long time to come. We have so often commented on its adherence to old forms and refusal to enter into modern ways, as well as on the exclusiveness of its Fellows, that we are gratified to be able to take note of signs of progress and liberality. Now that its license is recognised as both a surgical and medical diploma, this College has the game in its own hands, and only needs boldness and decision to emancipate the profession from the thraldom under which it groans. The College might force reform on all the other corporations. We trust that it will, for the sake of the Profession, insist on some genuine movement. There is no reason why the College should not inaugurate the one-faculty system; and a very slight concession to its members would relieve the only part of the College that can complain from a very undesirable position.

Hygiene has not been neglected during the year. Lectures on "Public Health" have been delivered at several hospitals,—some as distinct courses, others as supplementary to those on Medical Jurisprudence. Sanitary legislation has also made some way. At the British Association for the Advancement of Science sanitary questions have had their full discussion, and we have fully reported them. To the debate on sewage we may refer as of most importance. On this—the most vital sanitary
question of the day—the Medical Press and Circular has contributed much. The Special Report published for the last portion of the year in this journal, and which will be continued, forms, we make bold to say, the most important contributions to the subject that has seen the light for years. It is to us a source of satisfaction to be able to furnish our readers with such an invaluable series of reports, and to know that the facts we have recorded must play an important part in the solution of the many problems involved in the sewage question.

On our announcing our commencement of these reports, one of our contemporaries began a feeble imitation. However, after two chapters it was dropped. It would not be the part of wisdom in anyone to attempt to rival such reports as these it has been our privilege to present. Even the British Association for the Advancement of Science, with the aid of subscriptions from towns, has not been able to obtain anything worthy to be named in the same day.

In summing up a year closing in the din of arms, and with the groans of slaughtered thousands echoing in the memory, we are naturally reminded of our brethren in the Army and Navy, and what might be the need of our country should we too be called to take part in the strife. The Army service seems to be once more looking up a little, and another competitive examination is shortly to be held. But much ought to be done to render the Service what it might be, and we hope the question will be taken up in Parliament.

As to the Naval Service, nothing but discontent prevails, and the Admiralty cannot get men to enter. The fact is, the Profession has at last made up its mind. The Admiralty must be forced to do justice, and to treat the Surgical staff as gentlemen. These terms are not onerous, and not such as the country would refuse, and if the matter is properly brought before the national representatives, and the ugly fact exposed that in case of war the Navy cannot get skilled surgical aid, public opinion will effect the small measure of justice that must be insisted on.

Each reader will, for himself, fill up his retrospect of the past year. One will dwell upon one thing—others will have their attention directed in very opposite channels. Although this is our second article, we have been quite unable to recall the many points in the practice of our art, or in the sciences on which it is based, that have occupied attention. Still, most of these have been reflected in our pages, and we can refer to our two past volumes those who desire further particulars. The growing popularity of this journal, the respect in which its opinions are held, the rapid progress it has lately made, combine to assure us that our efforts are not in vain, but that the Profession more and more appreciates our determination to keep its Wednesday paper on a level with its contemporaries.

But whatever the review of the individual reader, there is scarcely one who has not been reminded by the dying year of those who have been called away from their sphere of usefulness. Death has been busy in our ranks. Aged and young, celebrated and unknown worthies have alike been arrested in their task. Few readers, perhaps, but have had their own houses invaded by disease and death. Both have visited our editorial circle, and heavy have been the trials. We can, therefore, offer sympathy to such as feel as we do; and, having said so much, we must name a few of those whose loss has been more widely felt, though others who have as well done what was given them to do are equally worthy. Still, some have left great names in Medicine, and of these we call to mind as we write, Graefe, Syme, Simpson, Copland, Geoghegan, Ang. Waller, Nanneley, Moore, Chowne, W. A. Miller, Sir James Clark, Sir C. Hood. Others, too, we could name; but what is this muster roll? They are gone, and we are left—and the new year is here, and it brings us each our task.

But if death has robbed us of much, the labours of the living have given us also much. Many valuable new works have appeared, so that medical and scientific literature is well represented. We cannot undertake to enumerate the books published in 1870. A large number have been reviewed in our columns; but in a cursory glance like this, we may name the new edition of the "System of Surgery," so ably edited by Mr. T. Holmes, of which the fourth vol. is just out, and will shortly be reviewed in our pages. Mr. Le Gros Clark's "Lectures on Surgical Diagnosis" form another work on surgery. Mr. Henry Lee's lectures on "Practical Pathology" are chiefly on the surgical aspects of the subject. The new edition of Paget's lectures and Sir William Fergusson's "Practical Surgery" cannot be passed over. In medicine, Reynolds's "System" is not yet completed, but will probably be so during the year, and will then be a Cyclopaedia of Modern Medicine. Niemeyer's work, too, is one that has appeared in English, and gives the best account of German practice. The same author's little work on "Phthisis" must also be named as a sort of landmark in our literature.

The volumes of Transactions of the Societies and Hospital Reports, issued during the year, represent an amount of work worthy of the most industrious of professions, and are all familiar to our readers as repositories of valuable information. In science, too, there has been much activity, many original investigations appearing, and the manuals and text-books coming out, one after another, in new editions, revised to the latest date.

Speaking of manuals reminds us of the retirement from active life of the projector of the finest series of Student's Manuals to be found in any language. With the close of 1870, Mr. Churchill, senior, retires from business to private life. We have known him and his books throughout our professional career, and we heartily wish him years of happiness. His two sons, who have been in partnership with him for the last eight years, will carry on the business of the house, which is known all over the civilised world.

The death of Mr. H. Bailliére, Medical and Scientific Publisher, has brought about another publishing change in 1870. The business of the deceased gentleman, which was intimately associated with the Continent, has been removed to King William street, Strand, where it is carried on by Messrs. Bailliére, Tindall, and Cox.

INDIAN SANITATION.

The Indian Secretary has lately issued a blue-book, forwarded from Bombay and Madras, that contains a large amount of information on the progress of sanitary works in India, and to which we therefore commend attention. From what is stated, we judge there is some idea of trying in Bengal the cultivation of the sunflower, as recommended by Dutch observers for fever-stricken districts.
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The blue-book contains an appendix by Dr. Hewlett, giving his report on some thirty towns in England, which he has visited with a view of seeing personally their several plans of sewerage and water supply. Dr. Hewlett thinks that a water-closet system such as has been accepted in Turkey would be suitable for India. But he would employ the "separate system," and make other provision, to economise the water.

The Army Sanitary Commission have considered the question of supplying aerated distilled water to the stations. The only objection to it is the considerable expense of coal to carry out the scheme.

The sanitary reports from the Commissioners of the Punjab, Bombay, and Madras Provinces of India, for the year 1868, together with numerous other papers from the Government of India, are made the subject of a special minute by the Army Sanitary Commission, and the following are the conclusions arrived at:

1. That there is nothing special in the sanitary problems presented in towns, villages, or country districts in India, with this important exception—that sanitary works and measures are of far more pressing necessity in India than they would be in colder climates.

2. All the experience gained of late years shows that mercurial effects at improving health of troops and people without taking into account the general malarial-producing causes incidental to the climate and country will prove insufficient for the objects in view.

3. That immediate steps should be taken to have a survey made of the Ganges delta with the object of devising means of regulating the water, draining wet and marshy ground, and improving the culture of the country.

4. That marshy malarial-producing tracts of country in other districts of India should be examined, with the ultimate view to their being drained and the culture improved.

5. Sanitary works for Indian cities are of essentially the same character as those required in England.

6. No permanent improvement can be expected in any city without combined works of water supply and drainage, which form the foundation of city improvements everywhere.

7. The present unsatisfactory condition of certain so-called "drains" is due to the apparent absence of knowledge of the true principles on which sanitary works should be executed.

8. The application of town sewage to agriculture would be practicable as well as profitable in India. Judged by the most local standards, the money value of farm produce raised by sewage irrigation in India would be greater than in England.

9. The papers show anew the necessity for providing municipalities, not only with funds, but with engineers practised in sanitary engineering, whose knowledge of the simple rules for guiding them, would enable them to exercise a most beneficial influence on the sanitary improvement of village populations.

10. The main removable causes of ill-health in villages are bad water and filth. To an N.C.Wells, better regulated tanks, filling up holes, keeping village roads and surface drains in repair, cleansing and prevention of nuisances, for all of which the requisite labour might be obtained in the villages, would remove the principal causes of ill-health in these small groups of population. But there are many villages, apparently, which it would be better to remove and reconstruct.

11. Nothing would give a greater impulse to village improvements than the erection of model villages and sanitary instruction in public schools.

12. The reports show that civil surgeons are capable of doing efficient sanitary inspecting work; that it would be advisable to employ these gentlemen, both British and native, as district inspectors; and to strengthen the public health service as proposed by the Governor of Madras by extending the benefits of medical education still further among natives.

"Lastly, while indicating very generally the nature of improvements required, so far as these can be arrived at from the reports, the commission is desirous of repeating that much has been already done by the Government of India for benefiting the public health."
There is no need and no excuse for these cruelties, they must give rise to awful reprisals, and surely the blood of the victims will be demanded of Germany’s leaders. The details are too sickening. When shall the end be?

A correspondent from Brussels writes:—“Accounts from Prussia state that the impatience of the people at the prolongation of the war becomes more apparent. In Bavaria it is even more openly avowed. I leave to-morrow for Luxemburg. I had intended entering France north of Sedan, and after travelling south as far as Thionville recrossing the frontier at that point. I find, however, that what appears the shortest would be the longest route; and to spend forty hours in a diligence at this time of the year, unless with some particular object, would certainly not be very exhilarating. It is impossible to say how many French refugees there are in Belgium. In Brussels alone there are 40,000—not only, I am sorry to say, old men, women, and children. There are, I am afraid, but too good grounds for the complaints I heard in France of the half-heartedness of the proprietary classes in the national defence. What these really fear is, the phantom of Socialism; but in flying from it they forget that, like their shadow, it lengthens as they leave it. Typhus, in an epidemic form, has broken out in the Belgian provinces bordering on the French frontier. This is not to be wondered at. We have yet to see in its worst horrors that terrible phase of war—the disease which inevitably follows in its tracks.”

Amounts have been already subscribed to the French Peasantry Relief Fund, started by the Daily News, to the extent of upwards of £14,007. The Society of Friends are actually engaged in relieving the distress among the French peasants. The Great Eastern Railway Company has, for the present, generously undertaken to convey free to Antwerp parcels sent for the use of the peasantry in the North of France. Although such considerable sums are being contributed, yet it is impossible to relieve more than a tithe of those suffering from distress. Amongst such a crowd of starving, homeless, destitute, poor half-frozen wretches, it is manifestly impossible to distribute more than a loaf or so per head every two or three days and a blanket or two here and there. When we think how many blankets it takes to keep an English family warm in good houses and with blazing fires, it will easily be seen that such provision cannot be anything like adequate to the wants of a population starving, and alike without homes or fuel. More funds are urgently needed.

Cheques may be crossed to the London and Westminster Bank, Temple Bar Branch, and Post-office orders, should be made payable to W. K. Hales, 20 Bouverie street, E.C.

The Society of Friends offers to receive and transmit clothing, &c., which may be sent to E. R. Ransome, War Victims’ Fund Depot, 154 Minories, or (if more convenient) small parcels may be addressed to the same name, 10 Essex street, Strand.

Chloral.

The new hypnotic has maintained this year the reputation it so rapidly acquired, and is now everywhere admitted to be a valuable addition to our materia medica. Observations have been multiplied in all directions, and it would be by no means easy to present a résumé of the whole. The general tendency of the profession is towards an intelligent appreciation of the new drug, and we believe its use will become even more extensive than at present.

M. Bouchat in the Archives Générales de Médecine says chloral is a powerful sedative of the motor and sensory nervous system. He points out that the urine passed during the sleep procured by chloral reduces the salts of copper so as to give the notion of a temporary glycosuria. Its action he regards as the same as that of chloroform, but more slow and more lasting in its effect. He also recommends it in chorea.

The Berliner Klinische Wochenschrift mentioned unfavourable results from hypodermic injection of chloral, and reported favourably on its administration in enemata.

At the Obstetrical Society of London, Baron Dr. von Seydewitz related two cases of eclampsia cured by chloral. Dr. Russell Reynolds related in the Practitioner, a case in which alarming symptoms were produced by fifty grains. In the last number of the same journal, Mr. Waterhouse gives his experience of it in whooping-cough, a disease in which many others have given it with advantage. He thinks it must be used with the greatest caution if pneumonic symptoms present themselves.

The greatest advantage of chloral is, that it does not lock up the secretions like opiates.

The Employment of Unskilled Midwives for the Poor.

It appears from the reports of local newspapers that the Worcester Board of Guardians are contemplating the substitution of midwives in place of skilled medical men to have the care of poor women during their hour of greatest trial; in fact, reverting to the cheap and nasty mode of business which has so often been tried and found wanting. We should have thought that after the disclosures which have, from time to time, come to light with regard to the doings of ignorant midwives (in which Worcester has more than once figured), the Board would not even have mooted such a question.

The midwives of Provincial towns, as a rule, possess no qualification to fit them for so important a post—uneducated and untrained in hospital wards, without medical knowledge or refined feelings, they are entrusted with the lives of the poor, in one of the most anxious branches of a difficult profession; and the consequence is that an incredible amount of suffering (known only to medical men), is inflicted upon helpless and needy women, owing to gross maltreatment and the absence of proper and necessary attendance.

It is injurious to the ratepayers and cruel to the poor, that they should be employed, and we do not for a moment believe that the Poor-law Board would ever sanction their re-election.

Hospitals and Christmas.

Some London hospitals have been made gay with evergreens, and Christmas has been otherwise made as merry as possible for the inhabitants. The charitable providers of this deserve the happiness their thoughtfulness must have afforded them.

But there is another cry. Our hospitals are in want of money. The awful war has drained the pockets of many, and our own best charities are suffering. It is well that
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The Guardianship of Boards of Guardians.

Of all the unreasonable beings in this world it is probable there is nothing like ordinary Boards of Guardians. From the reports of the last number of the Ashton-under-Lyne News, we imagine the Ashton Board is an ordinary one. We see at their meeting they had two of their Medical Officers before them, but we fail to see that they know the respect due to a learned and self-denying profession, or that they are fit to form an opinion on the question brought before them. One is a charge of neglecting a woman with a swelled knee, which well illustrates the inability of the board to undertake a quasi-judicial inquiry, and their readiness to believe anything against a doctor. The other shows just as clearly their notion of their own infallibility, and their readiness to fancy themselves blamed. Dr. Pomfret made a report in the usual way, in which he mentioned that a young woman had gone out of the workhouse on a very wet day, and walked a long distance improperly clad, and carrying her baby also insufficiently clothed seven miles, to appear before magistrates to affix her child. These guardians, instead of complimenting their Medical Officer on his zeal and humanity for directing their attention to the cause of her illness, fly into a passion, publish far and wide that Dr. Pomfret has made a charge against them, and seem all to join in giving him a scolding, such as a set of old women might be proud of.

When will the country wake to the necessity of having these things attended to by gentlemen?

Difficulties of Sanitation in London.

At the last meeting of the Association of Medical Officers of Health, Mr. John Liddle, calling attention to the increase of small-pox, said that unless the dead, and in some instances the living, could be speedily removed from dwellings, efforts at disinfection must be almost futile. It was therefore most important that houses of refuge should be provided. Dr. Aldis said the Small-pox Hospital was full, and that diseases was extending in his district. A member remarked that a magistrate has power to order burial within twenty-four hours; but it was nevertheless agreed that houses of refuge apart from hospitals are highly desirable. Dr. Aldis, in his paper, drew particular attention to the spread of infectious diseases in the parish of St. George, Hanover square, by the overcrowding of dwellings in the poorer neighbourhoods and the retention of infected subjects therein. He suggested the providing of a more constant supply of water, especially on Sundays, and the use of the usual disinfectants. Professor Gamgee in his paper held that satisfactory evidence has proved that fever may be transferred from house to house by means of milk—not merely through adulteration, or as a consequence of the use of impure water in washing the milk pails, but from the disease of cows giving the milk. He was, however, of opinion that the importance of analysis has been overrated, that simple dilution is most generally practised, but that some of the new companies do business so directly from the country that there is little risk of tampering. Condemning the old town system of cow stables, he was convinced that it is better for the town supply to be supplementary to that of the country, and not the principal source, thus getting rid of the most dangerous seat of contagion. The more we encouraged the country supply, and extended the area from which we could get country milk, the better we should save the people from that poisoning of this article.

The Liverpool Fever Epidemic.

With great satisfaction we observe that the number of cases of fever is rapidly declining. In the Toxteth Union Hospital there are 300 cases of fever, and under out-door treatment 228, a reduction of about 130 on the week. In consequence of this reduction, it was resolved that the engagements of the two assistant out-door medical officers should be terminated by notice.

Uselessness of the Lactometer.

A new periodical, called the Milk Journal, and which intends to deal with milk analysis on an extensive scale, contains what to some may appear a startling statement. The specific gravity of milk is said to be untrustworthy as a means of judging the strength of milk. In fact, according to our contemporaries, milk diminishes in specific gravity when kept for a couple of days—so that possibly, after all, many an innocent person has been suspected of tampering with milk that merely underwent a natural change.

We give the exact words of the article:

"In making examinations of milk for sanitary or commercial purposes, it is customary to use determinations of specific gravity as indices of the strength of milk. It is, however, recognised that, owing to the circumstance of cream being lighter than water, whilst skimmed milk is heavier, the indication of strength afforded by a determination of specific gravity is not very precise. Obviously, if in addition to the specific gravity, the percentage of cream were taken, a connection could be applied so as to rectify the indication of strength derived from specific gravity. In the course of an examination of milk undertaken for this Journal, the observation was made that there is another source of inaccuracy hitherto quite unsuspected. Skimmed milk consists mainly of water, casein milk, sugar, and a small quantity of mineral salts. Now, the exact molecular condition of the casein influences the specific gravity of milk in other words, cannot be calculated to ensure comparable results. We do not intend on this occasion to enter fully into the subject of milk analysis, but we may state that plans commonly adopted are of little worth. We have had to notice the untrust-
worthiness of specific gravity determinations of milk—that is to say, the danger of judging of the strength of milk by its specific gravity. To be of any value at all, the specific gravity determination must be made whilst the sample of milk is very fresh. After milk has been kept for two or three days, even in a closed vessel, its specific gravity falls in a very remarkable manner. The following examples exhibit this in an extreme form. The specimens of milk had been kept in corked bottles for four days:

<table>
<thead>
<tr>
<th>Sp. gr. at 60° Fah.</th>
<th>Percentage of Solids dry at 212° F. of Ash.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample a - 1.0004</td>
<td>0.94</td>
</tr>
<tr>
<td>b - 0.9960</td>
<td>0.75</td>
</tr>
<tr>
<td>c - 1.0184</td>
<td>0.66</td>
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</tbody>
</table>

Showing that the highest specific gravity sometimes accompanies the lowest percentage of solids. The reason of this want of correspondence between specific gravity and solid contents we have already explained. Meanwhile, in judging of the strength of milk, we propose to adhere to the method of evaporating to dryness in the water-bath, and weighing the residue.

"We have examined seven samples of milk sent to us by different persons, with a request that they should be examined. We have found in 100 parts by weight of each as follows:

<table>
<thead>
<tr>
<th>Total solids, dry at 212° Fah.</th>
<th>Ash.</th>
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</thead>
<tbody>
<tr>
<td>No. 1. - 11-34</td>
<td>0.94</td>
</tr>
<tr>
<td>2. - 11-33</td>
<td>0.85</td>
</tr>
<tr>
<td>3. - 11-04</td>
<td>0.72</td>
</tr>
<tr>
<td>4. - 10-48</td>
<td>0.75</td>
</tr>
<tr>
<td>5. - 9-39</td>
<td>0.62</td>
</tr>
<tr>
<td>6. - 5-98</td>
<td>0.57</td>
</tr>
<tr>
<td>7. - 8-92</td>
<td>0.66</td>
</tr>
</tbody>
</table>

"The sample No. 6 is a gross case of dilution. It is milk supplied to a workman's family in Bethnal green, and contains no less than four parts of water to six of milk. Samples Nos. 5 and 7 are not so bad, but unless dilution had been practised, the milks were exceedingly and abnormally poor.

"We hope to receive samples from milk consumers, which, if sent fresh, and carriage paid, will be examined and reported on in the columns of the journal in rotation as they arrive."

Dr. Waring-Curran, Medical Officer of the No. 2 District of the Mansfield Union, was elected on Wednesday by the Committee of Management, Surgeon to the Mansfield Woodhouse District Hospital.

The Lahore Journal says, that the 35th Regiment, now stationed at Peshawar, is suffering so terribly from fever that it must either be soon removed to another station or else extinguished altogether.

There were several accidents on Monday, 26th ult., through skating and sliding on the ice in the parks, in all about fifty, of which about thirty were cases of immersions, two or three were broken limbs, and the remainder contusions of more or less severity.

Silliman's American Journal of Science and Arts will, after the close of the present year, become a monthly journal. It was founded by Professor Silliman in 1818, and now numbers 100 volumes, and is regarded as the first scientific journal in America.

A somewhat surprising assertion was made, at an inquest held last week, by Mr. Hardinge, M.R.C.S., who said, in reply to a question by the coroner why he did not send to the workhouse for a nurse to a pauper patient whom he believed to be dying—"medical men, as a rule, do not send to the workhouse for nurses, as it is my experience, and that of most other medical men, to do so would be equivalent to sending for a drunkard and a thief."

The Journal Official for Dec. 20th says, that the death-rate in Paris, according to last accounts, was on the increase.

For the week ending the 4th ult., it was 2,155, in the following week it rose to 2,758, especially through typhoid fever, bronchitis, and pneumonia. The mortality from small-pox is stationary.

For the week ending Dec. 18th, the mortality was 2,728, or more than treble the ordinary number, which is about 800.

The Secretary of the American Ambulance in Paris has written in the following terms of the success of the organisation in that city:—"There is no question, both among surgeons and military men, but that ours is the model field hospital of Paris; the consequence is, we are daily overwhelmed with visitors and compliments. In addition to our tent hospitals, we have put up fine barracks, and provided them with all the material necessary to their several uses, as wards and offices; while we have fed for more than two, at constantly increasing prices, a daily average of more than 100 persons. We have shown how, in the treatment of the wounded, simple means were not only the least expensive, but how, at the same time, they were the most effective from a sanitary point of view. But two or three per cent. of our wounded have died, although many have been severely wounded. All our compound fracture cases have recovered under conservative treatment. Of four amputations of the thigh, consequent upon wounds of the knee-joint, three have been followed by complete recoveries. In the hospitals of the 'French societies' all such amputations have terminated fatally. Neither hospital gangrene, pyaemia, or typhus, have made their appearance in our hospital, although they have been seen nearly everywhere. Results such as these cannot be ignored, and if our success hereafter shall correspond with that already obtained, we shall have exerted, by the establishment of our hospital in Paris, a powerful influence upon the future of European military surgery."

In a correspondence recently published in Dublin between the Rev. P. Conway, P.P., Headford, co. Galway, and the Chief Secretary for Ireland, Mr. Conway says that at Keelkille he saw eighteen persons sick of a fever of a most malignant type, that he has administered the last rites of the Church to twelve persons whose deaths he would not be astonished to hear of before many days. Some of those were without food, drink, or a nurse to attend them, and two in a bed. One person lives in a house alone, raving in the fever. Mr. Conway saw fifty-six people dead in one day in the year 1848. He says that they were then as to-day sacrificed to death at the shrine of political economy (?) Enclosed in this was a letter to the Lord-Lieutenant, of which this is a copy:—"Keelkille, Headford, Taam Union, County Galway, December, 23.—My Lord,—It becomes our painful duty to tell your lordship that we have eighteen persons lying sick in a desperate fever; some without food or drink or nurse to look
POISONING BY CHLORAL.

The Canadian Lancet reports the following case of poisoning from 400 grains of hydrate of chloral at the Philadelphia Hospital:

At half-past five in the morning of September 18, Mrs. B., a nurse in the Woman's Medical Ward, was found in a deep sleep, from which she could only with very great difficulty be even partially awakened. Thirty grains of ipecac were immediately given, under the supposition that some dangerous narcotic dose must have been taken. As this failed to produce emesis in ten minutes, an attempt was made to administer a mustard emetic, but she could not be forced to swallow it. At six o'clock the respirations were thirty-five in a minute, and heavy and stertorous; the pulse was quick and frequent, numbering 140 in the minute. The face was somewhat flushed, and the extremities cold and livid. No change was observed in the pupils, except that under the influence of light the left one contracted, while the right seemed scarcely affected. A bottle marked "Hydrate of Chloral," which was known to be used in the hospital, was opened, and the contents were given by the mouth, but the patient remained as before.

Another indication of approaching consciousness was an occasional moan, which the flagellation would draw from her; but the moment the treatment was discontinued she sank back into the most profound slumber. At this juncture a very powerful faradic current was applied along the spinal column, the course of the phrenic nerve, and to the chest. As soon as the poles came in contact with her body, she showed symptoms of discomfort by writhing and meaning as before. After continuing this mode of treatment for half-an-hour, she began to open her eyes at short intervals, and with some difficulty made us understand she was suffering; but the moment the poles were removed she sank again into the deepest sleep. At nine o'clock it was observed that when the poles were applied, she endeavored to get off the chair and away from the object causing her suffering. The assistants were now directed to try the milk, with one on each side to support her and another behind to stimulate her vigourously with the palm of the hand. She made some effort to walk, but with a very staggering gait, requiring all the strength of the assistants to keep her from falling to the floor. The application of the battery and attempts at walking were continued alternately for two hours, at the end of which time (eleven o'clock) she had so far recovered as to be able to walk unaided and to converse in an intelligent manner.

A small quantity of whiskey was now given, and soon a good drink of beef tea, containing a considerable amount of capsaicin. Considering that it would now be safe to allow her to sleep off the remaining effects of the narcotic, she was put to bed, and slept soundly from this time until six p.m., when easily awakened. At intervals of an hour or two for the purpose of receiving nourishment, she was made to lie down and fell asleep again, and remained in this condition until the following morning, when she awoke feeling quite sore, and with a slight headache, but otherwise very comfortable. There was no sickness of the stomach or constipation of the bowels following. Her statement is that, having been up all night nursing a patient with delirium tremens, she went to the ward office about five a.m., in search of something to relieve her headache and /mivering, and finding the solution of chloral, drank the greatest part contained in the bottle. She immediately felt a burning sensation, and swallowed some water to relieve it; beginning to feel faint already, however, she endeavored to reach her bed, but according to the statements of those around her, fell to the door before reaching it. She remembers distinctly going to her ward, but nothing after that, until recovering at eleven o'clock the following morning. She has no knowledge whatever of either the flagellation or the application of electricity. The bottle from which the dose was taken contained ten drachms, and two scruples of hydrate of chloral, dissolved in four ounces of cinnamon water, and had been brought from the drug store only the previous afternoon. One of the physicians used six fluid drachms of the solution, containing 120 grains, for some of his patients, but no more was taken by any other person, except this woman. She left in the bottle only three fluid drachms containing sixty grains of chloral, each fluid drachm of the solution corresponding to twenty grains.

Supposing, then, that she swallowed the rest of the four fluid ounces (and it is safe to presume she did, from her own statement), she took at least 400 grains of hydrate of chloral. Her pulse was carefully watched throughout, and at the time when she seemed to be most thoroughly under the influence of the poison it was wholly impossible to be counted, so small and frequent was it. As the stimper became less occasional, the pulse gradually approximated towards normal frequency, remaining at 100 beats per minute at eleven a.m.

The treatment above described was adopted on account of the resemblance between the symptoms present and those which result from an overdose of opium or some of its alkaloids; and from the threatening condition which was developed in this patient by this large dose of chloral, it is evident that what was done properly would have passed into the sleep of death, had it not been for the timely intervention of faradization and vigorous flagellation. At the time of the occurrence of the case I was not aware of the existence of any supposed antidote for the hydrate of chloral.

Calabar Bean in Constipation.

Dr. Victor Sundotin (Arch. f. Klin. Medecina, vii, 2, 1899) communicates cases in which he obtained very good result from this remedy. He prescribed a solution of the extract in glycerine, one to thirty, the dose being four drops four times daily. A fecal tumour which resisted strong doses of a cathartic was quickly dispelled in this way. The cases in which this treatment is used are those due to atony of the muscular coat of the bowels, on which the Calabar extract acts powerfully, as is shown by experiments on animals.

A Woman with Four Breasts.

A primiparous woman was admitted under M. Lorain, and was delivered next day of a dead premature child. She was found to have four breasts, two in the normal position and with the normal pectoral appearance, and two which, from their position, might be called axillary, and attaining the size of a small orange. She menstruated at twelve, and at the periods she experienced pain in the small breasts. The color of the milk also which these contained was small in quantity, and the granular bodies were less and transparent, while the milk-globules were fewer. The areola was also very small. In spite of an attack of fever, the lacteal secretion was regularly established in all the breasts, but the milk examined microscopically was found of a much poorer quality in the supplementary breasts.—Revue Photographique des Hopitaux.
Summary of Science.

By Chas. R. C. Tichborne, F.C.S., M.R.I.A.,
Mem. Conn. Royal Geological Society of Ireland, Chemist to the Apothecaries' Hall of Ireland.

THE COMPARATIVE VALUE OF ANTISEPTICS.

Dr. Charles Calvert communicates a letter to the Chemical News in connection with Dr. Sansom's paper, entitled—

"Evidence concerning the Germ Theory of Fermentation, afforded by the Action of certain Substances when suspended in the Air." Mr. Calvert's object is to prove the value of car- bolic acid as an antiseptic. We give his experiments in a tabular form:

<table>
<thead>
<tr>
<th>Antiseptic employed</th>
<th>Time in which it acquired an offensive odour.</th>
<th>Temperature 70° to 90° Fahr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>McDougall's disinfecting-powder</td>
<td>5</td>
<td>Remd. sound Remd. sound</td>
</tr>
<tr>
<td>Carbolic and disinfecting powder</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>Chloralum</td>
<td>2</td>
<td>9 days</td>
</tr>
<tr>
<td>Chloride of zinc</td>
<td>5</td>
<td>15 days</td>
</tr>
<tr>
<td>Chloride of lime</td>
<td>5</td>
<td>16 days</td>
</tr>
<tr>
<td>Permanganate of Potash</td>
<td>5</td>
<td>11 days</td>
</tr>
<tr>
<td>Tarred</td>
<td>2</td>
<td>25 days</td>
</tr>
<tr>
<td>Carbolic acid</td>
<td>2</td>
<td>11 days</td>
</tr>
<tr>
<td>Greasyl acid</td>
<td>2</td>
<td>Remd. sound Remd. sound</td>
</tr>
<tr>
<td>No antiseptic used</td>
<td>-</td>
<td>Remd. sound Remd. sound</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>7 days</td>
</tr>
</tbody>
</table>

The above table, says the author, clearly shows that the only true antiseptics are carbolic acid and creasyl acid. This is probably true as regards the substances given in the author's paper; no one can doubt the efficiency of carbolic acid, but Dr. Calvert seems to ignore some of the most valuable and powerful of the antiseptics—sulphurous acid and the sulphites. If deodorisers are merely required for removing the noxious odour from any mass of matter in a state of decay or decomposition, they may be used with advantage—such are, chloride of manganese, chloride of lime, sulphate of iron, permanganate of potassium, chloralum.

HYDRATE OF BROMAL.

The hydrate of bromal, or bromal-hydrate, is the corresponding compound to chloral hydrate, the chlorine being replaced by bromine. Its composition is C, HBrO, 2H, O; it being formed by the direct action of bromine upon chloral, with the assistance of Liebreich himself in the Berlin Pathological Institution, and published some time since in the Press, it would seem that this compound when administered to animals, undergoes a similar change to the chlorine compound. But this change goes on much slower; at the end of an hour and a half there is found in the blood, in addition to bromoform, still some undecomposed bromal. It is also evacuated in the urine as bromides.

The symptoms produced upon animals were—first, a stage of restlessness, followed by imperfect sleep and anaesthesia, and finally dyspnoea and death with and without convulsions. The preliminary stage of restlessness which has no equivalent in the administration of chloral is ascribed to the action and conversion of the bromal into aldehyde. It being oxidised in the usual manner by the arterial blood the decomposition proceeds much more slowly than it would in the case with chloral. The author and others, however, had observed a stage of restlessness after hypodermic doses of chloral. In the case mentioned by Liebreich, a patient was suffering from gout, and it was no doubt due to the acid state of the blood preventing the usual decomposition into chloroform. When alkales were administered to the patient the same dose of chloral hydrate produced sleep. It would be most desirable to try some experiments upon these compounds, particularly as regards their exhibition in conjunction with ammonia-ureas of the alkaline bases; it is probable that the uncertainty exhibited by chloral hydrate would vanish by such a method.

DR. THUDICUM'S EXPERIMENTS ON URINE.

Proust obtained acetic acid from urine. It was also obtained by Liebig from putrid urine, and believed by him to be a product of decomposition of the colouring matter. Dr. Thudicum does not only enumerate acetic acid as a product but also formic. Formic acid, he says, has repeatedly been found to be an ingredient of human urine, but it had never been shown that it was an accidental product of the intentional ingestion into the stomach of certain substances, which, by decomposition in the economy, yield that acid. The author then describes the process by which he gets a pitchy resin, uromochrome left in a retort, the distillate from which contains the volatile acids:—hydro- chloric, benzoic, acetic, and formic. The author gives a difficulty in separating the formic and acetic acids. In short, the process of fractional crystallisation failed entirely to yield any pure product after the preponderance of acetic acid had ceased, and even the use of alcohol did not effect that neat separation of formate (insoluble) from the acetate (soluble in alcohol), which is advised in handbooks, as if it were a fact. The acetate was found to hold the formate in solution even in alcohol, or to fall with it from more concentrated solutions. The barium salt was tried with a similar result; barium acetate and barium formate are isomorphous, and cannot be separated from each other by fractional crystallisation in mixtures, in which the atoms of formate rise to more than one-third of the amount of atoms of the acetate.

CHEMICAL COMPOSITION OF THE BONES OF PARALYTICS.

Mr. Campbell Brown has analysed the above bones, from the fact that there was an unwarranted occurrence of fractures of the ribs among patients in the lunatic asylums, to which he is connected. The ribs of general paralysis being very unlike the ribs of healthy adults in appearance, they were submitted to analyses. The author gives the result of his analyses in four cases, and compares them with the analysis of healthy bone at twenty-five years of age, as given by Von Biilow. He finds that as the specimens examined go, the ratio of organic constituents to earthy matter is much greater, and also that the ratio of lime to phosphoric acid is distinctly less in the ribs of paralytics than in those of healthy adults.

There is the same difference between the composition of healthy ribs and those of paralytics as between the composition of the adult large bones and those of the fetus; generally the composition in cases of paralysis approaches that observed in cases of osteo-malacia.

Whether the defects in the ribs of paralytics are due to arrested development, or to degeneration of the fully developed bone, it would, even as admitted by the author, require further experiments to prove. Indeed, four analyses are hardly sufficient to establish a theory, where the observations rise to such close figures. We suppose Mr. Campbell Brown intends to supplement this paper by further experiments.

ON THE LUBRICATING AND OTHER PROPERTIES OF DIFFERENT OILS, AND CHEMICAL CHANGES PRODUCED IN OILS BY FRICTION.

An ingenious machine has come into use for determining the relative lubricating power of different oils. It consists of an iron drum fixed upon a shaft which can be made to revolve rapidly; round this drum accurately fit two saddles of brass with weighted levers pressing them upon the drum; on the top saddle is placed a thermometer with the bulb fitting into a well in the oil lubricating the drum. There is also an instrument that registers the revolutions of the drum. In using the instrument the shaft is made to revolve at a high speed (1,800 revolutions per minute). It will be evident that this high speed will generate heat very rapidly, if no lubricant or a bad lubricant is used, but if a perfect oil is employed the drum will have to make a greater number of revolutions before the saddles attain the prescribed temperature. To roughly estimate the relative lubricating quality, it is only necessary to divide the number of revolutions made by the drum by the degrees of friction in the authors. Too much confidence should not be reposed in these indications, for the viscosity would have to be determined by a separate operation. From the ingenious experiments tried by a scientific
friend it would seem some oils become less viscid on a rise of temperature with certain limits; whilst others become more so from chemical changes produced by the heat. Thus, castor oil is remarkable in this respect. The lubricating properties of this oil are nearly equal to olive oil, but in using the machines on which it has been applied, it has been found after standing twelve hours to be so gummed together as to be nearly immoveable; the use of such an oil would absorb half the power of a steam engine, and leave only the other half available for the work to do. Oils used for these purposes range from eighteen to eleven shillings per gallon, and this subject becomes an important commercial one; but it is curious, from a scientific point of view, to observe in the results given, that there are very few oils that do not undergo some chemical change from the action of friction; in doing this a second time does not take the same number of revolutions to raise it one degree.

CAUSTIC ACID.

Dr. Hofmann gives a test for this acid even when present in very small quantities. It is based upon the very difficult solubility of sodium cyanurate in a hot and concentrated liquor soda.

Correspondence.

MR. MORGAN'S EXPERIMENTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I am not surprised that Dr. Bamstead, of New York, should have written to Mr. Morgan to say that he was now in doubt as to the complete duality of the syphilitic sores. Dr. Boeck and Dr. Bordenak's experiments, detailed in the former gentleman's work, "Recherches sur la Syphilis," long ago convinced me that syphilitic sores might be made by inoculation to cause soft chancre on syphilitic persons. Mr. Morgan's experiments are original, because the interesting controversy to these experiments. I have long been of opinion that any syphilitic symptom in the female, whether syphilitic gonorrhoea or ulcerations of secondary nature on the genitals or mouth, gave rise to syphilis in the male. Nay, I hold, that the great majority of all cases of syphilis we see in males are derived from secondary lesions in females, including discharges. But, contrary to what Mr. Morgan appears to say in the Surgical Society, I hold, that gonorrhoea in a syphilitic woman would, in very many cases, in all probability, give syphilis to hard sore to the male free from syphilis although, perhaps, not so frequently as soft chancre. I have sworn women of this. The dualists have great difficulty in maintaining their ground, although there is a great deal of truth in their theory.

I hold, that soft chancre do not infect, because the inflammation they cause is so intense, that the poison does not enter the blood. This opinion is derived from Dr. Boeck; and, really, there is so much to be said for the opinion that soft chancre are poor relations of that full contagion, syphilis, that I expect soon to hear that everyone agrees on this point.

At any rate, I do trust that no one will make the experiment of inoculating the leuchoformer fluid from a syphilitic woman (which, in my experience, sometimes lasts for four or five years), on any healthy person, in order to prove that it gives rise to only a non-infecting sore. When mucous patches on the mouth so frequent occasioned by syphilis in nurses, and in the act of kissing, glass-blowing, &c., what wonder is it that syphilitic inflammation of another mucous surface, the vagina and os uteri, should do the same when inoculated on healthy persons.

I remain, Sir, yours faithfully,

CHARLES R. DOWDALE, M.D.
99 Southampton Row, London, W.C.
January 2nd, 1871.

Eleanings.

Action of Alcohol.

Dr. HEINRICH TIMMERMANN ("Inan. Dissertation," Dorpat, 1859) found, as the results of his investigations and experiments on animals:—1. That alcohol constantly lowers the bodily temperature. 2. That it lessens the frequency of the heart's contractions. 3. That the blood pressure in the carotids is lowered, indicating diminished force in the cardiac action. The effect was a marked inhibitory action on the heart, and partly through the vagus nerve. The retardation of regressive metamorphosis by means of alcohol is to be ascribed to the weakening of the heart's action, as well as to direct influence on the blood.

Treatment of Dilatation of the Stomach.

Several communications have appeared in the German periodicals, on the method of treating this affection by washing out the dilated organ by means of the stomach pump. Solutions of soda, creosote, borax, &c., are used according to the indications. Good results may always be expected in cases due to atony or paralysis of the stomach after exhausting diseases, or to moderate contracture, or inflammation of the pylorus from the trophy, or the clarication of an ulcer. In cases of cancer or excessive narrowing of the orifice, though a cure is not to be expected, yet a considerable mitigation of the severity of the symptoms may be attained. The evacuation of the stomach is best performed in the morning, as anything then remaining is useless or injurious, and by the cleansing, the stomach is prepared for the work of the day. Special kinds of apparatus are described as a double esophagial tube, which is made to act as a syphon by means of two pieces of elastic tubing attached to it; an uninterrupted current of the fluid may thus be obtained, and a large quantity easily passed.

Poptliteal Aneurism Cured by Compression. Under the care of, and reported by, Dr. Borland, Kilmanyock.

William Kennedy, miner, aged twenty-three, was admitted into the Kilmanyock Infirmary, on 7th January, 1870. On examination I found a soft, pulsating tumour, about the size of a herring egg, in the popliteal space. The size of the tumour was, I believe, incorrectly stated in the press as counting as to the cause of it, but said his attention was first directed to it by feeling pain in the knee about eight days before admission. For the first month various plans of treatment were tried, such as flexion, digital compression, &c., with no effect. These methods having failed, I determined to try compression according to Carter's method, but was unable to begin till some time elapsed, as I had some difficulty in getting an instrument made. The instrument used was Carter's Compressor for the lower part of the femoral. Before applying it, the thigh was shaved, a soap plaster applied, the limb kept pressed during the day and the patient was put on antiangptic regimen. For the first week the compression was tried at short intervals—the instrument being removed when the pain became excessive, and the compression was so applied at first as to cause only a diminution of the arterial pressure. Great care was taken from the second week to the beginning of the fourth week, the patient was able to bear the compression for a considerably longer time. About the third week pulsation began to be felt at the knee along the inner edge of the patella. During the fourth and fifth weeks compression was maintained almost day and night along the course of the tumour. The tumour began to feel hard about the end of the third week, and the hardness gradually increasing, pulsation entirely ceased, and complete solidification of the tumour had taken place by the end of the fifth week. Iodide of potassium was given in large doses during the whole treatment. To no syphilis in nurses, and in the act of kissing, glass-blowing, &c., what wonder is it that syphilitic inflammation of another mucous surface, the vagina and os uteri, should do the same when inoculated on healthy persons.

I remain, Sir, yours faithfully,

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Action of Alcohol.

Dr. HEINRICH TIMMERMANN ("Inan. Dissertation," Dorpat, 1859) found, as the results of his investigations and experiments on animals:—1. That alcohol constantly lowers the
with the umbilicus. To the touch externally, the uterus appeared to be very soft and perfectly movable, but not at all enlarged. It was evident the sound had not passed into either of the uterine tubes, inducing a «tubal» state, and directly to the centre of the fundus uteri; besides, it is scarcely possible, under any circumstances, that the uterine entrance of the tubes, much less the tubes themselves, could be so far enlarged as to admit the entrance of the sound. Besides, the tubes at their fririated extremity are directed backwards, and not forwards, as by the lateral attachments that it would be impossible to raise either of them up by the introduction of the sound so as to enable the point of the latter to be felt in the vicinity of the umbilicus. Dr. H. concludes, therefore, that in the instance he refers to the sound had actually perforated the uterine wall to a point, and that the things that could readily occur when this had become atrophied and softened during the puserpul period. There may even, he remarks, have existed an opening through the wall of the uterus at its fundus, caused by the formation and rupture of an abscess in child-bed. That this, however, was not the case in the instance related may be inferred from the entire absence of any of the products of inflammation. Dr. H. believes that the first of the cases reported by Hillebrandt may be set down as one in which perforation of the uterine walls was caused by the use of the sound.—Centr.-thl. f. d. Medicin. Wissenscharen.

Summary of Womb-Disease and Aphorisms of Uterine Therapeutics.

From the pen of E. N. Chapman, Professor of Obstetrics, we have some very interesting and practical remarks upon uterine therapeutics, which are given at great length in the Boston Medical Journal, from which we extract the following particulars.

1. A careful comparison, collation and sifting of the evidence offered by a general résumé of the chief particulars of each case, are derived, as legitimate deductions, the following aphorisms of uterine therapeutics. These aphorisms, stated for the sake of brevity and compactness, in the form of propositions, the pathology, etiology, diagnosis, prognosis and therapeutics of women's disease, and announce the cardinal principles, that should be the point of departure, the basis of operations, the guide of every remedial effort for the subdual of disease and the restoration of the vital forces, the nerve-power and the blood supply to their proper balance and healthful rhythm.

1. Uterine disease invariably falls within the limits of the menstrual age, neither arising before the advent, nor continuing after the decline of this epoch. In no case did the attack precede puberty, or follow the climacteric period; the youngest subject under treatment being eighteen and the oldest fifty-six years of age.

2. The sexual life, circumscribing the range of morbid actions, and alone presenting the conditions requisite for their inception and continuance, the pathology hinges on the new order of things inaugurated with the menses.

3. A change of life—retrograde step by which the internal genitalia return to their original condition, is Nature's mode of cure—a mode invariably certain.

4. This cure, radical and permanent, is effected by the withdrawal of the sexual instinct, reversion of nerve and blood-force, cessation of excitation, including (climacteric) of the uterus and vagina, in a word, by the abolition of the physiological laws of puberty and a return to those of childhood. Now the laws of nutrition, common to all parts, are alone operative.

5. During the child-bearing period, a chronic congestion has no tendency to a spontaneous resolution, except on the occurrence of pregnancy, since the continuous aspiration of blood to the female organs, by the ovarian stimulus and the intermittent but greater influx attending animal desire, and the monthly nidus, keep alive and over renew the congestion.

6. In instilling physiological laws, as much higher than those of puberty, as the laws of puberty are higher than those of general nutrition, may over-ride and over-master a congestion, active and morbid, by substituting one active and normal; and then, involution on delivery, by instilling other laws for the removal of effete tissue, may restore the fresh and healthy state, by substituting a normal atrophy for the hypertrophy.

7. Recent cases of congestion, occasioned by suppression of the menses, by an interruption to the initial steps of involution at the termination of pregnancy, either before, or at term, or by other like causes, operating in a like manner, are many times cured by a free, spontaneous hemorrhage, menorrhagic or metrorrhagic.

8. Chronic cases of congestion are not benefited by a menorrhagia, or a metrorrhagia, the discharge being a mere leak from over-charged vessels that have lost their contractility.

9. General remedies are efficient in removing a recent congestion and in promoting involution, directly following delivery, especially when aided by a copious homorrhage or menstruation.

10. Local treatment is demanded in all cases of womb-disease of a chronic nature, and in many of recent origin.

11. Local treatment is of equal efficacy in combating the constitutional, as the pelvic disorders, and is of itself competitive with the general involution.

12. The constitutional treatment may, in confirmed cases, aid the local, but cannot, if employed alone, be other than delusive and temporizing.

13. The substratum, the remote causation, the germ of uterine disease, is a perversion of function.

14. The results of this perversion—pathological laws broken and thrown into disorder—are the only morbid conditions found in any case; in other words, the pathology is comprised in the confusion and aberration of normal operations.

15. The physiological congestion of menstruation, intermittent and temporary, is converted into a pathological congestion, protracted and permanent.

16. In nullipar, the morbid operations are limited to this persistent vascular fulness.

17. In multipar, the laws of pregnancy having, once or more, superseded those of menstruation, and imparted to the uterus there exists an entirely vascular system, but certain structural alterations simulating those peculiar to cases of puerperal fever, to wit: increased nutrition, formation of muscular fibres, growth and exuviation of the true uterine mucous membrane.

18. The immediate causes of this vascular fulness are of two orders: the one impedes, disturbs, or interrupts, the physiological laws of menstruation; the other those of involution.

19. Uterine disease being physiological obliquity, a straying of organic forces in deviourous courses, is restricted within the bounds of a congestion. Inflammation and its products are only met with when the organs contiguous to the uterus are implicated, as, for example, in pelvic cellitis.

20. A judicious treatment restores the uterus, vagina and ovaries to a state of integrity, in which the menses are normal, pregnancy possible, and all local and general symptoms absent.

21. The duration of uterine disease may be co-extensive with that of the menses, unless pregnancy or art interfaces. The longest time recorded is twenty-eight years, the shortest, three days, the mean, three years, and three and a half months.

22. The prognosis, even with the unfavourable surroundings of voluntary practice, is extremely flattering. Of the 219 cases (the four recorded at a recurrence of the disease add) treated locally, 165 were cured, and fifteen benefited. One recovered by a change of climate, and one by the growth of an ovarian tumour. The result in the thirty-seven cases remaining is, from a discontinuance of the treatment, unknown.

23. That the success was greater than appears by these figures is shown by the rarity of relapses.

24. It may safely be premised that, in private practice, eighty-five to ninety per cent. of uterine cases, admit of a perfect restoration to health.

25. In nullipar, and also in multipar, when the cervical glands are alone affected, a favourable result is nearly certain, unless organic disease co-exists. Excluding class seven, there remain 196 cases treated locally, of which 165 were cured, and ten benefited. In one case a cure was effected by the growth of an ovarian tumour. In thirty cases the result is unknown.

26. In nullipar a chronic congestion is difficult to remove, and to return to the healthy state, twenty-three in number, ten were cured, five benefited, and seven abandoned treatment. One patient was cured by a change of climate.

27. The direct effect, and the ultimate result of the treatment, cannot with any degree of certainty, be predicted of the nulliparous uterus; but in the multiparous, the prognosis is more favourable in uterine than in any other disease of a like gravity.

28. As unlike many other pathological states, chronic
uterine congestion has, of itself, no tendency to recovery; a
cure, if effected, may be rightfully claimed by the physician as
due to his treatment, and not to an effort of Nature.
On returning to the condition of the general health,
as well as of the genitalia to a normal condition—one in which
each organ of the body regains its proper status and functional
activity.
30. The duration of the treatment of the cases cured, be-
longing to classes one—six inclusive, averaged about three
and three quarters months; the longest time being two and a half
years, and the shortest one week.
31. The duration of treatment of the cases cured belong-
ing to class seven, average six months and five days; the longest
time being one and a half years, and the shortest five weeks.
32. The duration of treatment of the cases cured, be-
longing to classes eight, nine, and ten inclusive, was found to
be in some instances that, like a nulliparous, remains under the
stimulus of congestion, dense and unyielding, and
presents a neck of the natural shape and a body of the
natural bulk, is with great difficulty relieved of disease. Such a case
too often fails the best directed and the most persistent efforts.
33. Erosion, puffiness, enlargement and elongation of the
cervix, and hypertrophy of the corpus uteri, showing, as they do,
a more spongy and succulent state of the uterine fibres, and
consequently a less degree of tension and irritability of the
nerves, are favourable occurrences.
34. Vaginitis is partial and early of uterine congestion, and is
due to the spirit of the erectile cost of the vagina. This re-
pletion distending the vascular papilla, induces mucous
inflammation, which, being consecutive, abates proportionately
with the under-lying congestion that feeds the papilla, but is
not benefited by a specific treatment. Of the 155 cases cured,
fifty had this complication.
35. Prolapsus of the uterine or bladder, in the cases cured,
existed ninety-six times. Of these, eighteen required the use
of a pessary. 36. Precipitancy, cystocele or vaginocoele, in the cases cured,
existed twenty-four times. Of these, twenty required the use
of a pessary.
37. Anteversion complicated the cases cured eleven times;
retroversion, five; anteflexion five; retroflexion, two; and
retroflexion with retroversion, one. These changes in the posi-
tion and form of the uterus, on the removal of congestion,
gave little or no inconvenience, and in no instance required
offensive interfering.
38. Congestion imparts to displacements and distortions of
whatsoever nature their chief significance, and primarily
demands attention.
39. Every plan of treatment that does not in the first in-
stance preserve the circulation of the internal genitalia
to its normal balance and rhythm, is always futile, and some-
times mischievous.
40. The complications attendant on uterine disease are, as
a rule, removed with the congestion, if not, the treatment ap-
propriate to each is to be enforced.

Respecting the Frost and Cruelty.—The following useful
suggestion has been made:—"That each householder in frosty
weather must show a chimney and ashes on the road, the
width of his house." The trouble would be trifling, but the
good uncalculated.

On Friday evening a fatal accident occurred to a solicitor’s clerk. While proceeding home, along the Grange road,
Bermodsey, he slipped, owing to the frost, and in his fall
struck his head against the kerbstone. Several persons
went to his assistance, when he was found to be insensible,
and died after being seen by Dr. Worsley, of the Black-
friars road.

On Friday morning Mr. Childers was taken ill while
transacting business at Messrs. Coutts, and was obliged to
return home to the Admiralty. Dr. Gull says the illness is
an ordinary bilious attack, induced by excessive application
to sedentary business. He was better on Friday night.

On Wednesday morning a youth about seventeen or
eighteen years of age, employed at Consett: Ironworks, re-
iding with his ‘parents at Consett, was found, lying upon the
snow, frozen to death, in a field near Todd Hills Farm, two
miles from Consett. When found, his face was much scratched,

Medical News.

The Medical Press and Circular.

Jan. 4, 1871.

A "Charnel-House" in Devon.—The Western Morning
News commends the attention of sanitary reformers to the
disclosures made on Tuesday at an official enquiry into the
condition of Stoke Damerel churchyard. Fortunately it has
been for the inhabitants of Devonport that the first germ of the
idea was planted on Saturday of last week, when the project
was given to the world. The churchyard is only of recent years
that a considerable population has been planted in the vicinity of this "charnel-house," as it was fitly called at the inquest. If the case had been otherwise—if the town had grown up
around the burial ground, it must have been one of the most
pestilent localities in the kingdom. There is evidence, however,
that at least six centuries burials have taken place in the ground
adjoining Stoke Church, though, up to the date of the forma-
tion of the deckyard, not quite two hundred years since, the
annual number of interments must have been very small. As the
town grew the churchyard was extended, and hence additions
were made to the churchyard—the only place of burial in the parish
that was necessary. The yard now comprises a little over five
acres, and is stated to afford space for 11,000 graves. Inter-
ments take place at the rate of 700 a year. Before the open-
ing of a stone mortuary the number was much greater, and has
exceeded 1,000. But even at the lower figure the yard ought
to have been closed years ago. When Mr. Rawlinson enquired
concerning the health of the town in 1855 it was estimated
that there was room for just 9,000 interments more. Since
then 12,000 have taken place! Altogether, from first to last,
the churchyard is said to contain something like 50,000 graves,
and is 800 feet long and 100 feet wide. The churchyard
may be divided into two large sections, each of which
is further divided into two equal parts, or churchyard
and graveyard. The large churchyard is 250 feet broad,
and contains the great majority of the graves. The
large churchyard is 250 feet broad,
and contains the great majority of the graves.

Alleged violations of this order led to the enquiry which took place on Tuesday, and at which quite sufficient was proved to
have justified the immediate closing of the yard, instead of

A statement was made at the Thames Police Court on
Saturday, showing the great amount of distress existing at the
East-end of London. It was said that in the parish of

The Circulation of the Blood.—According to Nature, Dr.
Buchanan, the Professor of Physiology in the University of
Glasgow, has just published the third part of his "Essays on
the Forces that carry on the Circulation of the Blood." The
present part is engaged with the consideration of the

Pneumatic Forces. He is of opinion that the ordinary acts
of respiration powerfully influence the current of the blood
through the whole vascular system. In proof of this, he
adolescence the collapse of the large veins of the neck observed
during inspiration, and the faintness during expiration, the
former of which phenomena he attributes to the tendency to a
vacuum existing in the chest, and the pressure of the external
air which empties the great veins of their blood and forces it
into the chest; whilst the latter he considers to be due to the
fact that, after the termination of an inspiration, no more
blood, or very little, enters the chest till the beginning of the
next inspiration, and the consequence is, that the blood pro-
duced, and carried to the arteries by the force of the
respiration, is not emptied from the arteries, but has
the capacity of the great veins of the neck observed

during inspiration, and the faintness during expiration, the
former of which phenomena he attributes to the tendency to a
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blood, or very little, enters the chest till the beginning of the
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duced, and carried to the arteries by the force of the
respiration, is not emptied from the arteries, but has
NOTICES TO CORRESPONDENTS.

NOTICES TO CORRESPONDENTS.

the lenient postponement of that event for twelve months suggested by the inspector. It appears that so far from the foregoing being observed, coffins have been forced in wherever it was discovered by probing the earth with an iron rod called a spear that room could be found. It has been quite common to see the ends and sides of coffins exposed when interments were being made: and upon one occasion it is alleged that a skeleton, with flesh still adhering to the bones, dragged from a creviced heap of earth in the yard of the workhouse, and then laid in a grave and covered with a stone. These facts and others prove beyond contradiction that the authorities have neglected their duty in preserving the dead from such mutilation. A new burial ground will now have to be provided.—Globe.

Retirement of Mr. Godrich, M.R.C.S.—The post of officer of health for Kensington is about to become vacant by the retirement of Mr. Godrich. Several candidates are already in the field, foremost among whom is Mr. Holt Dunn, M.R.C.S., an occasional contributor to this Journal, and who has devoted much attention to sanitary matters, was a member of the sanitary committee of Paddington and Kensington. Dr. Hardwicke at the seat of war, has performed the duties of health officer for that parish.

Vaccination.—The Observer, of Sunday last, offers one or two sensible remarks upon the subject of Vaccination, which, it says, is brought on the carpet by the outbreak of small-pox in the metropolis, and the number of persons who have been vaccinated or revaccinated during the prevalence of the epidemic. It is not, however, therefore, that the society might make one suggestion with respect to the parochial arrangements. Admitting Jenner to be right, and the Jenner agitators to be wrong, it is fair to make provision for gratuitous vaccination; but it is a signal defect that the parochial medical officer should be in attendance only for a few hours once a week at the church. The latter, of course, as it were, for most of those likely to avail themselves of his services, but it is nugatory or imprudent not to make arrangements for his attendance several days a week; at all events, so long as small-pox prevails.

Deaths in the Profession during 1870.—During the past year the following eminent members of the profession have died, at the advanced ages indicated, viz.—James Yonge, M.R.C.S., Plymouth, aged 75; John Bright, M.D., Oxon, Manchester square, senior fellow of the Royal College of Physicians, 88; John Osler, F.R.C.S., Cambridge, 78; Richard Poole, M.D., F.R.C.P., Edinburgh, 90; Henry Norris, F.R.C.S., South Petherton, 81; William Laxon, M.D., Coventry, 75; Inspector General Forrest, M.D., Edinburgh, honorary physician to the Queen, 83; John Badley, F.R.C.S., Dudley, 88; Charles Collier, M.D., F.R.C.S., deputy inspector general, 84; David Price, M.D., F.R.C.S., Margate, 83; Daniel Machlanid, M.D., F.R.C.S., deputy inspector general, 84; Professor Syme, D.C.L., F.R.C.S., surgeon in ordinary to the Queen, 83; Sir John Snow, M.R.C.S., F.R.C.S., physician in ordinary to the Queen, 82; James Copland, M.D., F.R.S., 80; Richard Welbank, F.R.C.S., late member of the Council of the Royal College of Surgeons; John Wilson, M.D., R.N., F.R.C.S., honorary physician to the Queen, 82; William Stoddart, M.D., F.R.C.S., 75; John Bacon, senior fellow of the Royal College of Surgeons, and late Master of the Society of Apothecaries, 91; Jonathan Toogood, F.R.C.S., Torquay, 87; John Swiney, M.D., late member of the Medical Council of India, 88; and W. C. Tidy, M.D., 72.

Lady Medical Students at Edinburgh.—(By Telegraph).—The question of the admission of ladies students to the wards of the Royal Infirmary of Edinburgh came up for discussion on Monday, at the election of managers for that institution. Two lists were submitted, and at the close of a long discussion, in which Mrs. Henry Kingsley and Miss Jex Blake took part 100 voted against the admission of ladies, and 96 in their favour.

NOTICES TO CORRESPONDENTS.

Correspondents requiring a reply in this column, are particularly requested to make use of a distinctive signature or initials, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c., in thousands of such p. sons, as this may cause inquiries so signed, on very various subjects much confusion.

Mr. Tichborne's Letter " On the Adulteration of Drugs," shall appear in our next.
ROYAL COLLEGE OF PHYSICIANS OF LONDON.

The next professional examination for the membership will commence on Thursday, the 10th of January, 1871. Candidates are required to give fourteen days' notice, in writing, to the Registrar of the College, with whom all certificates and testimonials required by the By-laws are to be left at the same time.

Pall Mall East, 1870.
HENRY A. PITMAN, Registrar.

THE HOSPITAL FOR WOMEN, SOHO SQUARE.

A course of lectures will be delivered at the above hospital during the next three months, on the following subjects:

Dr. PHILIPSBURG SMITH will lecture on 'Flexions, Torsions, and Dislocations of the Uterus,' on Monday afternoons beginning January 12th, 15th, 19th, &c.

Dr. ALFRED MEADOWS, on 'Uterine Hyperplasms,' on Thursdays, February 2nd, 9th, and 16th.

Mr. CHRISTOPHER HEATH, on 'Diseases of the Breast,' on Thursdays, February 5th, and March 2nd and 9th.

Each lecture will commence at 8.30 p.m.

Students may obtain cards of admission by application to the Secretary, and Medical Practitioners will be admitted on presentation of their cards.

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THE FEEBLE Minded.—There are a few vacancies in a Institution near London, for the care and skilled training of the Feeble Minded and backward of both sexes. It combines a highly trained staff and experience Medical direction, with the comforts and refinements of a first-class home. Address, Alpha, Mr. H. Reed's, Stationer, 57 Oxford street, London.

A. F. THOMSON, DENTIST, 199 GREAT BRUNSWICK STREET, DUBLIN, begs to intimate to his friends and patients that he has just returned from London, where he has secured the Patent Apparatus for Manufacturing and Administering the Nitrous Oxide Gas, which renders all operations painless.

TO STUDENTS, SURGEONS, DENTISTS, AND OTHERS.

Before you purchase any Surgical, Mathematical, Philosophical, Surveying, or other instruments, send 3 postage stamps for each of Wm. Lawley's separate printed Catalogues of second-hand articles, and by purchasing you will save 40 percent. A great variety of MICROSCOPES, TELESCOPES, and OPERA GLASSES, MAGIC AND DULCIVIEW VIEW LANTERNS, PHOTOGRAPHIC APPARATUS, CAMERAS, LENSES, &c., by the best makers. Address Farringdon-street, City, London. Enlarged and Revised Illustrated Surgical Catalogues forwarded for six stamps.

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Original Communications.

**FLATULENCE: ITS ORIGIN AND TREATMENT.**

By **John Chapman, M.D., M.R.C.P., M.R.C.S.,**
Physician to the Farrington Dispensary.

(Continued from page 3.)

The first, second, and third of the conclusions expressed in the last paragraph of my previous communication offer, in my opinion, the only satisfactory explanation of the phenomena of that form of flatulence which in man is not due to the evolution of gas from the decomposition or fermentation of materials within the alimentary canal. Moreover, as it seems to me, the conviction that that explanation is the correct one, cannot fail to be so strengthened as to become indubitable by a thorough analysis of the history of these phenomena. Such an analysis shows that all of them may be generalised as results of reflex action of the nervous excito-motor apparatus. The great majority of cases are those in which excitement or disorder first distinctly experienced in the nervous system is the immediate cause of the flatulent distension. A lady who is seemingly healthy, and whose abdomen is of normal size, or indeed notably small, receives a mental shock, some bad news, for example, or experiences a distressing and violent emotion of any kind, and suddenly—often instantaneously—her abdomen becomes so swollen that persons previously unacquainted with her, and seeing her then for the first time, look on her, if married, as pregnant, and probably near the full term of gestation; if she is not married, they are apt either to draw inferences by no means to the credit of the patient, or, at all events, to conclude that the case is a very mysterious one. Or a woman may experience protracted anxiety on account of pecuniary or domestic affairs, and soon one effect of this anxiety becomes visible in an enlargement of her abdomen—an enlargement not perhaps occurring suddenly as in the former case, but gradually, and remaining during a long period; in fact, a sort of chronic flatulence. This kind comes under the observation of every Medical man, but the cases of tympanitis or drum-belly, in which the swelling is not only enormous, but which is also suddenly produced, are less frequently seen, and as I have had the opportunity of observing several such cases, I shall mention a few of them here.

No. 1.—A lady who resided in a boarding-house, who enjoyed moderately good health, and whose abdomen was of natural size, had the misfortune to overturn a large basin of water on the feather bed (which happened to be a new one) on which she slept. The mistress of the boarding-house having seen that her new feather-bed was injured, became violently excited, and rushing into the room of the lady, poured upon her a torrent of invectives. The unfortunate and astonished perpetrator of the accident was so agitated by the attack thus suddenly and unexpectedly made upon her, that immediately, and before the storm had ceased, she felt the four strong steel supports of her stays snap asunder by the violent of the great and sudden expansion of her abdomen! Since that occurrence she has been much more liable than previously to experience great and sudden distension of the abdomen as a consequence of mental emotion, and though as she assures me, she has her stays made especially strong, and never laces them tightly, the steel supports in them have been broken at least five-and-twenty times by the instantaneous swelling of her abdomen in consequence of mental shocks of one kind or another. It has so happened that on several occasions I have been requested to visit this lady immediately after these accidents, and have had my attention especially directed to the wondrous sudden swelling and its surprising consequences, consisting not only of the snapping of the steel supports, but in dragging hooks and buttons off, and tearing, as if only so much tissue paper, the bodice of so-called strong "twilled calico," which she usually wears.

No. 2.—At a large dinner party one of the guests, a lady, was horrified by the housemaid, who ran into the room screaming out, "Mrs.—your bedroom is on fire!"
The lady, greatly excited, hastened to her room, exerted herself vehemently to save her things and to extinguish the flames, and immediately afterwards (within the space of a few minutes) became exceedingly ill, the chief symptoms being an extremely great and, almost entirely, the only symptom, being the swelling of the abdomen, which compressed the lungs so powerfully as to induce a sense of suffocation, and which so interfered with the circulation of the blood as to cause grave apprehensions concerning the life of the patient. It was judged necessary, instead of losing time in undressing her in the usual way, to give her such immediate relief as was practicable by extricating her dress with the utmost possible rapidity, and this accordingly was done. The impression made on this lady's nervous system by the shock she then received is not even yet wholly effaced, although the accident happened fully three years ago.

No. 3.—A lady in conversation with a gentleman at an evening party, made a remark the purport of which she misapprehended. Seeing that he did so she felt confused, and being unable to rectify the misapprehension, her vexation so wrought upon her, that in a few minutes afterwards she was immensely swollen, and almost unable to stoop at all: when undressing she experienced great difficulty in taking off her own stockings.

No. 4.—A lady whose nervous system has long been peculiarly impressionable, and whose spine is so tender that pressure on any part of it produces great pain, made a sudden effort, somewhat from the side of the bed opposite to that which she stood. While doing so she seemed to strain herself, and felt acute pain in the spine between the scapula, and apparently as quick as lightning her abdomen enlarged enormously.

No. 5.—A lady, who had reason to believe she had conceived, was going in a cab to a railway station, when, owing to the carelessness of the driver, the cab wheel struck the corner of a causeway. She was violently shaken, and suddenly she felt an acute pain, as if she were stabbed, in the womb, and simultaneously her abdomen was enormously distended; she shivered and perspired alternately, and the same evening copious hemorrage from the womb came on with the usual symptoms of abortion.

In some cases, as observed by Dr. Inman, purgatives produce very troublesome flatulence. I have now (November, 1870) a patient under my care in whom walking will produce great swelling of the abdomen within the space of ten minutes; and it is especially worthy of remark that in her case walking in the open fresh air brings on the swelling much more quickly than walking "within doors" does. Some persons experience the same effect from fatigue of almost any kind. Dr. Inman records the following case: "W. J. H., a consumptive young man, travelling for his health, was generally in a comfortable condition as long as he was quiet at any one place. But going from one locality to another, whenever it involved a long day's journey, always involved an attack of flatulent distension of the stomach and bowels, attended with a paroxysm of asthma." Disease of the heart is also an especially notable and frequent cause of flatulence.

Of the several cases above mentioned, the first three are examples of the production of flatus by mental shock. In these cases the impression received primarily by the sensory ganglia at the base of the brain, and thence affecting the cerebral convolutions, produces a violent mental emotion, the tumult of which is reflected along the motor tracts of nervous matter down the spinal cord, and laterally from it, by the branches connecting it with the sympathetic ganglia, into those nervousplexuses which preside over the functions of the alimentary canal. The fourth case shows how the direct impression of a slight strain on a delicate spinal cord is capable of being instantaneously reflected by it on the mucous membrane of the stomach and bowels. The fifth case exemplifies a like rapid reflexion from the cord of an impulse upon it in the form of a slight concom-

sion. In this example the effect may have been partly due to mental emotion—fright; but in so far as it was produced by concussion only, the mode in which the flatus originated is like that of the case of the consumptive young man just mentioned, in whom even the slightest degree of ordinary walking caused the abdomen to swell. When irritating injeets, including purgatives, produce a like effect, the former and often the latter do so by their exciting influence on the sensory nerves ramified over the inner surface of the stomach and bowels. The impressions made on those nerves are conveyed to the spinal cord, and are directly reflected on to the alimentary mucous membrane. In many cases, however, it is exceedingly probable that purgatives produce an exciting influence on the spinal cord through the direct agency of the blood containing the drug.

In the case mentioned above, in which walking—especially in the open air—produces flatulent distension, the lower segments of the spinal cord are, I apprehend, so peculiarly sensitive and excitable as to speedily become hypersemi by movement of the lower extremities; and this condition having been induced, is speedily extended upwards like the one in question in those segments directly concerned in effecting the secretion of flatus. Those of my readers who may be especially interested in the subject of motion as a cause of flatus, will find some facts and arguments corroborative of the view here expressed in my work on Diarrhea and Cholera, p. 157, where I have explained how prolonged marches (of soldiers), pilgrimages, and ordinary travelling on foot, operate as causes of cholera in India—as it is well known they do.

In those cases in which disease of the heart acts as a cause of flatus, I have no doubt but that it is done by producing an exciting influence on the thoracic segments of the spinal cord, most likely by the intervening agency of the lungs, the irregular and tumultuous circulation of which, owing to the disorderly passage of blood through the heart, creates disturbance in those segments, and hence reflex action on the stomach and bowels.

But of all kinds of reflex action resulting in severe flatulent distension, that proceeding from pressure against the rectum by the fundus of the womb in cases of its retroversion is, in my opinion, at once the most frequent, the most continuous, and the most difficult to cure. In these cases the irritating impressions originating in the lowest part of the intestine travel along the sensory branches of the hypogastric plexus, and having reached the spinal cord, are transformed into motor impulses, which are then reflected in the usual way on the mucous membrane of more or less extensive tracts of the alimentary canal.

The most astonishing phenomenon connected with the generation of intestinal flatus in the manner exemplified by the cases which are given above, and especially by those which are numbered 1 to 5 inclusive, is the rapidity with which the gas is evolved. This phenomenon is alone sufficient to originate the suggestion that in cases of this kind the flatus is an immediate product of nervous action; and when we consider that in the air bladder of fishes air is actually secreted by a mucous membrane by virtue of nerve-force with lightning-like rapidity, we see at once that the cases in question are examples of exactly analogous facts: at the bidding of the will of the fish, when, for example, it is impelled to dart suddenly upwards or downwards after prey, or in order to save itself from the swift pursuit of an enemy, the amount of air in its air-bladder is increased or diminished instantaneously; and, in exactly like manner, a violent mental emotion, or any powerful impulse exerted by a highly "nervous" person may be, and often is, reflected with the swiftness of the nerve-current on the mucous membrane of the alimentary canal, displaying there the full effect of its surprising force, when its action is concentrated in respect to the part on which it acts, as well as to the time of its action.

(To be continued.)
ON DISEASES OF THE SKIN.

By J. L. Milton,

Surgeon to St. John's Hospital for Skin Diseases.

(Continued.)

Pustular origin of Eczema.—Mr. Erasmus Wilson, Dr. McCull Anderson, and others, clearly assign the origin of eczema to a pustule, but I have never seen a true pustule pass into a surface secreting serum. To judge, too, from this aspect, by which some writers speak of eczema impetiginosus, we must conclude that the pustule is only a stage in the process; that, in fact, the vesicle becomes developed into a pustule and this into a weeping surface to be afterwards covered with crusts.* If I am to judge from what I have been able to observe no such sequence of events takes place, and two or three different stages of cutaneous affections have been confounded together. Eczema is here at all events, not vesicular, and if it were, I have yet to learn that a vesicle can be converted into a true pustule, and therefore, though the fluid in such vesicles may become turbid, flaky, and may contain numerous pus-cells, still, that is a different process. On the other hand, a genuine pustule does not contain serum in any very appreciable quantity at any stage of its existence; the secretion is pustular from the time that it is visibly a secretion at all.† Ragged irregular vesicles, however, form alongside of patches of eczema as they do on other parts, grow turbid, flaky, and break. One, or both of these symptoms then—that is to say, either pustules or irregular vesicles—may co-exist with true eczema, but, in all the cases I have seen, these were complications, not starting points.

Pustules, I need scarcely say, form in children on the head and face, and are followed by crusts which may be easily confounded with those of eczema; but, unless I am mistaken this is a much more manageable complaint and ought, I think, to be regarded in different light. At all events, unhealthy, half-filled bullae appear in children, rapidly bitet, growing flaky even before they are much distended with serum, and are followed by crusts which also bear a resemblance to those of eczema. But the course of these, too, is different from what takes place in eczema, and I think it would save confusion were such affections classed with the vesicule.

Nature of Morbid Process in Eczema.—The following appears to be the process which ensues in all cases of a truly eczematous nature. A portion of skin becomes red, inflamed and uneasy; stiff and itching, but rarely swollen, except when the complaint attacks the ears. Some authors seem to think that itching is occasionally the first symptom, but I have every reason to believe that it is always preceded by a certain, if not very visible, amount of inflammatory action. The cuticle rapidly dies and is cast off or torn off by scratching. To this succeeds a discharge of serum, at which stage the disease may be considered fairly established. M. Tayer says, "the follicles of the skin are the parts essentially affected. Under this term he includes, I presume, the sebaceous ducts; but, unless my observations have misled me, there is no proof that they are actively concerned in secreting the serum poured out in such cases, although it seems difficult to understand how they can escape being involved to a certain extent. When the process is slower, the falling off of the epidermis is succeeded by the forming of a cuticle thicker and coarser than natural, and gradually assuming the look of a soft scale. For the most part this redness starts from several points or papule, which are sometimes almost as pointed as those of lichen, sometimes not raised above the level of the skin. These may spread very slowly, or they may grow so rapidly as to coalesce within twelve hours. It often happens that a small spot will inflame and, without becoming either a vesicle or a pustule, will desquamate and secrete a crust which looks very like that of impetigo. Indeed, if seen in this state, it may be taken for that disease, and I consider that I have grounds for assuming that the two are often confounded. But it is eczema, and though it may pass away and never be known as such, future observation will verify what I say. This variety, I may here be permitted to say, is the combination of the two, perhaps most frequently constitutes impetiginoid eczema, although the term is really made to embrace every form of eczema in which pustules are present, and they may attend any severe case of eczema. Again, the serum, instead of being of its ordinary consistence may be almost purulent in character, as constantly happens in persons of a pyrogenetic tendency, and in weakly lymphatic women and some delicate children; sometimes even in healthy persons, for example, when the disease is seated in the fold of the groin and there has been a good deal of walking. Now, although I have the greatest horror of inventing new names, yet, as these two affections are so totally distinct, I would suggest that if a name for each be thought essential, the latter of these two forms should be called pyogenic eczema and the former impetiginoid; the latter term, albeit so used, not being applicable to an affection in which there are no pustules.

Is Favus a form of Eczema?—In some cases of old standing eczema, the eruption, even at a very early period, particularly when seated on the backs of the hands and wrists, presents the appearance of numerous minute, detached low elevations, covered with a thin, transparent, almost imperceptible crust. These crusts were first noticed by allopathists, and are called favus, from an ancient word denoting the disease. For a time this disease was considered by many as one of the forms of eczema, but we must not forget that favus is not a localised form of eczema in a bad constitution, especially as it is possible, by keeping the crusts on a patch of eczema moist for a considerable time to induce a small very like that of favus, and this question "I have for some time past answered in the affirmative. I may here remark, however, that I do not allude to that rare form of disease which begins as an eruption of pustules, and which I have never seen, but to favus as ordinarily met with. In all the instances where I have been able to trace the progress of the diseased action, it was, though much slower, essentially the same as in eczema; that is to say, it really consisted of redness and inflammation of the skin and death and removal of the cuticle, followed by the formation of crusts. The reader will say that the presence of the parasite constitutes a distinct so strong that there was only the analogy, no community between the two; no passing of favus into eczema but that with peculiar fitness to the soil the parasite cannot flourish at all, and there is something peculiar in favus. It is not a mere result of want, darkness, scrofula, dirt or contagion, even if the latter be a factor (and its value is very doubtful) or any conjunction of these two causes; otherwise it would be common instead of being extremely rare. Then there must be a variety of constitution—a variety which peculiarly and alone, yields the proper soil for receiving and fertilising the said parasite, and this variety may modify an eczema.

Divisions.—The reader will probably expect me to say something as to the number of forms into which eczema is to be divided and subdivided, for it seems an established

* MM. Cazenave and Schefer, Berin, and some other writers speak of a change in the vesicle quite as surprising as its being converted into a pustule, and one which I have been equally unable to detect. They tell us that in simple eczema the liquid of the vesicle is absorbed, and that the vesicle dries and falls by an imperceptible desquamation.
† Abrégé pratique by MM. Cazenave et Schefer. P. 162.
rule that an author can scarcely do justice to his subject without introducing some new varieties, expunging some old ones, and re-christening and re-arranging those which he keeps. I have here a very simple answer ready. There are just as many varieties of eczema as there are adjectives expressing a morbid state of the system, or a difference in severity in any one of the symptoms it exhibits, and all divisions and arrangements of them are equally useless. Like other diseases of the skin eczema may soon be recognized under all its varying phases, but a knowledge of these cannot be taught in books, though it may be easily acquired by the same method as conduces to accuracy in other branches of research—the clinical study of disease. Beyond all question there are vast and striking differences in the forms which eczema assumes. In one patient redness may predominate to such an extent that the denuded surface is darkly stained and sometimes even discharges venous blood; in another it may pour fourth serum; in a third be quite pale and covered with viscous or purulent fluid, particularly if it be seated between the folds of the neck or in the groin; in a fourth covered with dry scurf; in a fifth there may be no discharge at all, but simply a cracked and stiffened surface as we often see in eczema of the hands. There may be crusts of every hue which dirt and neglect can create. Inflammation may attack principally the interior of the sweat ducts, it may assail the follicular plexuses, or show itself chiefly in the spaces between them. There may be little infiltration of the true skin, or it may extend even to the subcutaneous tissue; little or no pruritus or intense rapid itching. The disease may appear in any temperature, and be complicated with many varieties of local or constitutional disorder. Yet, amidst all these causes of obscurity it remains one and the same disease, and, therefore, though I can quite understand the value of each observer drawing up for himself a classification of its varieties which may serve as a guide for diagnosis, I would expel everything in the shape of a complicated nomenclature from books, and entirely eliminate all such terms as purpura larvata, porrigo crustacea, tinea amiantacea, asbestina, micacea, crustula lactea, &c., regarding them merely as a display of so much valuable learning made to very little purpose, and, indeed, rather thrown away.

I therefore leave the matter to others, and should be inclined to admit no divisions except the simple and convenient one of acute and chronic, with the addition of perhaps eczema pigmentosum. Paper and red eczema are simply different degrees of severity in the same affection; eczema solare I would reject altogether as I would any vesicular disease. I venture to suggest, too, that eczema should be entirely removed from the vesicule and be made to form an order apart, or, for convenience sake, be relegated to the order of papule. I say for convenience sake, because it evidently does not always begin as a papule, the starting point being a form of inflammation of the skin closely allied to impetigo in some cases, to erythema in others, and to pityriasis in a third set of cases. But I would extend it so far as to let it embrace some disorders which are at present, otherwise classified.

(To be continued.)

Hospital Reports.

LONDON HOSPITAL.

Dislocated Pelvis, Fractured Femur, and Ruptured Urethra.

(under the care of Mr. Rivington.)

J. P., a muscular man, aged fifty-seven, was admitted into the London Hospital, at four a.m. on the 16th January, 1867. The wheel of a waggon had passed over him, and had evidently fractured the left femur at the upper part. Being in a very depressed and exhausted state, suffering from shock, he was at once sent to bed and ordered a few ounces of brandy. The more particular examination by the house-surgeon, between ten and eleven o'clock, did not result in the detection of any injury to the pelvis. There was tenderness over the pubes it is true, but so great was the swelling that the outline of the innominate bone on the left side, the side of the injury, could not be traced clearly with the finger, and the natural lines of the part were obscured by the discoloration resulting from changes in the blood, which had escaped into the areolar tissue. At about one, he complained of distension owing to retention of urine; he had not made any since the accident. A catheter could not be passed. For present relief, he was ordered some opium, but the symptoms becoming urgent, a prolonged and unsuccessful attempt was made to pass a catheter. About half-past one o'clock in the morning, the patient was seen by Mr. Rivington, when the patient had been summoned in the absence of Mr. Hutchinson the surgeon of the week. Various sizes and kinds of catheters were tried, but they invariably diverged from their proper course after reaching a point corresponding to the triangular ligament, and the only effect of their introduction, was a slight flow of blood from the urethral orifice. Evidently the urethra was ruptured. Still, there was no sign of contusion in the perineum, nor any fulness denoting extravasation, either of blood or urine. The bladder was full or nearly so, reaching to within an inch of the umbilicus. The more fluctuation was perceptible, two orringers full—about thirty-two ounces of urine were drawn off, and the canula was fixed by tapes in the usual way.

Thursday, the 17th.—All day a little urine passed through the tube till the evening, when the canula was found lying loose in the rectum, brought away probably during the motion, which he had recently passed. As he did not complain of distension, and the bladder was not found the organ on the House-surgeon, took only two steps to re-establish communication with the bladder.

Friday, 18th.—In the morning he complained greatly of pain in the bladder with distension.

At four p.m., he was seen by Mr. Rivington, who endeavoured to find the opening made in the rectum, but without success. As the perineum was swollen, and there was considerable tenderness inside the rectum, in the situation of the bladder, it was deemed advisable to puncture the bladder above the pubes. Owing to the swelling, the outline of the pubes could not be satisfactorily defined with the finger, but there appeared to be some displacement at the symphysis. About twenty ounces of clear urine were passed through the canula, which was kept in the bladder, the wound being closed round it with sutures and collodion. The patient was much relieved by the operation, but continued in an exhausted state, in spite of the free exhibition of brandy and opium.

Saturday, 19th.—Hiccup came on during the preceding night, and continued till four p.m., when he expired.

Sectio Cadaveris.—A small quantity of serous fluid was found in the peritoneum. The small intestine was ecythomosed for some distance, and there had been desquamation of the epithelium covering its outer surface. The bladder was injected, and round the puncture at the base there was considerable congestion.

There was very extensive bruising of skin, and subcutaneous fascia round the left side of the pelvis, and in the perineum. The urethra was completely torn across, and the triangular ligament destroyed. There was no extrava-
sation of urine, but the pelvic fascia had begun to slough. The interest of the case centred in the condition of the ossous pelvis, for there was only a simple fracture of the shaft of the femur. The left side of the pelvis had borne the whole weight of the wagon, which had passed over the body, and had produced a depression of the entire left innominate bone. The left sacro-iliac joint had been loosened without rupture of the ligaments, whilst the two pubic bones had been completely separated from each other at the symphysis, without fracture of either. The left pubes was depressed, so that the upper border of its body lay in contact with the lower border of the right pubes. The fibro cartilage still adhered to the left pubes, and had brought away with it from the right pubes a thin lamella of bone.

Remarks.—There are several points of interest in the foregoing case. The first is, that the injury to the pelvis was not detected at the outset, although the patient was carefully examined. This was due mainly to the facts, that the contour of the pelvis did not appear to be altered, and that there was great difficulty in tracing the outline of the bone on the injured side. It was not till the operation of puncturing the bladder above the pubes was performed, that the displacement was suspected, and then, as it was evident that the patient would suffer if the depression of the accident as little was done to him as possible. Another cause of the oversight was, that the left innominate bone was so lodged in the right, as not to yield that mobility which would naturally attend such injury.

The second point of interest is, the slight injury inflicted at the sacro-iliac symphysis. Although the joint was preternaturally movable, there was no rupture of ligamentous attachment, and yet the pubes of the innominate bone was depressed, for at least an inch. In a recent case mentioned in the Lancet, Dec. 21st, 1870, there was free movement, both at the symphysis and at the sacro-iliac joint, but in this case a slight mobility only at the sacro-iliac joint was sufficient to permit an entire separation of the innominate bones at the symphysis, and very considerable depression of one below the other.

Transactions of Societies.

MEDICAL SOCIETY OF LONDON.
MONDAY, JAN. 2ND, 1871.

Dr. Thudichum continued his "Clinical Experiences of the War." The author commenced with a description of the different arms used by the Prussians and French, and the nature of various projectiles, and gave the reasons why the wounds received by the French are as a rule more serious than those of the Prussians. In the hospital to which he was attached, the majority of the wounds in those admitted were from rifle bullets and pieces of bomb shells. The bullet of the Prussian needle-gun is 1-3/6 inch long, and 5-3/4 inch in its largest diameter, it weighs 450 grains, and the cartridge carries a charge of seventy grains of powder. At its highest elevation it has a range of 700 yards, but, as a matter of discipline, the Prussian soldiers are not allowed to fire before they have approached the enemy to within 600 yards. On the other hand, the Chassepot is a lighter gun, taking a charge of eighty-five grains of powder, and carries a bullet weighing 332 grains, the bullet being one inch long and 4-63 inch wide at its base; the gun is effective at 1,500 yards at its highest elevation. He then gave his reasons for believing that the French had much more severe wounds than the Prussians, and that they could easily distinguish the enemy. The wounds made under these circumstances were characterised by little penetration of the tissues. The clothes of the soldiers were very frequently, too, carried a certain distance into the flabby parts without themselves being the seat of the bullet, the bullet being out of them when the clothes themselves were withdrawn. A large number of wounds, too, made by the Chassepot bullet at a long distance were much contused, sometimes, though the skin was unbroken, the parts beneath, especially the bones, were smashed, or so injured as to become seriously diseased subsequently. Dr. Thudichum remarked that the range of the Chassepot had for the Prussians this disadvantage—that the latter had to advance always under the fire of the former, over a space of 1,500 yards before they could silence it, or before they fired upon the French in return. Of the German bullets, therefore, very few reached the French with the small velocity and low penetrating power of the Chassepot bullets at 1,500 paces. The effects of the needle-gun, therefore, at its longest range mostly were more severe than those of the Chassepot. Comparing the two bullets at equal velocities, the largest, viz., the German, has, of course, the greatest penetrating power; but medically speaking, the difference in the wounds produced is mainly explained by the difference in the size of the bullets. The German bullets bear and splinter much more than the Chassepot. In regard to wounds of the chest and abdomen, when bullets penetrate these parts of the body, the small French bullets seem to give to the wounded men a better chance of recovery than do the needle-gun bullets when they wound these regions. The wounds, too, made by the smaller bullets, under all circumstances, heal better than those which follow stroking with the larger missiles. The French seem to have been freely credited with fragments of bombs, the jagged edges of these pieces of iron effecting fearful lacerations; the smallest and sharper pieces penetrating the tissues like pointed instruments. The percussion shells do most damage, as much as they explode instantly, and do not permit the soldier to seek shelter or drop on the ground for safety. Wounds inflicted by the mitrailleuse did not come under Dr. Thudichum’s observation.

He said that the missiles of the engine keep close together, and pierce with great force, when they strike at all. This is the reason why the engine is not dreaded, and has not answered the expectations of the French, who had neglected their shell practice in reliance on the powers of the mitrailleuse. Wounds from sabre and bayonet either in French or Germans did not come under Dr. Thudichum’s notice but rarely. He attributed this to the fact that at “close quarters” side generally decamps which has the least liking for cold steel, or, in scientific language, the negativism against the pointed pole of the bayonet acts like magnetism at a distance, and does not require contact, its effects being metaphysical. Fears of various kind, and dysentery, of course, abounded more or less. The author finally concluded by a narration of interesting surgical and medical cases. Drawing valuable conclusions as to military surgical practice and military hygiene, he expressed his belief that male nursing and military rule are the sole means of keeping a military hospital in order.

The Sewage Question.

SPECIAL REPORT.

(Prepared expressly for the Medical Press.)

No. XIX.

PRECIPITATION OF SEWAGE WITH THE SALTS OF ALUMINA AND IRON.

A. B. C. Process continued.

As to the real value of the manure there is a wide difference of opinion between chemists and practical farmers. Dr. Voelcker says that the samples which he has analysed range in value from 14s. 6d. per ton to £1 13s. 6d.; and Professor Brazier states that, according to the expressions of value given to him by Mr. Miller of the Sandeland Chemical Works, the manure which he obtained from the sewage of Aberdeen was worth from £1 19s. 4d. to £3 8s. 9d. per ton. On the other hand, there is the indisputable fact that farmers who have once used the manure, are ready to purchase it again at the commercial price of £3 10s. per ton; and the company has published a long list of testimonials from market gardeners, nurserymen, and farmers, who say that the manure has given
The most satisfactory results with all sorts of crops, as peas, onions, cabbages, cauliflowers, broccoli, turnips, potatoes, pine-apples, grass, flowers, and shrubs of all descriptions; and the demand for the manure is said to be greater than the means of supply.

Encouraged by the success of the process at Leamington where the works were not constructed for the purpose, the company have extended their operations to other places. At Hastings, for example, they have erected machinery to deal with the whole of the sewage of the place. It amounts to about one million gallons a day, and is furnished by a population of about 30,000 persons. The works are situated upon the seashore, at the eastern end of the town. The sewage flows to them by gravitation, and it is received into a large tank (13 feet by 10) where it is mixed with the A. B. C. material, and agitated by machinery. It then flows into the subsiding tanks, which are 210 feet long and 50 feet wide. After depositing the sedimentary matters, the effluent water is discharged by a weir into the outfall pipe which carries it into the sea. The precipitated mud is removed, as in the former case, and dried by centrifugal machines. It is then mixed with acid, and brought into a saleable condition by drying it upon floors which are heated by the waste steam—the evolved gases being carried into the furnace fires and burnt. Samples of raw sewage and effluent water sent to us in August last had the following compositions:

<table>
<thead>
<tr>
<th>Constituents per gallon.</th>
<th>Raw sewage.</th>
<th>Effluent water.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Matters in solution</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chloride of sodium</td>
<td>136.86</td>
<td>94.00</td>
</tr>
<tr>
<td>Organic matter</td>
<td>29.79</td>
<td>49.71</td>
</tr>
<tr>
<td>Ammonia</td>
<td>5.40</td>
<td>3.67</td>
</tr>
<tr>
<td>Dittlo organic</td>
<td>0.310</td>
<td>0.240</td>
</tr>
<tr>
<td>Oxygen required to oxydise</td>
<td>2.148</td>
<td>1.789</td>
</tr>
</tbody>
</table>

| **Matters in suspension** |         |                 |
| Organic matter           | 90.64    | 53.8            |
| Mineral ditto            | 57.64    | 3.72            |

The proportions of the soluble organic matters are doubtless too large, for as the residues contained a large amount of common salt, which is very difficult to dry, the loss by incineration includes moisture as well as organic matter. This is clearly shown by the quantities of oxygen required to dry them in the two cases. It will, however, be remarked that here, as at Leamington, the sewage has evidently been diluted with other water, for the proportions of chloride in the raw sewage and effluent water are notably different. At Leamington there is a great loss of chloride of sodium, whereas at Hastings there is a considerable gain, from which it may be inferred that fresh water mixes with the sewage in the former case, and sea water gains access to it in the latter. It is very probable at Leamington that subsoil water enters the sewer a little before it reaches the works, and after it has passed the place where the samples of raw sewage are taken—not that the whole of the missing chloride from the effluent sewage is necessarily caused by dilution with other water; for the experiments of Dr. Voeicker on the absorbing properties of soils have established the remarkable fact that alkaline chlorides are sometimes removed from their solutions by contact with marly soils. In one experiment, for example, which he has recorded in the eighteenth volume of the Journal of the Royal Agricultural Society, he found that when one part by weight of a marly clay, containing about 46 per cent. of clay, with 12 of sand, and 20 of carbonate of lime, was shaken with twice its weight of the diluted drainage from farm-yard dung, it removed as much as 891 grains of chloride of potassium, and 395 of chloride of sodium, from each gallon of the liquid. In another case, mentioned in the twentieth volume of the journal, he observed that when two parts of a calcareous clay, containing 52 per cent. of clay, and 25 of sand, with 11 of carbonate of lime, were shaken with 7 parts by weight of liquid manure, they absorbed and removed the whole of the chloride of potassium (274 grains per gallon), and 704 grains of chloride of sodium; and in a third experiment, with a like proportion of a poor sandy soil, containing 90 per cent. of sand, with 5 per cent. of clay, and only a trace of carbonate of lime, he noticed, as in the last case, that the whole of the chloride of potassium was removed from the liquid, and 1.1 grain of chloride of sodium. The total amount of these compounds in the liquids before and after treatment with the several soils referred to were as follows:

<table>
<thead>
<tr>
<th>Constituents per gallon.</th>
<th>Raw sewage.</th>
<th>Effluent water.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Matters in solution</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chloride of sodium</td>
<td>35.25</td>
<td>22.85</td>
</tr>
<tr>
<td>Organic matter</td>
<td>26.44</td>
<td>15.90</td>
</tr>
<tr>
<td>Ammonia</td>
<td>8.81</td>
<td>3.95</td>
</tr>
<tr>
<td>Dittlo organic</td>
<td>0.00</td>
<td>33.31</td>
</tr>
<tr>
<td>Oxygen required to oxydise</td>
<td>2.74</td>
<td>7.40</td>
</tr>
</tbody>
</table>

| **Matters in suspension** |         |                 |
| Organic matter           | 2.74      | 40.35           |
| Mineral ditto            | 0.00      | 39.25           |

Professor Way has also directed attention to the absorptive power of soils for chlorides in a paper published in the eleventh volume of the Journal of the Royal Agricultural Society of England (1850), wherein he says, "Lord Bacon, in his Sylva Sylvarum speaks of a method of obtaining fresh water, which was practised on the coast of Barbary: Digge a hole on the sea-shore somewhat above high-water mark, and as deep as low-water mark, which, when the tide cometh, will be filled with water fresh and potable. He also remembers 'have read that trial hath been made of salt water passed through earth through ten vessels, one within another, and yet it hath not lost its saltness as to become potable,' but when 'drayned through twenty vessels hath become fresh.' Dr. Stephen Hales, in a paper read before the Royal Society in 1739 on "Some Attempts to make Sea-water Wholesome," mentions on the authority of Mr. Boyle Godfrey, that "sea-water being filtered through some cisterns, the first pint that runs through will be like pure water, having no taste of the salt, but the next pint will be as salt as usual." Berzelius found, upon filtering solutions of common salt through
sand, “that the first portions that passed were quite free from saline impregnation.” In one of Professor Way’s experiments when white clay was shaken up with twice its weight of flux water, the amount of chloride (estimated as chloride of sodium) was reduced from just 90 grams per gallon to 86.78. So also in the experiment before mentioned where 100,000 gallons of Coventry sewage were received into a tank, and then distilled with Dr. Anderson’s preparation of clay and sulphuric acid, the chlorine was reduced from 4.55 grains per gallon to 3.57 grains; and if this be regarded as common salt, the difference will be still more striking, for it is as 7.5 to 5.9. The same fact is often observable when sewage is filtered through common earth; and it is always noticeable in the case of effluent sewage water from irrigated land, even in the driest weather, when instead of being diluted with subsoil water, it is far more likely to be concentrated by evaporation.

As regards the disappearance of chlorine from the Leamington sewage, the company say that they are charged by the Royal Rivers’ Pollution Commissioners with diluting the effluent water with as much as 461 parts of river water to every 100 parts of sewage. This necessarily assumes that 2,600,000 gallons of effluent water leave the outfall daily, whilst only 500,000 gallons of sewage enter the works—an increase which the most unpractised eye would at once detect. The company, therefore, have had the quantity of incoming sewage and of effluent water accurately and continuously gauged by competent and independent parties, who say that the proportions are practically the same, notwithstanding that samples drawn simultaneously with the gauging show a diminution of chlorine from 12 grains to 5 grains per gallon. It has been further ascertained that the temperature of the sewage and effluent water is also the same, when that of the river, which is supposed by the Commissioners to be diluting it to the extent of 4 to 1, is greatly below it. These are remarkable facts and deserve further enquiry; for it is manifest that the Commissioners have been very hasty in forming their opinions, and have not been as free from bias in their account of the process as the importance of the subject deserves.

Very recently the company have greatly improved the system of working, by substituting a cheap form of sulphate of alumina for the expensive alum, and by adopting a more effective and less costly mode of adding the chemicals. They have also resorted to a new method of drying the precipitate by means of steam and hot air, and have thus been able to discontinue the use of the centrifugal machines. They can thus, as we are informed, manufacture the manure at a total cost of 25s. per ton—including all the expenses of working—as materials, labor and tear of machinery, wages, &c.

In addition to the works at Hastings and at Leamington, the company are about to deal with the sewage of Leeds and of Bolton; and they have made an offer to the Metropolitan Board of Works to erect, at their own expense, the necessary machinery for dealing with 500,000 gallons of sewage daily at Barking or Cressness, and, in making this offer, they do not ask for any engagement whatever for the future, but merely wish to demonstrate the practicability of the process as regards the defecation of the sewage of London, and the profitable manufacture of manure therefrom.
function in the watching of the student's education, and
the distribution of the higher degrees and honours of the
Profession.

It is, however, obvious, that no arrangement can be
permanent or satisfactory, which imposes upon the student
two examinations. If, as Sir John Gray proposed, the
candidate were obliged to pass through his collegiate exa-
mination before presenting himself for his State trial, it
would be plain that the colleges must, sooner or later,
succe before it would be said that if the Parliament had
so little confidence in them as to be obliged to protect the
public by another test, why should the student be com-
pelled to pass through an unreliable and useless examina-
tion for the satisfaction solely of the Corporation.

If, on the other hand, the State examination was put
first, and no collegiate qualification were demanded from
the candidate, then it is evident that the student would
content himself with the Government certificate, would
regard the State diploma as the only object of his aspira-
tion, and the colleges left to the optional patronage of
students, would speedily be starved into extinction. We
think there can be no doubt, therefore, that any Medical
Amendment Bill, which would leave the candidate under
the burthen of two examinations, would be destructive to
the Licensing Bodies, because either examination must be
subsidiary, and students would never be induced to pay
in money or labour for any qualification which was not
absolutely necessary, unless as an honorary distinction.

The Council of the Royal College of Surgeons in Ireland
has promulgated a scheme, which we print in full to day,
and which seems to us to meet this difficulty in the best
way. They have in fact revised the Bill introduced last
Session by the Lord President, and eliminating from it all
the objectionable features, have reduced it to a form just
to all parties and in no respect Utopian. It is, therein,
proposed that the State examination shall not be supple-
mented by the collegiate examination, but shall, in fact,
be constituted by the co-operation of the Licensing Bodies:
that there shall be but one necessary title to practise, and
that this title shall be conferred by a joint-board of
Delegate Examiners from the Licensing Bodies. This is,
as we have said, the scheme of the Lord President, and it
is, if carried out by a simple mechanism, quit unexpecta-
able. No one can challenge the reliability of the State
examination, for it will be conducted by men who will
have no personal interest to serve, inasmuch as no special
advantage can accrue from the passing of the candidate to
any individual corporation. The Licensing Corporations
reformed by a check to abuses, will be sustained in full
efficiency, and the advantage of their higher degrees will
be secured to the Profession. But in the carrying out of
this scheme everything depends on the method in which
it is done, and in this respect the Lord President's Bill
fell fatally short of perfection.

The characteristics of the Medical Amendment Bill
must be perfect free trade without restriction or protection
whatever in favour of any Licensing Body, and emancipa-
tion from the meddling and obstructiveness of the Medical
Council. In the last Bill the graver men of Medical Reform
was confided to the obstructiveness and inharmonious
wranglings of an unreformed Medical Council and no
principle, however perfect, could have survived that ordeal.

We earnestly trust that any new measure will take the
shortest road to a settlement of most questions, and not
permit important provisions to be mutilated to please the
prejudices of those hitherto charged with their settlement.

We shall find it necessary to refer further to this scheme
next week, and shall then examine certain important
details.

AMALGAMATION OF THE LONDON SCHOOLS.

We mentioned in our review of the past year the pro-
sposal to amalgamate some of the Schools of Medicine in
the Metropolis, and already the subject is under further
discussion. That some of the smaller schools find a diffi-
culty in making the two ends meet has long been patent.
That some advantages might accrue to the student by their
union is also undeniable, and yet we shall not be surprised
if the difficulties of amalgamation are found to be as great
as in the case of the London Societies, which have so
gregiously failed to unite. A small school like that of
Charing Cross Hospital must be very discouraging to
students, and students cannot find there the charm that
must ever surround a large class. On the other hand the
opportunities of clinical work in such an institution, under
such able teachers, to a certain extent, compensate for
the pleasure of working with many fellow students. University
College and King’s College present an opposite condition.
In each we have a large number of students at work, but
only a small hospital. We may speak of these freely, as
their teaching is confessedly of the very highest kind.
The renewed rumours of negotiations between University
College and the Middlesex and St. Mary’s Hospitals,
makes us again allude to the subject. We should say that
a student who divided his time between these three schools,
becoming familiar with the practice of the physicians and
surgeons to each, and learning all he could from the lec-
turers who seemed most to attract his own mind, must go
forth into the world with large views, and would, in all
probability, take with him a more complete knowledge of
his profession than if he had confined his curriculum to
either of the three. On this ground, then, it would seem
to the student’s advantage if he could by a single payment
have free access to all. But, unfortunately, we cannot
make our arrangements for the earnest student alone—nor
merely for those who enter with minds thoroughly disci-
plined and prepared to profit by their curriculum. If all
students belonged to the best class there would be little
need of regulations at all. They might be left to arrange
their own affairs, with the certainty, that go where they
would, they would become ornaments to their profession.
We do not wish to insinuate any doubts about the students
as a whole, but they are but mortal, and in laying down
plans for large numbers it is right to confine ourselves to
the average. We doubt very much whether average
young men would gain by wandering about from this
teacher to that, without any well defined plan. Much
time would be wasted in going to and fro. There would
be no facility for placing a check upon idleness. Young
men might, while desiring really to see all they could in
the short time at their disposal, easily fall into desultory
habits, pick up a smattering here and there, and fall into
a system of loose criticism of their teachers, very un-
favourable to the true student spirit.

Again, parents and guardians might feel increased
anxiety about young men who would by this mode be still
further removed from the eyes of their teachers, and there-
fore without the very wholesome restraint that exists at
NOTES ON CURRENT TOPICS.

Jan. 11, 1871. 29

The Medical Press and Circular.

Notes on Current Topics.

About the War and Wounded

The suffering of the wounded and the sick from the cold weather has been severe. Some of the accounts in the papers seem almost incredible, but we can match them. A friend who has just travelled through the districts ravaged by war, arrived in London on Saturday last, and assured the Editor of this Journal that he had himself seen 200 wounded soldiers frozen to death.

* * *

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A WHOLESALE druggist at Brighton, has recently received an order for one million quinine pills, each to contain a grain and a-half of quinine. These pills are intended for the sick and wounded in the war.

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The German troops besieging Paris are said to be suffering very severely from ophthalmia, probably from the injurious fumes of the green log fires which are kept constantly burning in close huts, owing to the excessive frost which prevails.

The North East of London and its Healthfulness.

Dr. Tribe states that the most remarkable event of the year was the late severe epidemic of fever, a peculiarity of the visitation being that the children of the upper and middle classes suffered proportionately more severely than those of the poorer classes. The total number of deaths in the district from this disease was 41 in 1867, 44 in 1868, and 221 in 1869. Greatly, however, as this district has suffered, yet the disease has not been so fatal here as in the adjoining localities. In the whole of London the mortality was at the rate of 183 per 10,000 inhabitants; in Hackney of 231; in Shoreditch of 242; in Bethnal-green of 365; in Whitechapel of 253; in St. George's-in-the-East of 314; in Stepney of 292; in Mile-end Old Town of 250; and Poplar of 326. The mortality in the south districts was also very high, the rate in St. Olave's, Southwark, being 277; in Bermondsey 356; in Rotherhithe 367, and in Newington 248 per 10,000. As might be expected from the number of houses which have been built and inhabited during the past year, the births in Hackney were in excess of those in the previous year, 3,923 having been registered in 1869, against 3,776 in 1868. The number of deaths, 2,639, was greater than in 1868, or indeed than in any previous year. This was chiefly due to the large mortality from scarlet fever, and partly to the increase of population. The proportion of births to deaths in Hackney was below the average in 1869, as there were only 137 births to each 100 deaths, the average being 148. This arose from the death-rate having been unusually high, 230 deaths having occurred in every 10,000 inhabitants, the average death-rate in London being 241. There were only 34,703 persons in 5,900 houses, containing 22,400 rooms, or but little more than three persons to two rooms, and less than six persons in each house. This is a small average, and arises from the fact that comparatively few rooms are used both for sleeping and living in; so that most families have at least two rooms.

The Allocation of Irish Church Funds to Irish Charities.

The expectations of Irish Charities of an immediate subsidy from the Irish Church Funds have been completely dashed. An official communication has been addressed by Mr. Chichester Fortescue, the Irish Chief Secretary, to Mr. Maguire, M.P., who had written to claim for some hospitals in Cork a share in these funds. Mr. Fortescue has replied that no such surplus as yet exists. The Commissioners of Church Temporalities have been obliged to avail themselves of the borrowing powers they possess to provide a fund to carry out commutation in the case of non-conforming (Presbyterian) ministers, and in the event of the Irish Episcopal clergy agreeing this year to commute, they will have to provide for the interest of a still larger loan, with the gradual repayment of the principal.

The Qualification for Prison Surgeoncies.

The Commission appointed to enquire into the treatment of treason-felon convicts in English prisons have embodied in their report a recommendation that a higher degree of qualification be required in future from prison medical officers. They say:—It appears that medical officers of the convict prisons are not required to possess qualifications both in medicine and surgery, and that, in some instances and at certain seasons, the sole medical charge of a large infirmary, and of 1,200 or 1,500 convicts out of hospital, devolves upon a single officer having only one professional qualification. We cannot regard this as satisfactory, and would suggest the expediency of making such regulations in reference to the medical staff of convict prisons as will ensure a thoroughly efficient treatment of all cases, both medical and surgical, at all times, including the period during which the chief medical officer may be absent on temporary leave.

Small-pox.

Small-pox is still rampant in London. There were 110 more deaths registered in the last week. This is an increase of twenty-eight. The average has, for the last five weeks exceeded that of the severe epidemic of 1869. It is ominous too, that the epidemic is extending its area and new localities are being invaded. It is time to give up talking of an East end epidemic. There were twelve deaths from the disease in St. John's, Westminster, and the disease has occurred in St. George's Hospital. Still the vaccina-phobics are as mad as ever?

The Late Dr. W. C. Tidy.

We remember the genial face of the good old gentleman and esteemed practitioner who died on Christmas day, as already recorded in our "Obituary," and the remembrance carries us back to our earliest days of student life, when we had the pleasure of residing with a medical neighbour in the neighbourhood, who is still living. Dr. Tidy took his College and Hall diplomas in 1821-2, and not very long after settled at Cambridge Heath, Hackney, where he continued to reside up to the time of his decease. He married 1834, and leaves to lament his loss a widow, three sons and a daughter. His eldest son is in the Indian Civil Service; the second is in the church; and the youngest embraced his father's profession, and has some time been the joint-lecturer on chemistry with Dr. Lethby at the London Hospital. The late Dr. Tidy graduated at Aberdeen in 1832, where also his youngest son followed, and took his degrees both in Medicine and Arts.

The death of Dr. Tidy is a severe blow to his family, and his many friends and patients will also feel it as a personal loss, for he was known as a good man as well as a good doctor.

Epidemics at Liverpool.

RELAPSING fever is abating. At the beginning of last month there were 1,114 cases in the workhouse, at the
Royal Free Hospital.

We hear a rumour that there is some talk of amalgamating several of the London Hospitals into one. St. Mary's, Middlesex, the Royal Free, and University College have been spoken of as being willing to unite into one teaching body. The Royal Free Hospital is not so well-known to the profession at large, as the other three we have spoken of; but it is so much frequented by the working classes in cases of accidents and diseases requiring operation, that it ranks among the very first surgical hospitals in the metropolis. Its surgeons, Mr. V. De Merie, Mr. Grant, and Mr. J. D. Hilli are well-known as admirably fitted to become clinical teachers; and the hospital is fast beginning to possess all the requisites for medical instruction, an operating theatre, plenty of interesting cases, and a nursing establishment, under the care of a lady, second to none in this city.

It is rarely we have to chronicle a display of common sense by Boards of Guardians, and we have therefore pleasure in noticing the sensible view taken of the recent dispute with the Poor-law Board, by the guardians of the poor for the Belper Union, whom we congratulate upon the amicable arrangement brought about.

Rheumatism has recently developed itself in a new phase. Last week a young woman, well known to the police of London, when given into custody on a charge of picking pockets, refused to open her hands when questioned, on the plea that "she was afflicted with rheumatism, which clenched her fingers so that she could not release them." Upon the application of force by the officers, the disease had given birth to a sovereign and nine shillings, although "she was unaware how" such treasure came there.

During the past year there were 3,377 new books and 1,279 new editions issued in Great Britain alone, besides 426 of American origin; of these medicine and surgery supplied 106 new books, 49 new editions, and 35 American importations; in all 193 new professional works.

Mr. Solly, F.R.S., has resigned the Surgeoncy to St. Thomas's Hospital after many years of faithful service. We should suppose he will be elected consulting-surgeon. We regret to hear that ill-health has hastened Mr. Solly's resignation. Dr. William McCormac and Mr. Wagstaffe, are named as likely candidates for the assistant-surgeon.
help from its wretched occupants and the Sisters of Mercy, in wild and indescribable confusion. Words are inadequate to describe the terrible scene, which was also being witnessed in many other parts of the city. Happily, the waters have now subsided, but it is impossible to give even an approximate estimate of the loss of life and property occasioned.

PRINCIPLES OF MEDICAL BILL PROPOSED BY THE ROYAL COLLEGE OF SURGEONS, IRELAND.

The Council of the Royal College of Surgeons in Ireland, has adopted the following scheme for a Medical Bill:—

BASIS OF MEDICAL LEGISLATION.

That the necessity for Medical Legislation appears to be due to the absence of uniformity of curriculum, of examinations, and of fees required by the various Medical Authorities from candidates for their license to practise.

That without such uniformity, competition, pecuniary and educational, will be certain to continue, to the injury of the public, the discredit of the medical profession, and the hindrance of scientific progress.

That with the view of securing uniformity of education, the framing of a curriculum sufficiently comprehensive should engender the earnest attention of the several Medical Authorities. That the several Medical Authorities could entertain no valid objection to the adoption of such a curriculum as would be satisfactory to all; as their object should be to qualify for practice, not the unlearned or unskilled, but those who shall have been duly prepared and fitted for the discharge of duties of vital importance.

That to satisfy the Medical Authorities that the curriculum so agreed upon should be strictly observed, representatives from each should constitute a board for the examination of candidates for license.

That an Examining Board so formed should be provided for each division of the United Kingdom, so as to guard against the delay and inconvenience likely to ensue from the formation of a single board authorized to hold examinations in succession or rotation.

That, with such a curriculum and Examining Board, the public would be secured against the admission to the profession of any but well informed and skilled practitioners.

That candidates who shall have passed such Examining Boards should alone be entitled to register, and that no candidate who shall have failed to pass any such Examining Board should be permitted to present himself for re-examination until a period of six months has elapsed.

PRINCIPLES OF MEDICAL BILL.

1. That the General Medical Council should be remodelled either as suggested:
   (c) By the Council of the Royal College of Surgeons, Ireland;
   (b) By some other plan which, whilst preserving to the Medical Authorities their due share of representation on the General Medical Council, should provide for a more direct representation thereon of all Registered Medical Practitioners.

2. That the function of the General Medical Council, so remodelled, should be increased to such an extent as to enable them to enforce the following arrangements, and that it should also be obligatory on them to do so within a reasonable period, viz.:
   (c) To insist upon the union of the several Medical Authorities in each division of the Kingdom to form Examining Boards—one for England, one for Ireland, and one for Scotland—for the purpose of testing the qualifications to practise both Medicine and Surgery of all such candidates as shall present themselves for examination.
   (d) To call upon all such Medical Authorities to make arrangements amongst themselves for the formation of such Examining Boards, and in their default to nominate such for them.
   (e) To insist upon such an arrangement as will secure the presence of representatives from the Examining Boards of the two divisions of the Kingdom at the Examinations of the third, who shall take an active part in all the Examinations conducted by such Board.

3. That the several Medical Authorities so united in each division of the Kingdom should arrange amongst themselves the curricula, schemes of Examination, and amount of fees to be paid for their conjoined license, as also the division amongst themselves, after the defrayment of all the expenses of such Examinations, of any surplus that may accrue, in such proportion as they may agree upon themselves; all such arrangements, however, to be submitted for the consideration and approval of the General Medical Council, and, if need be, to be subject to such modifications as shall seem fit to the said Medical Council to make therein.

4. That the General Medical Council in each division of the Kingdom fail in unanimously framing a scheme as required by this Bill, but that a majority of them may have agreed upon such scheme, should be competent for such majoriy to forward their scheme for the consideration of the General Medical Council.

5. That the several Medical Authorities in any or all of the three divisions of the Kingdom fail in arriving at such arrangements as to suit themselves, then—in that case only—it should not only be competent for, but obligatory on, the General Medical Council to make for them, collectively, such arrangements.

6. That all such Medical Authorities as refuse in these particulars to obey the behests of the General Medical Council should have their rights to their qualifications entered on the Medical Register suspended by the General Medical Council.

7. That each one, or all, of the Medical Authorities which feels itself aggrieved by any decision of the General Medical Council should be at liberty to appeal, within one month, to Her Majesty's Privy Council; that said Medical Authority, as also the General Medical Council, should be at liberty to be heard before said Privy Council, by counsel or otherwise, as they may prefer; that until such appeal is heard, such decision of the General Medical Council should have no force, but that the decision of such Privy Council should in all cases be final.

8. That it should be competent for any three or more members of the General Medical Council to appeal to the Privy Council from any decision of the General Medical Council; and that it should be competent for the said Privy Council to receive and consider the objections and representations so made before them, and finally to decide such appeal as to them may seem best.

9. That no person shall be permitted to have his name entered on the Medical Register who has not passed the Examinations conducted by one or other of the Boards herein provided, unless he should have been legally entitled to do so previous to the passing of this Bill, and be in possession of a double qualification to practise both Medicine and Surgery.

10. That no person should be permitted to hold any public medical appointment unless his name appear on the Medical Register.

11. That the assumption of any variety of Medical title by anyone whose name does not appear on the Medical Register, or who is not in possession of some one or other of the qualifications described in Schedule A to the principal Act as amended by the Act (unless in the case of honorary titles conferred by Universities or Colleges legally entitled to confer such, or penal offence; and that it should be imperative on the General Medical Council to prosecute in all such cases.

12. That an Imperial Diploma should be granted to all such candidates as successfully acquaint themselves at these Ex-
PRINCIPLES OF MEDICAL BILL.

Jan. 11, 1871. 33

13. That no candidate should be allowed to present himself for examination before any of the General Examining Boards, without first producing a receipt from the Registrar of the Branch Medical Council of the division of the Kingdom in which he seeks to present himself for examination, for the amount of the Registration Fee which he would hitherto have to pay for registering his qualifications after he had obtained them; which fee, however, should be returnable to him without any deduction in case he fails to pass such examinations, or in case he should subsequently decide on not presenting himself for such examination.

14. That it should be competent for each of the Medical Authorities after the passing of this Act to examine all such candidates as may present themselves before them, and to confer on such of them as they may think fit all such Degrees, Diplomas, or Licences whose highest titles have been entitled to confer; but that none such should entitle their holders, unless they shall have previously passed one or other of the General Examining Boards provided under this Bill, to have their names entered on the Medical Register, but should determine whether they come before any of the General Examining Boards, from being tested by them on any of the subjects which shall enter into the scheme of Examinations of said Boards; nor should they exempt them from paying the full amount of fees which otherwise they would have to pay for the Examinations and Licences so conferred.

15. That it should be competent for any one or all of the several Medical Authorities in that division of the Kingdom in which the candidate has obtained his title of L.M.S.M., should it so seem fit to them, to affiliate said candidate by conferring on him their lowest title without further examination, but on the payment of such fee, not exceeding £10 10s. to each such Medical Authority, as shall be decided upon by such Medical Authority, subject, however, to the approval of the General Medical Council; which lowest title so conferred shall entitle the candidate to the privileges which would have enjoyed in such Medical Authority had it been conferred on him previously to the passing of this Bill.

16. That it should be competent for each Registered Medical Practitioner to enter on the Medical Register immediately under his title of L.M.S.M. any other medical qualification which he may possess, without payment of any further fee than that for registration, in case he enters it or them at the time he registers his title L.M.S.M., or on payment of a fee of 5s. in case he seeks to register such after a subsequent period.

17. That, subject to the provisions respecting the fees payable for registration contained in Clause 16, it should be competent for any L.M.S.M. to enter upon the Medical Register any degree in Arts which may have been conferred upon him by any University in the British Dominions legally entitled to confer same.

18. That the Degree of Bachelor of Surgery, conferred either before or after the passing of this Act by any University in the British Dominions legally entitled to confer same, should be deemed to be one of the qualifications described in the Schedule of the University.

19. That it should be competent for the Medical Authorities in each division of the Kingdom, in any examining scheme which they may propose, to make provision, subject to the approval of the General Medical Council, or such person as may possess such authority, for enabling graduates to the passing of this Act, who have entitled them to enter their names on the Medical Register, which provision shall exempt them from further examination by the General Medical Examining Board on such branch of their profession.

20. Where a person proves to the General Medical Council that he holds a medical diploma granted previous to the passing of this Act, in any British possession or in any foreign country, and that such diploma represents the like degree of knowledge, as tested by examination, to that which is required for obtaining a licence under this Act, and entitles the holder thereof to practice medicine and surgery in the British possession or foreign country where the same was granted, and that he is more than forty years of age, and that he has practised medicine and surgery for not less than ten years out of the United Kingdom, or in the case of persons practicing in the United Kingdom, at the time of the passing of this Act, for not less than ten years in the United Kingdom or elsewhere, it should be lawful for the General Council to direct such person to be registered under the principal Act without examination, but upon reasonable proof of character, and a fee, not exceeding the ordinary fee for registration, as the General Medical Council may from time to time prescribe. The term "medical diploma," for the purposes of this section, includes every degree or title or licence or authority to practice awarded by any university, college, or body, granted by any department or presence acting under the authority of the Government of the British possession or foreign country.

21. That all fees for Examination under this Bill, as well as for Registration, should be paid to the Registrar of the Branch Medical Council for that division of the Kingdom in which the Examination is to be held previous to the candidate being permitted to present himself for examination; that such Registrar should account for and pay over to the several Medical Authorities such proportions of the same surplus, after defraying all Examination expenses as they may be entitled to; and the Registrar should be remunerated for such services, by such a percentage on the gross receipts as should be determined upon by the respective Medical Authorities, subject to the approval of the General Medical Council.

22. That the serving of all notices, and the forwarding of all documents required in accordance with the provisions of this Bill, by post, should be deemed valid service.

PRELIMINARY EXAMINATIONS.

23. That an Examining Board should be appointed for each division of the Kingdom, for the purpose of testing the attainments in general knowledge of all students previous to commencing their professional studies. That this Board should be formed of Examiners nominated, one from each of the several Medical Authorities situated in that division of the Kingdom in which such Board is to examine.

24. That this Examining Board should frame a scheme of Examination, which scheme should be submitted for approval to the General Medical Council, and that that body should have authority to insist upon a uniform standard of preliminary education in each of the Examining Boards in the several divisions of the Kingdom and that it should be imperative on that Body to enforce such Uniformity.

25. That no student should be permitted to commence his professional studies after the passing of this Bill (with the exceptions hereinafter provided) until he should have passed this Preliminary Examination, nor should he get credit for any certificates required by the several schemes of professional education, which he may produce, unless these bear a date subsequent to his having passed such Preliminary Examination.

26. That these Preliminary Examinations should be held twice in each year—one Examination before the commencement and the other after the commencement of the Summer Medical Sessions.

27. That these Examinations should not be held in any of the buildings belonging to any of the Medical Authorities in that division of the Kingdom in which they are conducted.

28. That all such students as produce proofs of such an amount of preliminary education as shall be deemed by the members of the Board of Examiners to be equivalent to examinations conducted by that Board should, subject to the approval of the General Medical Council, exempt from examination before this Board.

29. That each student should pay such fee for this Examination as may be determined on, subject to the approval of the General Medical Council, by the several Examining Boards on Preliminary Education in each division of the Kingdom.
GENERAL CLAUSE.

Immediately on the General Medical Council having finally decided on the several schemes proposed to them by the Medical Authorities in the several divisions of the Kingdom, they should forward copies of that which they have adopted for the consideration and approval of, or, if need be, for modification by, the Privy Council, who, in case of approval (subject to the right of appeal hereinbefore provided for each one or all of the Medical Authorities), should confirm same within one month of their receipt: but in case of modification, should give the General Council, as also the several Medical Authorities in each division of the Kingdom, due notice of such modification, and afford them an opportunity to be heard before them in respect of these modifications.

PLANS FOR REMODELLING THE GENERAL MEDICAL COUNCIL.

Medical Council as at present.

<table>
<thead>
<tr>
<th>Eng.</th>
<th>Irel.</th>
<th>Scot.</th>
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<tr>
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<td>President</td>
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<td><strong>6</strong></td>
<td><strong>6</strong></td>
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Royal College of Surgeons, Ireland, Plan.*

| Medical Authorities | 7 | 5 | 3 | 17 |
| Crown Nominees | 4 | 1 | 1 | 6 |
| Professional Nominees | 3 | 1 | 1 | 5 |
| **Total** | **11** | **7** | **7** | **25** |

Medical Association Plan.*

| Medical Authorities | 5 | 4 | 4 | 13 |
| Crown Nominees | 4 | 1 | 1 | 6 |
| Professional Nominees | 4 | 1 | 1 | 6 |
| **Total** | **13** | **6** | **6** | **25** |

Lancet Plan. 1

| Medical Authorities | 2 | 1 | 1 | 4 |
| Crown Nominees | 2 | 1 | 1 | 4 |
| Professional Nominees | 6 | 2 | 3 | 12 |

SCOTLAND.

MEETING OF CONTRIBUTORS TO THE EDINBURGH ROYAL INFIRMARY.

Mixed Classes.

A General Meeting of Contributors to the Royal Infirmary was held on the 2nd inst. The meeting occasioned a considerable amount of interest, from the fact that in connection with the election of six managers, it was understood that an effort would be made to elect persons who were favourable to the admission of lady students to the wards of the hospital. The Lord Provost, who presided, moved the election of six gentlemen, the majority of whom, it was understood, were in favour of the admission of ladies. Dr. Haliday, M.D., President of the Royal College of Physicians, moved an amendment, that the election of six gentlemen, and in the course of his speech, he referred to the medical education of women. He believed a mixed hospital visit was impossible, and he appealed to the meeting to hesitate before taking a step to force the managers of the Infirmary to do that which would be most damaging, if not even ruinous, to the Medical School of Edinburgh. Of the speeches delivered, that of Miss Jex Blake, and Dr. Christian, are of most interest to the Profession.

Miss Jex Blake, addressing the meeting said,—

What I want the public clearly to realise is this, that our exclusion from all the wards of the Infirmary is not an isolated act, no calm decision of impartial judges to which circumstances leave no other option, but it is, on the contrary, one link in a long chain of actions, all emanating from the same quarter, all tending to the same end. When I first came to Edinburgh, I made it my business to call on all the Professors, and most of the leading medical men, and, with few exceptions, I met with the utmost personal courtesy, though often, of course, with disagreement from my own views. But there were exceptions. I called on Professor Laycock. I need not enter on the details of our interview, but there took place at his house agreeing with him on one point, and one point only—namely, that it would be in truth better that no woman who respected herself should enter his lecture-room. (Hisses and interruption.)

Professor Christian—My Lord, on the part of my colleagues I appeal to your Lordship against such an insinuation against Professor Laycock. I ask for the opinion of the Lord Provost as to whether such statements ought to be allowed to be made. ("Hear, hear," and applause.)

The Lord Provost—I think Miss Jex Blake has not made an unkind insinuation. She has stated her opinion.

Professor Christian—My Lord, I bow to your decision, but I don't agree with it.

Miss Jex Blake then went on to say—I called on Professor Christian. He told me curtly that the question was entirely decided in his own mind, and that it was useless for me to press upon him. I did not call on Dr. Andrew Wood, but I was introduced to him in Sir James Simpson's house by Sir James, whose large-heartedness and large-mindedness made him from the first our warm friend and helper. On this introduction I asked Dr. Wood to favour me with five minutes' conversation, to which his reply was rather not, with which he turned on his heel and pursued a conversation with other persons in the room. These, ladies and gentlemen, are specimens of the way in which a few—very few only—met me on my first arrival in Edinburgh, and I must do those few the justice to state that their conduct has been absolutely and uniformly consistent ever since. Never have we applied for educational facilities of any kind, but they and a few who go with them have done their best to meet us with an uncompromising refusal. When the Senators and midwifery professors concerned gave me leave to enter as a visitor the obstetrical and natural history classes eighteen months ago, it was the influence of members of this hostile clique that got a veto passed on this attempt; when we applied for permission merely for separate classes, exactly the same opposition confronted us. When through the liberality of public feeling the option was granted, the same difficulties continued. It was us at every corner—even after one of the chiefs had stated publicly in the Senate that the experiment once begun, he would use every means in his power to give it a fair trial. We endeavoured to make private arrangements at great expense for separate anatomical instruction, but we were told repeatedly that our efforts would be useless (as, indeed, they proved); because certain all-powerful members of the College of Physicians had resolved to ostracise any medical man who agreed to give us this instruction. When the absolute impossibility of getting a complete course of separate instruction drove us to ask admission to the ordinary classes, to which several professors would willingly have admitted us, the same phalanx of opponents raised the injurious cry of indelicacy, knowing that thus they might prevail in ranging us public opinion, which would have been on our side had the real issue—education or no education—been declared. And now, ladies and gentlemen, what I want to point out to you is, that it was contrary to the same men who had, so to speak, pledged themselves from the
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first to defeat our hopes of education, and rendered all our efforts abortive—who, sitting in their places on the Infirmary Board, took advantage of the almost irresponsible power with which they were temporarily endowed, again to thwart and nullify our every effort. The charge of our opponents is that we, who desire to act justly in this matter, but the presence of these bitter partisans, and of the overwhelming influence of every kind brought to bear on them by the matter, prevailed to carry the day—to refuse us not only admission on the ordinary terms, but also to refuse us every opportunity which could answer our purpose. I know of the noble protests made against this injustice by some of the most respected members of the Board; but all their efforts were in vain, because strings were pulled and weapons brought into play of which they either did not know or could not explain the character. Till then, during a period of about twelve months, while the matter was sequestered in obtaining an adjournment. What means were used in the interim I cannot say; what influence was brought to bear I do not know; but from that day the conduct of the students was utterly changed—those who had hitherto been quiet, apathetic and inoffensive, became insulting and offensive, and at last came the day of that disgraceful riot, when the College gates were shut in our faces, and our little band bespattered with mud from head to foot. It is true that other students, who were too many to dance as puppets on such ignoble strings, came indignantly to our rescue—but by then the gates were wrenched open, and we were protected in our return to our homes, but none the less was it said new influences (wholly distinct from any intrinsic facts concerning ourselves) had been at work. I will not say that the rioters were acting under order, but neither can I disbelieve that these large-slyed petitioners with crowds of male students had not it, and the petition got up at the same time, been needed as a weapon against our admission to the Infirmary. This I do know—that the riot was not wholly or mainly due to men from Surgeons' Hall. I know that Dr. Christie's charges of suffering and distress have been nullified, but that the foul language he used could only be explained on the supposition I heard asserted, that he was intoxicated. I do not say that Dr. Christie knew of or sanctioned his presence, but I do say that I think he would not have been there had he been informed it would be displeasing to the Doctor that he should be so—

Professor Christie—I must again appeal to you, my Lord. I think that the language which has been used regarding my assistant is language which no one would use at such an assembly as this, where a gentleman is not present to defend himself, whether it were true or not. (Applause.) I do not know whether it be true or not, but I know that my assistant is a thorough gentleman, otherwise he would not be my assistant. ("Hear, hear," and applause.) I appeal to your Lordship whether such language as has been used is to be allowable. I appeal to you if there is any gentleman in this assemblage who has not used such language in regard to those who—

Miss Jex Blake—If Professor Christie is willing, I am perfectly ready to say—

Professor Christie—I wish nothing but that this foul language should be toned down. One of the leaders of the riot, and that the foul language he used could only be explained on the supposition I heard asserted, that he was intoxicated. I do not say that Dr. Christie knew of or sanctioned his presence, but I do say that I think he would not have been there had he been informed it would be displeasing to the Doctor that he should be so—

Miss Jex Blake—I said before that the only excuse for the assistant was that he was alleged to be drunk. If he prefers to use that as the language was used when the person was sober, I am astonished. (Cries of "Vote, vote, vote.") I deny you upon a subject little pleasing or pleasant to dwell upon. I desire only to point out to you that our exclusion from the Infirmary—(Cries of "Vote, vote, vote.")

The Lord Provost—The lady will soon be done.

The Lord Provost—The lady will soon be done.

The Lord Provost—The lady will soon be done.

The Lord Provost—The lady will soon be done.

The Lord Provost—The lady will soon be done.

The Lord Provost—The lady will soon be done.

The Lord Provost—The lady will soon be done.

The Lord Provost—The lady will soon be done.
education for which Edinburgh has long been famous, depending wholly on your justice and your hospitality—whether, after all our struggle, we are to be sent empty away? I ask you to remember that we have earnestly and solemnly taken up our stand in the full, and earnest belief that it is especially and peculiarly women's work to move in the cause of the sufferers that there are thousands of our suffering sisters, who are withstanding under the stern necessity which forces them in every case to consult one of the opposite sex, and that too, while they are being told that our very study of medical subjects is improper, if not altogether proscriptive. Women, I say, of this little band of women who have faced every difficulty, bravely braved almost every form of obloquy, to carry out that which we honestly believe to be our duty and our mission, and in behalf of that much larger class of women who, in the language of Professor Christison—"the female side of the nature known"—bids us bravely proceed, thinking, as he says, on "the silent thousands who watch with the sickness of hope deferred your struggle, and take courage." Gentlemen, the question has now passed from the hands of a clique, however powerful, to the calm judgment of the public. In your hands I leave it to do justice.

Professor Christison said it was not his intention, when he came to the meeting, to say a single word, but he had been called upon in various ways to take notice of what had been said. He had been called upon to address his friends to bear a moment with him. He was not in the. practice of addressing himself on an unwilling audience, and if a majority of the audience were opposed to the proceedings being protracted, he would bow to their decision. (Cries of "Go on.") He had taken no notice of anything that had been said against himself personally, although some of the objections to the proceedings were urged by the most learned men. He had not moved in the least from his insuperable objections to the proceedings. He only interrupted the lady when she made use of language which was uncalculated for regarding gentlemen who were absent; but he wished now that the meeting would see the position in which he was placed. As the lady had told them, she called upon him and asked his support. He told her it was in vain for her to use any argument with him, because he had gone over the whole ground thoroughly before with Miss Garret some years previously, and gave it the whole hour of his time, and she did not move him in the least from his insuperable objections to the proceedings. Introducing ladies as medical students into the University of Edinburgh, or into the medical profession. She had told them that thereupon the communication came to an end. She did not say that he received her with discourtesy, although she said in general terms that he did so. If he on that occasion showed any discourtesy he begged to apologise most sincerely; but he was not conscious that he had done so.

The Lord Provost—She did not say so.

Miss Blake—I simply said that Dr. Christison would not hear me.

Professor Christison said he was careful to avoid any discourtesy, but he was thoroughly determined that Miss Blake's time and his own should not be wasted. (Hear. That was all. He had very decided opinions, formed deliberately upon considerations and reasons which he considered to be irresistible; and no one could find fault if he persevered in the same path in which he had resolved to follow. Could Miss Blake complain that he was found here and there in his way, trying to instruct the public, and trying to instruct such bodies as the managers of the Infirmary, that this was his duty, in this respect? Surely he was entitled to hold his opinions, and to argue with those who opposed them into practice! There were insinuations that he may have been at the bottom of the movement against the ladies—in short, that he had been the man who was "pulling the puppet strings." He denied that he had taken any covert steps in the whole proceedings. He had done nothing but what was open and above-board. He knew nothing whatever of the movement of the students. He knew the students so well as to anticipate what they would do, and what they did; and he does not deny the most earnestly that he had ever taken any step to put a single idea into the mind of one of those who had been insinuated. (Cries of "That's good," "Bravo," &c.) In answer to the students' petition, he only knew that it was going on, but he knew none of those who signed it; and Miss Blake may rest assured that he got up most honestly, for the students were too well aware what they were doing to commit the error of giving the signatures of those who were not students. (Hear.) Dr. Douglas had referred to an incident that occurred at the meeting of the managers when they came to the vote whether ladies ought to be admitted along with the male students, as students of the Infirmary. Dr. Douglas voted in favour of the ladies' admission at that time; but he had changed his views since that time, and he had been taunted by Mr. M'Laren with changing his views. Dr. Douglas was induced to alter his mind by hearing some of the arguments given against the admission of the ladies. He then thought Dr. Douglas was not the only manager who had changed his mind since then—(Hear)—and he expected still to find there were other managers who would follow the example. (Hear.) He hoped, therefore, to hear no more of Dr. Douglas being taunted with changing his views. Mr. Reid and Mr. Douglas had very strongly convinced him after a very careful consideration that if every one had had the opportunity of hearing all that was then brought before the managers, there would have been a larger majority of the same opinion, that it was a most dangerous experiment to introduce the ladies to the Infirmary. He thought he had argued with more strength and more arguments then brought forward; but there was one upon which he must say a word, because the little that had been said was rather in the other direction. It had been argued upon as rather a contemptible argument. That was the argument that the students' side of the case. Mr. Reid had very properly reminded the meeting that the great object of the Infirmary was the relief and the care of the sick and wounded, and there was no doubt that such was the primary object always to be had in view. At the same time, it seemed to him that Mr. Reid underrated the secondary object, of the hospital, which was to provide education for the students. There was no other way within the reach of the great mass of the medical students whereby they could learn their profession unless in the hospital; and more than that, he could assure the meeting, from his experience as a medical officer of the Infirmary, that out of the number of students it was only any person to contradict him—that the patients were never so carefully looked after by their physicians and surgeons and assistants and nurses as when they were made the means of education, the reason being that when the patients were employed judiciously for the purpose of instructing the students, their cases had to be mastered far more thoroughly than in other circumstances. He had never seen the patients in the least degree dissatisfied that what was done with them was mainly for the instruction of the students. (Hear.) Dr. Christison went on to say that of the ladies who sent an application to the managers of the Infirmary to be admitted, it appeared that only one had any pretension to being a Scotchwoman. All the others were English. Now, in such circumstances it was natural to consider why these ladies were led to come to Edinburgh. There were many small but excellent schools in England where they might have found an education—

Miss Blake—Not an university education.

Dr. Christison—These ladies came to Edinburgh and asked the managers of the Infirmary to make an experiment—a very sold and a very rash experiment—to introduce a totally new and unknown in Great Britain that of giving a medical education to ladies and gentlemen, for the purpose of giving the ladies a medical education. And were they to try this rash and boldest experiment in the greatest medical school of the British empire? If small schools were in danger by such an experiment, no harm would be done to the public, because the schools of Edinburgh and the whole country. But the public not suffer were the University of Edinburgh to suffer? Some of them thought the risk might not be so great. Well, what did the students say, and the majority of the professors of the University who taught medicine? What did Mr. Reid say, and what did Mr. Douglas say? (Hear.) But suppose the Infirmary say? By a majority of fifteen to three they said it would be a most disastrous thing to introduce such a system of mixed classes.

He (Prof. Christison) concluded by speaking in defence of the students. He would try by any means defend the conduct of those who had exhibited their feelings in an improper and unjustifiable manner; but on the whole, he said that the students had taken the matter very quietly. They had expressed their opinions, and they all knew that when students were once aroused, they were apt to go to unreasonable lengths. On the vote being taken, it was in favour of Dr. Douglas' motion, and 96 in favour of the Lord Provost's. The Rev. Professor Charteris gave notice of the following motion, to be considered at a meeting, to be held on the 16th.

That, in the opinion of the Court of Visitors, it is highly desirable that the managers of the Royal Infirmary should make immediate arrangements for the admission of all registered students of medicine to a qualified course of instruction in that institution.
THE ADULTERATION OF DRUGS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Allow me to intrude upon your columns for a short space in connection with the above important question. In the following letter it is not my intention to discuss the merits of the plan lately proposed by the Poor-law Commissioners for the supply of drugs, of which so much has already been said, but simply to confine my remarks to a few practical illustrations, showing how essential it is that some mode of control should be instituted over contracts, upon which depend life and death.

Under the present contract system for the supply of medicines, there is held out a premium for adulteration, and manslaughter with responsibility is countenanced. It is impossible to lay too much stress upon the danger of valueless drugs and chemicals. In extremis is perhaps the time of all others that the doctor calls in the aid of powerful medicines, and yet he is leaning upon a broken reed.

Next to the patient, a fair trader is the最先 sufferer. The system of low-priced tenders, without an efficient control as regards quality, has so prostituted the contract trade that in most cases the drug vendor is either compelled to avoid it, or to enter the arena armed with miserable subfuges, and a stock of inferior goods—the utter worthlessness of which only cognisant is himself. The Commissioners might easily manage to adopt some plan by which they would give the Irish drug houses some guarantee that the trade should not be taken out of Ireland. There are many respectable and worthy drug merchants in this country, who are already manufacturers and importers from the foreign markets.

As regards the important point, purity, numerous articles in your periodical, the Pharmaceutical Journal, and others, have proved that adulteration is as rife in London as it is in Edinburgh, Dublin, or anywhere else. In fact, that in every town there will be dishonest as well as honest traders. The first of these being only too ready to take advantage of any system that offers the best money prize, irrespective of how it is gained.

As illustrating the difficulty of detecting, and the inferiority of the drugs occasionally placed upon the market, I will give a few instances of my own experience—all of which came under my observation in one fortnight. I may mention that the samples analysed were examined for the purpose of buying.

Of three samples of pale bark examined in one day, the harvesting in appearance was the worst. It was in long pieces fully twelve or fourteen inches in length, and covered with lichens. It had a grey and wrinkled surface, but was thin in substance (an indication of a young bark), and was wanting in transverse markings. It was, in fact, although a specimen, uninteresting, and totally worthless, for it did not contain one particle of quinia.

Another case was a specimen of glycerine offered for sale by sample from a broker, who, I will do him the justice to say, did not know anything about its quality. This was, apparently, a pure and nice looking glycerine; it agreed in every respect with the above description of "Pharmacopoeia," and was even miscible with a solution of nitrate of silver; it would, therefore, from a casual observation, have been pronounced a pure specimen. As it was one-quarter cheaper than the market price of that quality of glycerine, it was offered to theulses of the medical profession. It proved to be a dilute lime-juice, brought up to the requisite degree of acidity by the addition of acetic acid. A novice in the art of adulteration would have used oil of vitriol as being the cheapest acidifier, but not so here. The expert cracksman does not use a coarse crowbar.

This is only one, out of many specimens, where the writer has observed a marked attempt upon the part of adulterators to make their commodities adhere as far as possible to the most important tests and characteristics of the "Pharmacopeia." I draw your attention to this point in my articles published in the Medical Press upon "Medical Analysis."

Another case was a sample of acetic acid unfit for use from the tarry impurities present.

Other examples might be multiplied ad infinitum, but the above fortnight's experience will suffice. The glycerine and lime-juice specimens were examples of wilful adulteration. The bark, merely a "low quality" specimen, which, when offered on the market, comes to much about the same thing. It is a well-known fact amongst the trade that some years since sarpsparilla, while being imported from the place of sarpsparilla from which the extract had been prepared, was dried and largely imported into Ireland; probably it is so still. Such a specimen of sarpsparilla, or the bark above-mentioned, is, from a therapeutic point of view, simply equivalent to sawdust, and should be, commercially, of the same value.

I remain, SIR, yours very truly,

40 Mary street, Dublin.

CICLAR.

CELIBACY AMONG SOLDIERS AND OTHERS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I confess to being altogether in a maze regarding the doctrines of the "scientific school," and their proposals for checking or mitigating prostitution, seduction and their collateral evils, baby farming and infanticide.

In a recent able, though somewhat obscurely worded, letter on these subjects, Dr. Drysdale, quite dogmatically, pronounces celibacy to be the fons et origo mali of all these inanities, and while he, assuming the garb of nature as his guide, suggests early marriages as the remedy, yet, with strong assertions and contradictions, he condemns the natural consequences of early marriages—large families—as "incompatible with morality." The letter, cleverly written as it is, appears to me to be a mass of irreconcilable assertions, and, if the new "scientific school" can devise no more efficacious means than this panacea for the evils of society and of civilization, many will be disposed to exclude that, "the cure is as bad, if not worse, than the disease," and that the "scientific school," at least, can lay no claim whatsoever to the infallibility he soars at, and as for the laws of animal life, the theories of Dr. Drysdale are totally opposed to them.

Sir Benjamin Brodie inveighed against the evils of celibacy, resulting from the vicious habits regarding which history repeats herself—from Sodom down to "the men in petticoats," from Onan to French frauds, and modern masturbators of every sort; but it would be unjust to the memory of the great, gifted, and experienced surgeon, to say that he regarded celibacy, per se, as dangerous to health, to morality, or to civilization. Dr. Drysdale is certainly a step in advance of his learned compatriots, living and dead, for he places the immoral and moral celibates on the same pedestal, and unhesitatingly; the state is highly injurious to health, to morality, and tempting to society; and "that more disease is produced (even if perfect chastity is observed) by the late marriages of Britons than by French dissipation!" This is certainly a startling phase in social evil; and it is not ever dreamed of by medical men, and even now hardly be credited if supported—which it is not—by the opinion of Mr. Holmes Coote, of Bedlam Hospital. We have it authoritatively stated, that neither chastity, late marriages with necessarily small families, nor early marriages with large families, will satisfy the moral requirements of this scientific age; notwithstanding the anomaly of "the Germans" with their large families—and starvation at home, as Mayhew tells us—"are getting on well with their campaign;" while the poor French, who were some time since held up as models for their fronds de conceptions, are crushed and overwhelmed in spite of plenty and the small family system.

Most medical men hold that late marriages, but for parturition alone, would not prove more dangerous to health and life, if perfect chastity is previously observed, than
early marriages, and the children of late marriages are as healthy, *ceteris paribus*, as children born of parents of a certain age, who have married early. What then are the evils of late marriages? If Dr. Drysdale's theory of "attention to the forces" was once recognized, man would fairly come under the definition of the French *savant*, as "an animal who eats when not hungry, and who loves, not for large amounts, but to its logical conclusion, the world would become a regular pandemonium, and nothing but prostitution, seduction, baby-farming, and infanticide obtain, rather become quite natural; for all should try to make squares with "nature," and young Nature, we know, is a rapid breeder; hence this concept of the "scientific school" are not allowable by the "scientific school." What is next to be done? Moral control, to check the event or events, is out of the question; celibacy is at the outset the iniquity of injustices, and of course none of its pernicious habits are to be indulged in when we have a partner; but what is to be done to prevent rapid breeding? This is what the "scientific school" allows every one to solve by intuition; it is too bold a step to proclaim openly to the world. The only way, then, of preventing large families in married life, if immoral celibate practices are to be done away with, is to make a law to the effect: Child murder! Is this following the laws of nature? If this Malthusian idea takes root, where will it stop? There can be no second opinion about it, a child is a man or woman at conception—*omne vivum ab ore*—and it would be contrary to the laws of nature or of animal life to destroy it, for no end will it ever be procured at any time during the nine months, and if it be allowable to kill a child a few minutes before birth, it may be legitimately done after birth; and if it be allowable to kill a child, certainly there can be no moral iniquity in killing, and man who is moral iniquity much less if they happened to be diseased or infirm. This seems to me to be the doctrine of the "scientific school," and it is evident that the whole teaching leads to conclusions at which all the world would shudder with indignation and horror. If this be the case, the rapid increase in Ireland, humanity and morality may exclaim, heaven protect us from any "system" that would inculcate such a doctrine—better starvation, seduction, anything in fact, than a practice so revolting to humanity and the natural law.

I hold, that it is a mistake to suppose that celibacy per se endangers health and morality. The moral celibate, who avoids prostitution and controls the sex appetite, not from fear of consequences, but on more laudable grounds, is often a greater benefactor of mankind in general, and society in particular, than a man who "is square with nature." He preserves at the same time "a sound mind in a sound body," and encourages many by his example to avoid the vices which surround them. There are some especially privileged to learn the history of youthful indiscretions, and by that means often succeed in checking immoral celibate practices before the vice becomes confirmed. It would be quite as difficult for them to understand Dr. Drysdale's theory "of attending to the constant force of sex appetite," as it seems to be for Dr. Drysdale to understand how they can continue in that state with "a little moral control." There are plenty of people, besides priests, in England and Ireland, who are celibates from choice, and I would not more think of suspecting them of immoral practices, than I would Dr. Drysdale of administering mercury in syphilis. It is well known that the sex appetite does not exist in all to the same degree, and that the more it is forced, the more it becomes, while if "the constant force" is attended to, it will be likely, as it often does, to do more injury to the constitution and morality than even immoral celibacy. If to this it is partially would be dangerous, a variety of love would be required for a "scientific celibacy." It would not rent us often enjoying our partners; if, then, it be indispensable to attend to "the sex appetite," Mormonism would seem to be indicated as the natural state; but then the danger of "rapid breeding" stops the way. On the whole, I am not favorably inclined toward Dr. Drysdale's theory, to me to be returned to first principles; and as immoral celibacy and prostitution seem only a distinction without a difference, it is quite right that they should become partners, and have early marriages; and as prostitutes are known not to be prolific, early marriage with them would cure the evils of celibacy and of prostitution—each would have a partner and a "fair share of love, offspring, and domesticity."

This "sex appetite" theory appears to me to foster rather than diminish prostitution; for if "the force" must be attended to, every person is bound to seek the occasion of attending to it, and as marriage cannot be accomplished at once, the alternative must be had recourse to "to make something with it," and, all the moral men, to the greater evil of illegitimacy. In spite of any theory, the question arises: Will it not be advantageous to the human race that the diseases associated with it should be mitigated, checked, or stamped out if possible? Prostitution is bad, but its diseases make it even worse. The moral medical man should, of all others, be most active in trying to diminish the sources of contagion; they should be above suspicion in a matter of this kind, from any interest in the extension of contagious diseases. They know the pernicious effects of syphilis has on society, that the laws that the innocent are made suffer equally with the guilty, and that inherited syphilis has an effect for generations, in lessening the vitality and destroying the human race; they know that the sex appetite runs high, or is inflamed by wine, evil associates, and the seductive influences of Rouge, flaunting colours, immoral gestures, and a host of other inciting causes, and when by all these the reason is obscured, and self-control enfeebled, that if human nature yields to "the force," it does not calculate on being an invalid for life, and probably transmit to posterity the indecent passions and defects of the generation in a life. Without holding to any church theory on the subject, it is quite evident that it would be for the benefit of the prostitutes themselves to be healthy instead of diseased; they will, at least, be in a better position to return to their pursuits, and some celibates may be disposed to choose from them non-infecting wives or "companions."

Besides the evil effects prostitution has on the health of the people, there is a want of healthy labour lost by the spread of syphilis, and what large sums of money are wasted on hospitals, medicine, and the doctors, by its victims."

As regards soldiers, let them have their wives by all means; let them be paid better that they may be able to support their wives; but in order that the wives should not incur the risk of being contaminated, and that they may beget healthy children to fight the battles of their country, or contribute to its wealth by healthy labour, by all means keep the garrison towns free from syphilis by a stringent "Contagious Diseases Act."

I shall now endeavour to show that neither poverty nor large families are incompatible with morality; for if we were so, England, and "notably" London, with its enormous wealth and not over large families, has much to do for. Yet, it is in the capital of the greatest, the wealthiest, and most civilized country in the world, that the great evils of prostitution, seduction, baby-farming, and infanticide are most to be regretted. It is a prevalent and prominently "claims" and obtains "its full share of love, offspring, and domesticity," without let or hindrance, and without abating the social evils; and there is very little doubt if the population of London, large as it is, were not condensed within a certain number of acres its city districts, it would soon die out from the effect of its own vices, and the time would not be very remote when Lord Macaulay's "New Zealand Traveller" would be sketching the broken arches of London Bridge.

In this country, its poverty and rapid breeding is free from the vices of the sister country. Baby farming and infanticide are unknown; seduction is rare; and prostitution confined exclusively to cities and large towns. Every medical man in Ireland can vouch for the fact that Ireland is moral; and I will add the testimony of one of the most amiable, accomplished, and learned judges, and distinguished
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The ornaments of the Bench in Ireland or England, addressing a jury during the past week in one, happily rare amongst us, where early marriage had not the desired effect; the Right Hon. Justice Fitzgerald, Queen's Bench, said, inter alia—

"It is sometimes said that we are half a century behind other countries in civilization. If one of the results of civilization were to be cases of this kind, I hope we shall long continue to remain so. I believe in my heart and conscience that this country may well compare in chastity and virtue with the civilized world."

This is the conviction of a learned judge, who, from extensive travel and long residence in England, is capable of forming an unbiased opinion.

In Ireland, then, "rapid breeding" has not produced immorality. The majority of the population, though poor, are found to be sober and frugal, and to lead more healthy lives than the poverty that the profligate spendthrift in easy circumstances, who suffers more from a luxurious life, ennui, and dissipation, than the poor healthy man suffers from labour. The poor find that the more "bread-winners" they have, the greater their prospects of improving their position; for Irish children labour for, are devotedly attached to, and scarcely ever forget, their parents; they confer more benefits on the human race by their industry, and the propagation of healthy offspring, than the comfortable do-nothings. Many hope by honest labour to better themselves, and feel with Tennyson's "Northern Farmer":

"Feyther'd amost nowt; leastaways'munny was 'id, But, 'e tued an' moidd 'is ain, an 'e died a good un, 'e did."

Manual labour and moral restraint are the very things that conduct to the production of large families, and I will add simple farce, yes—

"— The schoolboy's simple farce, The temperate screw, and spirits light as air."

Every approaching even starvation is likely to coexist with every form of social life. If nature did everything for us there would be no struggle for existence, and the inhabitants of the Sandwich Islands might be envied as enjoying a Paradise. But for poverty, or dread of it, that comfort would many now in happy circumstances enjoy. If there were no colliers what a cold looks out warm comfortable homes, bright fires, and hot breakfasts. There would be no plates, knives, &c., without workmen, no grain without tillers of the soil; coal porters, crossing sweeps, and chimney sweeps are even necessary; and if England or some country did not supply these by some means or other, what would be the result?

Humandity and the Medical Profession particularly are indebted to Dr. Drysdale for the great boon, the inestimable blessing, of abolishing mercury in "contagious diseases," thereby contributing to the health, comfort, and longevity of the human race. I hope his clear intellect will see the advantage of checking these diseases altogether if possible, and also the moral gain of having marriages, and large families of Anglo-Irish to contribute to the extension of civilization, and morality at home and abroad.

Yours very faithfully,

THOMAS HAYES, M.D., M.R.C.S.L.
Shanagolden, Co. Limerick,
December 20th, 1870.

DR. ELLIOTT ON MR. MILL AND THE SMALL FAMILIES ADVOCATES.

To the Editor of the Medical Press and Circular.

Sir,—Dr. Elliott has written so boldly on the side of women entering the Medical Profession, that Lord Shaftesbury this year read his observations, contained in your admirable journal, aloud to an admiring audience of London ladies. There is no question, then, that Dr. Elliott is ready to listen to any doctrines, even when they are new to him, and he may safely base against my humble views of early marriage and small families as a cure for prostitution, is calm, logical, and entirely devoid of that arrogance which has made me take no notice of one or two letters which, I submit, would have come better from clergymen or schoolmasters, than from anxious members of the best-hearted profession in the world, and from persons who are accustomed to difficult questions. I reply, Dr. Elliott, as follows:—If it be true that the French pensamy in many parts of France "habitually limit their families to two children" (vide M. Block, quoted by Mrs. Grote in her Collected Papers), there can be no very great difficulty in attaining the end desired, if only people desire it. But, in order that a nation should desire a thing, we must first try to convince those who, like Dr. Elliott, think for others. Mr. Mill is one of these; and he contends that, "little advance can be expected in morality until the production of a large family is looked upon in the same light as drunkenness, or any other physical excess." Why? Because large families and average low wages are synonymous; and low wages means fever, consumption, and all the horrors of human existence. In an hotel I stayed at a few years ago in France, were two young French couples, who had been married some years. I asked both the husbands why they had no children? They both gave the same reply—i.e., that their salaries were very small, and they preferred to wait a year or two. This, according to the intuitive school of moralists, is "shocking." But in the eyes of a person who sees what celibacy comes to—i.e., syphilis and other evils, as conduct by no means and fault, but that Soldiers, all married, and all with large families, might be out of the question, I concede; but soldiers, almost all unmarried, as now, and extensively diseased, is also bad. There, surely, must be something better than either of these.

Yours, &c,

C. R. DRYSDALE, M.D., M.R.C.P.L., F.R.C.S.E.
99 Southampton row, London.

Medical News.

Apothecaries' Society of London.—At a Court of Examiners, held on the 5th instant, the following gentlemen were admitted licentiates, viz.:—Messrs. N. B. Langley, of Cricklade; E. E. Rastrick, of Southsea; and F. H. Turner, of Richmond. Also, there were various contributions, at the same Court, Messrs. Thom & Wood Hill, of St. George's Hospital, and Reginald Wade, of St. Bartholomew's Hospital, passed the primary professional examination.

Cholera.—An Indian paper states that in Cochin lemon grass oil is used in the cure of cholera. At the first attack a few drops are given with sugar and warm water, and it is also rubbed on the body in the same manner.

Working Men and Public Hospitals.—A movement has been begun at Birmingham, and was formally inaugurated at a meeting last week, for the purpose of supporting, by an organized system of workmen's subscriptions, one of the large public hospitals of the town. It was resolved to organize a system of periodical contributions, including all the factories and workshops of the town, and also to have annual collections in the same.

Public Health.—During the concluding week of 1870, the mortality in London and nineteen other large towns of the United Kingdom was in the ratio of 31 deaths annually to 1,000 of the population. It varied from 18 in Portsmouth to 49 in Liverpool. In the metropolis, 2,941 births and 1,760 deaths were registered, the former having been 105 below the average, and the latter 51 above the average. Zymotic diseases caused 410 deaths, including 110 from small-pox, 29 from measles, 110 from scarlet fever, 8 from diphtheria, 15 from croup, 49 from whooping-cough, 10 from typhus, 21 from enteric (or typhoid) fever, 1 from relapsing fever, 12 from simple continued fever, 10 from typhus, and 6 from diphtheria. The mortality from small-pox is rapidly increasing. During the first thirteen weeks of the year 1870, the number of fatal cases registered was 99; in the next thirteen weeks the number was 118; in the following thirteen weeks of the summer quarter the deaths rose to 157; and in the last thirteen weeks of the year they amounted to 581. Altogether there were 465 fatal cases registered in the 52 weeks of 1870.

Poisoning by Carbolic Acid.—The Liverpool coroner held an inquest last week, on the body of a ship-steward, who had died from poison. Deceased had access to the captain's cabin, where there was a bottle of carbolic acid, which, it is supposed he drank in mistake for liquor.
BROMIDE OF POTASSIUM IN SACCHARINE DIABETES.

The number of the American Practitioner for January last contains an interesting paper on this subject by Professor Austin Flint, of New York. He relates three cases treated by the bromide in doses of fifteen to twenty grains, three cases a day, combined with ordinary diabetic diet. In each there was a rapid diminution of thirst, a decrease in the specific gravity of the urine, and an improvement in the general health.

In one of the cases there was a remarkably rapid and great improvement, but Dr. Flint remarks, "It is by no means as yet certain that the improvement is not chiefly or entirely due to the dietetic management. The case affords a striking example of the tolerance of an antidiabetic remedy when the marked symptoms of the disease, inclusive of fish, oysters, and eggs, is allowed celery, lettuce, onions, cauliflower, tomatoes, and sour apples. The last named article, eaten raw and roasted, he finds a very good substitute for potatoes. He takes tea and coffee with cream. He eats butter freely. A small quantity of toasted bread is allowed. Camplan’s bran-bread he found unpalatable. With this bill of fare he is thus far perfectly satisfied, to give up sugar, and, with the exception of a little bread, all articles abounding in starch. A little sherry or claret wine is not interdicted.”

Dr. Flint states that his “object in giving an account of these cases is not to claim in behalf of the bromide of potassium a special curative agency in saccharine diabetes; but to suggest to physicians to make trial of this remedy in cases where the potentioclass is not to be classed with other remedies which are sometimes useful. In the first of the three cases its usefulness was apparently manifestly clearly.”

RELIABLE PREPARATION OF CONIUM.

Dr. J. C. Reeve, of Dayton, Ohio, calls attention (The American Practitioner), to Squibb’s fluid extract of conium, made from the unripe fruit or seed, according to the suggestions of Dr. Wi. Manliss Smith, of Manlius, New York. The dose to begin with is five minims, to be gradually increased. Dr. Reeve says: “For convulsive and irritable coughs it has proved in our hands a remedy of decided value.” We used it during the closing period of an epidemic of hooping-cough, and we believe we saw great benefit from it, although we are not yet ready to abandon the chloral. For the frequent and distressing cough of phthisis and bronchitis we have had frequent recourse to it, and would not willingly do without it. Every one knows the bad effects so often caused by morphia in these diseases, and how very often we cannot resort to it at all. In such cases conium has proved to be everything we could wish—quieting the cough at night, and allowing the patient his much-needed rest, without any constipation, deranged digestion, or other distressing symptoms following.”

NOTICES TO CORRESPONDENTS.

CORRESPONDENTS requiring a reply in this column, are particularly requested to make use of a distinctive signature or initials, and avoid the practice of signing themselves “Reader,” “Subscriber,” “Old Subscriber,” &c. Out of thousands of such persons it may cause enquiries so signed, on very vast subjects, much confusion.

Mr. M.’s letter on the “Staff of Life” reached us too late for this week.

AN ERRONEOUS ANALYSIS.

To the Editor of The Medical Press and Circular.

Sir,—Will you be good enough to favour me with your opinion in regard to the following matter:

There was published in a recent number of a medical periodical an article on the erroneous analysis of a fluid, and the editor was called by me to the error which was of a nature to be highly prejudicial to my interests. Instead of the mistake being rectified by the insertion of a letter from the editor, the mis-statement was reiterated in a very discourteous form and all satisfactory denial denied. No. what would you, Sir, recommend me to do under these circumstances? I am, Sir, yours obediently,

Bitterer Chemical Works, Jan. 6th, 1871.

H. CONY.

* * * We would advise our correspondent to propose to the conductors of the journal of which he complains, arbitration by some competent authority, such as the British and American Medical Journals. No editor could possibly object to such a course, if his case was defensible, and if it was not, the rectification should have been accorded in the first instance.

A NOVEL FEATURE IN SANITARY REFORM.

Mr. F. Smith, of Longton, announces that his two young children have scarlet fever from a certain disinfection of their persons and clothes, into lodgings on the day on which the disease in the little ones was pronounced.

This advertisement will be continued till the Medical Attendant shall certify that there can be no risk to visitors and occupants.

A correspondent draws our attention to the above advertisement in the Manchester Times of Saturday last. It is certainly a novel way of letting the public know that they are uninfected with Foulness or the lid of preventing contagion, and one deserving a good word from us as Medical Journalists. Still, we can scarcely expect a good effect of a “clean Bill of Health” very generally adopted, on account of the expense it necessarily entails.

FELLOWS AND MEMBERS OF THE ROYAL COLLEGE OF PHYSICIANS OF LONDON.

To the Editor of The Medical Press and Circular.

Sir,—Some time since I wrote to you regarding the law, whereby medical caluses fees might be regulated, whether a member might sue, but that it might be considered infra dig. I think the time has arrived, that Members of the College, who are the responsible owners of the College and have a right to be consulted, should have the honour offered them of the College Fellowship, so that those who choose to accept it may, and have the pleasure of knowing that the fees are not paid at the heart of the College, of which the income is obtained by obtaining, and which would place Members like myself in a just position, who consider our positions of equal value with the Fellow, and that we want the guineas at visit on the visit of custom. Many, like myself, don’t like to be told, because patients don’t pay the time of visit, we should be acting infra dig., we sue as usual, and be at the pleasure of a County Court Judge, to take what he likes to award. Let Members have the full honour of the College who chose it. It is their right.

Yours respectfully,

M.R.C.P., London.

The Amenities of Editors.—If our readers knew but a few of the difficulties the conductors of journals have to contend with—how, at one and the same time, opposing interests heap praise and abuse; and when a happy idea occurs by which it is hoped to conciliate all parties, we ourselves are unfortunately obliged to give it up to the exclusion of others. The old man and his ass, who, by trying to please everybody, nobody—they may be poor, but they have some notion themselves. Those who wish floats in the Editorial Cup, but with one stir of the hoop, this delicious peptic quickly becomes antiplectic, and food for indigestion is the result. And so, let your minds sometimes find ourselves in, we will just mention that Friday’s post brought us, amongst others, two letters which forced our souls into fruitful tribulation. One was from a Gentlemen of the Queen’s Bench, who threatened to withdraw his subscription, because he considered we had given indirect countenance to the organised opposition to “The Contagious Diseases Act,” in an article on the question of the use and abuse of the Act in question, about the wisdom of which he took a great interest. His words were: “This is a very proper and eloquent argument, but I am told that he was threatened to withdraw his subscription, because he considered we had given indirect countenance to the organised opposition to “The Contagious Diseases Act.” In that case, my lord, instead of weeping over our errors, we should be heartily rejoicing, for we have prevented the Act from coming into operation, and that evil is prevented which he considered might result from it.” The other was from an intemperate subscriber, apparently as sane as his confiress, who first wished to ascertain if the Editor, in his official capacity, sanctioned that most iniquitous of all—Parliamentary measures, “The Contagious Diseases Act.” And this is not an isolated case; a truly liberal Editor makes as many enemies as friends, and readers; but such to our minds is a sad comment upon the liberality of this boasted Liberal age, when Jail views are supposed to receive not one paragraph, but attention. And we shall not allow this happy consummation shall reveal what we yet fail to see, a proper defence and consideration to oppose to all, at least not be included in this journal both in the House of Commons and the general weal cannot obtain a hearing, even at the risk of following in the sequel of the futile, and “lose our ass in the

MEETINGS OF THE LONDON SOCIETIES.

Wednesday, Jan. 11th.

HUNTERIAN.—7 p.m. Meeting of Council.—Sir J. M. Dr. Hilton Fagge, "On a Case of Dilatation of the Stomach.

ROYAL MICROSCOPICAL.—8 p.m. Mr. B. T. Lowne, "On the Anatomy of Asparagus Luminus and the Use of Colloidal Silica in Preparing Crystals for the Polarscope."

Epidemiological.—8 p.m. Papers (Dr. Christie, of Zanzibar, and from Official documents), "On the Asiatic Bath in East Africa."

FRIDAY, the 12th.

CLINICAL SOCIETY OF LONDON.—6 p.m. Annual General Meeting for the Election of Officers. Mr. T. Smith, "On a Case of Ulcer following Vaccination, and the Use of Veratrum Viride in Acute Rheumatism." Dr. Tevan, "Four Cases of Operation for unusually large Calculi,"
ROYAL COLLEGE OF PHYSICIANS OF LONDON.

THE NEXT PROFESSIONAL EXAMINATION for the LICENCE will commence on THURSDAY, the 10th of JANUARY, 1871.

Candidates are required to give fourteen days' notice, in writing, to the Registrar of the College, with whom all certificates and testimonials required by the by-laws are to be left at the same time.

Paul Mall East, 1870.
HENRY A. PITMAN, Registrar.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

FIRST OR PRIMARY PROFESSIONAL EXAMINATION for the LICENCE. — The next Examination will commence on MONDAY, FEBRUARY 6th. Students who have completed the Examinations on the 20th of December will be allowed to sit for the Examination.

SECOND or PASS EXAMINATION for the LICENCE. — The next Examination will commence on MONDAY, FEBRUARY 13th. Gentlemen who have completed four years of Professional Study according to the College regulations are eligible for admission to this Examination.

Registered Medical Practitioners, qualified before January, 1861, are admitted to examination under special by-law.

Candidates are required to give fourteen days' notice in writing to the Registrar of the College, with whom all certificates and testimonials required by the by-laws are to be left at the same time.

Paul Mall East, 1871.
H. A. PITMAN, M.D., Registrar.

APOTHECARIES' HALL, BLACKFRIARS.—

The next EXAMINATION in ARTS will be held at the HALL on FRIDAY and SATURDAY, JAN. 27th and 28th, 1871. A notice of the Subject of Examination for each day will be given.

An Examination in ARTS will again be held in the month of APRIL, 1871.

D. J. ROBERTSON, Secretary to the Board.

CHURCH STRETTON PRIVATE ASYLUM.

For the UPPER and MIDDLE CLASSES of BOTH SEXES, are situated among the Shropshire Hills, Twelve Miles from Shrewsbury, on the road to Hereford.

Apply to Mr. W. Hystler Esq., Stretton House, for Gentlemen; Mr. Bakerwell, the Grove, for Ladies.

Vide page 1015 in the Medical Directories for 1867.

PRIVATE RETREAT FOR THE UPPER AND MIDDLE CLASSES OF BOTH SEXES, MENTALLY AFFLICTED, TUE BROOK VILLA, NEAR LIVERPOOL.

Further information may be obtained on application to Dr. H. OWEN.

COLONEL DISTRICT LUNATIC ASYLUM.—The Board of Governors of the Colonel District Lunatic Asylum will, at their meeting to be held on TUESDAY, the 7th day of FEBRUARY, 1871, proceed to Elect a properly qualified person to be Assistant Resident Physician, at a salary of £100 per annum, furnished apartments and rations.

Candidates must be duly qualified as a Physician and Surgeon, and hold a house in mind in the town of Lincoln, prepared to discharge the duties of the office hereafter if required.

Qualifications and Testimonials to be forwarded not later than the 20th day of January, in case addressed to W. H. Garritt, F.R.C.S., Resident Medical Superintendent; and the personal attendance of Candidates will be necessary on the day of Election, the gentleman elected will be required to enter on his duties forthwith.

By Order.

Cheltenham District Asylum, December 14th, 1870.

WHITE'S.

SACCHARIFIED HYDRATE OF MAGNESIA.

FOR INFANTS AND FEMALES it will be found an invaluable Medicine. From its agreeable and pleasant taste, it possesses the advantage over all other preparations of Magnesia, as the most susceptible stomach will not reject it.

SOLE MANUFACTURERS AND PROPRIETORS,

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Wholesale Druggists and Manufacturing Chemists, 91, 92, and 93 Bridge street, Dublin.

Wholesale Agents: — Barcadale and Sons ; Newbery and Sons : S. May and Sons: W. Edwards; R. Hanmer, and Son; Liverpool, Edinburg, and York; Hamilton, Long, and Co.; the Apothecaries' Hall; Dr. Butler; Bewley and Draper; Dublin; Garnett and Co., Belfast; Harrington and Son, Gloucester, Cork. Sold in bottles at 1s. and 2s. 6d. each, and in Winchester Quarters for dispatching.
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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 18, 1871.

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FLATULENCE: ITS ORIGIN AND TREATMENT.

By John Chapman, M.D., M.R.C.P., M.R.C.S., 47
Physician to the Farringdon Dispensary.

(Continued from page 22.)

Another phenomenon of nervous flatulency scarcely 47
less remarkable than the one referred to in the last 47
paragraph of the preceding part of this essay, is its 47
disappearance in some cases without any perceptible dis-
charge of gas, and almost as suddenly as its appearance 47
in those cases in which it appears most rapidly. In 47
the case mentioned by Dr. George Johnson, and already 47
referred to, "sudden and enormous tympanitis," alter-
ated "with as sudden and complete flattening of the 47
abdomen, no wind passing either by the mouth or the 47
anus."

One of my patients liable to suddenly developing 48
 tympanitis assured me that she has frequently been struck 48
by its subsidence without any perceptible exit of gas 48
either by the mouth or the anus; and, in fact, because 48
believing that no such exit occurred, she convinced 48
herself that the abdominal distension was not due to 48
the presence of gas, but to some mysterious muscular action. 48
Indeed, as we shall presently see, even Sir James Simpson 48
felt obliged to invent a similar hypothesis to explain 48
a similar phenomenon; and so many cases of the kind 48
in question may easily be adduced from medical records 48
that it is no longer possible to doubt their reality. Moreover, 48
our belief in them is now greatly facilitated; for though 48
we may assure ourselves that in such cases the abdominal 48
swelling subsides without the expulsion of gas either by 48
the mouth or the anus, we have no longer any difficulty 48
in admitting that the swelling is, nevertheless, due to the 48
presence of gas in the alimentary canal. As I have 48
already pointed out, the recognition of the fact that the 48
transfer, often instantaneous, of gas from the air-bladder 48
into the blood of fishes, through a mucous membrane, 48
is a normal process, enables us both to perceive that an 48
analogous process may occur in man, and to believe that, 48
as a matter of fact, it often does so. And, further, if my 48
readers will accept provisionally the hypothesis I have 48
suggested—viz., that the process in question occurs only 48
when the action of the nerve-force causing the mucous 48
membrane to secrete is suspended, that hypothesis will 48
supply them with a complete explanation of that remark-
able phenomenon, hitherto wholly shrouded in mystery, 48
the sudden disappearance of "phantom"-tumors in pa-
tients rendered deeply anesthetic by chloroform.* In 48
such cases the nervous system (spinal, and ganglionic, as 48
well as cerebral) being rendered dormant, the condition 48
facilitating escape through the alimentary mucous 48
membrane is induced, and the air, previously effused by 48
nervous-forces into the alimentary canal, quickly passes 48
by another force into the blood. A notable case of this 48
kind, especially valuable because of the expedi
tent resort to in order to ascertain if any gas escaped 48
per annum, is recorded by Sir James Simpson; the pa-
tient was placed under chloroform, and, meanwhile, one 48
end of a tube was inserted in the anus, the other end 48
being kept under water; but though the swelling sub-
died, "not a bubble of air escaped" into the water. 48

As the abdominal flatulence constituting the chief 48
feature of spurious pregnancy is one of the most signal 48
examples of "nervous" flatulence, and as the morbid phe-
omena associated with it have seemingly increased the 48
mystery of that hitherto mysterious disorder, I shall not 48
be digressing from, but shall, I believe, rather elucidate 48
my subject, if I here add a few words concerning those 48
phenomena. Spurious pregnancy occurs not only in 48
women, but in the lower animals; women who have never 48
been married, and those who have already been mothers, 48
animals still in the virgin state, and those who have 48

*The power of anesthetic agents to cause the subsidence of gaseous 48
tumors is now so well known that it is believed to be an accidental 48
effect; and hence that the instances of flatulence associated 48
with pregnancy have become generally restored to: Its use in detecting cases of spurious 48
pregnancy is specially insisted by Sir James Simpson—"the abdominal flatulence disappearing as the state of deep anesthe-
THE MEDICAL PRESS AND CIRCULAR ADVERTISER.

Jan. 19, 1871.

A part is not removed, as it seems to me, from the case, viz., that nervous contractions originating in the womb by the act of conception, is propagated to the vaso-motor nerve centres related to the uterine arteries with the inevitable result—reflex action on those arteries, causing them to contract, and thus to shut off the flow of blood to the womb to such an extent as to constitute suppression of the menses. Of course, however, the growing ovum is enabled, by its vital force, to proceed with its growth even though not adequately for its nourishment. But as the ovum grows, the reflex actions originated by it describe arcs of increasing width, and the menses, which at first are only slightly affected (and then probably more by reversion of blood owing to the suppression of the menses, than by direct nervous influence), partake of the excitement in an increasing degree. These reflex actions on the menses, however, instead of being mainly through the agency of vaso-motor centres, and vaso-motor (negative motor) nerves on to blood-vessels, are mainly through the agency of spinal centres, and positive-motor nerves on to the gland cells and ordinary tissue of the menses, thus producing the secretion of milk, and those, textural changes denoted, inter alia, by the increasing darkness of the areola.

The various phenomena of pregnancy which I have called anomalies, and which are only occasionally met with, are favourable phenomena; they are, in some cases, excitation of the nervous system, caused precisely in the same way as are the phenomena already severally explained.

Now, assuming the correctness of these premises, we perceive immediately that whether an animal or woman be pregnant or not, if the spinal and ganglionic nervous centres become hyperemic, and therefore preternaturally energetic and excitable, as they usually do during real pregnancy, an adequate and intelligible cause of the phenomena in question—whether they be phenomena of real or spurious pregnancy—has been originated; and I need only appeal to the common experience of medical observers in confirmation of the assertion, which I make with the utmost confidence, that the causes of such hyperemia and consequent preternatural excitement of the nerve-centres mentioned are extremely manifold, and occur very frequently and very powerfully operative. Such being the case, and such the multifarious capacity and impressiveness of the nervous system of many women, considering also the unhealthy and unnatural lives which thousands of them lead, as well as the operation of the social codes of civilised communities, by which a large portion of women are inexorably debauched from allowing their reproductive organs to fulfill their natural functions, we see that the phenomena of spurious pregnancy are no longer a subject of marvel, and that, on the contrary, the wonder is that they do not occur much oftener than they seem to do. There are, however, certain phenomena which perhaps need a few more words of explanation. How is the sensation of "quickening," and of the frequently recurring motions of the child produced in cases of spurious pregnancy? When gas is put up in several different parts of the intestines, each part being differently, and more or less, gas-filled, the sensations felt by the child, by spasmodic and hour-glass-like contractions of the vermiform muscles at intervals along the tube, the gas escapes from one segment to another only by the operation of considerable pressure. Now the force constituting this pressure is slowly cumulative, and generally only expresses itself by causing the gas to pass with a certain violence and suddenness (differing in degree in different cases) from one part to another; and the sensations produced by these sudden and often considerable displacements, resemble in a very striking manner the movements of a child in the womb, and may well deceive even those women who are especially careful observers of their own feelings. The motory contractions in the...
abdominal walls " sometimes experienced are easily explicable as expressions of spinal hyperesthesia, the centric nerve-cells related to motor nerves, prevail over the abdominal muscles being especially active, and therefore producing the involuntary muscular movements in question. The absence of the cutaneous, and their scantiness when recurrent in cases of spurious pregnancy, are rendered thoroughly intelligible by the observations made above concerning the cause of the suppression of the menses during real pregnancy.

Sir James Simpson, unable to divine the nature and causes of spurious ulcers so long, and especially of its chief feature, the abdominal swelling, said " he had tried various experiments to ascertain its cause, but in vain; and as yet he could come to no decided conclusion on the subject . . . . The disphragm he was inclined to suspect to be a chief agent in the production of the swelling." I cannot help thinking, however, that had that distinguished physician been cognisant of the doctrine explained in this essay, he would have felt no difficulty in coming to a decided conclusion with regard to the nature not only of the abdominal swelling, but of all the other notable phenomena of spurious pregnancy; and, believing that a knowledge of that doctrine will carry conviction with it, I venture to hope that suffering women, tortured by great and more or less sudden distension of the kind in question, will no longer encounter the reproach as they so often have done, of so conducing to their own physical disorder, by indulgence in "hysterical" feelings and the gratifications of a perverted will as actually to generate the disease over which they sometimes seem to be supposed—witch-like—to have a certain mysterious control, and that, henceforth, they will be easily delivered from this distressing malady.

(To be continued.)

ON DISEASES OF THE SKIN.

By J. L. Milton.

Surgeon to St. John's Hospital for Skin Diseases.

(Continued.)

And first, for reasons now to be mentioned, I think we might include under the head of eczema an exceedingly obstinate affection attacking the leg and running into ulceration,—a complaint generally seen in persons of middle age and advanced life. On as good grounds as have often been urged for giving a name, this variety might be called ulcerative eczema; but as I have no wish to introduce any new terms, I shall confine myself to noticing it simply as a variety of eczema, the variation being, I think, due solely to its attacking a part peculiarly liable to ulcerate.

It is attended by all the signs of an acute but local attack of eczema, and perhaps in no part of the frame is this malady more distressing than when it fixes on the lower part of the leg; the pain, heat and itching, tormenting the patient almost incessantly, especially at night. In very severe cases one or more spots will rapidly pass into ulceration; indeed, this seems the natural termination of the attack, and there is occasionally some mitigation of the symptoms when it has ensued. This ulceration is very refractory, often requiring months to cure, even under the most careful treatment. It is peculiar in the ulcerative stage that it is never marked out from eczema and is so rarely recognised as such, owing to the fact that a large proportion of patients suffering from this complaint are never seen by the surgeon till it has reached this epoch. I have, however, repeatedly traced it from eczema. In other cases instead of ulceration the orifices of the sudoriparous, and possibly also of the sebaceous, ducts be-

come so large that they can be easily seen. Eczema in this part, unless effectually cured, is very apt to return, the relapse being heralded in by pain, itching, and redness, sometimes of a purple hue and extending over a large part of the leg.

It does not in any way follow from all this that ulceration of the leg or ankle is always due to eczema. Many ulcers are free from any complication of this kind, the skin around being never more than red and tender, while eczema may run its course without being attended by ulcer; but assuredly out of a given number of cases only one ulcer complicated by eczema a certain proportion is apt to begin with the latter complaint; how many I am not prepared to say, but, judging from the entries in the case book at St. John's, the numbers are pretty evenly balanced. Perhaps, as a rule, it will be found that when the ulcer is seated about either malleolus it is the first in order, and when higher up the leg, especially if it be superficial, that eczema or erysipelas was the first to appear; but I do not in any way bring this forward as an established fact.

Occasionally a patch of old superficially-ulcerated eczema is seen on the ankle, covered with a crust almost like dried gruel in colour and appearance, or even like nail or horn. The crust is naturally quite insensible, and not always calculated to reveal the nature of the affection; but if it be removed by macerating it for some time in solution of carbonate of soda and covering it with oiled silk, the skin beneath is found to be affected with the characteristic form of eczema just described, purplish, painful, and superficially ulcerated. These patients are generally in an infirm state of health; most of those I have seen had suffered from bronchitis. The process here is very clearly allied to the obstinate purplish discoloration of the lower part of the leg caused in many cases by eczema.

In the forty-sixth volume of the "Transactions of the Medico-Chirurgical Society," Dr. Ogles describes two cases of what is called spurious or sebaceous ichthyosis. The patients were two girls, sisters, and the symptoms consisted of a slow formation of hard crusts, much like what I have described, seated on the lower part of the leg and foot. When these were removed, the skin beneath was found to be red, glazed, and disposed to crack. Under the microscope the scales seemed to consist of layers of epithelium, with some round, and red-flushed, solid-looking bodies, along with numbers of old and evidently worn-out epithelial cells. Now, I think, were this affection removed from ichthyosis and added to some favus, it would be a step in the right direction. It is not ichthyosis, and has nothing in common with it, while it has a very great deal in common with eczema. The skin beneath the crusts is found in the same state as when those of old standing eczema are removed, and the crusts seem to form in the same way; that is to say, a small patch of skin slowly inflames, the cuticle dies and is thrown off, and a crust is gradually formed. In one case, which I examined with great care, I could clearly see the process which took place. The pathognomonic sign, therefore, is due here to accumulation of serum, &c.; in ichthyosis, it is the cuticle itself which is altered and hypertrophied, but still attached, or only thrown off when a new cuticle is formed. I have only seen one instance of this affection in 16,000 cases of cutaneous disease. The patient was a young girl, and the disease was seated on the legs, there being some, this seemed almost circular, even on each leg, giving them a most singular appearance. It is true, the secretion of eczema, when microscopically examined, is different from what was seen in Dr. Ogles cases, consisting generally, when hardened into crusts, of layers of albumen or lymph mixed with a few blood disc or globules; but this may have been due to the disease having, in the cases mentioned by Dr. Ogles, penetrated more deeply into the ducts of the sebaceous glands than eczema usually does.

In the paper spoken of above as read before the Medico-Chirurgical Society, I stated my reasons for be-
lying that both pityriasis and tinea circinata occasionally follow one point of eczema. Pityriasis rubra is, indeed, so far as I have been able to observe, an undevolved eczema, and, along with that rare affection known as general pityriasis, ought, I think, to be referred to eczema altogether. But tinea circinata also will certainly pass into eczema, though under what circumstances of health and constitution this transformation takes place I have been quite unable to determine. Sometimes it is seen in the inguinal region; again, the change may be noticed in the neck. In the first instance of this kind which I ever observed, three children of the same family were placed under my care for impetigo, principally affecting the scalp. The eldest of these children, a boy, and the youngest, a girl, suffered only slightly; the second, a boy, had it in a very severe form. A considerable time afterwards, two children came to stay with this family for some little while. They were both suffering from tinea circinata. Whether as a coincidence or a result I know not, but the fact is certain that the other three children were very shortly after affected with ringworm. The younger boy, who had suffered so severely from impetigo, displayed here a similar peculiarity, for in him one large patch of tinea became decidedly eczematous, discharging serum very freely, while no symptom of the kind was seen in either of the others. Yet this boy was the healthiest and strongest of the three. In another case, in which six young ladies, sisters, were affected with tinea, several of the patches in two of the sisters turned to obstinate eczema; yet there was no perceptible difference of constitution among these girls, nor have subsequent observations thrown any more light upon the point.

In the few cases of Burmese ringworm which I have seen to appear true eczema, the form called eczema marginatum by some writers, beginning as tinea circinata and developed by friction into a discharging surface. The disease is described by Hebra as eczema marginatum, as also by Devergie, but under another name. Köhler, however, looks upon it as a tinea due to the presence of the triphylom tonsurans. But Mr. Nicholson, who has had ample opportunities of judging, describes, under this name,* a disease which is quite unknown to me, and appears to be a true vesicular disease, marked by a tendency to ulcerate. He says it begins with a vesicle in each groin, which is scratched and broken. From this point it spreads by an advancing line of vesicles, which are followed by a free discharge of serum from the affected surface. Small, irritating ulcers and pustules break out on the legs, armpits, and neck; these on the legs sometimes degenerate into vesicles or ulcers. The complaint in men invariably appears in the groins; in women it may show itself in any part. Mr. Nicholson, who has tried tincture of iodine, nitrate of silver, nitric oxide of mercury, and many other remedies, has found none so successful as the nitrate of mercury ointment. I have now nothing of the complaint in this form. I never saw any vesicles, and as Mr. Nicholson, who has himself suffered from the disorder, speaks positively as to their presence, as also about the existence of ulcers near the nates, I can only assume that the affection he describes is distinct from anything seen in this country and is an ularative form of herpes.

What is Eczema?—We have as yet nearly everything to learn; but the nature of the complaint, we can put together some few scattered observations and present the fairest inference they admit of, and that is about all we can do. Up to the present time eczema has escaped the fate of so many disorders, for no parasite or fungus has yet been discovered peculiar to it, nor is it usually attributed to a blood poison, hereditary gout, tubercle or inherited syphilis. We may, therefore, look upon it for the time being as a wail and stray, the pathology of which may thus stand some chance of being cleared up by a diligent observation of facts. I have long striven to show that the essence of disorder is excessive action of some part of a function; and I venture to class eczema thus. I have also in different papers endeavoured to combat the idea of scrofula, rheumatism, &c, having anything to do with the duration or severity of diseases. I am glad to find that Hebra has long been an active supporter of a similar view; morbid innervation (Krankhaft Innervation) of the organs and the constitution of eczema, and we require no such machinery as that which starts with a pectant matter in the blood.* Scrofula does not modify it for better or worse, and a scrofulous person throws off eczema just like any other patient. Just as little faith has he in the belief that mental disturbances influence the outbreak of eczema.

Eczema, though very often quite independent of any visible disorder of the health, is certainly to some extent due to impaired nutrition, because patients suffering from it improve under the use of red wines, cod-liver oil, fat, meat, and medicines which, judiciously given, increase the appetite, make the patient stronger and augment the weight, as tonics and purgatives undoubtedly do at times. It is, too, dependent to some extent on the state of the nervous system, for it is incontestable that great anxiety will bring it out in persons devoid of it. Yet anxiety and great heat, if combined with much exposure to light, will both develop it. Contradictory as this may seem, it is not more so than the fact that excessive heat and cold will both bring on blistering of the skin. Chilblains, when not an erythema, as essentially (though a low form) a bulla as that produced by boiling water, only that there is much less secretion of serum; the cuticle perishes often as infallibly in the one as in the other. The action of light, too, is not more mysterious here than in small-pox. Eczema does not seem to have any essential connection with other diseases often seen in persons suffering from it. It is frequently met with accompanied by other diseases of the skin, such as lichen, scabies, pityriasis, tinea, lepra, lupus, boils and impetigo; and it may be seen combined with asthma, bronchitis, haemorrhoids, scrofula, gout, rheumatism, neuralgia and dyspepsia; but none of these nor any combination of them excite the slightest permanent influence over its course. It is seen in persons who perspire profusely, and again when the skin is extremely dry. With the exception of the local forms I have not been able to make out that it depends in any way on the patient's occupation. It is found in half-starved persons and in the over-fed. Dr. Frank Smith, of the Sheffield Public Hospital, considers that in eczema there is deficient renal secretion, in consequence of which urea and other urinary products accumulate. In proof of this he adduces the facts:—1. That the urine of inveterate eczema contains indican in pathological quantities. Indican is a very complex product, easily resolved into leucine, indigo, glucose, &c, and its presence is supposed to prove that the natural transition from the more complex to the more simple of the products of secretion and function is going on more rapidly than natural. 2. The urine of those suffering from eczema is a very deficient secretion of urea and the chlorides in persons suffering from eczema. In three examinations of the urine of persons affected with this disorder, it showed in one case 22 grammes of urea in 1,200 c.c. of urine; in another 15 grammes in 1,000 c.c., and in a third 22 grammes of urea in 1,200 c.c. The serum of the blood of one of these patients yielded urea in considerable amount. The urine of inveterate eczema, Dr. Smith says, is what may be called a constant specimen, either colourless or rich clear colour, with a specific gravity about 1·017 to 1·022. It is acid, and remains so for many days, with, in many cases, a peculiar odour like that of cider. We have, therefore, little or nothing to warrant us in going farther than saying that eczema is a disorder of the nervous structures and secreting surface


** Handbuch der Spezifischen Pathologic," 6th, 3rd B. 50, s 356.
ON CONTAGIOUS DISEASES AND THE MEDIUM THROUGH WHICH THEY ARE PROPAGATED.

By William F. West, L.R.C.S.I., L.K.Q.C.P.I., Medical Officer to Rathdown Dispensary.

We may strongly presume that all contagious and infectious diseases are so through the medium of certain germs peculiar to each disease, for it is one of the proofs that a disease is contagious because others exposed to the infection are affected in exactly the same way as the patient they were supposed to take it from, modified of course to some extent by individual temperament or constitution, which goes to prove both the doctrine of Biogenesis, and also that it is through poisonous germs floating in the atmosphere that the disease is contagious. We mean by the doctrine of Biogenesis, that life is only produced from life, that is, from pre-existing living germs or organisms, as distinguished from the old idea that life might be produced from dead matter, as maggots were thought to be produced from the tissue of decomposing meat, whereas it is now known that the maggots are produced from eggs deposited in the meat by flies. The germs of disease floating in the atmosphere enter into and entering the body of a healthy person, produce like phenomena to those seen in the patient from whom the disease was taken, and it is easy to conceive how a disease is infectious; thus, the poison germs of the disease are exhaled from the patient’s lungs and skin, and impregnate the atmosphere around with them, so that anyone in that atmosphere must necessarily breathe those germs, which enter through the thin wall of the capillary tubes of the nose with the outer air, and through the heat of the capillary blood-vessels, and finally in the veins into the circulation.

The same doctrine of Biogenesis and atmospheric poison germs may also account for the various epidemics which often sweep over a line of country. Thus, certain poison germs at particular seasons of the year, generated in some way, perhaps from the eggs of insects deposited on the leaves of trees, and becoming attached as the leaves wither and dry up in Autumn, or from the decay of vegetable matter, or from the amount of condensation by the wind, or from the amount of condensation by the wind, is possible, the case of dysentery, the fever, typhoid, typhus, intermittent, and very likely cholera and some other diseases, and thus accounts for Autumn being the season of the year at which these diseases are most prevalent, as at that time leaves of trees and many plants wither and decay, are resolved in fact into their component elements, and in the process disseminate poisonous germs which give rise to disease; these germs being taken into the atmosphere are carried by the wind over particular districts as is seen in some epidemics, which might be accounted for by the wind blowing in one given direction, or in other cases scattered irregularly over a large extent of country, which also might be accounted for by the wind shifting from one part to another, and thus scattering the poison germs over a wide range. Medical men have argued whether epidemical diseases are also contagious and infectious, but I think in the present advanced state of medical science, and considering the foregoing arguments, it is plain these epidemics are infectious and contagious, "if, indeed, we admit the latter word as being different from infections, for although, of course, taking the literal meaning of the word from the Latin con, together and tangere, to touch, it is certainly different, signifying, in a medical point of view, that a disease is liable to be taken by another person from the act of touching a patient suffering under such disease, yet I think there is no disease liable to be propagated in this manner from one person to another, with the single exception of parasitical skin diseases, which must of course necessarily be so, as the loose or germ of the parasite is transplanted direct from the skin of a patient suffering from one of these loathsome complaints, to that of a healthy person, wherein a finds a genial soil natural to its habits to grow and flourish itself at the expense of the surrounding tissue which it invades or destroys, I should also say, that the diseases of insect and perhaps some reptiles are very contagious, owing to the fact that from the peculiar constitution of their skins and bodies, when certain poison germs come in contact with them they penetrate through the external tissue, and passing into the visera of the creature, grow at the expense of its blood and so destroy it." I say, there is good reason to believe that epidemics are infectious, because the poison germs in the atmosphere that may be produced from the diseased person, are not lessened or destroyed by the fact that they are taken up by the persons attacked, no more than wheat or any other grain is lessened or destroyed by being cast into the ground in Spring, though it may disappear from the sack or bin, or whatever it may be contained in, and be seen no more for a time, yet it is sure to spring up again to life, bearing an innumerable offspring to propagate the species still further; so the system of living receiving the poison germs, acts as if soil whatever they are nourished, grow, and germinate into themselves innumerable, and are thrown off and scattered through the surrounding atmosphere, as the grain is thrown off and scattered on the earth, or as the seed from the lofty tree or the down from the thistle is carried and scattered by the wind hither and thither, and deposited in a soil wherever it grows and bears fruit, and the atmosphere near a patient thus becomes highly infectious. But the objection is brought forward that a cholera epidemic is certainly not infectious, for that I would say the infection or non-infection of cholera is still an open ques-
tion, as there can be arguments brought forward on both sides; for instance, there are plenty of examples of persons obliged to be in close proximity to patients suffering from cholera, who have been stricken down, while others farther off escaped, and I heard my father tell of a house in Jamaica, right opposite to which he lived, in the same street, during a cholera epidemic, in which three whole families died one after another, so at last the house was thrown down to prevent any others from going into it, which shows that the cholera poison emanating from the persons of the first family suffering from cholera had infected the house to such a degree as to render it a habitation of death to all who entered it. On the other hand, we have examples of people nursing and coming in contact with cholera patients, and also after they died, and yet these people never took the disease; I have heard of a Dr. Geohegan, who, in the last epidemic of cholera in Ireland, used to strip himself naked, and get into the bed of a cholera patient immediately after he died, and this he did five or six times to prove that cholera was not infectious, but I think this only proved that it was not contagious, and that there was no more danger from his doing that, than from walking in the room where the patients were; nor do I think such examples proof against the idea of its being infectious, for similar examples can be brought forward in the case of other diseases acknowledged on all hands to be most infectious, as typhus fever, smallpox, and most contagious diseases. Therefore, it is not necessary that every one exposed to the danger should take it; it so it would be a pity for the poor doctors.

Some men through a particularly strong and healthy constitution, have the power, to a great extent, of resisting the poison of the most contagious diseases, while others on the contrary through a delicacy of constitution are very liable to become victims to contagious poison. Again, through a peculiarity of constitution, not depending simply on health or strength, some individuals have the power of resisting the poison of certain diseases, while they very easily succumb to that of others, just as some seeds will not grow well in certain soils requiring a peculiar soil for themselves. In both the cases that I have mentioned, when such people are exposed to the infection of disease and yet escape any harm from it, I think even they may be called victims of poison, but through the healthy or peculiar condition of their blood, it has the power to resist those morbid changes which poison germs floating in the vital fluid always have a tendency to produce, and such persons not struck down by the disease are said to have escaped the infection, when they may be really infected, and I would say they have resisted the infection. Again, people often think they have been exposed to infection when they really have not. Thus, they go into the room of a patient lying ill with fever, measles, or small-pox or other contagious disease just at the commencement of the malady, and it is well-known that at the beginning of an infectious disease there is no poison given off from the patient, nor has it been ascertained at what particular time the poison commences first to be exhaled. It seems," as saying up my former simile," that some time must elapse before this poison is given off, which is also shown in the soil of the constitution before the pestilential harvest is reaped, and the grain is fully matured and exposed in the prostrate sheaves, the bodies of the victims ready to be taken to the cereal-house, the barn where human harvests are stored, till the day when the Archangel's blast shall winnow like a fan the chaff and grain. A great many men have, however, consider that some of these contagious diseases are caused by germs which are produced by the ground in wet marshy districts, or the effluvia from sewage matter, but there is good reason to believe that it is not merely a gas that is given off in these cases, like hydrogen, oxygen, nitrogen, sulphurated hydrogen or any simple gas, because it is easy to understand, and it has been shown that living germs are mixed, or rather are floating through these gases given off from sewage matter; and, in the same way with marshy grounds, there are vege-

Table germs given off with the gases, perniciously modified and changed by the process of decay which the vegetable matter and water under treatment is capable of, and the soil itself will not produce any bad consequences, a good illustration of which we have in our Emerald isle in the large tracts of bog with which Ireland abounds, and which are always swampy, yet the moisture of these bogs never produces any disease: Why is this? The Irish peasant would answer, because the isle has been blessed by St. Patrick, but a more scientific reasoner than poor simple Patrick would say that the soil is poor, or the fertility of the soil has preservative properties, and arrests the decay of any animal or vegetable matter which may be in it, and likely it may have decomposing properties also. But in ordinary soil which has not been blessed by the Saint, or has not these wholesome peculiarities, the water causes or at least increases the decay of vegetable matter, and there is one very strong proof, that it is from the poison thus arising that cholera is generated, which is, that in cases where cholera has broken out among our soldiers and others in India and elsewhere, those sleeping on the ground or nearest to the ground in marshy districts, are most frequently attacked, and in houses those on the ground floor suffered most, and indeed, in some cases those on the upper stories escaped altogether, while those below were dying fast— as Watson quaintly expresses it," the cholera poison loves the ground." From this it is very plain that the vegetable matter which is derived from the dicing of vegetable and animal matter, is suggested another idea which I think is true, that death generates or produces death; the death of the vegetable producing the death of the animal and that of the animal producing the death of others, a fearful example of which we now have before us on the continent of Europe, where disease and death are entering rapidly the ranks of the hostile forces, from the decomposition of the bodies of their slain, their comrades. The seeds of death were first sown in our globe, when our erring mother Eve plucked the forbidden fruit, and they have been growing since, and increasing every year, till now in our time the death harvest reaped by the sickles of the various diseases is something enormous. Of course, we may say this is owing to the increased population of our earth, but certainly, if the harvest field has been enlarged, death has been equal to the increased labour, by employing an extra set of hands in the shape of new, and till lately unknown, maladies, and also seems to have enlisted the passions of man, and made their minds and intellectual powers subservient to their passions, for the purpose of inventing new machines to more speedily destroy human life, just as mowing and reaping machines were invented more specificty to cut down the corn. The march of intellect, as it is called, has certainly made strides in the art of destroying life. Has it advanced as rapidly in the art of preserving it? I think this rather a doubtful question.

All that has been said with regard to contagious diseases, also goes to prove the doctrine of Homogenesis, by which is meant that like is produced from like, as contradistin-

guished from the doctrine of Xenogenesis, which is, that poisonous gas may produce an offspring different from themselves; for which latter argument I was unable to find any ground; the argument that worms of various kinds in the human body, and in cattle, were produced from the tissue of the body, and were yet dissimilar from it; but this argument was founded on a mistake, for the worms in the body of a man or beast are generated from eggs deposited in it, either by the drinking of bad water, or eating badly cooked or unclean meat, or gases entering the lungs containing these eggs, so this argument only proves the different kinds of ground; still further, the eggs of parents producing a similar offspring. Yet the doctrine of Xenogenesis is, I think true to some extent, as we have numerous instances of heterologous growths on and in the body, which growths must be said to be an offspring from the normal tissue of which the body is composed, or as in the case of node-galls, an offspring from the tissue of the tree, yet differing from the normal structure of both.
These growths must be the result of mechanical or vital conditions modifying the normal structure of the body, mechanical, as in the case of corns, bunions, &c., vital, as in the case of cancerous, fibrous, cystic, &c. There are also changes found in the blood itself, the result of some morbid condition acting on the vital fluid, as is seen in phthisis, where the quantity of fat that should be in the blood is deficient, and the white and red cells are imperfectly developed, a new condition is found in the blood called tubercle, the result of this morbid condition, and which seems to take the place of the fat cells, and so the blood is greatly changed, and also in some other diseases the blood is modified pathologically, as in rheumatism, gout, leucocythemia, &c. It is plain these changes are owing to internal conditions, and so we have Xenogenesis or a parent producing offspring different from itself, and it seems that all the facts following this law are non-contingent, which is quite reasonable, and according to our former arguments, because that depending on an internal condition of the constitution cannot be transferred to another person where these conditions do not exist. So, I think none of these growths are contagious, not even cancerous tumours, which some medical men think are liable to be taken off another person, but if the pathology of cancer be true: that it depends on an internal condition of the blood, how can another take it whose blood is not in that state? and the fact that no matter how often you remove a cancerous tumour, it is liable to return in the same or some other place, goes far to prove that the disease depends upon some morbid condition of the blood itself.

Dr. Richardson objects to the germ theory on the grounds that the presence of the assumed germ is not proved, but I think he must acknowledge there are very great arguments in proof of their presence, and they have been actually demonstrated in the eliaria of sewage matter. 2. He objects that the specific character of each germ is not traceable in such malady. To this, the doctrine of Homogenesis affords an answer. 3. He objects that if the germs are reproductive and indestructible, the universe would become filled with them, which, as a media of disease would destroy the people. To this I would reply that the advocates of the germ theory do not assert that the germs are indestructible, but quite the contrary, on the idea of their destructibility I found hopes of eradicating these diseases, or at least of preventing their further course when they break out, and also they are not reproductive, except when sown in the constitution of men, no more than wheat or any other grain is, except it be sown in the earth.

I wrote this paper some two months ago, for amusement, not having the most remote idea of publishing it, but, as I see the germ theory is occupying a good deal of attention just at present, I send it to the readers of the Medical Press, hoping that some more experienced minds may follow the subject still further, and set me in the right paths wherever I may have strayed from the road of medical science.

NOTE ON A CASE OF PITYRIASIS VERSICOLOR, TREATED WITH CYANIDE OF POTASSIUM.

By WALTER RIVINGTON, M.S., Lond., Surgeon to the London Hospital.

C. W., aged thirty-three, unmarried, consulted me on account of a large patch of chloasma situated round the umbilicus. The parasitic growth extended equally on both sides, and presented the ordinary appearance of the disease which is too familiar to need description. The patient could not account for the appearance of the patch, which had been troubling him for some time, and was spreading, but it probably rose from contact during connection with some member of the fair sex suffering from the like affection in the corresponding region. At first he had not experienced any inconvenience, but latterly he had been annoyed with severe attacks of itching in the part. Having by me at the time a strong solution of the cyanide of potassium, which I used for the removal of stains of nitrate of silver, I determined to apply it, thinking that it would probably act as a poison to the mycelium and spores, and would relieve the intolerable itching. Pouring a little into the hollow of the hand, I rubbed it well over the abdomen with the effect of at once rendering the patch considerably paler, and removing the irritation. A few days afterwards, on examining the patch, I found that it was much less visible than before and apparently disappearing. The treatment was repeated, and so effectual did it seem to the patient that he did not have anything more done. Three months afterwards, however, he again presented himself on account of the recent reappearance of the complaint, and I then tried a solution of the cyanide of gold grains to the ounce. This was applied two or three times by the patient himself, but it did not destroy the parasitic growth—it merely alloyed the itching and made the patch paler. I then tried ten grains to the ounce, and under this I believe the growth would have been destroyed, but as it acted too slowly the strength of the lotion was raised to thirty grains to the ounce, and a few applications proved sufficient.

As my experience of the efficacy of the solution of cyanide of potassium in chloasma is limited to this single case, I cannot, of course, draw general conclusions; and, as I am not attached to a Skin Hospital or Skin Department of a General Hospital, I have no material at hand for comparing the various methods of treatment recommended in the disease. I think, however, I am justified in saying that a strong solution of cyanide of potassium is likely to prove a very effectual and agreeable, or, at least, not disagreeable, remedy for the complaint. If used, it should not be of less strength than half a drachm to the ounce, and its application should be continued for some short time after the growth appears to be removed. If applied on lint covered with oiled silk no doubt a more rapid effect would be produced.

It would be worth while to try the solution in other forms of vegetable parasitic disease—tinea tenuis and tinea favosa—and I do not doubt that it would be found equally efficacious and agreeable in their use. With great caution, of course, being used in the application of so powerful a poison. The solution will kill pediculi pubis, and is more pleasant and cleanly than mercurial ointment.

Whether it can be used for the destruction of cancer cells, or other morbid products, is a point yet undetermined.

HOSPITAL REPORTS.

METROPOLITAN FREE HOSPITAL.

At a recent visit to this hospital we were informed that a death from tetanus had occurred in a woman operated on for the cure of piles by ligature. The woman, a healthy Jewess, became, soon after the ligature of a bunch of internal haemorrhoids, affected with trismus, which was followed by implication of all the muscles and led to death. Chloroform inhalations were sedulously kept up; but afforded only slight relief, and the patient suffered greatly. In the out-patients, under Dr. Charles Drysdale, we noticed a case of lead poisoning. Dr. Drysdale mentioned that women affected with severe poisoning often came to the hospital, as there are two factories for white lead, one in Hoxton and one in Bethnal Green, in the neighbourhood. The wages of the poor women who work in these factories are wretchedly small—about nine shillings a week; and in the Hoxton one the patient said that many of the workers are affected with wrist drop, and that abrasions and flooding among the women are very frequent, and in some cases fatal. They work from eight in the morning until seven at night, with that arm always.
immerged in the white lead. In the Bethnal Green factory the master is said to be a humane man, and to treat his operatives with consideration. Hence, there is not so much lead poisoning in that factory. Dr. Drysdale observed that this was one of the only trades that was necessarily dangerous to health, and he thought that these white lead factories should be inspected regularly by the medical officers of the district.

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LONDON HOSPITAL.

Dislocation of Radius and Ulna outwards.

(Under Mr. Rivington.)

C. D., a boy, aged fifteen, came into the receiving-room of the London Hospital on Saturday, April 23rd, 1870, and was seen by Mr. Rivington. His right arm had been caught and twisted by machinery and both the bones of the forearm had been torn away from their attachments to the humerus, and dislocated outwards. The humerus was in its natural position, and could be traced without difficulty. The inner condyle was close under the skin on the inner side of the forearm, the integument being very tightly girdled over the whole surface of the bone, which could also be defined. So tightly was the skin drawn over the condyle that it threatened to give way, and convert the simple into a compound dislocation. The forearm was inclined outwards at an obtuse angle with the humerus, and twisted. The head of the radius was unsupported by bone, and lay in front, while the sigmoid cavity of the ulna rested on the humerus between the capitellum and the external condyle. Evidently, the radius was separated from the ulna, and the obicular ligament torn.

Reduction was effected by Mr. Rivington in the following way:—Some cotton wool was placed round the upper part of the forearm, and a wet bandage rolled round it; then a dry bandage was fastened over the wet bandage, and formed into a loop, through which the surgeon passed his head and body. Steady extension was then made from the body with the patient's arm in the flexed position, whilst one hand grasped and manipulated the humerus, and the other held the forearm at the wrist. By this means the bones were completely under the control of the operator, and reduction was speedily effected. The limb was then put up in an angular splint, and taken into the hospital under Mr. Couper, the Surgeon of the week.

Severe Wound of Forearm, opening into the Elbow-joint.—Conservative Surgery.

H. C., aged six, was admitted into the London Hospital on the 1st April, 1869. Shortly before her admission she had been run over by a cart, which caused a deep wound at the upper part of the left forearm, close to the bend of the elbow, and extending nearly across the limb. The laceration was very cleanly cut, and passed through the muscular fibres of the biceps and coraco-brachialis muscles, which were both torn across. The elbow-joint was opened— the coroid process was detached, and the entire process was fractured. The internal cutaneous nerve was seen crossing the wound. A probe could be passed into the joint and through it, reaching to the skin at the back. The large nerves and vessels did not appear to have suffered; both arteries could be felt pulsating at the wrist. Considering the favourable age of the patient, Mr. Rivington decided on employing conservative surgery, and endeavouring to save the arm without resorting to any operative procedure, such as partial or complete excision of the elbow-joint. The arm was accordingly put up in the flexed position, and came under the care of Mr. Curling, the Surgeon of the week. It would be tedious to give a detailed narrative of the further history of the case—a brief outline only is necessary. During the first few days there were considerable swelling and some inflammation; but both yielded to treatment. Matter formed in one or two places, and was evacuated by Mr. Curling. At the beginning of May the wound had so far healed that passive motion was attempted; but this led to swelling of the hand and arm. When the swelling had subsided, passive motion was again resorted to, and continued daily. By 20th of May the patient was able to move the arm about with her other hand, and no longer objected to having it touched at all. Gradually she regained the power of motion in the limb, which promised, when she left the hospital in June, to be very serviceable, although the range of voluntary extension was small. A few months afterwards an attempt was made to find the address left at the hospital, but without success. Hence, it is impossible to state to what extent the joint has now recovered from the accident, and some part of the instructiveness of the case is necessarily lost. The condition of the limb, however, at the time of the discharge of the patient was sufficiently favourable to justify the conservative method of treatment.

Transactions of Societies.

medical society of london.

January 2nd, 1871.

Mr. Gay, Esq., President.

The Nature and Pathology of Glanders.

The President recounted a case of glanders in the human subject to which he had been called for the purpose of performing tracheotomy, but there was no dyspnoea, though otherwise the man was very ill. He was an omnibus conductor, and caught glanders from a horse which sneezed in his face; people in the stables, in his neck, dying of glanders, elevation, elevated temperature, rigours, &c., were present. The skin looked dusky, and a remarkable stench pervaded the room. The nostrils and fancies were implicated, and a serious pus was discharged from the bowels. There was an erosion on the skin, and the only gland implicated was the sub-maxillary. The patient died; no examination of the body was procurable. The President made some remarks on the nature and pathology of glanders.

Dr. Webster narrated a case he saw post mortem at the Hospital at Copenhagen. There was no eruption on the skin, the disease seemed not so rare in North Germany. He thought the disease might be propagated by those who lived in stables occupied by glandered horses, just as in Spain, Italy, and other warm climates, consumption is believed to be caught from residence in a house with consumptive invalids.

Mr. Fred. Sims enquired as to the degree of prevalence of glanders in London stables.

Dr. Wiltshire remarked that the disease was called glanders when it affected the air passages, and fawningly when it affected the skin, auricular tissue, lymphatics and glands. The disease was communicated by contagion, and possibly by infection. Globules of mucus, shot into the air, might be carried some distance, and thus the disease was made to appear infectious. Dr. Wiltshire inquired if the disease was known to affect animals with divided hoofs, and whether also carbonic acid had been made use of as a curative agent.

Sir J. Rolfe Cox, of the Veterinary Infirmary, Mount street, Grosvenor square, on submitting some morphological specimens, illustrating the disease of glanders in the horse, remarked, that the septum nasi, with its membrane and the lungs, being the structures more especially involved, he would exhibit portions of each, taken from two horses, suffering from chronic glanders, which had been destroyed that day.

In the one case, the lungs were studded with small indurated deposits, imparting to the feel that of so many small shot or seeds scattered throughout, and the condition was equally marked whether on touching the pleural covering or the cut surfaces of the lobes, to the extent that a one inch contained several deposits. These deposits, generally called tubercles, he explained as a marked pathological character of glanders, and observable more or less in every case, according to its stage and duration. The tendency is, for these deposits to remain for a time, comparatively inactive, and
contemporary with their development, the same tuberculated condition of the septum nasii occurs, as shown by the numerous exudations on the surface of the turbinate bones, and imparts the same kind of feel to the finger. The mucous membrane is thickened and raised in patches, with here and there points of ulceration and erosion, and the septum further shows a peculiar worm-eaten appearance as if pricked with a pin. Furthermore, at this stage, there is discharge from one or both nostrils, and the glosso-phyaryngeal space becomes thickened and indurated, forming the marked and characteristic symptom, whence the disease derived its name. The term glanded probably becoming converted into glandered. It is this stage of the disorder which is usually fraught with so much mischief, because the animal being unable to perform a certain amount of work, is allowed to live on, escaping observation and disseminating contagion.

A more advanced stage is shown by the parts from the other horse in which suppuration and more active disease have made their appearance. Numerous cases, varying in size from a marble to an egg, presenting a ragged sloughing appearance, and containing a thin dirty pus, with debris of lung tissue and tuberculous matter. The septum nasii in some cases shows the old character of the disease in a thickened and puckered appearance of the mucous membrane, forming an old ulcerated surface; there are also more recent points of ulceration in other parts, contemporary with the suppurative stage in the lung. At this crisis wastimg of the animal occurs, and frequently the skin, and more particularly that of the limbs, becomes involved; hardening, which suppurates leaving deep ragged ulcers which have no tendency to granulate, but are followed by the formations of like character, especially in the course of the abscesses, the glands becoming also affected, and this state is accompanied with much coldness. The latter symptom has given rise to the term Farcy—Faire in the French, from Le Farc, to the swelling from the sulphur of the affected limb. Another highly characteristic symptom in the skin affection, is a tuberculoid eruption all over the body, imparting a knotty and pimply feel to the hand, and raising the tufts of hair covering the little indurations, so as to make the effect of this eruption very perceptible. Glanders and Farcy are but different forms of the same specific disease, each condition supervening on the other in course of time, so that glanders may equally result from inoculation with Farcy virus as the converse. Glanders may occur in the chronic form, as described, having more active symptoms disclosing sooner or later; or may take place in a very acute form from the commencement, running its course rapidly, and terminating fatally, frequently within a fortnight.

In these cases there is extensive ulceration of one or both sides of the septum nasii—destruction of the turbinated bones, and extension to the frontal sinuses. The lungs invariably present a tubercular deposit in the same manner, notwithstanding the short duration of the disease, and there is a general suppressive pneumonia with marked disposition to vomitess. As a rule, acute glanders results from contagion, and chronic glanders from a diseased state of system generated under combined sources of debility, as over work, insufficient nourishment, and chiefly from confinement in ill-ventilated stabling, in which the horses are respiring vitiated air during many hours consecutively. It is also an occasional sequel to protracted and exhausting diseases, particularly those of the respiratory organs. Exceptionally, however, chronic glanders may be transmitted from contagion, and the acute form under the circumstances alluded to, though probably infection is also in operation in the latter.

In reply, as to the frequency of the disease in London, he stated that it was by no means rare, and that there would be little difficulty in discovering a case on a visit to the horse fairs, or amongst the drivers of the cabs and omnibus proprietors, and among horses placed under similar conditions of work and stabling, with exposure to infection and contagion. Consider the disease is highly contagious under all forms, is incurable, and the sooner a case is discovered the better. The disease is readily communicable to all the horse species, as the horse, the mule and the ass. Is not aware of experiment as regards the zebra, but has no doubt that animal would be equally susceptible. In the bovine tribe is not aware of any successfully treated instances of the disease.

As regards liability of the human subject, he believes it occurs more often than the limited number of recorded cases would indicate. In his own experience, the instances have been by no means infrequent, coming directly and indirectly to his knowledge, and he believes it to be highly dangerous as regards risk to human life.

The usual period of incubation, is from four to ten days, rarely earlier than the former, although an instance of one day only has been related to him as a fact, and it is rarely protracted beyond the latter in an acute outbreak. In the chronic form, the development is sometimes very insidious.

ROYAL IRISH ACADEMY OF SCIENCE.

A general meeting of the members of the Royal Irish Academy was held last week:

Rev. J. H. Jellett, President, in the Chair.

When the following new members were elected members of the Academy:

Very Rev. Ulick J. Bourke, Turm; George Woods Munsell, Esq.; John Synnons Esq., Hull; and Ramsey H. Traquair, Esq., M.D.

Mr. Charles R. C. Tichborne, F.C.S., read two short papers, entitled

"LABORATORY NOTES."

The first was on "The Production of Acetic Acid by the Destructive Distillation of Resin." He said he found that when resin was submitted to distillation, among other products was a strongly acid solution. The silver salt of this acid was formed, and on analysis it proved to be acetic. He remarked that it was rather surprising, to see acetic acid produced in appreciable quantities from a substance so comparatively pure in oxygen. The amount of oxygen in colophony was 10.6 per cent., whilst in an acid yielding substance, such as woody fibre, it was 49.4 per cent. The subject of the second paper was, "The Formation of Ozone by Resin Oils." He said when light resin oils were submitted to the combined action of atmospheric oxygen and light, ozone was produced in abundance. (Such oils, when poured upon a solution of iodide of potassium, instantly produce blue iodide of starch.) At the same time the boiling point of the oil was raised. Ozone was probably the prime mover in the production of colophonic hydrate, a substance discovered about two years ago by himself. All the terebinths on exposure to light produced this effect. That obtained from pine seeds was said to possess this property in a most marked manner—oils of lemon and bergamot in a slight degree. The resin oils possessed this property, more electrically than ordinary oil of turpentine.

Mr. Tichborne, by experiment, showed the action of those ozonified oils upon iodide of potassium.

The papers were referred to the Council for publication.

Mr. G. J. Stoney, F.R.S., next read an exhaustive paper on "The Cause of Interrupted Spectra of Gases." This paper was also ordered to be printed.

MEDICO-CIRURGICAL SOCIETY OF EDINBURGH.

WEDNESDAY, DEC. 7TH, 1870.

Dr. Matthews Duncan, Vice-President, in the Chair.

Mr. Annandale showed 1—A preparation exhibiting a fracture of the bodies of the first and second lumbar vertebrae, the result of a fall from a height of fourteen feet. There was complete loss of motor power in the lower extremities, with hyperesthesia; 2. A portion of intestines which had been constructed by a band of lymph. This had successfully relieved by the operation of gastrostomy, but the patient died from exhaustion the following day; 3. Fragments of an uric acid calculus removed from the bladder of a gentleman by lithotritry; 4. Fragments of oxalate of lime which was found in the bladder of a small child.

Dr. Watson showed a boy from whom he had, ten months before, removed the anurine and the ends of the tibia and fibula. There was very little shortening, and the patient could rest his whole weight on the limb, walking also quickly and easily; 2. A patient from whom he had removed an epithelial tumour occupying the pterygoid region, and extending back as far as the anterior pillar of the fauces. He had found it necessary to remove a portion of
the lower jaw; 3. An epithelioma removed from the angle of the month and where the submaxillary glands were involved. The original disease was first removed and extending the incision, the base of the lower maxilla was divided, and the whole of the diseased glands in the submaxillary region dissected out. The patient was well; 4. Cast of the arm of a boy with dislocation of the radius backwards; also the parts removed in excision of the joint; 5. Testicle removed on account of cystic disease; 6. Testicle removed on account of nodular disease. In the former of these two cases, the antisyptic dressing with lace and carbolic acid was carefully employed; but copious suppuration occurred, and a large abscess formed. In the latter case, oaken iron was employed as dressing, and the part healed within a week without a drop of suppuration; 7. Fragments of uric acid, calculus, and four calculi, larger than peas, removed from the bladder by means of the scoop lithotrite; 8. Fragments of uric acid calculus, weighing two drachms, removed at one sitting; 9. A large calculus removed from bladder of a female by rapid dilatation of the urethra.

Dr. Matthews Duncan showed a calculus weighing 800 grains, removed from the bladder of a lady. He had employed forcible dilatation of the urethra.

Dr. Handyside read a "Notice of an Erycysted Filaria within the Muscle of Codfish."

Dr. Peel Ritchie believed the parasite to be quite innocuous.

Dr. Joseph Bell read a communication entitled, "Notes on Excision of the Mammary." He dwelt on the importance of cutting not only the whole tumour, but the whole breast, and the forms of incision to be employed. In cases where the axillary glands were affected, but where the skin was not infiltrated, the constitution not visibly affected, and the tumour of slow growth, surgeons, he thought, were entitled to operate, removing by careful dissection the whole of the diseased glands.

Dr. Watson had no doubt of the propriety of the principles inculcated by Dr. Bell, regarding the removal of infected glands.

Mr. Annandale agreed with Dr. Bell in the views he had expressed.

Dr. Matthews Duncan advocated preliminary incision and examination of the tumour in cases where diagnosis was doubtful.

Dr. Bell said Professor Spence was one of the first to point out the importance of dissecting out and removing the enlarged lymphs and glands.

Dr. Miller read his "Case of Femoral and Obturator Hernia."

Drs. Duncan, Chiene, and Handyside made remarks.

THE SEWAGE QUESTION.

SPECIAL REPORT.

(Prepared expressly for the Medical Press.)

No. XX.

PRECIPITATION OF SEWAGE WITH THE SALTS OF ALUMINA AND IRON.

When sewage is decayed with caustic lime, or with the salts of iron and alumina, the phosphoric acid of the sewage is precipitated in the form of an insoluble or nearly insoluble tribasic phosphate, generally of lime (bone-earth); but the ammonia of the sewage is left in solution, and is therefore lost. Observing, however, that phosphoric acid will combine with magnesia and ammonia to form an almost equally insoluble tribasic phosphate, in which there are two equivalents of magnesia and one of ammonia, attempts have been made by several chemists to recover the ammonia as well as the phosphoric acid, by means of magnesia salts in conjunction with caustic lime. Sir James Murray, for example, who had devoted great attention to the chemical properties of magnesia compounds, proposed, long ago, that the phosphoric acid and the ammonia of sewage should be precipitated in the form of ammonia-phosphate of magnesia, by the aid of sulphate or chloride of magnesium; and more recently (in 1853) Mr. Heraphy, of Bristol, obtained a patent for "causing the phosphoric acid and ammonia of sewage to be precipitated in a comparatively insoluble state by the addition of magnesia, or a magnesian compound, at or about the same time as the decodoration of the said sewage is effected by the addition of some chemical agent which will not decompose ammonia or its salts." The agents which he employed were sulphate of iron (one part) and burnt magnesian lime-stone (four parts), and, as we have already said, the process was tried at the sewage works of St. Thomas, near Exeter, without commercial success. Later still (in 1858), Mr. George Lindsay Blyth, who was at that time the consulting chemist of the Board of Health, obtained a patent for the precipitation of ammonia from sewage by means of a solution of phosphate of magnesia in combination with lime or other precipitating agent. His description of the process is as follows:—Superphosphate of magnesia is first to be prepared by the mutual decomposition of superphosphate of lime and a salt of magnesia, the superphosphate of lime being obtained from bones, bone-ash, apatite, phosphorite, coprolite, phosphate of alumina, phosphate of iron, phosphate of copper, or any other substance containing phosphoric acid, by the aid of sulphuric or muriatic acid, or other acid, the proportions being, in the case of phosphate of lime, one ton of phosphate to half a ton of sulphuric acid of commerce, previously mixed with three times its weight of water, or three quarters of a ton of hydrochloric acid of commerce diluted with twice its weight of water. These are allowed to stand together for two or three days, being frequently stirred, and then they are mixed with a ton of sulphate of magnesia, dissolved in a sufficient quantity of water, say a little more than its own weight. Powdered charcoal is then added in sufficient quantity (about one ton) to bring the mixture into a solid and convenient form for transport. When used for the purification of sewage it is to be dissolved in water, and added to the sewage in the proportion of five parts of the phosphate to every 100 parts of solid matter in a gallon of the sewage. The whole is then to be well mixed and thoroughly incorporated by means of an agitator. If the sewage does not contain enough free ammonia or other alkali to neutralise and precipitate all the superphosphate of magnesia, lime is to be added, in the form of milk of lime, until the sewage is faintly alkaline to test paper. By this means the ammonia-phosphate of magnesia is thrown down as a flocculent precipitate, which carries with it, after the manner of a clarifier, any insoluble impurities suspended in the liquid. In like manner, instead of lime, he claims the use of any other alkali or alkaline earth, as potash, soda, magnesia or magnesian limestone, or alumina. He thus produces a valuable manure, containing, as he supposed, the ammonia, as well as the nitrogenous organic matter of the sewage, and the phosphoric acid employed; "while the supernatant liquor being freed from ammonia and nitrogenous matter, liable to undergo putrefaction, becomes deodorised, and may be either applied to the irrigation of land, or run off into the ordinary channels of drainage without fear of creating any nuisance or offence."

This process has never been applied on a large scale, as
It is not possible to understand the results of this experiment, for it is well known that, independently of the precipitating power of the salts of magnesia in conjunction with lime, lime itself is capable of removing phosphoric acid from its solutions in a most complete manner, when the alkali is added in sufficient quantity to neutralise free acid, and to form tribasic phosphate of lime. Even Mr. Way's own experiments in the two cases which precede the magnesian process, show that, with from fifteen to sixteen grains of quick lime per gallon of sewage, the whole or nearly the whole of the phosphoric acid is precipitated. In one case, to use his own words, five-sixths of it are thrown down, and only 0.45 of a grain per gallon is left in solution. In the other case all of it is recovered, there being left but a mere trace of it in solution. How, therefore, in this experiment with Mr. Blyth's material, as much as 12-29 grains per gallon, or rather more than one-third of the whole of the phosphoric acid present should have escaped precipitation is altogether beyond our comprehension. Nor can we understand how with only 36-67 grains of organic matter in the original sewage, as much as 74-11 grains are obtained in the two products. There are also discrepancies in the analysis of the dry precipitate, which give additional weight to the conclusion that the experiment is not reliable. It may be that the process does not remove ammonia from sewage to the extent that Mr. Blyth imagined; but it certainly cannot be said of it that it fails to recover the phosphoric acid used, and that, therefore, "it is the most costly of all the plans that have been proposed" for defecating sewage. In our own experiments—made at the time of the patent, as well as recently—we ascertained that sewage was very perfectly purified by the process; and that when a proper amount of lime was used, the whole of the phosphoric acid employed was recovered, together with no inconsiderable portion of that contained in the sewage. In two experiments on sewage of different strengths, with a quantity of the material containing 10-30 grains of phosphoric acid, and then an excess of lime, the results were as follows:

**The composition of the dry precipitate thus obtained was as follows:**

<table>
<thead>
<tr>
<th>Constituents per gallon.</th>
<th>Before Treatment</th>
<th>After Treatment</th>
<th>Precipitate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organic matter</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suspended</td>
<td>24.37</td>
<td>33.84</td>
<td>40.27</td>
</tr>
<tr>
<td>Dissolved</td>
<td>12.30</td>
<td>21.16</td>
<td>25.71</td>
</tr>
<tr>
<td>Lime</td>
<td>12.52</td>
<td>18.60</td>
<td>23.88</td>
</tr>
<tr>
<td>Magnesia</td>
<td>5.72</td>
<td>18.60</td>
<td>23.88</td>
</tr>
<tr>
<td>Soda and potash</td>
<td>1.59</td>
<td>18.60</td>
<td>23.88</td>
</tr>
<tr>
<td>Chloride of sodium</td>
<td>34.30</td>
<td>32.53</td>
<td>12.29</td>
</tr>
<tr>
<td>Sulphuric acid</td>
<td>6.40</td>
<td>40.69</td>
<td>24.19</td>
</tr>
<tr>
<td>Phosphoric acid</td>
<td>2.48</td>
<td>24.19</td>
<td>24.19</td>
</tr>
<tr>
<td>Carbonic acid, silic, ox.</td>
<td>18.22</td>
<td>6.50</td>
<td>14.25</td>
</tr>
<tr>
<td><strong>Total per gallon</strong></td>
<td>117.90</td>
<td>181.00</td>
<td>105.70</td>
</tr>
<tr>
<td><strong>Ammonia</strong></td>
<td>7.88</td>
<td>7.31</td>
<td>2.37</td>
</tr>
</tbody>
</table>

**London Bridge Sewage.**

<table>
<thead>
<tr>
<th>Constituents per gallon.</th>
<th>Before Treatment</th>
<th>After Treatment</th>
<th>Before Treatment</th>
<th>After Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Soluble matters</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chloride of sodium</td>
<td>16.05</td>
<td>14.36</td>
<td>7.91</td>
<td>7.90</td>
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<tr>
<td>Phosphoric acid</td>
<td>0.64</td>
<td>0.68</td>
<td>0.53</td>
<td>0.65</td>
</tr>
<tr>
<td>Organic matter</td>
<td>16.91</td>
<td>11.26</td>
<td>9.84</td>
<td>3.45</td>
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<tr>
<td>Ammonia</td>
<td>0.79</td>
<td>0.63</td>
<td>0.22</td>
<td>0.10</td>
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<tr>
<td>Oxygen required for</td>
<td>2.54</td>
<td>1.41</td>
<td>0.78</td>
<td>0.43</td>
</tr>
<tr>
<td>oxlyation</td>
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</table>

**Coventry Sewage.**

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<th>Constituents per gallon.</th>
<th>Before Treatment</th>
<th>After Treatment</th>
<th>Before Treatment</th>
<th>After Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Soluble matters</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chloride of sodium</td>
<td>14.36</td>
<td>12.64</td>
<td>7.91</td>
<td>7.90</td>
</tr>
<tr>
<td>Phosphoric acid</td>
<td>0.68</td>
<td>0.65</td>
<td>0.53</td>
<td>0.65</td>
</tr>
<tr>
<td>Organic matter</td>
<td>12.64</td>
<td>9.84</td>
<td>3.45</td>
<td>1.06</td>
</tr>
<tr>
<td>Ammonia</td>
<td>0.64</td>
<td>0.63</td>
<td>0.22</td>
<td>0.10</td>
</tr>
<tr>
<td>Oxygen required for</td>
<td>2.54</td>
<td>1.41</td>
<td>0.78</td>
<td>0.43</td>
</tr>
<tr>
<td>oxlyation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The percentage composition of the dry precipitated matters from the original sewage, and from the sewage when treated with Blyth's superphosphate of magnesia, were as follows:

The organic matter contained nitrogen = 22.44 ammonia.
In both these experiments the lime was added to the sewage in great excess, as the object was to ascertain whether the phosphoric acid would be retained in the solution, as Mr. Way supposed; but as this is manifestly not the case, there is no reason why, in practice, the lime may not be reduced to the maximum proportion necessary for the precipitation of all the phosphoric acid. In Mr. Way's experiment, already referred to, the quantity of lime was evidently deficient, and hence there is no excess of earthy salts; but in an experiment by Mr. Hurstlett on sewage from the same sewer, the earthy matters, according to the analysis of Mr. Way, did not exceed 9.64 per cent. of the imperfectly dried precipitate. The results of these analyses, as given by Mr. Way, are as follows:

Composition of the precipitate obtained from sewage of Northumberland street Sewer, by means of Blyth’s process.

<table>
<thead>
<tr>
<th>Component</th>
<th>Mr. Way's experiment</th>
<th>Mr. Hurstlett's experiment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moisture</td>
<td>0.00</td>
<td>8.10</td>
</tr>
<tr>
<td>Organic matter</td>
<td>33.09</td>
<td>58.11</td>
</tr>
<tr>
<td>Phosphate of lime</td>
<td>44.36</td>
<td>8.86</td>
</tr>
<tr>
<td>Carbonate of magnesia</td>
<td>2.45</td>
<td>0.43</td>
</tr>
<tr>
<td>Carbonate of lime</td>
<td>0.37</td>
<td>8.29</td>
</tr>
<tr>
<td>Sulphate of lime</td>
<td>0.92</td>
<td></td>
</tr>
<tr>
<td>Alkaline salts</td>
<td></td>
<td>0.33</td>
</tr>
<tr>
<td>Silica, oxide of iron, &amp;c.</td>
<td>9.12</td>
<td>15.11</td>
</tr>
<tr>
<td>Nitrogen—ammonia</td>
<td>2.24</td>
<td>4.50</td>
</tr>
</tbody>
</table>

In Mr. Hurstlett's experiment the original sewage contained 98.4 grains of soluble matters per gallon, and 216 grains of suspended matters. When this sewage was treated with Blyth's materials in the proportions of 1 ton 3 cwt. of the superphosphate compound, and 4 cwt. of lime, to every million gallons of sewage, the dry commercial precipitate amounted to 3 tons 5 cwt.; and, according to Mr. Way, it had the composition above stated. The value of the precipitate was estimated at £3 14s. a ton; and it was calculated that it cost £1 15s. a ton to produce it—100 tons, in fact, of the precipitate, worth as a manure £370, would cost for materials and labour £175; and, therefore, they would yield a profit of £195. Subsequent experience has shown that the magnesian compounds may be omitted from the mixture, and that the precipitated phosphate of lime is quite as available for plants as the original superphosphate.

**LEDGER.**

**Coventry Sewage.**

<table>
<thead>
<tr>
<th>Chief constituent.</th>
<th>Before Treatment.</th>
<th>After Treatment.</th>
<th>After Treatment.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organic matters</td>
<td>14.65</td>
<td>12.10</td>
<td>15.87</td>
</tr>
<tr>
<td>Phosphate of lime</td>
<td>3.33</td>
<td>32.65</td>
<td>18.33</td>
</tr>
<tr>
<td>Earthy matters, &amp;c.</td>
<td>24.33</td>
<td>19.33</td>
<td>18.33</td>
</tr>
<tr>
<td>Sand, &amp;c.</td>
<td>12.80</td>
<td>12.80</td>
<td>12.80</td>
</tr>
<tr>
<td>Containing nitrogen—ammonia</td>
<td>31.41</td>
<td>16.11</td>
<td>25.00</td>
</tr>
<tr>
<td></td>
<td>100.00</td>
<td>100.00</td>
<td>100.00</td>
</tr>
</tbody>
</table>

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AGENTS FOR THE UNITED STATES—


**The Medical Press and Circular.**

"SALUS POPULI SUPREMA LEG." WEDNESDAY, JANUARY 18, 1871.

**MEDICAL SELF-REFORM BY THE TRIUNE DIPLOMA EXPEDIENT.**

The Working Licensing Corporations of England—if we may by this designation distinguish the Colleges which qualify the greatest proportion of the Medical Practitioners admitted to the Profession—have readily consummated the self-reform which the Medical Bill of last year was intended to effect. Merging personal prejudices in good fellowship and joining hastily hand in hand for the purpose of meeting public opinion, and saving themselves from compulsory and, perhaps, disastrous reconstruction, the Colleges of Physicians and Surgeons of London and the Apothecaries Company have fused their licenses into one triune qualification, and at one move have cleared the Medical Licensing system of two encumbrances, and, at the same time, strengthened their own already forcible hold on the confidence of the Profession. We assume that the appointment of a Joint Examining Board is an accomplished fact, inasmuch as the proposition has received the unanimous recommendation of the three Committees on the proposal of the Presidents of the two Colleges. A meeting of the Committees of the Colleges with the Deputation from the Apothecaries’ Society was held last Friday, when it was moved by the Presidents of the Colleges of Surgeons and Physicians, that a Joint Board of Examiners for England should be appointed, and that candidates passing its examination should receive Membership of the College of Surgeons and the Licences of the College of Physicians and the Apothecaries Hall. A sub-committee composed of three representatives from each Corporation, together with the Secretary of the College of Surgeons, the Registrar of the College of Physicians, and the Clerk to the Apothe-
LEADING ARTICLES.

Jan. 15, 1871. 53

caries Society, was appointed to draw up a scheme, and they were to meet for the first time last Friday.

The Corporations who are parties to this movement have, we think, evinced true wisdom and large-mindedness in the adoption of this course, and they deserve the highest credit for having at once, and without hesitation, turned their backs upon petty prejudices and individual objections for their own advantage and at the public will. They have held up the mirror, and it would be well if Licensing Bodies elsewhere would make wise use of it to discover the peril in which they stand, and the utter folly of obstructiveness.

Twice has the Irish College of Physicians defeated similar movements initiated by the Royal College of Surgeons in Ireland, and it is but a few weeks since they—for they are mainly responsible—took their stand upon narrow, protective, and impossible "suggestions," utterly behind the necessities of the occasion and the feeling of Parliament.

The Council of the Royal College of Surgeons of Ireland, beforehand in the desire for self-reform, has been compelled by this want of co-operation to follow its English Sister, and, lacking the reciprocity evinced by the London College of Physicians, has been obliged to put its scheme in the form of a compulsory law instead of an amicable arrangement.

As we said last week the conjoint diploma, a sole right to practise, is the only just and sensible settlement of the Licensing controversy. But, as yet, the arrangement is incomplete, failing as it does to embrace the Universities within its benefits. It is impossible that any qualifying scheme can be just or satisfactory as long as any medical Faculty whatever is in the position of perpetuating abuses if it wishes. Whether the Universities are to be forced into co-operation by the summary process of law, or by the more protracted method of starvation, remains yet to be seen, but the result must be the same; for if our anticipations be not falsified, the triple diploma cannot fail to be looked upon as the only comprehensive and unchallengeable certificate of competency, and to absorb sooner or later nine-tenths of the qualifying patronage of the public.

SCARLET FEVER.

Dr. Aldis has published, as a pamphlet, his paper on "Scarlet Fever in St. George's, Hanover square," which we recently reported as read to the Association of Officers of Health. He remarks that cases sometimes get admitted to general hospitals. Then he tells us that on one occasion he found, in a dirty, small room, a man, his wife, and three children, one of which had been lying dead from scarlet fever for three days without a coffin, but was afterwards buried as soon as possible. The two other children, being very ill with the same complaint, were taken with the mother into the Fever Hospital, but one child was returned dead, and kept without a coffin for some days. A wake was held upon the first that died, so that some of the neighbours had been visiting the room, and running the risk of infection. This was in St. George's, Hanover square!

Here is another startling statement:—

"One of the large piles of building, called "model lodgings," in the Hanover district, and erected with the benevolent object of giving to the labouring classes cleaner and more comfortable homes, is yet so constructed that there is a deficiency in the general sweep of air over and through the building, and almost a necessity that the vapours of the wash-tub and the water-closets shall be at times breathed and swallowed by the inmates, instead of being clearly blown away. Scarlet fever appeared in a child, aged two, at No. 5, in the week ending August 4th. Next week, another child, aged four, had it in the same rooms. In the week ending 20th, a child of nine, at No. 3; September 2nd, the mother of a boy, at No. 10; September 20th, two children, at No. 24; September 23rd, another child, at No. 21, and another, at No. 3; September 30th, a boy, at No. 24, and a girl, at No. 27. Thus there were twelve cases of scarlet fever in seven different apartments in a model establishment. It is but fair to record that one death occurred from scarlet fever in the new model lodgings called Gatfield buildings, in Belgravia, between June, 1869, and March, 1870."

Dr. Aldis has prepared a table from the Registrar-General's Return, showing how the deaths from scarlet fever were distributed during ten years in the western districts of the metropolis. It appears that St. Mary and St. John's, Paddington, produced 686 deaths, with a population of 75,781; Kensington Town alone 645, with a population of 51,910; Chelsea 675, population 63,439; St. George's, Hanover square, 609, population 87,771; Westminster 637, population 63,213; St. Martin-in-the-Fields 122, population 22,689; St. James's 305, population 33,325.

Dr. Aldis says:—

"On looking over this table it may be asked,—Why should Belgravia have produced more deaths from scarlet fever than the Hanover and the Mayfair districts together? Firstly, it may be noticed that Belgravia contains a greater population than the In-wards,—in fact, the greatest of the Western sub-districts,—which has increased for several years since the last census, at the rate of 1,500 persons annually, who became occupiers of houses newly erected, affording accommodation to families, many of whom occupied single rooms, and were of an age very susceptible of infection. The lower level of Belgravia, the geological features of the southern parts, and the vicinity of the Thames,—now greatly improved, with sewers tide-locked at intervals,—all may be in some measure accountable. The drainage, however, of the lower level sewer is rapidly progressing, which, when completed, will remedy this last evil. I have already noticed the somewhat stationary population of the In-wards, and, still, the lower level of Belgravia is considerable, according to the table, when compared with that of some of the Western districts. It is lower than that at St. Mary, Paddington, of Kensington Town—each having a smaller population—and the total deaths of St. George's from the same cause are lower than those of its neighbours, Chelsea and Westminster, whose population is also less numerous."

As to prevention, Dr. Aldis writes:—

"There can be no doubt that isolation is among the best means for preventing its extension, and that all of us adopt this plan where practicable. I remember causing three children who had the complaint, at an orphanage in Bloomingfield place, to be removed into an empty house in Bloomingfield place, where they recovered, and none of the others contracted it. Without houses of refuge in our districts it is impossible to isolate the patients. There are so many children attacked under the age of five, which precludes their admission into the hospital without the mothers, that it affords a barrier to isolation in numerous instances. It is often happens that kind persons, receiving into their families those of another family apparently healthy, in which scarlet fever had appeared, inadvertently subject themselves to infection through these visitors being subsequently attacked.

"The difficulties in regard to isolation and in the way of suppressing the fever are of the very great; they cannot set without other place to occupy when we wish to disinfect their bedding and rooms, but sometimes they allege that it is cruel to cause their own removal, and occasionally they have obtained certificates stating that they cannot safely be removed, which may be true; they often conceal the disease and break promises made of taking their children to the hospital, although living with their children in the kitchens, and letting the rest of the house to lodgers."
Notes on Current Topics.

About the War and Wounded

It is heartrending to read day by day the cruel sufferings of this awful war, and to find that whatever paper we take up we are sure to meet with some illustration of how rapidly war brutalizes men, and how, as they warm to their work, soldiers seem to lose all trace of humanity. We shall give but briefly a few facts. Suffering seems to spread so widely, and to increase so fast, it is impossible to keep pace with the horrors of the war.

A balloon letter from the Standard's correspondent in Paris, dated 2nd of January, says—

"The rates of mortality are, indeed, fearfuly augmenting. In the week ending the 25th December there were 3,728 deaths; in the last, 3,350, being an increase of five hundred and forty-two within seven days. Diseases of the throat and chest have gone up to the figure of 450, as the glass has gone down; typhoid fever counts 250 victims, the natural result of bad food and foolish recourse to stimulants; and small-pox has carried off 454, the maximum since the plague has set in. This appalling mortality is to be attributed to the vitiated air breathed by the peasantry who have sought shelter in the city, and pack themselves into narrow spaces for the sake of annoyances and warmth, and neglect the commonest sanitary precautions."

**

A correspondent of the Daily News having spoken of the depression in Paris caused by the evacuation of Avron, adds:

"In the meantime, it must be confessed that Paris is in no better case: I have no scruple in telling you this, which might seem to give hopes to the enemy of a speedy surrender, because I have no doubt whatever as to the fortitude of the people, who are, indeed, ready to hold out to the last crust of bread. The patriotism of the Parisians is unflinching. Whatever murmurs we may hear—whatever complaints against the Government—there is no thought of surrender among those who have the best right to complain. Therefore, in all frankness, I give you the death list for the last week, namely, that ending December 31:—Small-pox, 454; scarlatina, 6; measles, 19; typhoid fever, 250; erysipelas, 10; bronchitis, 253; pneumonia, 201; diarrhoea, 93; dysentery, 51; diphtheria, 12; croup, 16; puerperal affections, 8; other causes, 1,697—total, 3,280. This is a fearful total, and shows an increase of 550 deaths over the lists of the two previous weeks. Small-pox, typhoid fever, bronchitis, and pneumonia are enormously increased in fatal effect. And it ought to be observed that the weekly bills of mortality do not by any means show the total mortality of Paris. We know nothing of the deaths in the ambulances, and in other public institutions. I cannot be far wrong if I put the total mortality of Paris in this last week at 4,000. When, 4,000 people die in a week out of a population of 2,600,000, the imputations of the rate of mortality were to continue all the year round, decimation. It is considered an excessive mortality in England if death takes 1 in 1,000 persons in a week. Here, death takes 2 in 1,000."

The Telegraph's correspondent says:

"For the last six weeks the meat distributed among the poorer classes has been about a quarter of a pound every three days; and the whole of this, be it remembered, has been horse. Yet, although the suffering has been fearfully augmented by the intensity of the cold, hardly a voice has hitherto been raised in favour of supply. Every kind of wagon and cart is to be seen hurrying into Paris laden with trunks of trees. The sawyers are at work night and day, and the axe of the wood-chopper is plied ceaselessly in the streets. The large courtyard of the Grand Hotel is almost filled with logs of timber, which are rapidly chomped. The population, exclusive of the Lines, the Mobiles, and the detachment of the National Guard, was carefully reckoned last month, and found to be as nearly as possible two millions and five thousand souls. All English registrars and statisticians will be aghast to learn that last week there died out of this aggregate no fewer than 3,280 souls; and this computation does not include those who died in hospitals or ambulances, who, I am told, may be reckoned at 500 more."

If we turn from these horrors in hopes of finding better accounts from places where the stress is not so heavy, still, the tale of human woe seems just as terrible. We last week spoke of numbers frozen to death that had been seen in the course of his journey by one who gave a personal account of it to the Editor of this journal. It would seem that it is no solitary case.

"The other day," says the Times correspondent at Cassel, "I had a most horrible sight of human suffering. About 1,500 prisoners arrived at midnight, on their way from Frankfort to Stettin, in open railway trucks, no other carriages being available. When the train started from Frankfort in the morning the thermometer was above freezing point, but in the course of the day such a sudden change set in that in the evening the glass marked many degrees below. The prisoners were inadequate to the sufferings of some of them without great coats, which they had sold, buying tobacco with the money; others had thin cotton stockings and wooden shoes; others, again, had nothing at all on their feet. Lying in the same open trucks which conveyed them from Epernay, exposed to the intense cold, they were in many instances frozen to the boards in their own filth. One of them lost—some people speak of more—a leg frozen to the knee. They were in a most terrible and pitiful plight, and the groaning of some of the poor sufferers was fearful. After their arrival they were distributed in the waiting rooms of the station, and in the barrack, where they received restoratives in the shape of coffee, soup, and meat. Warm clothes and blankets were given to many of them, and they continued their journey after stopping fifteen hours, with the exception of about 20, who were sent to the Lazarette. When I saw them there they had first to be bathed. They were literally swarming with vermin. Some of them, being Mobiles, were mere boys of 16, and again men above 50; others had served in the Line; and all of them were suffering from exhaustion or pulmonary affection."

The Contagious Diseases' Act and its Alleged Abuse.

The accusations of those who are opposed to the Contagious Diseases' Act are usually unfortunately vague. There is much declamation about the liberty of the subject, but very little proof that any well-disposed, innocent person has suffered by the carrying out of the Act. A surgeon who writes to the Daily Telegraph gives, however, the following story:

"A soldier, who had been fourteen years in India, returned home in November last, and was marched to his quarters in one of the subject districts. His sister, who lived in an inland town, hastened to meet him on his return. The man obtained leave to walk out with his sister, who remained a short time in the place. When the pair were passing down the street the sister was much alarmed by the conduct of a man in plain clothes, who dogged their footsteps, and otherwise conducted himself in such an offensive manner that the soldier turned and threatened
him. On this the spy withdrew, but immediately returned with another man, employed by Government for a similar purpose, and the two then followed the brother and sister, the latter being so frightened that the brother conducted her into an hotel, and ordered some refreshment, hoping thus to get rid of his tormentors. Presently spies No. 1 and No. 2 followed them into the same room, No. 1 ordering a pint of porter. They both stared most immodently at the girl, and otherwise conducted themselves with great insensibility to her. No. 1 at last got up and said to her, 'You've got to go along with me.' 'What's she got to go along with you for?' replied the soldier; 'she is my sister, and has come many miles to see me.' 'Oh, that's all bosh,'—words to that effect—replied the spy; 'she's got to go along with me to be examined;' whereupon the soldier slipped off his belt, and felled him like a bullock. The girl escaped in the middle, and returned home the same night. The soldier was tried by court-martial and sentenced, as he naturally remarks, 'to carry shot and pick oakum for preventing his sister from being made a common — by one of England's bullies.'

We, of course, attach no more importance to this story than it seems worth, but if such an occurrence is possible, there can be no doubt, at least, that inspection of prostitutes does not effect unmixed good.

Poisonous Gloves.

Our attention has been directed by a respected correspondent to a case which he ascribes due to the wearing of gloves dyed with some poisonous substance. His patient, a lady, purchased a box of green-coloured gloves at a well-known and respectable house. In none of the gloves was the dye permanent; for upon the hand becoming heated, it was stained to such a degree that warm water would scarcely remove it. After wearing a few pairs—for the gloves rapidly became shabby—the lady noticed a vesicular eruption presenting itself at the sides and root of the nails. This vesication in a few days proceeded to ulceration. Under suitable remedies the rash disappeared, but upon the lady resuming the wearing of the gloves, the mischief recommenced with renewed severity. Upon our correspondent examining the gloves further, and analysing a solution prepared from them, he discovered the origin of an arsenical salt, which at once cleared up the mystery of the case, and the nature of the dye.

Lettsonian Lectures.

The first of the Lettsonian Lectures was delivered before the Medical Society of London on the evening of the 9th, by Mr. F. J. Gant. The subject was the 'Excisional Surgery of the Joints.' The first lecture related specially to the knee-joint and its excision.

Mr. Gant, in his introductory remarks, referred to the fact that the practice of excision of diseased bones and joints is found to have been recommended by Hippocrates more than 2,000 years ago; also by Paulus Aegineta. Operations, however, of this class never got into repute till quite recently, when, in America as well as in England, surgeons began to practice excisions rather than amputations. The well known names of Sir W. Fergusson, Mr. Henry Smith, Mr. Bryant, and the late Mr. Jones, of Jersey, were among those mentioned by the lecturer as having distinguished themselves in this useful branch of conservative surgery. Mr. Gant described his method of operating, exhibiting the instruments used, the portions of bone removed, the kind of splint he employed to ensure perfect rest afterwards, and, lastly, at the close of the meeting, were seen patients with sound and serviceable limbs after excision of the knee-joint, performed at various dates anteriorly.

The Medical Results of the American War.

The Annual Report of the Surgeon-General, United States Army, has just issued from the Press, and includes the usual statistics of the standing army, representing at the present time an average mean strength of 29,022 white and 3,407 coloured troops.

The printing of the medical volume of the first part of the Medical and Surgical History of the War is near completion. This volume embraces the statistical tables representing the sickness, mortality, and discharges from service on surgeon's certificate of disability, of white and coloured troops, during the war, and will be a work of nearly seven hundred and fifty pages, quarto. With this volume will be bound the appendix to the first part of the Medical and Surgical History of the War, containing the reports of medical directors, and other appended documents—about four hundred pages.

The whole of the manuscript for the surgical volume of the first part of the Medical and Surgical History of the War is now prepared, and several of the more important subjects that would belong to the second volume, as, for example, the tabular statements, discussions, histories of typical cases (with illustrative wood-cuts and lithographs) of 29,572 cases of amputations and 4,775 excisions are nearly perfected. The effect of the law authorising the issue of artificial limbs to mutilated soldiers and seamen, in bringing to Washington a large number of pensioners to present their claims, has permitted the study of the remote effects of injuries and mutilations. In the reports of the surgery of European wars, and of campaigns in India, Abyssinia and elsewhere, the history of cases terminated when the men were invalided or discharged.

The number of catalogued specimens in the collections of the Army Medical Museum at the date of the last annual report was twelve thousand two hundred and twenty (12,220), and is thus increased to thirteen thousand five hundred and two (13,502).

The collections now include eight hundred and ninety-seven (97) human crania, and (34) skeletons. Elaborate tables have been prepared, exhibiting their measurements. The diameters, facial angle, internal capacity, and position of the foramen magnum are indicated for each cranium. It is hoped that the publicaton of this important contribution to anthropological knowledge will be authorized by Congress. The Museum possesses a larger number of skulls from tumuli, and of crania of North American Indians, than are elsewhere collected.

Thirty-six (36) quarto volumes, containing fifty (50) photographs of surgical cases, with descriptive letter press, have been distributed to the principal medical schools and societies in this country and Europe.

It is scarcely necessary to adduce proofs of the practical utility of the collections of the Army Medical Museum. Besides affording a field of study for medical-officers, indispensable to the acquirement of the fullest knowledge of the special duties required of them, the illustrations of military surgery and of camp diseases contained in the cabinets have greatly promoted general professional knowledge on these subjects; and it is noticeable that, in the
Clerical Trustees to Irish Medical Charities.

The initiatory working of the Irish Church Act has been marked by a circumstance which has created much excitement in Cork, and which we note because it may materially modify the constitution of many Medical Charity Boards throughout Ireland.

The ex-Secretary of the North Cork Infirmary the moment he was legally entitled to raise the question, wrote to Mr. Chichester Fortescue, the Chief Secretary, asking to be informed whether clerical members of the Board of Trustees held their seats ex-officio, and, if so, whether those seats were not necessarily vacated the moment the clerical gentlemen ceased to belong to an Established Church.

Mr. Fortescue was not slow in replying, that he was of opinion that de facto they ceased to be trustees, and consequently they were not summoned to the last meeting.

They, nevertheless, attended to assert their right to continue as trustees, at least until properly qualified lawyers had given their opinion as to the meaning and intent of that portion of the Church Disestablishment Bill bearing on the question. Reporters were present at the opening of the meeting, but they were informed that, in accordance with an old resolution passed by the trustees, their meetings were private, and the representatives of the press then withdrew. After some discussion it was resolved to hold a meeting on Monday next, at which the Town Clerk should be asked to attend, and, in accordance with directions there given, to draw up a case which should be submitted to the Protestant Clerical Trustees of the Infirmary for approval, and afterwards to the law advisers of the Castle for their opinion, which it was agreed should be accepted.

The Frost and Fractures.

The frost having continued so long, the pavements are in a very slippery condition, and a great many accidents have already occurred through falls in the streets, consisting of broken limbs, cut heads, &c. As our readers know, old people's bones in particular are brittle, and unless some precaution be taken we have no doubt that many serious accidents will occur. A correspondent suggests that a leather strap should be fastened round the middle of the foot by means of a buckle, and large headed nails inserted on the under surface and clenched, heads downwards. Not having had an opportunity of trying this contrivance we do not know how it would answer, but at any rate the experiment is well worth making, to keep unfortunate pedestrians on their legs.

Public Vaccinators in Liverpool.

At the last meeting of the West Derby guardians a letter was read from the Poor-law Board, dated 10th January, enclosing the copy of a communication the board had received from the Lords of her Majesty's Privy Council, respecting the proposal of the guardians to appoint the whole of the medical officers of the union as public vaccinators for the ensuing three months, in consequence of the prevalence of small-pox in the union. The Lords of her Majesty's Council considered that the present staff of public vaccinators of the union was quite sufficient for the full performance of public vaccination in the union, and therefore recommended that the proposal of the guardians should not be approved by the Poor-law Board.

The Nude in Science and Art.

Under this title an artist has, apropos of the Female Medicine controversy, discussed in an Edinburgh paper the subject of conjoint contemplation of undressed nature by boys and girls. He says:

"I, as an artist who has drawn much from the nude figure, both male and female, may say that, in the study of the latter, I have not been influenced by the lower passions—indeed, the result has rather had a sober effect; and from the observations I have heard from other artists upon the same subject, their experience confirmed my own. Now, I have always studied, as a matter of course, alongside of men, but I feel certain that the effect on me would have been quite different had women been present. I feel that then I would have been too disgusted to have proceeded with my work. This, from all I gather, is at present very much the state of feeling among our male medical students. I can quite understand that female art students studying the human figure may do so, both from male and female models, with perfect impunity to themselves; and I cannot see why in medicine the same result should not hold good—only, as it appears to me, the sexes must imperatively be kept apart."

Very true and very logical! No doubt the mental promptings of such studies would be all the worse for the living presence of full-nerved students of the opposite sex, but we do not admit that without such exacerbating cause, the dwelling of the eye on such subjects would not be necessarily innocuous. It is certainly more or less depraving in its tendency on the coolest of male students, and, therefore, to be encountered not unnecessarily, and only in the unavoidable pursuit of learning, and for some great object.

Surely, the greater the outrage to delicacy the worse the effect on the student—the less the necessity to grapple with latent passions, the less justifiable to coquet with them. It is, therefore, no argument that because men, not too careful in matters of delicacy and not too inflammable, may or must encounter naked figures, therefore women, tender in feeling and involute in morality, should insist on contact with objects assumed to be distressing and disgusting to them.

As for mixed lithotomy classes they are possible only in Constantinople.

Vital Statistics of Liverpool.

An examination of the fifty-two weekly returns of mortality which have been published, shows that the deaths of 16,096 persons were recorded in Liverpool in the course of the past year. This total, it is hardly necessary to add, represents an excessive mortality. The three previous returns of 1867-9 stand 14,511, 14,585, and 14,744, all considerably lower than the total just given for the past year. In 1867 the death-rate was 29.4, in 1868 it was 29.6, in 1869 29.0, and now it is given at 31.0 per 1,000
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inhabitants. The deaths now returned are therefore 1,352 in excess of the previous annual total. Now, the return of zymotic diseases might reasonably be supposed to show a very marked increase in proportion to the excess in the mortality from all causes. An examination of the deaths falling under this head does not, however, show so high a rate as might have been expected. Thus, the deaths of 4,003 persons were caused by zymotic diseases in 1868; the next yearly total was 4,233, and now it is said to be 4,735 for 1879. Still, it cannot be denied that the account now presented is a deplorable one, seeing that nearly 30 per cent of the entire deaths were caused by the worst forms of zymotic diseases. Small-pox is terribly fatal in London, and in the large towns of Lancashire and Yorkshire; and, unfortunately, it is in these places where vaccination is so actively opposed by the disciples of the Morisonian school. Fivers, other than scarlet fevers, destroyed 900 lives in 1870, the fever quarterly totals being 107, 102, 211, and 469.

Rare Chance for a Physician.

The following is culled from an American contemporary. It is too good to be ignored by medical parasites, who thrive upon the profession as a trade. No doubt many of our brethren in certain districts are pestered by an inferior class of patients; but for any who wish to cultivate a practice of goats we recommend Santa Barbara, for after all there is nothing like the real wheat,—the genuine article, and we advise the buyer to take to the goats as well as the supply of office medicines, the buggy and the ditch, for we fear where doctors are so few and far between—forty miles—as ministering angels, that the bearded lady Cashmere is not to be sniffed at:

"Dr. C. W. Strang now offers 100 acres of splendid farming land for sale cheap, all fenced with a ditch three and a half by three feet. The land is all level. One house with four rooms; a flower garden and good water; farming tools; one buggy; a supply of office medicines, with a practice worth $2,000 dols per year, which will increase. No opposition within forty miles. Also, 500 goats, that are bred up into the Cashmere variety, three-eighths and five-eighth breed and common goats. I will sell all (except the goats) for $2,000 dols., which is extra cheap. I will sell the goats at the low price of 9 dols. 50 c. per head.

"For further particulars, address Dr. C. W. Strang, Stuy, Santa Barbara County, Cal."

The Storing of Poisons.

The Privy Council has given the Pharmaceutical Society of England, at the same time a rebuke and a reminder of their duty to deal with the question of storing of poisons:

"My Lords believe it to have been the opinion of Parliament that proper regulations in this matter are required for the protection of the public, and, as more than two years have elapsed since the passing of the Act without the Pharmaceutical Society having proposed any such regulations, my Lords think it right to inquire whether the Society intends, within any specified time, to propose such regulations to their Lordships."

From the correspondence columns of the Pharmaceutical Journal we learn that there is in the Society and possibly in its Council, a powerful lassée faire party who encourage the adoption of any precautionary measures by arguments which persons of the obstructive vein might be expected to adopt. They say that the cases of poisoning by mistake are very few, that the introduction of elaborate precautions would hardly be possible where much business is done, and so on, but we think that injury to any person by misadventure in compounding might be, and ought to be impossible, and the Pharmaceutical Society ought to inculcate such cautions that any person disregarding their warning might be held responsible in character and pocket for the omission.

The Late Dr. T. Mayo.

We regret to announce the death of Dr. Mayo, formerly President of the Royal College of Physicians of London. He took to the degree of M.D. at Oxford in 1818. His work "On the Pathology of the Mind" was long a standard text-book; and his "Clinical Facts and Reflections," issued in 1847, equalled his great reputation.

The College of Surgeons of England.

At a meeting of the Council last week, the large proportion of rejections (117 out of 221 candidates) at the Preliminary Examination was referred to, and the question was raised whether the examination was too severe. In the report of the Court of Examiners reference was made to the regulation of the College that students should attend a course of lectures on Practical Anatomy and Physiology. Inquiries had been made as to the exact meaning of this, it was intimated that it included practical instruction in Histology, Physiological Chemistry, and Physiological Physics; that it was not intended to revive or encourage vivisections, but that the mode of instruction must be left very much to the discretion of the teachers. The money was voted for the forthcoming Hunterian Festival.


About twelve months ago it was resolved by the members of the Medical Society in Preston that the surgeons who attended on members of friendly societies—should raise the rate of their remuneration from 2s. to 3s. per head per annum. The increase was demanded and insisted upon by the surgeons, but the demand was looked upon by the friendly societies as a piece of "trade combination" and was vigorously resisted. That resistance at length resolved itself into the establishment of a "Preston Amalgamated Friendly Societies' Provident Dispensary." When the Provident Dispensary was established, at the beginning of last year, the terms of membership were—"for self and wife, 1s. 4d. per week, wife and one child, 1d., wife and three children, 1½d., wife and five children 2½d., wife and seven children, 2½d., and 4½ per week per child more than seven children and under sixteen years of age; the general public to be admitted to the privileges of the institution on payment of weekly contributions, ½d. each in excess of those above specified."

The local papers are in great jubilation, because the dispensary has lived out a year, and has £20 in pocket, and they appear to think that the medical millennium has, therefore, arrived. However gratifying their little balance may be, it is certainly not surprising when the prices are considered. Can the Committee favour us with a balance sheet of the value they get for their money? What quality of work they got from their medical jobbers? And will
the said contractors let us know how many hours work they gave to their duties in the year, and whether they received dustman’s wages for their labour?

The Primary Examination of the College of Physicians of London for the Licence will commence on February 6th. The next Pass Examination will commence on February 13th.

Deputy Inspector-General of Hospitals J. H. Orr, C.B., of the Indian Madras service, has been permitted to retire on a pension of £500 per annum, instead of £550, as at first notified.

The subject selected for competition for the Hastings Gold Medal of the British Medical Association, value twenty guineas, for 1872, is “On Investigations on the Germ Theory of Disease;” and the award will be at the Annual Meeting of the Association in that year.

The next evening meeting of the Pharmaceutical Society of Great Britain will be held on February 1st, 1871. The following lecture will be delivered: — “On the Microscope and its Revelation.” By William B. Carpenter, M.D., F.R.S., F.G.S., F.L.S., Registrar of the University of London.

Dr. William MacCormac, late surgeon to the Belfast General Hospital, and to the English Ambulance Corps, son of Dr. Henry MacCormac, of Belfast, has been elected to the Fellowship of the Royal College of Surgeons of England, ad eundem, as we foreshadowed some months ago. He is candidate for the vacancy in the medical staff of St. Thomas’s Hospital.

At the recent preliminary examination in arts, &c., for the Fellowship and Membership of the Royal College of Surgeons, which was conducted as usual by the College of Preceptors, 303 candidates were examined — viz., 82 for the fellowship, of which number 61 passed, and 221 for the membership, out of which number more than half were rejected — viz., 117.

One of Dr. Bird’s tables in his Physiological Essays tends to prove that the specific gravity of Europeans is greater than that of Natives of Bengal, as 1.018 is to 1.001. The higher degree of heat in the European is 98.6° & 97.2° in the native, as indicated by the thermometer in the mouth. His analysis of the blood of the two races goes to show that the Bengalis have more albumen and fewer red corpuscles than the European.

Complaints have been made, that the inquiry of the Contagious Diseases Act Commission is conducted privately, and that female witnesses have not been admitted to give evidence. Both statements are incorrect. Each of the societies, formed severally to oppose and to support the operation of the Act, has been invited to send a representative; and although neither of the gentlemen thus attending has, of course, been able to take part in the proceedings, both have had the freest communication with Mr. Massey, the chairman; and both have been allowed to bring forward witnesses. Nor have female witnesses been excluded.

SCOTLAND.

EDINBURGH UNIVERSITY ENDOWMENT ASSOCIATION.

The Association has met with a large amount of encouragement during the past year. The munificent gift of Sir Roderick Murchison, supplemented by the Government grant, establishes a chair in the University, the Professorship of Geology. The Syne Fellowship will, in all probability, be brought into practical operation in the course of the present year; and Dr. Neil Arnot has announced his intention of giving £1,000 to each of the Scottish Universities during this year. In connection with the extension of the University buildings, the Duke of Buccleuch has become a trustee of the fund for purchasing the site of the present Infirmary, which is to be acquired for that purpose.

Mr. Wickham, F.R.C.S., Assistant Physician Royal Edinburgh Asylum, has been appointed Medical Superintendant of the Burgh Asylum, Newcastle-on-Tyne. We congratulate Dr. S. Rae, as this is the fifteenth occasion on which one of his assistants has received a head appointment at other asylums.

Literature.

MATERNITY HOSPITALS.*

So much has been said about hospitalism, and the controversy is not yet closed, that one cannot but turn with interest to anything on the subject from such a man as Dr. Matthews Duncan, especially as the propriety of large maternity hospitals has been the greatest point in the discussion, and he must have paid great attention to it. Our interest is materially increased when we find that the learned author takes a view directly opposed to that of the late Sir J. Simpson, whose strong expressions produced a great impression, and one, too, that is likely to last. Dr. Duncan has no confidence in the statistics of amputation, &c., in private practice, and we have always felt similar doubts to those he so forcibly expresses. Yet both Le Fort and Simpson gave them countenance. Moreover we feel with Dr. Duncan that the statistical argument has been too much relied on; in fact, that all attempt at argument has been quenched by an imposing array of figures, and after all there is some truth in the notion that you may prove anything by figures. Yet it be proved that the mortality in childbed, or after operations, in hospitals than in the homes of the patients, it does not necessary follow that hospitals are therefore to be abolished, and the proposal to pull down and rebuild them frequently is one to stagger both managers and subscribers. We confess to the utmost misgiving as to maternity hospitals, which we think the least needful and so the least useful of all. When certain diseases get introduced into them they spread with frightful rapidity, and the charities for attending the poor at their own houses have in no instance been so acceptable as in the case of childbirth. Dr. M. Duncan says all that can be said for the hospitals, and we think everyone who wishes to form an unbiased opinion should certainly read his book.

HALF-YEARLY ABSTRACT.

We have received the Half-Yearly Abstract of Medical Sciences, now edited by Dr. Donnell Stone, an admirable collection of its predecessors in variety and interest. The volume for July to December, 1870, is the fifty-seventh of this useful publication, and it contains 253 articles selected from a great number of journals and arranged in systematic manner.

ON THE PRACTICE OF EMPLOYING CERTAIN SUBSTITUTES FOR THE GENUINE INGREDIENTS IN SOME ARTICLES OF DAILY FOOD.*

This is a small octavo pamphlet of about twenty-five pages, and from its price, fourscore, it is evidently written for popular distribution, which its usefulness should certainly command. The advantages, may the absolute necessity, that every lady should make herself acquainted with the culinary art in order that "she may feel her power and authority in the household," and, what is of more consequence, that she should be enabled to estimate the value of certain substitutes for the genuine article, in order to ensure good health. The present no matters insisted upon, as only one thoroughly a fait with the duties of the mistress of a household could do.

HOLMES'S SYSTEM OF SURGERY.†

We have already announced the appearance of the fourth volume of Mr. Holmes's great work. This second edition of our Encyclopedia of Surgery has gone on regularly, and each volume has been carefully revised by the several authors. We understand the fifth volume, completing the work, will not be very long before it is out; and we advise all who can afford it to possess themselves of what is, in effect, a surgical library. Mr. Holmes, as we have recently stated, is now restored to his sphere of labour at St. George's Hospital, and we trust may long be spared to the profession of which he is both an active member, and a literary worker, a distinguished ornament. But we must just mention the contents of the fourth volume of his System.

It opens with "Diseases of the Joints," by Mr. Athel Johnstone. Then follows Mr. A. Shaw's essay "On Diseases and Injuries of Nerves," divided into two parts: Part 1, embracing "Nerve-Lesions, and their more Immediate Effects," is by Dr. Lockhart Clarke; Part 2, "On the Remoter Consequences of Nerve-Lesions," is from the pen of Dr. Brown-Sequard. Dr. Lockhart Clarke then contributes an essay on "Locomotor Ataxy."

The next division of the work embraces the "Organs of Digestion and Respiration." Here we see the veteran of St. Bartholomew's, Mr. Holmes's Coote, leading off "On the Tongue." Mr. Durham follows "On the Nose," Mr. Salter follows "On the Teeth," Mr. Geo. Pollock "On the Mouth, Pharynx, and Oesophagus," Dr. Barclay "On Croup and Diphteria," Mr. Durham "On the Larynx," and Mr. G. Pollock "On the Intestines." "Hermin" obtains a separate essay by Mr. J. Birckett, and "The Rectum" another by Mr. H. Smith. The "Urinary Organs" are treated next by S. H. Thompson. But " Lithotomia" gets a distinct essay by Mr. Poland, and "Lithotripsy" another by Mr. Charles Hawkins.

This enumeration suffices to show that Mr. Holmes has associated with himself a large proportion of the surgical-teaching power of London. We do not propose to enter into a criticism of each of these essays. It will rather be our duty to refer to them from time to time as authoritative in practice in the present day. We may add, however, that the present volume contains a coloured plate of urinary calculi and upwards of a hundred wood engravings of great accuracy.


Correspondence.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Will you kindly allow me to ask through your columns how it happens that medical men, with so many exceptions, utterly neglect all precautions for securing their patients a due supply of such an important item of food as really good bread? We have had from time to time elaborate disquisitions as to the relative value of "heat producers" and "force producers," or generators, and no small amount of labour has been expended, sometimes in mere assertions; other still by the credit of the Profession bo it can be satisfactorily and painlessly explained, no exceptions about the properties of meat, vegetables, wines, spirits, tea, coffee, spices, &c. and yet amiss this not a step is taken about the most necessary thing of all—nourishing bread. The legislature steps in and punishes, when it catches him, the butcher or fishmonger who sells stinking meat or fish, while it allows the baker to pursue with impunity a practice which, all things considered, is really more prejudicial to the health of the community. To a certain extent, a man's own perceptions, his sight and smell, shield him from the nasality of those who would palm off reeking meat and stinking bread on him; but these perceptions can lend him no aid whatever in distinguishing between nutritious bread and that which is perfectly useless. Again, a tradesman using short weight is, if detected, fined, reprimanded, and threatened; but justice halts in pursuit of the baker, who, with impunity, is allowed to defraud the weight of nourishment. Indeed, respecting a great deal of the bread sold in London, it would be a very liberal comparison to assume that it contained half the weight of nutritious matter it ought to do, a large proportion of each loaf being made up of material little, if any, more nutritious than so much sawdust.

So long as matters are suffered to remain in this state, so long will the public health continue to fall below par, when ever some other cause as anxiety, over fatigue, or short allowance of some other kind of food also comes into operation. With really good bread, a man may live very well indeed on an extremely small allowance of fresh meat. Vast numbers of the Scotch Lowland peasantry, amongst the finest and strongest men living, are accustomed to eat very little animal food, the reason being that their staff of life, porridge, is prepared in the same manner, the bran being all utilized, instead of being used to fatten pigs and cattle with, as is so foolishly done in many parts of England; whereas a servant in one of our West-end families cannot keep himself anything like as well and strong on fine white bread and two or three pounds of meat daily—and for an excellent reason: the meat is so scarce that it goes a long way, the bread, is deficient of that gluten, cereal, and phosphates; for however good the meat, vegetables, milk, and beer may be, if the bread be defective, the health is constantly being undermined, even in those who can get everything of the best; while for those who like dependence is, as ever must be, on it, any reduction in the amount of nutrient it contains must be an evil of the most serious nature. In cases, and there are plenty of them, where from one-sixth to one-third of the earnings of the entire family is spent on bread, keeping this article in its present state means reducing them of twenty or thirty per cent. of their hardly-gotten wages.

The reader may possibly think I am overrating the case of bread versus meat; but first of all, in answer to this, I would remind him that the three nitrogenous constituents of animal food, albumen, fibrine, and caseine are found in bread, and, in the second place, that those who are in the very best position for observing the effects of an undue preponderance of meat over bread, is that to say physicians, whose practice lies almost entirely in the upper classes, are precisely those who have spoken out most clearly to the injurious effects of the usual system. But Holland tells us* that it is a common and often a serious error to regard animal food as the main source of bodily strength and support; and Dr. Henry Bennett says distinctly, that meat-fed children are not so strong or healthy as those

* Medical Notes and Reflections, 1855. P. 221.
who use a more mixed kind of food. Again, it is found
that men in training who are restricted almost solely to
animal food, cannot long bear the strain on the system thus
occasioned.
But it was useless to attempt any remedy so long as the
bread itself was utterly innutritious. However, there is
now a bread that improves the effect of the peroxidising
agents in the body, and the Profession will only lend their aid, for the public are quite
at sea on the matter. They think that white bread must
be pure, and they confound purity with a proper standard of
injurious matter. They have an idea that alum is put into
bread, and consequently either accept the fact and its consequences as inevitable, or make no special
effect to break the fetters which bind them to the baker’s
system. This, generally, assumes the form of a mania for
what is called household bread, country-made bread, or
brown bread. So far as I can make out, these merely con
stitute a certain addition of bran, leaves, &c., the proportions
of which are known only to the initiated, but the properties
of which are clearly to render the bread more hard, sour,
and unpleasant to the taste, that children cannot really be induced to eat it. Occasionally, the hook being duly
baited, the advertisement of some digestible bread is
snapped at, and the buyer gets an extra amount of starch
for his money, but no more nutriment than before. Or, he
purchases what he considers a “very pure” bread, which
means one that contains still more starch, and is whiter
than that he has been using—of course, being here as
indicative of proper composition as it would, in a person’s
face, be significant of sound health.
It is scarcely to be expected that the bakers will take this
question up. With them a such a step would mean a general
suicide to serious mutlication. One pound of bread pre
pared from properly made wheat flour, such as
Chapman’s patent, sold by Messrs. Orlando, Jones, and Co.,
goes quite as far as a pound and three quarters of the best
ordinary bread. I have now tried it in quite a hundred
and fifty cases among the patients of St. John’s Hospital,
and the testimony is quite to the effect that it goes very
much farther than the ordinary bread. The patients, especially
children, do much better on it: it does not get dry and sour
as household bread does, and it regulates the bowels very
well indeed. In the course of a week or two, I hope to be
able to report more at length upon this bread, provided it
will kindly allow me to do so. In the meantime, I may
observe, that as very few makers make it, and that as
a great majority of them will certainly never take the trouble
to procure the flour, the best plan is for the patients to do
this themselves if either make it. There is, no doubt, a party
at home get their own baker to make it into bread for them.
I suppose there are many places where the flour can now be had retail.
I only know, however, of one, and that is at Mr. Alexander
Davidson’s, Devonshire street, Portland place.
I have the honour to remain, Sir, yours, &c.,
J. L. MILTON.

ANTISEPTICS AND DISINFECTANTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In your issue of the 4th inst. there was reproduced
by your very able chemical editor, Mr. Tichborne, a table
exhibiting the comparative value of antiseptics, according
to Dr. C. Calvert. Among the substances therein enumerated
was permanganate of potash (Condy’s Fluid.) This circumstance has constrained me to venture to direct your
attention to the fact, that that substance is not an
antiseptic at all; nor so far as I am aware, had it been
patronised as such by those having an interest in saying
much more upon it would have been much for the better.
I have always been careful to point out that Condy’s fluid is not an antiseptic or preserving
agent, but a disinfectant, in the same sense wherein fresh
air is one. You will, I think, agree with me that the latter
name is the one which is the better indication of what the
substance does. It is an antiseptic. One of the great
aims in the preservation of food, for instance, is the excul
sion of air. It would therefore seem to me that to class
the permanganates with antiseptics, and to experiment with them in such a manner as to class in that
category pure air and experiment with it in the apparent
expectation that it might prove capable of preserving from
decomposition organic bodies. I cannot see that any good
would arise from proving that free air has no antiseptic
value; but, on the contrary, believe that only misapprehen
sion as to the value of that essential to health would thereby
be engendered in the public mind, which is not yet suffi
ciently instructed to distinguish between antiseptics and
disinfectants. In the same way, experiments undertaken
to prove the antiseptic property of permanganate of
potash, which everyone qualified to experiment already
knows, of instead of being any service to sanitary science,
must, on the contrary, when published, be detrimental,
thereby, errorously leading popular opinion to conclude
that they are therefore inefficient disinfectants, which is
exactly the contrary to the truth. The disinfecting virtues
of those agents depend precisely on the same principle as that
whereof the efficacy for disinfection of ventilation hangs;
namely, the essential element oxygen, which plays the main
part in all true sanitation.
Yours, obediently,
5th January, 1871.
H. B. CONDY.

MEDICAL REFORM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In the leading article of your number of yesterday
I observed this sentence—"There is, no doubt, a party in
the Profession, which would, without hesitance, put their
foot down upon the short road, and, as Mr. Cesar Hawkins
has proposed, sweep the 'medical authorities' out of repre
sentation"—i.e., in the General Medical Council.
I must request your insertion of this letter in your next
number to contradict such an extraordinary blunder in the
use of my name, as, so far from having ever made such a
proposal, I should think it extreme folly to take the educa
tion and guidance of the Medical Profession out of the hands
of those persons, who, by their experience and knowledge,
are best capable of consulting and acting the benefit of the
public as well as for that of the Profession.
I am, Sir, your obedient servant,
CESAR H. HAWKINS.
26 Grosvenor street, January 12th, 1871.

* * *

The printers having substituted the name of Mr.
Cesar Hawkins for that of Mr. Charles Hawkins in our
article of the 11th, we beg to express our regret that the
misprint was not observed in the proof, and to apologise for the
same.—Ed. M. P.

MEDICAL NEWS.

Royal College of Surgeons of England.—Mr. George
Bates passed the preliminary examination for the diploma
of Fellow of the College on the 26th, 21st, and 22nd
of December, 1870. In addition to the subjects included in
Part I. of the examination, he acquitted himself satisfac
torily in the following subjects in Part II. thereof—viz.,
Greek, French, and chemistry, having previously passed in
other necessary subjects. 5th January, 1871.

A Good Word for St. Pancras at Last.—The Marchioness
of Lothian, accompanied by some other ladies, paid a visit
to St. Pancras Workhouse on Saturday, and were shown
over the various wards of that establishment by Mr. Goodl
son, the master; and over the infirmary by Dr. Ellis, the
resident medical officer. At the conclusion of the visit the
Marchioness expressed her high approval of the extreme
cleanliness and comfort apparent in all the wards, and the
attention which appeared to be paid to the aged and infirm
poor generally.

The Literature of Florence.—The following medical and
scientific works will appear in Florence during the present
year. The first of these is an "Encyclopedia of Scientific
and Industrial Chemistry, with a History of its Makers
and Application," directed and edited by Professor Solina; (2)
"Vitality in Animals," by Dr. Brehm; (3) "The Phenom
ena of Industrial Life," by Stafforelli; (4) "Notions of
Modern Chemistry, for the Use of Schools," by Dr. Marci;
(5) "A Course of Elementary Physics," and (6) a fourth
edition of a "Compendium of Physical Science," both by
Giovanni Lavoni.
NOTICES TO CORRESPONDENTS.

The Devonshire Hospital.—The Annual Report for the year 1870 has just reached us, from which we learn one very singular fact: out-patients were nearly six times the number seen only as out-patients—viz., for the year 1870, in-patients 1,273; out-patients 228; a most signal proof of the estimation in which the internal management of the hospital is held by subscribers and patients. Whilst congratulating the medical and other authorities connected with this institution, we could only wish that every hospital were in such a desirable condition, as to be able to give indoor accommodation to even half the number of patients applying for it.

The Reform Committee of the British Medical Association, appointed at the Annual Meeting held at Newcastle, met at Birmingham on Tuesday, December 27th, and decided—

1. To accept the responsibility, which, with the withdrawal of the Medical Bill of the Government last session was declared by members of the Legislature to have thrown on the Association, of preparing a Bill for the ensuing Session of Parliament.

2. That the withdrawn Bill of the Government, with such modifications as the principles advocated by the Association demand, should form the basis of the proposed Bill of the Association.

3. That Clause xviii. of the original Bill of the Government, which was expunged in the House of Lords, should be restored.

4. That the General Medical Council should be made representative of the whole body of the Profession, as well as of the Government, of the Universities and of the Corporations.

5. That the Council should with this view be constituted on the principle of containing—

Representatives of the Universities and Corporations in the proportion of one-half of its number.

Nominations of the Government, in the proportion of one-fourth, and representatives elected by the registered members of the Profession residing in the United Kingdom also in the proportion of one-fourth of the Council.

6. That this Council, so constituted, should, as regards preliminary and medical education, be binding on the Universities and Corporations.

7. That provision be made for rendering the professional examinations practical.

A sub-committee was appointed to carry out the above resolutions.

The Famous Carlisle Life-Tables are well known to all concerned in life assurance. They were formed on the vital statistics collected and arranged by the late James's son, Mr. Heysham, for the purpose of life assurance. They are a celebration of Carlisle, who died a little while ago, at a very advanced age. His life has recently been written by Dr. Lonsdale, and published in a very costly volume. He is described thus by a contemporary:—"How noteworthy a figure he was—how lusty, vigorous, and well-chiselled his character and life! There stands the man—a three-bottle man, a hearty liver, a vigorous politician, a laborious statistician, an enlightened practitioner, an unafflicted philanthropist, an eccentric magistrate, the friend of Paley, Milner, and Law, a man to be liked and relished."

Sir Roderick Murchison continues to recover his strength, although his progress is somewhat slow.

The Medical Club.—The next house dinner of this Club will take place on Thursday, the 19th instant, when W. Adams, Esq., will preside.

The Geneva Convention.—A conference on this subject will be held at Vienna as soon as circumstances will allow.

The Weather.—Some idea of the cold of the last week of 1870 may be derived from the Registrar-General. The mean temperature at Greenwich Observatory was 25.7°, or 11.7 below the average of the same week in 59 years. On the night of Christmas Day the thermometer fell to 9.3 degrees. On the 31st ult., in St. James's Park, the ice was about four inches thick, and in Regent's Park there were about 13,000 skaters and sliders. In Finsbury Park the ice was eight inches thick—there were 6,000. On the Serpentine the ice was only three and a half inches thick, 15,000 skaters and sliders. On the Round Pond the ice was four inches—6,900 skaters.

The Health of the Metropolis.—Last week the aggregate mortality in London and nineteen other large towns of the United Kingdom was in the ratio of thirty-three deaths annually to every 1,000 of the estimated population. Portsmouth stood the lowest, with a rate of nineteen; Liverpool the highest, with one of fifty-six. In the metropolises, 2,383 births and 1,823 deaths were registered, the former having been 3,000. Twenty-two persons died of fever, and the whole number of deaths from fever was 651. There were 651 deaths under five years of age. Zymotic diseases caused 401 deaths, including seventy-nine from smallpox, thirty-four from measles, 112 from scarlet fever, four from diphtheria, nine from croup, thirty-six from whooping-cough, ten from typhus, eighteen from enteric (or typhoid) disease, twelve from pulmonary fever, sixteen from ophthalmia, and nineteen from diarrhoea.

The Frost.—The Stockport Advertiser says the coldest nights during the late severe frost have happened singularly enough on the Friday in each week, each succeeding Friday being more severe than its predecessor, until it culminated on Friday night week in twenty-eight degrees of frost. It is many years since the thermometer was so low as on that night, and during the whole of Saturday it did not rise much, the cold being then more felt than on any other day. It was accompanied by a dense fog. The frost has thus lasted sixteen days without intermission—a long period for this changeable climate. The severity of the weather has been especially felt by the lower animals.

NOTICES TO CORRESPONDENTS.

Correspondents requiring a reply in this column, are particularly requested to make use of a distinctive signature or initials, and avoid the use of signatures in capital letters. "Readers." "Old Subscriber," &c. Much confusion will be spared by attention to this request.

The Advertiser.—Received your paper "On the Unvisiblity of the Antagonism existing between Medical and Hydropathic Practitioners." Dr. A. Not.——The Medical Ladies at Edinburgh in the Russian Advertiser.—We thank you for your congratulatory letter. The difficulties of Editors are not unfortunately more imaginary than real. The whole controversy, as I have mentioned in our last number, was caused by the following letter:—"Amusements of Editors, are only specimens too often met with.

Mr. A. P., Manchester.—Enclosure received with thanks. The case must still be engraved in the pages of this journal. The Pharmacists.—The report that Mores, Cox and Son, the well-known druggists of Brighton, had made the extraordinary number of one and a half million pills, each containing 10 grains of quinine, for the present cold, is perfectly correct.

Dr. Waring-Crane.—Thanks for names of new subscribers. The Press shall be forwarded to the addresses given. We wish more of our provincial friends would follow your example in extending our correspondents.

A Student of St. Thomas's Hospital.—Sphenosis Binomitis is neither rare nor unusual in Bright's disease. Forward the case of the next student you have for advice.

Dr. J. L.—The case reported is a second medical. Confide in us further and we will write privately to you on the mutatio temporalis pulmo.

Medical.—Consult our advertising columns, or utilise them for your purpose.

The Advertiser.—The paper in the Pacific Medical and Surgical Journal by Dr. Waring-Crane on Scotics, appeared originally in the Medical Press and Circular.

Tuesdays.—See a paper in October Number of Manchester Medical Reports, in which you will find the information required.

Psychologist.—The paper under this title is not the one announced in another column to appear in our next number, will furnish you with the medico-legal bearings of the case of the case you are interested in. You cannot do better than wait for the publication of this paper, as you will find it a very exhaustive treatise on some points about which many difficulties have recently arisen.

MEETINGS OF THE LONDON SOCIETIES.

WEDNESDAY, Dec. 18th.

HUNTERIAN.—7.45 p.m. Special Council Meeting.—8 p.m. Dr. Sutton on "Horses of the Tongue, Pharynx, and Larynx." THURSDAY, the 19th.

HARVEIAN.—8.30 p.m. Dr. Farquharson on "On some Forms of Pneumonia." FRIDAY, the 20th.

ROYAL INSTITUTION.—3 p.m. Professor Tyndall, on "The Colour of Water, and on the Scattering of Light in Water and Air."

ROYAL INSTITUTION.—3 p.m. Rev. W. H. Channing, on "The Laws of Human Life preserving Machinery."

MEETING OF THE ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.—7.30 p.m. Dr. Robert Barnes will bring forward for discussion the question:—How far is the public health to be attributed to the plan recently introduced of limiting the number of Public Vaccinators."

Dr. T. Specker Cobbold, F.R.C.S., F.R.S., will read a Paper, "On the Mode of Life in Relation to the Public Health, especially as regards Sewage Irrigation." Illustrated by Drawings and Specimens.

MONDAY, the 23rd.

MEDICAL.—8.30 p.m. the second of the Lusumian Lectures. Mr. E. J. Gant, K.C.S.I., on "The Life and Journals of a Judge." TUESDAY, the 24th.

PATHOLOGICAL.—8.30 p.m. Ordinary.

The Medical Press and Circular.
VACANCIES.

Kent and Canterbury Hospital.—Assistant House-Surgeon. Salary £20, with board and residence.

Alderley Union.—Medical Officer. Salary £20, with extra fees.

Glasgow Union.—Medical Officer. Salary £15, with extra fees.

West Derby Union.—Assistant Medical Officer. Progressive salary £20 first, £40 second year, with fees extra.

Newcastle Dispensary.—Two Visiting Assistants. Election in February.

APPOINTMENTS.

ARCHDAIL, Dr. G., Medical Registrar at the London Hospital.

CARRUTHERS, W. H., M.R.C.S., Senior House Surgeon at the Royal Infirmary, Manchester.

CLARIDGE, Mr., House-Surgeon at St. George's Hospital.

COLEMAN, O. M.B., M.R.C.S., Medical Officer for the Burton District of the-Kingston Provident Dispensary.


CURRAN, Dr. J. Waring, Medical Officer of the No. 2 District of the Manchester Union and Surgeon to the Manchester Infirmary, Surgeons to the Harlow Forge Works.

DABBY, J. T., Physician's Assistant at the Royal Infirmary, Manchester.

EVART, Mr. W., Ophthalmic Assistant at St. George's Hospital.

GLENDINING, D. M., Medical Officer for the Bingley District, Keighley.

HARRISON, R., M.R.C.S., Assistant House-Surgeon to the West London Hospital, Hammersmith.

Hunt, J. G. E. Resident Aconseur at the London Hospital.

JONES, T. G., M.R.C.S., Resident Surgeon at the Birmingham Dispensary.

LADY, F., M.R.C.S., House-Surgeon to the West London Hospital, Hammersmith.

MCCARTHY, Mr. J., Surgical Registrar at the London Hospital.

MACDONALD, J., M.R.C.S., Assistant Medical Officer at the Thorney District of the Ewington Union, Durham.

MACKENZIE, Mr. S., Resident Medical Officer at the London Hospital.

MACKIN, C. G., M.R.C.S., Assistant House-Surgeon to the Stockport Infirmary, vice W. Roberts, M.R.C.S.E.

MIDDLETON, W. H., J.G. C.L., Assistant Medical Officer to the General Hospital for Diseases of Children, Manchester.

Marriages.

Currie—Watson.—On the 4th inst., at Halifax, R. Currie, M.D., of Skellongill, to Sophia Elizabeth, daughter of E. W. Wavell, Esq.


O'Boyle—Symonds.—On the 4th inst., at Ramsgate, by the Rev. R. Copeland Etheridge, Frederick James, Esq., and Miss O'Boyle, M.D., of Notting Hill, London, to Elizabeth, second daughter of the late Robert Campbell Stinton, Esq.

Deaths.

Low.—On the 4th inst., at St. Brelades, Jersey, Alex. James Low, M.D., late student of St. Bartholomew's Hospital, aged 30.


Steeley.—On the 3rd inst., at Winchester, Hants, of scarlatina, Robert Steeley, Surgeon, 46th Regiment.


Advertisements.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

FIRST OR PRIMARY PROFESSIONAL EXAMINATION FOR THE LICENTCE.—The next Examination will commence on MONDAY, FEBRUARY 19th, 1871, Students are admitted to this Examination after the termination of the Second Weymouth Examination at a recognised Medical School.

SECOND OR PRACTICE EXAMINATION FOR THE LICENTCE.—The next Examination will commence on MONDAY, FEBRUARY 19th, 1871, from Gentlemen who have completed four years of Professional Study according to the Course recommended for the degree of Licentce. Registered Medical Practitioners, qualified before January, 1861, are admitted to examination under special by-law.

Candidates are required to give fourteen days' notice in writing to the Registrar of the College, with whom all certificates and testimonials required by the by-laws are to be left at the same time.

FULL MAIL EIST, 1871.

H. A. FITMAN, M.D., Registrar.

PROFESSIONAL AGENCY AND MEDICAL TRANSFER OF FICE.

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PRACTICES AND PARTNERSHIPS now open for negociation (in addition to those advertised in Dr. Langley's List, page 2, see pass free on receipt of two stamps) as below:—

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Y 105.—SOUTHEND PARTNERSHIP. Receipts £600 a year. Office £40 a year.

Y 106.—VITALIA ASYLUM.—Office £50 a year. To a young man.

Y 107.—IN A PLEASANT COUNTRY PRACTICE, containing about 2,000 inhabitants, and in a charming position, for a gentleman having a good practice of two or three years' standing. Office £50 a year.

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The above Practices are open to any gentleman who wishes to take them over. The terms are stated above, and the names of the purchasers can be given on application. Premium, a year's purchase.

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Original Communications.

THE ADMISSIBILITY OF THE EVIDENCE OF THE INSANE.


It is of some importance at the present time to endeavour to discover in what cases the evidence of persons of unsound mind should be relied upon. There are panics in the world which interests itself about social economy, just as there are on the Stock Exchange. We have had one recently. Fiction has gone so far in the direction of sensation, that actual current history has had to follow. There is a close connection between the novels and the histories of a period. They are both, in their tone of method, outcomes of the same spirit. The newspapers then bear the same relation to history that a photograph does to a painting, found a sensational subject in what is called "Rib-breaking in Asylums." Many journals endeavored to increase their circulation by exposing the abuses of the asylum system, and commissioners in lunacy, and medical superintendents of lunatic asylums were subjected to the cheap vituperation of an incensed press. Abuses pay. If it were not for disease doctors could not live. If it were not for those diseases of society, abuses and more abuses, newspapers would be almost useless. But as some doctors shake their heads when there is nothing the matter with the patient and make visits when there is no necessity for attendance, so newspapers sometimes let loose their "roarin' lightnings" when there is no necessity for it. However, the panic is almost passed. The subject is no longer found remunerative, and the time seems to have come for the consideration of one or two of the questions which were raised, and to which no satisfactory answer has as yet been given. One of the cases which gave rise to the consternation alluded to, was that which came before Mr. Justice Willes, at the Lancaster Asylum, some years ago.

William Wood and John Hudson, two attendants in the Lancaster Asylum, were there indicted for assaulting a patient, and upon the evidence of another patient, named James Dutton, were found guilty and sentenced to seven years' penal servitude. It is not difficult to understand that such a result raised the whole question as to the admissibility of the evidence of persons of unsound mind, and that the declaration of Lord Campbell, C.J. * that there would be total impunity for offences committed in asylums for the insane if the only persons who could give information (meaning patients), were not to be heard, was welcomed. In this place is the only question which we would wish to consider, although the whole subject of attendants in asylums and on the insane presents itself, together with the recommendation made by the Commissioners in Lunacy in the year 1851, to the Committees of Visitors of Lunatic Asylums. That recommendation was that for satisfactory performance of the duties of attendants it was essential that there should be not simply the ordinary qualifications of sobriety, honesty, activity, and general intelligence, but that equally indispensable were a fair education in reading and writing, good temper, patience, firmness, habits of self-control, and, in regard to the more helpless patients, a certain aptitude for training and directing them in the way of employment or amusement; and all this was to be had for wages varying from £12 to £15 for males, and from £15 to £25 for females. Mr. Hood's idea of politics was a despotsim, and he was changed from Heaven to rule. Every virtue for £15 a year.

With regard to the competence of persons of unsound mind to appear as witnesses in courts of law, Dr. Ray has pointed out that, in his opinion, it would be well to dissociate the idea of incompetency to testify from that of insanity. The law has not, however, adapted itself to this opinion. Those four kinds of men who may, according to Lord Coke, be looked upon as non compos * aequi, are incompetency: children under the age of 14 years; insane persons; those who are unanswerable for the conduct of others by reason of age or incapacity; and those whose minds are sufficiently clear to speak, but who are embarrassed by their language. The concept of incompetency removed; | There is, however, some incom- 


See also 3 Coke's Littleton, 489.
The first of Lord Coke's four cases comprises idiots who, from their nativity by a perpetual infirmity are not lucid. Now, the law presumes a person to have been deaf and dumb from birth as an idiot. Yet, if he can be communicated with by signs or tokens, or by writing, has sufficient intelligence to understand the nature of an oath, he may be examined as a witness. This inconsistency arose from the mistake of regarding a person who is deaf and dumb as an idiot, and also from the stupid error of regarding all persons of unsound mind as incapable of giving evidence. The truth is, that the evidence of an insane person may be taken in cases in which it was understood before Lord Campbell laid down the principle, that provided only that the lunatic understood what he was saying and understood also the obligation of an oath, his evidence should be received, and the amount of reliability of the witness left to the jury. And the daily experience of those who are in constant attendance on the insane goes far to show that, in very many cases, persons of unsound mind may bear testimony to facts which is as reliable as any which might be given by those who are not considered insane.

Hoffbauer has advanced the opinion that before a witness can be deemed competent, it is necessary that his senses should be sufficiently sound to take cognizance of the facts to which he testifies, that his impressions should have been really what he believes they were, that his testimony should coincide with his belief, and that he should be able to convey his ideas to others sufficiently clearly to be understood. The first and fourth of these principles are truisms, and the second and third are not quite true. That a blind man is not to be asked whether a person had on a green or a yellow dress seems to be dictated by the most common of common sense, and that it does not matter whether that blindness has been produced by glaucoma or general paralysis is not a great advance in the way of rationalization upon the first proposition. As for the fourth principle, that a man should have sufficient capacity to convey his ideas clearly to others before he is believed, does not require to be laid down definitely in the case of lunatics as it would naturally suggest itself as being true of any kind of testimony whatever. As to the second and third of Hoffbauer's rules, little need be said. That the lunatic's testimony should bear the same relation to his beliefs that the evidence of a sane man bears to his impressions is all that can be expected. The coincidence of impression and testimony is very rarely found even in the most sane and the most truthful witness. That the impressions should have been really what he believes they were is not absolutely necessary. But if the relation between the impression and the belief are such as they would have been had a sane man been placed in similar circumstances, the evidence of the lunatic is worthy of much credence as would have been due to the testimony of the same witness.

With a view to ascertaining the real value of the evidence of insane persons, it may be well to consider the question first in relation to amnesia, second in relation to dementia, and third in relation to mania.

It is scarcely necessary to say that a lunatic during a lucid interval is a perfectly competent witness with regard to any circumstances which may have occurred during the remission of the disease; and that in most cases he would be a perfectly competent witness of any circumstances which occurred in his experience during the continuance of a former lucid interval. Indeed, it seems to us that the law goes too far in insisting upon the possession of a fact—i.e., of a perfectly sound mind—at the time of the event to which the insane testify, as well as at the time of the examination as a constituent of testi-

The same is true of the evidence of a person who has become sober after partial intoxication. See Hartshorne v. Palmer, 10 Totom., 133.

* Alixson's Trac. C. P. of Scotland, 436.

** T. Hale P.C. 54.

† 1. Phil. 57. 10th Edition. Morrison e. Lunnman 3 Cann P 127.


ρ Con. Dig. Testimonijge, A. I.
repetition has stereotyped the impression in memory. Still, in many cases imbeciles are competent to give very useful evidence, and to further the ends of justice, which, but for their evidence, otherwise cannot be efficiently promoted. The question of the credibility of the evidence of a person of weak mind, which is left to the jury, is very much the same as that which falls to be considered by them in the case of witnesses who have scarcely reached the years of discretion. In the case of R. v. Perkins,* Alderson (B) said—"It is certainly not the law that a child under seven cannot be examined as a witness. If he shows sufficient capacity on examination a judge would allow him to be sworn. In many recent cases formed to be regarded as children, and their evidence, where it is unsatisfactory, will have failed in its value in virtue of the same, or similar qualities, which takes from the excellence of the testimony of very young children.

The circumstances of the examination, as bearing upon the evidence of imbeciles, should always be taken into consideration. The unusual circumstances which accompany legal proceedings in a Court of Justice—the presence of listeners, counsel, form—should not be overlooked which bring information to the birth, the feeling of impending evil, or, at least, discomfort, which is present in most minds when in a witness box, have the effect of altering the relation of the individual to his actual remembrances; and this may, or may not, have more effect upon the person whose intellect is impaired, than upon him who has to use the ordinary phrase, his wits about him. Although some writers seem to imagine that these formalities would have a greater influence upon the imbecile than upon the same man, it is difficult to see why it should be so. Want of sentience is callousness. Stones are thoroughly apathetic. And so it is that it is only to acutely sensitive minds that the novel is a matter for wonder. Those of very inferior mental capacity can go through the world without ever having a tremor. All low forms of life have more or less tendency to inanimacy.

If only one other point with regard to the evidence of those persons who suffer from defective development of the faculties remains to be mentioned. In almost all forms of insanity, as well as in idiocy, there is a serious impairment of those powers by which men distinguish right from wrong. Many insane persons have an actual pleasure in lying. Many sane men delight in playing practical jokes. All practical jokers are utterly stupid, and very often they are, more than they are, blame-worthy. To insane persons lying becomes the semblance of a practical joke. The ingenuity required for the successful uttering of a lie is a pleasureable exercise of the faculties; and they often lack the power to appreciate the many motives which preponderate upon the other side and would compel any reasonable man to speak the truth. There is an epigram which embodies this principle—

I—B  "Truth is indigenous in some, In others it will surely take root; But he would only tell a lie When he imagined it would suit."

The man described in these lines is the same liar. He is a man who has made a mistake. He has calculated that a lie would suit his purpose better than the truth. He had not found that absolute honesty is politic; but that man would not lie if he thought it was against his interest. The motive of actual pleasure in the purposeless perpetration of deception is in many insane persons. When brought upon the scene they have actual pleasure in the untruth irrespective of any good to be obtained by its means. Just as the miser has lost sight of the real purpose and pleasure of money, and delights only in getting, so the insane, or many of them, delight in lying. Under such circumstances it can be understood that he is extremely difficult in trusting in many cases to evidence of persons of unsound mind; a difficulty which, it seems to us, has not been thoroughly appreciated by many writers on the Medical Jurisprudence of Insanity.

It is probable, as has been stated above, that this habit of untruthfulness may have been induced, in the first instance, by a want of capacity in the individual to understand the real evil resulting from a certain course of conduct. Indeed, this is a very common form of error, even amongst those who are not insane; and it is for the better guidance of such persons that the practice of adding the obligation of an oath, in a court of justice, to the other obligations which exist in the ordinary motives of man-kind, has been introduced. And, as habits are much more readily formed in a weak mind than in a strong one, so persons whose mental capacity is defective very rapidly become the puppets of this string of customs, and lies become the only habitual exercise of their minds. These facts ought to be borne in mind. The habitual untruthfulness of most persons of unsound mind is known to all those who have had any experience in the treatment or care of the insane.

(To be continued.)

FLATULENCE: ITS ORIGIN AND TREATMENT.

By JOHN CHAPMAN, M.D., M.R.C.P., M.R.C.S.,
Physician to the Farrington Dispensary.

(Continued from page 45.)

The doctrine which I have now endeavoured to explain concerning the genesis of gas in the alimentary canal by the agency of the nervous system negates the peculiar theory propounded by Dr. Chambers, as well as the views which he, Dr. Copland, and Dr. Inman hold in common on the subject. Whether or not the gas evolved in the alimentary canal of healthy persons is partly absorbed by the portal veins as affirmed by Dr. Chambers, I am unable to say: it may be presumed however, that, as a general rule, air within a shut sac, and subject to pressure, escapes in the direction of least resistance, and that direction in the case of the alimentary tube of healthy human beings consists, I believe, in its two openable extremities; for, in healthy persons, the nerve-current, passing along, what I have designated, the positive motor nerves to the mucous membrane of the stomach and bowels, flows, I apprehend, so continuously and steadily (though with varying force during different parts of each twenty-four hours according to the varying needs of the organism) that in the manner explained above the possibility of the cumbrous force coming into action. But there are cases in which, as a result of gastric or intestinal irritation, the reflex nervous energy directed to the muscular fibres of the cardiac orifice of the stomach, or to those of some part of the intestines, is so intense as to cause spasmodic closure of the passage in either one direction or the other—a closure so vigorous as to make the parts in question precisely those which present a maximum of resistance, and in such cases, when gas is copiously effused, it may, perhaps, be absorbed by the portal veins. So far I can concur with Dr. Chambers; but when he says that "the greater part of the large quantity of gas often swelling up the abdomen to a most distressing extent" is carbonic acid and atmospheric air derived from and swallowed with the food, that it is a normal "denizen of the alimentary canal," and that it accumulates inconveniently, only because for some inexplicable reason the portal veins do not act as they should be their normal function to do, I am compelled to differ from him in toto; and those of my readers who have duly considered the significance of the foregoing cases will, I feel sure, agree with me in regarding them, and all like cases, as examples of the perverted action of the alimentary mucous membrane, that action itself being a consequence of perverted action of the nervous system—generally of the spinal cord—induced by some one or more of the several causes already passed in review.

The doctrine concerning the genesis of flatus held in
common by Dr. Copland and Dr. Inman, viz., that flatulent effusions from the alimentary mucous membrane are consequences of organic depression or exhaustion, is, in my opinion, scarcely less tenable than the hypotheses just adverted to. It is quite true that such effusions very often, indeed, most commonly, occur in persons of delicate susceptible constitutions—that is to say, in persons whose muscular system is a task to overawe, and notably from the one in question. Persons commonly called "nervous" are so in the best and truest sense of the term; for, notwithstanding that several recent medical writers maintain that the nervous systems of those to whom that phrase is applied are extremely feeble or exhausted, the popular conception denoted by it—viz., excessive sensibility, great capacity of excitement, a tendency to emotional tumult, often developing into mental storms, as well as great, unfrequent, and not particularly rapid, is essentially correct. Every cause of the production of distention through the agency of the alimentary mucous membrane which has been mentioned above involves an action of the nervous system, and every action is an expression of force. And I may add, as a collateral argument in the same direction, that morbid muscular contractions, which are expressions of morbidly excessive energy of the spinal cord, are by no means unfrequent, and all actions of the kind of flatulent distension in question. Referring to spurious pregnancy, Sir James Simpson mentions three cases of this kind: in each case the leg was strongly retracted. In one case "the heel was for a time closely applied to the back of the neck;" in another, "the limb was strongly and permanently retracted, and presented the appearance of hip disease." Moreover, the only effective treatment I know of is the direct one. The question consists in exerting a sedative influence on the nerve or nerves of the pulmonary branches of the pneumogastric nerve; for if the function of some of those branches is really motor, as I have given reasons for believing it to be, and if the force they convey is expended on the bronchial mucous membrane—thus enabling it to secrete—it seems probable, prima facie, that a part, at least, of the gastric branches of the same nerve perform a like motor-function in respect to the gastric mucous membrane, and that part of the enteric mucous membrane to which they extend. Many of the terminal filaments of the gastric branches of the nerve have been found to pass through the muscular coat of the stomach, and to be distributed to its mucous membrane; and, though lesion of the gastric branches of the vagus does not necessarily arrest the secretion of the usual fluids poured out into the interior of the stomach, it has been proved, indirectly at least, that experimenters who section or ligature of the vagus is generally followed by vomiting—in those animals susceptible of it, by loathing of food, and by arrestment of the digestive process. Indeed, in some cases, the animals operated upon died of inanition from derangement of the functions of the stomach. But while division or ligature of the vagus is followed by vomiting, cessation of the digestive process, and perverted action of the gastric juice, an insufficient supply of blood to the stomach, or morbid changes in the gastric mucous membrane, the food is only partially digested, a portion of it being allowed to decompose and evolve offensive gases, much as in the same organic compounds would do if out of the body.

The successful treatment of flatulence necessitates, of course, the discovery and removal of its remote as well as its proximate causes. But in many cases to discover the remote or exciting cause, and when discovered to remove or avoid it, is a task of no ordinary difficulty. It should, nevertheless, be achieved as completely as possible; for so long as a morbidly sensitive nervous system continues subject to the special influences productive of the gaseous effusions in question, the sedative effects wrought on that system by curative measures will be constantly liable to be effaced. Unfortunately, the cause is in many cases of a kind which cannot be removed: retroversion of the uterus is often, and organic disease of the heart is always, irreparable; and, as already said, they are not unfrequently causes of flatulence. Any physician who has had the misfortune to attend a particularly nervous patient from experiencing those emotions the occurrence of which is immediately followed by an effusion of gastric or intestinal gas! How many and various are the circumstances in actual life which operate as causes of nervous disorders, and, inter alia, of flatulence, in persons preternaturally sensitive, and the baneful effects of which no possible amount of foresight and precautionary effort is adequate to remove as and moderation, both quantitative and qualitative, of the gastric secretions, yet, on the other hand, it has been not less decisively proved that in animals which survive the operation many days, the capacity of retaining and digest-
ing food is recovered; that, though immediately after the operation the secretion of the gastric juice is in a great number of cases suspended, it is resumed; and that the watery and mucous secretions, however modified in quantity and quality, continue to be poured out. These established facts indicate that the innervation of the stomach is remarkably complex, and that much of the nervous force distributed to it is conveyed through filaments of the sympathetic. Now, that there is an intimate structural and functional connexions between the sympathetic and the spinal cord, though only possible, but probable that the functions of the stomach are, to a great extent, carried on by virtue of energy from the spinal cord. And this conclusion, arrived at by the path of anatomical and vivi-sectional investigations, is decisively confirmed by my experiments concerning the effects of the application of ice along the spine—experiments which attest, as certainly as experiments can attest anything, that nausea, vomiting, and the generation of flatus by the gastric mucous membrane can be utterly suppressed by the operation of the sedative influence of cold on the spinal cord. Indeed, the efficacy of the spinal ice-bag in arresting the generation of flatulence I have assured myself of so often, that now, unless for special reasons, the use of ice is contra-indicated, I always have recourse to it in treating cases of this kind.

To be continued.

THE MEDICAL LADIES AT EDINBURGH.

BY W. J. NAISMITH, M.B., C.M. Edin.,
Consulting Surgeon to the Ayr Hospital.

In a recent number of the Medical Press and Circular, an article appears by Dr. Drysdale, in which he selects, as a text, the motion recently carried at the Royal College of Surgeons of Edinburgh, to the effect—"that it is neither proper nor expedient that males and females should be associated together in the study of medicine, either in hospitals or in classes." Now, between this expression of opinion on the part of the College and the first portion of Dr. Drysdale's letter, I humbly confess I can see no earthly connection. The fact of the College being prohibitive of females studying with males, whereas Dr. Drysdale discusses the matter of females studying medicine at all—a very different question, and one which, though, in another light, connected with the subject, is yet utterly foreign to the terms of the motion. The question was not whether "women" should "study medicine," but whether they should be allowed to do so in mixed classes.

With reference to the nurses, being constantly in the habit of witnessing all sorts of indiscriminate operations, I beg to state that in Edinburgh, at least (I know nothing of London hospitals), this evil does not exist. No operations are performed in the wards, the patients being previously removed either to what is known as the "small theatre" or, as cases of special danger or necessity, to the ordinary operating theatre of the Infirmary. In neither of these places are nurses present during operations, while at "visit," the nurse either stands at the door of the ward or in the middle of the room, and is, besides, usually shut out from all view of the patient by the knot of students round his bedside. She certainly would not dream of elbowing her way into the mob, and, shoulder to shoulder to the spot where the operations on the students, stand peering into the intricacies of surgical detail, as "the only student woman." As D. Drysdale says, "Edinburgh men will, I am sure, bear me out in the truth of these remarks, which seem to be all the more necessary after the unceasing and tiresome manner in which the "nurse" argument has been riddled to the death. The wonder seems to be how it was ever advanced, for, to my mind, there does not appear to be the slightest trace or shadow of an analogy between the two positions:—on the one hand, a lady medical student, reading the same books, dissecting the same subjects, examining the same cases, and being, in fact, in every way on the same footing with her male friends; and, on the other, of a hospital nurse, whose aspirations soar no higher than the station of life in which Providence has placed her, content with the performance of those humbler, but to herself not the less honourable, duties to which, in that station, she is called.

It is strange, moreover, that the advocates of mixed classes should so systematically ridicule and ignore anything like a sentiment of delicacy on the part of male students; how a strong expression of feeling on the part of, say five hundred medical students, who have been taught, should be so persistently and invariably attributed only and wholly to motives of jealousy and fear of competition in the pursuit of the honoraria of the Profession they have embraced. A wholesale process of moral rough riding, so to speak, has been exercised over such unworthy abstractions as a sense of propriety or the most ordinary gentlemanly feeling—bagatelles, doubtless, which have no place in this utilitarian and highly clever age!

Dr. Drysdale thinks that in speaking of this question of delicacy, a piece of injustice is perpetrated on the lady students. It may be so; and, indeed, in one sense, I think this is not improbable; but a much more heinous wrong is committed by those who attempt to violate the constitutions, not to speak of the feelings, of a large body of men, by thrusting into their midst a band of seven females, who, however "faithful," can never be held as accurate representatives of their own sex, and of their own sex throughout the country. Finally, with reference to "rash uterine operations," I don't suppose doctors are guilty of performing more rash operations on the sister sex than they are wont to do on their own; and as to female doctors not being permitted by their own sex to attempt these "rash" procedures, why I think that would be the clearest proof yet afforded of the entire confidence women have in male physicians, and throws considerable doubt as to their belief in the capabilities of those of their own sex !

Transactions of Societies.

OBSTETRICAL SOCIETY OF LONDON.

Dr. Grants Hewitt, in his Farewell Address on the 5th inst., passed in review the work of this Society over the last twelve years ago. The address gives so lucid an account of the advances in obstetrics during that period, that we give as lengthy an abstract as possible, and for the most part in the words of the speaker.

After touching on statistics and some other topics Dr. Hewitt said:—

The valuable anaesthetic, chloroform, was introduced by our lamented colleague Sir J. Simpson before this Society was founded, but the proper and safe limitations to its use in midwifery practice have been discussed by us on several occasions. We have come—some of us, at all events—to recognise the fact that chloroform has a tendency to make labour "lingering," that it sometimes enfeebles the uterus, and may thus cause hemorrhage. This tendency it is proposed to do away with by diluting the chloroform by mixture of alcohol or other vapours, or by accurate mixture with air. Dr. Sansom has pointed out the great liability to the inhalation of poisonously high percentages of chloroform at high temperatures unless proper care be exercised. Mr. Elliot has given us new indications for effecting such mixtures. Dr. Kidd has given us, and has been the means of eliciting, much valuable information. The general conclusion I take to be, that in ordinary midwifery practice the anaesthetic should be diluted, that it should not be produced in the full effect, and that in all cases rather excessive precautions against hemorrhage are required when chloroform is given.

The very important subject of distorsion of the pelvis—a condition so full of danger to mother and child—has frequently incidentally been before us. Since the formation of this Society, a new form of distorsion has been added to the previous list...
the spondyliolysis, or projection forwards of the last lumbar vertebrae from carry or other disease of the bones beneath; first described in 1853 by Killian, of Bonn. Dr. Barns has con-
tributed in our "Transactions" an exhaustive paper on this new and interesting deformity, detailing the particulars of thirteen cases. The disease is rare but has been known to occur in some number of cases, and more commonly now attention has been directed to its exis-
tence.

Of the great obstetric operations, most of which we can happily designate as conservative ones, the forcipæ is the chief and the foremost. What has this Society done to further the use and development of this instrument? In the first place, this Society has on several occasions expressed itself strongly on the great impolicy of postponing the employment of the forcipæ when the labour is not a progressive one, and when it is delayed. We have endorsed the opinion put forward by Dr. Tyler Smith in a very able paper, that the head ought not to rest on the perineum some hours before the instrument is applied; we in the same way repudiate the old maxim that it is necessary to feel the ears before using the instrument; we no longer insist on the os uteri being fully dilated in order to apply it; we do not consider the entrance of the blades into the uterus as pre-
judicial; nor do we object to the employment of slight degrees of compression to the frontal head when necessary. These various questions require the use of discrimination on the part of the attendant in particular cases; but the question is gen-
erally one of mechanics. In Dr. Tyler Smith's paper, and in a way, indeed, which those who have in hand, is exceptionally successful, a life-saving instrument is most strenuously insisted on. Unquestionably, however, this Society has still work to do in urging this point on the attention of the profes-
sion.

Then, with reference to the form of the forcipæ, something must be said. The tendency has been, in this country at least, to employ an instrument too short in the blades. On the Continent they have not fallen into this error. Attention has been directed to this point in this Society: and our noble exhi-
bition of obstetrical instruments has contributed facts of importance. There can be no doubt that the forcipæ should have tolerably long blades, and that it should have handles giving the operator some little power.

The last twelve years have seen much that is new in the operation of turning. The true value and place of this great operation has been more accurately defined. Our esteemed honorary member Dr. McGeorge, M.A., has published an essay on the very able paper. The question between the high forcipæ opera-
tion and the operation of turning is hard to determine in a general way, and it is quite evident that the individual difficulty will always have to determine the individual choice. Respect-
ing the method of performing this operation, Dr. Braxton Hicks has introduced a novelty and has stated, that it is hardly necessary for me to state to you that the bi-manual method of turning, which we owe to Dr. Hicks, enables us to turn in many cases where it would be otherwise difficult or impossible. It is a real addition to our armamentarium. The new operation will not, of course, supersede the old one, which must still be practised in many cases. Dr. Braxton Hicks has revived and developed a fact really stated by Hull and Burns many years ago, but lost sight of till now—viz., that the fetal head can be brought through a very small gap instead of the whole head, when the presenting part is ante-
sated at the aperture, the cranial bones and the lower jaw being first removed. The practical application of this fact will add extraction in certain otherwise very difficult cases. Another novelty in the same direction is the suggestion of Dr. Barns's to use the accompanying ligaments by means of a very strong wire, worked by an adaptation of the cæsarean section.

Before this Society was founded the cephalic tribe was hardly known of at all in this country. We have now, in the instru-
ment of Dr. Braxton Hicks, a most portable and practical instrument. Dr. Barnes, Dr. Matthew Duncan, and Dr. Kidd, of Dublin, may be considered the pioneers, and they have succeeded in so many cases that we have not yet determined that this remedy is entirely devoid of danger. I mention it therefore with that slight qualifica-
tion. Certainly the most important thing we have to do is to prevent the patient from actually dying under our hands from post-partum haemorrhage. Now in adopting any remedy under such circum-
stances, we have to consider also the possible secondary effects of this treatment.

It must be admitted that transfusion is a remedy which is the only one capable of resuscitating a patient in certain cases, and that it is a remedy which must always be considered in alluding to the subject of post-partum haemorrhage. It has saved many patients, and will probably save many more. The difficulties in deciding on the adoption of the operation are always very great.

We are liable to suddenly die during the first two or three weeks after labour; and the pathological explanation is a very interesting one. The conclusion, as it seems to me, to be drawn from the cases brought before this Society, is the duty of preventing such an occurrence; and it would certainly appear that the condition which has been most usually at fault.
has been a general weakness of the system, making it, therefore, extremely advisable, as prophylactic, to sustain the strength of the lying-in woman in every possible way, and to prevent all possible means of infection in general. I think it has come out, from the discussions that have occurred in this Society, that whatever may be necessary by way of prophylaxis, it is a disease in which conscious stimuli is most important, if the patient is to recover.

Dr. Hick's has given us a novel pathologic fact—namely, that in certain cases convulsions are apparently a prelude to the albuminuria. This is a matter which requires much further investigation.

Eighteen cases of extra-uterine pregnancy have been recorded. In only one case was there any apparent cause for the temporary condition of amenorrhoea; an operation performed on them, which might possibly have saved their lives—namely, opening the abdomen and arresting the hemorrhage by surgical means.

With reference to abortions, Dr. Priestley has urged on the Society the desirability of almost invariably endeavouring to remove the accidents instead of leaving them in the uterus; arguing that this is safer, on the whole, even in cases where the removal is somewhat difficult.

Turning to the subject of the diseases of women, Dr. Hewitt said, I think we have come to recognize this, that the uterus in some cases undergoes important alterations in regard to its shape—alterations capable of exercising very important influence upon other conditions, which, perhaps, some might consider even more important—namely, the inflammations of the uterus. With reference to the subject of dysmenorrhea, I think it may be said that an operation which some time since was very much vaunted, for the cure of this condition has come to be rather discredited—I mean the making of large incisions into the uterus.

We have had some twenty-three papers or contributions of various kinds relating to ovarian tumours. Although ovario-cystony was not first practised in this country, yet it has been, as it were, the subject of the most important attempts at this operation, has, in fact, during the last few years, come to be practised very largely; and the operation has afforded an instance of the fact, that, when the British mind does take up a thing it takes it up very efficiently indeed.

The success of this great operation has, in fact, obtained for English surgeons and physicians an extreme notoriety throughout the civilized globe. The operation is now performed in Stockholm, it is performed in Germany, and it has been performed in Australia and in India with success.

On fibroid tumours of the uterus and polypi of the uterus, Dr. Hewitt supposed it can hardly be said that we have discovered how to prevent the formation of these tumours, it cannot come to be practiced very largely; and the operation has afforded an instance of the fact, that when the British mind does take up a thing it takes it up very efficiently indeed.

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THE SURGICAL SOCIETY OF IRELAND.

The second meeting of the Society for the present session took place on Friday evening, the 6th January, in the Royal College of Surgeons. The chair was taken at half-past eight o'clock by Mr. Albert Walsh, the President of the College.

The Secretary read the minutes of last meeting, which were confirmed.

THE UNITY OR THE DUALITY OF THE SPHINCTER.—ADJOURNED DEBATE.

Dr. McNamara resumed the debate on this subject. He expressed his thanks for the courteous manner in which his suggestion in favour of an adjournment was received. He made it, feeling that in a society such as this, where so much good and true work was being done in the cause of science, scant justice would have been done to Mr. Morgan's paper had the discussion continued on last evening. There was one thing struck him in Mr. Morgan's address which ought to be borne in mind, it was, that Mr. Morgan requested the members, so far as they could, to confine their observations to their personal experience. Mr. Morgan desired, from practitioners who had seen too many examples of this disease, an opinion upon its unity or its duality. He (Dr. McNamara) was a firm believer in the unity of the syphilitic poison. Many years ago, when he was almost a student, some cases came before him which left a powerful impression on his mind. Three fine, healthy, vigorous young men, acquaintances of his own, placed themselves in the position of being able to boast of their good fortune with a lady of very attractive personal appearance in this city, and shortly afterwards they were in a position to present to their medical attendant a rather unsatisfactory state of the genital organs. The transaction was one of the preposterous cases, which was resident pupil at the Meath Hospital. They accompanied him to the late Mr. Cusack, and were all subjected to his treatment. One of the gentlemen rapidly got well, and for five or six years he appeared to be in the enjoyment of perfect health. A second got an exceedingly bad syphilitic sore throat, approaching to phagedena. He got well; and the third gentleman appeared as if all the trials on earth were to pursue him. He had primary, secondary, and tertiary symptoms, and his leg was amputated for syphilitic disease of the ankle-joint. He (Dr. McNamara) believed nothing more implicitly than that they
all received the disease from the same woman. No. 1, who escaped so well, married after six or seven years. A child born to him was syphilitic, and died within a month. There was nothing that could attract attention, but still, lurking in his constitution, was the syphilitic virus got from this woman. The second came to be the only one who had the disease, though born and well, and his children were among the healthiest, hand- somest, and finest to be found in the city. The third gentleman died a bachelor. As far as Mr. Cusack and himself could see, the disease presented the same primary characteristic in each. There was nothing very much on the skin or of the body, yet, the poison. The fact that one sore could produce a disease so different in its action on three different men might possibly be accounted for very much by the nature of the soil upon which the seed had fallen. A great deal too much attention had been given to "species," as if they were acting upon a machine and not upon the human system, affected by hereditary taint and various conditions which would all affect the result. The late Mr. Porter used to speak of a disease which he described as a mixture of syphilis, mercury, and scrofula. There was no doubt that the rheumatic and scrofulous symptoms were absolutely caused, and it would be met by the assertion that in these cases to which he had referred, the woman might have had two distinct sores at the same time. It was very difficult to meet that argument; but there were some things that were recognised as distinctive features. In the soft sore they had an impurpuring glandular enlargement. In the soft sore they had the glandular suppurating enlargement. During last summer, he had in the Meath Hospital two syphilitic patients, who lay in adjoining beds. One man had a corona of patches of soft ulcer, which in a few days had made his whole face and neck impurpurated. The other had a hard and a suppurating bubo. The patient might give rise to a greater number of different sequelae, and constitution should be considered in the treatment.

Dr. R. McDowell regretted not having been present on the occasion of Mr. Morgan's communication to the Society. He had, however, read it carefully since its publication. Mr. Morgan's experiments, so far as he could interpret them, did not throw any new light upon the question as to the unity or the duality of the venereal poison. He had, however, brought before the Society for discussion a topic of great interest. He asked, "Was there a distinct line of demarcation to be drawn between the two sores?" He wished to know, "What was the experience of members on this point?" Before attempting to give an answer to the former of these questions, he would state an experiment, the result of his own experience, Dr. McDonnell wished, for the sake of clearing up the terms he should employ. Seemingly, as he inclined very strongly to what is known as the view of the duality of venereal poisons, he might be allowed to state explicitly what he understood by the terms "hard" and "soft sores," as applied to venereal ulcers. They were, of course, very indefinite. Let us rather adopt the terms used by the Commission on Venerable Diseases—"syphilitic and simple sores." A syphilitic sore means such a one as is the forerunner of constitutional syphilis; hardness about the base is a not infrequent, but by no means constant, accompaniment of such a sore. To use the term, "hard sore," as though it were synonymous with syphilitic or infecting sore, therefore, has led to much misconception. There is probably not an individual who has not met with cases in which constitutional syphilis is accompanied by soft "venereal" sores; hardness is a mere incidental phenomenon in such cases; and if, therefore, the term "hard sores" be used in such cases, it is a mere generic term (synonymous with infecting sore), such sores must be regarded as hard sores, in which the hardness was left out. Now, if you consider the base of the ulcer, that is the most important symptom of a venereal sore. How are such sores accompanied with irritation?—if, therefore, the term "hard sores" be used, the base is the most important symptom of a primary syphilitic ulcer. He had seen (as, he presumed, most observers present) hard sores followed by secondary syphilis in which neither patient or physician had observed a phenomenon of the base. Outside the category of venereal ulcers altogether (whether of the nervous system, of the skin, or the genitalia) there is no reason to consider that the genital organs should have an immunity from the "accidental" ulcers, such as may occur on other parts of the body. How often do scratches and slight inoculations with aedn matter, leech-bites, &c., give rise to angry ulcerations, slow in healing. The delicate texture of the covering

of the glans and penis, the rough usage it often gets, the filth which accumulates beneath the prepuce, as well as the foul secretions of the vagina, rubbed into fissures and excoriations, are enough to render this portion of the frame peculiarly liable to "accidental" ulcerations. Doubtless many sores connected with such ulcerations, and not with the venereal or the question before the meeting, is—Are there two distinct species of sores among those generally recognised as venereal sores? To answer this question it is necessary to have a precise idea of what species means. Does it mean something absolutely distinct ab initio? Does it imply that a poison was created in ages past, which poison had produced its like by descent from parent-sore to offspring for centuries? Does it involve the supposition that a certain species of disease has descended from an ancestral sore (an Adam) unchanged and unchangeable? Let us have the present meeting in examining what are called its specific characteristics. Or, on the other hand, is species here (as by the leading naturalists of the present day) supposed to originate by descent with modification? According to this view, several species may arise from a common parent, and varieties will gradually pass into species. Obviously, upon this hypothesis, although the characteristics of venereal sores may differ so that we may place certain groups together, it is impossible to deny that a certain relationship exists between all venereal sores. Perhaps I may best explain the view I myself adopt by an analogy. In reality, the poison, which we have considered as the agent by which inoculation of the skin, became (we know not how) disarmed of many of its most formidable properties. Varioloid and varicella are, in Germany, at least, now admitted to be further modifications of the same complaint. The small-pox virus, when transferred to the cow and brought back to man again, has become a less virulent disease; but species are not lost. It rarely causes any general eruption, and, in fact, it has been thus robbed of its most pernicious properties, and seems to retain only the beneficent power of giving immunity from the grave affection from which it is itself descended. Thus, we have varicola (malignant and benign), variola, varicella, vaccinia, so many varieties or species of disease produced by "descent with modification" from a parent poison. It is not improbable that typhus and typhoid fever bear the same relation to each other; yet, with the lapse of time, and diversification of circumstances, we are apt to be deceived in examining these poisons, like those of variola and vaccinia; and by our investigation of cases, so that many physicians regard them, as it were, as distinct species, having yet something in common. Now, Dr. McDonnell continued, I think experience shows that we see in syphilis cases which vary in intensity, just as variola, varioloid, and varicella. I know of a case where I had been fifteen years without the complaint; the patient had recovered, and ten years after he had been attacked with the malady, was cured, and went on to die. I wish, then, to know what phenomena are connected with it. This is a case of the complaint, the patient died, and the complaint has died as well. Thus, is the disease, as it is known in the medical journals, a disease of the skin. If you consider the fact that the complaint did not entirely cease, but continued as an incubation, then I think you will be in a position to judge of the cases, in which the disease has arisen, and you will find them wanting, though not exactly the same.
8,000 cases of syphilis had been entered on its books. At first he was very much perplexed by the subject, and he was in-duced to make observations. He had observed, in private practice, that when a patient came to him with chancry sores, he irritated the subject of inquiry, but it was sometimes associated with a suppurating bubo; but in the Lock Hospital the great majority of cases suffered from constitutional symptoms. He was determined to follow up certain experiments, and he tried the inoculation test. He was not positive, because he was aware that this would not of the slightest value, except the greatest possible precision was employed in their investigation. He inoculated the soft sore—the simple syphilitic sore. It was a sore with a sharply cut edge, a grayish base, seccuring pus, and occasionally accompanied by a few inflammatory dehiscences. He found very few cases in which he could be satisfied, that they afforded the slightest accuracy of investigation. In those cases to which he gave the greatest care, he found that the pus secreting soft sores were not followed by secondary symptoms. These experiments satisfied him that he had not the slightest idea of his difficulty, and he found that it was not auto-inoculable. It was a peculiar parchement form of sore with a dense cartilaginous base. He also tried inoculation of phagedenic sores. He would now explain this question of mucous tubercles. He felt called upon to put this question to a test, and he made a little concoction and inoculated by secondary, and they were invariably followed by secondary habits. During an experience of ten years, he had only found five or six cases in which he could effect an inoculation of this sore. Hardness was really not a distinctive characteristic of it. He found in these five or six cases, that they had an average incubation period of about twenty-four days. He thought that corresponded pretty much with the inquiries made on the subject by Ricord and others. He (Dr. McDowell) did not at all agree with Mr. Morgan on the conclusion he had drawn from his experiences in the Lock Hospital, so far as his present knowledge of the subject was concerned. He did not desire to be too dogmatic on a subject which had occupied the minds of more distinguished persons. Mr. Morgan said a mucous tubercle would produce a soft sore. He had tried the mucous tubercle, and he could not get a soft sore. The mucous tubercule was an evidence of the blood having been polluted by the disease. He tried the mucous tubercle. He had it washed, and he covered it with a watch glass, and he failed to find the truly inocculable sore which would inoculate as the simple sore did. In connection with this mucous tubercle, which was a most important point, he has referred it to the patients, and it was not found to be not inocculable again and again, as the true sore would be. To the Lock Hospital, during the past year, 876 cases were admitted, 100 of which were first admission cases. No less than ninety-six out of the 190 suffered from constitutional symptoms, and forty from gonorrhoea, and there were forty fift cases of accessory to the cases which came to him. The twenty-seven cases that Mr. Morgan had to operate upon were patients who were following a system of prostitution through the city of Dublin. In a subject requiring so much precise inquiry these were not the patients, each of whom was receiving a trial upon which he based his conclusion. He denied that discrimination which strict science would require. With regard to the ninety-six cases which were in the hospital, a great number of them were cases of mucous tubercles. His experience of the mucous tubercle was, that it was the great source of syphilis in this city. It was that part of the primary or secondary syphilis, which, of all others, was the most eminently contagious and the same time most prevalent. These unfortunate women could indulge their vicious habits whilst suffering from it. The hospital was a voluntary hospital, and the women did not come in until they were suffering from a disease to which the notice to the Society referred. He wished to say that, though he was compelled, in compliance with the rules of the Society to say no more at present, he had not finished his observations on this subject.

Mr. Tuffnell said, that having had charge of bodies of men, many of whom were in the habit of having intercourse with the same woman, he had seen different forms of sore communicated by the one individual to different men. His belief was, therefore, in the unity of the poisons, and he took Dr. McNamara's view. He would be glad to know whether, in the cases mentioned by Dr. McNamara, the character of the disease in the primary sore was that which in each of these individuals; also, whether the treatment was the same, and whether they were subjected to mercury or not.

Mr. Byrne, formerly Surgeon to the Lock Hospital, said that a great man who preceded them looked upon this disease as a simple poison, and it was only recently that this dual poison theory was broached. He had seen soft sores followed by constitutional symptoms, and he had seen soft sores heal up like a common ulcer. Were the gentlemen sure, when they talked of soft sores, that they had diagnosed correctly? What had happened to him might have happened to others. For years he had been puzzled by this soft sore; he found secondaries following one and not the other. After a time, he used the touch as well as the eye, and he found that in the sores that were followed by constitutional symptoms there was a great hardness. The real soft sore could never be mistaken. For a long time he was puzzled by the cases, but he believed he was in a great measure shaken with regard to it, and he looked upon the matter now as sub judice. In the male sex, the soft sore invariably heals—that is, the true soft sore, like a common sore. The parchment sore is sort of the soft one, followed by a bony one. He thought it was admitted on all hands that the Hunterian chancre was, as a rule, followed by constitutional symptoms. He believed that the sore depended much for its character on the region on which it was situated. If his views were correct, and they should be taken quantum velox, they gave the coup de grace to the dual poison theory.

Dr. Stewart mentioned some cases which had been treated by Dr. Houston without mercury, and which were not followed by secondary symptoms. He was inclined to think that the venereal sore was a unity and not a duality.

Dr. McNamara mentioned that in the cases referred to by him the treatment was on precisely the same principle in each— with mercury.

Dr. Henry Kennedy said there was no reason for believing that there were two poisons in small-pox or scarlatina, and why should there be two poisons in syphilis he could not understand. As regards the nature of the sores, he need not tell those present what an extraordinary difference was caused by the natural constitution of the patient, and the circumstances in which he was placed, above all, after he had run the risk of the poison. Drinking, or keeping late hours, would materially influence the course of the sores. He believed that there was but one single poison in syphilis, and he believed it arose from promiscuous connection. In his opinion they were not indebted to America or to any siege for it; and if Dublin were clearly rid of it now, it would generate in a month. The poison of syphilis appeared to him to be a unity.

Mr. H. G. Cowle believed that the question, whether there were one or two poisons, might be of great importance. He would be slow to come to any conclusion from the cases that were brought under their notice from the Lock Hospital. It was quite possible that a woman admitted there might have been suffering from various forms of sores and gonorrhoea before she might have been referred to the Lock Hospital as a soft sore. They should be slow, therefore, to come to any conclusion in a disease like this from the cases that had been brought forward. He thought the treatment of syphilis in man and in woman was a very different thing. They might have three or four diseases in the case of a woman; whilst they could generally see what they had to deal with in the case of a man.

Mr. Wharton, V.P., regretted that one important matter had not been alluded to—the capability of producing sores from the inoculation of gonorrhoea matter, or, at least, matter spoken of as such. He had had the opportunity of seeing the
results of Mr. Morgan's experiments in producing a chancre on different parts of the body; or, at least, sores by inoculating with a vaginal discharge. He hoped Mr. Morgan would allude to the subject.

Mr. Johnstone (Army Surgeon), was astonished at the remains of Dr. McNamara in illustration of his un-theory. The cases mentioned appeared to him to have been infecting syphilis, and the symptoms described were those that followed a hard chancre. The only unity in the case was that they were all caused by the same woman. He had examined over two thousand cases of syphilis, and added to the Army, and had not met one case in which a man had a second syphilitic attack. Many of these had had the soft chancre before getting the infecting chancre, but that left them after acute eruptions. The observations of Mr. Morgan about the hard chancre in women was to his mind, was at least. He (Dr. Johnstone) had not had much experience of the disease in women, but lately he met a case in which a woman had a hard chancre on the right labium, and a most extensive eruption all over the body. The vaginal discharge was an evidence of the infection in the system, the origin as the eruption on the skin. He came on with the eruption of the second eruption. He had no doubt on his mind that the vaginal mucous membrane was subjected to the same disease as was seen. With regard to Mr. Morgan's idea of removing cases by inoculating the vaginal discharge, and his advocacy of the treatment, he thought, they might try it; but before adopting it, they must look into the origin.

The chief treatment, he believed, for infecting chancres was thorough cleanliness; there was no necessity for mercury, as it only favoured the eruption of chronic disease. He could not see that Mr. Morgan's patients received any benefit from the inoculation; a long time elapsed before they were removed from hospital. The acute eruptions might be removed by a bath or nitrate of potash.

Mr. Morgan, in reply, said, he was afraid a great many members had been speaking of what he did not allude to. He referred at present only to Dublin, and therefore he would ask the practical experience of the surgeons of Dublin, of course he would also be glad to have the experience of the Army Medical Staff. Everyone seemed to be anxious to run down the clinical value of the prostitute, but only for those unfortunate there would be no vaginal disease. What was the origin of the variety of venereal disease in the male, and where was it got from? If the question was not asked in the female. Everyone would not be able to prove what he was about to say, in the case of an uninfected subject, but he knew that from the vaginal discharge of constitutionally infected patients, he could produce syphilis; soft sores in other infected cases. If they could produce soft sores in quinsy, should they not be according to the dual theory hard sores in uninfected cases, yet seldom did they see the hard sore compared with the soft. The question was whether the infection in the case of an uninfected patient would produce a hard sore or a soft sore. The first case in which the disease was tolerably fine, strong, vigorous young woman. She was in the Lock Hospital about eighteen or twenty months ago, suffering from undoubted venereal.

She had a very angry sore which he touched with nitric acid. She lost her hair, and had all the symptoms of secondary syphilis. After the months after she came back with an ulcer on her neck, not at all connected with the genital organ. He examined her carefully for several days to see if she had sore. He then took one small drop of pus, or mucous-pus from the vagina, and inoculated six patients, and succeeded in every instance. He produced no syphilis. The observations of the results of the inoculations. One of the patients was inoculated in the hospital, and he had never had a sympov. From the 7th July until the present, she had escaped. In another case the patient was already tolerably affeted. He used the same inoculation with each patient. The one who showed the least infection showed the severest sore, and the other who was the most severely formed the slightest case. Another girl, seventeen years of age, whose history he should give, came into the hospital without any symptoms but a slight inflammation in the groin. She was in hospital two months, and he examined her three times with the inoculum. He could find no sore. She said she had some discharge which was a minor matter, but the chief ailment was a large suppurating bido. She had no rash or sign of syphilitic affection, yet she inoculated herself as the sore came in contact with her thighs, owing to her fat condition. With the discharge obtained from this woman, he produced a most vigorous syphilitic chancre on a child, eight years old, that was suffer-

ing from constitutional syphilis, and from this again he produced sores in a similar way upon patients in other wards. Shortly after the bido she began to feel, and had the usual symptoms of constitutional syphilis. If these women were the sources of the two diseases, of course it must be said that they must have different sores. It was suggested then, that they had some sore inside the vagina. He had only one case in several years practice of an intra-vaginal sore. Therefore, he thought the conclusion was very fair that these sores were derived from vaginal discharge. Mr. Morgan was an infected girl in the hospital who had a vaginal discharge, and not a sore. He would read an extract from the subject from a letter he received from Dr. Chaplin, of the Cawrgh Lock Hospital.

I am rather inclined to think that vaginal discharge without a sore may produce sores. Several men admitted into hospital for primary syphilis, named the women from whom they got them, and the women were in the Lock with vaginal discharge, only the men suffered from sores, but he could find no sores in the women." He then read an extract from a letter written by the surgeon of the Female Lock Hospital in London with regard to sores and the supposed existence of infecting hard and non-infecting soft.

"Severe secondary symptoms have also frequently occurred after soft sores. I imagine that hard sores are almost invariably followed by constitutional mischief; and that a considerable number of soft sores are followed by symptoms, but that there is not much difference in the theory of following a hard or a soft sore." Here again, his experience in Dublin exactly coincided with that of the Lock Hospital, London, no question whatever that soft sores were of constant occurrence, and hard sores of extreme rarity, yet every patient almost shamed would, have given evidence of infection quite disproportionate to the aspect of the primary sores in their appearances and characters. Mr. Morgan was then proceeding to discuss the subject with regard to the evidences obtained in the process of syphilization, when at this period of the debate, it was agreed to defer the discussion, in order to have the matter on the treatment of syphilis by inoculation brought before the Society as a distinct subject.

DUBLIN PATHOLOGICAL SOCIETY. The Society met on January the 14th, the chair being occupied by G. H. Porter, F.R.C.S.I., Surgeon to the Queen in Ireland.

Mr. Porter exhibited a PORTION OF THE RIGHT FOREARM AND HAND OF A PATIENT OF HIS IN THE MEATH HOSPITAL, ON WHOM HE HAD PERFORMED WHARTON'S MODIFICATION OF TRAIL'S AMPUTATION OF THE FOREARM, ETC.

The patient was a married woman, aged twenty-four years. Eight months previous to her admission, she observed a small kernel in the centre of the palm of her right hand, at that time it gave her no pain, but she constantly felt great itching in the little tumour. The growth steadily increased in size, and the sense of itching soon gave way to that of numbness of the whole hand. About three months after the first appearance of the swelling, a gnawing pain commenced, and increased in intensity until the removal of the disease, so severe on many occasions, that she lost her sleep. She was much emaciated and very feeble, there was no enlarged gland in the axilla. A section of the tumour showed a well-marked example of soft cancer, the mass was the size of a small orange, brain-like in structure, with vascular spots, and blood clots interspersed. Mr. Porter considered the specimen worthy of being brought to the Society, observing, that, although that species of cancer called epithelioma, was frequently seen in the skin of the dorsum of the hand in advanced life, the form of malignant disease now exhibited was not very often found invading the hand.

"(To be continued.)"
We know full well that under such a condition of things the Licensing Bodies would grant none but the higher degrees of honour, and they should either keep aloof on the income derivable from such functions, or not at all. In a few months no Medical Faculty which depended solely on its earnings would exist, and the qualifying of the profession would thus pass in globo into the hands of the Universities, who could afford to live without a great subsidy for medical qualifying examination conducted under State guarantee and supervision by a single Court, equitably constituted by the Colleges and Universities.

But there are some of the details of the Bill of the Irish College of Surgeons worthy of observation and open to debate by our readers. Adopting heartily the principle of direct representation of the Profession in the Medical Council, the College has its own scheme for the reconstruction of that body. The British Medical Association would make room for the representatives of the Profession by disfranchising four Licensing Bodies, and increasing the Council by one additional member; while the Lancaet would cut down the number to twelve, giving four each to the Licensing Bodies, the Crown, and the Profession. The College of Surgeons of Ireland would leave the representation of the Medical Authorities intact, and would provide space for the directly elected representatives at the expense of the Crown Nominees. Whatever difference of opinion may exist as to continuing to the Licensing Bodies so powerful an influence in the Council, there will, we imagine, be little pity in any quarter for the Crown element. In the first place we feel that, considering the check which the Privy Council is enabled to exercise in the public interest over the Medical Council, it is quite unnecessary that the Government should be provided with additional powers by its representative in that body. But we appeal to an experience of twelve years to prove that the Crown Nominees are in no respect delegates either of the Government or of the public, and have exercised no check whatever upon the money-making and under-selling procullities of the Licensing Bodies.

The Crown representatives have been of the same metal as the other members, just as partisan, as prejudiced and as obstructive, and they have only served to increase the University as against the collegiate influence in the Council to an overwhelming extent. Every man has his own College or University, whose representative he is just as much as if he were its sworn delegate, and he cannot fail to give practical expression to his prejudices in its favour of his vote and voice, unless he is under the influence of the stronger claim to consideration of his electoral constituents. We think, therefore, that the Irish College of Surgeons has selected the least useful part of the field to plough up for its new seed, and if it has made an error in its proposal for reconstruction, it is not in the inmolation of the Crown nominees, but in the redundancy of the licensing votes. We propose to return to the subject next week.

PUBLIC HEALTH.

The mortality returns continue to show a most alarming state of the public health. The aggregate annual mortality for the whole kingdom has risen to 31 per 1,000, and the rates for the seventeen English cities and towns, stated in the order of their topographical arrangement, were as follow:—London, 30 per 1,000; Portsmouth, 18;
Norwich, 38; Bristol, 36; Wolverhampton, 28; Birmingham, 35; Leicester, 31; Nottingham, 28; Liverpool, 44; Manchester, 29; Salford, 32; Bradford, 25; Leeds, 30; Sheffield, 31; Hull, 24; Sunderland, 24; and Newcastle-upon-Tyne, 23. The deaths from all causes in those seven towns were less by 184 than those returned in the previous week, there being a considerable decline in Liverpool and Manchester. Small-pox caused 175 deaths, of which 135 occurred in London, 33 in Liverpool, 3 in Manchester, 1 in Hull, and 1 in Newcastle-upon-Tyne.

In the same week (ending Saturday 14th) the returns show that in London the mortality was higher than in any week of 1870. This mortality arises from small-pox and other zymotic diseases. The Registrar-General reports that last week in the towns named, zymotic diseases caused 308 deaths, including 135 from small-pox, 27 from measles, 77 from scarlet fever, 9 from diphtheria, 15 from group, 38 from whooping-cough, 10 from typhus, 17 from enteric (or typhoid) fever, 1 from relapsing fever, 10 from simple continual fever, 11 from erysipelas, and 17 from diarrhoea; and during the same week small-pox was fatal in London in the proportion of 22 deaths annually to every 10,000 of the present estimated population. The greatest number of deaths previously recorded from small-pox in any one week since the passing of the Compulsory Vaccination Act, 1853, was 71, in the week ending May 9, 1863, and the fatality of the disease during seven consecutive weeks at that time averaged 66 deaths per week. In the seven weeks ending Saturday last the deaths averaged 81 per week.

The extent to which small-pox prevails in different parts of the metropolis, so far as the mortality returns afford indication, can only be correctly ascertained by distributing the fatal cases occurring in the small-pox hospitals at Hampstead and Islington, among the districts whence the cases were brought. Thus, last week there were 39 deaths returned from the Northern group of districts, of which 25 occurred in the two small-pox hospitals situate in those districts. Of the 25 fatal cases, 9 had been brought from the Eastern districts, while only six belonged to the Northern group itself. After making a correction of this nature for each of the five groups of districts, the mortality in each group last week from small-pox was in the annual ratio of 24 deaths to every 10,000 of the present estimated population in the West, 14 in the North, 20 in the Central, 45 in the East, and 10 in the South districts. The rapid development of the epidemic in the Western group is apparent from the fact that out of an aggregate of 83 fatal cases returned during the last 15 weeks, 50 have occurred within the last three weeks. In the two sub-districts of St. John and St. Margaret, Westminster, out of 70 deaths registered last week from all causes, 21 resulted from small-pox; 3 children in one family died in the latter of these sub-districts, and notes appended by the registrar of St. John's to his return evidence a most deplorable neglect of vaccination among the population.

If we turn from the mortality returns to the statements of the Officers of Health, we find the reports just as unfavourable. Thus, Dr. Hardwicke has reported to the Paddington vestry that it will be necessary to erect a temporary hospital for the parish, as the hospitals at Highgate and Hampstead are full, and the one now in course of completion at Homerton will not be fit for occupation till March. The vestry had already fitted up a ward in the infirmary of the workhouse, but Dr. Hardwicke properly warns that that plan may be tended with serious results, for in the event of the epidemic breaking out among the paupers, it would be impossible to estimate the consequences. Dr. Hardwicke says that vaccination has been much neglected in Paddington. Dr. Hardwicke strongly condemns the present system of erecting small-pox hospitals several miles out of the parish, and recommends that each parish should have its hospital in a locality where it can be reached without difficulty or delay. In that view he is supported by Mr. Marson, of Highgate Small-pox Hospital, who writes:—"I cannot see the wisdom of erecting temporary hospitals four miles off. Why not open a temporary hospital on the spot where the patients are, instead of conveying them four miles through the heart of London? I think that a 100 small-pox patients together are quite enough, for we have tried the experiment." Similar advice has been tendered by other Officers of Health; and Dr. Bridge, of the Poor-law Board, has been busy all the week attending various Boards of Guardians, and urging them to take immediate action, and to erect temporary hospitals. We are glad to say that Dr. Bridge's advice has been followed generally. At the Hanover-square Board we note that Dr. Brewer, M.P., in moving the appointment of an officer to follow up the births registered, and see that the children born were duly vaccinated, said in the course of a week or two the Metropolitan Asylums Board would be ready with accommodation for 750 cases, while the actual cases for which accommodation would be required was 575.

The history of the small-pox epidemic is well summed up in a Report presented to the Poor-law Board by Dr. Bridges.

**Iodized Milk.**

From Hoffman's most admirable report on the "Progress of Pharmacy, 1869," we make the subjoined extract, which has a practical value for the physician:

**Iodine and Milk.**—It is well-known that milk takes up iodine, disguising its taste, smell and colour, completely; since iodine is an antiseptic, iodized milk keeps for some time. Dr. Hagar calls attention to this fact, and suggests that this, perhaps, is the mildest form of administering iodine. Its therapeutic effect seems to be equal only to about one-fifth of the iodine.

Hagar thinks iodized milk will soon become a favourite form of administering iodine, and suggests the following mode of preparation: one part of iodine dissolved in ten parts of alcohol, admixed with ninety parts of fresh warm cow's milk.

**Notes on Current Topics.**

About the War and Wounded

The Darmstadt Gazette of the 17th contains the following notice:

"The Grand Duke has been pleased to direct that the Alice Hospital at Bissingen shall be considered, from the 1st inst., one of the Government reserve hospitals, and that its officers shall be Dr. Charles Mayo, chief staff physician; Drs. John C. Galton and Henry Rundle, staff physicians; and Dr. Herbert W. Page, assistant physician."
This hospital, it will be remembered, was established for the benefit of sick and wounded soldiers, under the patronage of the Princess Louis of Hesse (Princess Alice of England).

Preparations are being made in Prussia for the early reception of 150,000 prisoners, evidently in anticipation of the capitulation of Paris. At Posen, Glogau, and Liegnitz, in particular, extensive preparations are in progress. The number of prisoners is now so large that second-rate provincial towns will, it is said, be selected for the accommodation of some of them, provided they offer the requisite space and security. One of the last batches of prisoners consists of 500 young men who were captured at Lunerville, as they were on their way to join the French Army of the South.

The following extracts are from a letter from Dr. Smyth to his wife, dated from 10 Avenue Marbeuf, Champs Elysees, Paris, Jan. 3:—

"The weather is fearfully severe. Thank God we have some wood for a month, but the distress for want of some kind of fuel is truly awful. In fact, the absence of all food and firing is beginning to tell a sad and mournful tale. There were 454 deaths last week from small-pox, and much over 3,000 deaths in the week! Sickness meets one everywhere; misery and sorrow is truly appalling. In December, we paid £730 to the persons wanting assistance; in January we expect to pay £800. I pay, in my little way, about £80 a month to my poor. I fear that death will soon make sad inroads among our people. Two, if not three, deaths a day, and if no fuel is to be had the condition will be most terrible. May God be pleased to help us! We are, thank God, all well! I have a bad cold and pains in my hips from the cold and fatigue, but otherwise I am very well, and go on with my work. If all be well, I hope to visit about sixty families to-morrow, representing over 240 souls. I shall give about £10 and forty quarters of a pound of tea, extracts of meat, and chocolate. The bountifulness of the fogs is awful. It has been going on for two days, but no damage as yet. All kinds of rumours are in circulation that the French army out of Paris has gained great victories; but we cannot believe anything. You will know all. We shall publish something about our condition in the Times in about ten days. I shall send the report by the American despatch, which will leave Paris on Tuesday. I have a fire in my bedroom in the evening, it is so bitter cold, and hot water in my bed, and I get to bed at half-past ten and up at a quarter-past six, and I sleep better and more comfortably. My work is more than any man ought to do, but it must be done."

The Guardians of St. Pancras and the Coroner.

At the St. Pancras Board of Guardians, the subject of the continued large number of coroner's inquests on persons dying in the workhouse, and the Coroner's recent recent remarks reflecting upon the management, was brought under consideration. Mr. Fildew, clerk to the Board, stated that he had had reported to him 166 cases of inquests having been held on persons dying in the workhouse, but he believed the number to be much larger. The Rev. Mr. Arrowsmith said the return made to him of the number of inquests during the past year had been 207. Mr. Goodson, the master of the workhouse, presented a report complaining of the statements which had been made at a late inquest, and published in the papers. In reference to the strong remarks of the Coroner as to keeping aged people from five o'clock in the afternoon till eight next morning without food, the meal hours are arranged by the Poor-law Board, but should, however, the medical officer deem it necessary that a patient should be supplied with anything in addition to the regular diet, it is competent for him to obtain the same by order in the regular way. Mr. Saltzer felt great pain in reading these reports in the papers. It was monstrous if a poor person were taken ill at night, that the medical officers should not be at once sent for. He moved that a copy of the report be forwarded to the Poor-law Board, and to the Coroner. Mr. Parson, in seconding, condemned the conduct of Dr. Hill in being present at the inquest, and allowing the Coroner to make his strictures upon the Guardians as to the aged and infirm poor not having food for so many hours, when he well knew that the ward was under his charge, and he could order food at any time. Mr. Chandler said he perfectly well knew that in all hospitals the patients had but three meals a day, but they had the discretion to save a little out of them in case they required food during the night, and the poor in workhouses frequently did the same.

The Numerical Prosperity of the British Medical Association.

The Journal of the British Medical Association with (from a commercial point of view) silly candour, publishes a statement of its circulation in the three divisions of the Kingdom, from which it appears that the members of the Association are to the entire Profession in the following proportions:

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<td>England</td>
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We should have been quite satisfied to let that statement stand on its merits considering that, bearing in mind the astonishing vigour with which the Association has been puffed, the result must be a little disappointing to the Council. We are, however, compelled by a statement in the succeeding issue of the Association Journal to notice the admirable audacity with which credit is taken for results regarding which, it seems to us, that, under the circumstances, silence would be more discreet. 298 subscribers out of 2,400 Irish medical men, and that after an initiatory picnic, and four years of public and private canvass, is not so triumphant a success that so loud a trumpet need be used to herald it. The Association Journal of the 14th has repeated its boast, and thus notices its statistics:—"Referring to the first table, it will be seen that the increase has been most marked in Middlesex, the Northern Counties, and Ireland." Our readers will, with this statement before them, hardly be prepared for the fact that the 38 British members of the Association, who joined when the meeting was held in Dublin in 1867, have been gradually dwindling each year, and are now only 293 out of 2,400 practitioners. Truly, this does not look as if the Association was more palatable at the West side of the Channel than in the Land of Lakes. It is certainly a state of things which ought, for the sake of the Association, to be enclosed in the innermost depths of editorial privacy; but as the Council seems to think there is credit to be got out of it, we willingly afford them increased publicity.
NOTES ON CURRENT TOPICS.

Jan 25, 1871.

Guardians of the Poor and their Defenders.

We have received a letter marked “private,” and which, therefore, we do not propose to publish. We think, however, we are justified in giving some extracts which will not reveal the writer, but will show our readers that Boards of Guardians have defenders, and the tone that some of them assume towards the Profession; for it is all about the position we are compelled to take as to those local magnates. If in the particular case referred to we had judged our brethren too leniently, the thousands of cases in which it has been proved that they have suffered at the hands of guardians may be some excuse, especially when it is known to all the country that the doctor is mostly on the side of the poor, and the Boards act as guardians of the rates.

Having thoroughly abused us, and stated that “insolence is the mark of gentlemanliness in our learned and self-denying Profession,” as we called it, to his annoyance, our correspondent exalts guardians as “administrators of the law, without payment, and generally without thanks,” whose duty it is to exact “from their paid servants the fulfilment of their tasks.” He then goes into his particular case, and having stated it, favours us with the following specimen of his powers:—

"From the supercilious tone of your published remarks, I can well imagine the indignation with which you will peruse this very plain epistle and that, after the manner of sardonic serioes, you will set the writer down as some low fellow who does not know how to order himself recently to his betters of a 'learned and self-denying profession,' and is not afraid to speak evil of dignities. Candidly, I think you and your brethren great humbugs. I am not so ignorant as you may suppose. I hold a literary degree of a distinguished university, and have studied for the Medical Profession. While I rank some as my best friends, and admire them greatly, both for character and ability, I must say that, as regards very many more, they are not learned, they are not self-denying, and they are not gentlemen. If, instead of abusing boards of guardians, you were to try to improve your brethren in temperance and modesty, you might do them good, and secure that respect for them which, according to your own confession, they do not now receive. You would thereby help to raise the tone of periodical literature also, which does not appear to owe much to your conceptions of its dignity.—I am, in all truth and honesty, respectfully—"

It is a pity our correspondent did not give us the particulars of his literary degree from a distinguished university, and that he did not, having “studied for the Medical Profession,” take his Medical degree also, and try how, when he had attained that honour and the fellowship of what we still maintain as a whole is a "learned and self-denying Profession," engage himself as a "paid servant" to a board of guardians, and see how he liked to be snubbed for protecting the sick poor under his care—as alas! too many are by guardians of—the rates; although after his epistle we may hope not in his locality.

Her Majesty the Queen, whose health has been in a very unsatisfactory state for some time past, has so far recovered as to give notice of her intentions to open Parliament in person on the 9th of February.

The Dowager Marchioness of Lothian has determined to devote herself to the work of the good Samaritan, and has been under training as a nurse in one of the London Hospitals.

Putrid Blood and Scarlatina.

At the Medical Society of London a paper was recently read by Dr. Carpenter, of Croydon, on the "Causation of Scarlet Fever." The author had successfully treated 296 cases of this disease, and had taken great pains to discover what were the conditions most likely to lead to its production. The result of this inquiry showed that in a very large number of cases the disease could be traced to decomposing blood or offal. Houses situate near to sewers which receive the refuse of slaughter houses were almost invariably invaded by scarlet fever. A case was given where the disease repeatedly broke out in a school of boys, and no cause could be assigned, until a large cesspool was found under a part of the play-ground, which received the drainage of a neighbouring slaughter house. This drainage was diverted elsewhere, and no more cases of scarlet fever occurred in that establishment. In another instance a family, living in a house well-placed on the top of a breezy hill, were struck with scarlet fever, and for a time the cause of the outbreak was a mystery; it turned out, however, that in some fields near at hand animal refuse was thrown as a manure, and, at the time of the outbreak of scarlet fever, the wind was blowing from off these fields, and a sickly odour pervaded the house. It was inquired among the Fellows of the Society whether scarlet fever, in a severe form, was a disease especially affecting butchers and slaughtermen; and so far as experience could be gathered on this point, it was decided in the affirmative.

It seems that, owing to the excellent system of sewerage now perfected at Croydon, typhoid fever has become almost extinct in that fortunate district.

A Naive Confession.

The homeopathic editor of the Chemist and Druggist makes, in the last issue of that journal, the curious admission that many of the homeopathic preparations sold as medicine contain not even the billionth of medicine which they are supposed to administer. The editor says:—

"We are frequently applied to by chemists for tubes, corks, labels, and unmedicated pilules, but without medicines; and although we refuse to supply the unmedicated pilules, confectionary houses are now manufacturing them and selling them to chemists on a large scale. To one of these chemists we rather suspected, we applied for Lachesis 2 and were at once supplied, proving its non-integrity.

"The non-integrity of Lachesis 2 was assumed because Mr. Thompson had previously stated the quantity of genuine Lachesis (snake poison) was so limited that no stronger dilution than the third could be procured."

A correspondent of the Scotsman refutes the following statement made by Mr. McLaren, M.P., at the meeting of contributors to the Royal Infirmary:—"If you give £1 to the Infirmary, you give 10s. to the poor, and 10s. to the medical students of Edinburgh." It appears that the students get none of the contributors' money. They have to pay £10 each for admission to the Infirmary, and have to pay for their teaching as well. None of the medical officers of the Infirmary are paid. The students get nothing; but they do a considerable amount of work as dressers that would otherwise have to be paid for. The absence of the students would make no difference in the expenditure, while their presence brings a considerable revenue.
Small-pox in London.

The Registrar-General, in his weekly report on the health of London, says the habitats of the epidemic in the metropolis, so far as the mortality returns afford indication, can only be correctly ascertained by distributing the fatal cases occurring in the small-pox hospitals at Hampstead and Islington, among the districts whence the cases were brought. Thus, last week there were 39 deaths returned from the Northern group of districts, of which 25 occurred in the two small-pox hospitals situate in those districts. Of the 25 fatal cases, 9 had been brought from the Eastern districts. After correction, the mortality last week from small-pox was in the annual ratio of 24 deaths to every 10,000 of the present estimated population in the West, 14 in the North, 20 in the Central, 45 in the East, and 10 in the South districts. The rapid development of the epidemic in the Western group is apparent from the fact that out of an aggregate of 83 fatal cases returned during the last 15 weeks, 50 have occurred within the last three weeks. After an inquest held last week, a medical gentleman, Mr. Joseph Burton, said he desired to call attention to what he believed to be the cause of the present small-pox and fever epidemic throughout the metropolis. Small-pox fever had increased in London since the introduction of the main sewer, and he believed that a poisonous matter, which in former times had been kept confined to drains, now forced its way from the main sewer into the streets, through the iron ventilating grate, which communicated direct from the sewer to the street.

Corporate Neglect of Sanitary Precautions.

Last week the Manchester and Salford Sanitary Association presented a memorial to the Mayors of the two boroughs, from which the following is extracted:—

"In October, 1865, a memorial was presented to the Council of the city of Manchester, which pointed out the consequences of infection among the poorer classes, and recommended a thorough system of house to house visitation, the removal of all persons suffering from infectious diseases, when possible, to hospital, and the provision of extended hospital accommodation for such cases. In the year 1866, the Committee, at the suggestion of Mr. Leigh, the Officer of Health for Manchester, presented a requisition to the Mayor of that city to call a public meeting to discuss the subject. This meeting was held July 23, and a Committee of Inquiry was appointed to investigate the present state of hospital accommodation for such cases. This Committee reported that the accommodation for fever cases among the independent poor was totally inadequate. Since then, however, nothing has been done to remedy the evil. Although, in the interval from that time to the present, the mortality from the spreading diseases has happily been moderate, we would still remind you that in the two years 1869 and 1870, up to the date of the last return, 1,982 persons have fallen victims to fever of one form or another in Manchester and Salford; and that in the immediately preceding year, 1868 alone, 2,429 lives were similarly sacrificed. It has been calculated, moreover, from a comparison of the total deaths with the sickness and mortality occurring in public practice, that, in 1868, 20,000 persons in Manchester and Salford were attacked by these disorders."

The Vote on the Female Medical Student Question.

The scrutineers appointed to test the voting at the recent meeting of contributors to the Royal Infirmary have finished their labours. It will be remembered that, at the meeting in question, the Lord Provost proposed as new managers a number of gentlemen understood to be favourable to the admission of female students to the Infirmary wards; while Dr. Halliday Douglas brought forward another list, showing a majority of gentlemen who were known to be opposed to the granting of such facilities. On a division, there voted for the Lord Provost's list ninety-six, and for Dr. Halliday Douglas's list 100, giving the latter a majority of four. As the result of the scrutiny just completed, the Lord Provost's votes have been cut down to eighty-eight, and those of Dr. Douglas to ninety-four. The majority for Dr. Douglas's list has thus been increased from four to six.

The last week of the bombardment of Paris killed 93 men, 57 women, and 39 children of the civil population.

On Saturday morning one of the National Steam Company's ship put into Queenstown harbour, having encountered a severe gale, which caused several barrels of chloride of lime to burst, those below deck barely escaping suffocation. When the cargo was cleared, the sole occupants of the steerage, the rats, were found dead by scores, having been killed by the poisonous fumes of the lime.
The Lectures at the London College of Surgeons.

Professor Erasmus Wilson will commence a Course of Six Lectures on "Dermatology," on the 30th. Professor Flower will deliver Eighteen Lectures on the "Comparative Anatomy of the Teeth of the Mammalia," commencing on the 17th of February. And in June next Professor Birkett and Mr. Hulke will complete the lectures for the present year, the former by a Course of Six Lectures on the "Nature and Treatment of New Growths," and the latter by Three Lectures on the "Minute Anatomy of the Eye," both in continuation of their subjects of last year. Professors Wilson and Flower will deliver their Lectures on Mondays, Wednesdays, and Fridays, at four o'clock p.m. precisely each day; and the date and hour of the Lectures by Professor Birkett and Mr. Hulke respectively, are not yet announced.

The Fever Epidemic of Liverpool.

Dr. Trench has reported that the number of deaths registered in the borough during the week ending January 14th was 441, being an increase of 77 on the corrected averages of the last ten years, and 162 more than in the corresponding week of last year. Of the total deaths, 221 were of children below four years of age, and of these 125 were of infants below one year of age. He further stated that he had requested the inspectors, when they went about their duties, to examine the children of the families of the houses to which they went, for the purpose of finding out whether they were vaccinated or not. The result had astonished him, as, after three days of such work, they had already reported to the Vestry 133 cases of children not vaccinated, besides 12 in which the vaccination was doubtful.

A Druggist acting as an Accoucheur.

An unusual gross case of druggist malpractice has been made public through the medium of an inquest, held before the Brighton Coroner, to inquire into the death of a young woman shortly after her confinement.

The deceased, it appeared, had made an arrangement with Mr. Funnell, a local druggist, to attend her during her confinement, it being alleged that he represented to her that he had been in the habit of attending night cases and cases of emergency for Mr. Tuke, surgeon, with whom he formerly lived as dispenser. When the time came, symptoms of unusual difficulty set in, with which he was evidently quite incompetent to cope. After the lapse of some time he called in skilled assistance, and the delivery was effected, but the patient died half an hour afterwards from exhaustion.

Medical evidence was given to the effect that, although the case was an unusual one, it was one that a skilled practitioner would have recognized and treated accordingly. Mr. Tuke denied that Mr. Funnell was justified in saying that he attended his night cases. He said, that Mr. Funnell did attend several labours for him, in cases of emergency, while acting as his dispenser, but he invariably saw the cases afterwards himself, and Mr. Funnell always referred to him if any symptoms appeared which he could not understand.

The jury returned a verdict that the deceased had died through not having had proper medical attendance until too late, and requested the Coroner to censure Mr. Funnell for his conduct in the matter.

This the Coroner did, telling him that the only reason why the jury refrained from sending him for trial on a charge of manslaughter was, that the case was an unusual one, and that he had devoted a great deal of time to it. Rather say that the jury compromised the difficulty with their consciences, because the druggist happened to be a well-to-do-trader. Are incompetent persons licensed to attend all cases which are not "unsual," or are they to do so with impunity, because they spend a good deal of time over the manslaughter of the unfortunate patient? If justice were done, the druggist, at whose door the death of the woman lies, would stand at the bar for the crime, and we do not see why the medical man who caused him to do so should not stand beside him.

The late Sir Arnold Knight.

The death has been announced of this much-respected Roman Catholic gentleman, who was a member of our Profession, Sir Arnold James Knight, who died a few days since at the Priory, Little Malvern, Worcestershire, in the eighty-second year of his age. He was the youngest son of the late Mr. Alexander Knight, of Six-hills Grange, Lincolnshire, and was born in the year 1789. He received his early education at St. Mary's College, Oscott, near Birmingham, and completed it at the University of Edinburgh, where he took his degree of M.D. in 1811. He practised for many years as a physician at Sheffield, and afterwards at Liverpool, and received the honour of knighthood in 1841. Sir Arnold Knight married, in 1821, Harriet Isabella, daughter of the late Mr. Thomas Smith, of Dunstan Hall, Derbyshire.

The late Sir John Frye.

This distinguished Northern surgeon is no more, having died at the age of seventy-five, on the 16th inst. He descended from a Newcastle surgeon, and had practised in the town for upwards of half a century. He was one of the founders of the Newcastle-on-Tyne School of Medicine, where he taught with great success, and for more than thirty years he was surgeon to the Infirmary. Some two years ago Sir W. Ferguson operated upon him for stone in the bladder. He had previously retired from his practice, which is carried on by one of his sons. Sir John was not only a first-rate surgeon, but was a gentleman whose society was always courted, and a politician of the Liberal School, who acted up to his principles, and exercised a great effect in the circle in which he moved. Well would it be for our Profession if all took as large views of their duties and privileges as medical men and as citizens. We trust his example may encourage those who do not think that politics should be let alone by the Profession.

To Vaccino-phobiacs.

Dr. Bridges reports that of 280 patients received in the temporary hospital for small-pox at Hampstead up to January 6, 1866 had been vaccinated, 84 were unvaccinated. Among the vaccinated eight deaths have occurred, or 4 per cent.; among the unvaccinated 27 deaths have occurred, or 32 per cent. With regard to the value of vaccination as a protection against the fatal results of the disease these statistics need no comment.
The International Medical Congress.

The Congress of 1871 will be held in Vienna. It will be the third of the series, the second having been held at Florence, the first at Paris. The President will be Professor Rokitansky. Vice-presidents: Professors Duchek and Sigmund. Secretaries: Drs. Benedikt and Schnitzler.

Spiritus Ammoniae Aromatious.

The following are the results of the analyses of six samples of the above preparation, obtained from different druggists, published in the Practitioner:

<table>
<thead>
<tr>
<th>No.</th>
<th>Per cent. Alcohol by weight in volume</th>
<th>Per cent. of Ammonia by weight in volume</th>
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<tbody>
<tr>
<td>Brit. Pharm.</td>
<td>62-6</td>
<td>2-6</td>
</tr>
<tr>
<td>I.</td>
<td>63-1</td>
<td>2-0</td>
</tr>
<tr>
<td>II.</td>
<td>33-7</td>
<td>1-4</td>
</tr>
<tr>
<td>III.</td>
<td>52-4</td>
<td>1-5</td>
</tr>
<tr>
<td>IV.</td>
<td>52-2</td>
<td>1-3</td>
</tr>
<tr>
<td>V.</td>
<td>51-4</td>
<td>1-2</td>
</tr>
<tr>
<td>VI.</td>
<td>48-1</td>
<td>1-5</td>
</tr>
</tbody>
</table>

We are astonished to observe that this condition of things, under which a physician may administer only half the ammonia and two-thirds of the alcohol which he desires to give his patient, is defended by no less an authority than the Journal of the Pharmaceutical Society. The Editor considers it "unfortunate that this preparation should have been selected for the purpose of introducing the examinations contemplated by the Practitioner, for it is one in reference to which there are great differences of practice. He says several of our oldest and most respectable establishments have their own formulæ for this preparation, and they find it requisite to follow those formulæ in order to meet the demands of their customers. It is therefore by no means a legitimate inference that a deviation from the Pharmacopoeia in the sale volatile bought at a shop of credit is to be regarded as inferior. This is not a matter of quality or of price, and before any one can justly assert that particular druggists improperly make use of preparations which do not conform to the Pharmacopoeia, the examiner must be careful to make sure that he obtains from the vendors such preparations as they would use in dispensing, and not for ordinary sale. There may be, without any impropriety, a great difference in this respect, not at all inconsistent with due adherence to the Pharmacopoeia in all cases of dispensing."

We take it, therefore, as officially confessed that it is "all in the way of business" to sell an adulterated article for others to dispense, so the seller does not dispense it himself.

Such a proceeding could only be defensible if the preparation were sold distinctly labelled with its composition, and if it were never compounded in prescriptions or sold for medical purposes.

Is it not distinctly illegal to dispense prescriptions by any other formulæ for official preparations than that of the British Pharmacopoeia?

Glasgow Fever Beds.

The North British Mail gives a description of one out of a number of houses visited by its representative in Glasgow.

"On the occasion of the visit there were upwards of a score of people in it. The proprietor was lying ill of lapsing fever, and not expected to recover. His wife, his mother, and his wife's mother, with several other women, were busily engaged alternately in serving the customers and attending the sick man, whose deplorable condition did not seem in any way to interfere with trade, although his bed was in the room where this large party was assembled. The wife informed us that when her husband was laid up the only way she could earn a living was by 'selling a glass.' These twenty persons probably only represented a tithe of the customers out and in during the night, and in this way it is not difficult to account for the rapid dissemination of the fever which is so prevalent just now."

The Small-pox Epidemic in London.

Dr. Curtis, a member of the Metropolitan Sick Asylum Board, stated at the Newington Vesture that the small-pox epidemic now raging in London was, perhaps, one of the most virulent which had existed within the memory of any man living. Out of 189 deaths occurring from this disease during the last fortnight, 110 had occurred during the past week. There were at present about 700 pauper patients in London suffering from small-pox, but provision had been made in the hospitals under the care of the Metropolitan Sick Asylum Board for only 500. It was expected that by the end of the present month there would be accommodation for at least 1,500 patients. In support of vaccination, Dr. Curtis stated that, out of 200 patients admitted into the hospitals, one-third of the deaths occurred among persons who had not been vaccinated, while among those who had been vaccinated only one in twenty-four succumbed to the disease, and they were chiefly among people advanced in life, and had partly lost the protecting effects of vaccination given them in early life. Nurses and medical officers acting in the most crowded wards scarcely ever fall victims to small-pox, owing to the fact that all are obliged to be re-vaccinated before commencing their duties. Dr. Curtis calculated that the present epidemic would cost the rate-payers of the metropolis, through the Asylum Board alone, no less than £20,000, a portion of which might have been saved had the Privy Council put into operation the Act of Parliament in giving the Asylum Board power to enforce vaccination and re-vaccination.


A Guardian of the Isle of Wight has communicated to the Times a novel and very important decision of magistrates in connection with the Vaccination Act:

"Several parties who had refused to comply with the Act were summoned before the magistrates at Newport, both County and Borough Benches, and with one exception, in which the full penalty of 20s. was inflicted by the Borough Bench, were fined 1s. each. Such as still refused were again summoned under another section, which requires the parent to bring the child into court that the magistrates might make an order for the vaccination. Among these so summoned was a gentleman who had been fined by the County Bench on the first occasion 1s., and who, by his advocate, refused to produce his child, and denied the power of the magistrates to compel him to do so. The Bench—a full one, including, I believe, two barristers—adjourned the case for a week to consider the objection, and at the next hearing decided
that they had no power to compel the production of the child. The same objection having been raised in the other cases, the whole were dismissed. The borough magistrates took the same view of the law, and dismissed the cases before them also. The consequence is that those who choose to pay a penalty of 20s. may afterwards set the authorities at defiance.

The Chest Hospital, Victoria Park.
The annual meeting of the Governors was held at the London Tavern, the Lord Mayor presiding. The report stated that the Committee determined to appropriate the exceptional sums received from the Metropolitan Railway Company, and legacies to the completion of the original design of the hospital, thus raising the total accommodation for in-patients to 160 beds, and also, at the same time, materially promoting the general efficiency of the establishment. A contract for the new wing has been taken at £3,647, and considerable progress has been made in the erection. Assuming the ordinary current expenses of maintaining the charity to be (as last year), £7,757, the outlay cannot be less than £12,404, the sum of £8,437 remains still to be obtained.

Last year the railway companies paid £333,715, as compensation for personal injuries.

Mrs. Helen Mackesy has bequeathed to the Royal Medical Benevolent Fund Society of Ireland, the sum of Fifty Pounds.

Liverpool has had its "Hospital Sunday," and it is hoped this will result in a large increase to the income of her charities.

Hanwell Asylum contained on Dec. 31st, 1,785 inmates, being 57 more than on the same day in the previous year. There were 372 admissions in 1870, and 117 were discharged recovered.

Sir William Fergusson writes to say there is a deficit of about £20 in the accounts of the Committee on Outpatient Hospital Reform. Five shillings from each gentleman who attended the meeting over which Sir William presided could defray this. Dr. Meadows will receive subscriptions.

A correspondent of the Scotsman states that, notwithstanding the numerical prosperity of the Edinburgh Medical School this year, as compared with last year, in each of the classes into which the mixed element has been introduced, there has been a decided falling-off in numbers.

The seventh quarterly meeting of the London Medico-Psychological Association will be held in the rooms of the Medical Society, George street, Hanover square, on the 31st, at 8 o'clock. Robert Boyd, M.D., F.R.C.P., President, will occupy the chair. The following papers will be read:—"Observations on General Paralysis of the Insane, and the Morbid Changes found on post-mortem examination in the Spinal Cord," by Dr. Boyd; "General Paralysis" by Dr. Davey.

A competitive examination for the admission of Assistant-Surgeons into the Royal Navy will take place at the London University, on Monday, 20th February, and following days, at 10 o'clock.

The Director-General of the Army Medical Department has forwarded to a contemporary a case of "Transfixion of the Right Side of the Chest and Right Lung by a Lance, with Recovery," reported by Deputy-Inspector General Longmore, Professor of Military Surgery at Netley. The injury was caused by an accident on the 1st of April, 1869, through the rearing of the horse on the man (5th Lancers) was about to mount. The lance was thrust forcibly into the man's chest, and the point of it came out through the blade-bone. The horse then bolted, the man keeping his seat some hundred yards, thinking the lance had only penetrated his skin, but looking round and seeing it protrude behind, he threw himself from the horse, and the lance, coming forcibly to the ground, broke within his chest.

A very scandalous case of mal-administration of the "Small-pox Prevention System" has come to light in London: An inquest was held on the body of an infant, named Ambidge, aged seven months. Shortly after the child became ill, Dr. H. Rugg was called in and at once wrote to the Medical Officer of Health for Marylebone, that it should be removed to the Small-pox Hospital. Shortly afterwards the Inspector called at the house of the mother with a small quantity of disinfecting fluid, and said that the child could not then be taken into the hospital, as the house was not ready for occupation, but that he would let her know when it was opened. Four days afterwards he called again, and said if the child was to be taken to the hospital an order must be obtained from the Relieving Officer. The order was applied for, but on Saturday night the child died. On the following Monday an application was made to the body removed to a public mortuary, but the Relieving Officer declined to receive it till he obtained a medical certificate of the death. There were four persons living in the house at the time, and one of them, a young man, had to be removed to the Small-pox Hospital that night. The Coroner characterised the case as a disgraceful one, and the jury were of opinion that, whatever reason there was for not removing the child from its home while alive, it ought to have been immediately removed to the parish mortuary when dead.

Correspondence.

The Staff of Life.

To the Editor of the Medical Press and Circular.

Sir,—It would be impossible to over-state the importance of the above subject, which is so ably discussed by Mr. Milton, in your columns on the 18th inst. In a sanitary point of view it is second to no other question of the day. I am able, from actual experience, to speak most favourably of the "whole wheat flour," introduced by Messrs. Chapman: in several infant-day-nurseries the flour was tried, and with most satisfactory results; a marked improvement having taken place in the condition of many of the children, who had either refused other kinds of farinaceous food, or had not thriven upon what they had previously taken.
Your correspondent’s remarks, as to the great importance of good bread, cannot be disputed; it is really of more consequence to health than animal food, an excess of which brings on a diseased condition of body—as frequently in the case of domestic servants in families, where the rule is to allow three meat-meals per diem, whilst bread and vegetables are eaten in very small quantities indeed.

I have known poor families brought into a very low condition in consequence of living almost entirely upon bread of a cheap, adulterated kind, which was all that they could afford; cutaneous diseases and rickets were prevalent amongst the children, and the elders showed signs of semi-starvation. An arrangement was made by which they were supplied from a grocer with the odds and ends of vegetables left after each day’s sale, and the result was a marked improvement in the physical condition of the whole family; this was without any meat being added to the dietary.

I have ventured to trouble you with these few remarks, because I think every one who has any experience on the subject, should help to make known the value of an article of food, too little partaken of where it is plentiful, and not sufficiently sought after where it is scarce. Good bread is really the “staff of life.”

I am, Sir, yours obediently,

January 30th.

M. A. B.

SCOTLAND.

EDINBURGH.

The Royal Infirmary.—The adjourned meeting of contributors held on the 13th, was one of unusual interest, from the fact, that the business before the meeting related to the admission of female medical students to the hospital. Admission to the meeting was granted to the general public, as might have been expected the scene was one of considerable disorder, until the public galleries by order of the Chairman, were cleared. Professor Charteris moved—“That in the opinion of the Court of Contributors, it is highly desirable that the Managers of the Royal Infirmary should make immediate arrangement for the admission of all registered students of medicine to a qualifying course of instruction in that Institution. Professor Muirhead moved as an amendment, That the Court is of opinion that the question of admitting students, whether male or female, to the clinical instruction of the wards of the Infirmary ought to be left entirely to the discretion of the managers.” The amendment was carried by a majority of eighteen.

Royal Sick Children’s Hospital.—The annual report states that two new fever wards have been opened, accommodating thirty-three patients. The hospital is now capable of accommodating thirty-two ordinary patients, and forty patients in the fever and occasional ward. During the past year, the number treated in the hospital has been 470. The managers have resolved to receive a limited number of young women into the hospital to be trained as nurses.

Glasgow.

Western Infirmary.—The sum of nearly £35,000 has been subscribed for this hospital which is connected with the new University Buildings. Of this sum £17,000 has been expended in purchasing the lands of Donaldshill upon which the hospital is to be built. The central portion of the building is to be commenced immediately, capable of containing 300 patients; the entire structure will cost £45,000, exclusive of furnishing. In the Convalescent Home 509 have been received during the past year. The managers have purchased the farm of Auchinleck, on which they intend to erect a home to accommodate sixty-two patients.

PROFESSOR MUIRHEAD’S SPEECH AT THE METING OF CONTRIBUTORS TO THE ROYAL INFIR-MARY.

The speech of Professor Muirhead appears to us so admirable, that we make no apology for inserting it here, omitting only what bore on the remarks of the previous speaker.

“The question of the admission of women to the wards is by no means so simple as at first sight it appears. It is not simply this—Shall Miss Blaeko and her companions be admitted to the wards of the Royal Infirmary? But it is this—Shall women in general—all women who choose to qualify as medical students in all time coming—have a right to be admitted to the wards, how various, how frequent, or how important their presence may be to more important interests? I say the question is not one of principle, but one of expediency. We are told—Mr. McLaren told us at our last meeting, and my friend Dr. Charteris has repeated it to-day—that these ladies, unmarried and registered students of medicine, are entitled to admission to the wards of an infirmary. Their claim, as it is put before us by themselves and their supporters, is that they have the absolute right of admission to our wards. Now, my Lord, that was the first question which we, as managers of the late board of management, had to consider; because, if it were the fact that the laws had an absolute right to be admitted to our wards, then there was no occasion for us to consider the expediency of that. The question, therefore, that first occurred to us was, Did the matriculation of these ladies as medical students in this University confer on them any right to come and say, “You must admit us to the wards”? I admit they are matriculated students, although it is equal the fact that they do not attend a single lecture within the walls of the University. But that matriculation of theirs confers on them no right to be admitted to the wards of the Infirmary, which latter is under an independent institution, kept up, not by the University, but by the Register of the General Medical Council, but that register is not a statutory record like the record of medical practitioners, but one that has been instituted itself without any legislative authority. Although serving many important and useful purposes, yet it does not, and does not profess to control or interfere with the admission of medical students to hospitals throughout this kingdom. In point of fact, no matriculation or registration of these ladies gives them any right whatever to be admitted to our wards. The charter of the Infirmary imposes upon us no obligation of admitting them. There is no law, no statute, no general law, that gives them the right to demand admission. If they are admitted to the wards of the Infirmary, it is as a privilege conceded to them by the corporation, and the corporation that concedes the privilege is equally entitled to withhold it. It is of our free will that we admit students to our wards. I agree with you, what fell from a speaker a fortnight ago—a gentleman who, I am sorry, was not a contributor, and therefore not present to-day—that there are objections and evils attending the admission of students to the wards of the Infirmary at all; I grant, at the same time, that the advantages to the medical counter-balance those evils, because not only by admitting students to the wards of the Infirmary do we increase the inducements of the learned members of the medical profession to give us the benefit of their services, but we are preparing a new generation, or helping to prepare one, to take the place of those medical officers of ours when they are removed from us; and we are, in point of fact, greatly increasing the funds of the charity by drawing from these students an income of nearly £1,300 per annum. Therefore, I say it is for our interests, for the benefit of the charity, that we admit students. Still it is of our free will, and we can and will check those evils, because we can and will exclude those evils, and should the case arise, we can and will exclude them; we can and will exclude them; we can and will exclude them; we can and will exclude them; we can and will exclude them. If we give it at all, we may give it unconditionally, or on any restriction; and, in point of fact, we do give it under restriction, for at this moment there are certain wards in the Infirmary—certain female wards—which no student is permitted to enter. If, in one view, why can we not restrict it in another? If we consider it to be for the advantage of our charity not to admit women, then I say, and I think many in this meeting will agree with me—it is our bounden duty to refuse them. At the same time, we are bound to treat the ladies with the utmost kindness. The University authorities have admitted them, under qualification I
allow, to study medicine within its walls. It is not for us as managers of the Royal Infirmary to question the wisdom of the resolution of the University authorities. It is one whose terms and conditions we had an obligation to consider, but we should not throw any obstacles in their path. I say, then, if it can be pointed out to the Board of Managers that, without any prejudice to the interests of the Infirmary, either in its patients, or medical officers, or students, those ladies can be admitted to our wards, they will be delighted to give their consent. As I have said, my Lord, we have no other interests to consider. The case, as it was presented to us in the first instance, was this: It was an application by Miss Blake and her companions for admission tickets, as students, to the wards of the Infirmary; and it was an application entirely legitimate, given the circumstances of the time. It was not their desire to enter more than certain wards. On the contrary, what was asked for, and what alone was asked for, was admission to the wards of the house generally—to have, in fact, the run of the house on the same footing as the male students. Mr. Bell very properly referred to the limit which was beyond his power to grant such admission tickets without reference to the managers. Consequently, at our next meeting we were warned that this question was to come under consideration. We took it into consideration at a meeting larger than usual, and I beg you, about this meeting, to think that at this meeting we considered this question, when the eyes of one and all of the managers were turned solely and exclusively to the Infirmary—the ladies at that time were not specially represented, and their interests not particularly before us—when all that was done was devoted to the interests of those seven ladies, but to the great interests of the charity, our vote was a unanimous one that these ladies could not be admitted. No doubt, my Lord, that decision of ours caused disappointment to the ladies; and it was but natural that they should take steps, if possible, to have it reconsidered. So effectively did they do this, so good a whip did they institute amongst those of the managers who had happened to be absent from the previous meeting, and amongst those who were present whom they conceived to be convertible—a (laugh)—that at the next weekly meeting of the managers, without any notice whatever a proposal was made that the vote of the previous day should be reversed; and I believe that Miss Blake is strictly accurate when she says that at that meeting there was a majority of members present who were favourable to her cause. Considerations of common decency, however, prevailed; and it was recognised as hardly decent that a resolution deliberately and unanimously arrived at at one meeting, after due notice to everyone of the managers, should be at the next meeting, with barely over-representation, brought up; and this question was delayed for consideration a week, along with a memorial which the managers had received in the meantime from Miss Blake and her companions. When we met again to consider the matter, we had to face another memorial—one from above 500 male students—expressing in very respectful but decided language their repugnance to the introduction of women into the same wards as themselves, or to the operating theatre while operations were being performed. We had to consider, moreover, a request from our medical officers that we ought not to come to any decision on the question without giving those gentlemen and surgeons who have the effect of submitting them to a twice-a-day examination or inspection, with all its excitement and attendant trials. It is bad enough for the patients to submit to such examinations once a day, and it would be infinitely worse to ask those gentlemen to come to the alternative of mixed classes. It was not the fact, as stated by Mr. Duncan McLean, that we had never considered the question of separate classes. We set it aside at once, and there remained only the alternative of mixed classes—mixed classes either indiscriminately throughout the whole house or in the wards of those particular medical officers who were willing to receive the ladies at the same time as their male students. In the interests of the patients, it seemed to us that mixed classes were not advisable. We could not but recognise the sufficiency of the objection which might be raised to the indiscriminate admittance of women to the wards of those three hospitals, and surgeons who were willing to receive them. We then adhered to the amendment proposed by my friend Dr. Combe, that we should stand to our original resolution and decline to admit them. I beg the pardon of the meeting for troubling them with these somewhat dry details, but I think it right to mention them in order to be able to refute the charges brought against us the other day, that the late managers of this hospital were not keeping the house upon the best possible footing, managers, who were said to be the wire pullers. I say that there is not one of the medical members of the late board of management, as all who know them are aware, who is blinded by the prejudice which seems to obscure the mental understanding of Miss Blaikie and her friends; that there is not one of them who is not fair and just, and willing to influence his fellow-managers by any underhand means; and there is not one of the lay managers of the late board who is not sufficiently able to test for himself the accuracy of the facts and the soundness of the arguments that might be adduced in support of the proposals, and of the resolutions of Miss Blake seems to indicate. Our inquiry, my Lord, was very much a judicial inquiry. Never did a board of managers take more pains to arrive at the truth in regard to facts or the soundness of the arguments that were represented to them. We thought we had to conclude proceedings which would have made the ladies have no absolute right to admission—was this:

Supposing it granted that they had no absolute right—admitting, however, that they have an equitable claim to be assisted in pursuing the studies to which the University authorities have given them entrance—admitting that, can it be done without the interference of the Institution? First, we had to consider the interests of the patients whom we, as managers, were particularly bound to regard; then we had to consider the interests of our medical officers; next that of the students; then that of the students in Scotland; and, finally, that of the Institution of Scotland. There were three suggestions made to us while these deliberations were taking place, and one has been mooted since. The first was that ladies might be admitted indiscriminately to all the wards on the same footing as the male students. That was what the ladies themselves demanded, and was pleaded for in the memorial which they submitted to the managers. The second was that they might be admitted to the wards of certain of the medical officers who were disposed to receive them, and that along with the male students attending these wards. The third proposal was that they should be admitted to those same wards at separate hours and in separate classes from the male students; and the fourth suggestion that has been made, and is made since the matter was before the late board of management, is this—and it is one that has been insisted upon by my friend Dr. Charters, and advocated in a circular put into my hands as I came into this hall, that those wards should be exclusively set apart for ladies, and the male students be denied entrance to them. That last proposal comes to us freely. It was not before the late board. As regards the third suggestion—viz., separate instruction at a separate board for the medical students willing to receive the ladies—the managers had no difficulty in it at once setting it aside. As guardians of the interests of the patients, whose feelings and whose prospects of cure are not to be disregarded, we could not for a moment think we had to concede proceedings which would have the effect of submitting them to a twice-a-day examination or inspection, with all its excitement and attendant trials. It is bad enough for the patients to submit to such examinations once a day, and it would be infinitely worse to ask those gentlemen to come to the alternative of mixed classes. It was not the fact, as stated by Mr. Duncan McLean, that we had never considered the question of separate classes. We set it aside at once, and there remained only the alternative of mixed classes—mixed classes either indiscriminately throughout the whole house or in the wards of those particular medical officers who were willing to receive the ladies at the same time as their male students. In the interests of the patients, it seemed to us that mixed classes were not advisable. We could not but recognise the sufficiency of the objection which might be raised to the indiscriminate admittance of women to the wards of those three hospitals, and surgeons who were willing to receive them. We then adhered to the amendment proposed by my friend Dr. Combe, that we should stand to our original resolution and decline to admit them. I beg the pardon of the meeting for troubling them with...
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were absolutely necessary. In listening to the objections urged by our medical officers, it never occurred to me, re-
membering the large number of prominent practitioners of whom the Allisons, the Symes, and the Simmons were the representatives of the present, and of whom the Chriostesons, the Spences, and the Listers are the re-
presentatives of the present, that those objections, as we have been told, were really nothing but the result of others by their own paltry standards—were but a cloak to cover a sordid fear lest the medical incomes of their medical brethren might be diminished by female practitioners. We had to consider next the interests of our male students, whose feelings of delicacy, because they have feelings of delicacy, I know not how many of the operations, and many of the visits which they were called upon to attend. And it is not simply that they are men of delicate feelings that they are to be considered, but also because they contribute to the funds of this insti-
tution, nearly half as much as the amount of our annual subscribers in Edinburgh put together. We had to con-
sider, also, what in the possible future might be the result of the congregation together in some wards of a mass of young men and women—in the possible future, for I have no fear for the present. We have been told, no doubt, of Paris and London, where what has been called has been made without detriment—though some deny that; but we know also of a country where the experiment has been made on a much larger scale, and tried for a much longer time—I mean the United States of America—where a system of the Infirmary to which one of our noblest men last year has so decided that any woman who respects herself and position shrinks from the contamination. I say shrinks from the contamination, and renounces or prefers to re-
nounce, the benefit of years of study with those women rather than don the academic robe of one of its graduates.

Professor Muthread.—I speak on the authority of Miss Blake.

Miss Blake.—Give me the name of that college.

Professor Muthread.—I speak on the authority of Miss Blake, who told me that she had studied medicine for two years in that country; and, in answer to my question why she didn’t pursue her studies and graduate there, instead of coming here, she told me the character of the female students in America had so deteriorated that she could not consent to become a student there. We, as managers, had to consider still another interest, and that was the interest of the great medical school of this city. We were assured by our medical friends, and by the medical gentlemen whom we had every confidence, that if women were ad-
mitted to mixed classes in our Infirmary, the result would be most prejudicial to the interests and education of young men coming here, as they have done for years, and that though this is not the case with them, I know it is said, "This is fancy," and we are called upon to look to the fact that at this moment the number of students is greater than it has been for years; but remember it is so, not in spite of the ladies being in the University, but because the world knows that up to this moment the University authorities have declared that they will not permit mixed classes of women and men. With all these considerations pressing upon us, was it wonderful that we should have come to the resolu-
tion, as every one of us did at once, that mixed classes in-
discriminately throughout the house were an impossibility? And instead of the classes in the wards of those particular medical officers who were willing to receive them, we would have mixed classes in the wards of other medical officers, and the difficulties in reference to them were lessened, and it was because those difficulties were lessened, I have no doubt, that the minority of the late Board of Management supported that view; but to the majority it appeared there were a large number of medical officers who were willing to receive them, and the first was this, that it was not right that a great general ques-
tion such as this one should depend on the caprice of the in-
dividual teacher that the ladies should be admitted to-day, but should cease to be admitted to-morrow, if one of those who now receive the ladies should have been resign. And it was even a graver objection, that what the ladies might have to have—qualifying instruction—could not possibly be given to them by attendance in the wards of those three indi-
gentlemen do not contain those eighty beds which it was requisite the ladies should have. Therefore, to ask us to place them a certificate of attendance at an hospital of eighty beds was to ask us to put our hands to a lie, and declare that they had attended. With reference to the proposal with which we were met to-day, and which has been more fully urged by Dr. Charteris—viz., "The Infirmary is so large that the portion to which admission would be something less than a quarter of the whole; and, even if no restriction is laid on the attendance of the male students, it will be only by their own choice if they attend in the same wards with us, while more than three-fourths of the hospital will be devoted exclusively to their instruction." To the exclusion of 300 or 400 students (Crisis of 500 or 700) —and those 300 or 400 students who are attending at this moment, and whose fees have been taken on the under-
standing that they were to have admission to every ward in the house. But they are to have only three-fourths of the house, though, by the grace of ladies, the thirty be ad-
mitted to the other fourth if they choose to come. It is not just that for seven ladies the interests of 500 or 400 students should be sacrificed. With so large a question, with such multifarious and complex interests, it is impossible that a meeting such as this can come to a deliberate judgment. I think it would be a much better thing, if you have con-
evidence in the managers, as I hope you have, to leave this question to them, and therefore I propose this amendment:—"That the court is of opinion that the question of admitting students, whether male or female, to clinical instruc-
tion in the wards to which admission ought to be left en-
tirely to the decision of the managers."

Medical News.

The vacancy at the Westernmost Ophthalmic Hospi-
tal, created by the resignation of Mr. Hancock, has been filled by the appointment of Mr. Jabez Hogg, formerly Asst.

Assistant Surgeon to this Institution.

Apothecary General for Ireland.—The projected appoint-
ment having met with such serious opposition, it has been re-
solved not to proceed with the scheme in its present form. Probably the duties of the proposed officer will be discharged by inspectors appointed by, and under the control of, the Irish Poor-law Board.

Small-pox in the metropolis.—A report has been issued by Mr. Bridges, one of the Poor-law inspectors, on the increase of small-pox in the metropolis, pointing out the importance of the infected districts co-operating with the Metropolitan Asylums' Board in their efforts to prevent the further spread of the disease.

Health of London.—Last week, 2,357 births and 1,500 deaths were registered in the metropolis, the births being seventy-seven, and deaths twenty-four above the estimated average. Zymotic diseases caused 368 deaths, of which 125 were from small-pox, and seventy-seven from scarlet fever.

A Noble Example.—Messrs. Wickers and Mallet, surgeons, &c., of Folkstone, having recently intimated to the Sous-
Prefet of Boulogne that they would undertake the care, main-
tenance, and medical treatment of a法人 of French citizens, who, by being prepared to receive, board, and lodge at Folkstone, the local authorities at Boulogne have thank-
ively accepted the offer; and the South-Eastern Railway Com-
pany has consented to give a free passage for the men, and to provide every necessary arrangement for their comfort.

Bequests, Donations, &c.—The Worshipful Company of Grocers have presented $2,158 to the Great Southern Hospi-
tal; the Worshipful Company of Drapers, $22,10s.; Wm.
Loud Jones, Esq., $50; Richard Spry, Esq., $211 8s.; J.
Martin, Esq., $20; and Mrs. H. Mark, $10 10s. The Wor-
shipful Company of Grocers have voted the donation of $1,000 to the funds of the National Hospital for Consumption and Diseases of the Chest, by the Lord Mayor. The sum lately given by the Tottenham House band, at St. James's Hall, in aid of the funds of University College Hospital, re-
sulted in the sum of £153 being added to the funds of this charity. The Kent and Canterbury Hospital has received £500 under the will of Miss Dorsett. James Gladall, Esq,
Meetings of the London Societies.

Royal Institution.—3 p.m. Dr. Olling, "On Davy's Discoveries." Monday, the 21st.

Clinical Society of London.—4 p.m. Dr. Silver, "On the Use of Venustrum Viride in Rheumatism." Mr. Tevan, "On Four Cases of Operation for Ununited Fractures." Mr. Handfield Jones, "Two Cases of Chorea with Urinary Acalysis." and "On Puns¬ture in Abessa." Mr. Broadbent, "On the Parallel of the Soft Palate, resembling Depression below the Base of the Nose." Royal Institution.—8 p.m. Dr. Olling, "On Recent Improvements in the Production of Chlorine." Monday, the 28th.

Medical.—8 p.m. H. H. Channing, "Laws of Life rehealed in History." Monday, the 30th.

Royal Institution.—3 p.m. Prof. Foster, M.D., "On the Nutrition of Animals." Tuesday, the 31st.

Books, Pamphlets, and Medical Journals Received.


Practical Lithotomy and Lithotomist. By Sir Henry Thompson.


Vacancies.


Holloway Dispensary.—Assistant Medical Officer. Salary £100.

Windsor Royal Infirmary, House-Surgeon. Salary £100.

Royal Cornwall Infirmary.—Resident House-Surgeon. Salary £120.

Appointments.

Archibald, M.R.C.S., Resident House-Surgeon at the West Kent General Dispensary.

Galloway, J., M.B., C.M., Medical Officer for the Zeddenick District of the Hastings Union, Lancashire.


Harkness, J. L., L.R.C.P., M.R.C.S., Medical Tutor at the University of Wisconsin College of Medicine, Newcastle-upon-Tyne.

Lea, J. A., L.R.C.P., Assistant Demonstrator of Anatomy, Resident Medical Officer, Tuesday, the 19th inst. for the North District of St. Germans Union, Cornwall.

Burrington, T., L.R.P., C.M., Medical Officer for Bingley.

Thompson, W. W., M.R.C.S., Surgeon to the Coastguard, Birnbor.

Thompson, M. J., Medical Officer for the Stonebridge Union.

Hackett, L. E., M.R.C.S., Surgeon at the Royal Infirmary at the South Dispensary, Liverpool.

Troughton, E. H., M.B., L.R.C.S., Medical Attendant to the Royal Irish Constabulary, Milltown-Malahy, Co. Clare.

Wilmot, T., L.K.Q.C.E., Medical Attendant to the Royal Irish Constabulary, Liselake, Co. Fermanagh.

Worsley, C. E., M.B., Medical Officer for the Dunfanaghy Dispensary District of the Dunfanaghy Union, Co. Donegal.

Births.

Kidd.—On the 18th inst., at Arnaght, the wife of A. Nagler Kidd, M.R.C.S., of a son.

Warrnings.

Birch.—On the 7th inst., at St. John's, Hackney, George Bird, M.R.C.S., to Eliza Isabella, eldest daughter of John Lamber, of Finbury.

Hackett.—Deceased on the 19th inst., at New Brighton, R. B. Harling, Esq., M.D., of Seymour street, Forton square, to Catherine Elizabeth, eldest daughter of C. W. Pickering, Esq., of New Brighton, Ulverstone.

Middlemass.—Kildy.—On the 14th inst., at St. Mark's, Hamilton terrace, Robert Percy Middlemass, Esq., of Millford place, Russell square, to Alice, youngest daughter of the late James M. M. R. M. of Drick street, Greenvale square.

Deaths.

Buckley.—On the 18th inst., at N. Buckley, M.B., M.R.C.S., of Townhead, Rochdale, aged 40.

Darby.—On the 14th inst., at the Royal Infirmary, Manchester, John T. Darby, M.R.C.S., aged 25.

Ross.—On the 24th ult., at Ross, M.R.C.S., of Wakesfeld, aged 69.

Swift.—On the 12th inst., L. Swift, M.R.C.S., of Fallowfield, aged 44.
Original Communications.

ON THE DUALITY OF VENEREAL SORES.

By Benjamin F. McDowell, M.B., T.C.D., &c., Surgeon to Mercer's Hospital, and Senior Surgeon to the Lock Hospital, &c.

As I was not permitted by the rules of the Surgical Society to speak for more than ten minutes in the protracted discussion which took place on this subject at its recent meetings, I take an early opportunity to explain more fully the views that are forced upon me by experience in regard to this question, which is undoubtedly one of great practical and scientific importance.

The nomenclature of diseases does not include a malady in its category, it may be truly said, which has attracted to itself in the last three centuries, more attention than syphilis; this indubitable fact may be taken at the same time as a measure of the importance of the subject and the difficulties by which it is surrounded. In the remarks which I have to make on this particular question, I shall confine myself, as far as it is possible for me to do so, to impressions produced upon my mind by observations on cases which have occurred in my own practice, making use from time to time of the writings of distinguished syphiliographers as occasion may arise.

The health of the community must always be affected to a large extent by the prevailing opinions entertained by Medical men on syphilis and its treatment. It is, therefore, desirable that when an important point, in doctrine or practice, which appeared to have been established by the strict rules which inductive science and extended observation require, is assailed, that those who have devoted attention to the subject, or have enjoyed opportunities for investigation outside the common range, should, in the interests of truth and science, communicate to the Profession the results of their experience.

Lanceureaux says, in his admirable work on this subject, speaking of this particular question of unity or duality, that it is one "more of doctrinal than practical importance. In this view I can hardly agree with this distinguished observer and writer, for, we find, that practice succeeds to doctrine, and if the latter be altered the practice will follow in its wake; if we fall back on the doctrines entertained by the old schools, as in this case, for example, and subscribe to the unity of all venereal manifestations, it is greatly to be feared that we would gradually find ourselves following their method of treatment also, and so we would inevitably have mercury, so often treacherous, haunting us forever, in hideous shape, as it once most cruelly did our predecessors. Perchance, indeed, we might possibly find ourselves thrown back into the days of John Hunter and Sir Astley Cooper, when, even for a gonorrhcea, mercury was administered, and pushed so far as to produce profuse salivation!

Now, what are the questions brought before us in this discussion? They are these:

1st. Do all venereal sores arise from one virus or from two?

2nd. Is there a distinct line of demarcation to be drawn between the two sores?

We shall commence with the first of these propositions. Those syphiliographers who believe that all sores arise from one and the same source, are said to believe in the "unity" of the virus. Those who take the other view, are said to subscribe to its "duality," or as some writers express it, the first class of believers are called "unicsists," the second, "dualists." I am thus particular in defining these premises and terms in order to save confusion hereafter. At the very outset I wish to express in how much I am led to side with either of these contending parties, and afterwards to adduce arguments in support of the views I have been led to form. I am a unicsist in the highest sense, in so far as I believe there is but one sore, which is the evidence of some true constitution-infecting malady in question—as, for example, small-pox and such like diseases are the evidences of blood poisons, with this exception, that here the poison is essentially chronic in its manifestations and progress.
The varieties of eruption are to be accounted for not by the sores, nor plurality of poisons, as Carmichael thought, but by the intensity of the dose of the poison received into the organism, by the state of health of the recipient at the period of its reception into the blood, and during the developmental process which follows, and other circumstances; and under these modifying conditions, we have presented to us the different forms of eruption—such as the roseolar, papular, squamous, exanthematos, and so forth. I am induced to be a "dualist," inasmuch as I believe there is another, and totally different affection—a local lesion—which results from the application of an irritating secretion or virus, of a distinct nature, to the tissues which produces under different circumstances a purely local sore, which sore (no as far as the glands in the groin may be implicated by supposition, and which does does not, per se, affect the constitution.

I hold it is a mistake to speak of these two affections as having anything in common—the idea appears to be opposed to the principles of surgery—for without even passing beyond the tissues, it does not sound philosophical to assign to a common origin two sores, which are so essentially different in their character. In the one case a slow form of suppuration accompanies inflammation, and presents itself; in the other, the very reverse—viz., an acute form of suppurative inflammation with loss of tissue, and suffering more or less severe. They appear to me to have no more relationship in this sense than have the "false pains" of pregnancy to the "true," or a phantom tumour to a solid and tangible fibrous growth.

But to return to the doctrines. The "Unicists" say them that all sores have a common origin, and are interchangeable, by which latter term is meant, for example, that from an indurated sore may be produced a soft sore, from a mucous patch, which is a secondary lesion, a soft sore; that a hard sore will become transformed into a mucous patch (which I admit), &c., but more on this head hereafter.

The "Dualists" say there are two morbific agents in question: 1st. A true blood poison, for the varieties of sore (which will be more fully defined as we proceed) which are inevitably followed by mischief from the constitution; and, 2nd. Another agent, a virus, which cannot, they believe, be called a blood poison, for that variety of sore which runs a local course, heals as a simple ulcer, and does not carry infection to the system. Now, so far as I know the present state of our knowledge, and my own experience inform me, I must subscribe to this latter view—in other words, I believe that, clinically, we have two diseases to deal with, each having, as we must by induction believe, different origin, essentially different in its manifestations, and demanding a completely distinct line of treatment; the one merely a local and passive lesion, the other the initial local evidence of a chronic blood disease, which too often takes the type of a diathesis.

I have wish to enter here into the perplexing, and for practical purposes, useless consideration which has been broached as to whether these diseases ever have an origin in common. If they were, as they present them, selves to us clinically, are distinct in every sense, and are as we believe now, at least developed by different agencies, and require, as we know they do, a completely different line of treatment, this is all we want. We need proceed no further for practical purposes. It is often, unfortunately for precocious young doctors, to tell whether a given sore is "local" or "constitutional," "specific" or "inorganic" in its nature, although the doctrines seem simple enough. The lapse of time from their invasion, the treatment they may have had to undergo previous to their inspection by the surgeon; these, and other considerations— even nature herself makes these sores—deport themselves in such a quarreling manner, that even after the closest examination, only a doubtful diagnosis can be made.

We know also that the two forms of sore may consist in the same individual; nay, may even be engraved on the same spot, on the same person, as they may on the individual from whom they were contracted; or, what close enquirv will often prove to be the fact with many harassing cases, one form of sore may be treated and cured, whilst another—the true herald of the constitutional malady— lurks, incubating unseen, to put the blame upon its apparently more formidable but harmless neighbour. These, and a host of other perplexing facts and considerations often conspire to make this question of "unity" or "duality," which might appear at first sight, or in given typical cases, simple enough, really one of considerable difficulty, and in which does for its solution a mind unbiassed by foregone conclusions, an extended opportunity for precise observation, together with rigid and impartial accuracy with collection of facts. Anything short of this will not answer the requirements of Nature, and will tend rather to confuse than elucidate the subject.

Having made these prelatory remarks, I wish now by way of simplification to bring the Report of the Venereal Commission to our assistance. This Commission was appointed in 1864, with Mr. Skey, the well-known and distinguished surgeon, as Chairman, to collate evidence from eminent medical men in the United Kingdom and on venereal diseases, and to present, with a view to the health of the army and navy, which suffered immensely from the ravages of syphilis.

It occupied more than a year in collecting facts, and its report was not published for more than two years afterwards. The first evidence was taken in December, 1864; the Blue-book was not presented until May, 1867. It contains the evidence of over sixty surgeons of undoubted reputation and experience, together with the Report of the Commission, which shadows forth the weight of evidence as elaborated by it.

(To be continued.)

ON THE COMPOSITION OF THE FERRIC IOdates.

By Chichester A. Bell, M.D.

The ferric biniodiate having been recently proposed as an addition to our list of medicines, and successfully employed by many physicians in Dublin, it appeared desirable to investigate the chemistry of a substance which seems destined to come into more general use. The compound hitherto employed, however, is both expensive and tedious to prepare, and moreover liable to decomposition, although very much more stable than the ferric iodide as a substitute for which it was introduced. With the view, therefore, of devising a more simple and rapid mode of preparing it, or of finding some similar and equally efficacious compound, a few experiments were undertaken, and with the following results.

There appear to exist at least three well-defined compounds of ferric oxide and iodic anhydride. One of these, the biniodide, is formed by precipitating a solution of iron alum by one of potassic or sodic iodide added in excess. This is the compound recently proposed for use in medicine, and to it the formula FeO_, I, O, 8 H, O has been correctly assigned. When first precipitated it is of a yellow or yellowish-brown colour; but it soon becomes darker on exposure to air, at the same time evolving an odour of iodine. If now to a solution of ferrous iodide one of potassic chloride be added, and then an excess of strontium carbonate or another, a yellow precipitate is produced. The formation of this substance is often remarkable; the iodine, which was at first set free, disappearing suddenly, when the yellow precipitate appears. The composition of this precipitate corresponds to the formula FeO, O, 3 I, O, or FeO, 3 I, O. It is therefore a normal iodate. It contains 9-64 per cent. of iron, and 63-57 per cent. of iodine, while the percentages of iron and iodine in the crystallized ferrous iodide of the "Pharmaco" are about fifteen and sixty-seven respectively. It is scarcely soluble in cold water, and dissolves with
difficultly even in strong nitric acid. Like other iodates, it is readily attacked by warm, moderately dilute hydrochloric acid, chlorine gas being produced. Boiling water takes up from it both ferric oxide, and iodine anhydride, a basic salt remaining undissolved. It is instituted in both flaw and colour. It possesses the advantage over the preceding compound of being anhydrous and perfectly stable. The most suitable proportions for its preparation seem to be—two parts iodine converted in the usual manner into ferrous iodide in solution in five or six parts water, two parts potassic chlorate dissolved in a small amount of hot water, and one and a half parts strong nitric acid.

When only a small quantity of nitric acid is added, and the mixture heated to boiling, a considerable amount of iodine escapes, while a deep red precipitate is formed. The composition of this precipitate, when dried at $21^\circ$ F., appears to be normally $\text{Fe}_2\text{O}_3\text{I}_2\text{O}_5$. It soon, however, decomposes, even during washing; and the proportion of iodic anhydride is accordingly liable to vary. Prepared with a larger quantity of nitric acid, its colour is lighter, while it contains a greater percentage of iodic anhydride. When the amount of nitric acid is not quite sufficient to convert the iodine into an adequate salt, the resulting precipitate is probably a mixture of normal and basic iodates. Digestion with warm dilute nitric acid converts any of these basic mixtures into the normal compound.

Of these three ferrous iodates, the neutral salt would seem the best suited for use in medicine in consequence of its great stability. The iodates as a class undoubtedly require further examination.

FLATULENCE: ITS ORIGIN AND TREATMENT.

By John Chapman, M.D., M.R.C.P., M.R.C.S.,
Physician to the Farringdon Dispensary.

(Continued from page 67.)

Having referred to the treatment of the remote and proximate causes of the disorder, there only remains for me to consider the question—how may the flatulent disposition itself be most effectually subdued? Of the numerous medicines used for this purpose the following are those most commonly employed:—the carbonates of soda, potash, magnesia, and ammonia; opium; sulphuric ether; chloriform; dill water; carraway water; azulina; cinnaion; various essential oils, and especially castor oil; spirit of nutmeg; spirit of juniper; compound tincture of cardamoms; tincture of ginger; ammoniated tincture of valerian; peppermint; brandy; injections of various kinds; and applications to the abdomen of turpentine, mustard, or linseed poultices. In so far as these remedies act beneficially, they may be divided into two classes—(1), those which promote condensation of the gas; and (2), those which promote its expulsion. Most of them are of the latter class, and produce their effect by stimulating the muscular coat of the alimentary canal. Among the condensers I have reserved for special mention a medicine the action of which is comparable to the most efficacious—viz., dry powdered charcoal, administered in hermetically sealed gelatine capsules, as recommended by Dr. Leared in his valuable essay on "Flatulence, and its Successful Treatment by a Novel Use of Charcoal." Referring to a severe case of flatulence in which he prescribed the capsules, he says: "When the sound on percussion over the greater end of the stomach was quite tympanitic, this sound took on the ordinary clear tone of the part after the capsules had been swallowed a few minutes. Encouraged by this case, the capsules were given in many other instances with excellent results. . . . Twenty grains or two capsules, of the vegetable ivory charcoal absorb more than two cubic inches of carboenic acid gas. If a greater effect be desired, and the dose be increased to four capsules, nearly five cubic inches will be taken up. Now, admitting that these effects are not quite so active in the stomach as they are in the experiments, there must still be absorption enough to give relief to the patient. The effect may at any time be tested and the repetition of the dose guided by percussion over the greater end of the stomach. More charcoal should be taken so long as the percussion sound is tympanitic. . . . Charcoal in large doses presents one great disadvantage: intestinal obstruction, as sometimes caused by magnesia, has been the consequence."

There are, fortunately, two plans, both often remarkably successful, of relieving the distress caused by gaseous distension, without resorting to drugs at all, and therefore without submitting to the evils sometimes inseparable from their employment: either the prolonged use of the warm bath, at 100° Fahr., or the judicious application of the spinal ice-bag often operates like a charm in respect to both the rapidity and the completeness with which the gaseous swelling is made to subside; and, in my opinion, experience will prove to every physician who gives these remedies that it is very easy to meet with in which effectual relief will not be given by resorting either to one of these experiments or to both of them in succession.

The warm bath usually causes a copious discharge of the pent-up flatus: in many cases of great and extremely distressing intestinal distension I have known it to give wonderfully great and immediate relief. Care must be taken to maintain the temperature of the water at 100° Fahr. all the time it is being used, and to keep the patient thoroughly warm after leaving it. If, by exposure to cold, shivering should be induced, the "drum-belly" may be rapidly reproduced. It may be difficult to give a thoroughly correct explanation of the modus operandi of the warm bath in these cases; but I suppose that in most, if not in all of them, the circular muscles of the alimentary canal, including the sphincters, are in a state of spasmodic contraction, so that the imprisoned air is confined not merely by the spasmodic action of the sphincter muscles, but by hour-glass-like contractions of the vermicular muscles along various parts of the tube; moreover, I suppose that those muscles, as well as the muscles forming the walls of the abdomen, are at least temporarily enfeebled. Very often, in these cases of distension, the surface of the abdomen is markedly cold—a condition denoting that the abdominal muscles are receiving less than their normal supply of blood, and therefore that they must be less vigorous than normal. Moreover, in most persons who are suffering from "nervous" flatus, the general circulation is remarkably unequal: though the heart may be pulsating with perfect regularity, the blood is irregularly distributed. One set of peripheral arteries may be unduly dilated, the region in which they ramify being abnormally hot; while other sets may be extraordinarily contracted, the parts they supply with blood being at the same time perceptibly cold. Now, in such a bath the blood discharges with the whole surface of the body, and the blood supplying any part as the surface is concerned, equalises the blood-currents; and while it causes the blood to be equally and copiously diffused over the surface of the body, it, at the same time, relieves, of course, any pre-existing congestion of internal organs, among which are the cerebro-spinal and sympathetic nervous centres. It is the relief experienced by these centres which mainly constitutes, I apprehend, the healing effects of the warm bath. Such relief must be accompanied by a general diminution of that preternatural energy with which those centres were acting, and which produced the spasmodic contractions of the circular muscles of the alimentary canal, including the sphincters, as well as of the muscular coats of the arteries supplying not merely those circular muscles, but also the muscles of the abdominal walls. Therefore, such relief having been accorded, the hour-glass contractions of
the intestines cease, the sphincter-muscles lose their un- 
wanted tension, and can be opened by gentle pressure, the 
circular muscles of the intestines receiving more blood 
than before, become strengthened, and by their conse-
sequently increased and uniform vermicular action steadily 
force the gas along the tube until it is at length expelled.
Moreover, the abdominal muscles being thus relaxed, the fuller 
supply of blood, and therefore recovering their tone, con-
tact again with normal energy, and thus, by their exten-
sive and powerful pressure, give important aid to the in-
testinal muscles in emptying the tube of its gaseous con-
ten[s]. Indeed, these effects of the warm bath are often 
produced in less time than I have occupied in describing 
them. As the influence of the warm bath on the nervous 
centres, in so far as it acts on them all, consists in les-
sening their functional energy, it is reasonable to suppose 
that special action of the spinal cord on the alimenta-
tory mucous membrane which results in its evolution of 
gas will be simultaneously restrained to some extent by 
the use of the bath; but, of course, whatever may be the 
amount of such restraint, it can only be temporary, and is 
unlikely to continue more than a short time after the bath 
has been resorted to.

The use of ice-bag will, however, as a general rule, acco-
complish not only all the effects produced by the warm 
bath, but will prevent the re-formation of gas after that 
which was distending the alimentary canal has been 
expelled; that sedative influence on the nervous centres 
which must be ensured in order to give effectual relief, 
and which, as I have shown, the warm bath produces by 
diverse process, is exerted much more directly and 
much more powerfully by the application of ice along the 
spine; and, obviously, it is a much more satisfactory re-
medy than is the warm bath, for it can be applied with-
out the necessity of undressing the patient, who may even 
walk about, or attend to business with the ice-bag along 
his spine. By persistent use of the ice two or three times 
a day for a suitable length of time, along the appropriate 
part of the spine in each case, a new and healthy 
habit may be imparted to the spinal cord and the glands 
of the sympathetic, so that, while on the one hand that 
functional energy of the intestinal and abdominal muscles 
necessary for the expulsion of accumulated flatus is se-
cured, its secretion anew is prevented. Indeed, so great 
are the sedative effects which may be produced on the 
spinal cord by the spinal ice-bag, that I am dis-
posed to believe it capable of inducing in the cord that 
condition which, as I have given reason for be-
lieving, permits the osmotic force to act in the manner 
I have explained. Therefore, of the two remedies in 
question, that of the spinal ice-bag, being at once cura-
tive and preventive, is far the most efficacious, but in 
some cases it may be especially desirable to make use of 
both, and there are few in which doing so will not reduce 
the abdominal distension more speedily than can be done 
by one alone, or by any other therapeutical agent.

While correcting the proof of the last paragraph, it oc-
curs to me that it is desirable that I should add here some 
observations on the different effects of the ice, and, conse-
quently on the necessity of applying it differently in 
different cases; but the inexorable printers inform me that 
the matter of the present number of this journal is already, 
as they phrase it, "imposed" (made up into pages), and, 
therefore, at this point they impose silence on me.

Hospital Reports.

LONDON HOSPITAL.

Syphilis Affecting a Whole Family.

(Under the care of Mr. RIVINGTON.)

On April 23, 1864, while doing duty for one of his col-
leagues in the Out-patient Department, Mr. Rivington had 
the opportunity of observing the following instructive case, 
which is reported from the notes taken at the time:—
Ellen B., aged forty, was married in 1857, and has had 
nine children. Four of the children were still-born; two 
lived a short time—one seven months, the other eighteen 
months; the remaining three are now alive. The two who 
were still-born were a few days after birth. The eldest died, 
were both at birth, healthy children, and throve for some weeks. The mother 


HOSPITAL REPORTS.

Feb. 1, 1871.

stated that the child who died at seven months was dis-
covered on post-mortem examination to have no intestines, 
no liver, nor in fact any inside at all, as it was all eaten 
away, while externally it was well nourished! She has 
suckled all her children, and all have been troubled with 
the smolles. Some of the children had the thrust at birth.

As the three eldest were males, a boy, eight and a half 
years of age; 2. A girl, five years of age; 3. A boy of 
thirteen months.

The husband has had veneral sores, sore-throat, and 
other syphilitic sequelae, and also gonorrhoea, and at various 
times he has been lanced, cut, and medicated by members 
of the Faculty. The mother has suffered from psoriasis 
palmaris, sore-throat, loss of hair, pains in the limbs and 
head. She contracted sores when first married, and since 
then she has had gonorrhoea, with frequent troubles being the gift of her helpless. She now has on 
her neck a small patch of lichen circumscriptus. The boy, 
eight and a half years of age, who is at home, has a large 
patch. the mother says, on the right side of the neck, and 
of a character exactly similar. The girl, five years of age, 
who accompanied her mother, was suffering from impetigo 
scalp, and lichen scattered over the arms and body.
The child of thirteen months, also with the mother, had 
patches of lichen, more or less circular, on the right elbow, 
on the back of the right wrist, and on the front of the left 
knoc, On the left arm there were some scattered vesicles 
of herpeses. Afections of the eye, ear, and teeth were not 
observed in the two children who came with the mother. 

Gonorrhoea Affecting Husband, Wife, and Daughter.

As another illustration of the domestic happiness occas-
ioned by veneral communications from husband to wife, 
unfortunately so common among the poor, the following 
example may be quoted:—
Mary Ann B., eleven years, was taken into the London 
Hospital on June 11, 1870, under Mr. Rivington, on ac-
count of gonorrhoea. She had a greenish-yellow discharge, 
and a pain in passing water. She had previously been 
under Mr. Rivington's care in the Out-patient Department, 
but the complaint proving intractable, she was admitted 
to the Hospital. Two months before her admission she 
came with her mother, who was also suffering from gonor-
 rhoea, which had been given to her by her husband. The 
husband had been taking medicine to cure himself, but 
finding the cure tedious, appears to have resorted to an 
expedient to which vulgar repute assigns an infallible re-
médial action, viz., connection or contact with a virgin. 
He selected his own daughter. This, at least, appeared 
to be the natural inference from the fact that when the dis-
carge appeared on the daughter, the father—who was 
aware of it before the mother—advised her to take some of 
his anti-gonorrhoal medicine. The child herself would not, 
or could not, give any account of the origin of the com-
plaint, but the mother strongly suspected that the source 
was her daughter's gonorrhoea. Another corroborative circumstance was that the child had 
the complaint first, and suffered acutely, while the mother 
had a milder attack. Probably, the husband attempted to 
cure himself in the acute stage, by simple contact with his 
daughter, and had connection with his wife when the gonor-
rhoae was degenerating into gleet. The child was treated 
and cured by lotions and injections of chloride of zinc for 
the vagina, and valva, and bougies containing tannic acid for the urethra.

Chancre of the Upper Lip.

Cases of indurated chancre of the lips are occasionally 
seen among the out-patients. During his connection with
THE SEWAGE QUESTION.

SPECIAL REPORT.

(Prepared expressly for the Medical Press.)

No. XXI.

PRECIPITATION OF SEWAGE WITH PHOSPHORIC ACID, ALUMINA, AND LIME.

In the month of August of last year (1870) a patent was obtained by Mr. David Forbes, F.R.S., and Dr. Astley Paston Price, for the treatment of sewage with an acid solution of natural phosphates of alumina, either alone or in conjunction with lime or carbonate of lime. In carrying out the invention they say "we firstly submit to the action of sulphuric or muriatic acid the natural phosphates of alumina; which phosphates of alumina are capable of being decomposed and rendered soluble by the employment of sulphuric or muriatic acid. Having converted the phosphates into a soluble condition, or having obtained a solution of the phosphates of alumina, they may either be employed in their concentrated form, or a solution of the same may be diluted, and they are then in a fit and proper condition to be employed for the treatment of sewage. Whilst the sewage is contained in a cistern or reservoir, or whilst it is in the act of flowing thereinto, the requisite proportion of the soluble phosphates of alumina is to be added thereto, and after thorough admixture with the sewage by the use of agitators, or other well-known means, the sewage so treated may be allowed to remain tranquil in the reservoir in order that subsidence of the resulting precipitate may be effected, or after having added to the sewage the requisite amount of the soluble phosphates of alumina, lime (by preference in the form of milk of lime) is to be added in such quantity as that the phosphates in solution shall be precipitated. This result will be known by the sewage acquiring a neutral or alkaline reaction, or the lime may be firstly added, and the solution of the phosphates of alumina added subsequently, but we prefer the former process, or the soluble phosphates of alumina may be firstly decomposed by means of lime or carbonate of lime, and the resulting precipitate may be employed for the purpose of effecting the separation of certain constituents of sewage."

"In conjunction with any of the before-mentioned methods of carrying out our invention, deodorising agents, such as animal or vegetable charcoal, may be employed, but good results will be obtained by the employment of the phosphates of alumina alone, or in conjunction with lime as before mentioned. The sewage, after treatment by either of the before-mentioned processes, is allowed to settle, and the clear or supernatant water may be run off, and the deposit or precipitate collected and removed, and employed for agricultural purposes either in the moist condition, or after having been submitted to a drying or desiccating process. Or the precipitated phosphates may be again submitted to the action of sulphuric acid, and the solution be again employed for the treatment of sewage in a manner similar to that before described. The proportions in which the soluble phosphates of alumina may be employed will vary with the sewage to be operated upon, and the quality of the manure desired to be obtained. We have obtained good results by the employment of about two parts by weight of the soluble phosphates of alumina to every one thousand parts by weight of sewage treated, but we do not limit ourselves to such proportions."

The natural phosphate of alumina to which the patentees especially allude is that which occurs in large quantities in the West Indian Islands, and which was mistaken at first by several chemists for phosphate of lime. It consists, according to Mr. Forbes, of one equivalent of alumina with one of phosphoric acid, and five of water. The percentage composition of three commercial samples analysed by him was as follows:

<table>
<thead>
<tr>
<th></th>
<th>No. 1</th>
<th>No. 2</th>
<th>No. 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phosphoric acid</td>
<td>38.96</td>
<td>37.00</td>
<td>33.11</td>
</tr>
<tr>
<td>Alumina</td>
<td>27.06</td>
<td>26.08</td>
<td>24.57</td>
</tr>
<tr>
<td>Peroxide of iron</td>
<td>2.63</td>
<td>2.76</td>
<td>2.67</td>
</tr>
<tr>
<td>Lime</td>
<td>1.94</td>
<td>2.00</td>
<td>1.03</td>
</tr>
<tr>
<td>Insoluble matter</td>
<td>6.70</td>
<td>9.10</td>
<td>17.00</td>
</tr>
<tr>
<td>Water, &amp;c.</td>
<td>22.66</td>
<td>22.88</td>
<td>22.22</td>
</tr>
</tbody>
</table>

At present this material has no commercial value, and it occurs in such enormous quantities that, on one island alone, the report of the survey estimates the deposit at no less than 3,000,000 tons.

The patentees lay stress on the fact that the sewage water, when thus deoxygenated, may be utilised, if necessary, by irrigation, and in that case there is no occasion to precipitate the soluble phosphates with lime, as the clarified water is sufficiently pure to be run upon the land without causing offensive effluvium or slimy deposits. In point of fact, the effluent water may be so charged with soluble phosphates as to render the land fit for the purpose of growing grain or other crops which cannot now be produced from irrigated land without the use of rich mineral manures. "In other words," says Professor Forbes, "our process is the first attempt made to strengthen the otherwise miserably weak sewage water, and at the same time so far to effect its purification that it can be employed without offence." But the grand point in the process is that whilst it renders sewage so pure that the deoxygenated water may be safely admitted into any neighbouring water course, the deposit may be made to contain any proportion of phosphate of lime, and, therefore, to be of sufficient
value to pay the cost of carriage to a distance. Its value, indeed, may be increased at pleasure to any extent, up to that of almost pure bone-earth, so that, although a small quantity of the material will clarify sewage sufficiently well for sanitary purposes, yet it is best to use it in large proportions, such as not less than two tons of the natural phosphate to a million gallons of sewage, and this will produce from four to five tons of manure, with from fifteen to eighteen per cent. of phosphoric acid, or rather from thirty-three to thirty-nine per cent, of phosphate of lime (bone-earth) in a soluble form. It may even be made richer than this, for a sample of the deposit obtained from ordinary London sewage with about forty-seven grains of the material per gallon of sewage, which is at the rate of three tons of the natural phosphate to a million gallons of sewage, gave a deposit which, according to Dr. Voelcker, had the following percentage composition:—

<table>
<thead>
<tr>
<th>Constituent</th>
<th>London Sewage</th>
<th>Coventry Sewage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moisture evolved at 212° F.</td>
<td>3.98</td>
<td>3.98</td>
</tr>
<tr>
<td>Organic matter and water of combination</td>
<td>20.11</td>
<td>20.11</td>
</tr>
<tr>
<td>Phosphoric acid</td>
<td>28.52</td>
<td>28.52</td>
</tr>
<tr>
<td>Lime</td>
<td>13.09</td>
<td>13.09</td>
</tr>
<tr>
<td>Alumina, oxide of iron, magnesia, &amp;c.</td>
<td>29.95</td>
<td>29.95</td>
</tr>
<tr>
<td>Insoluble siliceous matter</td>
<td>4.35</td>
<td>4.35</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100.00</strong></td>
<td><strong>100.00</strong></td>
</tr>
</tbody>
</table>

The organic matter contained 0.57 nitrogen, equal to 0.69 ammonia.

In this case the 28.52 phosphoric acid was equal to 62.56 of tribasic phosphate of lime, which was no doubt in a hydrated condition, and, therefore, readily available for plants, like soluble phosphate. Dr. Voelcker says of it that "it possesses valuable fertilising properties, and, in my opinion, a sewage manure equal to the sample analysed by me, will command a ready sale at £7 7s. a ton."

In some recent experiments with a sample of the natural phosphate supplied to us by Mr. Forbes, we found that thirty-three grains of it, containing 10.38 grains of phosphoric acid, dissolved in its own weight of commercial sulphuric acid, and added to a gallon of London and Coventry sewage, gave the following results:—

**Transactions of Societies.**

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

JANUARY 10TH, 1871.

Dr. Theoph. Williams read a paper
ON THE DURATION OF PHthisis fulminans, AND ON CERTAIN CONDITIONS WHICH INFLUENCE IT.

The paper gave some account of a thousand cases selected from the private practice of the author’s father in reference to age, sex, family, predisposition, and origin. The patients belonged chiefly to the upper and middle classes, and the cases were taken from the records of those who first consulted Dr. Williams between 1842 and 1864, a period of twenty-two years; the ground of selection being that each case has been at least one year under observation.

In all 625 of the 1,000 were males and 375 females.

Age—41 per cent. were attacked between twenty and thirty, 27 per cent. between twenty and forty, 19 per cent. under twenty and 13% above forty. Considerable difference was found to exist between the two sexes as to the time of attack. Between twenty and thirty, the most common period of attack for both sexes, about 7 per cent. more females were attacked than males; and, again, between ten and twenty, 112 per cent. more. On the other hand, after thirty, the reverse was the case.
case. Between thirty and forty, the males exceeded the females by 115 per cent.; and above forty, by 6 per cent. The average duration of life, in the females, was, twenty-nine years and a half: for the females, twenty-six years.

Familial predisposition.—This term is substituted for "hereditary predisposition," in order to include brothers and sisters and first cousins, in addition to those of the preceding generation. It may be applied to inclusive as instances of disease in a family all near relation derivable from one common stock. Family predisposition was traced in 48 per cent. of the patients: in 43 per cent. of the males, and 57 per cent. of the females. Nearly half of the cases had only brothers and sisters affected.

On the first symptoms.—In 315 cases, phthisis originated, in or followed closely after, the following diseases—viz., pleurisy and pleuro-pneumonia (143), bronchitis (118), asthma, scrofulous, abscesses, fistula, whooping-cough, scrofula, measles, continued fevers, peritonitis, malformations of the mitral, and disposition (1) does not limit the whole number of cases were traced to the inflammatory attacks (pleurisy, pleuro-pneumonia, and bronchitis); and of these patients, 14.2 per cent. were free from any suspicion of family predisposition.

Eumphyisis was present in 57 per cent. of the patients. State of Lunga.—Two-thirds of the patients were in the first stage at first visit, 18 per cent. in the second, and 14.2 per cent. in the third; 14 cases presenting the signs of other diseases on which those of consumption sharply predominated. One hundred and ninety-eight patients are ascertained to have died between the ages of ten and eighty-five; the average age being double that of those who came in the first. The average duration of life among the 198 who died was seven years and eight months and three quarters; 21 of whom lived from fifteen to twenty-eight years after first attack. Among the 892 living patients, the average is at present eight years and two months and a quarter: 424 have lived more than ten years, 65 more than twenty, 2 more than thirty, and 1 more than forty years.

An account of the present state of these patients is then given, and it is shown that 72 per cent. have regained their health, and are, according to follow their occupations; 28 per cent. are still invalids.

Dr. Williams then discussed the views of Louis, Bayle, Laennec, Andral, Fuller, Pollock, and other authorities as to the duration of phthisis, and attributes the long duration of the present cases to—(1) the early detection of the disease; (2) the perseverance with which the patients carried out the various healing measures recommended to them, whether medicinal, hygienic, or climatological. As to the influences of age and sex on duration the statistics show that—(1) the later the time of the attack the longer was the duration, this being more marked in females (2) the younger the age females are, on an average, attacked four years earlier than males; and (3) that among them the duration of the disease is one year and a half shorter, and the average age reached is five years and a half less than among males.

It was next considered whether (1) it does not limit disease; (2) it precipitates the onset of the disease, thus shortening the duration of life; (3) it affects females more than males.

The author concludes that cases arising from pleurisy or pleuro-pneumonia enjoy a longer duration than the average, and suspicion amounting to at least a year and a half or two years.

Dr. Powell thought it would be well to know the proportion of pulmonary phthisis. Recoveries were often of this class. The knowledge that people might live so long with chronic pulmonary disorders, and with bronchitis, and with tuberculosis, was valuable. It contradicted the views of Waldeyer and others, and showed there must be something more than a careless mass—specificity, hereditary, or something. Family predisposition was traced in nearly one-half of the cases recorded, but in many instances those affected were brothers or sisters, which would rather show common exposure as influences.

Dr. Marquet thought it difficult to say if bronchitis passed into phthisis; the physical signs were much alike, especially in capillary bronchitis. He thought if their digestion was kept in good order, it was well.

Dr. C. J. B. Williams said: As almost all the cases which have been the subjects of analysis in this paper occurred in my practice, and were observed and noted by myself, I may be expected to give any required explanation of the facts for which I am answerable. But even before the Society, I must express my obligation to my son for the immense trouble which he has taken in arranging the tables, and in verifying the facts, and obtaining the exact results of numerical calculation. As they existed in my note-books, they formed an enormous mass—almost overwhelming by its quantity. All this experience had, indeed, led me to general inferences, which are correct; but through the tables and calculations which my son has made, I have gained definite knowledge of their extent, rather than those which I had before from my own impressions. For example, with regard to the duration of life in phthisis, I knew that the average of my cases far exceeded the term of two years, assigned as the usual average by Laennec and Louis; and, on an average, lived from five to seven years. But, by actual counting, it is found to reach to nearly eight years in the 198 cases that have ended in death, and to above eight years in the 852 still living, and with prospect of further increase. The influence of age and sex on the duration of life is also in favor of the disease being more rapid in the young and in females, and slower in those older and in males. The effects of family tendency came out by calculation somewhat differently from what was expected. It accelerates the onset of the attack, but does not shorten its duration. It seems, therefore, to render the body more prone to the disease, but not to render the disease more intense. The term "family" predisposition has been preferred to hereditary, in order to include the very common case of several brothers or sisters in succession—being affected, even where the disease has not occurred in either parent. The progeny has had a much more frequent disease than the author, in the paper that this might arise from members of the same family being exposed to similar external causes; but I have known several instances in which, after one or two of a family have died, the others have been purposely removed from home, and all circumstances changed, and yet the disease has shown itself, proving that the cause is constitutional and intrinsic. Some similar influence is required, also, to make acute inflammation terminate in phthisis. The tables show that 264.2 per cent. of the cases originated in inflammation; and this is quite in accordance with my general experience. It has now become the usual opinion that consumption is a common cause of consumption, and this, so far as is true; but it would be misleading to say that this is true. Brousse, Andral, and Cruveilhier, in opposition to Laennec, but inflammation alone does not suffice to produce phthisial disease of the lung. Acute inflammation may attack the lung in any intensity, and yet pass away without leaving any trace or tendency to consumption. It is proved unimpeachable that this is persistent or chronic by repeated attacks or neglect, or where there is a state of constitution called scrofulous, or deteriorated by unhealthy influences which degrade nutrition, that the products of inflammation tend to casation and exhaustion, and end in consumption. If inflammation is to be calculated constitution, there is no time, nor is there the occasion, to discuss; and I would only say that I believe it to be intimately connected with the lymphatic system and the abundant production of lymphocytes or pale corpuscles—those wonderful agents and representatives of the plastic process. Dr. Kent remarks that it would be beneficial to know of a disease when bronchitis passes into phthisis; but I have found distinctive signs in the supervision of patches of dulness on percussion, together with tubular sounds and coarser rales, generally near the summit or root of the lung; and there are also dyspnoea increasing in intensity, and the two forms of bronchitis most apt to pass into phthisis are those attended with pleural or purulent expectoration, indicating a deep-seated inflammation. I must not omit to notice the ground of selection of these cases—that they had been under observation for a long period; and the selection obviously supplies more reliable and satisfactory results with regard to the history of the disease and its treatment, it excludes the more acute cases which terminated fatally within that period. The proportion of such cases is, however, very small, not amounting to 5 per cent. The
TRANSACTIONS OF SOCIETIES.

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selected cases, therefore, represent chronic phthisis, and those of the acute disease which have been arrested and rendered chronic by treatment. In conclusion, I would express my conviction, derived from a very large experience, that much may be done by early and judicious medical and hygienic measures to influence in a favorable direction the course of the disease.

Dr. Andrew Clark said this paper was a valuable contribution to the history of phthisis, but only of chronic phthisical disease. Even then there was one defect—there was no reference to the habits of the patient. From a scientific point of view, there were different kinds of phthisis, but this division had not been recognised or followed. He thought phthisis arising from pleuritic disease prolonged, not so if it arose from inflammatory deposits, especially if pneumonic.

The Medical Society of the College of Physicians of Ireland met on Wednesday evening, the 19th, when the chair was occupied by Dr. Lwy.

Dr. Henry Kennedy read a paper on the views of Niemeier regarding phthisis. He considered that the author had taken too narrow a view of the subject; by confining, or seeming to confine, his ideas to a form of the disease under which he declares itself. It was true that tubercles of recent formation were to be found in connection with much older standing disease. But this did not prove that phthisis, in any form, was the starting point of the affection; and this it was which was the prevailing idea all through those Lectures. Dr. Kennedy argued that phthisis of any kind or description was as rare in the upper lobe of the lung as tubercles were known to be frequent; and, on the contrary, that tuberculous disease, affecting that part of the lung in the first instance, was very seldom seen. He argued, too, that the earliest signs of phthisis are not those of pneumonic, and that it was quite common to meet cases where tubercles existed throughout a whole lung without a trace of pneumonic being present. On the whole, he concluded by saying that the views of Lacassine seemed to him to be supported by far the greatest mass of evidence, and that those of Niemeier could not be reconciled with well ascertained facts.

DUBLIN PATHOLOGICAL SOCIETY.

The Society met on January 14th, the chair being occupied by G. H. Porter, F.R.C.S.I., Surgeon to the Queen in Ireland.

Dr. Moore brought before the Society a case of bronzed skin, darker than any case he had ever seen, and darker than any he had ever read of. The patient, a woman, aged sixty-two, was admitted into Sir P. Dun's Hospital some months ago. Her face was a dark olive brown colour, the lips also of the same tint, and the whole body showed the same intense brown colour, the sallow cast of the eyes of a pearly blue. The neck was as dark as a strong infusion of coffee, whilst both axillae were black, and the chest, abdomen, pudendum, and inside the thigh were equally dark. The skin was peeling off in parts, and there was a marked loss of weight exhibited by the patient. The symptoms of ataxia were well marked, and the tongue, nearly atrophied, and that of the right side; the liver was healthy, spleen healthy, kidneys healthy, the mesenteric and lumbar glands were masses of tubercle, the supra-renal capsules were rather small, but not unduly so. The patient was slight and emaciated generally, there was no adventitious deposit observable on making a section or by the microscope. The brain was healthy, the urine had an acid reaction, and contained neither sugar or albumen. The case was interesting as showing all the constitutional symptoms of a tuberculous meningitis, with nothing of extremities, if ever observed before, and yet no disease of the supra-renal capsules.

The case viewed pathologically and histologically, must be called a case of "Tuberculosis," but without any supra-renal capsular disorganisation.

[We hope to publish the full details of this communication, with a coloured illustration, next week.]

Dr. Grimshaw exhibited

THE HEART AND BRAIN OF A PATIENT (AGED THIRTY-THREE YEARS) WHO WAS ADMITTED INTO DR. STEVENS' HOSPITAL ON DECEMBER 29TH, 1870, AND DIED ON JANUARY 1ST, 1871.

The patient had been in hospital two years previously, having applied for admission in consequence of giddiness of the head and palpitation of the heart. The following symptoms were then present—Giddiness of the head, dizziness, rent; palpitation of heart; a single direct aortic murmur was distinctly audible; the pulse was collapsing but not markedly so; sphygmograph pointed at top, but without the characteristic hook, increased tone of heart, and increased first sound; Diseases, diseases of aortic valve, and aortic diastolic murmur. The patient said he thought he had rheumatic fever ten years ago.

On his second admission into hospital, he had complete paralysis of motion of the left side of body, sensation much impaired but not lost. He could scarcely speak. The account was that he had been sitting at the fire in his own home, fell off the chair, could not raise himself, was lifted up by friends, and brought to hospital. From previous history and present state the diagnosis was embolism of arteries of left side of brain.

Post-mortem examination showed white softening of whole of left hemisphere of cerebrum, generalised disease of brain embolism occupying the termination of the left internal carotid, and commencement of left middle cerebral artery.

Heart larger than natural, left ventricle much hypertrophied, aorta dilated and coats thickened, aortic valve thickened and slightly incompetent; a zone of calcareous deposits surrounding the vessel slightly above valves; at one point that had been leafy loose and apparently broken down, and Dr. Grimshaw suggested that this was the origin of the embolism.

Dr. Lyons exhibited a specimen of ovarian cyst.

The woman from whom this specimen was removed, was admitted moribund into the Whitchurch Hospital. Dr. Lyons said nothing of the history of the case, and did not see her alive. It was found that the immediate cause of death was extensive pneumonia of the right lung. The part now exhibited was, he said, of some interest, as showing one of the latent dangers in a case that may become the subject of ovariotomy. There was a very large ovarian sac which contained originally more fluid than Dr. Lyons had been able to recover fluid surrounding the vessel slightly above valves; at one point that had been leafy loose and apparently broken down, and Dr. Grimshaw suggested that this was the origin of the embolism.
Mr. Wilson exhibited a specimen of fibrous-gelatinous polypi, which he had removed from the external auditory meatus of a female, aged twenty-five, in St. Mark’s Hospital. It measured when recent one inch in length, and nearly three-eighths in thickness, and appeared to have had more than one root; it grew from the posterior wall of the meatus, and protruded through the aperture of the meatus.

LONDON ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.

A meeting was held last week, Dr. Barnes brought forward the question, "How far is the present prevalence of small-pox to be attributed to the plan recently introduced of limiting the number of public vaccinators?" (He contended that the prevalence of the disease was owing to deficiency of vaccination, to which the reduction of vaccinators to one in 30,000 people, and the carrying on of the system at stations under recent regulations, was an obstacle; because the more numerous the operators, the greater the facilities for obtaining vaccination. He suggested that the registration of births should be made compulsory, so as to secure the enforcement of the law relating to vaccination; that the number of vaccinators should be made co-equal with the different districts, and that inspection should be extended. In a discussion which followed, in which Dr. Huf, Dr. Lethaby, Dr. Tripe, Dr. Ross, Dr. Webstey, and others took part, the balance of opinion seemed to be with Dr. Barnes; but Dr. Liddell and Dr. Seaton were entirely in favour of the new system adopted by order of the Privy Council. The discussion was adjourned, in order to make way for a paper by Dr. T. Spencer Cobbold on enteritis in relation to public health, especially as regards sewage irrigation.

In substance he laid down that parasitic disease, such as measles, was produced in cattle fed on sewage-grown grass, and that this was often the cause of death in these animals, when it was attributed to pleuro-pneumonia. (Some specimens of beef and veal measles were exhibited in support of a statement of experiments made in this matter by Dr. Cobbold.) The deduction was, that meat so infected is injurious to health in the human subject. The high probability of an increase of parasitic disease, both in man and animals, arising from sewage irrigation, was insisted upon. In a long discussion which followed, the theory was distinctly controverted by Dr. Corfield and others, and supported by Dr. Sime and others.

IMMEDIATE PRECAUTIONS AND AFTER PRECAUTIONS IN SCARLET FEVER, ETC.

The medical practitioner with whom every "five minutes" is of importance, requires a ready method for informing persons in fever houses how to avoid catching fevers and kindred complaints. Verbal communications have to be repeated, but printed directions given to the nurse could be easily referred to. In symptomatic diseases, the following printed rules, kindly forwarded us by Mr. R. Hanslip Sers, medical officer of the Southwell Union District, Nottingham, will, with slight alterations, according to the case, do much towards preventing their fearful spread as simply and as speedily as possible.

IMMEDIATE PRECAUTIONS DURING SCARLET FEVER, ETC.

1. Separation of the patient from the rest of the household.

A sheet to be suspended in front of the bed-room door, previously dipped in solution of Condy’s Fluid, (one ounce of Condy’s Fluid to a gallon of water).

2. Perfect cleanliness.

* "(c) All needless woollen or other draperies should be removed from the room in which the patient lies.

(d) All discharges from the patient should be received in vessels, in which chloride of lime or other disinfectant is constantly kept.

(c) All bed and body linen should be plunged into water containing a disinfectant immediately it is taken from the patient, and before it is taken from the room.

(d) Pocket handkerchiefs should not be used, but small pieces of rag which should be burnt directly.

(c) Nurses and others whose hands come in contact with the patient, should wash them in water containing chloride of lime or other disinfectants, and afterwards in plain soap and water.

(f) All glasses, cups, &c., used by the patient should be carefully cleaned before being used by others."

3. Free ventilation.

Windows and doors alternately opened—the chimney not to be closed up.


5. All articles of clothing to be exposed to the action of boiling water, then rinse in water containing a disinfectant (one ounce of Condy’s Fluid to a gallon of water).

6. Place lumps of wood charcoal about the room. In out places, fresh earth, or ashes, chloride of lime, &c., pay attention to the state of the drains—also to the water for household purposes. Avoid drinking water obtained from sources near drains or cess-pools.

AFTER PRECAUTIONS.

1. The patient to have occasional warm baths at night, also moisten the skin as early as the fourth day with camphorated oil, and use Calvert’s carbolic acid soap until the skin has completely cleared.

2. All articles of clothing to be disinfected.

3. Walls fresh papered and lime washed, furniture, floors, &c., to be disinsected, the mattress taken to pieces and well baked in an oven. The sick chamber may be thoroughly closed and sulphur burnt in it.

ROBERT HANSLIP SERS,
Medical Officer, Lowdham District of the Southwell Union, and Calverton District of the Boston Union, &c.

Epperstone, Notts, January 24th, 1871.

SPECIAL CORRESPONDENCE.

(From an occasional correspondent.)

Nice Jan. 14th, 1871.

This first three weeks of December were the most horrible which Nice ever saw. Almost every day, clouds, rain, and bitter cold, and three times snow. The first snow fell on the 4th December from 9 o’clock a.m. to 4 o’clock p.m., like in Northern Europe thirty centimetres high. The second night afterwards it was melted away by the Sirocco air which brings (as in Austria) the snow and takes it also away. The second snow fell in the night from the 23rd to 24th December ten centimetres high, but disappeared during the forenoon. The third fell on Christmas Day—all the day long—but melted quickly in the open air before falling down. What a peculiar comic-tragical aspect it was to see the palm trees and the orange trees covered with snow, like wigs, and the glean of the oranges between the snow.

But from the 26th December till now we have had almost always dry, fine weather, but cold in the morning and evening; because the neighboring mountains being covered with snow, send their glacial breath to Nice. But this dry cold is very wholesome, because it strengthens the nerves and the tissues, and prevents the relaxation of both, which is the effect of constant warm and moist climates. Therefore, everybody has here more appetite and good spirits than in other places, which are warmer or more humid.
But only lymphatic, torpid, or phlegmatic temperers, or constitutions, are fit for living on the seaside of Nice. The irritable characters should take villas or apartments, with gardens, in the interior, far from the sea, where every afternoon cold weather shakes the promenaders. The peculiar effect of the climate of Nice is to be seen in the great part of the foreigners who cannot sleep here; whilst others find again at Nice their night's rest, and can nowhere repose so well as at this celebrated winter station. Other primary effects of the climate of Nice are costliness and interruption of the period in the sex; but after some weeks or months the usual state returns.

Coryza and bronchitis are both very frequent in foreigners, because they make too rapid transitions from the fireside to the walks, whilst the inhabitants almost never have fires in their rooms; because they go frequently from the sunny side to the shady side (the difference is sometimes ten degrees less in the same street); whilst the inhabitants prefer to walkalways, if possible, on the shady side; because they walk or sit down after sunset, which is the most dangerous time for the mucous membranes and kidneys; and, finally, because they forget or will not take with them a plaid or an overcoat.

The Medical Press and Circular.

"SALUS POPULI SUPrema LEx."

WEDNESDAY, FEBRUARY 1, 1871.

VACCINATION.

It seems to be admitted on all sides that the recently enacted system of concentrating all the facilities and duties of vaccination in a few stations and a few operators has worked very badly, and it is earnestly canvassed under the urgency of the present epidemic what better arrangement can be adopted.

The Globe published last week a very sensible article on the subject, in the conclusion of which it offers important suggestions of a new system to replace that which it seems has been found wanting. It says—"The benefits conferred upon the population by vaccination have been insalvable; and even if all the ugly stories which are told of diseases communicated with the vaccine affection were true, there would still be a large balance of advantage on the credit side of the account—abundantly more than enough to render the abandonment or neglect of the remedy one of the most inexplicably stupid blunders of which any sensible people could be consciously guilty. With the greatest possible respect for the good intention and assiduity of the medical profession, we cannot help thinking that they have themselves to thank for no small share of the disfavour into which the practice of vaccination has fallen among the poorer and more ignorant classes of the population. No one who has watched the process of vaccination as performed at too many of our public stations, particularly in the provinces, can fail to have seen much more than enough of uncleanly and slovenly practice to engender a feeling the reverse of agreeable. Nor has the National Vaccine Establishment, as far as we can understand, done much to facilitate and popularise the remedy. The multitude of 'points' required and supplied has been unpleasantly suggestive as to the method in which they have been charged. So far from yielding to the clamour of popular ignorance, excited by the enthusiasts of an unscientific and unreasonable school of specialists, the Compulsory Vaccination Acts should be enforced with the utmost rigour. This is not a case in which individual will or whim can be allowed to determine conduct. The nation has a right to require that parents who desire to bring up their children in a state of nature as regards the congenital liability to small-pox, should retire beyond the risk of exposing the same community to the peril of contagion. It is not unjust, nor is it tyrannical, to demand that those who wish to live in our midst, and rear families under the protection of the State, shall conform to the rules dictated by public safety. At the same time it must be freely admitted, and we would insist, that every individual subject has a perfect right to demand that while conforming to the requirements of the law, he shall be protected from the danger of being involved in consequences which the law does not and could not legitimately contemplate. We have no hesitation in asserting that the worst evils occasionally attendant on vaccination are inconsiderable when compared with the small-pox, but they are one and all unnecessary, and that being so they ought to be removed at any cost, and without a moment's delay. The remedy for the present condition of matters is perfectly obvious and of singular simplicity. Let parents among the poor choose their own medical man and let the State pay him, instead of insisting they shall submit to the treatment of a particular officer. The fee payable by the Poor-law Board is at present claimed by the public vaccinator, on the ground of a certificate of 'successful vaccination' sent by him to the registrar of the district. This certificate is precisely the same which is required to be filled up by every medical man, after vaccinating a child, only the private practitioner is not paid for the service by the State. If on the return of a certificate of success the ordinary practitioner could claim the fee, he would not decline to vaccinate any person who applied to him; and the multitude of poor children being distributed among the legally qualified medical men of a district, instead of being driven like sheep into a particular pen, would be vaccinated with care, and from sources with which their parents might be satisfied. We are quite sure this scheme would be hailed by the medical profession as a boon, and it is equally certain to find favour with the public."

Assuming that the Profession is open to the reproach of slovenliness in vaccination, we may doubt that any project which would divide the administration and emoluments of the vaccination system amongst the entire Profession, would be at all practicable, if it were desirable. Setting
aside the necessity for special knowledge and experience which may be supposed to belong to specialists in vaccination, and assuming that every member of the Profession can take charge of a child for its cow-pock ordeal as well as he who gives his attention to nothing else, it, does not appear to us that, in the case of the poor, it would be possible to leave the selection of an operator an open question. The present system of concentrating all the vaccination in a few operators was adopted because it was found that the small number of cases and regulation fees which fell to the lot of Poor-law vaccinators were insufficient to make it worth their while to prosecute vigorously the administration of vaccination law. How much less would it be worth the while of a private practitioner to earn casual fees by the vaccination of three or four children a week. They would have neither the time nor facilities for such occasional and petty earnings, still less for the hunting up of unvaccinated children.

Unless, therefore, the Globe is prepared to advise that the public shall pay at least a fiveshilling fee for each case, we cannot think its scheme—undoubtedly the best in other respects—would work.

Notes on Current Topics.

Adulterated Tea.

The Dublin police magistrates have confiscated seven chests of tea, which the City analyst, Dr. Cameron, proved to be composed of exhausted tea leaves, devoid of flavour, and containing 15 per cent. of earthy and saline matter. On Friday last, in the same city, the magistrates sent a butcher, named Doyle, to jail for three months for intending to sell as human food the carcass of a diseased pig. Dr. Cameron deposed that the animal had hydrophobia, and it transpired in evidence that the pig—a very large one—had been sold for eight shillings!

The Site of the New Stanley Hospital at Liverpool.

The Earl of Derby some time ago munificently gave 8,000 yards of land on which to erect the new Stanley Hospital. To carry out the convalescent plan, however, in connection with this promising institution, it was found that additional space would be desirable. Representations were made to his lordship, and, with a generosity worthy of the highest praise, he immediately made an additional gift of 1,200 yards, which will be strictly set apart for recreation ground. No less than 9,200 yards of valuable ground has thus been given by his lordship for Stanley Hospital purposes, and the value of the gift will be best estimated when it is stated that it represents a sum of something over £20,000.

Clinical Examinations.

We learn that the King’s and Queen’s College of Physicians in Ireland has, after nearly two years’ consideration, come to a resolution to require a clinical examination for their diplomas. The detailed arrangements will, we believe, be left for the consideration of the Clinical Examiners, and the operation of the resolution will not be long delayed.

Variola Regina!

One of our Medical contemporaries—one, too, that never has been, and probably never will be, suspected of joking, commences an article in the following terms:—

“Small-pox may be called the queen of epidemics; for it is, of all, the most loathsome and fatal.”

No more Birch or any other Moral Medicines.

To Mr. Edwin Chadwick, C.B., belongs the curious honour of reducing the nursery to discipline, and of bringing long-sought relief to the maternal breast distraught with infantile tumult. As a delegate appointed by the Society of Arts to ingrain the official mind with the necessity for the compulsory drilling of street arabs in State-supported schools, Mr. Edwin Chadwick, C.B., observed that there were principles of physiology which hitherto had not been brought within the schoolmaster’s cognizance, involving the necessity of exercise of the body, which, if not provided for, outbursts of nervous irritability and irrepressible disorder and conflicts ensued. The masters who had served in schools where there was no drill, and also in schools where there was, would attest the great difference it made in producing order and quickening all the mental work. Without the drill they might with conflict get some order in the day, but in the boarding houses the nervous irritability broke out in the dormitories in bolstering and disturbances at night.

Mr. Forster observed that when he was at school they had some drill, and yet they had bolstering at night.

Mr. Chadwick said that was a proof that the principle was imperfectly applied, and that there was insufficient bodily exercise during the day, for if there had been enough of it, there would most assuredly be quiet rest at night.

At length we have reached the font et origo of official cantankerousness? How delightfully harmoniously will run the future current of public affairs, now that compulsory drill will, for ever, suppress those official “outbursts of nervous irritability and irrepressible disorder” from which “conflicts ensue.”

Cannot the Horse Guards lend a drill-sergeant for the particular use of Mr. Ayrton and Mr. Forster? Or, is it really too late to mend?

House-to-House Vaccination.

At the Hanover square Union, on Wednesday, Dr. Seaton again called the attention of the guardians to the increase of small-pox cases in Westminster, and urged the extreme necessity of appointing some one to see that the provisions of the Vaccination Act were carried out. In one week twenty-two children died from small-pox. The person would have to give the whole of his time to a house-to-house inspection, and the sooner he was appointed the better. He ought to be set to work at once, so that the disease should have no chance to spread. He would suggest that the board at once employ two intelligent persons to make a house-to-house visitation. Three or four weeks would, he thought, suffice to dispose of the whole of Westminster. Dr. Brewer, M.P., moved that two competent persons be employed, from week to week until further
NOTES ON CURRENT TOPICS.

Feb 1, 1871.

The Medical Press and Circular.

The Small-pox Epidemic in Liverpool.

A special meeting of the Guardians was held on Friday, to confer with Dr. Beard, inspector of vaccination, as to what further measures should be taken to prevent the spread of small-pox. Dr. Beard said he had gone through the infected district. Externally, the houses were such as to cause him to be surprised that they should be the seat of an epidemic of such a kind, but, on the other hand, he was not at all surprised when he went inside and found the condition of things there. The closets were packed together, the back-yards abutted on the adjoining houses—merely separated by a narrow passage, and it was reported to him that the ash pits were not emptied out more than once in three months. He said that the visitors had seen 1,200 persons, and had examined the arms of every child. Of the 1,200, only thirty-two had not been vaccinated; seven were suffering from small-pox, and of these three had not been vaccinated. Of six persons admitted to the hospital suffering from small-pox, five had not been vaccinated, and one had since died. The Chairman thought Dr. Beard would see that the Board were desirous to leave no stone unturned. Dr. Beard said after going over the books of their registrars, and finding over 3,000 cases unaccounted for as regarded vaccination, he could not admit so much. Mr. Hall said there was great difficulty in getting people to take their children to the public vaccinator, owing to the fact that four punctures being made in the arm, as authorised by the Privy Council, and when they took their children to private practitioners there was frequently great difficulty in getting certificates. Dr. Beard recommended the immediate re-vaccination of all people in infected houses. He reminded the Board that in the cases of parents who said they would not have their children vaccinated, there was no course open to them but to put the law in force.

Small-pox in Ireland.

At the last meeting of the Belfast Guardians on the 21st ult., there were seventy-six cases of small-pox in the workhouse, but there had been no deaths during the week. One fatal case has been reported as having taken place in Wexford. The person attacked was a miner, from Greencock, who was not a month in Wexford.

The Small-pox Epidemic in London.

At the last meeting of the Metropolitan Asylums Board, Dr. Greives, the Medical Officer of the Hampstead Small-pox Hospital, said: "The type of the disease did not as yet show any amelioration; indeed, the proportion of fatal cases to admissions had been larger than in any previous fortnight, and a considerable number of patients had died within twenty-four hours of their reception into the hospital. The facts pointed to a still increasing epidemic. Of the 433 patients who had come into the hospital since its opening, 316 had been vaccinated, and in 117 cases this duty had been neglected. Of these 117 forty-nine had died, whilst in only sixteen cases had the disease proved fatal amongst the 316 vaccinated—a mortality of five per cent. in the protected, and forty-one per cent. in the unprotected cases." The whole subject of vaccination in the metropolis was referred to a Special Committee to inquire into and report to the Board, a committee having been appointed for the purpose, the Board, after some routine business, adjourned.

Precautions in Vaccination.

A grand nephew of the immortal Jenner has written to the Daily Telegraph some of his experiences of the practice of vaccination by its author. He says:—"From what I have seen and know of his practice, and of the careless and indifferent manner in which vaccination has been conducted since his time, I do not wonder at the failures that have occurred. Dr. Jenner was continually renewing his matter from the cow, which he had every opportunity of doing from the farm around the neighbourhood, where I went frequently to procure it. A veterinary surgeon, named Tanner, likewise helped him greatly. Dr. Jenner was very particular in regard to the health and constitution of the person he vaccinated, nor would he perform the operation if he saw any spot or eruption on the skin until it had subsided."

What is a Deadly Poison?

We learn from the Canadian Pharmaceutical Journal, that a very important decision was pending when it was issued, at Toronto. There is, it appears, a law in Canada, relating to the sale of poisons, from which the following is an extract:—

"No apothecary, &c., shall sell or deliver any arsenic, corrosive sublimate, strychnine, or other poison, mineral or vegetable, simple or composite, commonly known as a deadly poison (or which being incautiously or secretly administered may cause immediate death), to any person who does not then produce and deliver a certificate, &c."

A certain informed named Mason went round to all the drug stores of Toronto, and succeeded in obtaining a very small quantity of laudanum from twenty-five of them. He then instituted a prosecution against these, and the case of one was taken and occupied the attention of the magistrates for several days. The question for them to decide is, whether laudanum is or is not to be regarded as a deadly poison. A number of witnesses, including Professor Croft and Dr. Lizards, were examined, but all agreed in their testimony that laudanum could not be so regarded, and could not, with propriety, be classed in the same category with arsenic, corrosive sublimate, and strychnine."

Arsenic Poisoning by gross Carelessness.

An inquiry has just taken place into a supposed case of poisoning by arsenic, which resulted in a farmer named Knowles, living near Wisbeach, being committed for trial for the manslaughter of the child of a labourer. According to the evidence, the prisoner had prepared a little more than a peck of wheat with arsenic for sowing. This he mixed with two bushels of clean wheat, and sent the whole to a mill to be ground. After it had been ground, a small quantity of Knowles's gist remained in the mill, and was mixed with other gist. The result was that several persons, after partaking of food prepared with this flour, were seized with violent pains and sickness; all, with the exception of the child, however, recovering. Arsenic was discovered in the stomach of deceased, and in some of the food that remained.
French Ladies and Small Families.

A contemporary, the Echo, of January 27th, writing under this heading, says:—'In France, where the large families so common in England are unknown, a baby, especially a girl, is an object of great consideration.'

Well! This is as it should be; but how do they manage to make their children "matters of great consideration?"

That is the question.

Mr. Holmes on Hospitalism.

Mr. Timothy Holmes in some interesting articles in a contemporary shows truly enough that Simpson's statistics were in many points quite fallacious. This is true enough; but who can doubt that large collections of sick persons are dangerous to the health of the patients in some cases?

Mr. Holmes tries to prove too much. Mr. Lawson Tait intends to reply.

Physiology and Morality.

There is an excellent article in the Examiner of Jan. 21st, "On the Interdependence of the Art of Morality upon Physiology," which has evidently been written by a professional brother. The writer asserts that some revolution is required in social arrangements, so as to admit of marriage being contracted almost universally, and at an earlier age.

Contagious Diseases Acts.

The Royal Commission now sitting on these Acts have been occupied in examination of witnesses from Plymouth. It will soon be its duty to examine medical witnesses in favour of and against the Acts. Mr. Henry Lee and others of great experience are understood to be among the latter number.

Treatment of Asthma.

A secret remedy called Potion Antiasthmaticque, recommended by a Dr. Aubré, of Charente Inferieure, has been experimented on by Dr. Roth, and spoken of in the Deutsch Archiv. Für Klinische Medicin. Belladonna, in gradually increasing doses, was tried in a severe case of asthma with no effect, and was greatly inferior in its powers to the subcutaneous injection of morphia. After trying other remedies, he found the remedy of Dr. Aubré of great service. The analysis of this remedy shows that it contains ten grains of iodide of potassium and ten grains of lactaucarium with twenty grains of spirits etherei chlorici in the ounce of water. Apparently, iodide of potassium is the most important constituent of the mixture, and has often been known to be useful in asthmatic persons.

A Batch of Slow Poisoners.

The Corporation of Dublin have taken decided action relative to the sale of poisonous and adulterated confectionery in that city. The specimens were obtained in the following manner:—An officer of the Public Health Committee of the Corporation of Dublin purchased a quantity of confections at thirteen establishments, wherein the sugar boiling industry is carried on. When buying the samples he gave notice to the vendors of his intention to convey them at once to Dr. Cameron, the City Analyst, in order that they might be analysed. This notice was given in accordance with one of the provisions of the Food Adulteration Prevention Act of 1890, which is intended to give the vendor an opportunity of accompanying the purchaser to the Analyst, so as to prevent the articles brought from being tampered with in transit.

The total number of different kinds of confectioners examined amounted to 123. Those manufactured at three establishments were quite pure; the collections obtained at the other shops (ten in number) contained poisonous pigments and other impurities. Out of forty confections coloured yellow, only two owed their hue to saffron. One was coloured with gamboge; and all the others were coloured with chromate of lead, in quantities varying from 1-400th to less than 1-1000th of the weight of the confections. The common sugarplaster, sold at 1½d. per two ounces, contained the largest proportion of chromate of lead. Twelve articles—chiefly lozenges and "sugar almonds"—had a bright orange hue, due to the presence of a variety of chromate of lead. Thirty-eight of the specimens—comprising "peaches," sugar almonds, lozenges, comfits, sugar-stick, sugar-balls, &c.—had various shades of red, from a faint pink to a bright scarlet. Of these, thirty-six specimens were coloured with cochineal, two contained mercuric sulphide, or vermilion in the proportion of 4 grains per ounce of the confection.

At one time arsenic of copper was frequently used to impart a brilliant green colour to confectionery; but the numerous accidents which occurred from the employment of this poisonous pigment have so alarmed the public that green confectionery is now scarcely to be met with. Only one of the specimens examined was coloured green, and that was only a small figure of a baby, with a green frock on it. The colour was composed of a mixture of Prussian blue and chromate of lead.

Blue is not a popular colour; only one specimen having streaks of this was contained in the 123 samples. The pigment employed was ultramarine. Six specimens were brilliantly coloured with coal tar dyes, mauve, magenta, &c. The aniline dyes when allowed to come in contact with the skin occasionally produce toxic effects.

As these dyes are liable to contain traces of lead, mercury, and arsenic, their use should be absolutely prohibited as in Paris under severe penalty on any substance intended for human food.

An article of food containing more than a grain of chromate of lead per ounce may well be regarded as a slow poison. Soft water containing less than one grain of lead per gallon (70,000 grains weight) has often produced poisonous effects on individuals and families. Chromium (an ingredient of chromate of lead) is also a poisonous metal. Six grains of a salt of this metal injected into the jugular vein of a dog caused the death of the animal. Workmen engaged in the preparation of chromate of potash often suffer from an ulceration of the throat, resembling that of secondary syphilis, and also from slow necrosis of the nasal bones. There is no doubt but that the use of confectionery coloured with chromate of lead produces a large amount of infantile disease.

There is a general belief in the inertness of vermilion, but Dr. Cameron stated that he had experimented with it, and that it produced mercurialism in the human subject when taken in large doses. The lozenges purchased at two of the thirteen sugar confectioners' shops contained from 12 to 15 per cent. of an insoluble white clay, known in the trade under the term of gorse allies: The peaches, sugar almonds, lozenges, and comfits, contain rice, starch, and gum arabic. Cough lozenges and bath powder contain gum, sugar, and extract of liquorice—a few of them being slightly medicated by the addition of opium and camphor (probably in the form of paregoric elixir). Small quantities (under 3 per cent.) of plaster of Paris were found in the bath pipe and cough lozenges; but they were probably derived from adulterated liquorice extract.

A figure of a baby in its cradle had the following compi-
tion:—The cradle was composed of a mixture of plaster of Paris and sugar; the body of the baby was sugar and rice starch. Its eyes were Prussian blue, its cheeks were tinctured with cochineal, and its clothes were painted with chromate of lead.

The ten sugar confectioners whose wares were found to contain objectionable matters, were prosecuted before the police magistrate. Five of them on paying costs (23) and promising to shun the use of poisonous pigments, were "let off with a caution;" the others were fined respectively £5 and £3 costs, £1 and £1 costs, £1 and £1 costs, 10s. and £3 costs, and 10s. We hope these exposures will act as a warning to manufacturers in other parts of the Kingdom.

The American Chemist says German beer bouquet consists of a solution of essential oil of lemons in light petroleum oil, and a coarse fusel oil containing spirits coloured by turmeric.

The Presse Medicale Boyle informs us that yellow fever has again broken out in Spain. In Barcelona, a town of 15,026 inhabitants, 18,009 have taken flight. Of 426 of the remaining inhabitants 132 have been victims of the epidemic.

It was seriously discussed, at a meeting of the Ormskirk Local Board of Health, last week, whether the fact that the Liverpool Corporation sent a quantity of night-soil into that district for farmyard purposes had not something to do with the spread of small-pox. Finally, the Board resolved to hold a special meeting for the further consideration of the subject.

The proverbial superstition of the Chinese has recently developed itself in a new phase. Ophthalmia having been rather more prevalent in China this year than usual, the lower orders in one locality have started an idea that it is owing to the new bridge which is being built over the Soochow Creek, and the builders are in a very unenviable position in consequence.

An evening meeting of the Pharmaceutical Society of Great Britain will be held this evening. The following lecture will be delivered:


The vacancy caused in the staff of St. Thomas's Hospital was filled on Saturday last by the election of Mr. Sydney Jones, F.R.C.S. Mr. Jones is an old St. Thomas's student, and at the time of his promotion to the full surgeoncy, occupied the position of Senior Assistant-Surgeon, and Lecturer on Ophthalmic Surgery, and on Descriptive and Surgical Anatomy at the Hospital.

Mr. Robert Ellis, in a letter to the Times, calls attention to a method of vaccination suggested by him for employment with adult cases:

"After slightly rubbing the skin of the arm with a little cam de Cologne, to remove any greasiness from it, it is touched with a fine camel-hair pencil dipped in vesicating liquid. Three little spots, of the size of a pin's head only, are thus left on the arm; and next day, into the minute vesicles thus formed the ivory point, charged with dry lymph, is placed for a minute. The cuticle is afterwards gently pressed down, and the operation is complete. The result is almost uniformly certain."

"On the delicate skin of an infant this method is less necessary; but in the denser tissues of the adult it is invaluable. . . . The true skin, by this mode, simply absorbs the vaccine lymph, and it is introduced into the system not through the open mouths of cut blood vessels, as in the common way, but simply by the endosmotic act, so that, if even the lymph be mixed with blood, only the minute particles of the true virus are admitted into the system."

The dissemination of contagion under the present system is very forcibly illustrated by the narrative of a correspondent of the Times last week. He says:

"Some children suffering from a mild attack of scarlet fever, which no longer necessitated their confinement to bed, being in want of amusement, their parents gave a children's party, at which were present two boys, who afterwards went back to school. In a few days they were both taken ill; one returned to his family, the other remained at an empty house in the neighbourhood. On the former's return home scarlet fever took possession, and caused the death of two in that house. The school going on as usual, the boys, one of whom had been very poorly for some days, went out to a children's party in the neighbourhood, and this one (No. 3) next day was covered with the rash. He was sent home, the exposure nearly proving fatal, and returned to a family of thirteen, who are gradually catching the fever. His bedfellow (No. 4) who could not sleep with him the night before he left, "he was so hot," remains a few days longer, when he becomes ill, and, as some boys are going to pass an examination in town, he is sent in, with three other persons, in a cab, and reaches home seriously ill of the same complaint. The holidays now arriving, the boys disperse, except one, too ill to be moved, and the infection is thus planted out."

This is, indeed, a terrible condition of things, but as long as parents are so culpably careless of the fatality their negligence engenders, it is impossible to say what remedy can be assigned. No doubt a civil action for damages might be maintained against the person who knowingly introduced infection into a family, but the difficulty of proving that the contagion came from that and no other source would be insuperable.

Lady Medical Students.

This question still occupies the attention of the public and the Profession to a great extent. Like all other matters relating to women, there is naturally an immense amount of interest in this for men. On the one hand, we hear those, who like women to remain as they are, de-nouncing all attempts such as this to take them out of the domestic sphere. Dr. Guthrie, of Edinburgh, too, is much opposed to mixed classes of medical students, as it seems that the learned doctor had, at one time, walked the Parissian Hospital as a medical student. Dr. Philm, also, a presbyterian clergyman, is bitter against all attempts of women to be independent of men by gaining their living. As a general rule, the clergy vehemently oppose the female medical movement in Edinburgh, so long as mixed classes are requisite. On the other hand, it is urged by Dr. C. R. Drysdale and others, that mixed classes are not desired—as necessary, but that they are expedient at present because of the question of economy. That the chief point is, that women should be taught the art of medicine; the way in which they should be taught being a matter of little importance. Science, they say,
has nothing to do with sex, and the nurses in many hospitals, whether lay or religious sisters, are in the wards in attendance on patients with all kinds of diseases, at all times.

A writer in the Examiner of January 21st, says,—"He cannot understand why men can be so quixotic as to refuse to allow women to try to earn their own living." Dr. C. Drysdale remarks, too, that many ladies are infinitely more likely to make a good professional income than the majority of men; and he cannot see why, if patients choose to trust to female doctors, they have not a right to a degree, and to take fees from them, as well as others do for lessons in music, or in painting, both very difficult arts, and successfully cultivated by many women. As a matter of fact, Madame Bovin, in common with others, was eminently scientific and successful as a practitioner of medicine; and in the United States, at present, many ladies make excellent professional incomes, and are much esteemed as practitioners of medicine. To starve gracefully as a governess, may be, says Dr. Drysdale, sublime, but by no means utilitarian. Miss Martineau and Madame Sand, and other women, are quite as intellectual as most men, and it is unfair to keep such able citizens in the background of domestic life. The argument for keeping women out of the Medical Profession is (says Dr. Drysdale) of the nature of the "sentimental" argument. It is comparable to the feeling which makes the Jews abhor the flesh of the pig, or which makes a rigid presbyterian refrain from music on a Sunday. It is not at all utilitarian in its tendency; and hence the present opposition to women becoming doctors, clergymen, or lawyers is destined to disappear, just as morality becomes based upon scientific considerations, and becomes less a matter of superstition than it has hitherto been. Nature has, of course, said that a woman cannot be a man (nobody denies this); but it is the laws of society, not nature, that prevent women from practising law, physic, or divinity, or from voting for a member of Parliament. Like every other human being, a woman has a right to try to cultivate herself in all directions, says Dr. Drysdale, and to obtain from others a fair share of the advantages of the division of labour which obtains in civilised life.

SCOTLAND.

EDINBURGH.—The friends of the female medical students held a meeting on Friday for the purpose of making arrangements for enabling the females who have commenced the study of medicine to complete their College course. Various suggestions were made by different speakers, such as throwing open the Sick Children's Hospital or Chalmers' Hospital, in which they might receive clinical instruction; but beyond electing an honorary treasurer and a male and female secretary, nothing definite was done.

Mr. Craig, Dr. Christie's Class-Assistant, has raised an action of damages against Miss Jex Blake. The action has reference to the remarks made by Miss Blake in her speech at the meeting of Contributors to the Infirmary held on the 2nd ult.

Mr. Duncan McLaren, M.P., has obtained an interdict prohibiting the sale of the present Infirmary Buildings to the University authorities. Mr. McLaren believes the sum agreed to by the managers is below the value of the buildings.

Chalmers' Hospital.—The Annual Report states that the number of patients treated during the year in the wards were 176, of which 77 were medical cases, and 99 surgical. There were 29 surgical operations.

"TRANSACTIONS" OF THE PATHOLOGICAL AND CLINICAL SOCIETIES OF LONDON.

The twenty-first volume of the Pathological Society's Transactions is a book deserving the very highest praise and valuable as an addition to all medical libraries whether public or private. Among diseases of the organs of respiration we find some interesting cases of laryngeal disease, reported by Dr. Morell Mackenzie. The case detailed at pages 47-48 as one of primary caries of the cricoid cartilage, with secondary abscess, is of considerable interest both pathologically and clinically, for there is no record of a similar kind in the "Transactions" of the Society.

There are two reports of growths removed from the larynx, with illustrations, showing these growths in situ and also after removal. The microscopic appearance of one of the growths is also furnished by the Committee on Morbid Growth, from a drawing by Dr. Moxon.

Several cases of malformed heart seem to have been brought before the Society by Drs. Peacock, Semple, Greenhow, and Kelly. Dr. C. T. Williams exhibited a case of retroversion of an aortic valve, giving rise to a musical diastolic murmur. Plate II. gives the reader an excellent delineation of the diseased valve.

Plate IV. represents the dissection of Mr. Christopher Heath's well-known case of aneurism, for which he performed the operation of ligaturing the right subclavian and carotid arteries, four years before the death of the patient. The patient made a good recovery from the operation (Nov. 21st, 1865), but led a very irregular life, and eventually died of hemorrhage on Apr. 19th, 1869. The preparation, from which the drawing at Plate IV. is taken, is preserved in the Museum of the College of Surgeons.

Among the miscellaneous objects of interest, we may mention the case of "Fungus Foot of India," brought forward by Dr. Tilbury Fox, in order that a Committee should report upon the same. Dr. Moxon and Mr. Jabez Hogg in their reports, were of opinion that further investigation was required into such structures as that exhibited, such investigation to be directed rather to their stages of development than to the minute structure of the bodies themselves, it is not certain that these bodies in which fungus is occasionally found are essentially fungus growths.

The lower animals figure in the "Transactions" to some extent in a pathological point of view. Dr. E. Crisp exhibited a calculus from the cloaca of a pelican. Dr. Crisp also drew the attention of the Fellows to the fact that he had never yet met with an instance of fatty degeneration of muscle among the lower animals, though he had often looked for this in the muscular fibre of very fat creatures. Atheroma of the arteries is very rarely seen, and then only in animals living in a confined or nutritionate state.

We have thus briefly noticed some of the matters contained in the volume before us, to notice all that is well deserving of notice, would be to write a volume nearly as big as the book of "Transactions" itself.

The Clinical Society appears to have succeeded in furnishing a very creditable volume (No. III.) of "Transactions" to its Fellows for the year 1869-70.

The first communication read before the Society, was "On the Use of the Hypophosphite of Iron, Quinine, and Strypnia, in cases of General Debility," by Dr. Day. The cases of debility in which these remedies proved so unmistakably useful are given very fully, it should also be noted that the author states, that he found advantages in the hypophosphite combined with iron which surpassed those attained by the iron given alone.

A good practical paper for the surgeons is that by Mr. Cooper Forster, being a report of cases in which torsion of arteries was employed for the arrest of hemorrhage, with remarks on the comparative merits of that process and accu
pressure. A great diminution in the frequency of secondary haemorrhage has been observed at Guy's Hospital since torsion has been used after an amputation, and Mr. Forster states, as the result of his present experience, that for three years he has never applied a ligature to any vessel for the purpose of restraining haemorrhage.

The short account of true cancer of the tongue, following in ictioysis of that organ, given by Mr. Paget is interesting, as confirming a similar experience in the practice of Mr. Hulke, and noticed by that gentleman in a previous volume of the Clinical Society's "Transactions."

Among other matters of prominent interest, there may draw attention to Dr. Bristow's case of aphemia of nine months duration, in which speech was restored by the education of the organs of articulation.

Dr. Wilks' paper on "Cases of Cardiac Disturbance," in connection with uremia and marked by extreme dyspepsia is one of great practical importance, and explains some cases that might be regarded as instances purely of thoracic disease.

Among the contributions to direct drug therapeutics we have the papers of Drs. Austie and T. Lander Brunton "On the Use of Nitrite of Amyl in Angina Pectoris." The pulse tracings taken by the sphygmograph, in Dr. Brunton's cases, are given in a diagram. We have thus before us the tracing of the normal pulse; of the pulse when the paroxysm is coming on, and also when the pain is at its greatest intensity; lastly, we have a tracing of the pulse when the pain is subsiding under the influence of the medicine given. A pretty full report is given by the Committee appointed to investigate the "Value of Quinine as a Means of Diminishing Body Temperature and Pulse in Pyrexia." The last paper in the volume is a valuable one by Mr. Douglas Powell, "On Paracocentesis Thoracis." An illustration conveys to the reader an idea of Dr. Powell's instrument for thoracentesis, and the way in which the fluid pressure will draw the fluid out of the pleural sac beneath the influence of the instrument.

Before concluding this notice we ought not to omit to direct attention to Mr. Croft's very interesting case at page 54, where displacement of one eye together with attacks of severe pain, caused by a blow from a cricket bat in the year 1835, were entirely cured by the removal, by Mr. Croft, of a small hard concretion, apparently a calcified blood clot, from under the skin-about midway between the inner angular process of the frontal bone and the ball of the eye. The intensity of the pain on pressure at this point, enabled Mr. Croft to detect the seat of this patient's long suffering and discomfort, and also to point out the step that in the event led to a perfect and permanent cure.

**BODY AND MIND.**

Dr. Maudsley has here given us his Gulstonian Lectures which may not be forgotten by our readers, and to these he has appended two articles which he had previously published elsewhere. The first of these "On the Limits of Philosophical Inquiry," has appeared in the Journal of Mental Sciences, the other entitled "The Amount of Mortality," was contributed in 1863 to the British and Foreign Medical-Chirurgical Review. The whole forms a handy volume—in which Dr. Maudsley's well-known views are maintained with his usual ability—though probably, few readers will accept them.

**THE MEDICAL WORKS OF FRANCISCO LOPEZ DE VILLALOBOS.*

The author of this interesting work has done a great service to medical literature by bringing before the notice of the profession the work before us. "Francis Lopez, the early appellation of him who is since known to us as Villalobos, first saw the light of day in the year 1473 or 1474 after the birth of Christ," says Mr. Gaskoin. Villalobos was twenty-four years of age when he published the "Sumario." If we allow but four years for the comple- tion of so arduous a work, this volume, which was begun A.D. 494, the year which is generally stated as that in which syphilis was declared. He must have had the subject continually before his eyes, and impressed upon his fancy at this early period of his studies; on the question of its novelty no man could have been better informed, it was the common topic of his age. The people of that day, he says, were all aghast, and even the literati were at a non-plus. We know we have subsequent writers that, on an estimate, one-twentieth of the people of Spain were affected eventually. At the date of this publication, Villalobos was still a student, but he was able to describe himself as licentiate of the School of Salamanca, which school or schools have not yet been subjected to those reforms or benefited by that reconstruction and considerable accessions to it, which took place from ten to sixteen years later, on the model of the University of Paris. When and where our author took the doctor's degree is wholly unknown to us, nor do we hear of him again till after the lapse of sixteen years, A.D. 1514, when we find him installed as physician to King Ferdinand. It certainly is a strong point in favour of the theory which asserts that syphilis was a new disease at that epoch that this physician thought it to be so, were it not that there are facts almost as strong to prove the opposite.

Mr. Gaskoin has made the work before us interesting, not only to the medical world but to the literary world in general, by his amusing way of entering into the details of the life of Villalobos. It appears that all his life this doctor was full of jest and humour. In his dialogue with a great man, he is told "you may well be a great physician, you are the greatest jester at the Court, and physic is all a farce, therefore you are a great physician." We heartily recommend all good-tempered doctors to read this witty and pleasing work, but because they will draw much information from its pages, and because they will learn how information may be afforded in a pleasant way. We often hear that the best way now-a-days to inculcate morality is to write a novel, and thus to make science easily swallowed, and Mr. Gaskoin has done something of this kind in his translation. Doctors in general, it must be confessed, do not give much time to the study of fine writing, but we must remember that physicians in ages gone by were among the most learned of the literary men of the time. We heartily commend the perusal of this learned work to all of our readers.

**Correspondence.**

**ON THE TREATMENT OF ACUTE RHEUMATISM.**

To the Editor of the Medical Press and Circular.

Sir,—I was much pleased on reading in your impression of the 25th ult. with the desire of Dr. Sheedy, who required more information on the subject of a case of acute rheumatism which terminated fatally on the fourteenth day. This is as it should be; I hail with satisfaction the mind of a man who pleads for knowledge and practical treatment from greater experience than his own, in cases wherein his efforts have not been

* The Medical Works of Francisco Lopez de Villalobos, the celebrated Court Physician of Spain, was first translated, with Commentary and Biography, by G. Gaskoin, Surgeon to the British Hospital for Diseases of the Skin, &c. London: Churchill, 1870. Pp. 447.
CORRESPONDENCE.

Feb. 1, 1871. 101

successful; in this way we may hope with better prospect of success to have advanced a stage in that "future of physie" alluded to the other day by an eminent and worthy member of our profession. Since reading the case on the 25th ult., I have waited for the production of three of young men in the way of many eminent medical men; but, finding no notice taken of it, I trust I may be excused, after fifty years' practice, for giving an opinion, rather, too, than such an appeal should be made in vain. It appears that a young man of delicate constitution and temperate habits, of pains and languid expression of countenance, with a narrow and receding chest, had been suffering himself much beyond his strength, and submitting himself to damp clothing. A medical gentleman was sent for, who was told that his friends had administered a vapour bath and an aperient, and I find in the chart that the patient had spent a wretched night, and thus seemed to him to be suffering great pain, with a very anxious expression of face, and the pains in the hands and feet were intertolerable. He advised some local remedies for the hands and feet, and then ordered an active aperient mixture, although that which he had taken before had done him no good—but had evidently made him worse. At the same time he ordered a diuretic and antacid mixture to be taken as often as every three hours. But finding very little, if any, improvement, he ordered another aperient mixture with no bad effect. He exhibited high activity and was permitted to enter the apothecary's, then prescribed—all depressing and antiphlogistic, or tending to weaken vital power. On the following day an "ugly" diarrhoea occurred, which ought to have been guarded against from the beginning. He thought now that some stimulus and relulsive should be employed, from which a slight benefit was derived; yet he was not now quite satisfied with his own proceedings, and desired the aid of a consultant who very properly prescribed a tonic and the stimulus of iodide of potassium, which, if ordered at the first in full doses with a potenti narcotic, a very different result in my belief would have been the consequence, particularly if accompanied by a chologogue, alternated with gentle aperients, such as—R. Hyd. chlor. gr. 4; pulv. ippecac., gr. 3; p. opti. gr. 3; pil. thii. co., gr. ij. m. ft. pil., taken three times a day; instead of which the antiphlogistic treatment was still persisted in, and the patient, I cannot but feel, stood as a culprit, and I am convinced that the disturbance given to the nutritive processes. We are constantly warned that nervous exhaustion is a strange impostor; it imitates all manner of complaints with which it has no connection, hence the frequent necessity of adding ten grains of to live grain of carbolic acid or of salts, to relieve the violent pains of the hip and ankles in cases sometimes called growing pains. Some time ago a short, stout, hardly looking gentleman, who bad been suffering greatly from violent rheumatic pains, for which he had been in the habit of taking, from his own ideas, full doses of such a mixture, was suddenly attacked by a paralysis affecting his left side. His friends now being alarmed requested my attendance. I found him with a quick pulse, hot, and feverish, and really, to all appearance a patient that would justify the deploring and full antiphlogistic treatment; but knowing his constitution, as he had been occasionally a patient of mine for many years, yet seeing that antacids were necessary, I preferred to order one that was least depressing, as follows:—R. Ammoniac carbon, 5; jps. ammon. comp., 5ij.; tinct. opti. 5ij. ss.; 1. digit. 5ij.; vin. colchici, 3 ss. T. card. co. 3 ss., tinct. camph. 1 jps. of wine, 3 spoonsfuls at the interval three times a day. This produced excellent perspirations, cured the paralysis and the rheumatism, together, from both of which he has since been free. In the hope that the few hints alluded in this letter may prove of service to the medical practitioner which first alluded to, and thanking you for the space accorded me in your valuable paper,

I am, Sir, yours obediently,

J. G. St. James's, London, W.

Jan. 21st, 1871.

THE POWER SELECTIVE IN CLUBS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—If there be one grievance greater, there are few less important to the provincial practitioner than the present system upon which the clubs are conducted relative to their medical officers. Not only are their fees too small, but the method of electing the medical officer is objectionable. I object to a medical man being forced upon a lodge or club, where, perhaps, a great number of the members don't want him, and I am surmising no selective power. I would rather pay the rate of half-a-crown a member per annum. Now, I would much prefer the clubs having a selective power allowed them, to choose what doctor they like, and to be paid live shillings a member for those who prefer me. At Pleasly I hold a club of 255 members conducted on this system, and find that nearly all the members are satisfied, and it is not always a case of patients choosing the clubs, but I am asked in preference to the regularly appointed medical officers. I object, then, in toto, to the contracting system, and most strongly advocate the power of each member of a club selecting his own doctor. If medical men would be less stupid, and agree together not to attend the members of any club unless the selection was unanimous, or agree to attend only those who choose him at the annual meeting, it would prove very desirable to the patient. Doctors would not be going to houses where their own presence was disliked, and when they must necessarily have an uphill battle to fight, not possessing the patient's confidence. I believe, then, if medical men would agree to the selective power, that a greater boon would be gained by the members of the clubs, and the doctors would feel more comfortable in the discharge of their duty. I think it hard that the minority of a club should be overruled in this important matter by the majority, for the reason I assign. Doctors no more than others should be forced upon people; and it is hard for a club member to pay another medical man whilst he at the same time contributes to a club. I have no doubt the grievance only requires ventilation, and I am quite sure that the greater the number of clubs there are, that I advise for their own character sake, as for the good of their patients generally.

I am, Sir, your obedient servant,

J. Waring-Curran.

149 Stockwell gate, Mansfield; and Mansfield Woodhouse.

Jan 19th, 1871.

DR. HAYES ON CELIBACY AMONG SOLDIERS AND OTHERS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Will you allow me to thank Dr. Hayes for his most kindly and courteous criticism of what one of your most violent contemporaries designates the "school" of Mill and others, as put forward by myself in your pages. When I referred to Sir B. Brodie, Sir W. Jenner, and Mr. Holmes Coote, as I did, to prove that, "the evils of celibacy were so great that they fully equalised those of prostitution"—according to Brodie, or according to H. Coote—that the effects of celibacy were worse than those of contagious diseases, as witnessed within the walls of Bethlehem Hospital, I did not think I should be in contradiction with the opinions of medical observers. I cannot at all agree with Dr. Hayes that, "most medical men of experience hold, that late marriages, but for parturition alone, would not prove more dangerous to life and health, if perfect chastity is previously observed than early marriages." My own experience quite goes against this. At this very moment, e. g., I have under my care two young men of the age of twenty-five, in a most unfortunate state, through this very celibacy, which many would fain have us and the public believe to be so inocuous. Both of these patients have been treated by reputable men in London for constant and night-long discharges, with no effect, before being sent to me by two able medical men; both are quite unfit for business, and even, perhaps, for marriage. If Dr. Hayes would but read the work of Lellemann, he would find many such cases narrated. I myself have seen several cases of mania caused by the ordinary results of celibacy; and, I may add, that, in one of the patients spoken of above, a young gentleman of good education, the most perfect chastity in all direc-
In conclusion, allow me to thank Dr. Hayes most deeply for the way in which he speaks of my feeble efforts towards proving that syphilis, when treated carefully by attention to general principles, and with the assistance of iodide of potassium, does far better than when the poor patient is weakened by prolonged courses of mercury, I have now had such a recent opportunity to confirm my ideas on this point, that I think I shall never again use mercury internally in any disease.

I remain, Sir, yours very faithfully,

CHARLES R. DRYSDALE, M.D., M.R.C.P.L., F.R.C.S.E.
99 Southampton row, London, W.C.
16th January, 1871.

P.S.—I omitted to say that there is much less infanticide and abortion in France, where small families are in vogue, than in England or in the States of America, vide Tardieu and Short. Baby farming prevails in Paris and the larger towns; but it is uncommon in the country parts of France, and infantile mortality is lower in France than in almost any Continental State, except in the towns. I expect, then, that Dr. Hayes will not reassert his dogma that such results are necessary!

ON THE UNWISDOM OF THE ANTAGONISM EXISTING BETWEEN MEDICAL AND HYDROPATHIC PRACTITIONERS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Allow me to suggest as a theme for discussion by your correspondents the following:—"Is it true or not, that the doctrine of Physic Practice is in all cases necessarily to weaken vitality and thus Nature's remedial efforts, that the Hydropathic Practice strengthens and invigorates vitality, and assists Nature to work out and complete her cures?"

I am willing to admit the latter part of the proposition as generally, if not strictly, true; but not the first. In your critique upon "The Value of Force in Health and Disease," by Dr. Haughton, you quote from that work as follows:—"Disease is really a minor degree of life, and death the total absence of life. The whole art of curing disease, then, consists in increasing the working power of the human machine, and preserving the equality and regularity of its action. Nothing can be more certain than that none of the medical systems that the world has ever witnessed are based on any such foundation. The above principle allows of the use of every remedy; and, according to it, the action of a therapeutic remedy may equally be antagonistic or conformal, sometimes to a certain extent, sometimes re-active or homeopathic; whilst it fully acknowledges the deputative properties of the vapour bath, and the therapeutic efficacy of the water cure. It does not, however, accord with the employment of infinitesimal doses of medicine."

This Dr. Haughton, who, I see by the Directory, resides at Great Malvern, evidently does not deem ordinary medical treatment incompatible with hydrotherapy. Mr. Durham Dunlop, whose very able treatise upon "The Philosophy of the Bath," well deserved perusal, tolerates no such "misconception."

I think it was a fortunate occurrence that Priestnitz and Dr. Barter met with hostility from the Medical Profession, seeing that it led to the perfect development of the capacities of hydrotherapy. Had both systems been combined, the common medical men might not have been possible to discover what precise share the water treatment and the bath had in effecting a cure. But now that the majority of medical men, who have given their attention to the subject, acknowledge it merits, it is intolerant and fanatical to insist upon the combined application of the two drugs I cannot believe when I am bilious that I shall be most agreeable act if I take a blue pill and black draught, or a coloquint and camomile pill. That mercury increases the secretion of bile is denied (but on insufficient grounds, since the experiment which seems to disprove that it does, were made on healthy not on bilious animals), but at least, it prevents the resorption of bile by carrying it out of the system, and speedily removes all the disagreeable symptoms due to slight derangement of the liver. As to these medicines impairing

* "Misconception," a word coined during the War in America, to express the intermarriage of blacks and whites.
If acid in the stomach causes headache or heartburn, is it irrational to neutralise it with an alkali, or get rid of it by an emetic? True, if I find the acidity recurring frequently, I am but a poor physician, if I rest content with merely diluting the fluid with a slag of a foreign air, and light. I don’t think stupes and wet bandages to the stomach, or sitz baths, will relieve this bilious dyspepsia with constipation, one half so quickly or effectually. But having done the rough work with medicine, I would seek to effect a radical change in the constitution by antiphlogistic treatment. It may be more satisfactory to the scientific enquirer to use but one simple remedy, but the public only ask to be cured, and care little how the honour of treating them successfully may be divided.

Mercury is the great bugbear of the hydropathists, and he who can most successfully render them harmless, will be entitled to some unexplained idiosyncrasy, an ordinary purgative dose will severally salivate a patient. But there are also persons who cannot eat veal or pork without getting English cholera; others who cannot smell a violet without fainting; some again who cannot enter a hay-loft without getting the influenza. But for the great majority of mankind the flesh of the calf or swine is wholesome food, and the perfume of the violet or of new mown hay most refreshing. So also is calomel, suitably exhibited, a very valuable remedy, of service in many disordered states of the system. Its use is not without objection, but few is not a sufficient reason for prescribing it altogether.

But mercury administered not as a purgative, but in repeated small doses so as to produce slight salivation, is also a very useful remedy, for example:—Six years ago, a female patient had been ill for the operation. She had, if possible, more to carry away dead than alive, and the day after the operation was due, she had felt no movements for some days. I could not detect the pulsations of the foetal heart, and thought it very probable that it was dead. She told me that another baby had been born dead, and that it ceased to live some days before labour had set in. She now engaged me to prescribe a medicine. I administered, to her relief, four days after this interview. Her labour was speedy and natural, but the infant was dead and discoloured. She was greatly fretted. The husband volunteered the information, scarcely needed by me, that he had had venereal disease. This case is so far from rare, that no further parties that their next child would live if they followed my instructions. They consented, and a month after this I prescribed blue pill for both husband and wife, as so to touch the gums, and afterwards corrosive sublimate and bark. The next baby was a fine boy. True he got purulent ophthalmia, and his mother was so near to the child, that he had to have his vision check by the handkerchief of his mother. He had to submit to the loss of sight, or blemish than a slight cast in the eye. He is now a sturdy little lad—his mother’s joy. She is very grateful to me, and I think justly so.

Take another case where allopathic practice is of undoubted advantage:—The eye escapes in the delivery of the corneous, when the small elements of the cornea separate, some of the watery humour of the eye escapes, usually floating within the iris, which blocks up the aperture, becomes adherent, and ever after prevents the pupil dilating, and constitutes an ugly blemish. Now we can hinder this hernia of the iris, as it is termed, by inserting an extract of calabar bean, which dilates or contracts the pupil, and so draws the iris as far as possible from the aperture in the cornea, which may be either central or marginal. Should Mr. Durham Dunlop get such a case to treat, just as separation of the slough is imminent, will his patient be so much less happy with their remedies than my experiment, which so recommends itself to common sense?

Tartar emetic, which, next to calomel, is held up to obloquy, if administered in the earliest stage of croup, generally arrests that formidable malady. But, like all other remedies, it often fails, if many hours or days have elapsed prior to its application. And this is certainly true. But the conditions of endosmosis, in the sense in which that remarkable phenomenon is usually understood, are the medium contact of fluids having different degrees of density; and no means have been given by physiologists whereby a greater degree of density of fluids can be secured or maintained than in the outgoing current of the circulating fluid. This theory goes to say, that the specific gravity of arterial blood is less than that of venous blood; and that the difference is mainly due to the fact that the sudoriporous glands remove thirty ounces of water from the arterial system daily. A suppression of the functions of the saliva, then causes death by arresting endosmosis and exosmosis, and the ex-
change of elements which constitutes nutrition. A state of blood poisoning contributes to the fatal results; it is true, but it is not the chief cause of the asphyxia. A less total suppression, acting in the same way, causes congestions, inflammations, etc., etc.

But, my object in writing this paper was not so much to explain my views upon hydrostasy, as to break a lance in behalf of our time-honoured profession. Mr. Dunlop's very able, but rather intolerant, treatise, " On the Philosophy of the Brain," proves me true to it.

Any of my medical brethren, whose health needs recruiting, will have every facility for studying the system at St. Anne's. The establishment with its new magnificent baths will well repay a visit.

I am, Sir, yours faithfully,
FRANCIS M. LUTHER, M.D.
Cappoquin, 7th January, 1871.

DIVORCE IN INDIANA.

The following correspondence appears in the last number of our valued contemporary, the New York Medical Gazette:—

LETTER FROM DR. CHARLES DRYSDALE, LONDON.
To the Editor of the New York Medical Gazette.
Sir,—In a very interesting number of your esteemed journal of October 8th, you state that Mr. Congway's remarks, with respect to prostitution and domestic life in Indiana, U.S., are not quite accurate. I send the paragraph to Mr. Congway, who replies as follows:—

51 Notting Hill square, London,
November 8, 1870.

My DEAR SIR,—I have several newspaper letters and articles taken from western journals, going to the effect that both prostitution and domestic violence have been influenced favourably by the divorce laws of Indiana. But it is impossible to lay my hands on them, as they are some years old. But during some years residence in Cincinnati, Ohio, when our communication with Indiana was continual, I have often conversed with well-informed people on the subject, and do not remember ever to have heard an opinion counter to that which I expressed—namely, that there is less prostitution and wife-murder and infanticide in Indiana than in other States. But I do not remember giving a decided opinion that but few persons avail themselves of the six months' notice for incompatibility granted by the law. In fact, in this form I do not, I fear, comprehend the position you had assumed. I take it that the six months' notice is a legal formula, and if it were omitted the lawyers would make it a libel. My belief is that the legal part is a sop in many cases to the legal cerebrose who guard the way to divorce even in Indiana.

Faithfully yours,
M. CONWAY.

I would feel much obliged, Mr. Editor, if you would inform me how the Indiana Acts are carried out. Firstly, are there many cases of divorce? Is there much prostitution and venereal disease in the State? Is there much infanticide or wife-beating, or cruelty to children, in the State? On a priori reasoning from the principles laid down by John Milton, by the poet Shelley, by W. Von Humboldt, in his "Sphere of Government," and quite recently by Mr. J. S. Mill, in his essay on "Liberty," I should expect the State of Indiana to be less unfortunate in its domesticity than the other States. In America you have in many parts none of our chronic starvation and overcrowded population; you can give us very valuable information as to the subject of freedom of divorce and its influence on prostitution, &c.

In Europe, our evil acts are those produced by an overwhelming mass of poverty, to which, indeed, the evils of ill-health are but slight compared. The chief desideratum here is small families. Yours, I presume, with profound respect, yours very truly,

CHARLES R. DRYSDALE, M.D.
29 Southampton row, W.C., London.
Nov. 20, 1870.
P.S. I was much pleased by your answer to a correspondent on Oct. 8th with respect to celibacy and masturbation.

* * * Our esteemed correspondent asks for data which it is exceedingly difficult to obtain. That an immense number of divorces are yearly applied for, and granted, in Indiana, and that the frequent grounds of application are adultery, desertion, imprisonment, cruelty, attachment, and habitual drunkard, the records of the Courts leave no room to doubt; but it must be borne in mind that perhaps a large majority of these applicants consist of persons from other States, who have taken up a temporary residence in Indiana solely to avail by the laxity of its laws in this respect.

From the character of the population of Indiana (which is more largely agricultural than that of most other States), and the consequent paucity of great towns within its limits, we should naturally expect to find less open prostitution than where population is concentrated in great cities, to which brothels and venereal diseases are indigenous. But we have no reason to believe that human nature in Indiana is either better or worse in this respect than human nature similarly situated with regard to instinct and opportunity elsewhere. We have, however, instituted inquiries to obtain more satisfactory information on the subject, which we hope to be able to publish shortly.

Although foreign to the purpose of a medical journal, we cannot refrain from saying a word concerning the mischievous social theory which encourages facility of divorce. On a priori grounds we, too, might be led to localize these acts of marriage which are dissolved at will; but it would be only because under such a system marriage is apt to become prostitution under another name. Where public opinion condemns what it is pleased to call "immorality," but at the same time sanctions divorce for mere incompatibility, it is regarded as much less than a convenient and "respectable" succedaneum for fornication. Instead of weighing the estimable qualities of a "partner for life," a man may safely yield to mere physical lust, and marry the object of his passion, regardless of her mental or normal attributes, simply to obtain possession of her person, knowing that when sexual gratification palls, he can readily terminate the legalised concubinage which has served his purpose and become irksome. The inescapable injury inflicted upon children in depriving them of either parent, or giving them to public notice, is a point of an open public scandal, is to say too to need comment, but too often overlooked by those who advocate facile divorce laws, which, in their practical working, simply offer a premium for imprest or unprincipled marriages, and remove all inducements to self-control.

Royal College of Physicians of London. At the Ordinary Quarterly meeting of the college, January 26th, the following gentlemen, having passed the required examinations, were admitted as members:—Walter Garstang, M.D., St. Andrew's, Blackburn; James Reginald Stocker, M.B., London, Guy's Hospital.

Royal College of Surgeons of England. The following gentlemen, having undergone the necessary examinations for the diplomas, were admitted Members of the College at a meeting of the Court of Examiners on the 24th ult., viz.:—Messrs. C. J. Newton, Cheltenham; Henry Bradford, L.R.C.P., Edinburgh, A. H. Griffiths Doran, and Charles Feltham, Portsmouth, students of St. Bartholomew's Hospital; Francis Mugliston, M.R.C.S., Lond., and A. Cant, Huddersfield; W. C. S. Clapham, Southampton; and C. E. Aikin, of Guy's Hospital; A. K. Longhurst, Farnham; Lewis Lewis, and Washington Ellys, of University College; James West Moss, L.R.C.P. and Edinburgh; and James Tumblin, Manchester, of the Manchester School; Bernard Duke, Littlehampton; and W. C. Stocke, R.L.C.P., of King's College; William Claridge, and F. G. Ree, of St. George's Hospital; Henry Cecil Moore (late Lieutenant Royal Engineers, H.M. Bombay Army); and Alfred Whitehead, Birmingham, of the Birmingham School; Edward Binns, of R.C.P. Edinburgh; and Arthur Kinch, of the Edinburgh School; William Henry Nethercleft, Portsmouth, of the Charing-cross Hospital; Henry Boys, Magliston, Upton, of the London Hospital; Francis Edward Image, M.B. Cantab, Bury St. Edmunds, of the Edinburgh School; Arthur Jukes Johnson, M.B., Toronto, of the St. Thomas's Hospital; William Joseph
NOTICES TO CORRESPONDENTS.

Richard Ray, of the Westminster Hospital; and James May-
bury Beamish, M.D., Queen's University, Dublin, Ireland, of the
on the 20th ult., viz.:—Alfred Henry Wood, L.S.A., Liver-
akan, L.S.A., Stonehouse, Devon; Albert E. Kynaston,
Edinburgh; Billiborough Samuel Osborn, L.S.A.;
Surrey; Richard Biddon Bradley, L.S.A., Stock-
port; George Williams, M.D., Toronto, Canada; Charles
L.S.A., Chippenden; and Thomas Cooke, L.S.A., of
Abergele, was last week
A handsome service of plate, valued at £80, was presented
Mr. Robert Davis, M.R.C.S., of Llanfair, Abergole, on the occasion of his marriage.

Lord Derby has expressed his willingness to preside on
February 18th at the annual festival of the Hospital for Sick
Children at Willis's Rooms.

The Metropolitan Asylum District Hospitals.—The Fever
and Small-pox Hospitals at Homerton, just completed under
the powers possessed by the Metropolitan Asylum Board, were
recently opened to the public, and the building, together with
the institution being opened for the reception of patients, which
takes place formally to day (Wednesday). These hospitals are
intended for the use of the parishes comprised in the densely
populated eastern and north-eastern districts of the metropolis,
and have cost for land, buildings, engineering works,
fixtures, &c., £64,000. We are informed by a subscriber
them for occupation, altogether about 60,000. Amongst
the gentlemen who were present at the inspection on Saturday
were, Mr. John Charrington, Dr. Brewer, M.P., Sir James
Hamilton, Mr. Alfred Suter, Mr. E. N. Buxton, Dr. Gayton,
and other superintendents; Mr. Macquoid, surgeon-in-
camps, and Mr. Corbett (poor-law inspectors), Rev. W. Baird
(resident of Homerton), Mr. Taverne, Mr. Shaw Stewart, and Mr.
Spence. The structures are of handsome exterior, and every
attention has been paid to the comfort and convenience of both
officers and patients; and the most approved scientific methods
of ventilation have been introduced. Alas! to the buildings will
contain 260 beds, and about 2,000 cubic feet is the space
given to each patient. Taking the average duration of fever
cases under a normal condition of the public health, it is esti-
 grated at about 2,500 cases can be treated in the hospital in the
course of a year, and classifying the accommodation, we
find that provision is made for 105 cases of typhus, thirty-six
of scarlet fever, forty-eight of typhoid or enteric, and six
special cases. In the small-pox hospital there are eight
wards, situated in like manner at the ends of the central
corridor. Their dimensions are about seventy feet by twenty-
and eight, and are arranged as the usual organization, and equal
space in accommodating, they will be thus distributed: eight
wards for twelve patients each, and two smaller wards for
three special cases each. One feature which the two hospitals
have in common is that convalescent rooms, suitable to each
sex, are attached to both for every distinct class of disease.
The domestic offices, kitchens, laundries, &c., are wholly
detached from the hospital proper. Arrangements are made
for completely disinfecting linen and other articles, and the
processes of washing, wringing, drying, and mangeling are
performed by the employed from the institution itself.
Unfortunately, in consequence of the continued
prevalece of small-pox, it is expected that the smallpox-hop-
ial will be filled immediately. In view of such a contin-
gency, therefore, it has been determined to adapt a portion of
the fever hospital for a temporary covering to smallpox
-convalescent stage, which we sincerely hope will be found
more than sufficient.

A Year's Working of a Provident Dispensary.—At a meet-
ing of the committee of the Royal Victorian Dispensary, at
Northampton, on January 29th, the secretary reported that the
"Free Members," or those of the working classes who sub-
scribe, sent for the first six months of the year ending
1870, the sum of £1,581 9s. 4d. for the medical relief of
themselves and families. According to the rules of the institution,
a portion (about ten per cent.) of this had been applied to
wards the working expenses of the institution, the net resi-
due, after payment for drugs, &c., had been divided amongst
the three medical officers, in the following proportions, regu-
lated by the number of families attended by them respectively.
Dr. Barr, £549 10s. 6d. Mr. Moxon, £227 10s. 6d. Mr. Evans,

NOTICES TO CORRESPONDENTS.

222 Correspondents requiring a reply in this column, are partic-
particularly requested to make use of a distinct signature or initials, and
by stating distinctly whether they are "Old Subscriber," &c. Much confusion will be spared by attention to this request.

Mr. Balfour Brown's contribution is unavailably postponed this week.

F. R. S.—The work is published by Messrs. Longmans and Co.

MRS. TWLETT.—The copy of the "Diseases of the Skin,"
Dr. J. C. Bartlestone Brown.—Your interesting paper, "On Labar-
Pathology," shall appear in an early number. Proofs will be sent
as desired.

Mr. SYMONS, Leeds.—The subject was treated in several numbers.

ODENZA, Jersey.—Mr. Wharton Jones's work, "Optical Medicine
in Surgery," will be the best for your purpose. There is a translation in French of the same work, "Maladies des yeux et du
pratique, for now subscribers.

BOWDIE.—Thank you for the offer, but a special paid cor-
respondent in Manchester would not pay even on the terms of getting
the same number of new subscribers. We have arranged a rep-
resentative and we should need such a huge journal that twice our pre-
sent subscription would not cost the price of printing.

We do not think it likely to take the wind out of our sails.

We write of all overbearing Boards according as they merit relation.

A PATIENT.—Ask your own medical man. We cannot prescribe or
give any advice in these columns.

J. H. NORT, Norfolk.—Thank you. We are glad our hint on hunting has benefited you. We shall send the Pense as ordered. We have many
by subscribers, and you may find our columns useful to you.

December Hall.—The poem was written by a valued contributor of
ours, whose name you know.

MRS. NORT.—Necessity knows no law. Address yourself to our
advertisers. We neither practise intimidation nor permit it in the Pense.

A LADY, Student, Edinburgh.—The paragraph was culled from us
with acknowledgment, but that is of so constant occurrence that
prospect becomes tedious.

SPECIMEN GRINDERS.—At Bow-street Police Court two "coaches"
were charged with importing in the service of Messrs. Olliers and
Livingston, the printers, to steal the examination papers of the Apothec-
aries' Company, the object being to qualify students to pass their
examinations. The defendants were committed for trial, but admitted to bail. In a matter of such serious moment to the profession, and the public at large, we are somewhat surprised that bail should be taken. However,
should they be found guilty when again brought up, we hope the punishment will be such as will deter all from pursuing any dishonest course which is at once abominable to their
profession, unjust to the pupil, and cruel to the public.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Lectures on Aural Surgery. By Peter Allen, M.D. London: J. and A.
Churchill.


Sanitary Condition of the Strand District. By Dr. Conway Evans.


VACANCIES.

Durley Union.—Medical Officer: Salary £70, with extra fees.

Clonmel District Lunatic Asylum.—Assistant Resident Physician. Salary £200, with board. Election on the 7th inst. (See advt.)

APPOINTMENTS.

ALBUTT, W., M.R.C.S., House-Surgeon and Secretary to the Royal
Hospital, Winchester.

Cowen, J. A., M.B., C.M., House-Surgeon to the Dumfries and Gal-
way Royal Infirmary.

Dow, G. W., Residency Clinical Clerk to the West Riding Alimen-
tary, Wakefield.

Dwyer, T. M., L.R.C.S.I., Medical Officer, Public Vaccinator, &c., for the Divinity Dispensary District, of the Midlothian Union, Co.

FARREN, ALFRED, A.B., F.G.S., L.R.C.S.I., to be Surgeon 2nd Royal
Hamlets (Queen's Own) Light Infantry.

FEVER, T. W., Medical Officer for the Venizian District, Trepo Union.

GOWLAND, J. E., M.D., L.R.C.P., Medical Officer for District No. 1 of
the Halborne Union.

JONES, Dr. L. S., Resident Assistant to the "Flanneladry" Hospital, Ship-

The Medical Press and Circular.
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**Mr. P. Bourjeaurd, begs to inform**

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**The Medical Press and Circular Advertiser.**

Feb. 1, 1871.
Original Communications.

THE ADMISSIBILITY OF THE EVIDENCE OF THE INSANE.

BY J. H. DALFOUR BROWNE, ESQ., BARRISTER-AT-LAW.

(Continued from page 65.)

2. In relation to Dementia.—Very old men do not make such good witnesses as those who are in the prime of life; and when the ordinary decay of old age has passed into that other and direc decay, which is called dementia, their capacity is likely to be still more limited. One circumstance with regard to the evidence of dement is worthy of especial notice. The memory loses its latest impressions the first, and while all trace of recent events has disappeared, there is a distinct remembrance of many remote incidents. Thus, while the inincible's memory may be trusted with regard to the events of yesterday, more reliance may be placed on the dement's memories of twenty years ago than of what took place only an hour gone by. In all cases where the competency of the evidence of old men, in the early stages of dementia, is in question, care should be taken to ascertain how far his memory is really of the facts, and how far he is confounding with what he has himself witnessed. The examination of such a witness should extend to other circumstances than those on which his testimony is required for the ends of justice, in order that the real calibre of his conservative faculty may be ascertained. In the later stages of dementia, in which complete incomprehension— or later still, when all the animal instincts are lost, and nothing remains but bare physical existence, no question as to evidence can arise. Many disputes arise in regard to the competency of dement to testify; but a careful examination, conducted in the way that has been indicated, will, it seems to us, in all cases lead to a satisfactory conclusion as to the amount of evidence which is to be placed upon the testimony offered.

3. In relation to Mania.—That a man labouring under partial intellectual mania may, in some cases, be a trustworthy witness is true. But it is also true that in many cases such a person could not offer reliable evidence. It has been urged that such a person might state that to be true, which was only true in a subjective sense, that the "dagger of the mind" might be mistaken for a real dagger, and that cases may and do occur in which such unfounded beliefs are substituted for observed experiences is doubtless a fact. But these cases are not very numerous, and there are many instances in which the events which fell under the notice of the insane individual are so remote from the subject of his delusions that he is quoted, that experience and the narration of it a sane man. Even in cases where a delusion seems so all embracing as to modify a man's opinion concerning any possible state of facts—as, for instance, where the individual believes himself to be God: there is really such a separation between the real life of the individual and his delusion that it may not in any way influence his testimony as to a certain state of facts. Indeed, the reality of the belief that an insane man has in his delusions or illusions, seems to us, to have been much exaggerated. There is constantly present to the lunatic's own mind a consciousness of the unreality of the impression. The whole of nature and past experience is arrayed against the evidence which a man has for his illusion; and, while he is a man, he cannot totally disregard the evidence of reason. The belief in a delusion is, we are convinced, very often far from being firm; and this very uncertainty will often render the individual who labours under a delusion a more credible witness than he might be expected to be. The actual, thorough, and persistent belief in the real existence as an object of sense of what is only an object of that inner sense, which is cognizant of delusions, would utterly incapacitate an individual from bearing testimony as to any set of circumstances which might go to make up that concrete which we call an event. But the fact is that that real conviction of the truth of illusion or delusional impressions does not exist, and those who have taken it for granted that the grounds of firm belief in the case of a delusion were as certain as those for the belief in any of
the phenomena which are made known to us by means of the senses. In this way, sensory notions which would, to ordinary reasoners, seem closely connected with the delusion of the monomaniac, are really dissociated in the actual life of the individual by that wonderful despotism of facts which no delusion can set at naught. In this way, when the individual is known to possess a somewhat scrupulous regard for truth, the harbouring of a delusion seems to be an insufficient ground for the rejection of his testimony. The fact, however, is, that no insane monomaniac is capable of conducting affairs of the utmost complexity. They are often possessed of shrewdness and intelligence, which enables them to carry on business with care and precision. They gain, by a long course of upright conduct, the respect and confidence of their neighbours; and it would be absurd to assert that those, whom the common sense and daily intercourse of mankind has pronounced, in the most satisfactory way by acts, to be reliable in all the affairs of life, should be looked upon as unreasonable when called upon to give evidence. There is more to be feared from the unwilfulness of such persons to speak the truth. This point has been already dwelt upon, and only one observation is required, in this place, as to the untrustworthiness of all such evidence. In many cases, it is well that the evidence of the insane person should be received, and that the question of credibility should be left to the ear of the justices, and the direction of the judge. The difficulty of arriving at a conclusion with regard to the credibility is, however, greater than it has been represented to be. The motives for truth and falsehood are the guides to such a decision. In the case of a sane man it is not difficult to ascertain what his motives would be under any conceivable circumstances. The experience of mankind is evidence of the same, but in the case of a lunatic such a guide does not avail one. The motives and the conduct of the insane are of interest to all persons, from motives and the conduct of the insane. Every selfish act of a sane man is leavened with some unselfishness;—every hellward tendency is redeemed a little reaching up to heaven; but in the case of a lunatic it is not so. They are almost invariably selfish,—largeheartedness is a rare virtue in the insane,—all the higher and noble emotions which find place in a true man’s heart are absent from the heart of a lunatic; they are more animal than man. It is the animal instincts which remain the longest in all cases of decay. Lunacy is human life with all the higher forms of sentiency detected. Motives under such circumstances are not the same as those which influence the manifestations of normal health; and to judge of conduct which results from perverted emotions, and from warped affections in the same way as if it resulted from an ordinary conjunction of human qualities, is evidently a fertile source of error. One of the best marked symptoms of the presence of mania is a change in the affections of individuals; those who were loved during health are hated during the continuance of the disease. All these circumstances tend to render the valuation of the testimony of the insane a matter of exceedingly difficulty. It is well in all cases in which the evidence of the insane is untrustworthy is recourse to, to endeavour to corroborate the testimony in any particulars, at least, by means of the depositions of some witnesses. The importance of this rule will be made manifest by the statement of the evidence of James Summer, an inmate in the Birmingham Borough Lunatic Asylum, by means of which William Brayley, a warden in the asylum, was a few weeks ago proved, to the satisfaction of the justices, to have caused the death of a man named John Hinton. The prisoner, Brayley, was committed for trial at the next assizes. This is further illustrated by the case of Jacob Schwartz, which is reported by Dr. Ray. One circumstance is worthy of being remembered, and that is that failings may be loan to virtue’s side—that a man may have a morbid desire to speak truth just as others have a morbid propensity to lie. Such a fact shows the necessity of a thorough knowledge of each case by competent individuals, in order to ascertain the real value of the testimony in any individual case in which the question of the credibility of the evidence of a person of unsound mind is raised. Such a knowledge, and the corroborative evidence of competent witnesses as to thetrustworthiness of the insane witness, would, it seems to us, remove many of the objections which might be raised against its acceptability in courts of law. Where malice, properly so called, is present, the question with which we have to do in this place can scarcely arise. We have already considered the effect of a lucid interval upon the evidence given of events which took place while the person testifying was still insane. In another place we have considered the influence that partial moral mania may have upon the evidence of an individual, especially when it assumes the form of monomaniac, That a propensity to steal should not invalidate the evidence of the thief may seem reasonable; but in all kinds of moral mania, although many do merit the name of “partial,” as being manifested only in relation to one class of acts, there is more or less a loss of moral tone. No vice can be continued even under the influence of disease without deteriorating the individual. Diseases are in league! Where moral mania has been habitual in the imagination patients, the connection of condemnation or disapprobation, or in others the competence of the individual to bear witness in courts of law is reduced to a minimum. The shrewdness and intelligence so often manifested by persons labouring under general moral mania is apt to blind many persons to this fact. But even in these cases the absolute certainty of punishment in case of detection in untruth, and a very high degree of probability of detection, would do much to make a witness speak truth. But the wreck is descended in favour of cross-examination; and wherever the feelings of the insane witness are in any way involved, the result of the reception of his or her evidence is likely to be most unsatisfactory.

On the whole, this is a large and a dark subject, and the little rays which can be introduced into it in such a paper only serve to light it a little here and there, and show that there are rays which are unexplored. Still, if these little lights have not brought day, they may at least have been that John the Baptist of the day, the twilight.

Although the testimony of monomaniacs is no longer excluded, until very recently their incapacity to testify was regarded as a matter concerning which no doubt could be entertained, and the reason alleged for this opinion was the impossibility of calculating with the certainty the extent and influence of the delusion upon the general condition of the mind. It would be as unreasonable to exclude the consideration of all motives because there is no animometer for spirits. It has been said with an approach to truth that a monomaniac “seems much in the condition of a lunatic who is in a perpetual lucid interval on all subjects save one.” Much light, however, was thrown upon the subject by the case of John Wilson and John Hudson upon the evidence of an insane witness show that juries are more inclined to act upon the principles which were there laid down than they have hitherto shown themselves to be.

In the case of Regina v. Samuel Hill, the accused was an attendant in charge of a ward in a lunatic asylum. He was indicted for the manslaughter of Moses James Barlow, one of the patients under his care. The prisoner was tried before Coleridge, J., and assisted by Crosswell, J., at the Central Criminal Court. He was convicted; but a question was reserved for the opinion of the Court.

Ray’s “Medical Jurisprudence of Insanity.” P. 305; 1 304.


† Denison’s Crown Cases. P. 254.
as to the propriety of having admitted a witness of the name of Richard Donelly—who was a patient in Mr. Armstrong's lunatic asylum at Camberton—on the part of the prosecution. The competency of Donelly's evidence, and the competency of Donelly's testimony, and one witness stated that "Donelly labours under the delusion that he has a number of spirits about him which are continually talking to him. That is his only delusion; he has never been free from it to my knowledge since I have known him." Two medical witnesses deposed that, in their belief, Donelly was quite capable of giving an "account of any transaction that happened before his eyes. When Donelly was examined by the prisoner's counsel before he was sworn. In the course of this preliminary examination, he said, "I am fully aware that I have a spirit, and 20,000 of them; they are not all mine. I must enquire—I can where I am—I know which are mine. Those, ascended from my stomach to my head, and also those in my ears; I don't know how many they are. The flesh creates spirits by the palpitation of the nerves and the 'rheumatics.' All are now in my body and round my head; they speak to me incessantly, particularly at night. That spirits are immortal I am taught by my religion from my childhood. No matter how faith goes: all live after my death, those which belong to me and those which do not. Satan lives after my death, so does the living God." He also said, "They speak to me constantly; they are now speaking to me; they can't be separate from me; they are round me, speaking to me. I am fear of flesh and blood. They can go in and out through walls and places which I cannot. I go to the grave; they live hereafter, unless, indeed, I've a gift different from my father and mother, that I don't know. After death my spirit will ascend to Heaven or remain in purgatory. I can prove purgatory; I am a Roman Catholic; I attend Moorfield's, Chelsea Chapel, and many other chapels named London belonging to Catholic Church. I was born out that in my childhood and infancy; I know what it is to take an oath; my Catechism taught me from my infancy when it is lawful to swear; it is when God's honour, our own or our neighbour's good require it; when men swear, he does it in justifying his neighbour on a prayer-book or obligation. My ability evades while I am speaking, for the spirit ascends to my head; when I swear I appeal to the Almighty; it is perjury the breaking of a lawful oath. Taking an unlawful oath; he does that it will go to hell for all eternity."  

He was then sworn, and gave a perfectly correct and rational account of the transaction which he reported himself to have witnessed. He was not certain as to the day of the week on which the circumstances he spoke of took place; and on cross-examination said, "These creatures insist upon it it was Tuesday night, and I think it was Monday." Whereupon he was asked, "Is what you have told us what the spirits told you, or what you recollected without the spirits?" And he said, "No, the spirits assist me in speaking of the date. I thought it was Monday, and they told me it was Christmas-eve,—Tuesday; I was an eye witness, an ocular witness, to the fall to the ground." The question for the Court of Criminal Appeal was,—Richard Donelly's competency as a witness. The accused having been convicted, the case was argued before Lord Campbell, C.J., Coleridge, and Talfoour, J.J., and Alderson and Platt, B.B. The conviction was reversed, to which according his judgment, said, "The question is important, and must yet be solemnly decided after argument; but I have no doubt that the rule was properly laid down by Parke, B., in the case which was tried before him, and that it is for the judge to say whether the insane person has the sense of religion in his mind, and whether he understands the nature and sanction of an oath, and then the jury are to decide on the credibility and weight of his evidence. . . . A man may, in one sense, be more comatose, and yet be aware of the nature and sanction of an oath. In the particular case before the Court, I thin the judge was right in admitting the witness; I should have certainly done so myself. . . . It is an error that any particular delusion, commonly called mono-mania, makes a man inadmissible. This would be extremely inconvenient in many cases in the proof of guilt or innocence; it might also cause serious difficulties in the management of lunatic asylums. I am, therefore, of opinion that the judge must in all cases determine the competency, and the jury the credibility. Before he is sworn, the insane person may be cross-examined, and witnesses called to prove circumstances which might show him to be inadmissible; but in the absence of such proof he is prima facie admissible, and the jury must attach what weight they think fit to his testimony."  

Talfourd, J., said, "It would be very disastrous if mere delusions were held to exclude a witness. Some of the greatest and wisest of mankind have had particular delusions."  

In almost every respect the decision of the Court of Criminal Appeal is satisfactory. One thing can, it seems to us, be learned from the evidence given by Donelly, and that is, the tendency which many monomaniacs have of parading their delusions. The real feelings of an orator are only known to those who have spoken to an audience. There is something added to the thought by the presence of many of one's fellows, and the level prose rises into eloquence. Lunatics very often seem to partake of this feeling of the orators; and when they are narrating their delusions they are not unfrequently carried beyond the actual depth of their own morbid impressions, and the real delusion is eked out by ordinary voluntary imagination. This is a cause of error even in the evidence of the best witnesses; but it complicates the question considerably when it is found in connection with real mental aberration. It is another proof that the evidence of a monomaniac may often be received even when the disease is manifested by the most extravagant delusions. What has been said and the case which has been quoted may render the subject of the admissibility of the evidence of the insane, at least, less of a mystery.

ON DISEASES OF THE SKIN.

BY J. L. MILTON, M.R.C.S., Surgeon to St. John's Hospital for Skin Diseases.

(Continued)

The Morbid Anatomy of Eczema.—This is thus described by Biedske.† He says that, when papules and vesicles form in eczema, the papillo widen at their base and lengthen by infiltration with young cells and fluid blisters. From the cells in this latter (the blisters), the connective tissue cells in the papillo are developed. Numerous spindle-shaped cells appear in the mucous or lower layer of the epidermis. These push upwards into the horny layer of the epidermis and separate its cells, forming a network, which receives the swollen cells of the epidermis. A papulo is thus formed. But if the growth of spindle-shaped cells take place principally within the papillo, then the young cells of the mucous layer become distended with fluid, burst and form an eczematous vesicle. The spindle-shaped cells serve as channels for the passage of the serum, which has been the subject that the vesicle bursts. This fluid does not differ from ordinary serum. In chronic eczema this engorgement goes on till the papillo becomes so prominent as to be visible to the naked eye. This development of cells of both kinds is preceded by hyperemia, and it would appear, stasis in the capillary loops of the papillo. In this pyemic change we

* See Waring v. Waring, 6 Moore's P. C. 341.
† See also an excellent memoir on the Pathology of Eczema, by Dr. Foster Smith, American Journal of Pathology and Dermatology, 1859. P. 93.
may recognise three stages.—1. Active hyperaemia particularly noticeable, when there is a punctate, reddened state of the skin, disappearing under pressure and returning so soon as the pressure is removed. Such an increase of blood in the epidermis may arise from a burn, scald, from internal irritation, as gout or rheumatism, or from the manifestation of a constitutional diathesis. 2. This state is rapidly followed by a formation of minute vesicular vesicles, principally near orifices of sudoriparous glands; it may terminate by resolution, or it may be protracted when the capillary vessels lose their power of contraction, so that the current in them becomes sluggish, and fluid is pushed outwards by the epithelium with different degrees of rapidity and extent; thus forming a vesicle, papule, pustule, or scale as the case may be. 3. In the third stage there is, in addition to this stagnation, a mechanical impediment to the free return of blood from the derma. The liquid sanguins, exuded from the over-charged capillaries, becomes organized into cells and fibres, or the spindle-shaped cells become developed in greater numbers, and permeate the corium in every direction, which in consequence becomes inelastic, cracked and doughy, constituting serous infiltration.

Contagiousness of Eczema.—I presume that the question of whether eczema is contagious or not has been long ago settled in the negative among dermatologists, and that M. Biett was almost the last author of opinion who gave credence to such a phantasy;* but certainly the belief in its contagious nature has not yet died out in the profession, and M. Lanzin wants us to believe that it may be communicable, not by any property inherent in the disease, but by the irritable predisposition. Mr. Eusaus Wilson says, that in such cases it is simply the fact of the discharge acting as an irritant that has given rise to such a view in these cases. Mr. Hunt also thinks that the discharge acts as an irritant. All I can say is, that I have never seen any proof of this. I have made some scores of experiments and have examined a single case that proved anything like transmission of real eczema from one person to another, nor have I been able to observe anything which showed that the serous discharge of eczema is an irritant. On the contrary, it proved quite innocuous in the trials I made with it. Pieces of lint soaked in the serum, were bound on the skin and kept there for twelve hours without any effect being produced. Again it was found that however carefully the skin in the vicinity of an eczematous patch was defended from the action of the serum, the disorder still continued to spread just the same as when the serum was allowed to come in contact with it. Long continued contact of an eczematous surface with a sound skin may bring on some irritation. I have not seen any cases in which I could satisfy myself that this process really ensued, but I can fancy it possible the discharge contains at times traces of alkalis of soda. In persons bedridden from rheumatic gout it is often loaded with them, and it may be thus sufficiently irritating to set up a niobrid action, as a very slight cause will bring out eczema in some persons strongly prone to it; but the reader will see that all this is very different from contagiousness eloquently accepted as we understand the term.

Should Children suffering from Eczema be Vaccinated?—We have already said that it is an expensive business to say decidedly not. In a smaller degree I see no objection to the performance of the operation, and have repeatedly sanctioned it without ever having had occasion to regret doing so. The vaccination takes perfectly well in such cases, and provided treatment be carefully pursued, the child scarcely ever suffers any relapse in the eczema.

Statistics.—I have not meditated with the statistics of eczema, but I do not see why they throw light upon any point connected with either its pathology or treatment. Observations which would show the influence of certain trades and localities on the origin and severity of the disorder might yield something to deal with, but in their present form the accumulation of statistics seems to me simply a very harlequin form of arithmetical amusement. But be it as it may, through all these calculations, the exactness till now men are a little more in unison as to the exact signification of the terms they use, and agree to accept one common standard of nomenclature.

I have heard it said at a medical society that "in medicine you can prove anything you like with figures," and the statement passed without any dissent. I believe the person who pronounced this caustic tenet was an eminent mathematician. If figures is put at my disposal, the virtue of its distinguished birth was rather fashionable at one time. No doubt there is a good deal of truth in it. With figures a man who contends only for victory can prove anything he likes, to his own satisfaction and that of persons who are very easily pleased or silenced. But he can really prove nothing with figures which is not true, and the fact that the former kind of proof was tactfully accepted as that which was current with the profession speaks volumes as to the mode of reasoning adopted in medicine. Had a man maintained that in arithmetic you can prove anything you like with figures; as, for instance, that the square root of nine or sixteen can be anything but three or four, it would have been considered sufficient to settle his pretensions to sanity; while in medicine such a statement would be thought rather clever or, quite as bad, philosophical. The reader will therefore, I hope, conclude that it is not any acceptance of statistics which makes me unwilling to use some of statistics in eczema, but because I believe they teach nothing which cannot be learned by simple observation.

Is Eczema Hereditary as maintained by some Authors?—Being well aware that I approach this part of the subject prejudiced against the view that any disease is hereditary in the meaning usually assigned to the word, I am naturally rather reluctant to say anything about it, however, as such a position is impracticable I will endeavour to state it as simply and dispassionately as I can, my reason for objecting to a doctrine which appears to me so untenable, that I am not at a loss to understand how it maintains its ground at all. When however I find such names as Prichard and Holland arrayed against me, I confess I am completely staggered, and disposed to think there must be some idiosyncrasy in my mind which prevents me from seeing the matter in its true light.

That a child inherits the tendency to eczema from its parents is true. It inherits this disposition with its life and without its parents there could have been none. But that a child is born and reared under unfavourable circumstances, is more likely to have eczema than if descended from healthy persons, is possible enough and even probable. That eczema should spring up in some one and indeed in almost every generation of persons so situated is natural, insomuch as it is a very common complaint, and in certain constitutions a natural result of all agencies which injure health. But there is nothing in this, and indeed there is nothing in any statistics or arguments brought forward, which proves that a child has any more tendency to eczema because either or both the parents suffered from it. If there be any assumption justifiable here I submit that it is, that not eczema begets eczema, but that weakly parents are apt to beget weakly children, and that weakly persons, whether parents or children, are more apt to suffer from eczema than strong persons are.

I have spoken of statistics but indeed they scarcely deserve the name or even any mention at all, were it not to show, on how slender grounds some portions of the theory rest. Several children of one family are found suffering from eczema, or are known by the medical attendant to have laboured under the same complaint. By and by it is ascertained that the father or mother suffers from eczema, probably both. If the family be not large enough to show there is a history of each generation, the presence of the disease is forthwith traced through three or four successive descents. If plebeian, the statement of the patient that

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* M. Biett,

* "They (the vesicles of Eczema) pour out an irritating fluid, which excites the surrounding skin." Hunt. Also Bargen's Manual, p. 59 and 100.
his, or her father or mother, or grandfathey or grandmother, supplies the void. Another statistical fact (of its kind I) is added to the register, and in due time the theory is established to the satisfaction of all parties. If I am overstepping the case those who have given me the information are to blame.

But closer examination will reveal the weakness of the argument. It is seldom that the fact can be verified of eczema passing through even two generations. The statements of patients on which reliance is often placed is said, I suppose, for nothing in such cases. And even when the fact attested, I do not see that it proves anything. It would be necessary to show, not only that eczema occurs more frequently among the children of eczematous parents, but so much more frequently than it does even among the children of weakly parents, though brought up under the same circumstances and exposed to the same deteriorating agencies, that we must admit eczema in the parent to be a factor that is the absolute value in the production of any disease in the child. But this has not been done. On the contrary all that can be said in favour of the doctrine of descent is, that a certain number of coincidences have been observed; against which it would be easy to set off quite as many cases where eczema exists in the children without either parent having been found to show a trace of it and eczema in the parent while the children are free from it, or at any rate, if we accept Dr. McColl Anderson’s conclusion that hereditary factors are present eczema, as free as possible of mankind. Notwithstanding all this, it must however be admitted, that the doctrine of such affections being hereditary will always be a favourite tenet, inasmuch as the mind of man naturally tends to grasp at familiar images.

When Sir Henry Holland suggested an explanation of the tendencies of diseases to become hereditary, that it is simply an extension of the law discovered by Dr. Parke, that all bodily peculiarities tend to become hereditary, he overlooks the flaw in the argument. Either this tendency means nothing and is a mere figure of speech, or it means that all the children must inherit a bodily defect or disease, and each succeeding generation exhibit more and more of this particular development till disease or deformity becomes their normal state, or they all die out. In speaking of ichthyosis I have endeavoured to show that this must end in a state of things novel fact. Apply it then to eczema, which is such a common disease that it is quite certain two parents must often be eczematous; the natural result of this would be, eczematous families getting worse with each successive descent. I need scarcely say that such productions are not to be found, though we ought to be able to find them easily enough. Mr. Wilson says that eczema is transmitted to children because the tissues of children resemble those of their parents. But this is endeavouring to support an untenable argument by another which requires to be proved. It has not yet been proved in any instance and is palpably contradicted in a vast majority of cases. It is simply doubling the rope of sand—a process which may add to its bulk, but does not increase its strength. Children, quite as often as not, are a cross between the tissues and features of both parents. It must be a rare occurrence for a child so entirely to resemble one parent in either features or tissues as to exclude all likeness to the other. What is more, children often differ from parents in every way they can differ. It is not true that they even always resemble them. Gigantic persons are often descended from parents of moderate growth; those of immense strength from persons not so distinguished. Weakly children spring from strong progenitors—people of iron muscles from those not in any way remarkable for strength. The mother or father may have excellent skin and glandular system, whereas the child is subject to diseases of the skin and strumous. Whenever, too, according to the theory, a child inherited eczema from one parent only, as would frequently be the case, the disease would be a cross between eczema and health, or some other disease, and that is a thing yet to be discovered. Finally, the argument, that disease may be hereditary, because features pass through long lines of descent, is faulty, inasmuch as the facts proving these cases of descent are, for the most part, simply random assertions, easily made, from their very nature not easily refuted, and only too greedily caught at—very suitable material for the reveries of a dreamer like Owen or Darwin, but quite unfit to be admitted into the rank of established facts.

(To be continued.)

HOSPITAL REPORTS.

LONDON HOSPITAL.

Incised Wounds of Shoulder and Chest, the latter penetrating the Lung—Paralysis Agitans, apparently hereditary—Recovery.

(Under the care of Mr. LIVINGSTON.)

Henry C., aged fifty-eight, labourer at the Docks, was admitted into the London Hospital on June 10, 1870. At twelve o’clock on the night preceding the patient had been stabbed by his wife (a woman of severe temper intensified by drink), on the left shoulder and on the left side of the chest. The wound on the shoulder passed obliquely under the acromion process, and it was thought by the house-surgeon, that the neighbouring bursa had been opened, as he observed a little jelly-like fluid near the wound.

There was a second small wound about two inches in length on the left side of the chest, between the third and fourth ribs, three inches from the nipple. When he was admitted there was a distinct escape of air from the chest. Air came through the wound directly after its infliction, and he felt considerable pain. When taken to the station-house, the wound was bared, and he was at first thought to be dying. He was then rushed out with a whistling noise.

There was a little bleeding but no expectoration of blood. At the station-house the wound was stitched by the surgeon in attendance. The stitches were left in by the house-surgeon and the wound was covered with collodion. On admission, a considerable amount of emphysema existed round the wound. By the evening, the emphysema had extended back to within two inches of the vertebral column down to the tenth rib and up into the neck on the left side. Opium was given and the patient slept well the first night.

For eighteen months he has had a kind of paralysis agitans of the left arm, which is constantly on the move. There is no loss of sensation accompanying the affection, nor is there any tendency to fall forwards. This paralysis came on quite suddenly, and the patient states that two of his sisters and mother were similarly afflicted. He has lived a very unhappy life with his wife who drinks, and when drunk goes almost mad, but he says, that she is a very good woman when sober. Twenty-four years ago he was in the hospital on account of a wound of the foot, inflicted by his wife with a red hot poker, which she snatched out of the fire and "ran it through his foot." Although the foot showed no mark of a burn there is no doubt of the dangerous wounds to which his wife is subject when under the influence of drink. His son was brought into the hospital at the same time for a wound in the middle of the left thigh, one inch in depth, and two inches long, inflicted by his mother when he ran to protect his father.

Apart from the hereditary predisposition to paralysis agitans, such domestic experience would seem sufficient to occasion the complaint. He does not drink himself. Ordi-
narily he takes a pint of half-and-half and sometimes goes
without for days. He has not drunk spirits for years.
11 a.m. Pulse 100. Resp. 28. Temp. 99.4.

The patient seems easy and the pulse is quiet, but the
emphysma is a little more extensive. He has not been
allowed any stimulants, and has been on milk and beef tea
which he has taken with refresh; he says he could take
more as he feels half starved.
11 a.m. Pulse 84. Resp. 29. Temp. 99.
June 12, 8 p.m. " 76. " 24. " 98.

From the foregoing account it will be seen that the
patient went on well, nor did he subsequently exhibit any
serious symptoms. At one time he complained of pain in
the back and shoulders which seemed to be rheumatic, and
to result from exposure to draught in the Ward. The
emphysma gradually subsided, and the wound healed. A
little disclisation on percussion remained for an inch or two
round the wound. He was discharged cured in about
a month, and the case went to trial.

MATER MISERICORDIÆ HOSPITAL, DUBLIN.
CEREBRO-MENINGEAL CONGESTION SIMULATING UREMIC
POISONING.*

(URGILA. THE CARE OF DR. HAYDEN.)

The man was a labourer, aged about forty-five, of temperate
habits, and had enjoyed good health till about three months
prior to the admittance into the hospital, when
he began to suffer from severe but intermittent headache.
During the last three weeks of this period the headache was
continuous, and his manner was noticed to be odd and incohe-
rent.
When admitted into the Mater Misericordiae Hospital on the
15th December, 1870, he was in a state of incomplete
coma; in the afternoon, he became violent, got out of bed,
and attempted to force his way through one of the windows
of the ward.
The following morning (16th), when first seen by Dr. Hay-
den, his condition was the following:—He lay in a drowsy
state, apparently quite unconscious, but when spoken to in
a loud voice he answered, but incorrectly, questions having
reference to his health, protruded his tongue (which was
moist), when requested to do so, and swallowed liquid poured
into his mouth without difficulty; pulse slow (60) but regu-
lar and full, respiration tranquil; right pupil contracted,
left invisible owing to vascularity and opacity of the cornea;
muscles of arms rigidly contracted; no paralysis; urine ob-
tained by means of the catheter was 1·018 sp. g. and contained
a trace of albumen; he frequently got out of bed in a state of
unconsciousness.
For several days his condition underwent no change, but
the urine, which was necessary to remove instrumentally
and at intervals weekly, was of normal specific gravity, and after the first
day entirely free from albumen. About a week subsequent to
admittance lie was found at the morning visit partially
convulsed, the arms were rigidly and tonically contracted, he lay
over upon his face and gnawed the bed with his teeth; the
superficial veins of the scalp were engorged, and no answer
could be obtained to questions addressed to him.
The head was now shaved and vested, and on the follow-
ing day his condition was much improved; he now answered
questions with considerable lucidity, turned without assistance in the bed,
took his drink, and was free from spasm. He continued, how-
ever, to pass his evacuations in the bed and the left cornea had
now passed into a state of sluggish. Without having under-
gone any apparent change for the worse he suddenly died on
the 3rd of January.

The heart presented a considerable deposit of fat upon the sur-

* Communicated to the Dublin Pathological Society.

face, but was otherwise normal; both the right and left ventri-
cles contained each a large thrombus composed mainly of fibrin,
which extended into the pulmonary artery and the aorta, and
in the former extensively into its branches also. The muscu-
lar substance of the heart was healthy; lungs and kidneys
healthy. The dull mater was closely attached to the cal-
culus, and the pia mater and its infusions deeply injected, so
that the surface presented an almost uniform pink tint; white
substance on section thickly dotted with red points, trigeminal
nerve (5th) of left side soft and almost diffused. Brain sub-
stance otherwise unaltered, and free from extravasated blood.
In this case the diagnosis of meningical and cerebro-oedema
was made, partly from the character of the symptoms—tonic spasm of the limbs, contraction of the pupil, en-
gorgement of the superficial veins of the scalp, and partial loss
of consciousness, added no doubt by the negative evidence
afforded by the urine, which was carefully examined from day
to day by my young friend Mr. Wigmore, one of the resident
pupils of the hospital. The sloughing of the left cornea is of
interest in connection with the softened state of the corre-
ponding fifth nerve. The immediate cause of death was, I
doubt not, cardiac thrombosis.

CERVICAL ARREST CAUSING ULCERATION INTO THE LINGUAL
ARTERY.*

(UNDER THE CARE OF DR. JOHN HUGHES.)

Reported by Mr. R. Curran.

Teresa Francy, aged fifteen, was admitted into the Mater
Misericordiae Hospital under the care of Dr. Hughes, on the
20th December last, she was the youngest of three sisters who
were attacked with scarlatina during the month of December.
The eldest died in four days of that disease, and the second
recovered in that hospital. All had external swelling in the
throat, in fact, the eldest died of that affection from suffoca-
tion, and this patient was attacked in a similar manner during
the stage of efflorescence.
On admission, there was found a large swelling in the neck
in the right side, which was very hard and painful to the touch
but presented no redness of the skin, nor any sense of fluctua-
tion. The motions of the neck were, however, much impeded,
and also those of the lower jaw preventing an internal exa-
nination of the throat, but there was neither dyspnoea, dys-
phagia, or aphony, nor were the constitutional symptoms very
urgent.
After poulticing the neck for two days, an incision was
made into the swelling by Dr. Hughes. The integuments, col-
lar tissue and fascia were divided, and a director introduced,
but no matter escaped. The incision was continued, and
the day Dr. Hughes passed the director again into the wound to a greater extent with the same result. The swell-
ing had, however, diminished considerably, and the patient
could open her mouth sufficiently to enable him to see the
soft palate, which was pale in colour.
The poulticing was still continued, but no matter even
came from the wound.
The case progressed so favourably that the patient was able
to get out of bed on the 28th Dec., eating meat, and living
with the convalescents. The tumour had greatly subsided, and
the surface of it was pushed out with the thumb and forefinger;
the 30th, the other side of the neck began to swell without
occasioning any inconvenience.
At two o'clock a.m. on the 4th of January, the patient,
without any previous notice, was attacked with violent heme-
temesis, which lasted for about half an hour—during this
time, she lost about a quart of blood.
When seen next day (Jan. 5.) she did not seem in the least
weakened by the loss of blood. Her pulse was eighty in the
minute and strong. She called for food and wanted to get
out of bed.
Jan. 6th.—This morning, the patient coughed up some pu-
rulent matter, and shortly after vomited a little, after this she
expressed herself much better and eat well.
Jan. 7th.—No change, patient says she is quite well, and
is clamorous to be allowed to sit up.
Jan. 8th.—At nine this morning, the luxuriance returned

* Communicated to the Dublin Pathological Society.
in the shape of hematemesis, and she died in a few minutes after. She lost, on this occasion, nearly three quarts of blood.  

Post-mortem Examination.—On opening the thorax, the lungs were found to be blanched in colour, and with the exception of a small tubercle in the apex of the left lung were healthy. They contained four ounces of fluid. The heart was of an ordinary size. The gastro-intestinal canal was next laid open; the stomach was found very much distended, with what proved to be blood, not black and gummy, but dark in colour with large coagula. The mucous lining was most carefully examined, but no trace of ulceration could be discovered. The esophagus with the pharynx, tongue, &c., were next examined no attention to it; but careful examination presented the greatest practical interest which it was needless to refer to on that occasion, as they must be obvious to all. But apart from those considerations, and if for no other reason than its extreme infrequency, he thought the case deserved a place in the records of the Society. Indeed, he had not been able to find a similar one recorded anywhere, except in Sir T. Watson's lectures, where the same result followed on abscess of the neck in a case of synanchea tonsillaris.

ADELAIDE HOSPITAL, DUBLIN.

CASE OF CANCER OF THE UTERUS.  
(Under the care of Dr. Atthill.)

The case was one of a disease unfortunately far from rare viz., of that variety of epithelial cancer known as cauliflower excrescence of the uterus; but as it showed some points of interest he considered it worthy of notice. The patient, from whose body it had been taken was quite a young woman, being but twenty-eight years of age. She had been married for five years, and had given birth to one child, now four years old. Since the birth of her child she had had three miscarriages, the last of which occurred about a year prior to her admission into the Adelaide Hospital, which was on the 16th of April last, 1870. She stated that her health had been good in all respects till the month of October last. On her previous, when, without any premonitory symptoms, she noticed a slight red discharge, which appeared in the interval between the regular catamenial period, and which lasted for four or five days, but then disappeared. A similar discharge, lasting for a few days at a time, appeared occasionally during the four following months; but as she was free from pain, and as her general health continued to be good, she paid no attention to it; but careful examination presented the greatest practical interest which it was needless to refer to on that occasion, as they must be obvious to all. But apart from those considerations, and if for no other reason than its extreme infrequency, he thought the case deserved a place in the records of the Society. Indeed, he had not been able to find a similar one recorded anywhere, except in Sir T. Watson's lectures, where the same result followed on abscess of the neck in a case of synanchea tonsillaris.

Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

January 16th, 1871.

JOHN GAY, Esq., President.

THE REMOVAL OF TUMOURS.

Dr. KELBURNIE King, of Hull, read a report of the case of C. E., aged twenty-eight, who for three months suffered from a tumour growing in the throat. The symptoms were chiefly difficulty in swallowing, speaking, and breathing. The tumour covered by mucous membrane, was felt in the left of the soft palate as a hard mass, isolated from the nasal cavity, and bordered externally by the ascending rami of the maxilla. Its base was broad, and passed forwards and backwards behind the jaw, where it could be felt externally. The symptoms becoming urgent, he was admitted into the Hull Infirmary, and the tumour was removed by Dr. King. First, as a precaution against haemorrhage, a ligature was placed loosely on the common carotid artery, the face was then laid open by an incision from the angle of the mouth to the jaw, masseter muscle and rami of jaw being both divided; some difficulty arose from the slipping of the tumour down upon the glottis and so threatening suffocation, but it managed to pass upwards to the fingers, and so removed it through the division made in the inferior maxilla. At the close of the operation, there was free haemorrhage, which was controlled by tightening the ligature on the carotid, the ligature broke at first, but this was remedied, the haemorrhage ceased. The man for some time progressed favourably, but there was a return of the disease in hospital, and he unfortunately caught the disease and died of it.

Dr. MORELL MACKenzie enquired whether the tumour could not have been removed by the month, by means of the ecarcer.

Dr. King said, that he was anxious to remove the whole of the tumour and owing to its very broad base, he did not think he could have done this with an ecarcer.
The President was one who did not fear hemorraghe in these cases. He had removed a very similar tumour from the back of the throat by excision.

Mr. Henry Smith showed a gold tooth plate and teeth that had been removed, by a surgeon, who was a patient of Dr. Hamilton, of Mitcham. Dr. Smith saw the man six hours after the accident, and was able then to touch the plate with a pair of long forceps but all attempts at extraction were unavailing, so Mr. Smith pushed the plate down into the stomach, the patient felt relief, and nine days after, passing the knife, the tooth plate was removed. Mr. Smith also showed a similar plate in vulcanite, given to him, by Dr. E. Johnson, that had been swallowed and passed through the patient in safety.

Dr. King narrated a case where a man swallowed his false tooth, to the Royal Eclectic Infirmary. Mr. Syme not being able to pull the tooth up, at once pushed them down—a few days after Dr. King was sent for to see the man and find him dead, the angular hooks on the tooth-plate had torn the oesophagus, and perforated the aorta. In the stomach was a complete cast of its cavity in blood-clot.

Mr. Carter had seen a case where a brooch was swallowed, the patient was made to eat a large quantity of bread, and then an emetic was given when the bread and brooch all returned together.

Dr. Moult Mackenzie was in the habit of using an instrument known on the continent as the Ramoniere in these cases, it was passed down, and as it was withdrawn, a sort of brush expanding caught the foreign body, and so removed it. Dr. Mackenzie then showed his new "Eccletic" inhaler. In this instrument there was a sufficient supply of air insured, and an even temperature was maintained by a lamp placed below. The air entered by a series of apertures, and having passed through the liquid, escaped by the inhaling tube which was of large calibre.

Dr. Carpenter, of Croydon, read a paper on the CAUSATION OF SCARLATINA.

He proposed to consider scarlatina as one of a series of diseases which are epidemic at times produced by a combined force, resulting from the effect of matter acting upon blood more or less impure. In expansion, x y z, or any syphilis disease, it was proposed to consider x y z as centric numbers of the equation as far as the body was concerned, and z, as eccentric, or obtained from without. Thus, x y may equal lymphoid, typhus, cholera, or scarlatina, according to the peculiar quality or nature of its growth. Instances were quoted to show how putrid and decomposing animal matter, blood, ossal, &c., would cause scarlatina. In the case of three separate families living on a healthy hill, the disease caused in this case by phlegm blowing from some fields not far distant, which had been manured with slaughter-house refuse. Another case was given of an outbreak of scarlatina in a school of boys, and nothing seemed to prevent these outbreaks, till it was proved that under the playground was a cesspool which received some refuse from a slaughter-yard, which was directed elsewhere, the outbreaks of scarlatina ceased. Carpenter related an instance of three children sleeping over a fowle-house, in which the fowls were killed, and the blood poured on the floor, were all attacked with scarlatina. Dr. Carpenter’s inquiries extended over a period of ten years, and comprised 298 cases of scarlatina that he had by one without one fatal result.

In the discussion that followed, Dr. Thompson said, that though he had never considered scarlet fever to be one of those forms of fever that might be generated by animal or vegetable decomposition, defective drainage, or other sanitary should he be mistaken. The conviction was strong in his mind, that the disease might be rendered considerably more malignant when any of these sanitary deficiencies were present in a community invaded by scarlet fever.

Dr. Fred. Simms inquired as to whether Dr. Carpenter could point at any essential cause of scarlet fever.

Dr. Richardson alluding to his own former researches on scarlet fever referred to by Dr. Carpenter, said that he believed all he had at that time stated to be in the main still as true as ever. It was important to study the conditions of body favourable to the development of scarlet fever. His own experience would go to prove that the disease was as fatal among the rich as among the poor. The first effect of the poison was on the nervous system. Much depended on the pre-existing state of system in determining the severity of an attack, and at some periods of the year it seemed more fatal than at others.

Dr. Routh inquired if the disease was more fatal among the people who were engaged about slaughter-houses.

The President asked if the amount of blood refuse which passed into the sewers influenced perceptibly the prevalence of the disease, and if those who consumed most essences were much liable to scarlatina.

Dr. Carpenter, in reply, said he could not point out the very essence of the scarlet fever poison, he believed the disease to be common in the families of slaughter men and butchers, and in those districts where much blood passed into the sewers and then became putrid, scarlet fever was almost sure to appear—those who consumed much meat food, did not appear to be more liable than others.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JANUARY 24TH, 1871.

DR. BURDOWS, F.R.S., President in the Chair.

ON THE PROBABLE CAUSE OF THE POST-MORTEM MUSCULAR CONTRACTIONS IN CHOLERA, AND ON THE PHILOSOPHICAL TREATMENT OF THAT DISEASE.

By John G. French, F.R.C.S., Surgeon to the St. James’s Infirmary.

The author believes that a physical law of nature, discovered by Dr. Marshall Hall, accounts for the post-mortem contractions in some cholera patients. He also thinks that Dr. Hall’s study of the subject of hibernation, in which he discovers abnormal physiological conditions for prolonging life without food, suggests an analogy to the abnormal conditions in cholera, where these sustain life during the elimination of a liquid poison. Appropriate treatment results from the premises as a necessary consequence.

CASES OF HYSTERIA WITH SNEEZING.

By Robert Lee, M.D., F.R.C.P.

This paper contained an account of two cases of hysteria in which sneezing was a symptom of the disease. The author did not profess to give any explanation of the occurrence.

SUGGESTIONS IN SUPPORT OF A RATIONAL SYSTEM OF THERAPEUTICS.

By E. Meryon, M.D., F.R.C.P.

In a former paper Dr. Meryon showed that every ganglionic centre of the sympathetic system of nerves has three distinct elements, over and above the ganglionic cells, and, that each element or nerve-cell has its own special attribute,—the sensory fibres, to impart the vital sense of an organ, affecting its histological tissues, without operating immediately on the blood-vessels; the motor fibres, to initiate vascular action and secretion in response to the vital sense; and the grey fibres of Remak, to restrain and regulate the stream of nutrient conveyed by the arteries into the cell territory for secretion or for assimilation.

In the present paper the above anatomical and physiological data are utilised for the purpose of interpreting the operation of many medicinal agents.

For instance, the fact shown by M. Claude Bernard, that section of the fibres of Remak induces increased vascularity and elevation of the temperature in the parts to which those sympathetic nerves are supplied, has its pathalogical counterpart in inflammation, in which, owing to the loss of the inhibitory influence of the nerve-fibres of Remak, blood corpuscles penetrate into those minute arterioles through which blood-plasma only should be given. In the spurned yea (coughs), we have an agent which produces the opposite effect, by increasing the inhibitory influence of the sympathetic fibres, it diminishes the calibre of vessels, shuts out blood-corpuscles from the capillaries, and even the blood-plasma itself, and so restrains many forms of hemorrhage.

Dr. Meryon then goes on to show that, just as the localised ganglionic centres of innervation are suggestive of independent
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action, and localised, accelerated, or retarded circulation is an obvious indication that the vascular function of each individual gland is regulated by such gaucho-like centre, so have we medicinal agents acting on the special parts, either by exciting or restraining their functions.

This proposition is illustrated by showing the manner in which drugs having autogamous actions exert their influence on the different individual organs.

Seeing that most pathological conditions are but extensions or modifications of physiological actions, and the effects of derangement of the operations of the vasomotor nerves; seeing, moreover, that we have therapeutic agents which stimulate, or assist, or supplement the attributes of the vasomotor nerves, on which the healthy functions of all organs depend, I claim that the knowledge and due appreciation of such aids we have the foundation of a rational and scientific system of therapeutics.

THE SURGICAL SOCIETY OF IRELAND.

The Society met on the evening of Friday, 20th January, in the Royal College of Surgeons.

Mr. Albert Walsh, the President of the College, in the Chair.

SYSTHILIC ULCERATION OF THE LARYNX.

Mr. Morgan exhibited a specimen of ulceration of the larynx occurring in a patient who had died a few days previously. According to the patient's account she had been infected ten years before and I took it for granted that the groins at the time of her death bore the marks of the electric chloasma. The remarkable feature of the case was, that she never had any rash on the skin nor any prominent features of venereal taint. Within the last two or three years she had been continuously under his observation, and there were no appearances presented but remarkable growths of a comatose nature on the groins. The labia were hypertrophied, and there was a difficulty in diagnosing whether the growths as delineated in the drawing (which was exhibited) were of a chronic syphilitic or a malignant character. They existed in the condition, represented by the drawing, for two and a half years. He tried everything except mercury, but without avail. The unfortunate creature got ulceration of the larynx and died gradually exhausted. The ulceration as depicted, extended to the epiglottis which was more or less eaten away, thence it extended downwards until it reached the chordee, which it destroyed. The patient nothing peculiar, and the body was not excessively wasted. This woman might be supposed to have been free from taint, as for many years, none of the ordinary features of syphilis appeared upon her body. It would seem, in such cases, that whenever this disease or that which is in the grain of the body escapes with comparatively little evidences, a peculiarity he had observed in several instances, one of which was then, it so happened, in the hospital.

EMBOLISM OF MIDDLE CEREBRAL ARTERY.

This case will be published in our next, with illustration.

MR. MORGAN'S REPLY ON THE QUESTION:—THE UTILITY OR THE DUALITY OF THE VENERAL POISON.

Mr. Morgan resumed his reply which he had been unable to conclude on the previous evening in the discussion on the subject of syphilis. He said there was one point which he considered of much importance, particularly with reference to the extension of the Contagious Diseases Act and the necessity for examinations—and that was, the persistence of the contagious and specific property of the vaginal discharge. He would illustrate this by a remarkable case. A woman was admitted into hospital suffering from the usual symptoms of constitutional syphilis. She was under his care for five months, and at the end of that time he made an inoculation from the vaginal discharge and produced one of those soft sores of which he exhibited drawings, whether it would have produced a hard sore in the virgin subject was one of the questions at which they had yet to arrive. This woman was so well she was placed in the laundry of the institution. She was there three months and at the end of that time again came under his care when he found she had some patches in the mouth. In order to ascertain whether the vaginal secretion was capable of producing inoculation he inoculated with it, and found, although it was five months since she first came under his care, that it was capable of producing a soft sore. His theory was that the soft sores which were so frequently seen in men were caused by the vaginal discharge of women constitutively infected by this syphilitic virus, in the last few months a case of infection from a child had come under his observation. A healthy woman, wife of a rope-maker, and who had produced a healthy child, was selected as nurse for the child of a gentleman. She was a fine woman, and had given birth to a thirteen stone boy, and brought the child on the 30th of August. On the 16th of September the child died syphilitic, and in a week afterwards sores appeared on the woman's breast. This child had mucous patches on its month and genitals; but the appearance on the woman's breast (well represented by the drawing he exhibited), was as below. He had inoculated it on both sides of the breast, the primary appearances in a virgin soil, as in those cases in which he had inoculated the infected subject with the vaginal discharge, which he thought a secondary product. It was stated on the previous evening by Dr. McDowell, his colleague, that a mucous tubercle was not inoculable. He might remind him, however, of the case of a little child, two years old, who had infected its grandmother, sixty-eight years old, from mucous patches on the lip where he, Mr. Morgan, had successfully inoculated it on the side from a mucous patch at the anus. Mr. Richardson, six weeks after, had a characteristical patch and soft sores from mucous tubercles, and he would ask Mr. Richardson to certify this before the Society.

MR. RICHARDSON—The case in which I successfully inoculated from a mucous tubercle is recorded in the Dublin Quarterly Journal, and there can scarcely be any doubt on the subject. We found the mucous tubercle itself a single organism. The woman whose mucous tubercle afforded the inoculable matter had no sores at the time I inoculated her.

Dr. McDowell—I spoke of mucous tubercles which were not bathed in vaginal discharge, but a mucous tubercle was per se not inoculable and did not produce that characteristic pustule which was re-inoculable in an already infected person.

Mr. Morgan said Professor Bock in his work, it so happened, gave five cases in which the pustules were produced by inoculation from mucous tubercles. Three of these were in men, and in them the inoculation was from an anal mucous tubercle, which was a full refutation of Dr. McDowell's idea. Now, if they found the mucous tubercle and the vaginal discharge produced the same thing, it would solve the question as to the vaginal discharge or gonorrhoea in a tainted system being a derivative from true syphilis. He had procured gonorrhoeal discharge from men in hospital, and also from women free from venereal infection, and inoculated could produce no result whatever. Therefore, it appeared that from the vaginal discharge of a person constitutionally tainted he could produce the characteristic pustule and soft sore, but from the vaginal discharge of a woman not tainted he could produce no result. The pustules were not only produced but were capable of being reproduced to an indefinite extent. The question of auto-inoculability was next to be considered. If the secretion be of the same nature as that of a hard sore they might suppose that it would not be capable of inoculation on the patient's self. The contrary was the case. For instance, a girl came under his care having a soft sore and suppressing.

She ran down to the extreme of catchoux, but finally recovered. From this girl's vaginal discharge, suffering from almost every constitutional symptom of syphilis, he was able to inoculate not only herself, but others, the sores produced by the inoculation being soft sores. He found, therefore, that this discharge was not only capable of forming pustules and so-called soft sores on the patient's self, but that these were capable of an interminable reproduction. He wanted further to test the power of this discharge and see whether it resembled the syphilitic sore in being not inoculable on normals. He inoculated twelve healthy rabbits and inoculated in every part of the body, but he never could produce any palpable result. On the inside of the thigh of one of the rabbits there was some little irritation, but this was of no importance. The young of the rabbits did not exhibit any symptoms and it was evident that the inoculability of the syphilitic virus was not in this instance successful with these animals. The next point of interest to consider was that of syphilization. He was not to be considered as an avowed advocate of this treatment, but he desired to inspire into its efficacy, as from the results it seemed a more important method than had been at first supposed, and should.
not be hastily rejected. Some remarkable experiments on the subject had been made lately in America. Mr. Bunstead, who had formerly upheld the dual theory, was, he thought, much shaken in his opinion with regard to it; and as to syphilitic he states, "From what I have personally witnessed and from the accounts of others, I believe it is a very effective method of inoculating healthy children, and that a man of such authority expressed so strong an opinion he, Mr. Morgan, thought the matter was worthy of calm and careful consideration. The principal point, however, which he (Mr. Morgan) wanted to refer to just now was, as regards the inoculability of the human body to different kinds of sores. Originally, Mr. Bunstead believed in the dual theory—that the soft sore would only localize itself and produce local effects, and that the hard sore would not be inoculable on a person already tainted with syphilis. Beck originally performed his experiments with soft sores, but now came out with a very extraordinary fact, which was, that in Christians they had no difficulty in producing inoculation from hard sores and in producing pus. M. Beck had kindly forwarded him a specimen of the pus thus produced, which he now exhibited to the Society. Two remarkable cases are given in Haynes' American Journal for Aug., 1870, by Mr. Bunstead—in one of these, as now shown in the diagrams (which were exhibited), all the inoculations were made from soft sores, and yet under the treatment of using the virus of a disease held by the dualists to be distinct, the symptoms got well and immunity was at once gained. In the other case the inoculations were performed from three sources—viz., 1. From pusules produced by soft syphilitic virus on a tainted subject. 2. From arrowhead hard sores in infected cases. 3. From soft sores themselves. After a certain time—Mr. Morgan showed by referring to the diagrams how the inoculation into the Society—immunity from any of the sources was attained, and any of the poisons used for the purpose of inoculation produced pusules and characteristic sores. Thus they found the remarkable fact which Beck had described, that as soon as a patient was non-inoculable from one kind of sore he became non-inoculable from the other; and when he had immunity from one he had immunity from the other. Beck at the Vereenel Commission says, "If there were two different poisons and you had syphilized a person with one form of those poisons and then you took the matter from the other poison you could go on with a series of inoculations from the first time, but that you cannot do this. I believe, is a proof and the best proof that I can adduce." Another case given by Mr. Bunstead was that of Mary S., a very intemperate person employed as a nurse in a hospital. She was saturated with the syphilitic poison, and he found it impossible to produce the slightest effect on her with any virus in his possession. The virus from both hard and soft sores was repeatedly tried, but she could not, without great difficulty, be inoculated with either. With regard to the non-occurrence of secondaries after soft sores what were the facts? A few cases of soft and hard sores do not suffer, and every one admitted that when a man had a hard sore with the expectations, constitutional signs were more likely to follow. The question then was, were they two poisons, or was there some modifying influence at work? He (Mr. Morgan) had inoculated a series of cases in the Lock Hospital, all young girls on an average under eighteen years of age, and all of whom stated they were not previously diseased, and which he quite believed was true. He auto-inoculated these from their own sores, soft sores about the vulva, and they were eventually, successively, later, covered with secondaries. The following cases would show that a series of fourteen, which showed constitutional infection without leaving hospital, and while under observation—

**SEVENTEEN CASES SELECTED.**

**Patients discussed for the first time and auto-inoculated from their sores who showed signs before leaving hospital.**

<table>
<thead>
<tr>
<th>Date</th>
<th>Patient Description</th>
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<tbody>
<tr>
<td>Oct. 1865</td>
<td>E. McD., pelves.</td>
</tr>
<tr>
<td>Dec. 1865</td>
<td>M. B., papules and secondary ulcer.</td>
</tr>
<tr>
<td>July 1865</td>
<td>J. H., papules and patches.</td>
</tr>
<tr>
<td>Feb. 1866</td>
<td>E. C., papules and alopecia.</td>
</tr>
<tr>
<td>Mar. 1866</td>
<td>M. S., roscea and alopecia.</td>
</tr>
<tr>
<td>July 1866</td>
<td>M. M., roscea and alopecia.</td>
</tr>
<tr>
<td>Sept. 1866</td>
<td>S. R., patchy enlargement of labia, pains.</td>
</tr>
<tr>
<td>Aug. 1866</td>
<td>M. S., papules and alopecia.</td>
</tr>
<tr>
<td>Dec. 1865</td>
<td>M. A., double iritis, papules, pains, and most intense symptoms.</td>
</tr>
<tr>
<td>June 1869</td>
<td>E. W., aged twenty-five, severe suppurating buba, most intense iritis, gummata, pains, &amp;.</td>
</tr>
<tr>
<td>June 1869</td>
<td>L. S., aged sixteen, severe suppurating buba, most intense iritis, gummata, pains, &amp;.</td>
</tr>
<tr>
<td>Jan. 1869</td>
<td>K. D., aged nineteen, twice inoculated, buba was not open, most severe signs and epilepsy.</td>
</tr>
<tr>
<td>July 1869</td>
<td>A. O'B., aged seventeen, five inoculated, suppurating buba, most severe signs, and prostration.</td>
</tr>
</tbody>
</table>

**Four cases auto-inoculable with suppurating bubas.**

**PATHOLOGICAL SOCIETY OF DUBLIN.**

**January 21st, 1871.**

DR. FINNY exhibited some specimens which were taken from the body of a man, who had been under Dr. Stokes' care in the Meath Hospital. The patient presented an appearance of extreme anaemia, and complained of lightness in the head on sitting up. Diuresis in the ears, dilatation and murmurs, and diarhoea were, however, what he sought relief from in hospital. No well marked evidence of disease of any organ could be found, except in the heart, where two distinct systolic murmurs were discovered—one at the base carried up the aorta, the other at the apex and heard in the mitral area. This physical sign was the only indication of mitral regurgitation. On post-mortem examination, well marked amyloid disease of the kidneys was found, their weight being double the normal, and answering to the isolee test. A similar condition in the lower bowel was evident, producing, no doubt, the diarhoea which had been of a very persistent character. The mesenteric glands were also enlarged and inflamed. A large white, firm clot was found in the left ventricle, extending back through the mitral orifice into the lungs, which consisted of a vast number of colourless corpuscles and fibrin. This combination of amyloid disease and leukaemia is interesting, as confirmatory of Dr. Grainger Stewart's views on this subject. The heart was enlarged, especially the left ventricle, without hypertrophy, and the mitral orifice was dilated to its utmost circumference; the valves were, however, perfectly healthy. The rationale of the physical signs seemed, then, to be—First, the ventricle was dilated; and, secondly, as a consequence, the auriculo-ventricular opening was enlarged, and thus, regurgitation being permitted, the systolic mitral murmur was produced. This dilatation of the orifice is by no means so common a concomitant of the dilatation of the ventricle as Drs. Gaed-
Transactions of Societies. Feb. 8, 1871. 117

The Medical Press and Circular.

Transactions of the Obstetrical Society of Dublin.

This Society met on Saturday evening, the 7th ult., the chair being occupied by Dr. Kidd, the President.

The President exhibited epithelioma of the uterus, implicating the anterior lip and amputated by himself, by means of the curet. The patient was forty-eight years of age, and had only been conscious of the disease for a month and a-half.

Dr. George Johnson, Master of the Rotundo Hospital, laid before the Society.

The Clinical Statistics of the Rotundo Lying-in Hospital for the Year 1870.

His object in doing so was to prove—Firstly, that puerperal fever does not prevail endemically in large hospitals; secondly, that that disease when epidemic, does not necessarily make its first appearance in large maternity hospitals; thirdly, that with due prevention there is no union emanating from a parturient patient; and fourthly, that in wards sufficiently large to afford sufficient cubic space for the patients inhabiting them, the atmosphere can be retained in a condition of normal purity.

From Nov. 1869 to Nov. 1870, 1,087 deliveries took place, of which 743 were pluriparous, and 341 primiparous.

851 were natural.
30 were abortions.
11 were foetuses.

56 were preternatural, viz.:
47 breech or lower extremity presentations, and 9 arm presentations.
19 cases required version.
56 were difficult, viz.:
33 forceps cases, 2 craniotomy, 1 eversion.

54 cases were complicated, viz.:
18 twins, 2 triplets, 11 accidental hemorraghe, 7 unavoidable do., 11 post-partum do., 5 adhesion of placenta, 12 prolapse of funis, 5 convulsions, 1 rupture of uterus, 9 mania, 2 requiring incision of perineum, 1 Caesarean section.

58 cases received chloroform.

These statistics were sufficient to show that a full proportion of difficult cases had to be dealt with. Dr. Johnson submitted the following:

Table No. 1.
Deaths from all Causes, from November 6th, 1869, to November 5th, 1870.

<table>
<thead>
<tr>
<th>No.</th>
<th>Age</th>
<th>Cause</th>
<th>Observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>28</td>
<td>Peritonitis</td>
<td>Fretting greatly; husband at sea; frightened by being brought to hospital; was told &quot;they were dying in it.&quot;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Died twenty-nine hours after delivery.</td>
</tr>
<tr>
<td>2</td>
<td>29</td>
<td>Carcinoma and gangrene of uterus.</td>
<td>Cold, anemic, and pulseless on admission; great abdominal pain; child found in abdomen brim; died in fifteen hours.</td>
</tr>
<tr>
<td>3</td>
<td>28</td>
<td>Ruptured uterus.</td>
<td>Post-Cold and pulseless on admission; died in seven hours.</td>
</tr>
<tr>
<td>4</td>
<td>35</td>
<td>Exsanguination.</td>
<td>Delivered by craniotomy; child hydrocephalus and fearfully pitiful; dis charged for three days before most fetid; died second day.</td>
</tr>
<tr>
<td>5</td>
<td>27</td>
<td>Gangrene of uterus.</td>
<td>Admitted in feverish state; seduction; remote; attempted suicide before admission.</td>
</tr>
<tr>
<td>6</td>
<td>24</td>
<td>Peritonitis.</td>
<td>Most unhappy; drunken husband; child hydrocephalus; very fetid discharge on admission; pyrexia showed itself immediately.</td>
</tr>
<tr>
<td>7</td>
<td>23</td>
<td>Pyemia.</td>
<td>Waters evacuated early in first stage; head resting on cervix for five hours; delivered with forceps; died on fourth day; P.M. examination complete; separation of body from e-vrxx by sloughing.</td>
</tr>
<tr>
<td>8</td>
<td>33</td>
<td>Slaughting of uterus.</td>
<td>Admitted in a state of great exhaustion; delivered by forceps; sick in two hours after.</td>
</tr>
<tr>
<td>9</td>
<td>35</td>
<td>Placenta previa.</td>
<td>Admitted with intense dyspnoea; easy labour; died fourth day.</td>
</tr>
<tr>
<td>10</td>
<td>19</td>
<td>Puerperal with pneumonia.</td>
<td>Livid patch of inflammation on post partum right labia before delivery; which sloughed; patch appeared on middle finger of left hand and back of right ditto.</td>
</tr>
<tr>
<td>11</td>
<td>25</td>
<td>Apoplectic convulsions.</td>
<td>Great exhaustion on admission; died in two hours after delivery.</td>
</tr>
<tr>
<td>12</td>
<td>50</td>
<td>Pyemia.</td>
<td>Moribund on admission; Caesarean section.</td>
</tr>
<tr>
<td>13</td>
<td>33</td>
<td>Premature.</td>
<td>Brought in a state of great exhaustion from accident hemorrhage.</td>
</tr>
<tr>
<td>14</td>
<td>30</td>
<td>Puerperal condition.</td>
<td>Symptomatic appeared immediately; had been in great pain and mental anxiety, her husband being in goal.</td>
</tr>
<tr>
<td>15</td>
<td>25</td>
<td>Accidental hemorrhage.</td>
<td>A case of cyanosis due to state of anemia.</td>
</tr>
</tbody>
</table>

It thus appeared that there were altogether 17 deaths in
1,087 deliveries, of which 6 were from metria. Dr. Johnson entered in detail into the history of each case with the view of showing that the circumstances of each case were such as might probably induce a fatal result, irrespective of any zymotic poison. He pointed out that in no case did the metria spread to any patient in the hospital and while, perfect exemption from epidemic sickness existed in hospital, zymotics prevailed extensively out of doors.

Table No. 2.

**Puerperal Inflammation; Peritonitis; Pyemia.**

<table>
<thead>
<tr>
<th>Date</th>
<th>No. of Bed</th>
<th>No. of Pregnancy</th>
<th>Duration of Labour</th>
<th>Presentation</th>
<th>Mode of Delivery</th>
<th>Time of Attack</th>
<th>Result to Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>1869</td>
<td>1 Oct. 23</td>
<td>3</td>
<td>25</td>
<td>1</td>
<td>Hrs. Hrs.</td>
<td>N. N. 50</td>
<td>- 1</td>
</tr>
<tr>
<td></td>
<td>2 Nov. 12</td>
<td>8</td>
<td>55</td>
<td>9</td>
<td>5</td>
<td>N. N. 45, 43</td>
<td>- 1</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>8</td>
<td>57</td>
<td>6</td>
<td>3</td>
<td>N. N. 45, 45</td>
<td>- 1</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>25</td>
<td>12</td>
<td>114</td>
<td>4</td>
<td>N. N. 12, 12</td>
<td>- 1</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>29</td>
<td>3</td>
<td>23</td>
<td>1</td>
<td>N. N. 30</td>
<td>- 1</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>30</td>
<td>4</td>
<td>41</td>
<td>1</td>
<td>N. N. 20</td>
<td>- 1</td>
</tr>
<tr>
<td></td>
<td>7 Dec. 12</td>
<td>12</td>
<td>1</td>
<td>4</td>
<td>3</td>
<td>N. N. 48</td>
<td>- 1</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>20</td>
<td>8</td>
<td>57</td>
<td>1</td>
<td>N. Forcés 24</td>
<td>- 1</td>
</tr>
<tr>
<td></td>
<td>9 Jan. 2</td>
<td>12</td>
<td>1</td>
<td>114</td>
<td>6</td>
<td>N. N. 30, 12</td>
<td>- 1</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>3</td>
<td>12</td>
<td>114</td>
<td>6</td>
<td>N. N. 30, 12</td>
<td>- 1</td>
</tr>
<tr>
<td></td>
<td>11</td>
<td>20</td>
<td>4</td>
<td>42</td>
<td>1</td>
<td>N. N. 48</td>
<td>- 1</td>
</tr>
<tr>
<td></td>
<td>12</td>
<td>15</td>
<td>8</td>
<td>57</td>
<td>1</td>
<td>N. N. 30, 12</td>
<td>- 1</td>
</tr>
</tbody>
</table>

Dr. Johnson remarked that all the sickness had been of an asthenic type, and the cases required continual stimulation and support. There had been 29 cases of peritonitis, all of whom (with the exception of the 3 already recorded) recovered—15 of the 23 were primipara, and 14 pluripara.

It would be observed from an inspection of the table that, of the 34 cases of puerperal inflammation, 10 were primipara, and 15 pluripara—4 were in their second confinement, 4 in their third, 4 in their fourth, 1 in her fifth, and 1 in her sixth. 22 were natural deliveries, 11 required the forceps, 2 were lower extremity presentations.
Of the 19 primipara, 14 recovered; of the 15 pluripara, only 1 died.

Dr. Johnson then exhibited the following table for the purpose of showing that while zymotic disease was prevalent throughout the city, it exercised no relative influence on the cases in hospital.

**Table 3.**

Number of Patients Admitted and Delivered in the Rotunda Lying-in Hospital from each Municipal District, the number of Deaths from Zymotic Diseases that occurred amongst them, and the number of Deaths from the same causes occurring in the different Districts in the same period.

<table>
<thead>
<tr>
<th>North City Districts</th>
<th>South City Districts</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. 1</td>
<td>No. 2</td>
</tr>
<tr>
<td>Admitted into hospital from No. 1 to No. 2</td>
<td>Admitted into hospital from No. 2 to No. 3</td>
</tr>
<tr>
<td>Deaths in hospital from zymotic disease</td>
<td>Deaths in hospital from zymotic disease</td>
</tr>
<tr>
<td>From 6th Nov. '69, to 4th Dec., inclusive</td>
<td>14</td>
</tr>
<tr>
<td>to January 1</td>
<td>21</td>
</tr>
<tr>
<td>to February</td>
<td>20</td>
</tr>
<tr>
<td>to March 5</td>
<td>21</td>
</tr>
<tr>
<td>to April 2</td>
<td>13</td>
</tr>
<tr>
<td>to May 7</td>
<td>15</td>
</tr>
<tr>
<td>to June 4</td>
<td>14</td>
</tr>
<tr>
<td>to July 2</td>
<td>24</td>
</tr>
<tr>
<td>to August 6</td>
<td>24</td>
</tr>
<tr>
<td>to September 3</td>
<td>24</td>
</tr>
<tr>
<td>to October 1</td>
<td>24</td>
</tr>
<tr>
<td>to November 5</td>
<td>31</td>
</tr>
<tr>
<td>1800-70</td>
<td>259</td>
</tr>
</tbody>
</table>

**MEDICINE IN CHINA.**

Is a magazine called the Phænix, published in London for those interested in Asiatic research, we find some curious particulars of the theory of medicine prevalent in the Celestial Empire.

The Chinese commence their theory by maintaining, that man is a Σώμα τού ουρανού, a little heaven and earth—a world in himself—an universe in miniature—a microcosm. With respect to the greater universe—viz, the system of nature, as it appears in celestial and terrestrial phenomena, the Chinese teach that there is an eternal and necessarily existing power, or principle of order, which they call Tackwick, and which may be translated by an indefinite and vague expression, such as—"the eternal" or "the infinite principle."

This eternal principle, in their view, is merely the first link of the great material chain—a being distinct from the universe, nor is it ended with any moral perfections. They represent this first cause, this first link of the chain by a circle. But as they find it difficult to account (from what they see in nature) for all the appearances which present themselves, on the supposition of a simple homogeneous body, acting on itself, they suppose that, when the present system of nature assumed the form it now possesses, the one eternal principle was divided, and became a Dual power, viz: two powers, called, in their language, Yin and Yang, which is represented by a figure of a circle divided by a waving line across the centre.

This figure is very commonly seen, as a sort of sacred ornament on various occasions amongst the Chinese. From all that can be ascertained of the original import of the words Yin and Yang, it would seem that they are most nearly translated by calling Yin a Vis Inertia, and Yang a Vis Mobile.

Yin, the Chinese consider to be of the feminine gender, and attribute to it darkness, weakness, passive and inferior qualities.

Yang; they regard of the masculine gender, and attribute to it light, strength, active, and superior qualities.

To one or other of these Dual powers, all existences in the universe (and, by the way, all numbers) belong.

On the regular action of these two powers reciprocally, the order and harmony of the universe, both naturally and morally, depends. Excess or defect in their power, introduces disorder and confusion into the system of nature and the affairs of mankind.

A due reciprocal action of these on each other, preserves the harmony of the system, which is health; excessive or defective action in either power causes disorder or disease; and high degrees of excess or defect cause death.

The Chinese maintain that in animated matter there exist certain affinities and repulsions in reference to all nutrient taken into the stomach.

The Viscera of an animal body are divided into five classes, or, as Du Halde calls them, "noble parts:"—the lungs, heart, spleen, liver, stomach, kidneys—the latter sometimes includes the pancreas and stomach.

The Stomach and Viscera are all classed under one or other of the five elements; those that belong to wood, have an influence on the liver; sweet, on the heart; earth, on the spleen; metal, on the lungs; and water, on the kidneys.

Again, tastes are divided into five—viz, sour, sweet, bitter, acid, salt.

The five tastes have certain affinities to the five elements, and to the five visceras; the affinities are these:—

Sour, to wood and the liver; sweet, to the earth and the spleen; bitter, to heat and the heart; acid, to metal and the lungs; salt, to water and the kidneys.
The Chinese divide their colours into five; and refer red to heat and to the heart. The five colours are these:—Tsing, hwan, chih, pih, hih, Green, yellow, red, white, and black; and the affinities are these:—

Green is related to wood, and affects the liver; red to heat, and affects the heart; yellow to earth, and affects the spleen; white to metal and affects the lungs; black to water, and affects the kidneys.

The Chinese Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 8, 1871.

THE UNCISTS AND THE DUALISTS.

The Surgical Society of Ireland has been occupied during no less than three of its meetings with the discussion of the topic of venereal disease, so especially important just now. While a Commission on the working of the Contagious Diseases' Act is pursuing its investigations, the matter is of no small interest, and bears very strongly on the various and difficult questions now at issue.

Mr. Morgan, as surgeon to Mercer's, and to the Westminster Lock Hospital, brought the subject before the Society, from a desire to obtain an expression of opinion of the members, and the result of their experience of the disease in Dublin. He admitted that he was for some time a believer in, and was much taken with the theory of, the duality of the poison, and the views advocated by the Continental authorities on this point, but on testing the comparative results both in private practice and in hospitals, where he had the advantage of seeing the early course of the disease, and where both male and female cases were under his care, he could not reconcile the conflicting testimonies of the result of careful observations, and of tests by inoculations which he had observed, with the statements of others. He fully admitted the practical fact that in very many instances, where a soft or chancreid sore occurred, accompanied by a single or double suppurating bubo in the groin, the patient escaped constitutional signs, while in the case of the indurated sore, with a plexus of indurated glands in the groin, the sequence of constitutional signs was the rule; but that they were owing to two separate poisons, such as scarlatina and measles, which, though both exanthems, yet were totally distinct, he could not admit.

He had seen the indurated type of sore not infrequently followed by very mild constitutional signs, and the soft or chancreid type which he had tested by auto-inoculation, not infrequently followed by severer signs, so that he believed them evidences proving the common origin of the poison, and that however clinically the initial phenomena may magnify absence or sequence of constitutional signs, the tendency to a recurrence to the parent origin of true syphilis or unity of poison was, he believed, constantly present.

Mr. Morgan laid before the Society drawings of sores he had produced by inoculation from the vaginal discharge, or what might, he said, have been termed a gonorrhoea in infected women. These inoculations were invariably produced on already infected subjects, and, therefore, Mr. Morgan was so far unable to prove what the result would have been on a virgin soil, but he believed it would have been a soft or chancreid sore, as it evidently was on the subject of his experiments. Indeed, from the history of his inoculations, the contagious nature of this discharge was most marked, every trial almost succeeding in producing marked chancreid or soft sores.

Another argument which we thought very remarkable was the auto-inoculability of the patients' own vaginal discharge, and the production of a typical soft or chancreid sore on the patient's own person. It has been held by syphilographers that the patients in syphilis were not auto-inoculable; but here, from a discharge in a thoroughly infected case, Mr. Morgan showed that auto-inoculation was easy and productive of the characteristic cutaneous and chancreid, or soft sore: he stated that, according to the dualistic school, this appearance of sore might be due to the previous infection of the subjects operated on. Granting this was so—the converse should apply—and vaginal discharge of infected patients, which was so highly inoculable, should produce hard chancre, or infecting sore, in the virgin subject; yet how seldom, he observed in practice, was the infecting type of sore seen, in comparison with the soft or chancreid. Every patient almost, he said, should be a case of hard or infecting sore if so; and he was sure the testimony of the Society was in favour of the frequency of the non-infecting sore, so-called, which is soft and non-indurated in its appearance, and capable of inoculation.

Mr. Morgan adduced the instances of the inoculations from mucous patches, and he had himself produced them from the anal congenital patches of a child aged two years. Dr. Richardson (who was present) had also inoculated them. Bock, in his work, mentioned several cases. Everyone knew of the infection of a nurse by the child, of which Mr. Morgan had then under his care an interesting example, and had a drawing he exhibited to the Society.

Mr. Morgan also drew up as a summary the remarkable results of artificial inoculation, and the fact that the same characteristic cutaneous and chancreid sores could be produced from any of the following lesions:—1. Chancreid, or soft sores; 2. Hard sores when irritated, as proved by Bock and others; 3. Suppurating bubo; 4. Suppurating lymphatics; 5. Mucous patches; 6. From the sores resulting from any of these inoculations; 7. As proved by himself he believed, for the first time, from the vaginal discharge. He thought that if all these lesions produced similar results by inoculation, it is impossible to believe in the existence of duality or two poisons.
NOTES ON CURRENT TOPICS.

The results of treatment by inoculation or syphilisation Mr. Morgan thought were very remarkable; and he exhibited diagrams representing the process lately adopted by Mr. Bumstead, New York, which, together with the reports by Dr. Boock, showed that immunity once attained from the soft or chancreoid sore protected the patient as well from the hard sore or chancre, and proved, he thought, a very strong and, indeed, irresistible argument against the existence of two separate poisons.

Now that the Contagious Diseases Act is being discussed, we think that this question of the high insouciosity of the vaginal discharge of infected women, though free from any sore, is a matter of much interest, and shows clearly that the greatest care should be taken of this class of the community, and stringent means employed to restrain the extension of such a subtle disease—indeed, the strongest argument we have heard in favour of this Act was mentioned by Mr. Morgan in the course of the discussion, where a married man had the misfortune of contracting disease from a woman who had been in the hospital, and who was known to have a sore (which was termed the chronic sore) for upwards of two years and a half; the man infected his wife, and thus the innocent wife, and perhaps her future offspring, suffered with the guilty, while the venous source was unrestrained. Who can tell what misery and mischief may have been inflicted from one such a poisoners source during the two and a half years' pursuit of a trade more dangerous to the community than all the poison fumes, poison pigments, or cattle plagues that have been so carelessly legislated for.

Mr. Morgan also produced tables of cases under his care where patients suffering from inoculable sores, and also those from suppurating buboes, had exhibited copious signs of constitutional infection. He believed that Dublin was plagued with a much severer form of the disease than other places, and therefore he introduced the subject for discussion amongst the surgeons of the city, as, according to the statistics of the Lock Hospital, but few patients, indeed—and quite irrespective of the form of primary sore—escaped constitutional signs often of a very severe nature.

THE LAW OF SURGEON AND PATIENT.

A JUDICIAL pronouncement has been lately made in America as to sundry points of importance as regards the responsibilities of the profession.

The plaintiff brought an action against the defendant, Dr. Reese, Professor of Toxicology in the University of Pennsylvania, for alleged malpractice as a surgeon. It appeared that the plaintiff Haire, by trade, a house-painter, fell to a distance of twenty-eight feet, his body striking against a fence in the fall. The defendant was sent for, and came immediately, took up the arteries in the head which had been cut, and then proceeded to examine the hip, which showed neither fracture nor dislocation. After administering an anal- dyne, and directing an analynse application over the joint, Dr. Reese left him. On the next day another critical examination was made, but no evidence of fracture or dislocation appeared. Three weeks after the accident, Dr. Reese, having in the mean time visited him daily, suggested a consultation with Dr. Agnew, who also made a most thorough examination, subjecting the limb to all the usual tests. He too failed to detect either dislocation or fracture. On the 6th of August following Haire called on Dr. Agnew, at his office, where he then noticed that there was some shortening of the limb. When asked when the shortening had happened, he replied that “it was after he had got about on crutches.” He was advised to throw away his crutches and get a high-heeled shoe.

It appeared that, while Dr. Reese was in attendance on Haire, the latter had consulted others without informing his surgeon, and had applied to his leg various nostrums which those persons had recommended. He then brought suit against Dr. Reese, charging the shortening of the limb to his ignorance and negligence, and seeking to make him responsible for it.

Judge Thayer, in his charge, remarked: “I have a right to say, and I conceive it to be my duty in this case to say, I see no satisfactory evidence that the treatment of Dr. Reese was not, in all respects, skilful, wise, humane, and proper.” He moreover, laid down the following points of law for the guidance of the jury:

1. The implied contract of a surgeon or a physician who attends a patient is, not that he will certainly effect a cure, but that he will use all known and reasonable means to accomplish that object, and that he will attend his patient carefully and diligently. His relation to his patient implies that he possesses, and will employ in the treatment of the case, such reasonable skill and diligence as are ordinarily exerted in his profession by thoroughly-educated surgeons or physicians; and, in judging of the degree of skill which he contracts to bring to the service of his patient, regard is to be had to the advanced state of the profession at the time.

2. No presumption of the absence of proper skill and attention arises from the mere fact that the patient does not recover, or that a complete cure was not effected.

3. On the part of the patient, it is his duty to conform to the necessary prescriptions and treatment, if they be such as a surgeon or physician of ordinary skill and care would adopt or sanction; and, if he will not, or, under the pressure of pain, cannot, the surgeon or physician is not responsible for injury resulting therefrom.

4. When malpractice, or want of skill or proper attention, is charged against a physician or surgeon, the burden of proving it lies upon the person who alleges it.

The jury, without leaving the box, returned a verdict for the defendant, the costs to be paid by the plaintiff.

Notes on Current Topics.

Drainage of Lincoln.

Mr. ARNOLD TAYLOR who was appointed to report to the Government on the drainage of Lincoln, has presented a report throwing blame on the local authorities and advising a period of three months to be granted for a decision to be arrived at as to the course those local authorities mean to adopt.

The Secretary of State for the Home Department has accordingly granted the town three months to decide what they will do in reference to the sewerage of the district, and requested to be informed of such decision as soon as it is come to.

If nothing be done in the three months the Home Secretary has power to take the matter out of the hands of the Town Council and carry out such works as he thinks needful at the local expense.

The authorities are very foolish to offer resistance to all drainage schemes. The Secretary of State is sure to insist on something being done, and the sooner the Town Council decide the better for them. We advise them to consult some respectable engineer, who is not committed to any plan of irrigation or interested in any fanciful scheme. In fact, a good system of earth closets might meet their difficulty, and be well suited for such a place. In that case very little would be required in the way of additional drainage. Dr. Buchanan of the Privy Council has spoken well of the sanitary value of the earth system.

The Medlic Press and Circular.
The Fashions of Suicide.

Dr. Lancaster’s annual report of inquests held in 1868-69 contains some particularly interesting observations on suicide and the means by which it is effected. During the year there were seventy-five suicides in Central Middlesex, and 1,552 in England and Wales. The proportion is about one in 12,000 of the population. The proportion of males to females is pretty constantly as five to two. Nine-tenths of the whole occur between the ages of twenty and forty. Drink is a common, but not an exclusive cause. Sleeplessness almost invariably precedes suicide: a fact, therefore, to which too much importance can scarcely be attributed by medical men. Considerable change has taken place in the selection of poisons. That most frequently used during the last seven years is cyanide of potassium. It is purchased without difficulty. It is used in enormous quantities by photographers, and its action is most deadly. The next most frequent agent is oxalic acid, which is employed by shoemakers, saddlers, and harness-makers. The use of opium for purposes of suicide is on the decline, owing to the difficulty of obtaining a sufficient quantity. It is used by druggists, medical men, and members of their families. The same remark applies to the employment of hydrocyanic acid. Dr. Lancaster offered some important suggestions for improving the returns made by coroners to the Home Office. He is anxious to have more correct information as to the wilful murder of young infants, as to deaths caused by excessive drinking, and the very indefinite verdict of “found dead.”

Manufacture of Champagne.

We observe that the Chemists and Druggists Advocate thinks it necessary to afford its editorial advice to persons who are desirous of turning the war to account, by the fraudulent manufacture of champagne. As far as appears on the face of the article, the counsel is meant to be quite serious, and even the proper materials to counterfeit the best manufacturers’ labels are indicated. We quote the advice verbatim, in order that our readers may know that fraudulent deceptions of this sort are considered to be a nuisance of business, and in no respect disgraceful.

“As the greater part of the champagne country has been overrun by the German army, and the exportation of genuine wine can hardly take place for some time to come, the artificial production of this beverage is likely to receive a new impulse. For those who prefer to manufacture their own champagne we append a number of approved recipes:—

Eight parts of the best West India sugar are to be dissolved in four quarts of distilled water and boiled, while still hot; two quarts of rectified spirits are added. This affords what is called champagne liquor, to serve as stock in the manufacture.

To prepare the Roederer brand with green seal and bronze cap, take one portion of the above liquor, one anker white wine, one bottle cognac, and four drops of the oil of wine beer dissolved in cognac.

For Heidsieck, one portion liquor, one anker white wine, and one pint cognac.

Other varieties are prepared in a similar way, the chief difficulty being to provide the proper bottle, sealing-wax, and labels. In default of white wine, cider is found to answer every purpose, and glycerin can be substituted for sugar.”

The late Mr. Hammerton.

We have to announce the death, in his sixty-eighth year, of Mr. John Hammerton, who, for more than forty years, was apothecary to St. George’s Hospital.

The late Mr. Soden, F.R.C.S.

At the age of fifty-nine has died Mr. John Soden, who had retired from active practice, but formerly was well known as a consulting-surgeon at Bath.

The Health of the City of London.

The annual report of Dr. Letheby, the Medical Officer of Health for the City, is sure to contain interesting matter. It has just been presented to the authorities, and from it we gather the following points of importance:—

1. That sanitary labours throughout the country during the last thirty years have produced no appreciable effect in the birth-rate, or death-rate of the population.

2. That zymotic disease presents a total quanrivalence year by year, notwithstanding that certain members of the family may be more than usually fatal and even epidemic—others being by a complimentary action less fatal—thus maintaining a pretty uniform quanrivalence of power.

3. That soft water districts are not so healthy as measured by the death-rate, as hard water districts.

4. That the constant supply is a pressing necessity in the dwellings of the poor, but a doubtful advantage (all things considered) in the houses of the better classes where practically they now have a constant supply.

Secret Poisons.

A very startling communication has been made to us by a gentleman occupying a most important post in this country, of the existence, of a most deadly poison by the inhalation of which, simply through the medium of a letter sent by post in the ordinary way, the reader will suddenly drop down dead, with all the symptoms of asphyxia. The position and acquirements of our informant, should place his evidence beyond suspicion; nevertheless, before giving entire credence to such a startling report, we are anxious to obtain confirmatory evidence from any of our readers, in whose minds suspicions of foul play have arisen when investigating cases of sudden death, and what such symptoms were. Certainly, the following clipping from a Canadian paper, relative to the recent sudden death of a person of note looks very ugly:—

“* * *” He received an anonymous letter, and while reading it, he fell down insensible, and shortly after expired. It is said the letter contained some poisonous substance.”

The Census.

This is the Census year. Every person living in the Kingdom on the night between the 2nd and 3rd of April is to be enumerated, and already the Registrar’s office has distributed the necessary forms and instructions. On the morning of April 3rd it will be the duty of every householder to fill in the names and other particulars of every person who has passed the night under his roof. To our own profession we need scarcely say it is desirable these returns should be accurate and legible. It will facilitate the heavy duty of enumerators if heads of families will take care to have the return ready, so that no time may be
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lost. Members of the profession are requested to state whether they practice as physicians, surgeons, general practitioners, or assistants, and also to mention the Universities of which they are graduates, and the Corporations of which they are fellows, members, or licentiates. The form only requires a few minutes' attention to fill up, and we hope in all cases that it will be cheerfully and properly done.

The Naval Medical Service.

Dr. Fred. James Brown, of Rochester, is a naval reformer who has a right to be heard. He was formerly assistant-surgeon in the navy, since leaving which he has acquired a position in civil practice of which he may be proud. But he does not forget the service, he knows the reasons that keep so many men out of it, and render those who are in it discontented, and he takes up their case in sober earnest. He has just published a pamphlet on the "Naval Medical Service, its present State and Prospects, with Suggestions for its Improvement," which clearly shows many of the grievances of the service, and may be profitably perused by the medical M.P.'s, to whom we look for a word in the House on behalf of our ill-used brethren.

Dr. Gordon.

Our readers will be glad to hear that Dr. Gordon, C.B., Deputy Inspector-General, who went to Paris on behalf of our Government, has survived the siege, and is better than might have been expected. We hope soon to have further reports of him, and to recommence his interesting article in our journal.

Facts for Vaccino-phobias.

A COMMUNICATION made by Mr. D. Stone to the Times epitomises the statistics of small-pox before and after vaccination. The mortality for thirty years prior to vaccination was 3,000 per million of population per annum; the present death rate from the same cause amounts only to 200 per million. Previous to the extension of the Vaccination Act in Scotland the average yearly deaths from small-pox were 1,054, and in Ireland from 2,000 to 5,000. Since vaccination has been systematically carried out, the mortality from this disease in both countries has progressively decreased, and last year was entirely abolished. The population of Marseilles, at the time of an epidemic there in 1828, was estimated at 40,000—30,000 vaccinated, 2,000 variolated, and 8,000 unprotected. Among the 30,000 vaccinated about 2,000 were attacked and twenty perished—one, namely, in 100. Of the 8,000 unprotected 4,000 were attacked and 1,000, or one in every four, died; and out of the 2,000 variolated 20 took the disease a second time, and four died, or one in five. The following declaration was published by the Academy of Medicine of France immediately prior to the Franco-Prussian war:—

"Re-vaccination is absolutely exempt from danger. The Academy formally repudiates all that has been stated to the contrary. The epidemic of small-pox now raging at Paris and at other parts of the territory has supplied the most convincing proofs of the preservative power of re-vaccination. In various army corps, and especially in the Garde de Paris, in various establishments, both public and private, and also in some of the municipal schools, variola has been extinguished under the influence of re-vaccination. Finally, recent statistics, chiefly those collected in the civil hospitals of Paris, prove in a most formal manner that persons who had been recently re-vaccinated were attacked in very small numbers, and then but very slightly and without figuring in the bills of mortality."

The London German Hospital.

The Twenty-fifth Annual General Meeting of this institution was held last week. The anniversary dinner will be held in May next, under the presidency of Prince Christian of Schleswig-Holstein. The munificent donation of £10,000 from Baron F. von Diergrärdt had been invested in the North German Loan at 5 per cent. The total income for the year had been £17,966 12s. 7d., and after payment of all charges there was a cash balance of £1,071 2s. 8d. The chairman said that, looking at the heavy calls which had been made upon the German residents in London to provide for the victims of the terrible war now happily, he trusted, at an end, he thought the financial results of the year were matter for congratulation.

A London Fever Den.

An inquest was held last week on the body of a child about three months old. The child was found dead at a house in Fleet row, Holborn, which was stated to be occupied by several families of the poorest class, and to be so overcrowded as to render the air most noxious and dangerous to the unfortunate occupants. Dr. Cole said that the body was fairly nourished, and that death had been caused by suffocation from want of fresh air. Dr. Norton stated that in one house in that locality there were fifty people, and that he had seen sixteen persons huddled together in one room. The jury returned a verdict of "Death by suffocation from want of fresh air," and drew up a requisition to the parochial authorities, calling attention to the disgraceful state of the house in question.

Professor William Proctor, Jun.

It is with regret that we have to note the retirement of the above-named gentleman from the editorship of the American Journal of Pharmacy, after thirty-four years connection with that periodical. His name has become so associated with American Pharmacy, and he has done so much for pharmaceutical science, that it almost seems a pity that Professor Proctor has arrived at this determination. He, however, is entitled, we suppose, to his oitium cum dignitate. His resignation gave rise in America to general expressions of regret, his name being as familiar as household words.

The Journal of the College of Pharmacy is to be changed from a bi-monthly periodical to a monthly one.

The Small-pox in Belfast.

From the proceedings of the Belfast Board of Guardians yesterday, it would appear that the epidemic of small-pox is not increasing in Belfast. At the beginning of last week there were 76 cases in the hospital. Seven had been admitted since, six discharged, and two died, leaving at present 75 cases in the house.
Health of Dublin.

In the Dublin Registration District the births registered during the week ending January 28th, amounted to 156. The average number in the corresponding week of the years 1864 to 1870 inclusive, was 177.

The deaths registered during the week were 206. The average number in the corresponding week of the previous seven years was 210.

Sixteen deaths resulted from fever, viz.: 7 from typhus, a like number from typhoid or enteric, and 2 from simple continued fever.

Scarlet fever proved fatal in 8 instances, diphtheria in 1, and erysipelas in 2.

Whooping-cough caused 10 deaths.

Fifty-three persons died from bronchitis, and 5 from pneumonia or inflammation of the lungs.

Two deaths were attributed to apoplexy, and 6 to paralysis.

Eight deaths were caused by heart disease and 1 by aneurism.

Three deaths were ascribed to nephritis or Bright’s disease, 1 to diabetes, and 2 to kidney disease unspecified.

Eleven children died from convulsions.

Fourteen persons fell victims to phthisis or pulmonary consumption.

Cancer caused 3 deaths.

Two accidental deaths were registered.

Fifty-nine of the persons whose deaths were registered during the week were under five years of age; and 65 were aged sixty years and upwards.

Dr. MacCormac has in the press a further Treatise on the origin of Consumption, to wit, “Rebreathed Air and Disease.”

Sir Wm. Ferguson will deliver the Hunterian Oration at the Royal College of Surgeons, England, on Tuesday next, at 3 P.M.

A handsome medical brougham and a well filled purse of sovereigns have just been presented to Dr. Patton, Tandragee, Ireland, on his resuming practice after a severe and prolonged illness.

M. Barrier, of Lyons, believes that belladonna is very useful in small-pox, and moreover, that it is a prophylactic. The evidence seems about as unreliable as it is in reference to its alleged prophylactic influence as to scarlet fever.

A Mr. Vale brought before the Australian Legislative Assembly, the question of rape on young children, and proposed as part of the punishment the operation of castration. He was evidently quite unaware that castration is not likely to prevent altogether sexual desire.

The next Examination for Commissions in the Medical Department of Her Majesty’s Army will take place in London on the 20th inst. Applications for admission to this examination must be made in writing at once to the Director-General of the Army Medical Department, War Office.

The Executive Committee of the General Medical Council lately met. Little was done, unless we may call the election of Dr. Quain on the Committee something. The members could scarcely expect to do much with the prospect of extinction so constantly before them.

Nine gentlemen, having undergone the necessary examinations for the diploma of the London College of Surgeons, were last week admitted members of the College.

Eight candidates, having failed to acquit themselves to the satisfaction of the Court of Examiners, were referred to their hospital studies for six months.

Dr. Sheridan Muspratt, well known for his researches in chemistry, died last week in Liverpool. The deceased was a favourite pupil of Liebig, and at the time of his decease occupied the post of Professor of Chemistry at the Liverpool College. In his death, the world of scientific chemistry has lost one of its most talented writers and painstaking experimentalists.

The will of the late Mr. Brassey, M.P., the great railway contractor, has just been proved in the Probate Court, under the enormous personality of six and a half millions sterling. The transmission of this gigantic fortune by one person, exclusive of his vast landed estates, is probably unparalleled in the history of the probate court of this or any other country.

Mr. Plimsoll, M.P. for Derby, has taken up with great energy the cause of the mercantile marine and the iniquity of sending out unworthy ships. The Sheffield Telegraph to which we are indebted for full reports of his speeches, has done good service by giving them such publicity, and we hope that the bill to be introduced by Mr. Plimsoll will protect sailors and insure more attention to their health.

In the Leavenworth Medical Herald, of December, 1870, Dr. Benjamin Woodward describes a very rare congenital mal-position of the stomach. The child died when two and a half months old, and had not been well at any time during life. The stomach was located entirely above the diaphragm—the duodenum passing through the oesophageal foramen. There were no adhesions to either diaphragm or pleura.

The sulphites and hypo-sulphites of soda and magnesia have been used by Dr. Ronzani in malarious intermitents. He gave from half a drachm to a drachm of the magnesium salt three or four times a day in 120 cases. In two-thirds of the cases recovery was rapid. In the remainder quinine was also employed, and also other remedies. Ronzani also reports that under hypo-sulphite of lime 3s. three times daily increased by five grains each dose every second day, the enlarged spleen due to ague gradually diminished.

SCOTLAND.

Edinburgh.—The annual report of the Royal Dispensary states that the number of patients treated during the past year was 11,758, and the expenditure was £237 8s. The managers make an appeal for increased contributions to enable them to enlarge the present building, which is found to be inconveniently small.
Correspondence.

ARM TO ARM VACCINATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Your editorial of the 1st February surprised me:—

"It seems to be admitted on all sides that the recently enacted system of concentrating all the facilities and duties of vaccination in a few stations and a few operators has worked badly.

"The Globe published last week a very sensible article on the subject." What experience has the Globe on such sanitary subjects? Surely, none. The Globe exhibits its incapacity, from the following sentiment, to advise:—"Let parents among the poor choose their own medical men, and let the State pay him, instead of insisting they shall submit to the treatment of a particular officer." What a door open for confusion and abuse is sketched in the foregoing. The certificates of irresponsible persons would then be the national security against an outbreak of small-pox; the anti-vaccine party would then play their part admirably.

If this were the case in Ireland, small-pox would prevail where it is now stamped out, and the inoculator commence his dirty work. We would have, then, no security for successful vaccination—for arm to arm vaccination—which is alone the secret of national and of individual success. When the medical officer, the registrar, and the public vaccinator of each district is combined in one person, he holds a triangular key against small-pox; he knows when and where to cite parents to bring their children in large numbers so as to select fresh, healthy, vital vaccine lymph for arm to arm vaccination. Public vaccinators in Ireland are only paid one shilling for each successful case; in England they are paid from 1s. 6d. to 2s. 6d., according to distance for each case, and a gratuity was voted by Parliament of £7,000 in 1857 as a premium for successful exertions. Why should not the medical vaccinators in Ireland be equally treated with the English vaccinators?—a question for the Globe to consider. Is not Irish life as valuable to the State as English life? Are not the Irish medical officers as well qualified and educated as the English? The congregating of large numbers of children facilitates arm to arm vaccination; any system which would interfere with this would be fatal to national and individual success—a mockery, a delusion, and a deception upon successful vaccination.

Yours truly,

J. Tucker, M.D.

Sligo, Feb. 2.

Literature.

METHOD AND MEDICINE.*

We have read with much pleasure an essay by Dr. Balzhazar Foster, which appears to have been contributed to a volume issued by the Birmingham Speculative Club, and is now published separately. It is a very interesting précis of the history of our art from the earliest periods, down to the present time, condensed into about sixty agreeably written pages. The various methods that have been pursued in the study of disease in the so-called schools of medicine are passed in review, and their founders spoken of in terms that show the author to be fully conversant with his subject, and well qualified to represent it beyond the bounds of the Profession. If the Birmingham Speculative Club has many such members, or produces many such essays, its volumes must be delight-ful resources. Dogmatists, empirics, vitalists, experimentalists, and others, are all happily described, and the influence of the prevailing philosophers on medicine considered in a few terse sentences, and the future of medicine is spoken of hopefully, for Dr. Foster looks forward to a time when, independent of "the blind gropings of empiricism, and no more subject to metaphysical systems," we shall be able to "apply to the great problems of death and disease the invariable laws of science."

FARADAY AND HIS WORKS.

Last year there appeared in this periodical a review of one of the most interesting biographies of the season, namely, "The Life and Letters of Faraday," by Dr. Bence Jones. It was published by Longman and Co., and so interesting was the subject, that before the year had expired, that enterprising firm was called upon, we believe, to print what could hardly be called a second edition, but a re-issue. However, as Dr. Bence Jones's work was more of an exposition of Faraday's private life, the reviewer promised that his scientific discoveries would be considered hereafter. The writer has therefore undertaken to pen the following short sketch mainly to redeem that pledge, and as a labour of love to the memory of one of our representative men of science,—a man who has laid all sciences and professions under obligations to his memory, including the medical. The writer is indebted for his information from a memoir by John Tyndall, entitled "Faraday as a Discoverer," also published by Longmans, Green, and Co., London, and to the "Proceedings of the Royal Society," which contain most of Faraday's papers.

Faraday commenced his scientific life as a chemist; but there is no doubt that he gradually and insensibly dropped into the physicist. I must use this term, although he strenuously objected to it, and always wished that the term philosopher should be used. I will dispose of his chemical discoveries first.

These discoveries were not very numerous; but they were of immense importance, both as regards their scientific and practical bearing. He discovered benzol, and laid the foundation thereby of one of the greatest industrial revolutions that has ever been known in chemistry,—the substitution of the aniline colours for our old dyes. He discovered naphtaline, and helped Laurent to the extraordinary series of chloro and bromo-naphthaline compounds, which gave us the doctrine of substitution. He described the chlorine of电解 gas, and showed that it was formed by the union of equal volumes of its constituents,—one of the first instalments to our present theories of combination by volume. One of Faraday's important discoveries was, perhaps, the liquefaction of the gases. A little anecdote in connection with these researches, taken from Tyndall's book, will no doubt afford amusement. On performing some experiments for Sir Humphry Davy upon the solid hydrate of chlorine, his first discovery was made in this direction. The crystalline hydrate, when heated in a sealed tube, was found to split up into two liquids. Dr. Paris happened to enter the laboratory whilst Faraday was at work, and seeing an oily layer, he hailed the young chemist for his carelessness in employing soiled vessels. On filling off the end of the tube, the contents exploded and the oily matter vanished. Dr. Paris received the following note next morning:—

"Dear Sir,—The oil you noticed yesterday turns out to be liquid chlorine.

"Yours faithfully,

"M. Faraday."

Faraday at once saw that he could liquefy chlorine with a syringe as it had been liquefied by its own pressure in the tube. The hydrate having been first dissociated by heat into

* "Method and Medicine," an essay by Balzhazar W. Foster, M.D., Professor of Medicine at Queen's College, and Physician to the General Hospital, Birmingham. London, 1870: J. Churchill and Sons.
its elementary molecules, \( \text{H}_2\text{O} \), and \( \text{Cl}\text{Cl} \). Faraday succeeded in liquefying most of the gases after this by the joint aid of cold and pressure. He proved, what now seems so evident to us all, that gases are only the vapours of liquids possessing a very low boiling point. Familiarity breeds a mental contempt for even phenomena themselves. How hard it is now to realize the novelty and importance of such discoveries as the above. His researches upon steel and optical glass were specimen of the investigations of specific subjects, in which elaborated investigations brought out all the requisite points bearing upon the object of inquiry. Faraday discovered chloride of carbon in 1820. Now, however, came his researches upon electricity and magnetism. These investigations were not commenced until he had arrived at the mature age of forty; but during all this long term he had been gathering in knowledge, which he spurned during the remainder of a most brilliant career. His own remark in connection with this matter was, that he discovered twenty years of work to make a man in physical science, the previous period having been one of fortune. Faraday’s first paper on magneto-electric induction contained a description of what he termed “lines of magnetic force,” which are now as familiar as household words. It was in 1821 that Faraday made the discovery of the rotation of a wire carrying an electric current round a magnetic pole and vice versa. In speaking of Faraday’s numerous and valuable discoveries in magneto-electricity which he may be said to have developed, Tyndall remarks that seven and thirty years have passed since the discovery of magneto-electricity, and that, if we excepted the extra current, nothing of moment had been added to the subject until recently. Faraday entertained the opinion that the discoverer of a great law or principle had a right to the “spoils”—this was his term, arising from its illustration—and, guided by the principle he had discovered, his wonderful mind, aided by his wonderful ten fingers, overran in a single autumn this vast domain, and hardly left behind him the shred of a fact to be gathered by his successors.

And here the question may arise in some minds, What is the use of it all? The answer is, that if man’s intellectual nature thirsts for knowledge, then knowledge is useful because it satisfies this thirst. If you demand practical ends, you must, I think, expand your definition of the term practical and abstract, and recognize that elevates and spiritualizes intellect, as well as all that ministers to the bodily health and comfort of men. Still, if needed, an answer of another kind might be given to the question—What is its use? As far as electricity has been applied for medical purposes, it has been almost exclusively Faraday’s electricity. You have noticed those lines of wire which cross the streets of London. It is Faraday’s currents that speed from place to place through these wires. Approaching the point of Dungeness, the mariner sees an unusually brilliant light, and from the noble pharos of St. Hélie the same light flashes across the sea. These are Faraday’s marks, excited by suitable machinery to suit like splendour.

Amongst many other researches he proves the identity of electricity; also comparative or quantitative measures, of their effects were attempted! He afterwards gives an idea of the amount of electric force necessary to decompose a grain of water. Faraday also made many experiments in connection with the liberation of hydrogen on platinum electrodes, and also seemed to have some notion of the metallic nature of hydrogen.

But the development of Faraday’s fame is cumulative. At his death the scientific world seemed to have awakened suddenly to the profound research of this unassuming philosopher, and the world in general began to echo the opinion. How ignorant they were of this man’s actual work is hardly conceivable. To the wonder at large discovered there like a dawn. It has a perception of light, but it does not sight the human body. However, let us hope that this country is beginning to count education, which means science, at its sterling value, and that the shopkeeper may sink to his proper level, a mere commission agent for the disposal of the good of that firm of firms, Science and Labour.

C. R. C. T.

**MEDICO-LEGAL INTELLIGENCE.**

**A MATTER FOR INSTANT INQUIRY BY THE POOR-LAW BOARD.**

A SUBJECT of considerable public importance has been brought before the magistrates at the City of London Police Court, the complaint being to Mr. Newton that the Board of Guardians of one of the district parishes sanctioned the execution, by their relieving officers, of sums of money for the removal of cases of small-pox from houses. The instance brought forward was that of a coffee-shop keeper, one of whose lodgers had been seized with the disease, and he, for his exemplary conduct, and was asked a sum of money by the parish officers. On his refusing to pay this a less sum was asked, and eventually a smaller sum. The afflicted person was then removed, but in a manner evidencing considerable negligence.

The magistrate expressed his intention to immediately communicate with the Poor-law Board on the subject.

**UNSUSTAINED ACTION AGAINST A SURGEON.**

Last week, at the Stourbridge County Court, an action was brought by John Green, of Mill street, to recover the sum of £5 for injuries alleged to have been sustained through being knocked down by Mr. E. S. Pease, surgeon, of Round Oak, whom he accused of careless driving. The defendant clearly stated that the plaintiff, who was loaded and infirm, had been induced by other parties to bring the action, for which there was no shadow of reason. The plaintiff was nonsuited without costs.

**Excision of the Entire Scapula.**

By M. Schaffert, M.D., of New Orleans.

The patient, a female, aged thirty-six, suffered from a large tumour, comprising the right scapula, for which she had already undergone three operations. At this time she was operated upon in 1859, by Dr. Beck, a military surgeon in Frisburg; the second and third time in 1866 and 1867, by Drs. Miller and Gauss, in Baden-Baden, but by these operations the scapula had remained intact.

The skin covering the tumour was rich in cicatrices, the marks of former operations. These cicatrices presented a bluish colour and a smooth surface; were much thinner than the surrounding skin, and, like the rest of the integuments, moveable over the tumour. The tumour, from its posterior margin to the acromion process, measured 9½ inches, the largest in a vertical line being 9½ metre. Active motions of the humerus were nearly arrested, the passive motions very much limited. The extremity could not be further removed from the body than to an angle of 45°. The extensive pain patient suffered in the arm brought her to me in search of relief. Having given her consent to a proposed removal of the entire bone, the operation was accordingly performed on the 30th of March, 1868, in presence of Drs. Barnes, Gray, Geutbruck, Riley, Schwarzaelder, and some other medical gentlemen. Patient being in a deep chloroform narcosis, a crucial incision was made through the skin—one cut, beginning at the acromion process, and carried over the most prothrombic part of the tumour, ended near the spinal column; a second incision, over the middle of the tumour, bisected the first. The four skin flaps were dissected off and held back by sharp hooks. The acromion process was divided with a small saw, lifting bare at the same time the scapula’s humeral articulation. The head of the humerus was then, by rotating the arm, dislocated forwards, to get at and remove the coracoid process. Lifting up the scapula by its glenoid cavity, which was found to be involved in the disease, the whole of the scapula was detached from the body by keeping the knife close to the under-surface of the tumour. The skin of the tumour left the ribs visible through the cellular tissue, which was all that remained of the sub-scapularis muscle, lost in the diseased mass.

The bleeding was considerable, the main vessels having probably become obliterated by the former operations; with the exception of a few muscular branches, no arteries had to be ligated. The skin flaps were adjusted and united by uninterrupted pin sutures, leaving an opening at the most dependent port to permit the druing of the secretion. Act of morphia, 0½ gramma, was subcutaneously injected. After
patient had perfectly recovered from the anæsthetic condition, she was unconscious that the operation had been performed. The arm was bandaged and kept close to the body, supported by a sling.

Patient suffered much nausea subsequently, and vomited during several days from the effects of chloroform. No unfavourable symptoms occurred to require medication. A nourishing diet was ordered from the first day and continued during the convalescent state.

The sutures were removed on the third day. Most of the incisions had healed by first intention. Suppuration was consi-
derable, and notwithstanding the well draining of the abscess, two large sinuses remained as a portion of the covering of the humerus. The patient, who enjoys excellent health, has thrown away the sling long ago; the arm has no artificial support, and is a more useful instrument than before the operation. Though its motions are limited, there is sufficient strength in the extremity to lift a weight of thirty pounds and throw it a fair distance.

The tumour weighed nearly six pounds, and measured respectively 0.35 and 0.40 in circumference. From the original surface of the third of the tumour, a small portion of the coracoid process, and the centre of the glenoidal cavity remained intact; all the rest was involved in the growth. The tumour consisted of hyaline and fibro-cartilage, with deposits of carbonate of lime in the interspaces of cartilaginous tissue, which had undergone true enchondrification. We have to consider it, therefore, to be an osteochondroma.

—Onida Lawnot.

Medical News.

Monumental gifts to Medical Charities.—Last week, Mr. Humphrey Nicholls, of Manchester, presented to Mr. Arthur Hill Geikie, F.R.S., as the first professor Sir R. Murchison's endowment is £6,000, and the Crown adds £200 per annum to the interest on this sum, and the fees.

NOTICES TO CORRESPONDENTS.

Correspondents requiring a reply in this column, are particu-
larly requested to specify the date of their letters. A reply is not of the fact that the Royal College of Surgeons of England will be found in another column.

Dr. W. D. A.—Received with thanks.

Dr. M. W. F.—To the Editor of "The Medical Press and Circular".

Sir,—As I deem it very desirable that the Profession should be acquainted with the gentlemanlike proceedings of its members, I enclose you a copy of Dr. Clarke's Philippinian, letter to "The Registrar-General," together with my explanation to the latter gentleman.
Establishment for Gentlewomen During Illness, to Harriet Burdett-Coutts, 50 Harbour Road, London, W. This Institution, which has now been in operation for upwards of twenty years, affords (at a small weekly payment) to the relatives of professional men, artists and others, the comforts of a home combined with the best medical and surgical advice. It is now greatly in want of funds, and subscriptions and donations are earnestly requested. The money may be paid to the Secretary or paid in full or in pawn to the Treasurer, at Messrs. Coutts, 50 Strand.

District Lunatic Asylum, Ireland.—The office of Resident Medical Superintendent of the District Lunatic Asylum, at Killarney, being now vacant, candidates for that office are requested to forward their testimonials and publications proving their peculiar qualifications for the appointment to the Under Secretary, Dublin Castle, on or before the 20th February instant, in order that the appointment may be made to the most eligible candidate. Applicants must be duly qualified to practice in medicine and surgery, and registered as such under the Medical Act of 1858.

Candidates are requested to write for an appointment.

The candidate, who may be selected for the office in question, will enter upon his duties from the commencement of February.

DUBLIN CASTLE, 2nd February, 1871.

Companion to a Lady.—A Lady, the Widow of a Physician, who has been companion to a lady for the last four years, wishes for a similar situation. She has had considerable experience in cases of sickness and delicacy, and would be desirous of making herself generally useful. The highest references can be given.

William A. Thompson, Manager.

WILLIAM BENTHAM, Resident Secretary.

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London: 68 Upper Sackville Street, Dublin.
Original Communications.

DR. CHARLES MAURIAC AND OTHERS ON "SYPHILIS IN WOMEN."

With remarks by

CHARLES R. DRYSDALE, M.D., M.R.C.P.L., F.R.C.S. ENG.

Every person who is acquainted with the literature of the so-called "Contagious Diseases" (to use one of these euphemisms which the British public is so much enamoured of), must be aware that the doctrine of dualism of the chancre has had most difficulty to contend with in the case of the female. All familiar with primary syphilis in the male, know how easy a matter it almost always is to say whether a lesion on the genitalia is likely to be followed by other symptoms or not. But it is also well known that this comparative certainty in diagnosis is not nearly so well made out in women, so that "unctuists" have still a strong hold which requires to be taken by those who believe that syphilis is quite a different disease from soft chancre. Dr. Charles Mauriac, physician to the Hôpital du Miûli, at Paris, has, in his notes to a translation of Dr. West's work on "Diseases of Women," given some excellent hints as to the present position of the question, which are, I think, well worth translating. He says that all great constitutional diseases, with multiple manifestations, who have the faculty of attacking all the tissues and organs of the body, present nearly the same appearance in the female as in the male. Syphilis is no exception; but it must be admitted that it is predominate of certain forms of temperament, and particularly of the nature of the female, as well as the conditions inherent in the manner of living, diet, and other habits, as well as the special constitution of the genital organs exaggerate or lessen certain manifestations of syphilis.

It is comparatively rare that the male organs of generation become the seat of cutaneous or mucous syphilitic accidents. The rarity of syphilitic affections of the gland, the penis, or on the scrotum becomes especially evident when compared with the frequency of the same lesions on the vulva. That is, in fact, the region where the local manifestations of syphilis appear first of all, before even the primary lesion has disappeared, and there also they relapse with desperate obstinacy, and are perpetuated indifferently. If we look for the cause of this predilection, it is easily found in the almost constant state of flux in which the vulvo-uterine secretions, and the blood of the menstrual epoch keep up upon the vulva and the neighbouring regions. Let us add to these causes the juxtaposition of the diseased parts, their rubbing together, the thoughtlessness and carelessness of many women, the difficulty of isolating the surfaces, and keeping them in a state of cleanliness, and dry enough to prevent or diminish the causes of irritation, and we have, taken together, topical influences which can explain a similar state of things, and the proof that the general or constitutional condition of the organism of the female does not play any part in the predominance of those syphilitic manifestations on the vulva is, that in the male we observe them when the same conditions are found united. In the anal regions of certain males who are uncleanly, either from the nature of their occupations, their character, or their indigence, we see all sorts of humidi papules flourish. In smokers, and persons addicted to strong drinks, or fed on irritating diet, the lips, cheeks, tongue, and especially the fauces, become the seat of interminable eruptions of mucus syphilitic lesions, just as in the external genitalia of women.

The primitive accident of syphilis, so-called infecting chancre, is formed by the same histological elements, and presents the same structure and the same progress in the two sexes. That is a fact which reasoning and experience consider to be of the utmost importance. The tissues, the blood, and all the elements, have they not all the same chemical composition, and the same arrangement in the female as in the male? Eruptions of measles, of variola, or scarlatina, present no difference in character in the two sexes.

Why, then, should we suppose that the primitive manifestation of syphilis should not be the same in the two sexes? Still, an inattentive series of observations has conducted some superficial observers to give out this hypothesis, as
if it expressed a reality. These persons invoke, above all, the frequent impossibility of making out any specific induration in women. But, whenever syphilis is introduced into the organism by other parts than the genito-urinary organs, do we not find in the face, in the lips, on the fingers, &c., &c., the same architecture in the gates which admit it? And, if in the case of the vulva, we should not even conceive a general idea of the disease, we do at least give us this to the proportions of a radical anomaly, when it is only a very accessory phenomenon, and easily explained by reasons which do not at all militate against the perfect identity of syphilis in the two sexes? Syphilitic induration, the pathognomonic value of which has perhaps been exaggerated, is frequent, and even of constant occurrence in the genital organs of women, not only when the primitive accident is concerned, but in the Soft accidents of the disease. The form of the female organs render them not so easy explored as the male ones. The patients, not being aware of the gravity of a lesion, which appears insignificant because it causes no suffering, come only late to consult the doctor, when the induration of the tissues has disappeared. This is, Dr. C. Drysdale thinks, one cause of the rarity of induration spoken of by Mr. Morgan among the prostitutes in Dublin, in his pamphlet entitled "A New View of the Original and Propagation of Venerial Disease," Falconer, 1870, Dublin. In the male it is almost always easy enough to make the diagnosis as to whether a sore is syphilitic, or only pseudo-syphilitic. This fact accounts for the fact that even those persons who make a speciality of diseases of women, have so rarely seen indurated chancres in that sex. On the labia majora, however, the Hunterian chancre is often well marked, hard, cartilaginous, or we may say, it is surrounded by an extent of edema, which forms a sort of sderema of the parts. In women, as in men too, the multiple induration of the inginal glands is scarcely ever found wanting in syphilitic infection. This is one of the best concomitant symptoms which may guide us to a diagnosis in difficult cases. When the syphilitic sore is on the labia minora, it is in most cases of the parchment kind, and we find often induration of the orifice of the urethra. On the covering of the clitoris, they appear as slight erosions on a parchment-like base, or sometimes on a very hard wooden-like base. On the fourchette, or the fossa navicularis, or entrance to the vagina, the sore is parchment-like, very small, superficial, and un-ulcerated, so that it is by no means surprising that they are frequently overlooked. Ulceration is by no means the most common or most important symptom of the syphilitic sore. It is often on coming and very imperfect, whilst in soft sores the ulceration is very superficial. These chancres do not infect the constitution of women any more than they do in the case of men. These accidents remain only local.

Of course, prostitutes are liable to have their sores continually, even when syphilitic, and thus it may easily be said that the origin of their syphilis was a soft sore. Mr. M. M. has often made this assumption, but in the male sex the prognosis is surely in this majority of cases, and we must believe that this holds true for the female also.

The diagnosis of the syphilitic from the soft sore is usually easy enough in the female, who is not a prostitute, unless when seated on the neck of the uterus or vaginal cul-de-sac. M. Armand Desprès, Surgeon to the Léonard Institute, published in 1874, in his "Traité Iconographique de l'Oncologie et des Ulcères du Col de l'Uterus," his belief that indurated sores of the vulva and neck do not differ in appearance from soft sores. This is probably a mistake. However this may be, the soft chancres of the neck of the uteri are almost always multiple, and sometimes phagedenic, and they may attack the interior of the cervix uteri. The existence of such a hidden uterine soft sore is only ascertainable by means of inoculation of the discharge from the os uteri, according to Desprès; but since the experiments of Bockeck, and lately of Morgan, have shown that the secretion from indurated sores and syphilitic discharges are auto-inoculable and productive of soft sores, this assertion of Desprès is untenable. Of course, a female, just like a male, may suffer from syphilitic sores, soft sores, and gonorrhoea at one time. M. Maurin says that he has had men at his consultations at the Hôpital du Midi, who have suffered one ulcer of the neck in two or three days, soft chancres in three or four, and a hard sore at the end of twenty or twenty-five days. The majority of soft chancres of the vulva are complicated by inflammatory buboes, which suppurate and become chancrous buboes. It is a curious fact that soft chancres of the uterine neck do not inoculate the whole of the vagina, and that internal suppurating buboes are not produced by them.

Chancres occurring on the extremities of such parts of women are the hypertrophic and ulcerous syphilides. These are both very analogous to the skin eruptions. The former of these divisions includes the mucous plates, the flat papules, and the warty plates. The latter, or condyloma, may sometimes be mistaken for the simple warty growths seen in non-infected persons; but the diagnosis is made if we look narrowly into the case, when it will be seen that in simple warts the mass is formed by the agglomeration of hypertrophied papules, which are separated from the adjoining pedicles by a deep furrow, whereas, in syphilitic warts, the surface is mamillated rather than fissured, because the papillae are enlarged in all directions, in breadth as well as in length. These simple warts will not go away unless excised, or treated with strong caustics, whilst syphilitic warts will soon disappear if astringent lotions, or powders of zinc or calomel are used, with the addition of cleanliness. The ulcerated skin affections of the vulva, resemble syphilitic ulcers of the face. Their form is very variable from the most superficial excoriations, in simple cases, up to the deep ulceration in cases of malignant syphilis. They may easily be mistaken for soft chancres; but the latter are usually multiple, have suppurating buboes frequently, and are easily inoculated. Iodoform is a good dressing for these: it has only one disadvantage, that of its bad odour.

Tertiary lesions of the vulva are, in general, seen only late on in the disease in acquired syphilis; in hereditary cases, early. They produce either growths or ulcerations. The base of the ulcer resulting from the softening of the gummy tumour in this region presents a mammillated surface. The materials secreted at the surface of the wound in the form of a yellowish false membrane, which is sometimes, as it were, gangrenous. The disorders resulting from the soft growths is best cured by omission of today's employment of iodide of potassium. "The marvellously curative action of this remedy (says M. Maurin) indicates better than all the other characters, in doubtful cases, the specific origin of the lesion. It is not at all usual to confound such ulcers with soft sores; but these are usually multiple, and are complicated often with suppurating buboes. Scrofula of the vulva may perfectly simulate syphilitic granulations, and the diagnosis is only made by the absence of today's employment of iodide of potassium, in some cases, in large doses, such as 15, 30, 60, 75, and 120 grains daily. Dr. Paul Spillmann's pamphlet, "Des Syphilides Vulvaires," Paris, 1869, and Dr. A. Fourneau's, entitled "De l'Induration Chancreuse chez la Fémme," in the Annales de Dermatologie et de Sypholographie, 1870, may be referred to. In the case of syphilitic infection of women, the disease often affects the nervous system. These nervous lesions consist in pains over the whole body, but especially in the face and upper limbs. There is along with these pains often a remarkable kind of fever, with profuse night sweats. Anemia is also common in syphilitic women. And Dr. A. Fourneau has shown that there is analgesia of the skin in the dorsum of the metacarpus in some cases, combined with anaesthesia,
"A woman attacked with syphilis," says M. Mauriac, "is certain to give birth to syphilitic children—at any rate, during the manifestation of the early symptoms; it is very difficult to say what time this woman is likely to have healthy offspring." Dr. C. R. Drysdale also believes that it is almost impossible to give anything like an accurate prognosis with regard to the time when syphilitic children are likely to be produced. Careful treatment of the mother by means of iodide of potassium certainly seems to do good in such cases; but, then, time is such an important element in this question that the influence of drugs is not easily made out. Professor Boeck confesses that syphilisation has not done much in this matter, and possibly Mr. Morgan may be ready to grant this also. Mercury is now abandoned by so many persons in the treatment of syphilia that it is not, as it used to be, likely again to be credited with power to effect much here.

With regard to the question brought forward by Mr. Morgan at the first meeting of the Surgical Society of Ireland, the writer of these lines is of opinion, with Mr. Morgan, that the soft sore is related to syphilis, because the experiments of Boeck, Biedenkop, and others, which he has himself verified on more than one occasion, lead him to believe that the inoculation from hard sores, mucous tubercles, or, according to Mr. Morgan, vaginal discharges, are able to produce the soft sore on syphilic patients. This soft sore, in most cases, when inoculated upon persons free from the disease, would, in all probability, prove non-infecting, as Boeck says, from the intensity of the inflammation it causes plugging up the mouths of the vessels. The observations made by Dr. McNamara on the 6th January seem to Dr. Drysdale merely to indicate that syphilis, like scarlatina, often affects different individuals differently: that was not Mr. Morgan's point. Dr. McDonnell's ideas are very nearly those of the writer. Time and diverse circumstances have given, to the soft and hard sores, characteristics which make them as distinct from each other as small-pox from cow pox. Theoretically, one may be an acute; but in practice we give our prognosis as doubtful. Dr. McDowell says truly that it is difficult to effect auto-inoculation of hard sores, and he remarks that the twenty-seven cases operated on by Mr. Morgan, were prostitutes, which, of course, renders them liable to have multiple lesions. Mr. Tuffnell's remarks show that prostitutes may give different sores to different men. Mr. Byrne, too, thinks with Mr. James Lane that soft sores are sometimes followed by syphilis. Dr. Henry Kennedy states the matter well when he says that the soft sore may infect, but the hard sore always does: as to generating syphilis de novo in a month, if it were stamped out, this seems quite irrational to the writer. Mr. Croly, too, says with justice that prostitutes may have several lesions, which complicates experiments made on them. Mr. Johnston's evidence as to syphilis only occurring once in any individual is valuable and convincing, and his treatment most rational, as he discards mercury apparently altogether.

**THE SEWAGE QUESTION.**

**SPECIAL REPORT.**

(Prepared expressly for the Medical Press.)

No. XXII.

DISINFECTION WITH EARTH, &c.—EARTH CLOSETS.

The disinfecting power of earth has been known from the earliest time; in fact, the burial of the dead and the putting of unclean things into the ground are examples of its use from the remotest antiquity. In the ordinances of Moses, which were written for the guidance of the Israelites, specific instructions are given for the disposal of the blood of slaughtered animals, by pouring it upon the ground, and of "that which cometh from thee," by putting it into the earth and covering it therewith, so that the camp may be clean and holy; and again, the custom in China of mixing earth or fat man with human excrements, and so forming them into a portable and odourless manure is of very ancient date. It is somewhat surprising, therefore, that among all the inventions in this country for the disposal of human excreta, there have been none, until recently, for the disinfection and consolidation of them by means of common earth. Rosser, in 1837, obtained a patent for the treatment of fecal substances, urine, and house refuse with herbaceous plants and common earth, to which were added unslaked lime, soot, powdered gypsum, &c. Twenty years later, the Rev. W. R. Bowditch, one of the vicars of Wakefield, who had been studying the absorbent action of clay in the impurities of coal-gas, recommended, in the Journal of the Agricultural Society for 1858, that dry powdered clay should be put into a chamber or cistern above the closets of houses, and distributed over the faces, &c., by means of some mechanical contrivance, to be worked by a handle, there being a water-tight box below, which could be moved away and emptied when necessary. About the same time the Rev. H. Moule, who is the vicar of Fordington, in Dorsetshire, had practically tested the deodorising power of earth on privy soil; for having abolished the cesspools of his house, on account of their unwholesome and offensive nature, he substituted small buckets, which were placed beneath the privy seats, and these were emptied daily into a trench in his garden, where the foul matters were immediately covered with earth. He soon noticed that when the trench was reopened the matters from the closet had not only lost their offensive odour, but had actually disappeared by a process of disintegration. This led him to the experiment of putting earth into the buckets, and of drying the contents in a covered shed. After working in this manner with about a load of earth, and re-drying it, he found it was so perfectly inoffensive that he could use it over and over again, at least a dozen times in succession, and thus he produced a valuable manure, containing about one-third of its weight of dried excrement. The next part of his inquiry was devoted to the mechanical process of supplying the dry earth to the closet instead of water; and in the month of May, 1860, he obtained a patent, in conjunction with Mr. James Bannehr, for "improvements in the nature and construction of closets and commodes for the reception and removal of excrementitious and other offensive matter, and in the manufacture of manure therefrom"—his claim being for the use of dry earth, clay, loam, or peat, powdered and sifted, and applied to the excrementitious matters, by means of certain mechanical contrivances, so as to substitute a dry closet or commode for a water-closet, the earth, &c., being repeatedly used in this manner after it had been properly dried. Since that time a number of patents have been taken out for improvements in the machinery of the apparatus, the best form of it being that which is used by the Earth-closet Company and patented by their engineer, Mr. Girdlestone.

Experience has shown that the quality and condition of the earth employed in the closets have much to do with the success of the process, for pure or nearly pure sand has little deodorising power; and the same is the case with
chalk, and other forms of carbonate of lime. Peat also, although rather more effective than sand or chalk, is not a good deodoriser; whereas clay, or earth which is rich in clay, is well suited for the purpose. The degree of dryness is also a matter of considerable importance, as it seriously affects the absorbent power of the material—hence the necessity for selecting a heavy soil, like brick-earth, which is loaded with clay, and then drying it by artificial means, in order that it may be powdered and sifted for the purpose of utilizing its absorbent action to the fullest extent.

As to the quantity of earth required on each occasion, it appears, from observation and experiment, that a pound and a half of dry earth is sufficient for each solid evacuation (amounting to from four to five ounces in weight), and the same quantity for each liquid discharge (amounting to six fluid ounces in bulk). Practically, indeed, it is found that 4½ lbs. of dry earth per head per day is sufficient for all purposes, and in illustration of this a few working examples may be given. In the Dorset County Gaol at Dorchester, where the inmates are all adults, three pounds of earth are used per head daily, but the product is wet and offensive, showing that the quantity of earth is not enough for the proper consolidation and deodorisation of the excreta; whereas, at the Dorset County School in the same town, with eighty-three boys, a ton of artificially dried earth is used in the four closets weekly. This is at the rate of 4 lbs. per head daily, and it forms a solid inoffensive compost. At the villages of Halton and Aston Clinton, on the estate of Baron Rothschild, near Wendover, in Buckinghamshire, there are fifty-five well-managed earth closets, of good construction. These accommodate about 200 people, and during the last four years they have been supplied with dry earth at the rate of 130 tons a year, which is in the proportion of rather less than 2½ lbs. per head daily, but the closets do not receive the whole of the day urine. In Lancaster also, where there are 50 earth latrines with 200 seats, accommodating 2,250 persons, belonging to 450 houses, the quantity of earth used is 14 tons a week, which is a little less than 2 lbs. per head a day; but, as in the last case, a good deal of the urine is not discharged into the latrines. Again, at the volunteer camp at Wimbledon, the experience of the earth system is particularly instructive, for there are 114 latrines fitted up with earth closets in the most complete manner; and 41 urinals with earth-pits for the absorption of the urine. All the contrivances have been arranged by Mr. Girdlestone, the engineer of the Earth-closet Company, and they have been kept in good working order. Dr. Buchanan has ascertained, from careful inquiry at the camp, that during the meeting of the volunteers, which lasts for fourteen days, as many as 3,000 persons use the closets daily, and 10,000 the urinals. In the course of that time 140 tons of dry earth are expended in the closets and urinals, the closets requiring 4,500 lbs. per day, and the urinals 17,000 lbs. This is in the proportion of 1½ lb. of earth for each operation at the closets, and 1¾ lb. for each visit to the urinals. When the earth was dry and of good quality it was found that the product was solid and inoffensive; but when, as in the preceding year (1867), it was of a pesty nature, the compost was wet and sour. Taking these facts into consideration, Dr. Buchanan concludes that 4½ lbs. of dry earth would be a proper supply for each person daily, 1½ lbs. being allowed for each visit to the closet or urinal, and three such visits daily. A village of 1,000 inhabitants would, therefore, require 4,500 lbs., or just two tons of dry earth per diem.

The method of using the earth will necessarily vary according to circumstances. At Lancaster, where the latrines are under the superintendence of the local authorities, the earth is thrown into the closets in one application daily, or it may be supplied by a scoop after each operation, as at the Dorset County Gaol; or, better still, by proper contrivances for ensuring a regulated delivery of earth, as in the patent earth-closet or commode of the company; and the foul earth may be removed from the pit or vessel at any convenient time up to two or three months. After its removal it may be again dried and returned to the closet, until it has become charged with materials of manurial value.

The importance of this arrangement in a sanitary point of view is considerable, especially in warm climates, where the desiccation of the earth is easily effected. This has been clearly established in India, where the system has been rapidly extended. Earth-closets were first used in Bengal in 1863 for the accommodation of the British regiments, and they were also partially adopted in the gaols of that presidency. In the following year they were extended to the regimental latrines of Bombay, and from thence to Madras, so that before the close of 1867 they were found to be so useful and free from offensive smell, as to be generally employed in all the barracks, gaols, hospitals, and public institutions of the three presidencies of India. At first there was a little prejudice against them, on account of their being improperly managed, sufficient care not having been bestowed on the condition of the earth, as regards its dryness and disinfecting quality, but when this was remedied by instructions from the Government as to the right management of the system, and the disposal of the manure, the earth closets came rapidly into favour, and before the close of 1867 the authorities of India were able to report to the Secretary of State that Mr. Moule's system had been generally adopted in India, and had been found to be a great public benefit. The same has been the case in this country, where the system has been used with proper supervision, as in barracks, hospitals, lunatic asylums, gaols, schools, and large manufactories. Even in small villages where the landlords or local authorities have properly attended to the system, it has been found to work well, without causing the least offence, and without fouling the soil in the neighbouring streams.

As regards the value of the product, it seems, like all such materials, to be variously estimated, according to the quality and the demand. In the city of Lancaster, where the material is mixed with the refuse of the shamble, and with urine from some of the public urinals, it realises only from 7s. 6d. to 10s. per cubic yard, and it just pays its expense. At the Dorset county gaol it sells for £1 a ton, or 10s. per head, per annum, but at the county school in the same town, it fetches from £2 to £3 a ton, or 15s. a head. In the experiments of the Rev. H. Moule with material that had been used in the closets five times over, it was found that, when contrasted with super-phosphate at £7 12s. a ton, its immediate results were equally good, and its permanent effect on the land much better. In both cases the manures were employed in the same quantities, namely, in the proportions of one cwt. to an acre of land. We are not acquainted with many chemical analyses of the product, although two have been published by Dr. Hawsley, which were made by Mr. Evans, of Leadenhall street, both of
them being of material that had been used only once in the closet, and the results are as follows:—

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<th>Material</th>
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<tr>
<td>Organic matter, &amp;c.</td>
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<td>Soluble phosphate of lime</td>
<td>0-53</td>
<td>1-10</td>
</tr>
<tr>
<td>Potash</td>
<td>1-06</td>
<td>1-10</td>
</tr>
<tr>
<td>Alkaline salts</td>
<td></td>
<td>4-10</td>
</tr>
<tr>
<td>Alumina, sand, &amp;c.</td>
<td></td>
<td>71-05</td>
</tr>
<tr>
<td>Nitrogen equal to ammonia</td>
<td>0:33</td>
<td>0:79</td>
</tr>
</tbody>
</table>

These samples were valued by Mr. Evans at £1 and £1 10s. per ton respectively; but it is evident that if the material had been used four or five times over, it would have been considerably more valuable than this.

The cost of working the system has been carefully computed by Dr. Buchanan, who says that in a village of a thousand people it would be £200 a year, and that the value of the manure (say 720 tons at 10s. per ton) would be £360, supposing that the earth had been used only once; but if employed four times over, the annual outlay would be reduced to £244, and the product, amounting to 200 tons a year, would, at £3 a ton, the price at Dorchester, and the estimated value of it by Mr. James, the agent of Baron Rothschild, realise £600 a year. Even at the approximative value of 10s. per head of the population, it would be worth £500; and this, he thinks, would be a profitable return, helping to pay the cost of other sanitary works. In fact, the advantages of the system, as summarised by him, are as follows:—

1. The earth-closet, intelligently managed, furnishes a means of disposing of excrement without nuisance, and apparently without detriment to health.

2. In communities, the earth-closet system requires to be managed by the authority of the place, and will pay at least the expenses of its management.

3. In the poorer classes of houses, where supervision of any closet arrangements is indispensable, the adoption of the earth system offers especial advantages.

4. The earth system of excrement removal does not supersede the necessity for an independent means of removing slops, rain water, and soil water.

5. The limits of application of the earth system in the future cannot be stated. In existing towns, favourably arranged for access to the closets, the system might at once be applied to populations of 10,000 persons.

6. Compared with the water-closet, the earth-closet has these advantages:—It is cheaper in original cost; it requires less repair; it is not injured by frost; it is not damaged by improper substances being thrown down it; and it very greatly reduces the quantity of water required by each household.

7. As regards the application of excrement to the land, the advantages of the earth system are these:—The whole agricultural value of the excrement is retained; the resulting manure is in a state in which it can be kept, carried about, and applied to crops with facility; there is no need for restricting its use to any particular area, nor for using it at times when, agriculturally, it is worthless, and it can be applied with advantage to a great variety, if not all, crops and soils.

On the other hand, the chief objections to its use are——the notion of its filthiness as contrasted with the cleanliness of the water-closet, and the difficulty of supplying the necessary quantity of dry earth, and of removing the foul compost. The advocates, in fact, of the present water-closet system assert that water is a vehicle which will carry the filth, by the natural power of gravitation, to any place where it is wanted; and that it carries it more cleanly, more cheaply, and more immediately than can be done by any organization of man and horse and cart.

"The manure which must be collected from town privies by an army of scavengers, and distributed from the depot by barge and rail, to be afterwards loaded in carts and spread abroad by hand, and covered by the plough, might, if water were the carrier, be virtually self-borne to the very place were it is wanted,—taken almost direct from the water-closet to the field, and there washed in at once with really no labour at all among the very roots of the plants it is to feed." But all this assumes the total absence of inconvenience and danger from misadventure of the soil between the closet and the field, and it assumes, moreover, that the ground is always ready to receive it and the growing crop to appropriate it,—that there will, in fact, be no escape of noxious effluvium into the air, or of foul matters into the earth or into the neighbouring water-courses. Experience, however, has shown that these assumptions are never realised in practice, and that the greatest difficulties of the water-closet system are created by the very circumstances which are thus assumed to be non-existent,—that the vehicle itself, which is said to be so admirable a servant, is really a tyrannical master, defying all our efforts to control it; and hence there are many large towns already sewered which will not accept this vehicle notwithstanding its plausible show of convenience.

"If there were no question," says Dr. Buchanan, in his report to the Privy Council on this subject, "of wasting the excrement, of nuisance and injury to health by its decomposition, or of river pollution (and he might have added of subsoil infection), certainly excrement removal by sewers has the advantage claimed for it. But the objectors probably mean more than this, for they not only say that the water-closet system becomes more available as the size of the town increases, but also say that the earth system becomes less available. They appear to think that in a closely-built town, the whole traffic would be at the mercy of an army of scavengers. Now, this would be true to about the extent, and no more, that such a town is now given over to coal merchants, for, roughly speaking, a town would want about as much earth to be as often supplied to it for its closets as it requires of coals to be supplied for its fires; and removal, which need not be more frequent than supply, would mostly be done by return carts." Dr. Hawsley has entered very fully into this part of the question, and his conclusions are that any town or city might easily be divided into sections of a thousand houses, and these again into sub-sections of a hundred each, which might be easily managed and kept in order by a man and boy, with a single wagon, the dry earth being supplied to each house, and the compost removed therefrom every two days, under dust and vegetable refuse being carried away at the same time. Now, assuming that there are six persons in every house, and that each person would require four and a half pounds of dry earth per diem, the quantity of such earth to be delivered to the fifty houses in the day would be only 1,350 lbs., or a little more than twelve hundredweight; and as the average amount of excrement, solid and liquid,
in a mixed population amounts daily to 44½ ounces per head (viz., 3¾ ounces of solid, and 4½ of liquid), it is evident that the waggon would have to return with an additional weight of 834 lbs., or nearly seven and a half hundredweight, making a total of nearly a ton, and to this must be added about half a ton of dust and refuse.

**Hospital Reports.**

**LONDON HOSPITAL.**

**Compound Fracture of Skull, with depression of a large piece of Left Parietal Bone—Trephining—Death from Erysipelas.**

(Reported from Notes by Mr. Edis, the Dresser.)

(Under Mr. Rivington.)

James C., aged thirty-five, a porter on the Great Eastern Railway was at work on the line on Jan. 19th, 1871, and in endeavouring to avoid a goods train, placed himself in the way of an express train and was knocked down by the engine. The train did not pass over him. When brought into the receiving room of the London Hospital at twelve o'clock, his extremities were cold and his pupils dilated, he was insensible and had a convulsive seizure. There was a small wound in the scalp above and in front of the left ear, and the finger introduced into the wound and passed upwards could detect the fracture easily. The line of fracture was extensive, sweeping in a semi-circle downwards and forwards to the external angle of the left orbit, and backwards to the occipital bone. The upper edge projected from two to three lines, and a large portion of the parietal bone was wedged in under this projecting edge. There was some bleeding from the wound, and also from the nose, but none from the ear. His extremities became warm after he had been in the hospital a couple of hours.

At two p.m., his pulse was 72; temperature, 97°8; respiration, 97°6. He was tossing about in bed and talking incoherently.

At four p.m., he had recovered consciousness, recognised his wife, and answered questions intelligibly.

He appeared, however, to be very drowsy, and to dislike being told to do anything, such as putting out his tongue, or grasping the hand. The tongue, when protruded, inclined towards the left side, but he could put it out when told to do so to the right side and in the centre.

He could grasp a hand held out to him with both of his own hands, but less powerfully with the right hand than with the left. Both pupils were dilated and both acted on being stimulated, the left less than the right. Sight and hearing were good.

He was seen by Mr. Hutchinson and Mr. Rivington, and it was considered advisable to use the trephine for the purpose, if possible, of elevating the depressed portion of bone and affording a free exit to the blood which had in all probability, been poured out between the bone and dura mater from a wounded branch of the meningeal artery. Mr. Rivington enlarged the wound and applied the trephine over the sound bone close to the fracture where there was the greatest depression. Having removed sufficient bone with the trephine and Hay's saw, the elevator was introduced and the depressed fragment freed as far as possible. Arterial blood welled up when the bone was raised. The wound was sponged out with carbolic acid lotion, and a piece of lint dipped in the same was laid over it.

Two p.m.—Just recovering from the chloroform. Answers questions drowsily—just answers them and no more. Pupils contracted but acting on stimulus. Skin hot; temperature, 100 F.; respiration, 25; pulse, 70, full and bounding.

**Jan. 20th.—** Has passed a very restless night, no sleep on account of pain in the head near the wound. Was sick several times in the night; has passed urine and feces; says his head feels very heavy this morning; has intermittent headache, and feels drowsy; tongue moist, but furred; pupils dilated; very thirsty; hot skin; temperature, 100°; pulse, 64, full and bounding; respiration, 24.

Nine p.m.—Has been very restless during the day and drowsy; does not know what time it is, thinks it is morning; when told to put out his tongue keeps it out for some time and then slowly draws it back; when told to whistle does so several times after being told to do something else. No symptoms of hemiplegia; still feverish; bowels open during the day. Temperature, 102°4; pulse, 80; respiration, 26.

**Jan. 21st.—** Temperature, 104; pulse, 80. Has been restless and wandering during the night, appears very drowsy, and knits his brows when he opens his eyes. Still feverish, but not so thirsty.

Nine p.m.—Pulse, 100; temperature, 104°2; respiration, 28. Very drowsy all day, recognises his wife and does slowly what is told to do, rambles a little, no discharge from wound, the flaps of skin separated at the operation have adhered, complaints of pain in head and knits his brows a good deal; has taken milk, beef-tea, and an egg, stimulants not given; bowels open.

**Jan. 22nd.—** Pulse, 96; temperature, 104°6; respiration, 32. Slept during night till five a.m. His wife says he shivered at seven o'clock; no sickness; there is diffused redness round the wound for a radius of one inch, parting on pressure, and discharge of a little serous secretion from wound; wanders a great deal and is very drowsy, but answers questions and puts his tongue out when told to do so; tongue furred. Drinks all that he has given him. Bowels open during the night. No signs of compression. No paralysis; moves both arms and both legs equally well.

**Evening, 8 p.m.—** Pulse, 90; respiration, 32; temperature, 104°4. Is very restless, and talks incoherently, but answers questions rationally. Skin hot and dry; tongue, furred and dry. Took a pint of beef-tea.

**23rd.**—Pulse, 100; respiration, 32; temperature, 104°3. The erysipelas has spread on both sides of the head and neck, to about two inches below the ears. The left upper eyelid is much swollen.

Did not sleep much. He was very restless, and talked incoherently all night. Understands all that is said to him. Tongue furred, cracked, and very dry. Sores about teeth and lips. Skin hot, and great thirst. No paralysis.

**Evening, 8 p.m.—** Pulse, 88; respiration, 32; temperature, 103°6. Has been constantly wandering in his talk during the day; puts his tongue out when told; no paralysis of any part. Erysipelas has spread over the right cheek, and the left eye is completely closed. Feet cold; pulse weak; much headache.

From this time the patient became gradually worse. The erysipelas spread down the neck to the upper part of the chest; the face was greatly distended by serous effusion, and was relieved to some extent by acupuncture. Delirium from being intermittent became continuous, and the patient's hands were constantly picking and fumbling with the bed-clothes. He died on Friday, January 27th.

At the post-mortem examination, a large semi-circular portion of bone, including the lower part of the parietal and the upper part of the great wing of the sphenoid, and squamous portion of the temporal was found to be detached, except posteriorly. The dura mater was whole, but a flattened clot existed between it and the bone above the middle fossa. The veins of the scalp, including the emissary veins, were distended. Lymph existed on the surface of the visceral arachnoid, and serum in the sub-arachnoid space. A fracture extending across the base of the skull through the sella turcica from one petrous bone to the other—the fissure traversed the left foramen rotundum. There was some purulent matter at the root of the neck, and intense congestion of the lungs.

**Feb. 15, 1871.**
Transactions of Societies.

THE SURGICAL SOCIETY OF IRELAND.

(Continued from our last.)

Dr. McDowell had told the Society that he (Mr. Morgan) had but twenty-seven cases to judge from. That was altogether an erroneous statement, and he would now place before them a table of ninety-one cases, with the names, which had himself opened the suppurating bubo, and tested by auto-inoculation from their sores.

Among these cases was one of a married woman, who had got syphilis from her husband. He was a night-watchman, and had connection on one occasion with a woman who was known to be suffering for several years from a chronic sore, and the man admitted that he had got the disease from her. On examination I found he had a hard sore, but the wife had a soft sore, and was covered with roseola (a mild rash) the skin being covered with papules. He thought that case afforded a strong argument in favour of the Contagious Diseases Acts, where a woman two or three years diseased was still infect. In the "Parliamentary Memorandum" Mr. Morgan found much to confirm his views. Thus, Dr. Nelson, surgeon to the Melville Hospital—an hospital in which the patients were principally boys, just as those in Table No. 2 were chiefly young girls—speaking of the division into the hard and soft sores, and the exclusive liability of the latter to cause constitutional symptoms, says: "Unfortunately the experience acquired in Melville Hospital fails to confirm this doctrine. With a caprice characteristic if not peculiar to the disease under discussion, simple sores with no trace of hardness in their nature have been followed by the most unequivocal constitutional symptoms: while again this suspicious callousity accompanying a sore and remaining behind as a legacy to the cicatrix, has occasionally had no ulterior sequence beyond itself." There was also another remarkable question, namely, the influence of locality in the disease. Dr. Stuart in his evidence mentions a very remarkable peculiarity as to the sores in India. He says that in the Sepoy there is no such thing as a hard sore. "I may mention that I never saw an indurated chance in a Sepoy. Bombay teems with European prostitutes, and so does Poona; but when I have seen an indurated chance it has been upon the European, and not upon the native." He also says that secondary sores are very uncommon in India among both European and natives. Dr. Stuart describes four kinds of sores. He was asked "Have you seen secondary symptoms in India? Yes, following upon the ash-coloured sore." "I have only seen accompanying the ash-coloured sore a single or double bubo, and a chain of buboes I have only seen in the phagedenic when there has been malpractice at its commencement with a broken down constitution." On the other hand it has been stated that Kasirah always have the indurated sore. Dr. Stoker had mentioned to him that he saw the late Mr. Wal- lace's experiments, and that Mr. Wallace was of opinion that induration was altogether a matter of position. This he proved by his inoculations on hitherto untainted subjects, as he found inoculation on the prepuce produced the hard sore and on the glands a soft. He (Dr. Stoker) also saw a hard sore produced by inoculation on the thigh. Enough, he thought, had been said to show that if there be the two sores which he admitted—the simple suppurating sore not so frequently followed by seconds, and the hard sore which was more frequently followed by them—yet there were not two separate poisons. From a sore with a suppurating bubo he occasionally had undeniably seen severer secondary symptoms than he had seen in cases where a hard sore existed. He would next draw attention to two male cases of great interest, of which the wax models on the table were very good representations. One of these men had a soft sore on the inside of the prepuce. He protested that he had never known the man venereal. In one an abscess formed at the root of the penis. He (Mr. Morgan) successfully inoculated from that abscess, and while the man was in hospital he was covered with a popular rash, and now had patches on the mouth. He described the woman from whom he got the infection, and she was shortly afterwards admitted into the Lock Hospital, having a sore which resembled that of the man, and a suppurating bubo with copious rash. The next case was that of a married shoemaker, the father of several children. He had a sore on the dorsum of the penis, eminently a hard one, with indurated inguinal glands, and had it six weeks when he came under (Mr. Morgan's) care. From the position in which the penis lay while the man was working at his trade, he auto-inoculated himself on the abomen,—this man had all the symptoms which the dualists held, only the hard sore I omitted. He harboured a lancet and inoculated the man, but did not produce a well-marked inoculation, although there was a papule. He told the man he would disease his wife if he had intercourse with her, and shortly after he had to take her into hospital, suffering from a very painful and irritable soft sore. Although
she came in with a soft sore, she suffered from the most intense poisoning, hanging, and in a short time lost all the other senses, including consciousness. It might be said she did not get the sore from her husband; but the circumstances of the case were such as to convince him that she had not been infected from any other source. These were two very instructive instances. He was at one time a duelist; but from seeing in books the works of the masters, and the technical illustrations he had mentioned, he felt compelled to turn over to the other side. He now would conclude by a very few words of reply to some of the speakers who took part in the discussion. Mr. Stapleton differed from some of the gentle- men, that they might have omitted at that time, for he had instilled into her eye one of which could not be cured with mercury, and the other which could only be cured by it.

Mr. STAPLETON.—What I said was that if there was a hard sore, no matter what time you may give mercury, you cannot prevent the scar; and that where there is a soft sore mercury does an injury.

Mr. MORGAN proceeded to say that Dr. Barton expressed a doubt whether he (Mr. Morgan) knew what a gonorrhoea was. He was not ashamed to say he could not tell exactly, and he did not think anyone in the room could either; and he might mention some remarkable facts in connection with that disease. Not long ago a gentleman came to him with a very severe gonorrhoea, and he could not understand how he got it, as he was keeping a young woman whom he had no reason to suspect. He sent the girl to the hospital to be examined, and she had it while in the hospital. Some time afterwards she got hold of another friend, and this man had just come home from a three months voyage from Calcutta. In four days she gave him a most severe gonorrhoea. She was again examined, but there was nothing to be found of a specific nature or any sign of syphilis. The lady had a liaison with a third person, and the man accused him gonorrhoea also. To crown all, she got married; and in nine weeks she gave the husband a severe gonorrhoea; and all the time this woman had no discharge at all, but was plagued with a slight erosion of the uterus. He believed that superficial ulcers of the uterus, which he had previously mentioned as occurring in those patients in the hospital belonging to the better off grades, was not an unusual cause of gonorrhoea; and in the case cited the patient had been examined at frequent intervals for six months, yet, though constantly capable of giving gonorrhoea, no evidence of the disease was found in her. The remarks of Dr. McDowell had adverted to the course of his address, and had shown that, though Dr. McDowell did not believe mucous tubercle inoculable, though, strangely enough, he admitted it propagated the disease, yet others as well as himself had shown it was so both in males, females, and children. Croly had been examining to those two diseases as coexisting in such cases; but as this was a new view of the venerial disease, and Mr. Croly had as yet not described them he could not well answer him. Dr. McDonnell had, in the course of his remarks, mentioned that he believed that the head of the modification was illustrated in the existence of soft and hard or syphilitic diseases as coexisting in such cases; but as this was a new view of the venerial disease, and Mr. Croly had as yet not described them he could not well answer him. The remarks of Dr. McDowell had adverted to the course of his address, and had shown that, though Dr. McDowell did not believe mucous tubercle in inoculable, though, strangely enough, he admitted it propagated the disease, yet others as well as himself had shown it was so both in males, females, and children. 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DECAPITATION OF A CRIMINAL BY THE ROPE AT AN EXECUTION.

Dr. HUMPHREY MINCHIN brought under the notice of the Society the remarkable accident which accompanied the execution of Andrew Carr at the City prison in the South Circular Road. The event made a great deal of noise at the time, and created a great deal of sensation; but he would confine himself to the anatomical and surgical features of the case. In carrying out the execution there was some defect in the mechanism, of which he knew nothing, the result of which was that the head of the culprit was completely separated from his body. The subject of execution by hanging, sore, was written upon by the late Mr. Houston, in the Dublin Hospital Reports. It was important that the sentence should be carried into effect with as little torture to the criminal as possible, but that the result from this state of existence should be made brief, instead of allowing the agony to be prolonged. With that object it was usual in Ireland to give a long rope; in England, on the contrary, the practice was to give a very short rope, so as if the interest of the sight seeing were enhanced by the suffering the culprit undergoes. The question is, What could be the object of a short rope? A gentleman in this city of considerable experience and skill in mathematics and applied mathematics, had taken this subject in hand, and had stated very minutely the circumstances in which a case of execution by hanging would cause a comp- pensation of the brain: and other objections, all rested upon him by the late Act of Parliament, which required the surgeon of the prison to be present at every execution, he (Dr. Minchin) inquired into this theory; and being consulted on the matter a few days afterwards, he said: The man's weight is 158 lbs., and he will require a fall of fourteen feet. If the rope is stretched, as it might be, the weight of the object would be distributed. This was not at all in excess of the length which was in the habit of being used, sixteen, seventeen, and upwards of eighteen feet having been used in the old prison in Green street, and yet no such accident as that in Carr's case happened over twelve years ago. The executioner stated that the accident was due to the length of the cord. Mr. Houston said that one or other of two results always occurred in cases of instantaneous death by hanging, viz., fracture through the transverse process of the second vertebra, or dislocation of the atlantal process. In this case the vertebra was not dislocated. The execution was attended by a frightfully startling circumstance. Although present, he did not see it; for he turned his back the moment the drop fell. The rope apparently broke, and recollected back to the scaffold. He ran downstairs thinking the weight of the body had broken the rope, and when he got to the bottom, he found the remnants of the cord completely taken off. On examining the body, he saw two distinct injuries. The vertebra was broken right across as they could see, yet the decapitation did not take place through the broken bone. It took place at a lower point, between the second and third vertebrae, and without injuring either. This led him to suppose that the accident was a consecutive one, and on examining the rope he was convinced that it was so. If it were caused by the first chuck the knot of the rope would have remained as it was, and the skin would have presented a ragged wound, whereas the skin was cut cleanly through, and the elements of the accident were very clearly made out. Therefore the process was a gradual one, exactly as if it were done by an escaisseur. Dr. Minchin exhibited a piece of the cord used on the occasion, and also a piece of the cord by which Kilkenney was hung. That man was 3 lbs. heavier than Carr, and he got a fall of many lengths, yet no such accident occurred. It was clear, therefore, that the separation of the man's head was not occasioned by the length of the fall, but was the result of some defective mismanagement, which was fully explained at the inquiry instituted by the Government. A curious phenomenon attended this case. The amount of blood that was lost from the man before he was hanged was as was lost from the body. The executioner did his work unskilfully, and nearly strangled the man before he let him off. He (Dr. Minchin) heard the man say "You are choking me before my time;" and persons who stood below said he was choking in the face of his relatives. This might account for the great flow of blood from the head.

Dr. McDoNELL wished to know whether the fourteen feet drop was marked from the level of the neck, or from the foot of the drop.

Dr. MINCHIN.—It was a fourteen feet drop—not fourteen feet plus the body. In the case of Kilkenney there were fourteen feet six inches from his feet to where they had stood before he fell.

Dr. Jacob should be glad if Dr. Minchin gave some information to the process by which the calculation of the length of the rope was arrived at. He was arrived at by the communication to which Dr. Minchin alluded, it was stated that it took a shock of 2,240 lbs. or exactly a ton weight to fracture the cervical vertebra; but he could not find on what ground that datum was arrived at. It seemed to him to be an excessively shock indeed for such a purpose. Tardieu, the well
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Known medical jurist had taken the subject of the physiology of hanging into consideration. He recorded experiments on animals, and the experiment instituted by Herr Fleischmann who had himself hung in the presence of assistants, and cut down at a given time in order that he might be in a position to describe the sensations. The result of Tardieu's investigations was that in cases where there was no fracture of the cervical vertebra, the period of death was longer than usual, but there was a sudden cessation of respiration and blood pressure. The period of consciousness was exceedingly small, varying from three minutes to thirty seconds. He had seen a case in which there had been apparent death from syncope before the rope had been put on at all. The person was known to be a self-torturer, and had been cut down, perfectly remembered his sensation, and stated that the period of consciousness was infinitely small. This, of course, was in cases in which there was no fracture of the vertebra, and he believed the object aimed at in the Irish system was to obtain fracture of the vertebra. There had been some difficulty in effecting this. The position of the rope had, he thought, something to do with it; for in the case alluded to in which a rope six inches longer than that which hanged Carr was used, there was no fracture of the vertebra; therefore, it did not appear that a long rope would cause fracture of the vertebra. Of course, in the present case, death was instantaneous. He wished to ask if Dr. Minchin knew the process by which the sum of 2,240 lbs. was arrived at? Was it by actual experiment on the dead body? And if so, had the condition of the muscles anything to do with it?

Mr. Richardson observed that, as Dr. Minchin had reminded us, the object of the Crown is to expedite the death of the culprit at the drop, instead of prolonging his agony, a useful hint might be taken from Boyer's "Lecons sur les Maladies des Og," by those who preside over the executions of criminals in the United Kingdom. Boyer, in his observations upon luxations of the vertebrae, where he describes displacement of the odontoid process, mentions that Louis, on making some researches upon the mechanism of the deaths of criminals by the rope, discovered that those who were despatched by the Lyons' executioner, perished from luxation of the first vertebra upon the skull, whereas those who were hanged in Paris were asphyxiated by strangulation. He found the cause of this difference to have been in a rotatory movement, which the Lyons executioner imparted to the body of the culprit by pushing him by the shoulders at the moment the feet abandoned the ladder. He (Mr. Richardson) need scarcely say, that under the hands of the Lyons' executioner the death of the victims must have been instantaneous, whereas in the Paris cases there were probably some moments of intense suffering.

Dr. H. Kennedy said there were some specimens in the museum of the College taken from individuals who had been hanged, and it was the front of the tongue which had been torn away, and there was no fracture at all. Dr. Minchin, in reply, said he did not know how the formula had been arrived at. He had simply taken it from the book as he found it. Andrew Carr was thirty-nine years of age, five feet nine and a half inches in height, 158lbs. in weight, and in perfect health. The meeting adjourned.

Medical Society of London.

January 30th, 1871.

John Gay, Esq., President.

Vaccine Lymph for France.

The President read a letter he had received from the chief surgeon of the army of defence before Charenton, requesting a supply of vaccine lymph. The President had himself for- waerd the vaccine lymph, and the letter having been forwarded to Lord Granville, and had been acknowledged, and received by Colonel Loyd Lindsay, that action might be taken in the matter.

Improved Method of Inflating the Cavity of the Tympanum.

Dr. Peter Allen demonstrated to the Fellows the method of inflating the cavity of the tympanum. Dr. Allen's plan was an improvement on Politzer's most invaluable appliance, substituting a nasal pad, which is pressed against the opening into the nostril, for the tube which he inserted into one of the ears. This plan was an excellent substitute for the use of the catheter, but the Eustachian tube, which forms a very successful method of treating deafness, when the result of aural catarh. The air was squeezed in from an elastic bag at the time when the patient swallowed a little water, and when, as the late Mr. Toyne had shown, the Eustachian tube was opened by the action of swallowing, it is very probable the tympanic cavities were necessarily inflated at the same time, if there chanced to be a perforation of the membrana tympani then air escaped with a rushing noise.

Mr. Penney-Father said he still preferred to use the catheter with an elastic tube, by Dr. Allen's process much air was lost in the cavity of the mouth, and the patient was in danger of aspiration. The impossibility of regulating the quantity of air admitted, he did not regard it as certainly proved, that the act of swallowing opened the Eustachian tube, whereas the levator and tensor palati muscles arising from the Eustachian tube partly, and ending in an expansion which goes to form the velum, that the air inspired by the nose, caused the velum to assume a horizontal position, when it passed through the nasal canals, the velum became vertical, consequently it did not require the act of deglutition to act on the opening into the tubes, as each act of inspiration alters the position of the velum, and therefore acted on the Eustachian opening.

Dr. Tilbury Fox said that he had been perfectly relieved by Dr. Allen's method, of an attack of catarhal deafness.

Dr. Brunton had described a method of inflating the tympanum, in the Glasgow Medical Journal, by using a nasal tube and a bag which could be compressed by the patient at the same time that he performed the act of swallowing. Dr. Brunton showed the Fellows this method.

Apparatus for the Transfusion of Blood.

Dr. Richardson showed an apparatus for the transfusion of blood. First, he alluded to the importance of attending to the details connected with this operation, especially the needle tube for introducing the fluid into the vein. The vein must be of good bore, but must not be so fine as to force blood to the Fellows, and then the tube introduced. For introducing the fluid, no force should be used, hence, all syringes were objectionable. Enough force could be obtained by simply elevating the vessel, as shown by Dr. Richardson. With respect to the agents to be used, the blood of a lamb was found to answer, well, to keep it fluid cold should be used; a temperature of 45° F., being the right to maintain blood in a fluid state. Certain solutions added to blood will also maintain its fluidity, the best for this purpose being solution of ammonium, in the proportion of twenty drops of liquor ammonium, to an ounce of water and one ounce of starch tincture. Another solution that could be used was of 100 grains of carbonate of soda, with 150 of phosphate of soda in two ounces of water, blood dried and powdered, seemed applicable when mixed in water, and might be used when recent fluid blood could not be obtained.

Mr. Brudenell Carter mentioned cases of the homorachic dilatation, where the blood seemed altered in composition, in one case it smelt very offensively. Might not transfusion of pure blood be used with benefit in these cases?

Dr. Root thought that transfusion might be tried in cases of malignant fevers, and other kinds of blood disease. Also to improve cases moribund.

Mr. Jabez Hogg had examined carefully dried blood, and when mixed with water it was optically quite similar to recent blood.

The President thought highly of Dr. Richardson's apparatus, if it was necessary to use an instrument for opening the vein. He had seen valuable time lost on one occasion, from the injecting tube being passed by the side of the vein, instead of into it.

Dr. Evans inquired as to Dr. Richardson's experience of injections in cases of cholera.

Dr. Richardson in reply, said that Hogg had shown before the Royal Society long ago, how asphyxiated animals could be restored by the injection of arterial blood. He had used saline injections in sixteen cases of cholera, the effect was truly miraculous; one patient sat up and conversed, but as this stage of recovery passed, the patient languished, and returned, and the patient died. Dr. Richardson wished he could find some medicinal substance that might be injected with the saline solution, as a cure for the disease. He disagreed entirely with those who said venous blood was to be regarded as an excrementitious matter. Venous blood is as
necessary as arterial blood, and a certain amount of carbonic acid in the blood, is essential for its arterialization.

Mr. Henry Smith showed a small specimen, a fragment of which had broken off, and remained in a patient's rectum, the occurrence was considered. Mr. Smith hoped to bear of the fragment having passed per anus.

The President narrated a case of strangulation of the intestine, relieved by mechanical treatment. A young man, aged twenty-seven, had symptoms of intestinal obstruction, with stercoraceous vomiting, and pain in right side of abdomen. Intestinal constriction by a band was diagnosed, and the patient being held for a time head downwards, had the abdomen well kneaded by Mr. Gay. After this procedure, the vomiting ceased, and in seven days more, the bowels acted in a natural way. The man died of phthisis six weeks later, but no persuasion would allow a post-mortem to be permitted. The President drew attention to intestinal constriction by means of bands in 1851, in a paper he had read before the Medical Society, where he had collected 120 cases, the band was usually fixed to a loop of the mesentery, and generally on its right side. There was no external tumour, no tenesmus, or history of stricture.

DUBLIN PATHOLOGICAL SOCIETY.

January 21st, 1871.

Dr. Bennett exhibited to the Society

THE ARTICULAR SURFACES OF SEVERAL OF THE JOINTS OF THE LOWER LIMITS OF A MALE SUBJECT, RECENTLY DISSECTED IN THE SCHOOL OF PHYSICS, TRINITY COLLEGE.

The joints of the toes, ankles, and knees were more or less covered with the deposit characteristic of true gout. The articular cartilage, the sheaths of the tendons of the great toes, and the ligaments of the joints contained considerable quantity of fine white crystalline deposit, which responded to the usual tests for lithic acid. The hip joints, and also one shoulder-joint, showed well marked signs of the existence of the disease so common in Dublin, chronic rheumatic arthritis. One hip-joint had suffered severely from this disease, and the articular cartilage was extensively destroyed. In neither of the joints affected by chronic rheumatic arthritis was there any gouty deposit whatsoever, nor did the former disease exist in any of those in which the gouty deposit occurred; at least it had not existed so long or to such a degree as to produce its well known effects. Dr. Bennett brought forward these specimens, not on account of any novelties attaching to the individual diseases, the pathology of which they illustrated, but on account of the association of the distinct diseases—gout and chronic rheumatic arthritis in the same subject. On a former occasion of the remembrance of this Society pathological specimens illustrating the same fact, that gout and chronic rheumatic arthritis may, though apparently quite distinct diseases, occur in the same body, and, as in the former case, even in the same joint, each disease preserving its essential characters without being in any way modified by the existence of the other. He regarded their association in this manner as evidence of their being essentially different diseases. The deposit of gout was but rarely seen in the bodies of subjects submitted to dissection in the medical school of Dublin, even in the dead rooms of Dublin hospitals. It was not surprising to find it associated with chronic rheumatic arthritis, when it accidentally occurred in bodies of this class, for it was rare to find any such of advanced age, which were entirely free from the latter disease.

The body of the man from which the specimens were taken differed from the general run of subjects in its excessive fatness. There were no gouty deposits in the cartilages of the ears nor in the kidneys.

JANUARY 25TH.

Dr. J. S. Hughes in the Chair.

WOUND OF THE BLADDER.—COMMUNICATED FRACTURE OF THE PELVIS.

Professor W. Smith laid before the members a specimen of fracture of the pelvis, and gave the following history of the case.

A woman, aged sixty, was admitted into Sir Patrick Dun's Hospital, April 12th, 1870, having a short time previously been knocked down by a dray, one of the wheels of which passed over her pelvis. When admitted she was much colicky and had evidently sustained some very serious injury. In the course of the event, she was thrown forward, and landed in the lower part of the right iliac fossa, near Ponpart's ligament, where there was also extreme tenderness on pressure, and a slight degree of fulness. The least motion caused so much distress, that an accurate examination could not be made; but there was strong reason to believe that some part of the bony fabric of the pelvis was broken. The retention of urine continued, and for several days it was necessary to use the catheter at regular intervals. The urine drawn off was coloured with blood, leading to the opinion that the bladder had been wounded. After the 14th and 15th the fulness in the iliac region continued to increase, the tenderness on pressure became greater, and the skin assumed a dusky, livid hue; the swelling was tympanitic on percussion, and the crepitation of air could be felt throughout it. She had copious perspiration, which continued throughout the whole progress of the case.

On the 16th a puncture was cautiously made into the tumour, as its tympanitic condition rendered its exact nature somewhat obscure. There escaped from the opening a mixture of air and offensive putrid matter mixed with a fluid, which, upon examination, was found to be blood. The patient died in a state of great exhaustion on the 29th, having survived the receipt of the injury for fourteen days. She had no symptoms of peritonitis at any period of her illness. The diagnosis arrived at was, that the pelvis was fractured, and the bladder wounded. This opinion was founded upon the nature of the accident, the intolerable pain when any attempt was made to move the pelvis, and the presence of blood in the urine.

Autopsy.—The pelvis was found broken upon both sides. Upon the right side (that over which the wheel had directly passed), a fracture traversed the horizontal branch of the acetabulum, and terminated just behind the tuber ischi; it was bisected by another, which terminated at the centre of the outer border of the articular cavity, which was broken into three portions. Another line of fracture, beginning at the spine of the pubis, traversed the entire of the descending ramus of the pubis vertically; its course was parallel, and less than half an inch external to the symphysis pubis.

Upon the left side there existed a comminuted fracture of the pubis, implicating the acetabulum, and also a simple fracture of the ramus of the ischium, close to its junction with the tuberosity of that bone.

There was a lacerated wound of the neck of the bladder, to the right of the orifice of the urethra. There were no signs of peritonitis, nor any urinary infiltration in the pelvis.

Mr. McGrath, Assistant-Surgeon, 8th Hussars, communicated a case of OBSTRUCTION OF THE LEFT ORIFICES OF THE HEART BY WARTY GROWTHS.

The patient, a man, aged thirty-six, and of about twenty years' service in the Army, was admitted into the Regimental Hospital on the 15th November, suffering from very severe injuries of the right foot, which he had received in consequence of his horse falling with him while he was carrying despatches in this city. On examination of the limb it was found that he sustained a comminuted fracture of the shaft of the tibia, that the foot was dislocated backwards (the lower end of the upper fragment of the tibia resting on the dorsum of the foot) and that the fibula was also fracured about three inches above the external malleolus. The dislocation was reduced, and the limb placed in a very good position, but on looking over it at this time until about the 4th January, the patient went on as well as could be expected, considering the very severe injury he had received. There was very little constitutional disturbance, and the local symptoms were favourable, with the exception of a small slough having formed over a projecting piece of bone which seemed to have become almost completely detached.
On the 4th January he was attacked with rigors; his pulse became rapid, and his tongue coagulated, while a dark erysipelatous blush appeared over the front of the ankle-joint, and extended up the leg. An abscess formed afterwards in front of the joint, which was freely incised, and exit given to a large quantity of healthy pus. Another abscess formed subsequently behind the external malleolus, which was also opened, and from which there was also a healthy purulent discharge. The local and constitutional symptoms became much improved after some days, but both feet afterwards became edematous, and on examination of the urine it was found to be of a low specific gravity, and to contain albumen in abundance. His stomach soon became irritable, his general condition much changed for the worse, though the local symptoms were much improved. On the 19th January he was attacked with severe pain in the right side, a purulent micturition, and his pulse became exceedingly small and weak. Under treatment this symptom subsided after a time, but he was then attacked with most severe pains in the abdomen, which was remarkably tympanitic and the pulse at the wrist was quite imperceptible. The extremities were cold, and there was a general want of circulation throughout the system. At this time he presented very much the appearance of a person suffering from perforation of one of the hollow abdominal viscera. He died on the morning of the 21st January, having become delirious a few hours before death, which took place under the impression that he had untergotten a gland scream.

Sectione Cadaveris.—On opening the thorax, the cavities of both pleurae were found filled with serous fluid, as was also the pericardium. The lungs were themselves congested, but in other respects healthy. The heart was somewhat enlarged, with a slight deposit of fat on its surface. The right auricle and right ventricle were filled with fibrinous clots, but were in other respects healthy. On the left side the auriculo-ventricular opening was blocked up by a large warty growth, which diminished the size of the opening to about the calibre of a goose quill. There was also a deposit of calculus near the attachment of the mitral valve. The aortic opening was occupied by a similar warty growth, and was also the seat of atheromatous deposition. The liver was in a state of cirrhosis, and the kidney, were in an advanced stage of albuminoid degeneration.

MEDICO-CHIRURGICAL SOCIETY OF EDINBURGH.

Wednesday, Dec. 21st, 1879.

DR. BENNETT, President.

DR. P. H. WATSON showed a small mulberry calculus removed from the urethra, an inch and a half from the orifice, which he had extracted by means of forceps. For two days the catheter had prevented the passage of any urine, and the extraction of the calculus, a risk which was not imaginary. Dr. Watson narrated the case of a boy under his care, from whose urethra he had extracted a calculus, and in whom extensive extravasation had occurred.

DR. JOSHUR BUNN showed, 1. A fibrous tumour which he had removed from the mamma; 2. A cyst which he had removed from the gential region of a gentleman; 3. A coin which he had passed eighty-four hours after having been swallowed.

MR. ANNANDALE showed, 1. A perforation of the back of the thigh and its branches. He had been consulted six months before the patient's death, on account of a pulsating tumour over the region of the innominate artery, having all the symptoms of an aneurism. The dissection showed only a slight dilatation of the ascending aorta and innominate artery. The descending portion of the arch was attached; it was slightly contracted. Mr. Annandale read his paper entitled,

CASE IN WHICH AN INTERNAL INTESTINAL OBSTRUCTION WAS REMOVED BY THE OPERATION OF GASTROTOMY.

The patient, who was fifty-five years of age, and had led a dissipated life, was suddenly seized with intense pain in the abdomen, which was followed the next morning by vomiting of fecal matter in large quantities. On the fourth day Mr. Annandale saw him for the first time, and having satisfied himself that the usual remedies had been employed without success, he determined, having obtained the consent of the patient, to open the abdominal cavity as the only chance of relieving the patient. An incision was made from about an inch below the umbilicus, to about two inches above the pubes. On the peritoneal cavity being opened, a large mass of the small intestine protruded, and it was noticed, that while one portion of intestine was much dilated, another portion was contracted. The obstruction was due to a mass of fibrin and mucus, which passed entirely round the intestine, tightly compressing it. The patient died the following day, apparently from exhaustion. Mr. Annandale having been called to the country immediately after the operation, and not returning until after the patient's death.

Dr. BENNETT was of opinion that stimulations should be employed in such cases, even when peritonitis has supervened, together with opium to relieve pain.

DR. CHIEN stated that, in the absence of Mr. Annandale he had taken charge of the case. Milk had been given, but from the patient's pulse and breathing, he had ordered sherry and lemonade, but the man had sunk and died.

DR. J. BELL made remarks.

DR. P. H. WATSON related several interesting cases, illustrating the difficulty of diagnosing those conditions in which the operation by gastrotomy would be successful, and which would lead surgeons to be careful in employing it as a general rule in all cases of obstruction.

DR. ARGYLL ROBERTSON and Dr. McKENDRICK made remarks.

MR. ANNANDALE replied.

DR. MENZIES having taken the chair, the President proceeded to read his paper on the injurious effects which may follow the use of mercury in hepatic diseases.

A considerable portion of the paper was occupied with the history of a patient, a case of syphilitic rheumatism. Dr. Bennett's care in the Royal Infirmary, but with the patient's own account of the treatment he received in hospital in India, and subsequently when at Netley. From the patient's statement it appeared he had never had syphilis, but had gonorrhoea at the age of fifteen. When in India, he had suffered from ague, and in 1865, when in hospital for that disease, an abscess of the liver formed, and for which, among other remedies employed, he was treated with mercury, and that, on several occasions, his mouth had become sore. In 1867 he returned to England, and was admitted into the hospital at Netley, when he was again subjected to mercury treatment in the form of injection. On the man's admission into the Royal Infirmary, Dr. Bennett found him greatly emaciated, and presenting all the symptoms of incipient pulmonary phthisis. He was suffering also from an eruption of eczema and rupia, analogous to syphilitic rupia, but due, Dr. Bennett believed, to the use of mustard, cod-oil and good food the man was cured. Dr. Bennett then proceeded to deprecate the continued use of mercury by medical men, the case he had related was not a solitary one, thousands of soldiers had been so treated. The report of the Edinburgh Mercurial Committee, an account of which he said, he had received very little attention.

DR. RUTHERFORD, C.B., thought the history of the patient as given by himself was a little too precise to be trustworthy, and he promised to procure the history of the patient from the "Army Medical Reports." He protested that army medical officers were not more likely to abuse the use of mercury, than medical men in civil practices.

DR. MACDONALD, G. H. BALFOUR, MENZIES, JOHNSTON, and J. DUCAX, spoke of the value of mercury in disease.

DR. BENNETT in reply said, that the only argument in favour of mercury was the old one of quackery, an argument which was irrational being founded on experience, and left us in the darkness of empiricism, which experiment could alone enlighten.

Scientific Inquiries in France.—A determination, says Nature, to take advantage of any opportunity for making scientific inquiries, is the principal feature of the present crisis among French scientific men. The French Institute has appointed a committee to inquire into the effects of the shelling as well on the buildings as on the inhabitants. The specialities presented by the wounds have been reviewed in a very able essay, written by Baron Larey, in the "Revue des Cours Publics," published by Baillière, but which has not appeared regularly. Some other essays on the same subject have been written by different medical men in the same periodical, and in some political papers.
The Medical Press and Circular.

"SALUSpopuli suprema lex."

WEDNESDAY, FEBRUARY 15, 1871.

VACCINATION—RE-VACCINATION.

The epidemic of small-pox in London continues to increase, and vaccination and re-vaccination occupy public attention. In the memory of the present generation, there has been no epidemic so wide-spread as this. It has been thought by the public that the immigration from Paris has had much to do with it, and though there can be no doubt that fresh centres of infection have been planted in our very midst by the refugees, but this circumstance alone will not account for the calamity.

Where are the vaccino-phobics now? Where are the fanatics who have been holding up their ignorance as preferable to the knowledge of professional men, and making rash statements that they neither understood nor cared to consider?

Some official documents have just appeared, which at such a crisis we ought to notice. The London College of Physicians has issued a temperate and authoritative statement, which we give in full in another column, as it lays down the chief points in an unexceptionable manner, and as briefly as possible recommending this to our readers, we may pass on to others. First of all, the Annual Report of the Small-pox Hospital has appeared, and from it we gather a few important facts. Small-pox was epidemic in London throughout the year 1870. During the year, 1,316 patients were admitted; of these, 1,255 had small-pox, the remaining 31 had other eruptive diseases, but not small-pox.

Nine hundred and sixty-two of the small-pox cases had been vaccinated, 322 not. One had had small-pox previously. Of the 963 vaccinated cases, 76 died, or 7.9 per cent. Of the 322 unvaccinated, 124 died, or 38.5 per cent. Six deaths—five vaccinated, and one unvaccinated, were due to some super-added disease.

The medical officers, Dr. Munk and Mr. Marson, say—

"Not a single fact has occurred within our experience at the hospital during the past year to shake our confidence in vaccination when properly performed, or to detract in any degree from that high estimate of its value which many years' experience in the wards of the hospital, and a close study of small-pox has led us to form. But vaccination is an operation of considerable delicacy, and requires much care in order to secure the advantages resulting from it. The failure of vaccination to prevent small-pox which have occurred are almost all of them due to the careless and imperfect manner in which it has been practised.

"In the present state of the population, re-vaccination is of scarcely less importance to the adult than is primary vaccination in the infant. A very large number of the adult population of this country are without adequate protection from vaccination, and are liable to take small-pox in its most virulent and most deadly form. All persons who have not already had small-pox, and have been or are likely to be exposed to the infection of that disease, and all who have not several (at least four) good marks testifying to the character and efficiency of the primary vaccination, ought to be re-vaccinated. Re-vaccination has proved itself to be a most important and efficient means of preventing small-pox. For upwards of thirty years all the nurses and servants of the Small-pox Hospital who had not previously had small-pox, have been re-vaccinated before entering on their respective duties, and in no one instance has it failed to preserve them from small-pox."

The other document to which we have referred, is that issued by the Privy Council. The daily papers have already given such extensive publicity to this, that we need only briefly mention its recommendations, especially as these are in accord with those of the College of Physicians. The Privy Council's memorandum lays down the following rule:

1. "All persons should undergo re-vaccination as they approach adult life."

2. That in "certain circumstances of special danger, everyone past childhood on whom re-vaccination has not been successfully performed, ought, without delay, to be re-vaccinated."

3. It notifies that "re-vaccination is now performed by all public vaccinators at their respective stations."

4. It states that "any person who ought to be re-vaccinated, may, on applying to the public station of the district in which he resides, obtain re-vaccination at the public expense."

Finally, the memorandum refers to the experience of the Small-pox Hospital, as a proof of the protective power of re-vaccination.

MR. GLADSTONE ON THE PREVENTION OF PROSTITUTION.

A letter has been published, addressed by Mr. Stansfeld in the name of Mr. Gladstone to Sir Edward Crossley, in reference to the moral aspects of the Contagious Diseases Act. The letter contains the following important declaration:

"Mr. Gladstone authorizes me to add the expression of his own personal opinion that it is by the unattempted moral tendency of this exceptional legislation that it ought ultimately to be judged. If the Acts can be shown to be, in the words of your resolution, 'immoral in their principles and tendency,' no supposed physical advantages consequent upon their operation can justify their continuance, and they must be repealed."

If Mr. Gladstone's dictum be taken, as it has usually, as the decision of Parliament, it appears to us that the decision of the Commission and its legislative result are a foregone conclusion, and any scientific evidence adduced will be waste of time and trouble.

Everyone admits that, adopting the Puritanical interpretation of the words, the Act is "immoral in its principle"—that is, it implies recognition of the fact that immorality exists and is practically unavoidable.
This is obviously what Sir Edward Crossley means by his charges of immorality, and if Mr. Gladstone accepts this definition, there is, of course, no use in defending the Act. The most earnest supporters of the Act maintain its continuance on the ground that a great sanitary advantage ought to overbear a supposed sentimental violation of morality; but if Mr. Gladstone tells us that no possible benefit should induce the nation to reveal its maiden blushes, it is plainly lost labour to attempt to show the value of these benefits.

Notes on Current Topics

Fever and Small-pox in London.

Admission of Small-pox Patients from General Hospitals.

At the last meeting of the Metropolitan Sick Asylums Board Mr. Charrington stated that the secretary of one of the general hospitals of London had requested permission to send patients not of the pauper class to the hospitals under the care of this Board.

The Chairman said there was no question that, primarily, these hospitals were only intended for those who were chargeable to the poor-rate; but still, where it became necessary to isolate cases of epidemic disease, and beds could be spared in these hospitals, such accommodation might doubtless be afforded.

A letter from the Vestry of Shoreditch was read, which stated that the accommodation given by the Metropolitan Asylum Board was utterly inadequate, being but 20 beds for a parish containing a population of 159,000.

Mr. Wyatt said there was a very grave error in the statement that 20 beds only were placed at the command of Shoreditch at Hampstead, for no less than 40 beds had been occupied at one time by patients from that locality.

The report on the Hampstead Asylum stated that "the cases presenting themselves during the past week have not been of so extremely a malignant character as those in the preceding fortnight, and it is to be hoped that this abatement may continue. The death-rate since the opening of the hospital has been 17 per cent., which may seem high, but it must be borne in mind that the demand for beds from the several parishes has always been much in excess of the supply, and as a consequence the worst cases have been selected for sending here. The state in which many patients come to the hospital is shown by the fact that of the 99 deaths which have occurred 24, or one-fourth, occurred within 48 hours of their admission, and a considerable number died on the third day. Of the 532 patients who have passed through this hospital, 423 have been protected by vaccination, and 150 have been unprotected. Of the former 29 have died, of the latter 69, a fatality among the vaccinated of something under 7 per cent., and in the unvaccinated nearly 43 per cent. Further experience confirms the opinion formerly expressed that in nearly every case of small-pox proving fatal to vaccinated persons there has been some previous vitiation of the system, and in the majority of cases that vitiation has been caused by gin-drinking to excess. The vaccinated have another advantage, in suffering much less severely, as shown by the length of their detention in the hospital, and this detention among the vaccinated (discharged cured) averages 23 days, while among the unvaccinated it is 34."

Dr. Bridges said the returns for the week ending the 28th ult. showed that there was a decided increase in the numbers of persons smitten with small-pox over the previous week. These returns, he reminded the managers, were respecting patients who were recipients of Poor-law relief, and were without hospital accommodation; and while there were 832 on the 21st, there were 1,010 on the 28th. The increased number was chiefly in Westminster, Shoreditch, City of London, Whitechapel, and Marylebone.

Parasites and Sewage.

One of the most important papers ever submitted to the medical officers of health, was that by Dr. Cobbold, on the "Propagation of Parasites by Sewage Irrigation." The question is one of the highest importance in reference to the public health, and we ought to direct attention to the statements made on such high authority.

Dr. Cobbold tells us that the butchers and fleshers are quite ignorant on the matter, and have never acknowledged the existence of measles in the cow, calf, or ox, and are ignorant of their ever becoming larval parasites, which have been shown to occur in the muscles of the sheep. Dr. Cobbold says, that thousands of the cattle now living in this country are thoroughly measled. Until lately the only specimens of "beef measles" ever recognised in England were those which were removed from cattle subject to feeding experiments by himself at the Royal Veterinary College. Neither Professors Simonds, Pritchard, nor any other person had ever seen anything of the sort previously. The "measles" was artificially reared in the animals by the introduction of the eggs of tapeworms from the human body. The presence of measles in cattle does not necessarily give rise to any conspicuous suffering. One calf experimented upon was reduced to a dangerous state, but the health of the older animals was only slightly affected; though the number of six-hooked embryos was many thousands. Cattle fed on sewage ground fodder, need not infect themselves to such an extent as to cause conspicuous suffering; yet, the likelihood of their becoming "intermediate bearers" of the larvae of human tapeworms is a thousandfold increased by the fact of their being fed on grass reared under the conditions referred to.

The amount of suffering caused by parasites depends, though not invariably, on the number introduced, the age of the bearer, and upon his sensibility. It is astonishing what an amount of infection old animals will bear. A cow, with fifteen or sixteen millions of trichina, had no pain nor did she lose her appetite. When slaughtered, the bystanders refused to believe that she was diseased. Three pigg fed by Dr. Thudichum suffered more; two became ill, and the third died. Rats and rabbits resist the action of the flesh-worms, and the same may be said of cats and dogs.

A single person affected with tapeworm discharges thousands of eggs daily, which pass into the sewers. The further dispersion of these germs over fields and market-gardens ensures a more than ordinary facility of excess into the bodies of cattle. If, indeed, it could be safely alleged that parasitic disorders have not increased in consequence of sewage distribution, that would not disprove the injuriousness of wholesales irrigation; but would show that the untiring exertions of our sanitary officers have more than counterbalanced the excess of evil. We are not in a position to afford absolute proof, either one way or other, as to
the increase or decrease of parasitism. There is no definite
evidence; nor is there any public record of deaths from
entozooic disease, though several hundreds annually take
place.

Dr. Cobbold also gave an account of the development of
"Bilharzia hematobia," the African blood-fluke. He had
succeeded in rearing and watching the habits of the larva
in the condition of an actively swimming, cone-shaped,
ciliated, infusorial animacule, furnished with a highly de-
veloped water-vascular system. These develop more
rapidly in pure water than in fluids which contain impuri-
ties of any kind, in fact, the young Bilharzia cannot arrive
at their ultimate destination in the bodies of mankind or
monkeys, until the urine or sewage in which they occur
shall have been considerably diluted with fresh or salt
water, in either of which they are capable of development
with extraordinary rapidity.

The subject had not, Dr. Cobbold observed, been treated
exhaustively, but all that was proposed was to demonstrate
the high probability, not to say certainty, of a large increase
of parasitism amongst mankind and animals, as arising
from the distribution of fresh sewage by the method of irri-
gation on any extended scale.

Who ought to Vaccinate?
At a late meeting of the Metropolitan Association of
Medical Officers of Health, Dr. Barnes enquired:—"How
far the present prevalence of small-pox is to be attributed
to the plan recently introduced of limiting the number of
public vaccinators." Assuming that the present epide-
mic is the result of the neglect of vaccination, the prac-
tical questions are—What are the causes of this neglect?
and How is it to be remedied? After entering into
statistics, Dr. Barnes recommended an increase in the
number of public vaccinators, arguing that the most
effective way of getting at the greatest number of the
population was to increase the points of contact between
the medical practitioners and the people. Several good
results may be expected from this course. 1. It would
be the most effective engine for conquering rebellion
against the compulsory clauses of the Vaccination Act.
The public look to the medical practitioner as their guide
and friend in questions affecting health. They do not
trust a stranger. It is important to enlist moral influence
in the service of the State, particularly when persuasion
is better than compulsion. 2. Multiplying the number of
public vaccinators increases the facility of access.
Parents naturally object to take delicate infants, in per-
haps inclement weather, long distances, to wait an in-
definite time, and at inconvenient stations. 3. It is not
desirable to disturb the confidential relations between
medical men and their patients. 4. It is not yet proved
that the concentration of the vaccine stations had worked
well. On the contrary, the evidence of the results at
Islington showed that the number of vaccinations had
considerably fallen. No doubt it was an advantage to
vaccinate directly from arm to arm; it was also a satis-
faction for the parents to see the source from which the
lymph was taken. But these advantages might be pur-
chased too dearly if they had the effect of restricting the
number of children brought under their application.
Dr. Barnes recommended that the registration of births
should be compulsory, and that as large a number of
medical men as possible should be enlisted in the work
of vaccination. He sees no objection to the State recog-
nising every medical man as such. We may add that
in one instance in our own experience some years ago,
a London Union did recognise every qualified practi-
tioner and supply him with the necessary forms, and pay
him for every case certified as successful. The plan
worked very well. All the practitioners were satisfied.
There was no interference with each other's patients;
and in every instance in the practice we then saw it was
looked upon as a matter of course to vaccinate the baby
within three months of delivering the mother. The plan
of concentration in London is not popular. Men do not
like their private patients to be sent off to public vac-
inators. The patients themselves, as a rule, do not like
the plan, but as the fees are reduced to the lowest point,
they some of them take advantage of it, and others con-
clude that all medical service should be paid on a similar
scale. The general sense of the profession in London is
with Dr. Barnes, and it would certainly conduce more
to our dignity as a body, for every registered practi-
tioner to be recognised as a vaccinator.

Amputation described by a Special Correspondent.
The Paris Special Correspondent of the Daily Tele-
graph favours us with the following sensation paragraph.
The feat said to have been accomplished may have hap-
pened as stated, provided the American gentleman referred
to was, at the time, in the act of unhosing a wooden leg—
not otherwise as the merest medical tyro knows very
well:

"Another incident of the bombardment that would make
one smile, were it not for sympathy with the sufferer, and
a feeling of the possibility of his case being any day one's
own, is that of an American gentleman who, while in the
act of taking off his left sock, had the trouble saved him,
then and for the future, by a bomb entering the room and
carrying off sock and foot. He assured the doctor who at-
tended him that the pain he felt at the moment was abso-
lutely nothing, so skilfully did the shell perform the ampu-
tation; indeed, he seemed to be so lost in admiration at the
neatness of the operation that he was scarcely sensible of the
loss which he had sustained."

Dr. Richardson on Chloral Hydrate.
At his lecture last week "On Experimental Medicine," Dr.
Richardson gave a series of observations on recent fatal
or assumed fatal cases from the use of the hydrate of
chloral, and asked four questions in respect to the action
and effects of chloral. To the first question whether the
practice of taking the hydrate without medical advice or
direction was becoming at all general amongst the public,
he gave an affirmative answer. He held that, in profes-
sional hands, now that its action is better understood,
and the novelty of its application has worn off, the em-
ployment of the hydrate is less than it was some months ago;
while the practice of resorting to it by the public is on the
increase. As showing this increase, Dr. Richardson said
he had been able to estimate that nearly 50 tons of the
agent had been used in England in the last eighteen
months.

On the second question, what is a dangerous and what a
fatal dose of the hydrate, the lecturer computed that 120
grains was a dangerous and 180 grains a fatal dose; he
cited a case of recovery from a dose of 120 grains, but the
symptoms were very prolonged and the risk great.
The third question related to the quantity of the hydrate that might be given in small and repeated doses during a limited time, say of twenty-four hours. The answer to this was, that an adult person could not decompose and eliminate more than 120 grains in the time suggested, viz., twenty-four hours.

On the fourth question, whether the frequent administration of hydrate of chloral lessened or increased the danger of administration, the argument ran to the effect that frequency of administration, while it might increase the confidence of those who took the drug, in respect to its safety, actually increased the danger. There was danger of "accumulation," while the power of the body to dispose of the agent by diffusion, decomposition, and elimination, became sensibly reduced. A contrast was here drawn between the actions of opium and hydrate of chloral, by which it was shown that the latter cannot, like the former, be gradually increased except in the most limited degree, without immediate danger. Some other questions were noticed, having reference to the symptoms and pathological conditions incident to the prolonged use of the hydrate; the chemical tests for it in the tissues in cases of poisoning by it, and the post-mortem appearances in cases where it proved fatal after administration in many successive doses.

Gifts to Liverpool Charities.

In continuance of a liberal series of gifts by Mr. Humphrey Nichols, he has presented £7,000 to the Treasurer of the Salford and Pendleton Royal Hospital and Dispensary. This, with former gifts to the same Institution, will make a total of £10,000. Mr. Nichols has also paid to the Rector of Warrington, for the purpose of the Institution for the Relief of Widows and Orphans of Clergymen, the sum of £7,500. In the case of this institution, too, the total amount of Mr. Nichols's benefactions within the last few years is £10,000.

Post-office Letters and Epidemic Diseases.

Can epidemic disease, such as fever and variola, be propagated through the post-office by letters? is a question asked us by a respected correspondent, and bearing somewhat upon our annotation last week on the subject of Secret Poisons. We cannot answer the query very accurately just at present, and until further inquiry can be made into the subject, we must content ourselves with the recital of the following case, which lately came under the notice of one of our staff. It gives an affirmation however, to the question asked us. A gentleman connected with a city hospital contracted typhus fever. His relations lived a hundred miles away in a country district, where the existence of fever was unknown for years. During his illness they had daily communication from the hospital by letters written by a friend, but not otherwise. These letters were written in the chamber occupied by the invalid, and the paper used had been in his writing case for some time. On the sixth day after the young gentleman had passed through a favourable crisis, or on the 20th from the time the hospital correspondence first commenced two (at the same time), members of the family became infected with a similar type of fever. These young ladies were the two who received and answered the letters concerning their sick brother, and the city correspondent was the affianced husband of one of them. No other cases of fever occurred in the district, and the infection was attributed to the paper used in writing, which was of a cheap description, and not the ordinary glossy note-paper in common use. We hope this is a mere coincidence, and that we shall not require a disinfecting chamber at the post-office.

Small-pox in a London Club House.

A case of small-pox took place last week in one of the great London clubs. A message was sent to a large hospital asking that a vehicle might be sent to fetch the patient away. The answer was, they had no such vehicle. After three or four other unsuccessful attempts, a cab was called from the stand.

It is strange that none of the people—including the workhouse and two hospitals—should have told the messenger that there were special vehicles in London. The club would willingly have paid anything, and would, no doubt, subscribe to the society for supporting these vehicles.

Small-pox at Parties.

While the public are so fearful of catching small-pox, had they not better give up their parties? Young people brought together to chatter or dance, or otherwise kill time, are likely to have one at least of their number who has been exposed to contagion—perhaps one with the disease coming on—or worst of all, one who has had it and has only just got out again and has not had his clothes properly disinfected. We are not alarmists. What has once happened may occur again. If the people will not be vaccinated they may as well be told of the risks they run.

Small-pox in Public Vehicles.

Enough has been said about cabs, perhaps the omnibuses deserve a word. We rode the other day in one that was taking people to one of the small-pox hospitals. Perhaps they returned in another omnibus, and what are people to do? Small-pox is not so bad as other diseases, inasmuch as we have a preventive, but we may learn from this epidemic our need for hospital vehicles.

Small-pox in Railway Carriages.

Last week a servant in a respectable London family, was taken ill. The doctor pronounced the case to be small-pox and recommended her removal to the hospital. Her friends refused, and agreed to take her home. A cab was called, she was wrapped up in a blanket and brought to the door. The cabman declined to take her in that state. She was then dressed further by wrapping shawls over her, and the cabman drove her to the railway station, where she was placed in a train and travelled thirty miles. She reached her home in safety, and a day or two after the shawls, &c., were returned per rail.

Baron Liebig's recovery is now assured as he has recommenced his lectures.

The first indications of the presence of salt in Australia have recently been discovered near Soone, New South Wales. Dr. Creed has bought the land for the purpose of working the first native product of the kind.
Dr. Andrew Clark is nominated for the Presidency of the Medical Society of London.

Professor Flower will commence a Course of Lectures on the Teeth at the College of Surgeons next Friday.

The deaths from small-pox in Liverpool have risen to 90 per week. This equals 9 per 1,000 of population. In London it has not yet exceeded 3 per 1,000.

The Obstetrical Society of London has issued a series of rules for the general management of infants. They are in the form of a pamphlet, price one penny.

It is said that Liebreich, the Ophthalmologist, who last week joined the London College of Surgeons, is to be offered the ophthalmic department of St. Thomas’s Hospital.

We rejoice to hear that the Mutual Medical Aid Society has been dissolved. It was unworthy of medical men to submit to such terms as were proposed, and its success would only have been the injury of the profession.

Mr. T. B. Crosby delivered the Annual Oration before the Hunterian Society last Wednesday evening, after which there was a conversazione and exhibition of interesting specimens by Mr. Hutchinson, Dr. Hugllings Jackson, and other eminent members.

The Royal Academy of Medicine at Brussels has resolved to compile a report with the view of inducing the population to be vaccinated or re-vaccinated. M. Warlomont said that at Metz twenty-six Jesuits occupied the post of infirmarians to small-pox patients; twenty had been re-vaccinated, some successfully, some unsuccessfully. The other six objected. The first twenty had not the smallest attack of the disease, the six others died. M. Sovet said that, finding one of his relations ill, and suspecting small-pox, he re-vaccinated him (at the age of twenty-three). The small-pox declared itself and the vaccination ran its course, but the small-pox died away.

Several cases of small-pox have occurred on board Her Majesty’s ships at Portsmouth. On Monday week a case was sent from the Asia, the harbour guardship of the Steam Reserve, to the Navy Hospital at Haslar, and on the next day a second case was sent to the hospital from the same ship. Sickness has been and is rife on board the boys’ training ship St. Vincent, in the apparent preliminary stages of measles and in mumps, but two of the supposed measles cases sent to Haslar Hospital have proved to be small-pox. All harbour ships, with large numbers of men and boys on board, have necessarily continuous and extensive communication with the shore, and also with other of Her Majesty’s ships in harbour. The Asia, as the guardship of the Steam Reserve in the port, communicates through her officers and men with nearly every ship in the harbour, docks, and basins each day, and the number of those leaving her for the shore at night on leave until the following morning is also large. There is an order by the Admiralty in force that all naval cadets and boys in the navy shall be vaccinated, and this with the majority means, of course, re-vaccination.

We hear there is a talk of founding a new hospital at Birmingham—for women.

The Queen has awarded a pension of £100 a year on the Civil List to Dr. Stenhouse, “in consideration of his scientific attainments.”

Dr. Farquharson, the Medical Officer to Rugby School, has sent in his resignation. This step will occasion general regret amongst the scholars with whom he is very popular.

The twenty-five chemists in Toronto, who were prosecuted for the illegal sale of poisons, have been convicted, and a fine of twenty-five dollars and costs imposed in each case. They have, however, appealed, and the legality of the decision will be determined in a higher court.

Our contemporaries have all published in full the address of Dr. Gull, as President of the Clinical Society, and we may therefore, well devote a few paragraphs to it. The Society he said should do the work that no individual can, obviating thus the *vida brevis* that has weighed upon the profession from the time of Hippocrates, and the work should moreover be so prosecuted, that the attempting “experience is fallacious” should no longer obtain. The Society should exhibit the most critical means of research, and improve those means—two objects which we acknowledge are worthy of the labour bestowed on them. To obtain true therapeutical experience, we have to measure the forces against which we operate.

What voluminous records are there of cures and means of cure which are as valueless as the rags upon which they are printed. “What pains and expense,” says Herschel, “would not the alchemists have spared by a knowledge of those simple laws of composition and decomposition which now preclude all idea of the attainment of their declared object!” What an amount of ingenuity thrown away on the pursuit of the perpetual motion might have been turned to better use if the simplest laws of mechanics had been known and attended to by the inventors of innumerable contrivances destined to that end! What tortures inflicted on patients by imaginary cures of incurable diseases might have been dispensed with had a few simple principles of physiology been earlier recognised! But, as he continues, “if the laws of Nature on the one hand are invincible opponents, on the other they are irresistible auxiliaries; 1, in showing us how to avoid attempting impossibilities; 2, in securing us from important mistakes in attempting what is, in itself, possible, by means either inadequate or actually opposed to the end in view; 3, in enabling us to accomplish our ends in the easiest, shortest, most economical, and most effectual manner; 4, in inducing us to attempt, and enabling us to accomplish, objects which but for such knowledge we should never have thought of undertaking.”

Dr. Gull then went on to say, I cannot forbear expressing my obligations to the sister science of surgery in all its departments. I assert that I have received as lively intellectual satisfaction, and have been as deeply impressed with the feeling that knowledge is power, whilst witnessing the effects of some surgical operation, as I have in contemplating the highest triumphs of physical or chemical science. It is perhaps to be regretted that medicine and surgery have been in any way dissociated. Happily, in this Society they are united. What detriment surgery has received from the separation others must say; but medicine requires constantly quickening by the necessity of that exact anatomical observation which the problems of surgery supply.

The tendency in modern medicine to increasing perfection in diagnosis is daily lessening the hiatus which has existed between the two branches of study; and pathological anatomy is largely confirming their identity. Clinical medicine requires ever-increasing exactness in these researches.
He added, what unexplored regions are inviting our attention will be obvious to anyone who will look over the pages of any medical book of the recent labours in the different departments of medical knowledge. The perusal will leave upon the mind the sense how little has anywhere been accomplished, and how far the lines of inquiry radiate and diverge.

To take that commonest of all maladies, phthisis, it may be said to present a great chaotic field, distinct in nothing but its mortality, and all but unexplored by science in respect of those steps and processes whereby the fatal issue is reached. The Transactions of this Society already contain some contributions towards a better clinical history of some forms of this disease, and I trust that in each session more may be done towards tracking the earlier history of its different varieties, for if anywhere in physic the principle principium obstate is valuable, it is probably here. I trust, however, I may not be understood as if our records of the coarser phenomena of phthisis were not more than enough. Under the generic term phthisis are included many different maladies; and, if the whole object of medicine were satisfied when those forms had been distinguished, and the popular remedies prescribed, there would be no more to say. But clinical science revolts against this conclusion, and requires a still finer discrimination of the morbid processes, with which we are to reason as to how they began and by what means are hindered. There is something very suggestive in seeing one member of a family left in health and strength to old age, whilst all the members of the same family, coming either before or after, fall victims to this disease or its allies from causes excepted only to its ravages through the intervention of some diverse pathological state—insanity, epilepsy, or rheumatism. Our clinical knowledge ought to show how this is determined, as from such knowledge prevention might be expected to follow.

Or, to turn to another and equally extensive field of inquiry, the large class of vascular degenerations occurring mainly between the ages of forty and sixty. If the processes, near or remote, which bring about these morbid states of the heart and vessels, were more fully elucidated, some part of the chapters which now treat of the diseases of the brain, of the chronic diseases of the lungs, of the liver, and especially of the kidneys, might have to be re-written.

After this, Dr. Gull pointed out the importance of studying the beginnings of disease, and here is to be seen encouragement for inquiring minds in private practice, for it is only here that trifling ailments are to be met with, and how we can know but in them we may yet detect the early traces of pathological change, which have escaped these diligent explorers who have been occupied with morbid anatomy? Many readers in their daily toil may take courage from this, and believe that in their routine practice they may yet advance clinical medicine.

**CLINICAL EXAMINATION IN IRELAND.**

We stated last week that the King and Queen's College of Physicians in Ireland had, on the motion of Dr. Lyons, adopted a resolution that candidates for their licentiate would be examined clinically. We learn that at a meeting of the College on Friday it was resolved on the motion of Sir Dominic Corrigan, seconded by Dr. Stokes, "That it is the opinion of this College that a mode of combining Clinical Education with Clinical Examination of Students educated, wholly or in part, at the Dublin Hospitals, might, perhaps, be devised, that would secure the possession by Dublin Hospital Students of a superior knowledge of Practical Medicine in the following way,—viz.:

"That the Physicians of the several recognised hospitals in Dublin should constitute themselves into an Examination Board."

"That such Board should institute periodical Clinical Examinations, at each Hospital, of the Students attending such Hospital who would desire to present themselves for examination."

"That the Examining Board at each Hospital should consist of at least one of the Physicians of the Hospital, with two or more Physicians from other Hospitals; and that a Certificate of having passed such Clinical Examinations should exempt Candidates for the Licence of this College educated, wholly or in part, in Dublin Hospitals, from the Clinical Examination required from Candidates for the Licence of this College at their final examination and that a copy of this resolution be forwarded to the Physicians of the recognised Hospitals for their observations and opinions."

The idea embodied in the resolution is, that it would combine "tutorial education and examination test," and its proposer argued that it would make hospital study continuous and steady and that, by leading to steady hospital attendance, it would create among the students emulation in practical hospital work and among the teachers a worthy rivalry, and would still leave to students the choice of the form of clinical examination and the option of the hospital periodical examinations here proposed or the final clinical examination.

The motion was carried with a single dissentient vote.

We understand also that the Council of the Royal College of Surgeons has adopted at its last meeting a scheme for carrying out the Clinical Examinations for its diplomas as part of a general proposition for the revision of its examination.  

**SCOTLAND.**

**EDINBURGH UNIVERSITY COURT.**—This Court has appointed Dr. W. Robertson, F.R.C.P., Mr. B. Bell, F.R.C.S., and Dr. Dumbreck, F.R.C.S., Examiners in Medicine for 1871.

**EDINBURGH NEW TOWN DISPENSARY.**—The report states there is a large increase in the working of the Dispensary in all its departments, being nearly a sixth larger than that of last year. The expenditure, however, had somewhat exceeded the income. A special appeal is to be made for funds.

**DEATH OF DR. KEITH, OF ABERDEEN.**—By the sudden death of Dr. Keith, the north of Scotland has lost a distinguished surgeon, and a most popular and successful practitioner. Dr. Keith's name has long been known in connection with the Aberdeen Infirmary, of which institution he was one of the surgeons and clinical lecturer on surgery. After a service of thirty years he resigned in June last his appointments in the Infirmary; but the managers anxious to secure for that institution the benefits of his matured wisdom and experience, appointed him their consulting surgeon. Dr. Keith contributed largely to the medical journals, but his name will be best known as the author, in conjunction with his colleague, Professor Pirrie, of a work on "Acupressure," published some years ago. Dr. Keith died at Edinburgh on the morning of the 6th.

**THE VIEWS OF THE IRISH LICENSING BODIES ON MEDICAL LEGISLATION.**

It will be remembered that a conference was held some weeks ago of Representatives appointed by the Board of Trinity College, Dublin, the Senate of the Queen's University, the King and Queen's College of Physicians, and the Royal College of Surgeons in Ireland; in accordance with a Resolution passed by the College of Physicians.

After several meetings, nine Suggestions, which we then published in the *Medical Press*, were agreed to at the Con-
CORRESPONDENCE.

The Law of Surgeon and Patient.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—The charge of Judge Thayer, reported in your number for Feb. 8, on an American action for malpractice, though much more favourable towards our Profession than such charges usually are, nevertheless suggests the inquiry—'

"Is there any contract on the part of a medical man towards his patient as to the degree of skill which he shall bring to the patient's service?" It might plausibly enough be held that there was such a contract undertaken by the licensing body who admitted the practitioner to the profession; but, on the face of the matter, the amount of skill for which the practitioner gives any guarantee is the minimum amount held necessary by his College for granting their licence. And there is this further consideration in addition, that, after obtaining his qualifications, the best of a man's mind and tastes, and the direction of his studies and practice, may lie almost entirely towards one of the many departments of the Profession to the exclusion of others, or nearly so, and yet he may be called on, and absolutely required to treat a case belonging to some other department, and which he would much rather have nothing to say to, just because he distrusts his own skill.

A man may be a first-rate physician, and yet bad surgeon, and totally ignorant of some other branch, say the occult's specialty; and yet such a man may be found in a country district, from want of anyone else to go to, he may have to undertake the most difficult operations and cases, regarding which he himself would be the first to say, "This is out of my line; I don't profess to be skilled in such a case, I had rather you would consult someone else. Yet, there may be no one else to consult, and he may fail, and be liable to an action for damages, having no better basis than the most unwarrantable assumption that every practitioner guarantees and contracts for the possession of the highest amount of skill in every individual branch of our many-sided Profession. Then, again, a man is liable to an action if he does not use reasonable diligence in attending to a case; and yet, if he does use such diligence, he may be coolly told, when he asks for his fees at the end of an attendance, "We never sent for you but once," as I have myself been told.

It is time that a new understanding should be entered into between surgeon and patient; that the principle of "savae emptor" should hold in this as well as in other relations of life. A medical man will always do his best, for his own sake; but certainly no contract should be held or supposed to exist toward his patient on the part of any medical man: the penalties of failure are heavy enough without that addition. There is no contract implied or supposed to exist in any other profession; nor could there have arisen any such idea with regard to ours had it not been for our divided interests among our licensing bodies, and the overstocked condition of the Profession as regards its rank and file. We are helpless as individuals in the hands of an overweening and arrogant public, and they know it. We have not, as yet, even indifferently reformed this, though we ought long since to have reformed it altogether.

Yours truly,

Letterkenny, Feb. 1871.

ISAAC ASHE, M.B.

PUERPERAL MORTALITY IN DUBLIN.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I observe in the Registrar-General's Returns for the week ended 31st December last, an unusually large mortality in the Dublin Registration District from puerperal fever and childbirth—ten from the former and three from the latter; and, in the previous week, three from puerperal fever. This is the largest mortality of puerperal fever that has ever occurred in the district except in the week ended 27th April, 1866, when twelve died of puerperal fever, and two of childbirth. Perhaps you can inform your readers how many of these thirteen deaths from puerperal fever took place in hospitals—without naming the hospital—how many outside. I observe that in each week fourteen died of scarlatina, with which, probably, puerperal fever is much connected.

Your obedient servant,

D. P.

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Jan. 14th, 1871.

We have been favoured with the following reply to our Correspondent's query:—

"General Register Office, Dublin, Feb., 1871.

"Sir,—In reply to your letter of the 23rd ult., I have to inform you that upon examination of the Returns it appears that the deaths from childbirth referred to in your Correspondent's letter were registered in the week ended December 31st. Eleven of them occurred in Lying-in Hospitals, and one in a private house. The respective rates of death were as follows:—October 13, November 4, November 6, November 12, November 17, November 20, November 26, November 30, December 6, December 18, December 26th. One of the foregoing deaths is stated to have resulted from unavoidable haemorrhage. The dates of death of the two who died in private houses were, December 9 and 12. Dr. Phelan's letter is hereewith returned.

"I am, sir, your obedient servant,

"WILLIAM DONELLY,

Registrar-General."

DEATH OF DR. JAMES SHERIDAN MUSPRATT.

At five o'clock a.m. on Friday week, Dr. Sheridan Muspratt, after a somewhat lingering illness, died calmly, at his residence, near Liverpool, aged fifty. Few men, in so short a life, have contributed more to the great science of chemistry than Dr. Muspratt. He was born in Dublin, in 1821. His father's
USE OF BROMIDES.

HAVE'S American Quarterly, gives a full report of the Transactions of the College of Physicians of Philadelphia.

There is a very important paper on the "Ulcration of the Skin, as an Effect of the Use of the Bromides," by Dr. S. Weir Mitchell, who says:—Every physician is aware that these salts may cause an eruption of small boils or pimples, which appear in successive crops—sometimes between the shoulders only, and sometimes there and on the face—more rarely they are generally disseminated.

In the cases of women, this constitutes now and then a grave objection to the use of bromides, except in very serious disease, where the complexion is no longer an object of moment. In epilepsy, I have now and then had to lessen my doses or lay the drug aside for a few days, on account of this evil; but save in the two instances about to be reported, the skin disease caused by bromides, has never interfered practically with their continuous use.

A lad, at the age of ten, began by having the lesser epilepsy, caused apparently by gastric disorder. These attacks gradually increased in number, and after two years he began to have convulsions, which, now for several years retain the same character. At intervals of from nine to fifteen days he has, within forty-eight hours, two or three attacks. They resemble in all respects the typical type, save that he does not bite his tongue. The lesser seizures are numerous, and the memory has been severely impaired. Several years ago, I began to give this lad bromide of potassium, with an excellent effect in lessening the number and force of his fits, although it never fully held them in check.

After some nine months of its use, in twenty to thirty grain doses, thrice a day, the boils, which had begun very early to plague him, became larger and more abundant not only on the face, but also on the scalp and extremities. His parents shared my desire to get rid of these blemishes at its full value, and it was therefore agreed to push it. This resulted in certain of the boils, enlarging and leaving a deep ulcer with everted edges, and with a strong tendency to accumulate pus and epithelia in the shape of a conical cover causing it to resemble closely rupia. At one time he had nine such ulcers, none less than an inch in diameter and one or two of double this size, while the boils were numbless and painful. At this time I succeeding in persuading the patient and his near relatives, that the medicine was the sole cause of this annoyance, and it was therefore lessened; but not until he got down to thirty grains a day did the ulcers begin to heal. Some months later, he being in the country, away from me, the were tempted to give the bromides on annull days. Precisely the same result occurred; but when he was brought in this pitiable state to me, I endeavoured to discover how the bromides could still be given without causing boils, for on this latter occasion the ulcers formed within two months, and under very moderate doses. It was clear enough that the boils were only the small beginnings of a mischief which ended in the ulcers, so that to save from one would enable us to escape the other, and in this point of view the appearance and enlarging of the boils became a sufficient and early test.

I should add that bromides were always of great use in this case, until under the influence of multiplying ulcers, the general health began to fail, and the fits to increase.

I began by making the functions of the skin more active with warm baths, flesh brushes, and other means, with always great attention to the bowels, and finally with various doses of both vegetable and mineral diuretics, such as bark and iron. The other means had merely failed, but the iron, especially its most efficient form, the tincture of the chloride, enormously increased the attacks, as it is very prone to do. Next I employed manganese, zinc, silver, bismuth, all alike in vain; nor was any local plan of treatment more fortunate. Finally, I raged all the changes upon the combinations of bromine, using them before or with or after meals. The bromides of potassium, sodium, and ammonium all alike occasioned these hideous boils and ulcers. All of the three salts acted favourably upon the fits, the ammonium salt requiring much larger doses, and being apparently not quite so sure in its effects. I then began to employ, with but faint hope of success, combinations which are not in common use, such as bromide of calcium, of magnesius, and even bromine itself in solution. None of the latter agents surely lessened the number or force of the fits, so that there was no rea son to continue them long enough to tell whether or not they would increase or keep open the ulcers. So far as I can now recollect, the bromide of lithium was the last used of the bromides. It caused new or increased the old ulcers, and had the usual happy influence upon the fits of the other bromides of fixed alkalies.

Until lately, I supposed that the above case, of which I have related enough to serve my purpose, stood alone as to the possible extent of the influence exerted by bromides upon the skin. Two months ago, however, I saw a young man from Northwestern Pennsylvania, who on account of an epilepsy of ten years' duration, took, without advice of any physician, a quick preparation, which I have found to contain about 25 grains of bromide of potassium to each dose. Finding that he obtained but slight relief and despite increasing doses, of the origin of which he knew nothing, he doubled the dose and took for at least a month, 50 grains thrice a day. When I saw him, he had above the right knee an ulcer two inches wide, and through neglect, covered with a conical cap of dried pus, so as to look like rupia. On the same leg were two ulcers, and on the left arm and back of neck were three. It may seem incredible that the only physician in his neighbourhood, to whom he showed these ulcers, and related his case and treatment, should have considered his case as one of syphilis. Upon withdrawing the bromide, these ulcers healed with the most astonishing rapidity.

Twice, at least, I have seen no instance of bromic ulcers, although, like others, I have met with many cases of such eruptions of small boils, as to make it advisable to lessen or stop the offending drug. On the other hand, in some epileptics the largest doses of bromides cause only slight acute eruption between the shoulders, while in a very few no therapeutic device will lessen or
Medical News.

Liverpool Lying-in Hospital.—The statistics of attendance and relief during the past year, as compared with those of the year preceding, show a marked increase in all departments, save that of training nurses, but the falling off in the numbers certified is regarded as exceptional. There were 233 confinements last year, giving 234 births, out of which there were 11 still-born. Three mothers and three children died.

The Public Health.—During the past week, 5,214 births and 4,071 deaths were registered in London, and nineteen other large cities and towns of the United Kingdom; and the aggregate mortality of the week was in the ratio of twenty-nine deaths to every 1,000, as against the present estimated population. The annual rates of mortality last week in the seventeen English cities and towns, stated in the order of their topographical arrangement, were as follows:—London, 29 per 1,000; Portsmouth, 21; Norwich, 20; Bristol, 30; Wolverhampton, 25; Birmingham, 27; Leicester, 32; Nottingham, 30; Liverpool, 46; Manchester, 29; Salford, 52; Bradford, 27; Leeds, 24; Sheffield, 27; Hull, 20; Sunderland, 31; and Newcastle-upon-Tyne, 20. The fatal cases of small-pox in these seventeen towns were 214 last week, of which 157 occurred in London, 51 in Liverpool, 2 each in Manchester and Salford, 1 in Newcastle-upon-Tyne, and 2 each in the rest. In Edinburgh the annual rate of mortality from all causes last week was 31 per 1,000 persons living, in Glasgow 40 per 1,000, and in Dublin, 33.

Society for Relief of Widows and Orphans of Medical Men.—At the last quarterly Court of Directors of the Society, £1,078 10s. 0d. was voted in various sums to fifty-six widows, and 423 to fifty children for the half year, beginning the 1st of January, and a sum of £29 was granted to the widows and two children, as extra grants from the Copeland Fund. In the absence of the President, Dr. Pitman, V.P. took the chair, the Court was well attended by the Directors, the usual business of such meetings was transacted, only two new members were elected, and there were none for election. The Directors once again urged on the members the increased assistance, to enable them to meet the very heavy and increasing demands on the Society. It is expected the balance sheets of 1870 will show but a few pounds to the credit of the Society. It having been decided that no anniversary festival be held this year. "The Directors earnestly request the wealthiest members of the profession, to make donations to the declining funds of this excellent charity." To this official appeal, we would impress upon our readers the claims the society has upon their interest, both pecuniary and otherwise.

Small-pox and Vaccination.—The Royal College of Physicians of London has issued a statement to the following effect: "The history of vaccination, since the first introduction, has occurred to shake the confidence that has hitherto been placed by every well informed physician in the power of vaccination to diminish the susceptibility to small-pox, and in its efficacy as a protective against both the mortality and the disfigurement occasioned by that disease. Small-pox occasionally occurs a second time in the same individual; it is not, therefore, surprising that small-pox does sometimes occur in those who have been vaccinated, more especially in those in whom the operation has been imperfectly performed. Such facts were admitted by Dr. Jenner himself, the discoverer of vaccination. The mortality from small-pox occurring in the non-vaccinated, amounts to thirty-five per cent. of those attacked, whereas the mortality in those who, having been properly vaccinated, subsequently take small-pox amounts to less than one per cent. Disfigurement, more or less serious, is in the non-vaccinated the rule; in the properly vaccinated it is the exception. Experience has amply proved that re-vaccination of adults who have been vaccinated in childhood will, to a very large extent, protect against an attack of small-pox. Thus, to take one of many illustrations that might be adduced. For more than thirty years all the nurses and servants at the small-pox hospital, who had not previously had small-pox, have been re-vaccinated before entering on their duties; and not one case of small-pox has occurred among them, or amongst their offspring, proving the atmosphere of concentrated infection. The College, therefore, deem it right—that all persons who have not been vaccinated, or who have not already had small-pox, should at once be properly vaccinated by competent vaccinators. 2. That all persons who have passed the age of puberty, and have not already been re-vaccinated since small-pox has been introduced, may be regarded as affording evidence of efficient protection from small-pox. But on the other hand, where no local effect whatever is produced, the person can only be regarded as being in the same position as if the re-vaccination had not been performed. The practice of re-vaccination does not appear to be generally necessary. But, in instances where a person, after re-vaccination, has been subjected to serious constitutional or climatic changes, and is subsequently more than ordinarily exposed to the infection of small-pox, a further re-vaccination may properly be advised.

Latest Paris Food Items.—All the horses in private hands were taken without distinction as fast as they were required for food, and the sacrifice of property under this necessary exigency was terrible. In at least one instance a splendid pair of carriage horses which cost owner £200, were sent to the abattoirs, the procurer receiving £48 for them; and it is said that a splendid English stallion which cost more than a thousand pounds was taken and sold at the same rate. For the meat of a single horse this last case seems one of unnecessary waste of money. The Jardin des Plantes has been informed, that the horses and steeds of soldiers and civil functionaries have all been killed and sold at fancy prices. Two young elephants were sold at 27,000fr. to a butcher, who has made a specialty of such game. The skin was at once sold for 4,000fr.; the feet, trunk, and other parts sold enormously; and the carcass already became saleable, after a week. The Parisians have had the opportunity of tasting bear hams, camel hump, seal flesh, eagle, parrot, and I know not how many other strange birds and beasts. "Camel eats likeveal," says one, "seal like lamb, and bear like pig." Why do you not eat monkey?" says another, "for monkeys imitate everything."—Food Journal.

London International Exhibition, 1871.—Comparatively few persons are aware, so completely has the war eclipsed every other subject, that a grand International Exhibition will take place in London this year. A very handsome range of buildings has been erected at South Kensington for the purpose, and the Exhibition will be opened on the 1st of next May. These buildings are capable of holding the 50,000 persons, and are of a permanent character. Notwithstanding the war, France will be a large contributor, and the French Commission have built an annexe of their own at a cost of about £50,000. The buildings are open from March, and the Exhibition will last until October 31st, and various articles for exhibition which must all be delivered before the end of February. H.R.H. the Prince of Wales is the President of Her Majesty's Commissioners for the Exhibition; Messrs. Spiers and Pond are to be the refreshment contractors; Messrs. Chaplin and Horne the carriers; and Her Majesty's Commissioners have entered into arrangements.
NOTICES TO CORRESPONDENTS.

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for the printing and publication of the officialcatalogues by Messrs. J. M. Johnson and Sons, of Castle street, Holborn, London.

Fuel in Paris. — We read in Nature that the new fuel invented for Paris is more substantial than had been supposed. It is the asphalt used for coating the side-walls of the streets. The total length of trottoirs is about two million yards, the breadth two yards, and the thickness half an inch, so that the cubic measurement of asphalt for use is 555,550 cubic yards. It is mixed with about half of its weight of sand, which reduces the real weight of asphalt to 277,777 cubic yards. It is flammable, but without exploding with smoke. But all these drawbacks can be met successfully by scientific skill and ability. M. Le Troest, director of the Grenelle Gas Works, has erected furnaces for using tar as fuel in the distillation of tar. Tar is sufficient without the help of any other fuel to prepare gas for ordinary purposes or for inflating balloons. These furnaces were working successfully from the beginning of November, and this success has probably led to the idea of using asphalt as fuel for ordinary purposes.

The same authority says, that another rather singular invention for remedying the actual want of fuel in private houses became very popular in Paris during the siege. They prepared cylinders of clay impregnated with bituminous substances; these combustible cylinders were used like the ordinary charcoal which is necessary in Parisian cookery. The earthy matters, of which the proportion is not greater than necessary, remain in the furnaces like ashes left by the combustion of charcoal.

London Surgical Home. — A Course of Clinical Lectures will commence to-morrow, the 16th, and be continued on Thursdays at 2 p.m., by Mr. Baker Brown. The first will be on "Ovariotomy, which operation will be performed by Mr. Brown, the case being used for clinical remarks."

Royal College of Physicians of London, February 7th, 1871. The following gentleman passed his first professional examination:—Richard James Maitland Collin.

Royal College Surgeons of England. — The following gentlemen have passed all examinations for admission to be regular members of the college under the old regulations, on the 8th inst., viz.:—William Chessell, M.D., St. Andrews, Horsley, Sussex; Frederic R. Liebreich, M.D., Berlin.

New Hot Water Apparatus for Hospitals, &c. — A new system for a continuous supply of hot water and hot air has just been patented by Messrs. Conyn Ching and Co. of Long Acre, which consists of a small tubular boiler, eleven inches square, and five and a-half inches deep, fixed at the back of an ordinary hot water or stone communicating with a large, or as it is termed, "hot water boiler," which is fastened to the wall and filled with water. A pipe from the house cistern conveys cold water into the cylindrical boiler, whence it rapidly circulates through the tubular boiler, returning at once through a second and larger pipe to the cistern. The advantage of the new system is that it is purely aqueous, and avoids the necessity of boiling the water, thus obviating those evils which are inseparable from the use of iron water pipes. The house can be supplied with hot water at any convenient adjacent position. A pipe from the house cistern conveys cold water into the cylindrical boiler, whence it rapidly circulates through the tubular boiler, returning at once through a second and larger pipe to the cistern. The system is simple, cheap, and free from the objections which have been so many fatalities of late is therefore avoided by this very simple arrangement.

NOTICES TO CORRESPONDENTS.

Correspondents requiring a reply in this column are particularly requested to make use of a distinctivesignature or initials, and to avoid the practice of signing themselves "Reader," "Subscriber," "M. So-and-So," &c. Much confusion will be spared by attention to this request.


Mr. Reginald Walbrook. — Thanks. The journal shall be sent to your address regularly.


L. J. — You promised us particulars of your supposed case of poisoning by choral hydrate. E. T. Thanks. We shall be glad of your "Medico-legal Annotations" if suitable for publication.

Dr. Jossum. — We have added your name to our list of subscribers. The last number was sent you.

Dr. Buenos W. A. — We regret being unable to recommend any particular insurance office for an obvious reason. 2. Sir Thomas Watson. 3. His address will be found at foot of the communication.

Mr. G. — Yes, it is one of the following: "Surgical Journal," Med. Journ. We prefer not opening the subject up in our columns, but we thank you all the same.

Secret Poisons. — Our contemporary The Tich, address the Editor, 120 Aldersgate street, London.

SECRET POISONS.

To the Editor of "The Medical Press and Circular," A correspondent writes to us as follows: In the Daily News for Feb. 8th, I read an extract from your paper inviting readers to throw what they can upon the secret which is communicated in letters.

I may be unable to furnish you with such particulars as you are anxious to obtain, but I can narrate you a similar case for the truth of which I can vouch.

A few years ago, the Governor of Poland, Statthalter Count Boga, during the time the province of Poland was, for a lengthened time, in a state of siege, received a very closely written letter conveying to him information which, at that time, was of such importance, as it disclosed to him certain matters respecting the then going on revolution. Count Boga was only able to read a very short part of the letter, which dropped down in water, and did not dry even after a very long time; however, showed all the appearances of poisoning. The cause being guessed very soon, restrainers were appointed, and he was rescued to health, not, however, if I know rightly, until after a considerable lapse of time.

Possibly, some of your readers may be able to throw further light upon this occurrence, which was kept secret for some time, but became known after the Count was out of danger.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Rules for the General Management of Infants, recommended by the Obstetrical Society of London.

Michell's Process for removing External Tumours. By W. A. Bell, M.A.

On the Alliteration, Suspension, and Cure. By Dr. Ellis London. Sweden.


Urinary Calculi in the Lower Animals. By Edward Crisp, M.D.

VACANCIES.

Devon and Exeter Hospital.—House-Surgeon. Salary £150, with board and residence. Election March 16th.


East London Hospital for Children.—House-Surgeon. Salary £50 per annum, with residence.

Bristol General Hospital.—House-Surgeon. Salary £160, with board and residence.

APPOINTMENTS.


Cowell, G., F.R.C.S., of the Westminster Hospital, has been elected Assistant-Surgeon to the Royal Westminster Ophthalmic Hospital.

Enington, Mr. R. W., Resident Physicians' Assistant at the Queen's Hospital, Birmingham.


Hend, J., M.R.C.S., Resident at the General Dispensary, Birmingham.

L'Estrange, R., L.K.Q.C.P.I., L.R.C.S.I., Surgeon to the County of Wicklow Infirmary.

Lynne, P., M.R.C.S., Medical Officer for District No. 4 of the Aylsham Union, Norfolk.

Lye, T., M.B., C.M., Assistant Medical Officer to the Borough Luton Asylums, Newcastlen-on-Tyne.

Macdonald, H. M. M., C.M., Assistant-Surgeon to the Clayton Hospital and Wakefield General Dispensary.

O'Donoghue, J., L.R.C.P.E.I., Medical Officer for the Cushendall Dispensary District of the Ballymena Union, Co. Antrim.


Powell, E. D., M.D., M.R.C.P.L., Assistant-Physician to Charing Cross Hospital.


Summer, E. S. M., House-Member to the Bristol Royal Infirmary.

Terry, J., M.B., M.C., L.K.Q.C.P.I., Temporary Physician to the Fever Hospital, Cork street, Dublin.

The following appointments in H.M. Indian Medical Service have been made:—

Surgical Army. — To be Surgeons Major: Surgeons J. Entier, Margaret, W. F. Adley.

To be Surgeons: Assistant Surgeons, D. Wright, M.D., H. C. Cut-
ESTABLISHED 1848.

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PRACTICES AND PARTNERSHIPS NOW OPEN for negotiation (in addition to those advertised in Dr. Langley's last List, which is sent post free on receipt of two stamps) as below:

Y 120. GUARANTEED INCOME. A professional gentleman, desiring to retire from practice in London, has an open place in the south of England wishes to meet with a SUCCESSOR, to whom he will guarantee at least £300 a year to commence with. The practice is of the best, and $100 of the best might be made for the reception of patients. The introduction would afford scope for very large practice of the best class.

Y 120. A GOOD COUNTY, with a very good practice, receipts over £400 a year. There is an agricultural population of 4,000 in the immediate are of the practice. The patients consist of rich resident farmers and tradesmen. Fee is £15 guineas. One medical firm competes. There is no other opposition in the district. The incumbent holds a several easily worked appointments, demanding little trouble or expense, and realising £60 a year. The residence is very commodious, containing large dining and six large drawing-rooms, with garden, stabling, coach-house, &c.; rent £40. The surgery and waiting-room are detached. Family reasons for retirement. Terms, one year's notice.

Y 121. LONDON. In consequence of severe illness, an old-established practitioner desires to make an immediate arrangement for the transfer of his practice, which is situated in an improving district within easy access of four railway stations. The practice has been estimated to be about £500 a year, but the books can be opened to the inspection of the candidate. The patients consist of upper middle class, and the whole connexion is easily transferable to a suitable gentleman, to whom every guarantee of bond and title will be given.

Y 118. In a pleasant midland county town, a well-established NUCLEUS which has been realised in cash about £550 a year. The connexion is increased as the population of the town is upwards of 10,000, and the competition is not severe. The residence is pleasantly situated, consisting of 14 rooms, with garden and orchard, rent £25, salutary reasons for retiring. An efficient introduction would afford to a suitable gentleman opening to a very lucrative practice.

Y 117. FIRST-CLASS COUNTRY PRACTICE, realising upwards of £700 a year. Appointments produce £100 a year. There is no competition, and the transfer of the practice to the best medical man in the district would secure an increase in the income with a prospect of large increase. Midwifry fee £1 is paid by patients. House has been altered, and the practice is in a most desirable and commodious situation in a leading thoroughfare. A portion of the premium might be made dependent upon future receipts.

Y 116.—LONDON, N. PLACE, a well established practice, receipts £400 a year, with Appointments; the connexion was formerly much larger and would form the basis of a Practice of £1,000 a year in the hands of a suitable man. The income is in a very desirable class, and held at a very moderate rent. Terms moderate.

Y 116.—LONDON, WITH OPEN SURGERY, very old established, Excellent opening for commencing practice. Present Receipts £200, capable of unlimited increase. House conveniently situated, rent £200. (Some eligible investments of the same nature on hand, from £200 to £500.)
Original Communications.

ON THE DUALITY OF VENEREAL SORES.

By Benj. F. McDowell, M.B. Univ. Dub.,
Licentiate of the Royal College of Surgeons in Ireland, Licentiate of the Royal College of Physicians in Ireland, Member of the Royal College of Physicians of Ireland, Surgeon to the Royal Hospital, and Surgeon to the Royal Maternity Hospital.

On the Duality of Venerable Sores. By Benj. F. McDowell, M.B. Univ. Dub., Licentiate of the Royal College of Surgeons, Licentiate of the Royal College of Physicians, Member of the Surgical, Obstetrical, and Pathological Societies, Surgeon to the Royal Hospital, and Professor of Materia Medica in the Royal Medical School of Surgery, &c.

(Continued from page 85.)

Is the closing observations of my last paper referred to the Venerable Commission of 1864, and intimated my intention to make use of its Report to assist us in generalising facts with a view to simplify the investigation of this subject—for, as in the animal and vegetable kingdoms, the naturalist finds the necessity of a standard as typical or representative of variety of species, so here, in the domain of pathology, we require, as far as Nature will allow us, to raise them up landmarks, so to speak, to map out and separate for clinical purposes, special forms of disease, according to their distinctive characteristics.

In the third paragraph of this report, we find the following:

"Venerable disease presents itself in two forms—gonorrhoea and sores or ulcers."

The consideration of the disease known as gonorrhoea may be eliminated as it does not enter properly into the question.

With regard to sores the Report goes on to say:

"Of venerable sores there are two species, one of which affects the constitution while the other does not. They may be termed the 'syphilitic' and 'simple.'"

The two species of sores, here described by the Commission under these terms, has been recognised, we must believe, from their writings, by the ancient authors, and from the earliest times.

Hippocrates remarked that certain ulcers of the genitals were accompanied by buboes; and Celsius divides ulcers of the genitals into dry and clean, moist and purulent. So also the physiologists of the Middle Ages appear to have recognised their special characters.

After the great Neapolitan outbreak of syphilis in the Fifteenth Century, and up to almost the middle of the present century, the two diseases were confounded. This might be called the "Dark Ages of Syphilis"—a period marked by the most opprobrious horrors of medicine.

In the books they are described by the following synonyms:

The syphilitic sore, or
The simple sore, or
The primary suppurating syphilitic sore.

The chancre, or indurated sore.

The "hard" sore.

The infecting sore.

The non-inflecting sore.

The non-suppurating sore.

The suppurating sore.

In future we shall speak of them in the one case as "the syphilitic sore," and in the other "the simple sore," as recommended by the Commissioners. These two species of sore present very remarkable distinctive characteristics in their typical forms—characteristics which are so palpable, under such a condition, as to leave little doubt as to their separate origin and nature; but unfortunately for exact science the "syphilitic sore," as has been already observed, often condescends to impart itself in some measure like a "simple" sore, and vice versa, and so difficulty creeps into their diagnosis. There are, I believe, in the vast majority of cases, other positive and negative points for inference in regard to accompaniments, or the absence of these, which will inform the surgeon which form of affection he has presented to him. As for example, the incubative period, the manner in which it is terminated, if it is a simple ulcer, the period of duration of induration, the state of the glands, the nature of the secretion, &c.

Now, what are the characteristics of this "simple sore"? They must be now known to every surgeon. It
commences, as I believe I have seen it, in the first instance as a vesicle, which rapidly changes to a pustule, and this on losing its covering leaves a sharply cut circular pus-secreting ulcer, with a greyish jagged base. It has no period of incubation, but, in fact, commences to do its local destructive work from the very moment of the application of its contagious source to its site, so that sometimes so early as the second, but more commonly the fourth or fifth, day after an impure coitus it will have developed a distinct ulcer. As it is highly contagious there are generally several of these at the same time. I have frequently seen three or four, often two, more rarely one in the first instance. Sometimes there is a suppurating gland in the groin; sometimes this accompaniment is absent; the pus from this is eminently contagious also. Sometimes this simple sore takes on induration, and is tellious in healing; but even in such cases it is generally healed up in the course of a month, leaving a denuded entirely devoid of the induration which is characteristic of true syphilitic infection. In the milder cases it will often get well under proper treatment in the course of a week, ten days, or a fortnight.

This is the species of sore which I say does not carry infection to the system, and is an independent disease in every sense to the species of sore to be hereafter described. It is the most frequent form of primary venereal lesion; it predominaanges the syphilitic sore in the public press to forget. In the Lock Hospital it is generally, certainly not always, the most frequent form of sore; but I would premise that its increased frequency and the comparative infrequency of the syphilitic sore is a lame argument, upon which to base the dictum that in the great majority of cases this soft sore is the source of the constitutional phenomena.

This sore is thus described by the Venereal Commission. ‘The simple local sore, the influence of which never extends beyond the inguinal glands, is eminently contagious and pernicious, but is scarcely capable of infecting the constitution; like gonorrhoea, it is often the product of irritating and contagious secretions. This is the most common form of venereal sore, and prevails over all other varieties in the ratio of about four to one. With the exception of the purely “local sore” all venereal sores are liable to contaminate the constitution by the development of syphilitic disease or syphilis. The local sore here described is of some change in the primary state of the pustule, from three to four days after intercourse. Its ulcerative stage occupies from fifteen to eighteen days, during which the sore continues to spread. This stage often terminates in the growth of exuberant granulations. When its progress is more than usually slow it throws up a well marked elevated edge around the margin of the sore, unless when seated on the glans.” The following are the characters of this sore as given by Lanceaules, viz.:

“It develops itself generally in a very short time—at the end of two or three days; first a vesico-pustule appears, and, finally, a pustule analogous to that of ecdyema. To this first condition succeeds an ulcer, more or less deep. It is most commonly round in shape; its extent varies from several millimetres to a few centimetres; its edges are clearly cut, perpendicularly, as if with a punch, and sometimes everted. Examined with a magnifying glass, they present several indentations, which surround a red inflamed circle. The floor of the ulcer is uneven, covered with a yellowish or greyish matter, which is dirty and more or less thick, and composed to a great extent of pus. This fluid, secreted abundantly, is virulent and contagious in the highest degree, to the moment at which the sore becomes nodified and cicatrization takes place. The base of a soft chancre generally presents the same suppuracness as the neighbouring tissues; and if it is sometimes the seat of a pustule, more or less resistant to the touch, it never, at least, presents the elastic, indolent, chancreoid induration of infecting chancre. Certain topical applications to the surface of this ulcer may nevertheless modify the characters of induration of the base, and become a source of error with which it is well to be acquainted. The consistence, form, and extent of soft chancre are, moreover, susceptible of variation, either according to the seat of the evil, or by virtue of conditions peculiar to the individual, and then, one pathogenetic sign persists—i.e., the inoculability, in the same subject, of the product of secretion.

This form of chancre does not necessarily react upon the glands, and the absence of glandular complications is to be regarded as one of its most important characteristics; and if, sometimes, the lymphatic glands do not escape its influence a single gland is usually affected, which becomes painful from the first, and presents all the characters of a suppurative phlegmona.”

My experience of this species of sore is, as I have already stated, that in the male it has, nearly always, a great predominance over the syphilitic sore. I speak of the number of individual cases, as well as of the number of sores on each person. This predominance, however, varies. Speaking from an experience of about ten years, I should think that sometimes it amounts to four, or six, or even eight persons attacked with it to one who is affected with the syphilitic sore; at other times I believe I have seen almost as many persons attacked with the one as with the other. Each species of sore appears to have a period of epidemic, if I may be allowed the term; but I have been unable to discover any relation between these epidemics, so far as the sores are concerned. The causes of these epidemics are well worthy the consideration of those interested in the public health. Of one fact I believe I am certain, namely,—that I have observed an increased proportion of syphilitic sores in men, when moist papules or mucous tubercles were most frequent in women; and I am inclined to look, therefore, upon mucous tubercles as an important element in the propagation of syphilis. This is an important branch of the subject, which I shall discuss as I proceed.

In the male we frequently see this sore appear a few days after impure coitus, and heal as a simple ulcer in the course of a fortnight or three weeks. Sometimes they extend to so long a period as two months, but without being in any case followed by the constitutional phenomena of the infecting disease. But it sometimes is even more obstinate. For example, I was consulted in reference to a case of this sore, which had lasted from the first time of impurity, was a sharply-cut, extensive sore, with very considerable typical non-syphilitic induration. Under proper treatment it got quite well in three weeks, having no trace of induration, and it has not been, up to this time, followed by secondaries. I could quote many cases like this. I am sure every surgeon in his practice meets instances of this species of “simple” sore over and over again, where no mischief follows to the constitution; until, it may be, after he is attacked by two or more such harmless sores, at intervals, the patient is caught in the bull-dog grip of the true syphilitic sore, which will run its course in spite of surgeon or physic with unerring and relentless certainty. Why those who do not believe in the duality of venereal sores do not account for this, I am at a loss to know. I have never received a satisfactory explanation of it.

In the female the case is always different. The difficulties here are —1st. To find these sores from the doubt in their early stages as to their exact character. 2nd. To find them free from complication. 3rd. To define their incubative period, a point of great practical value, by which I mean the period which elapses from the application of the virus until the sore appears; but who could determine this diagnostic mark with any reliable accuracy when there is continued exposure to every form of contagion day by day. The discovery of this unmistakably is one of the cardinal points in such cases being an approach to accuracy of diagnosis can be ensured in the early stages. It is well known that in women the typical indurated sore is rare and often difficult to discover. All
distinguished writers agree on this point, and it is my experience. But we are not to infer from this that all other sores are "simple" or "soft," as Mr. Morgan appears to have done. Nevertheless, even in this class of patients, there are many unusual cases, and I say not that induration of the sord to be "syphilitic" or not. The auto-inoculative test is, in certain cases, valuable; but in women, and particularly in prostitutes, it must be received with the greatest caution; it is a mode of diagnosis which Mr. Morgan has extensively drawn upon, however, and we must only take it for what it is worth under these special circumstances. Many sources of error may there be in it. I have seen two or three typical simple-sore and ulcerations with a pel fistula of indurated glands in either groin, the unmistakable evidence of blood poisoning; but on closer examination, I have found, which resisted inoculation, a syphilitic abrasion on the os uteri, or the indurated cicatrix of a syphilitic sore on either labium, or a papule on the walls of the vagina the true cause of the indurated glands. Moreover, I have over and over again in women known constitutional infection to follow without any history, or sign, of any species of sore, having existed at all.

Mr. Morgan, in the commencement of his argument, says—"In the Lock Hospital, nearly all the patients were affected by soft sores, and they had been invariably followed by secondary symptoms; and over and over again he had inoculated from these sores. These results were directly at variance with the opinions expressed by many eminent writers on this subject. They were all aware that a vast difference of opinion existed in reference to it. In America Gross differed from Bunstead; and in England we had such men as Syme and Sir William Fergusson holding that there was no such thing as dual poison, while others of equal authority held the reverse. The question was whether this dual sore existed? Was there one sore capable of infecting another that was not? All the patients writers were affected with sores in the hospital under his charge had secondaries, yet the hard sores were very rare indeed.

In reply, I say, there are two sores, one of which is capable of infecting the system, and does so under all circumstances; the other, which does not do so, except in exceptional cases.

Again, Mr. Morgan has separated twenty-two cases of "soft sores," all of which, save three, were succeeded by secondaries, which he has quoted as evidence of the same. I can quite understand this, but it may be a natural oblivion of mine, still, I must confess I don't think that it weighs one straw in the argument. Twenty-two women came under Mr. Morgan's care suffering from what he calls "soft sores," all their sores are auto-inocuable, they are all, save three, followed by secondary manifestations. Well, how does this affect the point at issue! With great respect, considering the history and nature of the cases, I say not in the smallest degree. In the first place I should like to know what he calls a "soft sore"? It appears to me that Mr. Morgan has not realised, or forgets it if he has, that there is a syphilitic sore in women, and in my experience, it is by far the most common variety which possesses very little hardness, but which is, nevertheless, truly syphilitic. This sore, with which I am well acquainted, is thus described by Dr. Vintras, in his evidence before the Venerial Commission (see question 5,217):

"Do you think you can invariably determine, by the character of a sore which a female has, what kind of sore will appear in a male?—Not always by the appearance of the sore in the female, for very often a syphilitic chancre in a female has no perceptible induration, and yet that primary sore, without perceptible induration, is followed by secondary disease in the female; but I should look for induration in the primary syphilis in the male, and I should say that in the primary syphilis in the male, that would lead me to find out what the character of the sore was." I daresay Mr. Morgan is beginning to learn something about it lately; I may remind him of several cases (five or six) he saw of mine last month, when Dr. Robert McDonnell was present, but I will describe it more fully when treating of the syphilitic sore and its varieties.

As I write I have, under my care, six cases of sores which do not possess the typical characters of either "soft" or "primary" sord; and Mr. Morgan, will forgive me when I say I believe he would call them "soft," and blame them wrongly as being the cause of the secondaries, but the characteristic and pleiad of glands, in either groin, are there to declare, if there be difficulty in diagnosis of the sore itself, their true infecting nature. This I believe to be one of the most reliable guides in determining the real nature of sores, and one which never should be overlooked in doubtful cases, namely, the infiltration, and persistent induration of the glands in either groin, in syphilitic infected cases which I have examined closely, I have, in very few instances, indeed, seen this almost invariable sign of blood poisoning absent. Secondary manifestations are as sure to follow in such cases as they are in the true Hunterian sore, at least, I have always looked for them with the same certainty when this accompaniment was present, no matter what the apparent character of the sore. This is in my judgment far before that by inoculation which is open, in women particularly, to many doubts and objections. They are all interesting young women of eighteen, but they are all prostitutes, and all the more likely in consequence of the attractions of youth to be exposed nightly to every form of contagion. It should be borne in mind, therefore, that "softness" or "hardness" is not a constant characteristic of syphilitic sores in either men or women, but particularly is this test fallacious in the female.

It is remarkable, however, in regard to this arrago of twenty-two cases of soft auto-inoculative sores quoted by Mr. Morgan, all of which, save three, were followed by secondaries—that one of them, in which I took great interest in as being a suitable case for scientific observation and inquiry, and which proved to be auto-inocuable, was not followed by secondaries in any form, for nine months that she was under my observation! I remember distinctly often saying that if that case was followed by constitutional infection, I would be inclined to waver in my belief in the duality of sores. Mr. Morgan said, "wait;" but I waited in vain for the secondaries, for they never appeared! This girl was not a prostitute, and she was kept as an assistant nurse in the hospital for many months; and, viewed in every sense of the word, it seemed as if the truth which appeared to answer the requirements of science, and no secondaries followed. This one case, to my mind, possessed of so many reliable particulars, is worth all the others put together; but Mr. Morgan admits another case in which no secondaries followed. Under these circumstances, considering the nature of the cases upon which he builds his argument, I believe I may make him present of the other twenty cases—for, how does he get over the unanswerable fact that in all the cases in which individuals were inoculated with the syphilitic poison by Wallace, and others, that a sore appeared at all, secondary symptoms inevitably followed? If, then, the poison was the same, why were not all the cases followed by secondaries? Why is there any exception?

(To be continued.)

ON A MODIFICATION OF JARVIS'S LUXATION ADJUSTER.*

BY WILLIAM STOKES, M.D.,
Junior Surgeon to Richmond Surgical Hospital.

HAVING had an opportunity of seeing some cases of dislocation successfully treated by Jarvis's Adjutor in the clinic of Professor Nélaton during the Winter Session of 1865-66, I formed from the results obtained, a high

* Read before the Surgical Society of Ireland. The discussion will be found on page 159.
opinion of the surgical value of the appliance. The apparatus, however, which I wish to bring under the notice of the Surgical Society this evening, is a modification, and in many respects, an improvement on the original adjutant of Jarvis, and has been devised by the eminent surgical mechanicians of Paris, Messrs. Robert and Collin.

The apparatus consists of a steel case of the dimensions of an ordinary gun-barrel, open at the upper surface and containing a rack-bar. At one extremity of the steel case the pinion-wheel is fixed. The rack-bar constitutes the extending bar. The counter-extending bar is fixed not at the extremity of the rack-bar case as in Jarvis's Adjutant, but to the thigh fork, the shoulder collar, or the elbow-fork. The shaft of the pinion-wheel terminates in a square heel which fits into a corresponding square opening at the extremity of the lever, and which passes through the centre of a ratchet wheel which is fixed to one extremity of the lever. The rack-bar case is so adapted as to fit into the end of the counter-extending bar and the two bars, the extending bar to the counter-extending bar are united by the dynamometer which is fixed by two hooks and which are close to the extremities of the two bars. The effect of turning the pinion wheel by the lever is to increase the distance between the extending or rack-bar and the counter-extending bar. This latter is attached, for luxations of the upper extremity of the humerus, to the shoulder collar: for luxation of the elbow, to the elbow-fork; and for luxations of the femur, to the thigh fork. These appliances can also be adapted to luxations occurring at the knee and other articulations.

As a rule, in the reduction of dislocations, the application of two equal forces one extending and the other counter-extending and operating from fixed points is the method adopted, and it must be admitted, generally with success, by surgeons in the treatment of most luxations. Now, as Jarvis remarks, if the line of extension happens to be the correct one he (the surgeon) does not desire it to be changed; but if it happens to be incorrect the force must first be relaxed before he can change it.

The principal object of Jarvis's apparatus and this modification of it, is to get rid of the effect of being confined to fixed points in the reduction of dislocations. The indications which this instrument is intended to fulfil are:

1. To establish a line of extension and counter-extension in every case, and in any two described points, and to be enabled to change the direction of the force without any previous relaxation of it.
2. To furnish an extending force which is unlimited in principle yet easily calculated, and which is perfectly subject to the will of the operator.
3. To be enabled to estimate with mathematical accuracy the amount of force used.
4. To enable the operator to apply the force whether direct or transverse, either rapidly or slowly, and to retain it on the limb during his pleasure.

There can be little doubt that in many cases in attempting the reduction of dislocations when the forces, whether physical or mechanical, or both, are confined to two fixed places there must be, to a greater or less extent, a violation of mechanical laws. This, as the original deviser of the adjutant remarked, is self evident in all cases when the luxated extremity of the bone is driven into soft tissues which, to a greater or less extent, envelope it. In such cases, the surgeon would be more likely to disengage the head of the bone, or being able to give free motion to the limb in various directions, while applying extension, than he would by applying that force in one given line.

I may now give, as briefly as possible, the particulars of four cases of dislocation which were treated by this modification of Jarvis's Adjutant:

CASE I.—Nora B., aged fifty-two, by occupation a housekeeper, was admitted into the Richmond Surgical Hospital under my care on the 6th of last June, suffering from a dislocation of the right humerus into the axilla, the result of a fall on her shoulder. The patient had previously suffered from a luxation in the same shoulder. On the occasion when she came under my care the dislocation had occurred only three hours before her admission, and all the usual characteristic signs of dislocation into the axilla were present. I applied the adjutant, and without putting the patient under the influence of chloroform, I reduced the luxation in less than a minute, the force used not exceeding 100 pounds. The patient then returned home. This was, so far as I am aware, the first case in which this apparatus was used.

CASE II.—Dislocation into the Axilla treated by Robert and Collin's Adjutant. Luxation reduced in less than a minute—the force used being 180 pounds.

Richard L., aged fifty-eight, a very strong muscular man, was admitted into the Richmond Hospital into my ward, on the 4th of last August. He stated that, on the previous day he fell off a car and came on the left shoulder, which injury was immediately attended with great pain and inability to raise the arm. At the time of his admission the arm was less marked, and the injury was well marked, as, for example, the slight lengthening of the arm, the prominent acromion, the inability to raise the arm, the pain in the joint, numbness in the fingers, etc., etc. The luxation had occurred twenty-five hours previous to his admission into hospital. At 4 p.m., on the 4th of August, I applied the adjutant and at once reduced the luxation, the force used being equal to 180 pounds. Before, however, success attended our efforts, I had twice to alter the direction of the force by rotating the instrument, keeping up, at the same time, the extending force. On the 6th of August the patient left the hospital.


Thomas C., aged eleven years, was admitted into the Richmond Hospital on Aug. 7, 1870. The patient stated that a few minutes previous to his admission into hospital, he slipped off a curb-stone and fell on his right hand. The prominent signs of the injured arm were great projection of the olecranon, a hollow at each side of the triceps, the head of the radius could be felt distinctly projecting backwards and outwards, arm was almost at a right angle with the forearm; inability to flex beyond a right angle or pronate the arm, absence of crocips. At 7-30 p.m., I applied the adjutant, the hand and forearm being previously lightly bandaged as in the former case, were less than two minutes the reduction was effected, the force used being 101 ½ pounds. For some days the patient suffered from acute inflammation of the joint which, however, under the influence of local depletion, fomenting and poulticing, quickly subsided, and on the 16th of August the patient returned home.

CASE IV.—Dislocation of both bones of the Forearm backwards of one week's standing. Reduction after two attempts.

Thomas Kerr, aged twenty-three, by occupation a school-teacher, was admitted into the Richmond Hospital under Mr. Stokes' care on September 17th, 1870. He stated that three weeks and three days previous to his admission, while he was out shooting he tripped and fell on his elbow. There was not much pain at the time, but the elbow swelled rapidly. On examination, after his admission into hospital, the right forearm was found to be extended. As in the treatment of most luxations, there was complete inability to flex it, and a considerable degree of lateral motion existed. Both bones could be felt posteriorly. Hand slightly pronated, cannot be supinated. Complains of great pain on making any examination of the joint. The first time (Sept. 20) that
an attempt at reduction was made, only a partial success attended our efforts—viz., the forearm was got into a temporary position being partially flexed on the arm. But it was evident that the luxation was still unreduced. Four days subsequently, a second and more successful attempt was made, the force necessary for the reduction being 189 pounds. This was followed by very violent inflammation in the joint. It however soon subsided under the influence of suitable antiphlogistic measures, and although a good deal of stiffness remained in the joint at the time the patient leaving hospital, yet, when he was brought under the influence of chloroform, perfect flexion and extension, as well as pronation and supination could be produced.

The next cases I shall allude to were those in which I did not succeed in effecting reduction by means of this instrument. They were three in number and all luxations of the head of the humerus. Two of them being of the head forward and one into the axilla. The displacement in two of the cases of long standing, one being of several weeks and the other of nearly four months' duration. In the latter case in which attempted reduction by ropes and pulleys was also tried without success, I used a force of over 200 pounds and without producing the slightest effect. The patients were strong muscular men, and the injury in both cases was the result of a fall on the shoulder. These cases were under my care in the Richmond Surgical Hospital in the early part of last December. The seventh and eighth of December I used an instrument which I have termed a luxation of the head of the humerus forwards, and was in the Richmond Hospital last week. The patient was a strong powerfully built man of exceptionally great muscular development, aged forty-four years, a cooper by occupation, and was admitted into the Richmond Hospital under my care on the 22nd of last January. The luxation was of three days' duration. On the 23rd of January I applied this instrument, and though the force used was only 220 pounds, the head was not reduced in effecting the luxation. I believe the failure in this case was owing to the great development of fat and muscle which the patient exhibited. The shoulders and arms were exceptionally large, and I experienced considerable difficulty in getting the collar to which the counter-extending bar is attached round the shoulder. In getting it round and above the joint the integuments and muscular tissues about the arm and shoulder were thrown back, and in consequence a vast deal of the force applied was expended on these structures and not on the head of the displaced bone. This would not have been the case had the collar been larger and a reduction would then, I have not the slightest doubt, have been easily accomplished. It must be remembered that this collar was manufactured with special reference to the French physique and not for those exceptionally large and muscular persons that are occasionally the subject of observation in this country. On the 27th of January, I succeeded in reducing this luxation by means of the ropes and pulleys.

Looking, therefore, at my experience of this modification of Jarvis's Adjutant which I have hitherto used in seven cases of dislocation, I could not say that it should supersede altogether the older methods of reduction, but it is certainly of very great value in being a "means of more" in the treatment of this all important class of injury. The results too obtained by Nclaton, Hamilton the eminent American surgeon, and others, have shown that Jarvis's Adjutant, of which this is a modification, and in many respects an improvement, is practically, as well as theoretically, superior in certain cases to the appliances ordinarily made use of, and there can be no doubt that it certainly enables the surgeon to get rid of the effect of being confined to fixed points while applying the most powerful extension and counter-extension in the reductions of luxations. Object is raised to this in a remark from its being so complicated and necessarily so costly, but such objection deserves not even a passing notice, when we reflect that it enables the surgeon to get rid of a great difficulty which he has always experienced in the treatment of some varieties of luxation, one which has often been a most insurmountable obstacle in abandoning the attempt at reduction as wholly impracticable, and condemning the sufferer to be a hopeless cripple for life.

ON THE CONNECTION BETWEEN CERTAIN DEFECTIVE SANITARY CONDITIONS AND DISEASE.*

Mr. President and Gentlemen,—Cases of illness, such as are now generally supposed to be of a preventible nature, are frequently met with, in which it is a matter of very great difficulty to ascertain the cause. It is, however, a well established fact that certain conditions favour the development of disease; this observation applies to what are called zymotic diseases, and is also true of several other disorders.

A child experienced an attack of cold, accompanied with febrile symptoms, indicating a gastric tendency, the weather was warm, and the atmosphere of the large bed-chamber, in which the little patient lay, was somewhat close, an improvement in the ventilation of the room at once produced a marked fall in the number of the child's respirations, and appeared to contribute materially to recovery.

Since writing the above, I notice that Dr. Leyden* has recently shown by experiment, that respiration is augmented in febrile diseases generally, and that the excretion of carbonic acid is also rather increased in those disorders. We may now, I think, account for the fact that the augmented respiration was, to some extent, diminished by the simple act of allowing a freer access of air to the chamber of the child just mentioned, inasmuch as the air, previously respired, contained a larger percentage of carbonic acid from having already been used in respiration to a greater extent, at least, than the fresh air, and was, therefore, less able to fulfil the functions required of it than the latter. Dr. Leyden has therefore explained the principle on which experience has long guided treatment in this particular. In addition to an increase in the amount of carbonic acid found in a sick room or in the air of a dwelling house, it is not necessary here to advert to the exhalations, &c., from the sick, which, also, necessitate due ventilation.

Escape of ordinary coal gas is a serious source of contamination of the air of dwelling houses, workshops, &c., and should be carefully guarded against. Due provision for permitting the free escape of the results of combustion of coal, wood, coke, gas, &c., into the outer air should always be made. Where this has not been attended to, I have known, no doubt, in common with most, if not all, of my hearers, serious consequences arise. Injuries, and even fatal pollution of the air of dwelling houses often arise from defects in the drainage, as is now generally well known. It would be an error, as far as my observations go, to expect any one defined form of illness as a constant result of exposure to sewer gases; from what I have seen, the malady so arising, varies with the season, climate and soil of the locality and with the age and other conditions of the patient. I am led to make this remark from experience in different climates.

The system pursued by some workmen, of what is called Scamping, leads to many evil consequences, the following may serve as an example:—Owing to loss of health of the inmates, and the appearance of rats in the basement, it was conjectured that some serious defect existed in a house in the west district of London; on raising the flooring, it was discovered that the joints of the sewer pipes were uncemented, and where an inclination was required to pass through the front wall of the house, the pipes were not even in proper apposition, a considerable portion

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* Read before the Surgical Society of Ireland.
1 See Lancet, January 7th, 1874, and "German Archives," 1870.
The Medical Press and Circular.

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of the upper part of the junction being unclosed, whereby rats had free ingress and egress between the pipes at that part. Moreover, it was found the pipes did not reach the main sewer, but ended in a cellar in front of the house. Nor was this the only source of evil to the inmates of the house, for it was found that three families in succession had vacated, owing to the ill health of one or more members of each, it was found, when the sewers of the house itself were set to rights, that imperfections in those of the adjoining houses freely admitted all the evils, rats included, from which it had been hoped to have escaped. Many localities possess a porous, sandy, or gravelly soil, whose powers of absorption are frequently overtaxed by the armoured house-sewage, in some parts of the East, the cesspool for the house is constructed under the centre of the dwelling house, in other cases, the site for this receptacle, is in the central court. Round the four sides of the latter, the dwelling house or block of dwelling houses extends. It is not, however, necessary to go so far from home to find a somewhat similar arrangement with dangers varying in degree.

Typhus, of a malignant and fatal type, occurred in a small house, in the South-Eastern district of Dublin; a latrine, of very rude construction existed against the wall of the house, and was resorted to by several families; there was direct evidence that the flooring and wall of the house were permeated by the contents of the latrine.

Gastric fever occurred in a family dwelling in a house, in a recess in the outer wall of which a latrine was constructed, several cases of illness, sometimes in the form of fever, at other times in that of pulmonary as well as scrofulous affections had been an almost constant occurrence in the same house for years.

Four cases of measles, fatal in the course of the disease, or in that of the sequela, occurred in a house in Upper Kevin street, within about six weeks last autumn, and since that time, at least two other deaths have occurred in the same house. It appears the several families inhabiting the house in question, number more than ninety persons, each room being generally overcrowded, other causes of insalubrity also aid overcrowding in producing the fatal results; one is the close proximity of a rag store, the attic floor of which is opened in the same floor of the house in question; the ventilation is thus, to a considerable degree interfered with, while the hall and staircase, used by so many persons, are found each morning in a disgraceful state of filth; opposite the hall door, of this overcrowded house, is an untapped sewer opening, the premises are moreover bordered by high buildings in the rear, and on either side of the small back yard, into which the buildings on the west stand, is much higher than that on which the house itself is built, and an adjoining building projects several yards in advance of the front of this house, also on the west side. With all these disadvantages, it is not surprising that the rents of the tenements in the house, under consideration, should be small, and the tenants generally of the class most likely to endanger sickness. It may be observable that the class is hardly, if ever, wholly absent from this house; in fact, it is one of those dwellings which, but too often, form a centre, from which disease in various forms radiates, if the term may be used, and which it would be for the public good to have entirely pulled down, unless very material improvements were effected in it.

In a house to the disadvantage of having a dwelling-house built on ground standing lower than that adjoining, I have so constantly found evil arise from such arrangement that it appears to me well to advert to it.

Different agencies appear to operate in rendering sites of houses, that are lower than adjoining land, unwholesome. Of these, the following may be mentioned:—Obstruction to ventilation, drainage from the higher ground into the basement of buildings standing on lower; this latter is especially injurious, if the higher ground is occupied by masses of organic matter in a state of decay, as manure heaps, by stables, byres, piggeries, tan-yards, factories of a nature prejudicial to health, or by highly manured or wet lands, &c. That elevation is, in itself, a considerable security against several zymotic diseases, unless other very unfavourable circumstances are in operation, is well known from the observations of several writers.

I have found defects of sewerage regarded as the cause of illness in cases of fever of various forms, in diarrhoea, enteric, dysenteric, glandular affections, scarlatina, febrile, and erysipelas, and other disorders pointing to a depraved state of the blood. Dr. Corner, Medical Officer of Health for Mile End Old Town, attributes scarlatina, and relapsing fever to like causes.

Towards the close of 1869, the Chemical Section of the Glasgow Philosophical Society had under notice a serious sanitary defect in the ordinary water closet arrangement of that city, and which, until very lately, had remained unobserved. As a case of water ‘trap,’ it was looked on as a quaint curiosity, but the citizens, while they used the leaden soil pipe, in the first bend from the water ‘trap,’ becomes ridelled with holes in the upper part. It was thought due to the use of Loch Katrine water. Mr. Stanford recommends the substitution of earthenware or cast-iron for the lead now in use. Dr. Fergus, who is stated to have been the first who drew attention to the connection between the existence of the deterioration in the closets, and the liability to gastric fever and diarrhoea, urged that the soil pipes should be ventilated. A case, somewhat similar to the foregoing, was recorded by Mr. S. J. Barber in the Builder (January, 1870). In his case part of the trap and the bend beyond were eaten away—the soldered seam was the part most affected. This gentleman put in a cast-lead trap and large air pipe.

A gentleman having reason to fear some such injury as to exist in his house in this city, as gastric febrile affections, dysenteric diarrhoea, and glandular complications had annoyed the children of the family for sometime, I mentioned the cases above named; and, on his having the closet in the upper part of the house taken down, the leaden trap was found corroded in its upper surface, especially near the soldering at the angles of junction with the sides. I am enabled to exhibit the specimen to the Society. I found the powder, resulting from the decay of the lead of a whitish grey colour, with some brownish substance, evidently chiefly organic matter adhering to it, and some pumice. I treated the powder with acetic acid, diluted with three times its bulk of distilled water; a considerable amount of gas was given off. After twenty-four hours I found 75 per cent. of the powder dissolved—the solution answered the usual tests for lead—and the undissolved portion of the powder left only one under the blowpipe, a bright metallic lead. Another portion of the powder yielded traces of sulphated hydrogen on being treated with hydrochloric acid and water.

Mr. Chas. R. C. Tichborne most kindly analysed a sample of the same powder, and favoured me with the following report:—"The powder, on being treated with dilute acetic acid, evolved carbonic anhydride. The solution, when poured off, gave a copious white precipitate of sulphate of lead, and a black one with sulphate of ammonium. The residue consisted of metallic lead, a trace of sulphide of lead, oxide of lead, and animal matter. The white powder, therefore, is evidently a basic carbonate of lead.

Mr. President, I will not trespass longer on the indulgence of the Committee with the foregoing subjects, but will readily observe, in conclusion, that it is necessary to advert to the excellence of the sanitary arrangements, in former times, in the town. The disease, while experience authorises us to pronounce certain conditions as favouring the development of disease generally.

That febrile action, as seen in hurried respiration, can be moderated by fresh air is capable of demonstration. Inhalation of sewer gases, as generally experienced, produces disease in different forms, according to the condition of the subject as to age, sex, strength, as well as the climate, locality, season of the year, &c. The nature of the soil and of the surface of the ground on which dwellings
are built materially influences the sanitary condition of the inhabitants.

In the modern system of drainage, most in use, it is highly necessary to guard against certain defects of original construction, as well as those liable to arise through decay from the materials used therein.

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ON SKIN-GRAFTING.*

By Mr. Edward Hamilton.

The favourable reports which have reached us both from the Continent and England respecting a novel addition to surgical science, termed Skin-grafting, have induced us to publish matter to the test of clinical experiment. It was first tried at Steevens' hospital by Mr. Colles, in the case of an indolent ulcer, consequent on loss of substance from a burn, but without success.

The second case was that of a man under my own care who received an extensive contused and lacerated wound at the back of the ankle-joint, caused by the wheel of a railway engine. After some time it degenerated into an indolent ulcer, which refused to respond to treatment. A small piece of the integument was now snipped from the inside of the arm—the piece when spread out would about cover the surface of a split pea—care was taken not to penetrate completely through the entire depth of the skin. The small portion was then divided into four parts and laid at equal distances on the surface of the granulations, on which they were secured with a broad strip of isinglass plasters. They were left undisturbed for three days, when, on removing the plaster, they were found to be still on the surface, and to have undergone no apparent alteration. They were next examined a week after they were laid down. They seemed at this time to have completely disappeared, nothing remaining but an unhealthy albinomous exudation, such as could be seen in depressions on various parts of the granulating surface. After another week they were carefully sought for, but no trace of their existence could be discovered, nor was any attempt at cuticle formation to be detected.

The third experiment was attended with happier results. It was that of a man, aged about thirty, who was admitted for a chronic ulcer of the leg of some duration. The sore presented the usual characteristics of those ulcers in a person obliged to be constantly walking. I need not trespass on the time of the Society with details which are sufficiently familiar to every member. By rest and pulse-taking, the surface was cleansed and reduced to a more healthy appearance.

On Jan. 7th, a portion of skin from the inside of the patient's arm was removed, spread out on a bit of soft splintwood and divided into three parts. These were not laid on the surface as in the first two experiments, but were inserted into little nicks with the point of a Syme's knife, so as to be buried a little distance into the granulations, they were then covered with a strip of isinglass plasters. The ulcer was next dressed with dry lint and a bandage. I may here mention that the patient was indiscreet enough to walk about on the following day. The sore was dressed daily, but the strip of isinglass plaster was not disturbed until the end of a week; it was found at that time that the little piece of skin had almost disappeared—they were probably covered by the granulations, but it was impossible, except from previous knowledge, to recognise their position. Great care was taken in the dressing of the ulcer, from day to day, to disturb the surface as little as possible.

On the fourteenth day an appearance presented itself which gave us hopes of success. At two points of the grafting there was to be seen a little red ring contrasting in its florid colour with the surrounding granulation. In the centre of each little ring there could be detected, with the aid of a lens, a minute white spot not larger than a small pin's head, bearing no proportion to the size of the original piece of skin, but having the peculiar bluish-white tint so characteristic of nascent cuticle. Day after day these little islands extended.

The members will see in this drawing their appearance on the 20th day, they will also have an opportunity of seeing the sore, as I have brought the man for their inspection. The sore is rapidly healing, both by the extension of the cuticle from the grafted points, but also from the circumference. It may be observed that the mode of proceeding in the first two cases which failed was different from that which was adopted in this: the pieces of skin were only laid on, not inserted into the granulations, and were thus more liable to be disturbed and washed from their position by the discharge.

Two theories have been broached to explain the physiological effect produced by skin-grafting:—

1st. That the minute particles of skin become disintegrated and completely melt away, but that it impresses the part on which it has been placed with a disposition or tendency to the formation of cuticle, or as has been termed by Dr. Dobson, of Bristol, whose little pamphlet has been in all our hands, "a skin forming impression." I am not aware of any physiological data on which this theory rests.

I accordingly think the second explanation more practical and more in accordance with the actual facts of surgical pathology, that the cells of the cuticle absolutely retain their vitality, increase and multiply, and thus extend over the surface as they do from the edge.

What we see every day in surgery teaches us that for the formation of cuticle pre-existing cuticle-cells are necessary, and hence the ordinary healing of sores at their margins by the extension of cuticle from the sound skin, the pale blue line of cicatrisation. The exception to this mode of healing proves the rule, as in cases of extensive burn, where islands of skin escape destruction, and become the nidus for the development of cuticle on various parts of the surface. So also in the rapid ulcer of syphilis where, from the ulceration spreading in its peculiar semi-circular course, a part of the skin is left in the centre which escapes the surrounding destruction, nourishes and retains the vitality of the cuticle-cells on its surface. I think we must regard the deeper layer of the cuticle, the rete mucosum of anatomists, as the potent agent in the formation of the cuticle rather than the lifeless layer of epidermis. These nascent cuticle-cells will retain their vitality for a considerable time if left undisturbed on this natural bed, the surface of the true skin, and if nutritious fluids are supplied to them and reach them before the molecular death of the little grafted is complete, they will utilise and assimilate the fluid for their own vitality, growth and development. We must recognise skin-grafting as an established fact in surgical pathology, and it now remains to see how far the process may be utilised, for there can be little doubt that it contains the germ of more important realisations, and may open up a wide field of surgical physiology.

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* Read before the Surgical Society of Ireland. Discussion will be found at page 990.

THE MEDITTON PRESS AND CIRCULAR.

HOSPITAL REPORTS.

Feb. 22, 1871. 157

LONDON HOSPITAL.

Strangulated Femoral Hernia in a Woman of Seventy-eight Years of Age.—Operation without Opening Sac.—Death from Exhaustion.

(Reported from Notes by Mr. Edis, the Dresser.)

(Under Mr. Rivington.)

ESTHER ANN B, aged seventy-eight, was admitted into the London Hospital at 5 p.m. on January 19, 1871, with
TRANSACTIONS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

February 15th, 1871.

John Gay, Esq., President.

The President announced that he had received a grateful letter from Dr. Orchard, of the army of defence, before Charleston, announcing the safe arrival of vaccine points, which he had sent in answer to his appeal to the Medical Society for its aid, as also the arrival of some vaccine lymph through the National Society.

The Treatment of Fibroid Tumours.

Mr. Barnes showed a fibrous tumour, that he had removed from the body of a woman, and which died very suddenly from profuse uterine haemorrhage. The tumour seemed originally to have been within the uterus, but had protruded into the vagina; the presence of the tumour was ascertained before death, but the extreme prostration of the patient, prevented any plan of removal being attempted. Mr. Barnes had seen a similar case, when a practitioner had mistaken the tumour for a foetal head, in this case the tumour became putrescent, and the patient died.

Dr. Chisn briefly related a case where labour was complicated by a large fibroid of the uterus, and where the patient died of haemorrhage.

Dr. Wynn Williams thought from the smooth surface of the tumour, it must have been originally intra-uterine, the sudden and fatal haemorrhage took place on its being extruded from the uterine cavity, Dr. Williams thought highly of the injection of perchloride of iron solution, as a means of arresting haemorrhage. He had cured one case of haemorrhage, by removing a large tumour with the aescarin.

Mr. Peter Marshall thought the case remarkable from the rapidity with which the patient died, he would suggest plugging the vagina.

Mr. Weeding Cooke preferred injecting the perchloride of iron to plugging.

Mr. Barnes in reply, said that he had stopped one attack of haemorrhage; and the second, in which the patient died, recurred seven hours after so suddenly, that she was just dying as he arrived.

The President spoke of the value of a saturated solution of bichromate of potash as an application for the destruction of mucous polypi.

Mr. Spencer Watson exhibited two patients, subjects of prolapsis. In one case, that of a man, aged sixty years, the prolaps had existed in both eyes, from the age of ten years, when he received a severe blow on the head. The patient had been perfectly relieved by the removal of a portion of the skin of the eyelids of sufficient size to bring the edge of the eyelid within the reach of the excipio-frontalis muscle, and the hand rounded, showing the state of the patient before the operation. The second case was one of congenital prolapsis of the right eye, which had been operated upon in a similar way, and with equal success. In a third case shown, the prolaps had improved under large doses of iodide of potassium. The patient had been a great drinker and smoker.

Mr. John Daniel Hill showed a boy on whom he had performed excision of the knee-joint two years ago, the disease was extensive and had existed for six years.

The leg was somewhat bowed but was strong and useful, there was a shortening of two and a-half inches.

Mr. Hill also gave an account of a case where he had successfully performed Pirroff's operation, for the removal of a portion of foot injured by a railway accident.

Diphtheria and its Allied Diseases.

Dr. Semple then read a paper on diphtheria and the diseases allied to it, or may be mistaken for it. He gave a sketch of the history of diphtheria from the early part of the present century, showing that our knowledge of it up to the year 1833 was derived from French sources. The first wall recorded was performed by M. C. of Tours, in 1818. About 1857 the disease began to attract attention in this country. Dr. Semple believed it was comparatively a swelling of moderate size in the right femoral region. She never had a hernia before. According to her own account the swelling came down on the previous day. She had taken a draught at six o'clock in the evening, and was seized with severe vomiting, and while vomiting, "felt something dart away" at the lower part of the abdomen, on the right side. She then experienced severe pain, and noticed a lump at the upper part of her thigh. She continued vomiting, and brought up everything she took till three hours before she came to the hospital. On examination it was found that the hernia was very tightly strangulated. The patient, therefore, was at once taken up to the operating theatre, and placed under chloroform. Mr. Rivington tried the taxis for a short time, but without making any impression. He therefore proceeded at once to operate, observing that it was not advisable to use force, and run the risk of further damaging the intestines. The danger was, that at the patient's age the shock of the accident, combined with the want of reparative power, would prove fatal, and this danger would not be increased by the small external incision which was all, probably, that would be required to effect reduction. The incision was made to the inner side of the scrotum, the sac was once dissected, covered over by the fascia propria. The latter tissue was slit up, and the femoral ligament (Hey's) was divided with a blunt-pointed bistoury, guided by the end of the left fore-finger. The hernia at once became flaccid, and the contents of the sac (intestine) slipped into the abdomen. There was no bleeding. The wound was closed with three or four sutures, and a pad of lint and spica bandage applied. The whole operation did not last five minutes.

10.30 p.m.—Has not been sick since operation; bowels open once freely; feels thirsty; tongue dry in centre, moist and slightly furred at top and edge. Temperature, 100°; respiration, 28; pulse, 100, weak.

January 20th.—Has been sick during the night, the matter brought up being like madly beef-tea; did not sleep very well; is not in pain; abdomen not tender; tongue is dry and brown in the centre, and moist at the edges; very thirsty. Temperature, 101°2; pulse, 100, weak; respiration, 20.

8 p.m.—Has taken some beef-tea and wine during the day also sickness, no pain. Temperature, 102°8; pulse, 108, weak.

January 21st.—Severe pain came on during the night. There is great tenderness of abdomen on pressure, and the knees are slightly drawn up. The patient is partially comatose, and does not recognise anyone. When the abdomen is pressed she opens her eyes, and there is an expression of pain in the face.

5 p.m.—Condition worse than in the morning, but does not seem to feel pain on pressure of abdomen. Temperature, 104°8; pulse, 112, feeble; respiration, 22. The patient sank gradually, and died about twelve at night.

Autopsy January 23rd.—On opening the abdomen, no trace of peritonitis could be discovered. There was no lymph, and no loss of polish on any part of the peritoneal covering. The knuckle of intestine which had been strangulated, included less than the entire circumference. It was adherent by recent lymph to the upper end of the femoral canal; evidently it had not recovered itself, for it was deeply congested, and on the mucous lining there was an ulcer at the size of a sapphire. The stricture had been quite divided. The external wound had nearly healed.

The apices of the lungs were contracted and atrophied. The kidneys were granular on the exterior, and contained cysts.

Remarks.—Had the taxis been successful in the present case, the patient would have succumbed precisely in the same manner. The immediate operation afforded her the best chance of recovery, but the bowels had been so tightly nipped, and the powers of Nature were so feeble at her advanced age, that a favourable result was not to be expected.
rare disease, at times epidemic. It seemed to attack the rich quite as often as the poor. Dr. Semple believed croup and diphtheria to be the same affection, agreeing here with Trouseau, Bretonneau, Guérassof, Billiot, and Barthy. Commonly, under the head of croup was comprised diphtheria striulosa, a disease in which there is never any false membrane formed, also laryngitis striulosa, which is a spasmodic disease with no visible lesion anywhere. By recognising these distinctions among diseases called generally croup, practical errors would be avoided. In treatment, removal of the false membrane was important, while, at the same time, the patient's strength must be supported.

Dr. Critt said, that he could not think that diphtheria and croup are the same disease, croup was never epidemic as diphtheria was. Gumma croup was rare after seven years of age, not diphtheria.

Mr. Jabez Hogg described the microscopic character of the diphtheritic membrane, but said these did not much advance one pathology. He had seen the membrane on the conjunctiva.

Dr. Stocker treated diphtheria differently to croup, the symptoms were different in the two diseases.

Dr. Rogers had studied diphtheria as it first appeared in France, and had read a paper before this Society on the subject, he did not think diphtheria to be an inflammatory affection.

Dr. Simpkin in reply, said, that much change in the type of diphtheria had been noted in the last thirty years. Croup might not now be of such an inflammatory type as formerly.

THE SURGICAL SOCIETY OF IRELAND.

This Society met on the evening of February 9th, at the Royal College of Surgeons, the President of the College, Mr. Albert Walsh, in the chair.

Mr. W. Stokes read a paper ON A MODIFICATION OF JARVIS'S LUXATION ADJUSTER, which will be found at page 153.

Dr. E. F. McDowell said the apparatus appeared to him to be more suitable for chronic cases of luxation than for the acute cases Mr. Stokes had described as having been reduced in less than twenty-four hours. Now, he had never found any difficulty in reducing an acute dislocation of the humerus in less than a minute by the ordinary method. In a surgical hospital, cases of dislocation of the humerus were often met with, the injury generally arising from the person being thrown off a horse whilst tipsy, and when the muscles were in a state of relaxation; in such cases by the simple method of putting the heel into the axilla the bone slipped into its place with ease. The apparatus exhibited, had been successfully applied in a case of dislocation of both bones of the arm backwards, but it appeared to have failed to reduce a posterior dislocation of the elbow-joint. In his opinion, he (Dr. Fleming) thought that in cases of recent dislocations of the shoulder-joint and the elbow-joint they required no instrument. In the vast majority of those cases where the dislocation was recent the reduction was effected with ease. He did not think there were no dislocations of the shoulder and of the elbow-joint that would puzzle the surgeon, but they were rather the exception than the rule. If he were not mistaken the instrument had been used in cases of dislocation of the hip-joint but without success.

Dr. Hargrave—Mr. Stapleton said that luxation of the humerus scarcely ever occurred in a fall on the shoulder, but he (Dr. Hargrave) had seen many cases where it occurred in that way, and they were reduced with great facility.

Dr. F. T. Porter asked whether the use of the apparatus gave less pain than other methods of dealing with these dislocations.

Mr. Stokes replied. Dr. McDowell in his classification of luxations into acute and chronic, seemed to object to this instrument as being only good for chronic cases; but he (Mr. Stokes) was sorry to say that it was only in acute cases that the instrument succeeded. Dr. McDowell's other objection, he did not think a valid one, namely, that the instrument was too great. Now by this instrument the force might be as slight or as great as the surgeon wished; he had the power of regulating as he pleased the amount of force, and in fact there could not be greater force applied by this instrument than by the ordinary pull off the hand.

Mr. Stapleton thought with regard to the dislocations treated three hours after the occurrence, it was a loss of time to put on the apparatus; the ordinary methods would, in his opinion, reduce them much quicker. With regard to the last case, where the joint was three days out, the apparatus did not reduce the dislocation, and when it was taken off, the man's shoulder was reduced by putting the heel into the axilla. He saw a similar case some years ago; it was an old case of dislocation, and the pulleys having failed, Mr. Adams said—'You had now better try your heel in the axilla'; and this he did, and in a few minutes the joint was on the arm. He confessed he should not like to use this apparatus, for he had read that within the last two or three years an unfortunate old woman in Paris had her shoulder torn off by it. With regard to dislocations of the shoulder-joint being caused, as was stated, by the individual falling on his shoulder, his experience was that they were not so produced. If a man had a fall on his shoulder he generally had fractured clavicle, and dislocations of the shoulder-joint were generally produced by a man being pitched out of a car for instance, and coming on his hand. The instrument exhibited by Mr. Stokes, seemed to want an action, which was the greatest power necessary for reducing dislocations of the shoulder-joint, viz., the power of elevating it. He believed that in all recent cases the reduction was effected by surprise, and by force, while several years ago a gentleman was playing rackets at the United Service Club, his foot slipped, and he put his hand out to save himself from coming against the wall, and dislocated both bones backwards. He was sent for, and went to the gentleman's lodgings, where he found him very weak, and helpless; he had hardly any water to drink. Mr. Stapleton drew him back suddenly, took him by surprise, and said, 'Your elbow is in.' The gentleman replied, 'No sir, it is not, for I have seen several dislocations of the elbow-joint, and I know they cannot be so quickly reduced as that.' He renewed it that it was caused by moving him comparatively, and six months afterwards, he went to Sir W. Ferguson, who said, 'The only doubt I have on the subject is, you have so much power in your arm now that one would think it had never been injured.' He did not think anything was gained by the snap action in these cases. In the greater number of cases they had seen reduced by pulleys, the bone had reached its place before the snap action of letting go the pulleys was used. In acute cases the best course was to take the patient unawares.

Mr. Richardson observed, that he considered Mathieu's modification of Jarvis' apparatus, had many advantages over Roberts, the one described so clearly by Mr. Stokes. The great advantage however, of Mathieu's modification is, that it can be manoeuvred in all directions, for instance, the arm can be extended by it in the position, which was the favourite with White of Manchester.

Dr. Fleming said, that while attached to the Richmond Hospital he had seen a very large number of dislocations of the shoulder-joint, and also dislocations, simple and complicated, of the elbow. He had also an opportunity of witnessing through the kindness of Mr. Stokes the use of the instrument, which had exhibited that evening. Mr. Stokes had managed the instrument with great ease and facility, but any of them, if undertaking to put the instrument in situ would experience no small difficulty. It required a good deal of experience and careful manipulation. As regards the success, application of the instrument, Dr. Fleming thought that in cases of recent dislocations of the shoulder-joint and the elbow-joint they required no such instrument. In the vast majority of those cases where the dislocation was recent the reduction was effected with ease. He did not say there were no dislocations of the shoulder and of the elbow-joint that would puzzle the surgeon, but they were rather the exception than the rule. If he were not mistaken the instrument had been used in cases of dislocation of the hip-joint but without success.

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could not say with certainty how the joint was put out. He could only take what the patient said, and in all the cases that had come under his notice the person stated that they had fallen on their feet, like a horse. As regards the snap action he must confide entirely with Mr. Stapleton. In two cases the value of the snap action was most clearly manifested. Before the snap action took place it was quite evident the bone was not reduced, and it was only when the snap action took place that the bone slipped back. Mr. Fleming was mistaken in thinking the instrument had ever been used by him in dislocations of the hip-joint. Had he applied the apparatus in such a case he would have mentioned it in his paper. Nearly all the speakers had gone away from the point he wished to dwell upon. He never said that this instrument was to be superseded the old methods, but in all, except one case, the patients were put under chloroform during the operation. In the first case he did not give chloroform, and the reduction was effected almost instantaneously and the patient suffered no pain.

ON THE CONNECTION BETWEEN CERTAIN DEFECTIVE SANITARY CONDITIONS AND DISEASE, which will be found on page 155.

Mr. E. HAMILTON then read a paper ON SKIN GRAFTING, which will be found on page 156.

Mr. E. HAMILTON added, with respect to the second of the cases mentioned, in which skin-grafting had failed, he again tried the experiment, adopting the precaution of sinking the pieces of skin into the granulations, and on examining the foot that day, he found two of the little skin grafts had taken. He had brought the man there that evening so that the members of the Society might examine the case.

Dr. FLEMING having had an opportunity of witnessing the progress of some of the cases mentioned, bore testimony to the accuracy both of the statement made by Mr. Hamilton and of the observations exhibited.

Mr. STOKES said, that in the Richmond Hospital they had been giving this method of treating ulcers a very considerable trial. His colleague Mr. Hamilton began it and it was being followed up, but sufficient time had not elapsed to enable them to form an accurate opinion as to its surgical value. There were two cases of a very chronic ulcer now under treatment. The man had for many years past been living in workhouses, and he had recently come into the Richmond Hospital, where this skin-grafting operation was tried upon him. Although only a few weeks had elapsed, the large ulceration which completely surrounded the leg was covered with these little islands which were increasing in size, and there was every prospect of the ulcer healing up. Whether the effect would be permanent or not he could not say. They all knew that they often succeeded in getting these chronic ulcers to heal, but that they broke out again. So, far however, their experience in skin-grafting had been encouraging.

The CHAIRMAN.—Can you say whether Mr. Hamilton inserted the little bits of skin?

Mr. STOKES could not say positively, but they thought they were all careful to like to know whether Mr. Hamilton took merely the cuticle or the true skin. Reverand, the originator of this plan, operated with the lanceet, and laid great stress on taking only a portion of the cuticle.

Mr. HAMILTON said he himself attached considerable importance to the use of the layer of cutis muscosa. He removed a portion of the true skin, but did not go through the entire depth of the skin. What they wanted to obtain was the living nascent cuticle, the cutis muscosa cells resting on their natural bed, and transfer them thus living into a position where they would receive a proper supply of nutrition from the ulcer. In this way they served as it were, living or growing cuticle cells, and their growth continued.

The Society adjourned.

The Medical Society of the Kings' and Queens' College of Physicians in Ireland was held on Wednesday evening, the 15th, Dr. BRATY, Ex-President of the College, in the Chair.

DR. WILLIAM MOORE read a communication ON STIMULATION IN FEVER.

DR. GRIMSHAW was of opinion that statistics such as brought forward by Dr. Moore were not only valueless, but injurious as regards treatment. He did not consider that a rigid arithmetic be held inviolate.

He had, on one occasion in Cork Hospital a very remarkable succession of successful cases, many of which had been treated by tea, never considering it advisable to deduce any assumption from that experience either as regards the success of the treatment or the advantage of tea as an agent. He referred to the writings of Dr. Russell, of Glasgow, and considered that his cases were the most valuable yet contributed to the literature of the Profession.

Dr. M'Swiney expressed his satisfaction at hearing Dr. Moore's paper.

DR. CAMERON, Public Analyst, observed on the communication from a physical-chemical point of view. He thought the amount of alcohol ingested must have exceeded two ounces. He pointed out that although alcohol was not a food it was actually converted into motive power in the animal system. Dr. Thudichum had conclusively proved the fact by actual experiment.

Dr. HENRY KENNEDY said that the very worst cases of fever were not attended with wasting at all. On the contrary some waste was a favourable sign. He considered that every case should be treated on its own merits, and not on a simple stimulant plan, because it happened to be fever. He was in the frequent habit of treating cases of febrile disease in almost every instance of its kind, and such cases in some degree did not the condition of the pulse, which, he regreted, Dr. Moore had not recorded before the Society. He considered that the record of average daily administration of stimulants was not only useless, but dangerous.

Dr. DABBY, of Bray, would have been glad to have heard a clear distinction laid down in matters of treatment by Dr. Moore between typhus and typhoid. He had found opium very unmanageable, and had found in certain cases the exhibition of calomel equally unsatisfactory.

Dr. Moore, in reply, pointed out that his communication contained a complete detail of the salient points of the cases, and that he had not given the stimulants at haphazard, as Dr. Kennedy had represented. Dr. Russell's cases, as quoted by Dr. Grimshaw, were really almost identical, as regards stimulation, in matters of stimulation to draw any uniform distinction between typhus and entric fever, inasmuch as frequent cases of typhoid occurring required as much stimulation as any case of typhus.

ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.

On Saturday last, a general meeting of this Association of Officers of Health took place. Dr. Druitt, the president, occupied the chair. The subjects brought forward were, "How far is the present prevalence of small-pox to be attributed to the plan recently introduced of limiting the number of public vaccinators," and a short paper on "Re-vaccination." The paper on re-vaccination proceeded to show its importance and advantages as a protection against small-pox, but at the same time it asserted a very strong opposition to the policy of the operation which was required to be performed with more care and circumspection than the original vaccination. Vaccination under the best circumstances is liable to occasional failures in quality. Serofulous, rickety, and ill-developed children are much more liable to be saved by the large town's efforts to save an individual than a sanitary department of the inefficient district, and it is possible that a change for the better in such children might be attended with increased susceptibility of small-pox. Dr. Lethery, Dr. Stallard, Dr. Liddell, and other gentlemen addressing the meeting, and a general opinion was expressed that the plan introduced at the instigation of the Privy Council of restricting the number of vaccinators had contributed largely to the increase of small-pox, and a committee was appointed to watch the proceedings of the committee of Parliament appointed as to the Vaccination Act, and to be prepared to give evidence before such parliamentary committee. An adjourned discussion then took place upon Dr. Spencer Cobbold's paper,
"Entozoa," in relation to the public health, especially as regards sewage irrigation; and on a paper by Dr. Lethby, on "Sewage Parasites, especially in Relation to the Dispersion and Vitality of the Germs of Entozoa." The proceedings then terminated.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 22, 1871.

PROSPECTS OF MEDICAL REFORM.

The Government declines to introduce a Bill this session. That is the most important fact in reference to Medical Reform; and, in the present condition of public affairs, we are not surprised at the resolution. In face of the many differences of opinion that prevail in the Profession, it is no more than might have been expected. Still, the question is not to be allowed to rest. We have, with an impartiality that has excited the compliments of opposing parties, laid all the proposed schemes before our readers, and offered our unbiased criticisms upon them. Our only object is the well-being of the Profession; and anything calculated to promote it has our best wishes—come whencesoever it may.

The Lancet issues, in its last number, a revised edition of its Bill. This we have already examined at such length, that we have nothing to add to our former criticism, as the revision relates to points of detail, and does not affect its principle. The reform committee of the British Medical Association has had a deputation received by Mr. Forster, who, however, only complacently chaffed them for preferring no bread to half-a-loaf. The Royal College of Surgeons in Ireland has not relinquished its liberal programme, and it is possible its exertions may lead to considerable changes. Its influence and liberality are alike in its favour.

The English corporations have, to a certain extent, adopted the suggestions we some months since put forth as to voluntary amalgamation. If the Government do nothing, and the amalgamation scheme be inaugurated by mutual concession, there is little doubt that the Universities would, eventually, come into the arrangement, and make it complete. There is too much nervousness on this point. The Universities have always been in the front rank, and if they are at first shy of uncompleted schemes, we have little doubt but that they would co-operate as soon as they saw any successful plan at work. Let them be treated generously, or rather let confidence be evinced towards them, and their own prestige will require them to act for the general good. It would be a mere trifle to them to accept the examination of the Conjoint board as a part of their examinations—especially if they were invited to send assessors to those examinations.

The schemes of individual reformers are more various than those above mentioned; but still there may be a hope that all would unite to support a broad and statesmanlike settlement that had any chance of finding favour with the legislature. We do not anticipate that such will be the case this year; but as all the questions involved must be discussed, we may hope that some good will result from the debates to which we are evidently doomed.

Is there no medical member of the House of Commons who will take the trouble to sift all the proposals, and who will grasp the whole question of medical reform as it affects the public and the Profession? Much hope of this was evident last year, but the great events that have shaken Europe since then seem to have absorbed the energies of all.

Still, we must look these questions in the face. The fact of the Times devoting a leader to Medical Reform last week shows the undercurrent that flows, and the Profession needs to throw off its accustomed apathy when the great daily paper speaks so distinctly in favour of increasing the powers of the Privy Council. We fear that article was too much in accord with the views of the medical officer of the Privy Council—who, whatever his merits in his position, has no claim whatever to regulate our great Profession. His views are far too subservient to the authority he serves. It is time to speak out. Long has there been a sort of undefined dread of the influence of the Privy Council. That dread went a long way towards defeating last year's Bill, and not a few medical men rejoiced when they heard that Lord de Grey would not be at the head of the Privy Council this year.

Mr. Forster has hardly had time to master the question; but we certainly hope he never will be a party to subject a great profession to the petty tyranny of Privy Council officials. Any scheme, or no scheme at all, would be better than that.

Notes on Current Topics.

Syphilis of the Nervous System.

Dr. E. L. Keyes, Physician to the Bureau of Out-door Relief, Bellevue Hospital, class of genito-urinary diseases has published a careful clinical study of this subject, chiefly in regard to diagnosis and treatment, founded on thirty-four cases under his care and that of Professor Wm. H. Van Buren, M.D.

Dr. Keyes thus sums up his conclusions:

1. That nervous symptoms depending upon syphilis may arise within the first few weeks after an infecting chancre, or at any period later during the life of the individual.

2. That it is presumable, from the study of published autopsies, that the earlier a nervous symptom (paralytic or
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otherwise) occurs, the less likely is there to be any materia1 lesion which an autopsy can reveal; and that in a given case there exists no constancy of relation between the nature, the situation, and the severity of the lesion, and the nature, situation, and severity of the nervous symptoms, to which that lesion may give rise.

3. That cerebral congestion is probably the pathology of many of the earlier nervous syphilitic symptoms.

4. That syphilitic hemiplegia occurs, as a rule, without loss of consciousness; even when the attack is sudden, but that the paralysis usually comes on gradually, the patient being under forty years of age, and having had fixed constant headache for some time before the attack.

5. That mydriasis, existing alone, or with other nervous symptoms, without positive disease of the eye, is presumptive evidence of syphilis.

6. That paralyses of single muscles, or sets of muscles, are frequently syphilitic.

7. That syphilitic paraplegia generally comes on gradually, often without any local symptom to call the patient's attention to the injured portion of the cord, and that it is rarely complete. That the bladder almost always suffers more or less, and calls for special local treatment. That paraplegia may be developed as a symptom of inebriety, or paralytic idiocy.

8. That syphilitic epilepsy usually occurs after thirty, in patients who have not had epilepsy in early life. That headache is liable to precede the attacks. That the convulsions occur often, many in quick succession, the intermission between the series of attacks being comparatively long, but that, during this period, headache or other nervous symptoms exist and become aggravated, contrary to what obtains in idiopathic epilepsy. That syphilitic epilepsy is liable to be associated with, or followed by, some form of paralysis.

9. That aphasia is often associated with the intellectual disturbances caused by syphilis.

10. That loss of memory is a common nervous symptom of syphilis, as are also all forms of mental disturbance—from mild hallucinations and illusions up to actual insanity, and all these without any necessary accompanying paralysis.

11. That inordinate emotional expressions are often associated with the mental weakness caused by syphilis.

12. That care must be taken to distinguish certain symptoms caused by gout, from the same symptoms owing their origin to syphilis.

13. That the prognosis is better as a rule for nervous symptoms caused by syphilis than for the same symptoms depending on a lesion equal in extent, caused by another malady of the nervous centres; but that, after the arrest of the disease, an indelible impression is often left upon the nerve-tissues, which manifests itself by impaired function, and which treatment cannot overcome.

14. That the iodide of potassium pushed rapidly to toleration, unless the symptoms subside before that point is reached, is the main outline of treatment. That mercury, used at the same time, or alternated with the iodide of potassium, is often of great value in protracted or in-veterate cases; and that tonics, change of air and surroundings, frequently influence the effect of treatment in a marked degree, and may become essentials to success.

all that has been and is still being done. He says,—"I am pretty well tired of the present state of things; the hospitals are full—disease very rife; there is, as yet, hardly anything to eat, no gas, no amusements of any kind; the streets are almost without a vehicle, as there are no horses to draw them. In the country, travelling has gone back to the old diligence, and neither red-legged soldiers nor generals, formerly so numerous, are to be seen. In their place, you have Germany let loose, and very loose she is in some cases. Believe me, the Creator of the Universe was never more magnificent than when he devised that narrow passage for the waters, commonly known as the English Channel, for which I hope soon to again show my affection."

Dr. Murphy.

ILL-HEALTH and misfortune have weighed so heavily on the former Professor of Midwifery at University College, that an attempt is being made to raise a sum of money sufficient to place him, at his present age of sixty-eight, beyond the reach of want. We trust the fund may speedily be raised. Prof. Erasmus Wilson, and Dr. Russell Reynolds, Dr. Arthur Farre, and others, having contributed will, no doubt, be glad to receive further donations.

Vaccination with Diluted Lymph.

At the London Hospital some cases have been vaccinated with lymph, diluted by adding, on a piece of glass, forty drops of Price's pure glycerine to the contents of two capillary tubes of vaccine, and stirring them up well with the point of a lancet to ensure their being thoroughly mixed. In each case the operation was performed in two places on the same arm by a series of superficial scratches with a lancet. On the eighth day the results were as follows:—

1. Age, seventeen years. Advanced phthisis. Vaccinated in infancy, and having one good scar on her arm. Two good vesicles, no inflammation.

2. Age, seventeen years. Advanced phthisis; greatly emaciated. Vaccinated in infancy; one not very good scar. One imperfect vesicle.

3. Age, eighteen years. Extensive heart disease after rheumatic fever. Vaccinated in infancy; three good scars. Two good vesicles, accompanied by some little inflammation.

4. Age, eighteen years. Acute rheumatism. Stated to have been vaccinated three times, but there were no scars on the arm. Two very imperfect vesicles, which had shrivelled up.

5. Age, twenty years. Heart disease; very anemic. Vaccinated in infancy; one scar. Two not very good vesicles.

6. Age, twenty-two years. Acute rheumatism, with endocarditis. Vaccinated in infancy; three good scars. Two very good vesicles, no inflammation.

7. Age, twenty-seven years. Subacute rheumatism. Vaccinated in infancy; two small scars. Two good vesicles, no inflammation.

8. Age, forty-four years. Heart-disease and sciatica. Vaccinated in infancy; three good scars. Two very good vesicles, some little inflammation.

9. Age, fifty-seven years. Phthisis; very ill. Stated to have had small-pox when very young; no scars of small-pox or vaccination. Two good vesicles, no inflammation.

10. Age, seventy-one years. Gastric disease, probably cancer. No scars. Two good vesicles, no inflammation.

Paris during the Armistice.

A VALUED contributor to our pages, and who was one of the very first to enter the city, by Prussian permit, after the promulgation of the armistice, writes us a most deplorable account of the state of the city and its surroundings. Few, he says, can imagine the suffering and privations which the inhabitants have gone through, and how plainly visible it is upon the faces and gait of all but a few favoured ones. Even now, to quote his remarks literary, though characteristically expressed, Paris is anything but a desirable place to be in, notwithstanding
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11. A complicated case of cardiac and renal disease. Patient died on the fifth day. It was beginning to take. Some other cases have since been tried.

The Female Medical Students.

It will be in the recollection of our readers that the resolution carried at the meeting of the Infirmary contributors, and the carrying of which has since been confirmed by the scrutiny of votes, left the question of admitting students, whether male or female, to clinical instruction in the wards of the Infirmary entirely to the discretion of the managers. The question being thus left open, so far as the reconstituted board of management is concerned, another attempt is being made to obtain for the lady students the facilities which they require. Last week a deputation waited on the managers for the purpose of pressing the matter on their attention. Mr. Cowan presented a petition urging upon the managers, as a new Board, the desirableness of their considering, de novo, the question of admitting lady students to their wards. The managers resolved to take the question into consideration at their next ordinary meeting.

Fever in London.

Last week the annual meeting of the London Fever Hospital Governors was held. From the report of Dr. Broadbent, it appeared that not less than 3,878 patients came under treatment; 3,198 had been discharged, cured; 26 had been sent to other hospitals, and 451 had died. Typhus fever had shown a marked decline, and the majority of the sufferers came from certain well-known districts in the eastern, southern, and central parts of London. The prolonged prevalence of the disease had apparently, to some extent, exhausted the susceptible and exposed portion of the population, and the medical officer indicated that relapsing fever had to some extent taken its place. There were 631 typhus cases last year, against 1,260 in 1869, and this was a decline on the three previous years, the height of the disease being in 1864, when 2,497 patients were treated, and this number had gradually increased on 1861, when there were but 25 cases. The history of relapsing fever was entered into, and it was stated that this disease, now nearly stamped out in London, is still greatly prevalent in the country, especially Liverpool where it shows a very high mortality. Enteric fever, the disease of bad drainage, and of bad drinking water, had been the cause of 581 cases, 16 per cent. of whom died. Scarlet fever was shown to have prevailed among all classes, especially in the autumn, and it was thought now to be on the decline. Those who administered to the sick had not been free from contagion, for not less than thirty-four officers had been smitten with the disease treated in the hospital, and of these five had succumbed, including two medical officers.

Hints to Economists.

The Director-General of the Army Medical Department is only paid £1,500 a year. But the Solicitor to the War Office gets as much and £1,000 a year for an assistant besides. What does he do for it? At Netley there is a sinecure office of Governor costing £366 per annum, in addition to half-pay of the incumbent, and this superfluous official is further aided by an assistant-governor, a commandant who gets £303 a year.

It is simply ridiculous to provide non-medical governors or commandants to hospitals. We hope some member will move the omission of these sums.

German Military Surgery.

A medical correspondent of the Nation, of New York, forwards to that paper an interesting description of the medical branch of the Prussian service. The total number of surgeons employed in the army approaches 3,000, while it is ordinarily less than 2,500. An army corps of 40,000 men has sixty surgeons, and provision for twelve field hospitals, each accommodating 200 men, and supplied with five surgeons, about thirty Krankenträger, or bearers of wounds, and a proportionate number of nurses, assistants, ambulances, and carriages of supplies. Each field hospital moves with the army, and is charged with the care of the wounded as they come directly from the field. One half of the surgical force station themselves in action, directly in the rear of the army, and do for the wounded whatever immediate emergency may require before they can be sent to the next station, which is more permanent, and where large operations are performed. The remainder of the surgical force of each field hospital is here employed, and here the wounded are retained until their removal is dictated by prudence, or demands by necessity.

The Causation of Typhoid Fever.

The Registrar of the city of Providence, in America, remarked in his report for November, 1870:—"The result of extended investigation in this city and State during the last twenty years seems to indicate that typhoid fever is caused by certain conditions of decaying vegetable matter, while typhus or ship fever results from causes connected solely with animal matter. Hence, perhaps, we have an explanation of the fact that typhoid fever prevails much more in the country than in the city, while typhus is found more where human beings are crowded."

Factory Disease.

We believe the disease to which mill operatives are most liable may be pronounced to be bronchitis. Upon making inquiry into the subject through correspondents practising in manufacturing districts, we understand the majority of mill hands, when indisposed, suffer from bronchitis of a very severe and aggravated nature, and that at the present season the disease is only too general amongst them. This is not the less surprising when we consider that the workers must get out of bed by four or five o'clock in the morning, hastily dress, and make for their mill, some having to walk considerable distances before arriving at their destination, in order to begin work at six; then working all the day with "cotton waste" particles floating in the atmosphere of the room. This dust finds its way only too readily into the lungs of the poor factory operative, acting as an irritant, and thus predisposing to disease. The number who annually die of pulmonary disease is, we know, very great; but it is a harder truth which experience teaches that the man or woman, however robust and strong in constitution, who leads for a term of years a factory life is sure to succumb, if not to bronchitis, at least to asthma or emphysema. Even in silk mills this state of things exists. It is then,
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We conceive, full time that factory employers, whether they be "cotton lords" or silk spinners, should introduce into their establishments some preventive measure whereby this hard truth might be remedied, and that, failing to do so, it should fall to the lot of factory inspectors and factory doctors to enforce such means. If all mill hands—"half-timers" included—were, by factory regulation and law, not only expected, but forced to wear an ordinary cotton wool respirator, when going to work, whilst at work, and upon returning from it, disease might be warded off, and the employer saved the loss which must, from frequent change of hands, result to him. Younger hands might be saved from suffering or an early grave, and kept to the loom with greater advantage to the employer, as well as to themselves; and the older hands, who have made a profession of the mill, and look upon it as a home, be spared many an additional year of usefulness to their families and friends. The adage that "prevention is better than cure" holds good here, and we trust, in recommending the introduction of cotton wool respirators, which cost only a few pence, to factory employees, we do as much as the notorious individual who introduced clogs into Lancashire.

Hunterian Society.

Mr. Crosby, last Wednesday evening, delivered the Annual Oration of this Society at the London Institution in Finsbury Circus. His subject was "Modern Treatment of Disease by Drugs."

In the course of it he spoke up for mercury in a manner that, while so hot a contest is raging about it, will interest not a few. We, therefore, select that passage for our readers as a sample of the oration:

"Those of us who in the frequent call of our duties have to prescribe an efficient course of mercury, must have been familiar with the horror and dread of it which prevails; the fear which the patient attaches to the drug leads to the oft-repeated question—How will you get it out of my system again? This dislike to mercury is not confined to the public, but there are some members of the Profession, a very limited number however, who have spoken not a little against his employment, especially in syphilis, and would even stamp it out of the Pharmacopoeia altogether. The evil results following its profuse administration in former times, and an over estimation of its curative powers, have led to much of the present dread of its employment, and scepticism of its utility. Let us inquire whether mercury deserves such a proscription—utilised as it is in modern days. I will venture to say that it is the best known remedy for the removal of the symptoms of syphilitic infection; and, by the selection of proper cases, and by the modern mode of its administration, it is stripped of its evil consequences and no longer deserves either opprobrium or dread.

"Firstly, as to the selection of proper cases: in all syphilitic lesions which show, either in their early stage or subsequent progress, signs of induration, either at their base or in the neighbouring lymphatic or its gland, mercury is a most valuable remedy. Experience has proved that the boundary line between infecting and non-infecting sores is not so easily defined at first sight as it was supposed to be by M. Ricord and other modern authors, and that, there is a form of soft suppurating and apparently non-infecting sore, which is liable to assume, during its progress, the character of induration, requiring a guarded prognosis; on this point, during the early days of the new and important method of diagnosis, I witnessed many errors made by others, and made many myself. There is a typical unmistakeable form called Hunterian, which is certain to be followed by secondary symptoms; also that there is a typical soft, suppurating, mucous sore, which will as certainly escape such consequences, there is no doubt. I do not believe in the duality of the poison; I regard the character of the lesion as due to modified intensity of one, rather than to plurality of poisons. I have noticed that whenever the poison is sufficiently strong either to destroy tissue and produce phlegmons, no matter whatever be the situation of the sore, or to produce any lesion on true skin surface, constitutional symptoms most frequently follow, although induction may not appear for two or three weeks.

"In these cases, where induration is late in appearance, the constitutional effects are generally mild in direct proportion, leading me to conclude that the early appearance of adhesiveness is the test of the severity of the poison, and its non-appearance at any period little or no proof of its plurality.

"The cutaneous properties of mercury may be and are by modern practice obtained without any ill results to the constitution; gastric irritations may be avoided by its external employment; its tendency to blood-blanching guarded against by the simultaneous administration of quinine, not. The bugbear of its cumulation and retention in the system may be satisfactorily disposed of by the action of its copartner, iodide of potassium, forming with the mercurial albuminate a soluble salt, which is readily eliminated by the various secretions. To the non-mercuvrist believer in the treatment of syphilis, I must say that the only cases of syphilitic epilepsy which I have seen, occurred in patients who had not been treated by mercury."

The Effect of Exercise upon the Bodily Temperature.

Dr. Clifford Allbut, who curiously styles himself Member of the Alpine Club, &c., has read a paper on this subject before the Royal Society. His object in carrying out the experiments recorded in the paper was to inquire whether the regulating power of the organs held good under great variations of muscular exertion. For this purpose he made frequent daily examinations of his own temperatures during a short walking tour in Switzerland, and found that the effect of continuous muscular exertion upon himself was to sharpen the curve of daily variation, the culmination being one-tenth or two-tenths higher than usual, and the evening fall coming on more rapidly and somewhat earlier. Six parts of the daily temperatures were handed in with the paper. The author made reference also to some observations of M. Lortet, which differed from his own. These observations, which did not come into Dr. Clifford Allbut's hands until his own experiments were partially completed, were adduced by M. Lortet to prove that the human body was very defective in regulating power under the demands of the combustion needed to supply the force expended in muscular exertion. Dr. Clifford Allbut's results were very decidedly opposed to those of M. Lortet, for only on two occasions did he note the depressions of temperature which M. Lortet regards as constant. It would seem, however, that the body is more or less liable to such depressions when engaged in muscular exertion, but the case of them is very obscure. Of the two low temperatures noted by the author, one occurred during a very easy ascent of lower slopes, and the second was observed during a descent. The author thinks that they may be due to some accidental deficiency in combustion, and inquires whether the capacity of the chest in different individuals may account for the varying influence of mus-
cular effort upon them, and perhaps for the earlier or later sense of fatigue.

The sphygmonographic tracings added by M. Lorlet to his temperature-charts seemed to show a great inadequacy of circulation.

**NAVAL ASSISTANT-SURGEONS are, we hear, to have the privilege of attending Netley.**

The Medical Vote for the Army, is increased by £500; not very much, certainly, considering the state of the political world.

The Netley Medical School appears in the estimates for £38,584. There is one estimated additional outlay of £18,888 for the Netley Lunatic Asylum. Military lunatics in private asylums now cost the county about £5,000 a year.

The current number of the *Journal of Mental Science* opens with a paper by Dr. Lockhart Robertson "On the Alleged Increase of Insanity," and contains besides other valuable matter a continuation of Dr. Tuke's paper "On the Influence of the Mind on the Body."

We have received the February number of the *Glasgow Medical Journal*, which contains several practical and interesting papers, besides some very smart criticism on books, and an account of the proceedings of the Glasgow Societies.

An American exchange states that Mormon physicians are forbidden, under severe penalties, to prescribe any of the more powerful drugs without first explaining to the patient and his friends their medical properties, and procuring the unqualified consent of all concerned.

We are gratified to learn that Dr. Belkin, son of our valued contributor, Dr. Belkin, F.R.C.S., of Tain, has been elected medical officer of the Glenamaddy Dispensary and Workhouse. He had previously large experience as Assistant-Surgeon to the Halifax Infirmary, and while studying his profession at the College of Surgeons, Dublin.

The following regulations were promulgated to the Army on the 1st inst., by direction of the Secretary of State for War:

_Pay of Medical and Veterinary Officers._—Cl. 22.—On and after April 1, 1871, the pay of medical officers not attached to regiments, and staff veterinary surgeons, will be issued at home stations by the control paymasters of the districts in which they are serving, instead of by the general agent as heretofore.

_A small-fox home has been established in the north of London, under the patronage of some very eminent names, including the Princess of Wales, to which patients of the better class can be immediately taken and treated medically by the resident physician, Dr. Smith, receiving such other accommodation and attention as the circumstances of each case and condition of the patient warrant, on payment of one guinea per week. The voluntary subscrip-

The Sanitary Commissioner of the Punjab, traces the prevalence of heat apoplexy among European soldiers in India in great measure to three causes. These are:—Crowding in canteens, sleeping within doors in the dry, hot weather, and crowding in church in the heat of the day. These objections he would remove by serving out the grog and beer to the men in the open air, given them the option of sleeping in the open air, and changing the hour of morning service to sunrise. The first two of these suggestions have been made and carried into effect before now, and, Dr. de Renzy says, with very successful results.

On Thursday last Mr. Baker Brown commenced, at the Surgical Home, Osnabruch place, a course of clinical lectures on Obstetric Surgery, embracing all plastic operations on the perineum, operations for vesico-vaginal fistula, &c., &c. The Course promises to be thoroughly practical, of the greatest importance to the profession, and will extend over a period of three months. On alternate Thursdays, and sometimes more frequently, operations will be performed. The fee for the entire course is one guinea.

The Course was inaugurated by ovariotomy being performed on a patient, aged thirty-seven years, from whom thirty pounds weight of fluid and both ovaries were removed in our presence.

In the House of Commons on Friday last, the following members were nominated to form the Select Committee on the Vaccination Act (1867)—Mr. William Edward Forster, Mr. Stephen Cave, Mr. Candlish, Mr. William Henry Smith, Mr. Muntz, Lord Robert Montague, Mr. Jacob Bright, Sir Smith Child, Dr. Lyon Playfair, Mr. Holt, Mr. Taylor, Sir Dominic Corrigan, Dr. Brewer, Mr. Alderman Carter, and Mr. Hibbert, with power to send for persons, papers, and records.

At the same sitting, Mr. Goschen, the President of the Poor-law Board, said the number of cases of small-fox reported in the metropolis amounted to upwards of 1,200. The beds provided were 520, and the guardians had provided 300 more; but in the course of a fortnight 500 additional beds would be ready. The beds supplied equalled the number of cases now in existence. The majority of the cases occurred in Bethnal-green, Shoreditch, and Whitechapel.

On Monday, the 6th inst., the Board of the Limerick Lunatic Asylum granted the increase in the doctor's salary, by a majority of seven to three. Our readers will recollect that at a previous meeting it was decided to ask the authorities whether the granting of the increase was compulsory. On that occasion five voted against the resolution, and five in favour of it, reminding one strongly of the parable of the ten virgins. But even when a Castle mandate proved beyond all doubt that the Board had no option but to vote the increase, some of them at least kicked against the pricks. Mr. Michael Robert Ryan in particular was energetic on behalf of the ratepayers. He almost wept tears at having to record his vote against Dr. Fitzgerald, but stifled his agony, nevertheless, and did it. The Mayor actually went into the matter of the doctor's
meat and drink in order to prove something or other, but at any rate the champions of the ratepayers were in a minority, and despite Mr. Ryan's tribulation, the Board very properly granted the increase.

Now, what are the facts? Dr. Fitzgerald, who, by all accounts is a most deserving officer, and a gentleman specially distinguished in his branch of the curative art, applies for an increase of salary. He has been in his present position for twenty years, and receives less than a stranger would, should one step into his place to-morrow.

The friends of the ratepayers cannot see the base equity of recompensing their long-tired servant, but content themselves with shedding crocodile tears. They show themselves unable to appreciate justice, utterly incapable of understanding generosity. We congratulate Dr. Fitzgerald, and can only advise him to beware of his friends for the future.

Two gentleman, having been summoned to appear before the Bridgewater magistrates with their children as directed by sec. 31 of the Vaccination Act, their solicitors, "said that their clients had conscientious objections to vaccination, and with all due respect to the bench they were determined to resist the order to the utmost. They had not, it was contended, the custody of the children, the mothers alone having the control over them till they were seven years old, and the bench had no power to compel the fathers to produce them. On the clerk of the board of guardians intimating an intention of summoning the mothers, it was urged that no such proceedings could be taken against married women. The Poll Malay Gazette says, that without discussing the truth of this latter proposition, in itself very questionable, it is sufficient to say that the learned gentlemen are completely mistaken in their view of the law upon the first point. The mother has no legal power whatever over the child in the father's lifetime, at least as against the father. An order against the father for the production of the child is a perfectly good one, and obedience to it must be enforced against him in the usual way. The notion about the mother having the custody of the child during seven years—the legal age of nature—must have originated in some indistinct recollections of the 2 and 3 Vict., c. 54, which enables the mother under an order of a judge in equity, to have a child under seven years transferred from the father's custody to her own.

SCOTLAND.

DEATH OF DAVID H. PATerson, Esq., F.R.S.E.—Mr. Paterson, whose unexpected death took place on Tuesday, the 14th, returned to Scotland in July last, in impaired health, after fourteen years of successful labour as a medical missionary at Madras. In October he was appointed Medical Superintendent of the Edinburgh Medical Missionary Society, and during the short period he occupied that position, he more than realized the high opinion which the Directors of that Institution had formed of his pre-eminent ability for discharging the duties of that important office. His extensive personal knowledge and experience admirably qualified him for the duties of a teacher, and his manly, honest, consistent character was calculated to exercise a most beneficial influence on those students who were privileged to be his pupils. By his premature death the Medical Missionary Society has been deprived of one of its most able and experienced officers.

Sir Simon M. Lockhart, Bart, proposes to erect at Lanark, at his own expense, a Cottage Hospital containing twenty beds, provided a sufficient endowment is raised for its maintenance, which is estimated at £600 per annum. Donations to the amount of £9,000 for the Endowment Fund have been obtained, and annual subscriptions to the amount of about £180.

THE HUNTERIAN ORATION FOR 1871.

The Hunterian Oration was delivered by Sir William Fergusson on “Hunter’s Day,” when the theatre of the College of Surgeons was crowded by a distinguished audience. The Orator commenced with an account of the preservation of the invaluable relics of Hunter’s work, and the manner in which they were secured for the nation and committed to the care of the College of Surgeons; after which he went on to say:—

"It has been rare among physicians and surgeons, considering the numbers of eminence who have flourished, to leave long-standing memorials of their greatness. Their works of skill and art have perished with themselves in a generation. Great statesmen, architects, engineers, and painters have left enduring, palpable proofs of their qualities, and they are known to fame almost solely by such proofs. No writings remain to attest their scientific skill, or to diffuse their individual knowledge to mankind.

"It would be too much to expect at this date palpable memorials, such as I refer to, of Hippocrates or Galen; but to come to more recent times, since the study of anatomy has been zealously pursued, how small is the number of great men in our profession whose name can be traced otherwise than in association with written works. History is quiet regarding any preparations left by individuals, the extent of whose medical teaching. No evidence remains of the hand-labour of Vesalius, Albinus, Cheselden, Cowper, and a host of the bygone great. Only a few proofs of William Harvey’s dealings in anatomy are preserved in the College of Physicians of London. Happily, the greater part of Rayshch’s celebrated first collection is still, I believe, in good condition in St. Peterburgh.

"The industry of Rayshch as an anatomist and writer was marvellous; but our English anatomist had a shorter life by a quarter of a century; and, all things considered, there has probably been no such combination of work in one man as that centred in John Hunter. There may have been more voluminous writers in so far as printed works attest, but the untoward fate of his manuscripts must be borne in mind. In respect of work, in the development of a great museum, it may be fairly said that he stands unequalled; and in the combined qualities of writer and practical anatomist, he is alone in the field where a competitor cannot be named.

"It is not, however, in mere industry that Hunter’s position is to be estimated. There was an originality of thought and action in all that he did which put him far above the rank of ordinary men in his own department of science. His museum was no empty collection of curiosities in natural history, anatomy, and pathology. It was specially designed to illustrate his own favourite pursuits: the study of life in all its phases; its causes, nature, and development, from the lowest stage of organisation up to the complex structure of man—from the seeds of vegetables to the eggs of animals—from vegetable sap up to human blood and its products.

"An anecdote related by Sir Benjamin Brodie in the Hunterian Oration for 1857, is indicative of Hunter’s originality and scope of observation. Sir Benjamin says: ‘When I was formerly giving lectures as Professor of this College, I found in a drawer in the Museum what appeared to be some pieces of dried sticks. Mr. Clift said that he did not know what they meant, but he was sure that they did mean something, and therefore he had
preserved them. When I examined them, I found that they were the result of some interesting experiments in vegetable physiology. It appeared from one of them that he had made the first and most important of the experiments many years afterwards by Mr. Andrew Knight, proving the descent of the sap through the vessels of the plant. His experiment had no ostensible place in the Museum, and they would have been swept away as rubbish but for the care of Mr. Clift."

The Orator next referred in graceful terms to the successive curators who have bestowed so much labour on the Hunterian Museum and to William Hunter's magnificent collection in the University of Glasgow. He then continued:

"Without discussing minutely whether Hunter's future fame will depend chiefly on his museum or on his printed works, it may be admitted that he is most extensively known by the latter. It is the lot of few, comparatively, to have in their power to visit the museum, but his writings extend over the earth, and his doctrines may be said to constitute a large portion of the science of the best practical surgery of the day.

"Mysteries in nature, which Hunter did not pretend to explain; and it might be well if some modern philosophers held in mind that the result of life-long study should not be disturbed by the passing idea of a moment, or by the reckless ambition of upsetting or ignoring doctrines emanating from a brain wherein thought had, for more than forty years, assumed a favourite place.

"Of all Hunter's printed works, the treatise on the Blood and Inflammation is generally admitted to be the most profound. To my mind, there are no parts so replete with interest as those devoted to Development and Absorption. Yet these, if not forgotten, have been well-nigh smothered in modern verbiage. Separate centres of life, new formations and growths, arrests and changes of action, irrespective of blood and circulation, are among the fashionable doctrines of the day. 'Molecular disintegration' now takes the place of Hunter's 'dissective absorption.' Crude statements about veins doing what Hunter described as being done by absorbents—doing what he positively showed by experiment that they could not; about pus circulating in the blood; about secondary deposits (as they are called) being the direct result of primary deposits, ignoring the power of nature to make another, and yet another, deposit when she has already made one; rough experiments which were no more able to nature's actions; modern methods of accounting for malignant disease in various distant parts of the body, as being secondary deposits; are among the recent ways of tampering with the beautiful and philosophical views of Hunter.

"A great living philosopher, one who is specially great in facts, has suggested that when the microscope fails to detect the elementary particle, imagination may legitimately be permitted to bridge the gap, and unnaturally extend our vision. But such philosophy is, after all, far from being new. Shakespeare speculated with imaginative history. He makes Hamlet, at a prior date, deal with it, as thus:—'Why may not imagination trace the noble dust of Alexander till he find it stopping a bung-hole?'

"Or, again,—"Imperial Caesar, dead and turned to clay, Might stop a hole to keep the wind away,'

"If imagination is to be a future legitimate course in this direction, let us imagine something more noble for the 'emile de Gebevres' to which we are so rarely combined in one man, which gives him a pre-eminence among mortals, and a rank in place with the greatest of human beings. He was born, the tenth child of his parents, in a modest country house in Scotland. He seems to have led the idle life of a wayward, petted boy, until twenty years of age, when his action changed, and the dawn of his future greatness appeared. He had neither wealth nor influential friends to further his worldly prospects, yet he rose to be the foremost surgeon and physiolo-
SUMMARY OF SCIENCE.

Feb. 29, 1

by Chas. R. C. Tichborne, F.C.S., &c.,
Corresponding Member of the Philadelphia Colleges of Pharmacy,
Chemist to the Apothecaries' Hall of Ireland, &c.

PHARMACY.

MALT EXTRACT.

Mr. Ebert, in the Pharmacist, draws attention to the fact that ordinary malt extract is simply good porter sold at an exorbitant price, and gives the following process as one really calculated to produce a valuable article:

Take of barley malt, klin dried, 10lbs., av.

Water q.s.

The malt is reduced by the drug mill so that it will pass through a No. 20 sieve; and to the meal is added a sufficient quantity of cold water to form with it a soft dough. Two gallons of hot water are then added, and heat applied until the temperature is raised to 150°, or not to exceed 158°. This temperature is maintained with occasional stirring for several hours, until the whole of the starch is converted into dextrine and glucose by the diastase of the malt. The absence of the starch can be ascertained by the application of a solution of iodine. When the whole of the starch has gone there is no more blue colouration with iodine. The liquor is to be expressed rapidly and passed through a strainer. This it will pass is a difficulty, and it speedily clogs up the strainer. Mr. Ebert suggests, however, an ingenious mode of remedy, which is, of course, applicable to many processes. It is to make a pulp of unsize or filtering paper, and mixing this pulp with the expressed fluid previous to straining, the perfectly clear liquor is to be evaporated by means of a water bath to the consistency of a thick syrup, having the sp. gravity 1'500, or approximately one pint, and weighing one and a-half pounds.

The extract has an agreeable syrup taste, and contains, besides the sugar of the malt, dextrine, albumen, and the xanthophores of the grain. Very hot summer weather says Mr. Ebert, it is liable to fermentation, but this can be prevented by the addition of a small quantity of glycerine.

PREPARATIONS OF CALABAR BEAN.

Mr. Ebert, in his "Pharmaceutical Notes," published in the Chicago Journal, gives the following formula for the preparation of the tincture. The tincture consisting of one part of the bean to ten of the liquid, or ten per cent. The bean ground in a coffee mill is macerated several days with water; the alcohol is then added, and allowed to macerate completely. Finally, the mixture is thrown upon a filter, and when the liquid has ceased to pass, a sufficiency of the alcoholic menstrum is also allowed to pass, to make up the proper bulk. One part of water is used to three of alcohol.

In speaking of the extract of Calabar bean, the writer says:—Extract of Calabar bean is quoted by manufacturers at one and a-quarter dollar per ounce. On preparing this article, he found that after thoroughly exhausting the bean, and upon evaporation, the yield of the extract to be a
SPONTANEOUS COMBUSTION.

The Medical Press and Circular. Feb 22, 1871. 160

Trifle over one Troy ounce from sixteen ounces of the bean. We find that other manipulators have obtained even smaller results. The query naturally arises how can any manufacturer find it profitable to furnish the extract at the price named, when it requires one pound of material, costing four dollars, to obtain that quantity—to say nothing of cost of monstrosity, labour, &c.

The dose of the tincture, as usually prescribed, is fifteen drops; that would indicate the dose of the extract to be about one-twentieth of a grain.

OINTMENT OF IODIDE OF SULPHUR.

The same author recommends that the iodide of sulphur, in making this ointment, should be rubbed up with a little oil of lavender as a solvent, as it is very difficult to reduce the iodide to a fine state of division.

ON THE PRODUCTION OF THE SULPHATES OF THE ALCOHOL RADICALS.

Mr. Chapman has observed that when sulphurous acid, or a sulphite, is made to act upon nitrite of amyl, the nitrate changes in colour from yellow to green, and from green to blue, and then begins to effervesce; at the same time it becomes very hot and boils violently. Nitric oxide is evolved in abundance, and a yellow liquid product remains. This liquid cannot be distilled without decomposition. Mr. Chapman comes to the conclusion that the resulting compound is neutral sulphate of amyl, and proposes the like process as one calculated to form synthetically many of the sulphates of the alcohol radicals. The amyl sulphate may be heated up to 110° C., without showing any signs of alteration, but, if kept for any length of time at a temperature somewhere above this, it begins to blacken, and soon decomposes with an appearance of ebullition. If boiled with water for a few hours, it is completely resolved into amyl alcohol, and sulphuric acid; long standing in water seems to produce the same results.

Sulphurous acid and nitrite of butyl react upon each other in a manner precisely analogous; but the resulting sulphate of butyl seems even more unstable than the amyl compound.

Nitrite of ethyle and sulphuric acid do not very readily react upon each other, at least, at the common temperature. There are numerous practical difficulties chiefly connected with the exact volatility of the nitrite in operating at a high temperature, which the writer had not time to overcome.

The writer then gives some theoretical opinions upon the question, whether these compounds so got, are sulphates of the alcohol radicals, or are they only isomeric compounds.

YLANG YLANG.

Mr. Rimmel, the well-known perfumer, gives, in answer to a query in the Pharmaceutical Journal, the following account of this fragrant oil. It seems that it should be properly spelt Ilang-Ilang, and is the essential oil obtained on distilling the flowers of the Unnua Odoratissima, a large tree which grows in the Philippine Islands. It is called the Tagal tree in that country. The Malays call it Kananga; and it is found described under that name in the works of Rumphius, an eminent botanist of the XVIIth century, who says that the smell of the flowers is so powerful that it scents the air for miles. The flowers are flocculent and drooping, and of a greenish yellow colour. They were first distilled by a chemist at Manilla. The essence is of an exquisite odour, partaking of amyl and linal, but still having an odour sui generis. It is now largely manufactured at the last named place, and at Singapore, and costs about 21. per ounce.

In this country it has become one of the most fashionable perfumes, and is said that it is used medicinally abroad, but in what form it is not known.

GLYCERINE CREAM.

Mr. Ebert gives the following as a good recipe for the preparation:

Take of—Spermaceti, four draçmas; White wax, one draçma; Oil of almonds, two ounces; Glycerine, one ounce.

Melt the spermaceci, wax, and oil together, and when cooking add the glycerine by stirring—it may be perfumed if required. It is hardly necessary to state that the glycerine

for this preparation should be quite pure. Price is universally used in this country for skin preparations.

TOOTH WASH.

Take of—Soap tree bark in powder, two ounces; Orris root in powder, one ounce; Canada snake root, and Cloves in powder, of each half an ounce; Alcohol, ten fluid ounces; Water, five fluid ounces; Honey, two ounces.

Mix the alcohol and water, and exhaust the powders by the process of percolation, and add the honey to the percolate and filter through paper.

CHLORAL.

The composition of this substance is, we believe, Al₂Cl₃. It is, in fact, simply a solution of sesquichloride of alumina, with an average specific gravity of 1.068. It has been patented under this name by a Professor J. Gamgee, as a disinfectant. In many of its chemical, if not physical, properties sesquichloride of alumina resembles the corresponding salt of iron, except that it is not an energetic oxidizer. It is too premature to express any opinions upon its efficacy at present.

SPONTANEOUS COMBUSTION.

Under the term spontaneous combustion, two very different theories are usually treated: one asserting the possibility of the human body, in certain conditions, igniting spontaneously, and burning till it is wholly or partly consumed; the other asserting only increased combustibility in certain states.

Weber, even so late as 1830, in the case of the Countess Goerlitz, at Darmstadt, German physicians were found to support the first hypothesis in a case of murder. The subject had frequently been brought prominently forward, before, in important law cases, and had been warmly debated by medical jurists, and had excited much interest in the public generally, by appealing to the public taste for the marvellous.

More recently, the subject began to be treated with that spirit of scepticism and enquiry which marks the present age; and the modern German school, headed by Caspar, and supported by Liebig, deny that the body, containing as it does 76 per cent. of water, can be consumed in any case without a large amount of fuel. As, however, there do frequently occur cases in which the body is found much carbonised, without an apparently adequate corresponding combustion of the adjoining articles in the room, others have endeavoured to investigate the conditions that would render the body, in some cases more highly combustible than usual.

The explanation of spontaneous ignition that had been forwarded by such great authorities as Orfila, Foderè, &c., was that in certain cases, the tissues and cavities of the body secreted gases, such as hydrogen, carburetted hydrogen, or phosphuretted hydrogen, and that in peculiar electrical states of the body they ignited.

The two principal explanations of the increased combustibility of the body are two. Roëter, Mitchell, &c., considered that alcohol was present in the blood and tissues in such amounts as to be combustible, most of the victims having been drunkards. This was contradicted by the experiments of Liebig, which showed that flesh steeped in alcohol, burned only as long as the alcohol remained. Dupuytren considered that the presence of large amounts of fat was the cause, most of the cases occurring among fat old women.

A recent review of the evidence on the subject is brought forward in a late number of the Medico-Chirurgical Review in a paper by Dr. Ogston, apropos of one of these singular cases when the body was found much burned with little corresponding combustion of the neighbouring articles in the room. It has also been treated in a late number of L'Union Médicale.

A short review of the history of opinion on the subject.
CORRESPONDENCE.

Feb. 22, 1871.

is given, and an analysis of the recorded cases, which are fifty-seven in number. As regards the testimony of authority, he says:—"There cannot be the least doubt that the weight of authority is in favour of spontaneous ignition, or at least of increased combustibility. Of all the fifty-four writers on the subject whom I have been able to discover, the opinions of thirty-five of these are contained in the sources to which I have had access. Of those thirty-five writers, five are entirely sceptical, viz., Drs. Caldwell, Caspar, and Taylor, and the chemists Liebig and Reschoff; three believe in increased combustibility, viz., Dupuytren, Stellb, and Guy, while the remaining twenty-seven, including the illustrious names previously mentioned, believe in the spontaneous ignitability of the human body.

Liebig denied that alcohol could be present in sufficient quantity in the blood and tissues to serve as fuel to consume the tissues to any extent, partly on the ground of his experiments, and partly on the consideration, that, if present, it would coagulate the albumen. Dr. Ogston, however, deduces a case in which alcohol present in the ventricles of the brain, burned on the approach of a lighted match.

The experiments of Dr. Beveridge, a most painstaking observer, are quoted, which confirm the rational and philosophical explanation of Dupuytren. These show —

That simple exposure to a red flameless heat occasions a slow charring, while exposure to flame causes a much more rapid destruction of human tissues. 2. That if a piece of human flesh containing no fat be exposed to flame, the charring is slow and gradual, but if the cutaneous surface be exposed, the skin is quickly charred, and cracking allows the liquified subcutaneous fat to flow out, which takes fire, and envelops the mass in a flame so strong as speedily to reduce it to a black greasy substance resembling cinder. 3. That soaking in alcohol neither accelerated nor retarded the result. The bluish flame of alcohol quickly passed away, and combustion proceeded as before.

"Dr. Beveridge had independently come to the same conclusion as Dupuytren, as to the mode of action in the cases of so-called spontaneous combustion, and is of opinion that in the reported narrative of this phenomenon, the body possessed no preternatural combustibility beyond what the amount of fat existing in it gave rise to; and that in the occurrence of such cases in habitual drunkards, as often referred to, the presence of intoxication acted only in increasing the liability to accident, and in depriving the victim of any power of assisting himself, or of giving an alarm."

Literature.

INSANITY AND ITS TREATMENT.

Dr. Blandford, of St. George's Hospital, has produced a manual on Insanity,* that we can commend as at once practical and reliable. The book before us is an amplification of the lectures delivered by the author, and are therefore particularly adapted to all those who desire to find a safe guide in reference to mental disorders. "They make no claim to be a complete treatise on psychology," but still the earlier lectures contain a clear and correct account of the author's views on the question between the nervous system, and the mind, and the physiology, pathology, and classification of diseases of the mind.

The several varieties of mental diseases are graphically described, and what is of the first importance to the majority of practitioners, this book gives full instruction as to how to examine a patient supposed to be deranged, how to treat those found to be so, and how to act so as to comply with all legal formalities should restraint be needed, or even should a commission de lunatico inquirendo be issued.

It will thus be seen that it is just the book for the busy, general practitioner, and for the medical student. We need only add that it is got up in such a form as to be really "a handy-book." As such we strongly recommend it to all who are in want of a clinical manual on Insanity.

Correspondence.

"BOND'S PLACENTAL FORCEPS."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Can you tell me if I can procure Bond's "Placental Forceps" in Dublin? It is designed for removing the secondaries in early abortion. I am at present attending a case where the fetus came away over ten days ago. I could at first sweep my middle finger round the lower segment of the placenta, but could not hook it down. I then tried an aneurism needle, but the curve was too abrupt. A bullet-forceps might have done, and I tried it, but could not keep my finger in the uterus with it. I feared to make traction when I thought of the placenta. I bought the placenta, administering ergot, caused the os-uteri to close to such a degree, that I could no longer reach the placenta at all. There was nothing for it, but to trust to time. "The physician of brutes," a consultant whom I particularly dislike referring my patients to. The homorrhage was at no time excessive, so that the tampon was not removed, but the discharge is foetid, and more or less homorrhage occurs every second or third day. Injecting a disinfectant into the uterus would be difficult, and perhaps dangerous. Yet phlebitis or pyrexia may occur, not to speak of homorrhage, of which I saw a woman die in convulsions two years ago. She was about thirty when I saw her, so I made no examination. I feel sure the placenta was retained, though the midwife assured me to the contrary. Where the flooding has been profuse, and the relaxation great, it may be possible to introduce the entire hand into the vagina, and remove the placenta with the fingers, always supposing the accoucheur's hand be very small. But I am sure a small forceps, with separate blades, could be introduced without very much difficulty by a dexterous person, and one would feel a degree above a midwife in treating this accident, which is the "approbrium" of our Art. Dr. H. Gogarty, at a meeting of the Dublin Obstetrical Society, held in 1867, described and recommended the instrument, but if safe and easy of introduction, why is it not generally adopted?

I am, Sir, yours faithfully,

FRANCIS M. LUTHER, M.D.

Cappoquin, 7th February, 1871.

[The instrument to which our correspondent refers is not known to the leading London and Dublin houses.—Ed. MEDICAL PRESS AND CIRCULAR.]

THE DUALITY OF VENEREAL SORES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—My thoughts upon reading in your journal some remarks as to whether there be one or more syphilitic poisons may not be of great value in the discussion, but such as they are I beg to offer them for the consideration of your readers. The difference between the different efforts of the body to resist the entrance of a poison; that in gonorrhoea a mucous surface becomes angry, and forms pus which carries away the virus; that in other cases pus and sores are formed by means of which also the poison is worked out; in indurated chances that first, a wall of defence is set up against the virus and also constructed in the glands to prevent the further ingress of the virus; and that if afterwards suppuration take place, and the pus has met, the poison may be removed, but that if not, it will probably affect the system; that in phagedena futile efforts are made by imperfect suppuration to carry out the poison, which exhausts the system; that the different forms of syphilis depend upon the state and powers of the patient's constitution and the tissue which resist the poison, and that if we knew whether or not the
syphilitic virus is in every man and woman exactly the same in its chemical constituents, and in the state and make of its ultimate atoms, we should not be better off than we do now to treat the disease. In another of your columns, compassion is expressed for a married man who had connection with another woman, caught gonorrhoea and contaminated his wife and children, and it is thought that the steady and industrious public should go to some expense, and make arrangements, so that the man may do it again and not be so likely to suffer. I would instead recommend the Government to chastise the man.

Yours obediently,
D. R. McNAB, M.R.C.S.

Epping, Essex, February 18th, 1871.

SECRET POISONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In your notice of the case of poisoning cited from the Canadian News of Thursday, the 2nd inst., disclosing the death of the truly patriotic Riel, who objected to the sale by mere licensees of British territory as taken up last session by Viscount Milton in Parliament, I have to state that such a termination of his career was not altogether unanticipated, since a rumour to this effect had been in circulation for some time before the actual fact became publicly known in this country.

It may possibly seem a startling circumstance to some of your readers, but these unorthodox practices were not unknown in Italy (bringing on all the appearance of heart disease), and were not suspected in this country, where they are believed to be quite as rife as in the worst times of the Medici traditions.

In conclusion, that such secret methods of destroying life were not unknown and believed to exist in England a century ago, we have only to turn to the 68th Letter of 'The Citizen of the World,' given in the graphic pages of the immortal Oliver Goldsmith.

How far such practices may be suspected and still exist must, however, be far better known to your Medical Profession than to one who has only slightly studied its jurisprudence, however much to be lamented and deplored.

I am, Sir,
VINEX.


Medical News.

Lectures at the Royal College of Physicians, 1871.—The Lectures of the present year will be delivered at the College, Pallmall East, at five o'clock on each of the following Wednesdays and Fridays: Goulstonian Lectures—Dr. Gee, March 3, 8, 10, "On the Heat of the Body": Croonian Lectures—Dr. Parkes, March 15, 17, 22, "On some points connected with the Elimination of Nitrogen from the Human Body": Lumleian Lectures—Dr. West, March 24, 29, 31, "On some Disorders of the Nervous System in Childhood."--Boquets, Donations, &c.—Mr. Alfred Smith Evans bequeathed £10,000 to the Children's Hospital; vil., £1,000 to the General Hospital; £300 to the General Dispensary; and £300 to the Children's Hospital.

"S. W. Y." has, for the third time, sent £1,000 to the Great Northern Hospital; the Worshipful Company of Clothworkers, £25 10s.; J. P. Jodrell, Esq., £25 (25 5s. sub.); and the Marquis of Bute, £25 5s. The Middlesex Hospital has received a third donation of £1,000 from "D. T. S."—The Small-pox and Vaccination Hospital has received a second donation of £1,000 from "D. V."—The Royal Infirmary for Children and Women, Waterloo bridge road, has received £1,000 from "E. F. L."—The Cumberland Infirmary has received £1,000 under the will of Miss Cout. The Chester Infirmary has become entitled to £500 under the will of John Morris, Esq. The Whitewash and West Cumber- land Infirmary has become entitled to £200 under the will of Mrs. Armstead. The London Hospital has received £100 from Sir Thomas Tilsen, and £51 11s. 4d. from Misses Bryant, F. C. Bryant, and H. Wagner. "G. S. W." has given a second donation of £1,000 to University College Hospital.

A Wonderful Telegram.—On Thursday night, at 2.8 o'clock, a London establishment received a message, which had been sent, via Teheran, from Kurrachee, India, on Friday morning at 12.43. The message was, therefore, received in London the day before it was sent from India. The time required by this message to go through India was forty minutes; the sun would require 4h. 26m. to do the same distance; and as the message was sent so soon after midnight, the extraordinary effect is produced of arriving the previous evening.

Dr. James Wingate Johnston, retired Inspector-General of Hospitals and Fleets, has been awarded the good service pension in the place of the late Dr. Johnstone, who was a member of the Naval Medical Service as assistant-surgeon in 1825, and after serving in that capacity for upwards of six years on the North American and Home Stations, and on particular service, was promoted to the rank of surgeon in 1832, in which capacity he served with great credit on the North American, West Indian, South American, East Indian, Burmese, and some European stations, and also in charge of some convict-ships. He was promoted to the rank of Deputy Inspector-General in 1847, and was employed as Deputy Inspector-General of the fleet under the command of the Earl Dundonald on the North American and West Indian Stations, and subsequently in the same capacity for nearly four years, at Jamaica Hospital, during the prevalence of cholera and yellow fever, and afterwards at the Royal Naval Hospitals at Deal, Chatham, and Greenwich. He was promoted to the rank of Inspector-General in 1894, and his name was placed on the retired list in November, 1898. Dr. Johnston has been awarded the G. H. A. Ellice's Gold Medal, and is Honorary Surgeon to the Queen.

The Emperor of Germany is, we are assured, in a very unsatisfactory state of health, consequent upon the great mental strain of the past few months. Those about his Majesty's person best able to judge are apprehensive of the gravest results.

The Medical Acts Amendment Bill.—Official notice was given in the House of Commons on Monday night that Her Majesty's Government would not introduce an Amended Bill this Session.

The Royal Hospital for Diseases of the Chest, City Road.—The Haberdashers' Company have sent ten guineas, and the Cutlers' Company ten guineas, towards the heavy current expenses of this Hospital.

NOTICES TO CORRESPONDENTS.

Correspondents requiring a reply in this column, are particularly requested to make use of a distinctive signature. It is one, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this request.

LARGE EST OR ARE.—We cannot see the so-called sia of a physician practising on Sunday. How would you manage midwifery in the case of Cakes? Your own motto must be:—to labour is to pray—without inserting your letter.

MEDICAL STUDENTS SERIOUS.—Your question is easily answered, and since you refer to us to decide your bet, we beg to assert that the plant sent us belongs to the Sorbariata.

Dr. W. G.—Thanks. Our despatch clerk shall have your letter.

Dr. E.—For the article of his name.

Dr. R., Manchester.—It is ever so, Nil Deprandum. You remember what Boccon says, "The weakness and credulity of men is such that they often prefer a witch or mountebank before a learned physician." It is no use reopening the old sore now.

Dr. H., L.;—Dr. A. has written on the "Phygmograph and the Pulse" in his "Medical Journal" a few weeks ago.

Rekindo.—Avoid the man whose name you mention. Consult a physician, your friend had better do likewise. We do not prescribe, but our advice is good.

Veiled Sap.—We lament to find intelligent a correspondent so bewildered; again consult a physician and your accidentally "lighting upon us in a reading-room will not prove disadvantageous to either of you if our advice be heeded.

Dr. M.—Watson's Bovine Materia.

CRIMINAL PATHOLOGIST.—As your letter is a personal attack upon Dr. Lyons, and contains accusations to subjects with which we have nothing to do, we must respectfully decline to publish it.

Dr. J.—The N.S. must have been wrongly addressed, or it would not have been returned to you through the post. You were quite right, being resident in Ireland to send it to the Dublin office. From enquiries we have made, we find it was not delivered at this office,
ASHWORTH'S BANDING PINS.

A correspondent who, since the passing of the "Newspaper Act," has been laboriously setting the style of this and other journals together, forwards us a couple with the suggestion, "that it be used for the MEDICAL Press in place of stitching, the price being only fivepence per dozen."

While thoroughly appreciating and thanking our correspondent for his suggestion, it would be almost impossible to introduce a new number in time for us to adopt it. But pins are very handy little things, and should be on the library table of every one. Individuals could use them for a journal with very little time or trouble, but it would be impracticable for us in sending out a long subscription list.

THE PROPAGATION OF DISEASE.

To the Editor of "The Medical Press and Circular."

Sir,—You labour, I trust, in the "Propagation of Disease through the Foot-coat" is truly important. If paper will absorb, and for a long time retain the smell of some volatile substance, why may it not also absorb the vapour of microorganisms and carry the matters world from place to place? I think the subject is well worthy of attention, and I hope you, Sir, will not end it until exhausted.

Believe me,

Your obedient Servant,

J. HAYWARD.

INFECTION IN BOOKS.

Dr. Girlestone sends us an extract from a letter signed by Mr. Henry Attwell that lately appeared in the "Nursery Times." It says:—"There can be no doubt that books which have been handled during the recovery from fever—at the very stage, that is, when the skin is peeling—frequently become fouled with disease germs. I have myself shaved from between the leaves of books accumulations of particles of epidermis that had fallen from the skin of a scarlet-fever patient; scarcely any of these buried ushers were anywhere else. The question of importance that heads of schools should be aware of the danger of suffering five-centavos to borrow books, stamp albums, &c., from the school premises. A poor boy should be prevented from going to the evil day, to be burnt when they have served their purpose.

Without the supervision of a Constantly of the columns will be unheaded by nine out of ten schoolmasters. If it reach the eye of the unsuspecting tenth, it may be turned to useful account.

Dr. Attwell adds I know of at least one well-authenticated case in which there is every reason to believe that the disease-germs were conveyed in a letter written (not by the patient, but merely) from the patient's sickroom. Such a letter, before sending, and before postcard, should have been boiled at the fire."

MEETINGS OF THE LONDON SOCIETIES.

ROYAL COLLEGE OF PHYSICIANS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—WEDNESDAY, Feb. 22nd, 4 P.M. Prof. W. H. Flower, "On the Comparative Anatomy of the Teeth of the Mammalia."

HUNTERIAN.—The Council Meeting—S.P.M. Dr. Braxton Hicks, "On Intermittent Action of the Uterus throughout Pregnancy." Dr. Tye Smith, "On Syphilitic Pithitis."

ROYAL COLLEGE OF PHYSICIANS OF ENGLAND.—FRIDAY, Feb. 24th, 4 P.M. Prof. W. H. Flower, "On the Teeth of the Mammalia."

QUINTON MEDICAL CLINIC.—S.P.M. W. H. Furlonge, "On the Malady of Pyle Fertility."

CLINICAL MEETING.—LONDON.—7 P.M. Mr. Gant, "On the Process of Occulsion in Arteries after Amputations, with its Relation to the Treatment of Surgical Hemorrhage, and compared with Ligature and Compression." M.D., M.R.C.S.E.; aged 74.

ROYAL INSTITUTION.—S.P.M. Dr. Carpenter, "Scientific Researches in the Mediterranean." M.D., Surgeon.

MEDICAL.-—TUESDAY, Feb. 28th, 3 P.M. Prof. Foster, "On Nutrition."

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.


Notes on Syphilitic Diseases. By Abbotts Smith, M.D., M.R.C.S. London : Bailliere, Tindall, and Cox. [8vo.]


VACANCIES.

Worcester Infirmary.—House-Surgeon's Assistant. Salary £50, with board.

York Dispensary.—Resident Medical Officer. Salary £100 per annum. West Hampstead Union.—Medical Officer. Salary £75, with extras.

St. John's Hospital for Dogs and Frogs.—Westminster Hospital.—Resident Obstetric Assistant without salary.


APPOINTMENTS.

ALLEN, C. G. M.D., Medical Officer for the Greenwich Dispensary District of the Lame Union, Co. Antrim.

BAILEY, W. F., Senior House-Surgeon to the Preston Royal Infirmary. Cas, E. R., Junior House-Surgeon to the Preston Royal Infirmary. HETHERINGTON, Dr. C. E., Resident Assistant-Surgeon and Registrar to the County Down Infirmary, Downpatrick.

JOHNSON, Dr. Logie, a Visiting Physician to the Infirmary for Consumption and Diseases of the Chest, Margaret street, W. WEAVER, J., L.R.C.P., Medical Officer of Health for Longston, Staffs.

WILLIAMS, J. J., M.B., Medical Officer of Health for Wrexham.

Marriages.


Deaths.


KIND.—On Feb. 16th, at Armagh, Laura Isabella, wife of A. Napier Kind, M.D., aged 65.

SMITH.—On Feb. 7th, Joseph Smith, M.R.C.S.E., of Milford place, North Britton, late of the Clapham road, ag. 97.

Advertisements.

ROYAL COLLEGE OF PHYSICIANS. 1871.

The Lectures of the Present Year will be delivered at the Commemoration Hall, at Five o'clock on each of the following Wednesdays and Fridays.

GOUXTONIAN LECTURES.—Dr. Geo., March 5, 8, 10. "On the Heat of the Body." CROCMAN LECTURES.—Dr. PARKS, March 15, 17, 22. "On some points connected with the Elimination of Nitrogen from the Human Body." LUMNEKIAN LECTURES.—Dr. WEST, March 24, 29, 31. "On some Disorders of the Nervous System in Childhood." Commissions of the President will be issued for the admission of the above, but they will be admitted on presentation of their Cards.

By Order of the President.

The London Surgical Home for Diseases and Accidents of Women, 9 Osnaburgh street, Regent's Park, W. M. Medical Practitioners are invited to attend Clinics and Operations, by Mr. BAKER, BROWN, every Thursday, at Two o'clock. Cards of admission may be obtained of W. ROBERTS O'CONNOR, Esq., Resident House-Surgeon. Fee for Three Months, One Guinea.

COLONIAL AND FOREIGN RESIDENCE.

The Standard Life Assurance Company affords the greatest facilities for effecting assurances on the lives of persons proceeding abroad. Local Boards and Agents in every Colony. Moderate premiums at rates suited to each climate. Immediate reduction to home rates on return to Europe or other territory of the Colonies. Loans advanced to civilians and military officers. Profits divided every five years. Annual income of the Fund upwards of £700,000,000. Invected capital and accumulation, upwards of £1,300,000,000. MONDAY TO FRIDAY. H. W. MONTGOMERY, Manager. WILLIAM BENTHAM, Resident Secretary.

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EDINBURGH : 3 George street.

Head Office.

LONDON : 92 King William street.

The Medical Officer attends daily at the Dublin Office at half-past twelve.

Church Stretton Private Asylums.

For the Upper and Middle Classes of both Sexes, are situated among the Shropshire Hills, Twelve Miles from Shrewsbury, on the road to Hereford. Apply to Mr. Hylton Esq., Church Stretton, Shropshire.

Vide page 1016 in the Medical Directories for 1871.

COMPANION TO A LADY.—A Lady, the Widow of a Physician, who has been companion to a lady for the last four years, wishes for a similar situation. She has had considerable experience in the cases of sickness, and would be desirous of making herself generally useful. The highest references can be given. Address, XX, Companion, Office of "The Medical Press," 0 D'Olle street.

CARLOW UNION.—MIDWIFE WANTED for the Bagenalstown Dispensary District. The Committee of Management of the above Dispensary District will, at a meeting to be held, at the Dispensary, Bagenalstown, on Wednesday, the First day of March next, at the hour of Twelve o'clock, proceed to appoint a properly-qualified person to fill the office of Midwife for the above district at a salary of £20 per annum, with apartments. Sealed applications, enclosing diplomas and testimonials, to be sent to Mr. JOHN MAGRATH, Hon. Sec. to the Dispensary Committee, Bagenalstown, on or before the 28th February instant.

Personal attendance of Candidates will be required on the day of Election.

By Order, EDWARD L. JAMESON.

Workhouse, CARLOW, 2nd February, 1871. Clerk of the Union.
Original Communications.

THE INFLUENCE OF EXTERNAL CONDITIONS ON THE FORMATION OF DIATHESSES.


In some of the lower animals and in plants nutrition is effected without the agency of a nervous system. In the highly organised human body this agency is indispensable. Every function in this organism is under the control of its nervous system. The function of nutrition is, in a very special manner, under this control. That it should be so is reasonable, because a properly-regulated nutrition forms the basis of all the vital processes, itself included. There is a special arrangement of nerve-centres without whose control no part of the human body is nourished. The condition of these nerve centres, and the vaso-motor nerve tubes gives character to the nutrition. If there be disease in the tropical centres or in the nerves, there will be mal-nutrition. If they be perfectly normal and healthy, nutrition will be properly regulated and governed.

There is a close relationship between thermogeny and nutrition. In the animal body, the quality of the thermogeny is the index of its nutrition. If the thermogeny be normal, so will the nutrition. In some of the lower animals and in plants where there is no nervous system, and where heat, light, moisture and other nutrient materials are supplied in proper quantity, thermogeny and nutrition are perfectly normal and continue so till the term of natural life, provided the external conditions remain the same. Uniform external conditions secure and govern nutrition and thermogeny in plants, and in those animal organisms where no nervous system obtains. In man, the nervous system takes the place of uniform external conditions, in so far as, that its function is to maintain nutrition and thermogeny in a normal state under different external conditions. Man lives everywhere from the Equator to the Pole, his nervous system regulating nutrition so as to adapt thermogeny to the particular climate. Throughout the whole habitable world the condition of healthy nutrition in the human body is coincident with a given temperature in that body, and this condition is maintained through the mediation of the tropical nerve centres. It follows, therefore, that neurosis of the tropical centres, or vaso-motor symptom in man, affects his nutrition and thermogeny in much the same way as a change in the external conditions of a plant affects its nutrition and thermogeny. If the nutritional and thermogenic functions be interfered with beyond a certain limit, either in the plant or in the animal, whether by change in external conditions as in the former, or through neurosis of the tropical nerve centres as in the latter, disease will follow; and this disease will be in a given direction and of a definite description, harmonising with the previous nosological history of the plant or animal, and with that of its predecessors, that is to say, the resulting disease will be diathetic. Accordingly, all acidulated plants have acquired a diathesis which corresponds with the nature of their acidification, and which will manifest its presence now and again by corresponding diseases of degeneration. In like manner all the higher animals have acquired a diathesis, either from having themselves suffered from neurosis of the tropical nervous system, or from their ancestors having so suffered. When the tropical nervous system becomes functionally deranged, the effect on the general nutritional and thermogenic processes is the same, as a change in the habitat of a plant in a similar Diacid produces in it. A man does not require to travel to a cold climate in order to experience the effects of cold; neither does he require to travel to a warm climate in order to experience the effects of heat. His tropical nervous system renders these opposite conditions possible in any climate. A neurosis may determine the one or the other. A healthy human being has an apparatus within him which is intended, and ought, to act the part of a perfect regulator. When
it does not so act, it is not the fault of the climate, but there is a deficiency in hygienic arrangement. Clothing and house-building are inventions of human intelligence to keep the tropical nerve centres and nerve tubes intact. When clothing and house-building fail to effect this, either from improper material, or from imperfect construction, they become pernicious and produce the results they were intended to avoid. What matters it though the quantity and quality of food be sufficient, if the clothing and house-building be contrary to physiological laws? Besides adapting food, clothing and house-building to the climate and country, there must be also proper sanitary measures. Without these all other measures will be unavailing. In some parts of Orkney and in the Island of Skye where cows and human beings inhabit the same houses, and nearer home, in the district of the Fountainbridge Dispensary where the people have no water-closets, and where cows are kept, and dung-hills allowed to accumulate in the midst of a dense population, there are agencies at work sufficient to manufacture diatheses and produce disease, in spite of climate, food, clothing, housing or medicine. The reason is obvious. The integrity of the tropical nerve centres is subject to external influences. Human intelligence ought to take such external conditions as shall conserve this integrity, irrespective of climate or country. In some parts of Orkney, in the Island of Skye, and in the district of the Fountainbridge Dispensary, human intelligence is not available. The consequence is that the human beings living in these places have either already acquired a diathesis, or are fast doing so; for they are all subject to neuroses of the tropical centres. The diatheses acquired take their character from the adverse circumstances to which each separate individual is subjected. One may be well fed, housed and clothed, but he lives close by a dung-hill; another is neither fed, nor housed, and breathes at the same time foul emanations; while a third breathes comparatively pure air, but has neither clothing, food nor shelter. The diathesis in every case corresponds with the manner in which the primary neuroses have been superinduced, the mode of induction fixing the character of the diathesis, and the diathesis the character of the resulting disease. Thus the cancerous diathesis manifests itself by the production of cancer under certain well ascertained conditions. These conditions affect the thermogenic and nutritional nerve centres, and the resulting neurosis determines or rather permits the growth of the cancer cell. If the diatheses were different, the conditions affecting the thermogenic centres and the nutritional would be the same, and the neurosis the same, but the resulting disease would correspond with the diathesis. Thus, it is a fact ascertained that the same depressing agency operating on different individuals, will occasion cancer in one, rheumatism in another, and an outbreak of syphilitic disease in a third, in strict accordance with the particular diathetic condition of the patient. The difference between the perfectly healthy animal and one that is diathetic, is merely as far as the character of the disease is concerned. In the former, where no diathesis exists, the rule is, that adverse external conditions operate to the production of diathetic tendencies of such and such in nature; whereas in the latter adverse external conditions become the occasional causes of diathetic disease, although these conditions themselves, operating on a perfectly healthy individual might produce a totally different effect. What is a diathesis? Is it a retrograde mode of the physiological processes by which nature seeks to maintain the living being in a state suited to its adventitious circumstances? If so, what is the relation of the tropical nerve centres to diathetic disease? They conduct the car along the edge of the precipice because the proper physiological highway has been obstructed. The slightest accident may bring catastrophe. Hence the treatment in all diathetic conditions consists in maintaining the due influence of the nervous system on nutrition, for when once this influence becomes mor-

**CLINICAL MEMORANDA.**

By John H. Martin, M.D.

The use of stimulants in the treatment of disease has, perhaps, been unduly extolled and equally decried. The true clinical practitioner will apply his mind to the individual case before him and adapt his treatment to it. In this the due application of acquired knowledge consists that valuable property called tact.

The following cases show how valuable the use of stimulants may be when given even in cases which formerly would have been treated on different principles: I. II., a poor basket-maker, aged fifty-two, living on scanty earnings in a wretched habitation, was admitted into hospital, with what appeared at first to be a slight attack of simple continued fever. Though carefully examined, no pulmonary symptoms were discovered on admission, but three days afterwards, being the seventh of his illness, he complained during the night of dyspnoea. I found him in the morning with congested face, blue lips, scarcely able to lie down, loud bronchial rales, profuse brick-dust expectoration, pulse, 132, small and compressible; temperature, 104°; tongue loaded. No dulness on percussion was discovered over any part of the chest, loud bronchial rales less loud, sputum abundant but rattling. Urine loaded with decaying sounds normal. I applied a large blister over the chest, strong beef-tea and milk ad libitum, a large teaspoonful of whiskey every hour, and eight ounces of Marsala wine for the twenty-four hours; no medicine. This treatment being diligently pursued, I found him next morning able to recline easily, countenance natural; pulse, 80; temperature, 101; bronchial rales less loud, sputum abundant but rattling. Urine loaded with decaying sounds steady set in; no further treatment was adopted, save a rapid diminution of the stimulants and continuance of the broth and other nourishments, and he was discharged cured twelve days afterwards.

Dec. 2nd.—Patt Ryan, aged forty-two, admitted on the 5th day of May, dulness and soft crepitation below right mamma. Respiration, 28, and very much laboured; pulse, 120, soft and feeble; temperature, 104°; brick-dust expectoration, soft resonant cough. Treatment—large linseed poultice over seat of dulness; milk, beef-tea, four ounces of wine, and a teaspoonful of whiskey every hour.

Dec. 3rd.—Much better, sputum white. Pulse, 96; respiration, 25; temperature, 103 cent. minum.

Dec. 4th.—Dulness less marked, profuse perspiration. Pulse, 85; respiration, 25, and easier; temperature, 100. Changed the force of the poultice to the area.

Dec. 5th.—Going on well. Pulse, 80; respiration, 22; temperature, 94°; stop whiskey—continue other nourishment; urine loaded with deposits.

Dec. 7th.—Pulse, 56; temperature, 95°; sputa of uneasiness and pain about the seat of dulness, which has greatly diminished. Blister applied—continued.

Dec. 14th.—Discharged, quite well.

In contrast with the foregoing, I would wish to place the following case:—

J. D., strong and generally healthy, aged twenty-five years, was admitted, Nov. 20, four days ill. Marked extensive dulness over the lower two-thirds of right lung, through which space no respiration murmur could be heard. Countenance flushed, great distress of breathing, restless and unable to sleep, short haggling cough. Pulse, small, hard, 122; temperature, 104°. Sputum scanty, nasty red and brought up with difficulty. Treatment—vs. ad vivi, large poultice over side. Mixture of citrate of
THE SEWAGE QUESTION.

SPECIAL REPORT.

(Prepared expressly for the Medical Press.)

No. XXIII.

COLLECTION AND DISPOSAL OF NIGHT-SOIL, BY MIXING IT WITH ASHES, OR OTHER ABSORBENT SUBSTANCE.

Although dry earth is manifestly the best absorbent for the treatment of human excreta, yet many other substances, as ashes, street-sweepings, various kinds of carbonaceous matters, and the solid refuse of different branches of industry have been proposed for the same purpose. Mr. Stanford recommends the use of charred sea-weed instead of dry earth, as it is a more effective absorbent, requiring only one-third of the weight to do the like service; besides which, he says, the compost is more easily dried, and may be reburied in closed retorts, so as to recover the ammonia and fixed salts, and yield a charcoal which is fit for further use. According to Mr. Stanford, a hundredweight of the charcoal is sufficient for a closet used daily by six persons for a month, and the product containing all the excreta could be removed without the slightest offence. Liebig is of opinion that bog-turf in coarse powder is a good absorbent material, and forms with sewage matters an excellent manure.

Among the numerous patents relating to this subject are those of Poitivin (1839), Hupesch (1841), Du Boisson (1845), Rogers (1848), Tarling (1850), Gilbee (1852), Perks (1852), Macpherson (1853), and Heraphat (1854), for the use of different kinds of carbonaceous matters, as ashes, breezes, and the coke or charcoal of peat, vegetable mud or mould, tan, sawdust, rags, shits, bog-head coal, &c. Besides which there are the patents of Rosser (1853), Gonx (1855), and others, for the utilisation in this manner of all sorts of vegetable and animal refuse, as chaff, spent dye-stuffs, dry horse-dung, shoddy, refuse wool, &c.

In many large towns of England and Scotland, where sewerage works are but partially constructed, or where, from the difficulty of disposing of sewage, the use of water-closets is not encouraged, absorbent substances are employed for the consolidation of night-soil, and they are either placed at once in the pits beneath the privies, as in the middens of Lancashire, or they are put into moveable boxes or troughs beneath the privy seats, or they are mixed with the soil after its removal from the house.

When the midden is well placed, and is well constructed, as to prevent the escape of its fluid contents into the ground, and of rain or other water into it, the compost is not offensive unless it is allowed to accumulate to too great an extent. At Manchester, where, according to Sir Joseph Heron, the town clerk, it has been found necessary to prevent, as far as possible, the discharge of sewage from the town into the River Medlock, which is already extremely foul from trade and manufacturing refuse, no encouragement is given to the water-closet system, and, therefore, among the poor, privies with middens are the most usual kind of accommodation; indeed, of the 70,000 houses of the town, only about 10,000 have water-closets, and the rest are accommodated with 38,000 out-door midden-closets, which are regulated by certain bye-laws of the Corporation as to their situation, construction, dimensions, ventilation, drainage, &c.—the object being to prevent, as far as possible, the escape of noxious matters into the air or soil by keeping the contents of the midden dry, by having the pit impervious to water, and by insuring the proper distribution of the ashes upon the night soil. This is effected by various contrivances which are more or less successful, and the contents of the middens are removed by the scavengers of the town, who keep the key of the midden door. In this manner about 120,000 tons of night-soil and ashes are removed from the middens annually, and they are sold at an average price of 1s. 6d. per ton. They are sent by rail, in the Corporation waggons, to Yorkshire, Nottinghamshire, and Lincolnshire, the cost of the carriage being from 3s. 6d. to 7s. per ton.

The sale of the manure thus obtained realises about £9,000 per annum, and the cost of the scavenging is nearly £17,000.

There is no doubt that the middens of Manchester are not as well constructed or as well managed as they might be, for they are too large, and are emptied at too long an interval (four months). They are, therefore, generally offensive; in fact, according to the report of Mr. Greaves, the Consulting Medical Officer of the Chorlton Union, they are frequently the cause of pythogenic diseases.

At Liverpool, also, where the midden system is imperfectly managed, it is a prolific source of disease, and is emphatically condemned by the Medical Officer of Health, Dr. Trench, who has used his utmost endeavours for some years past to abolish them, and has, indeed, mostly since the year 1866, effected the conversion of 14,333 privies into water-closets, there being, however, still in Liverpool about 20,000 privies attached to ashpits. The cost of this change to the Corporation has been not less than £40,000, it having been found necessary, on account of the poverty of the landlords, to make an advance to them of from £3 10s. to £7 10s. for each closet or set of closets. But at Nottingham, where the middens are better placed, better constructed, and apparently under better management, they are not found to be at all objectionable; for all the houses of the poor have privies in the back yards. They are placed as nearly as possible together, over water-tight pits, which receive the ashes in such a manner as to distribute them over the soil; but when there is not room for a proper midden the closet is provided with a portable wooden box, which is replaced daily. The solid contents of the pits are removed by the town scavengers every two or three months, and they are carried to the manure wharf upon the canal where they are at once emptied into barges. When a barge is full it is immediately taken away, and its contents are sold to farmers at various points along the course of the canal, the price realised being from 3s. to 4s.
a ton, according to distance. In this way the manure, amounting to about 40,000 tons a year, is readily disposed of at a price which pays about two-thirds of the cost of scavenging the town. At Hull, where the midden system is almost universally practised, the old fashioned pit is being gradually abolished and replaced by a small midden closet of peculiar construction. It is thus described in the Appendix to the Twelfth Annual Report of the Medical Officer of the Privy Council. "The space under the seat forms the entire receptacle for all the ashes, refuse, and excrement of the house, and is built of bricks in cement, with a bottom of brick or flag, sloping from the level of the paved floor in front to a little below the ground level at the back, and forming only a very shallow pit. Into this space, through a hole in the privy seat, all dry refuse is thrown with a scoop, and as a rule the closet seat is not messed in the process. The front of the middle space is formed by the front board of the closet, and is made moveable to give the scavenger access to the pit. There is no drain to it, but as there are plenty of ashes, and as in practice slops are thrown down the drains, the contents of the closets are almost invariably dry, and are removed by a spade without difficulty." The town consists of 26,000 houses, and it is divided into forty-six districts, each district being let to a separate contractor, whose sole business is with the middens of the town, everyone of which he is required to empty at least once in a week; and the cost of this work is about £2,000 a year to the Corporation, the contractor having all the refuse for his own profit. Where the middens are well attended to by the occupants they are quite free from offence, but when they are improperly used or are neglected they are undoubtedly a nuisance. The same is the case at Salford, Halifax, Bolton, Preston, Leeds, Birmingham, Stamford, Macclesfield, and many other places where the old fashioned midden system is more or less in operation; and to avoid this attempts have been made to collect the night-soil in tubs or boxes lined or otherwise charged with some absorbent material. At Nottingham, for example, a little earth is put into the box before it is placed beneath the privy. At Salford, according to the report of Dr. Syson, the Medical Officer of Health, the most successful results have been obtained from a modification of M. Goux's system, that of lining the receptacle with dry manufacturing refuse. Each closet in the town receives at least, twice a week, a tub which is lined with any cheap absorbent—that which is found most useful and handy is the spent dyewoods of the place, as fustic, &c., which are first dried by artificial heat and then rammed into a tub by means of a central core which gives it an uniform lining. At the time when the fresh tub is supplied the old one with its contents is taken away, and carried to the manure yard belonging to the Corporation. About two tons of material are thus furnished by each closet annually, and it readily sells at the contract price of 5s. 6d. per ton. According to Dr. Syson, the system is both manageable and effective; and it not only utilizes the excreta of the population, but it also enables the local authorities to remove it quickly and thoroughly. In time of epidemic disease, it likewise enables them to disinfect the excreta, and so to prevent the spread of certain pyogenic disorders. The same plan has been tried experimentally at Rochdale, but not successfully, and it has, therefore, been abandoned; although the agent of M. Goux, the Messrs. Holt and Glazier, of Rochdale, speak of it as a very manageable and profitable method of removing faces, &c. They say that it costs 35s. to convert a midden closet into the new form, and that a set of tubs for the closet will cost 10s., making a total of 45s. for the change. In working the process they calculate, from their experience at Rochdale and Salford, that two men and one horse will remove 600 tons per week, each tub containing on an average 84 lbs. of excremental matter, &c. This gives a total of twenty-two and a-half tons a week, which, at a working cost of £3 a week for the man and horse, averages 2s. 9d. a ton, the material being worth at least 5s. or 6s. a ton, as it is received from the privies, although, when manipulated on the plan advocated by M. Goux, they say it is worth £2 a ton.

In the old parts of Edinburgh, where there are no closets in the houses of the poor, the contents of the chamber vessels are mixed with the ashes and put into tubs for the scavengers to remove daily; but there are also public closets, which are provided with moveable cans that are changed daily. About fifty of these latrines, with from eight to forty separate seats or compartments to each, are provided in the old town. They are situated at a rather higher level than the street, so that the proper receptacles may be easily placed beneath them. These receptacles are very much like the tin cans which are used for bringing milk by rail to London. A separate can is placed under each seat so as to receive all the discharge, and the scavengers remove the cans daily, and replace them with fresh ones before the town is awake. They are carried to the depots, which are outside the city, but near to a railway station, and their contents are mixed with ashes and street-sweepings. About 50,000 tons are thus collected and disposed of yearly, the return being about £7,000, against the charge of £13,000 for scavenging the city. The same method of collecting the excreta of the population is fast coming into use in Glasgow, portable vessels being placed beneath the seats of the closets. At Rochdale, also, with a population of about 46,000 persons, and about 4,000 midden closets, the Corporation have adopted the plan of collecting the excreta in similar moveable receptacles, the ashes and other house refuse being kept apart in separate tubs. The receptacles are rudely constructed of old paraffin casks cut in half, and provided with handles. They are changed once, twice, or thrice a week, according to circumstances, and when they are removed from the privy they are immediately secured with a tight-fitting cover to prevent the escape of offensive effluvium. At present there are only about 500 closets fitted with these receptacles, and they yield about 24 tons of excreta per week. These, with 10 tons of ashes previously placed in them, are converted into 18 tons of manure, which sells at 15s. a ton, although it is thought to be worth at least 30s. a ton. The total cost of working the whole of the 4,000 closets in this manner would, according to Mr. Alderman Taylor, be about £12 a week, and, in his opinion, the manure at 15s. a ton, would be worth £13 10s. a week; besides which there would be the additional value of the ashes, &c., which are collected separately.

But although a large quantity of excrement is thus collected in the chief towns of Lancashire, and, therefore, diverted from the rivers and water courses of the district, yet, according to the Rivers' Pollution Commissioners, it has had no appreciable effect on the conditions of the outfall streams. They say, in fact, that the sewage of Manchester, Liverpool, Salford, Macclesfield, Bolton, Bury,
From which it would seem that although the average amount of soluble matter in the middensewage is a little
larger than that of water-closet sewage (in the proportion
of 57.63 grains to 50.54), yet the suspended matters are
actually less (in the proportion of 27.35 to 31.29); and
notwithstanding that the quantity of sewage from a
water-closet town is considerably larger than that from a
midden town, yet, judging from the proportions of
chlorine in the two cases, representing, as it generally does,
the quantity of common salt in the urine, the Commis-
sioners conclude that, for equal volumes of sewage, there
have been 1,154 persons contributing to it, in the case of
the midden towns, and 1,604 in the other. The inconsis-
tency of these conclusions is demonstrated by the very
facts which the Commissioners have themselves pub-
lished, as to the quantity of night-soil collected annually
and sold for manure in the several midden towns alluded
to, all of which is so much matter kept out of the sewers.
It ranges from 1,300 tons a year at Clithero, with a
population of 7,000 persons, to 133,777 tons at Liverpool,
with a population of 500,676, the average amount at
sixteen places, with an average population at each place
of 93,785 persons, being 25,261 tons per annum; which
is more than six times the total quantity of suspended
matters in the entire sewage of the several places, sup-
posing them to have been water-closet towns, yielding
an average of 60 gallons of sewage per head per diem,
and that the sewage contained 31.29 grains (the Com-
missoners' proportion) of suspended matters per gallon.
It is hardly possible to imagine a more extravagant illus-
tration of the way in which opinions created by an
impulsive bias may be made to over-ride the actual facts of
an inquiry.

On the Continent, the excreta of the population is

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<th>Constituents per gallon</th>
<th>Maximum</th>
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<td>16.93</td>
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collected in water-tight pits, or moveable receptacles, the
emptying of which is performed by a contractor in the
service of the municipality; and there are many in-
gious contrivances for the removal of the night-soil with-
out occasioning offence. At Milan and Paris, for example,
the materials are forced by means of atmospheric pressure
through tubes in connexion with the cess-pool and an
exhausted tank or barrel. The tanks are in the form of
waggons, and having been exhausted of atmospheric air
at the works, they are sent to the place from which the
cess-pool matter is to be removed; and after connecting
a flexible hose with the tank and cess-pool, the valve-tap
is opened, when the atmospheric pressure forces the
night-soil into the exhausted tank, without permitting
any escape of offensive effluvium. A like contrivance
has been patented in this country by Mr. James John
Sheellock (1864); and the arrangements of Captain
Leirmur for this purpose are somewhat similar. He
proposes that a tank should be conveniently placed in the
middle of a street, so as to receive the discharges from
fifteen or twenty houses, and that when full it should be
emptied by means of exhausted barrels. Mr. Dyer,
from Melbourne, proposes that the closets should be at the top
of the houses, and that the excreta should be conveyed
by soil-pipes, like rain-water pipes, to close tanks con-
vieniently placed below. But none of these contrivances
are easy to manage, and they require such constant atten-
tion to ensure their safety, as to be practically unavailable,
except in particular cases. The disposal of the night-
soil is also difficult, although at Milan and Paris it is
converted into manure, but the process is offensive and
hardly remunerative. At Paris, for example, the mate-
rial is collected by the contractor appointed for the pur-
pose, who charges a fixed price, arranged by the munici-
pality, for the work. The material is first sent to
Villette, and then to Bondy, where it is converted into
poudrette, and ammonical salts. The buildings and
works at Villette and Bondy were erected by the city of
Paris at a large cost; and the contractor who uses them
pays a fixed price of 1 franc a cubic metre for the solid
matter, and 1 1/2 franc per cubic metre for the liquid.
Every 10,000 cubic metres of the raw material, costing
about 11,000 francs, yield about 545 cubic metres of
poudrette (worth about 25,585 francs), and 704 kilos,
of ammonical salts (worth about 7,744 francs), and 125
cubic metres of liquid manure (worth about 125 francs).
So that, at a cost of 11,000 francs for raw material,
the products realise 33,757 francs, or rather more than
300 per cent.; but for all this, the return is not remu-
nervative, for the average cost of removing the excreta
from Paris is about £5 per house per annum, and the nuisance
of the manufacture is frightful. The same is the case at
Milan, as it also was at Hyde, near Manchester, when,
a few years ago, in carrying out the "Eureka system,"
night-soil was converted into manure. Mixed with
earth, however, as in the practice in China, it is not so
offensive, and it forms a convenient and merchantable
compost.
The patient was admitted for rheumatic fever. There was no evidence of cardiac disease, nor of lung disease, nor of any other complication, and the fever promised to run its usual course.

On the evening of the fifth day after his admission, the Resident Purser Student, Mr. Burns, who was on evening rounds, examined this man among others; registered his temperature, pulse, and respiration; found all as he expected, and left him for the night. About ten minutes after this a message was sent down to Dr. Burns to say there was a man dying in the Cave ward. Mr. Burns immediately ran up, and found that the dying man was the patient with rheumatic fever, whom he had just left for the night. The patient was now suffering from an intense agony of dyspnoea; was cyanotic; had profuse cold sweat; no pulse perceptible; and before any remedy could take effect the man died. The interval of time between the accession of these symptoms and death was scarcely fifteen minutes. It became a matter of interest then to ascertain the cause of a sudden death in a man who had presented no symptoms of disease in any of the organs up to the morning of the day of death.

At the post-mortem the heart was found perfectly healthy, and the brain perfectly sound, but the lungs presented an extremely dark congested appearance, especially marked in the lower lobe of the right lung.

As the case was one of the symptoms or physical signs of pulmonary congestion during life, it occurred to my colleague, Mr. Purser, that the cause of its sudden accession might be found to be embolism of some branch of the pulmonary artery. At Mr. Purser's suggestion, therefore, Dr. Benson dissected up the branches of the pulmonary artery, and soon found the suspected embolus. This was a large blood clot situated in the part where the right pulmonary artery divided into its branches to supply the different lobes. It lay, saddle-like, across the projecting fork which separated two large branches going to different parts of the lobe. Thus portions of the clot ran into each of the arteries without being tightly impacted into either.

Around the embolus a certain amount of thrombosis had occurred, so as completely to occlude the artery, as it was found next the heart.

The embolus was precisely similar to some clots which were found entangled among the trabeculae of the right auricle of the heart, and doubtless was from this chamber the clot being detached, perhaps during some temporary excitement of the heart's action, was carried on with the current of the blood, till it was arrested where it was found. It became evident, then, that the case was one of the hemorrhagic embolism, described by Virchow and Ludwig, as being caused by embolism of a branch of the Pulmonary artery, and the cause of death was this sudden embolism, along with the collateral hyperaemia of the rest of the lung, occurring in a patient whose blood was predisposed to stasis from its hypernotic condition.

Thus this is the correct view of the case is further borne out by the microscopic examination of the lung. There was some blood seen to be present in all the alveoli, and in many the quantity of blood was small, while the walls of the alveoli had a shrunkken and collapsed appearance, and in no part were the alveoli fully distended with blood, as in apoplexy depending on certain other causes. But the most prominent feature in all the sections was the enormous engorgement of the capillaries of the smaller vessels. The presence of the blood in the alveoli was evidently due to the mechanical escape of blood from the distended capillaries, and that condition of the capillaries was due in its turn to the unnatural influx of blood into the part from which the vis a tergo was removed, and which was derived from the collateral circulation, according to Virchow's explanation.

This individual case, however, would seem to lend more support to Ludwig's theory of the cause of hemorrhagic impaction due to embolism. For the branches of the pulmonary artery supplying the lower lobe were not entirely occluded by the embolus. The embolus hung into each, filling the greater portion of this calibre, but not the entire. The result was that the current of blood in these arteries was not stopped, but merely slowed. As a consequence of this slowing, the corpuscles in the capillaries congealed, and stasis ensued, so that there was rapidly formed a natural plug in each of the capillaries, which was still capable of slowly transmitting hydraulic pressure. In the meantime blood was continuously being pumped past the embolus into the portion of the lung beyond it, so that presently the hydraulic pressure on the inside of the capillaries became equal to that on the outside of the occluded arteries; and as the capillaries were unequal to the emergency, blood escaped into the alveoli.

Whichever view we accept, Virchow's or Ludwig's, the case is illustrative of one of the many dangers which beset the course of rheumatic fever, and for which we must be on our guard in the future, even in apparently the most favourable cases.

MATER MISERICORDIÆ HOSPITAL.

Case of Disease of the Thoracic Viscera. *

(Under the care of Dr. Hayden.)

A MAN, thirty-eight years of age, was admitted into the Mater Misericordiae Hospital, on the 17th of January; he was then suffering from extreme dyspnoea; had a livid and blotted, and the cervical veins turgid to the last degree; the lower extremities were edematos and livid; the pulse very slow, full, and regular. There were all the physical signs of emphysema of the lungs with bronchitis in a aggravated form.

The history obtained was as follows:—From childhood he had been short breathed, and had lived somewhat intermitently. Up to three weeks before the date of admittance, he was in his usual health; about that time his feet began to swell, and he was not equal to his ordinary duties. When admitted the man was in the condition previously described, and in addition to the pulmonary affection, physical examination of the chest showed that the heart pulsed behind the lower end of the sternum; five inches were of a flat sharp, clicking character, especially the first, which indicated ventricular dilatation; and a double murmur was heard at the base of the ensiform cartilage. The first of these murmurs was rather harsh, and accompanied the first sound without obscuring it. The second murmur was not exactly synchronous with the second sound; it was also harsh in character, but much less loud. Both murmurs were circumscribed, not extending beyond an area of two inches from the point indicated, and equally in all directions. The precise state of the heart, as indicated by these signs, caused curiosity; the second sound was much delayed, and it was manifest the diagnosis lay between disease of the aortic valves, involving obstruction and reflex, and pericarditis, giving rise to a double friction sound. He had no hesitation, after careful examination of the case, in determining that the latter was the cause of the sounds heard, namely, pericarditis; firstly, from the deviation, though slight, from the normal rhythm of the second sound of the heart exhibited by the latter of the two murmurs. Thus, although the first murmur was synchronous with the first sound of the heart, the second was not; and the rhythm of the second sound, and with characteristic unsteadiness, being sometimes anterior and sometimes posterior to the latter in time. Secondly, from the harsh character of both these sounds; and, thirdly, because of their manifest proximity to the ear of the observer. As regards a double aortic murmur, he con- sidered that excluded by the character of harshness exhibited by the second murmur. He quite agreed with Hope in the opinion that a diastolic murmur at the aortic orifice is scarcely

* Read before the Dublin Pathological Society, January 28th, 1871.
ever found to be of a rough and grating quality, such as that heard in this case; and this, notwithstanding the very decided opinion of Dr. Walsh to the contrary. Then, as regards tricuspid regurgitation, he felt confident this could not have been the cause of the principal of the two murmurs; for, in cases of distension of both right chambers of the heart he had never heard a reflex tricuspid murmur, notwithstanding that tricuspid regurgitation was actually present, as shown by systolic venous pulse in the neck. He thought it might be accounted for thus: where the right chambers of the heart are engorged to distension, the right ventricle is in a state of asystole, or partial paralysis, at least its muscular contractile power is so impaired as to be incapable of developing a force sufficient to give rise to a murmur. Repeatedly he had heard a tricuspid murmur where distension of the right chambers did not exist. He thought it might be held that tricuspid regurgitant murmur indicated not a state of enlargement of the right auriculo-ventricular opening, but a positive valvular lesion, where the muscular part of the valve was involved. The man died on the 23rd of January. It would be observed that the heart was of that globular shape which it generally presented when the right ventricle was much hypertrophied; it weighed twenty and a-half ounces—three fingers breadth and two and a half inches in length. Through the right auriculo-ventricular opening. The left auricle and ventricle were not much altered; the latter was thickened, but not dilated. The apex was formed exclusively by the right ventricle, which was greatly hypertrophied and dilated. The several chambers of the heart contained decolourised fibro-fatty tissue; the valves were yellow, but not adherent. The anterior surface of the right ventricle a large “milker spot “existed, and upon the right apex a layer of false membrane, rough and loosely adherent. The apex of the heart was displaced downwards and inwards, and lay behind the base of the spine, and it was precisely here that the two murmurs were heard; and it was evident that the cause to which they owed their origin was the friction produced by the movements of the apex of the heart upon the corresponding portion of the pericardium.

Case of Pneumonia limited to the Apex of the Right Lung.*

(Communicated under the care of Dr. Haydon.)

A man was admitted to the Mater Misericordiae Hospital on the 14th of January in a very low state, manifestly in a typhoid condition. He was a pensioner, aged about forty-five, who had led a life of intemperance. On examining this man when he first saw him, he discovered circumscribed pneumonia on the left side, but what was singular was that the physical signs of pneumonia were strictly limited to a space of three inches in diameter, a little outside the point of pulsation of the apex of the heart; here all the signs of pneumonia in the second stage—dulness on percussion, bronchial respiration and voice were quite absent. On the following day crepitant rales were superadded, and from day to day it was observed that solidification gradually extended upwards, until it involved the apex of the lung, when the man died in a state of coma, not very dissimilar to that exhibited in miliary pneumonia. The ordinary pericardial fluid was not increased. It was evident that the disease had commenced in the tongue-shaped process of the superior lobe of the left lung which over-lay the pericardium. This portion was in the second stage of pneumonia, and infiltrated with sero-pus, whereas the remaining portion of the lobe was in a condition intermediate between the second and third stages; it was haemorrhaged, but on section yielded some thin serum. In adynemic or typhoid pneumonia the inflammatory process, according to his experience, usually commences in the apex of the lung, and extends downwards until the entire area of the superior lobe is involved. In the case above narrated, however, this order was inverted.

* Read before the Dublin Pathological Society, January 28th, 1871.

OVARITOMY PERFORMED BY MR. BAKER BROWN.

(Published from Notes taken by Mr. O'Connor, Resident House-Surgeon.)

Mrs. Jane C., aged thirty-seven, had one child eighteen years ago, no other pregnancy; enjoyed very good health up to July 1870, when she began to suffer from acute pain in the right inguinal region (she suffered sometimes from pain in the corresponding part on the other side); wind in the stomach; spasm; nausea; and occasional vomiting on taking food. Her attention was shortly afterwards attracted to the enlargement of her abdomen, this increasing steadily, her medical attendant found on examining her that there was a collection of fluid. He tapped her every ten days from the beginning of January, and drew off several pints of clear fluid. Soon after, the pains began to increase, and the fluid again forming very rapidly he advised her to put herself under the care of Mr. Baker Brown. She entered the London Surgical Home on the 7th February last. She then measured, at
proved to be ascites, with cystic disease of both ovaries, neither ovary exceeding a goose's egg in size.

When Mr. Brown concluded the notes of the case operated upon on the previous Thursday, and the patient was visited by the members of the class, it was announced that on Thursday next (to-morrow) ovariotomy will be performed on a patient suffering from an unilocular cyst on one side.

GLASGOW INFIRMARY.

Case of Acute General Tuberculosis of Twenty-four days' Duration.

Under the care of Dr. M'Laren.

(Reported for the Glasgow Medical Quarterly by John Weir, M.B.)

W. S., aged thirty, was admitted to the Royal Infirmary on the 5th January, 1871. On the 6th he was found to be complaining of headache and stiffness of the limbs. He had been in good health until eight days previous to admission, when he complained of shivering and vomiting. The following day headache commenced, and this was still present. On admission had great thirst, and his appetite was defective. There was very slight cough, but no expectoration; and no pain or tenderness over abdomen. He was not aware of infection from any kind of fever. There was no eruption on the skin, and the conjunctiva were clear. Tongue dry in the centre. Bowels regular. Pulse, 100. Temperature at 11 a.m., 102°.

He continued taking light food until the 16th January. The pulse was gradually rising, and the respirations becoming more frequent though not difficult. On the 16th a pale bluish tinge of the face and hands was noticed, and slight subcutis. On auscultation, loud rales were heard over the chest, especially at the back. The pulse was 132. Respiration, 36. Temperature at 10 a.m., 101 3/4°. In the evening the pulse was 160, and respirations 45, without difficulty. Temperature, 104 4/5°.

On the 17th, pulse, 144; respirations, 40. He had slight delirium, moving the hands in the air, and he was now able to take only fluids in the shape of milk, beef tea, stimulants, &c.

On the 18th the pulse was 120. After that date, the subcutis having increased, pulse could not be accurately counted. On the 20th the temperature fell from 102 2/5° in the morning to 99 2/5° in the evening, and he died at 6 a.m. the following morning, being the 24th day of disease.

The temperature was taken night and morning throughout, and the results, embodied in a chart, brought out the following facts. During first week after admission, the morning temperature remained uniformly at 102°, while the evening temperature varied from 103 1/4° to 105 4/5°. During the first part of the second week after admission, being the third week of the disease, the difference between the morning and evening temperatures was small, both being about 104°. During the second half of this week, the difference between the morning and evening temperatures again became marked, commencing with a very decided difference on the 10th, when the morning temperature was 101 2/5°, and the evening temperature 104. After that, and up to the 19th, the morning temperature remained between 105 2/5° and 105 9/10°, and the evening about 104°.

Pathological Report by Dr. Joseph Coats, Pathologist to the Infirmary.

Chest.—The pericardium contained about two ounces of clear serum. Heart normal. Lungs very slightly adherent behind. On section seen to be filled with shifting blood and with a large pinkish which is better than the upper. The greater number of these nodules are grey, but the larger ones present con-
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Abdomen.—The stomach presents no pathological change. The peritoneum does not present any mililiary nodules, but on examining the surface of the liver, myriads of minute white dots appear in every part. On tearing off the capsule only one or two mililiary nodules come off with it, and these not in the substance of the capsule, but distinctly adherent to its under surface. On section the hepatic tissue is seen to be completely packed with very minute tubercles, few of them exceeding a pin-point in size, though at the inferior surface one or two as large as a barley-corn are visible. In the spleen are found scattered a few yellow nodules. In the kidneys there are a considerable number of mililiary tubercles, but they are not extremely closely packed. The intestines are generally healthy, but in the lower part of ileum there are pretty numerous mililiary tubercles, but no ulceration. Urinary bladder distended with limpid urine, its coats healthy.

Head.—Calvarium rather thick. Longitudinal sinuses filled with coagulated blood. Neither on surface of convoluted matter nor in any of the mililiary nodules to be discovered, nor is there any definite pathological change in any portion of the brain.

Dr. Coats adds the following remarks:—This case is one of those which are extremely apt to be mistaken for cases of contumy fever, especially typhoid; and there was still some doubt as to the actual nature of the case until the body was placed on the inspection-table. The extremely acute onset induced the medical man only to send the case to the fever wards, and it was looked on at first as one of enteric fever. But during the course of the disease the absence of the eruption and diarrhoea was remarked, and doubts were therefore thrown on the first diagnosis. In reference to the extent of the affection, the enormous abundance of mililiary nodules in the liver is worthy of remark. A microscopic section of any portion of that organ never failed to exhibit several distinct tubercles, while their size was on an average not larger than 1-50th to 1-80th in diameter. In the centre of the nodules was seen, in almost every case, several cells, in a state of fatty degeneration, and these presented the appearance of the granular corpuscles, and not of the shrunken so-called tubercular corpuscles, which are found usually in the centres of tubercles. This fact agrees with the extremeuteness of the case, the ischaemia which produces the shrunken corpuscles being an extremely chronic process. The fact that no tubercles existed in the brain or its membranes is also worthy of remark.

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ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, FEBRUARY 14TH, 1871.

Geo. Johnson, M.D., Vice-President, in the Chair.

THREE CASES OF INJURY TO THE BRAIN, WITH AN APPENDIX OF CASES.

By G. W. Calhoun, F.R.C.S.,
Assistant-Surgeon to St. Bartholomew's Hospital.

In this communication attention is directed—first, to the frequency with which convulsions or rigidity are associated with paralysis of the left side of the body, as compared with that of the right; secondly, to the occurrence of these symptoms in cases of injury or disease of those parts of the right cerebral hemisphere which lie above the corpus striatum.

After referring to some observations with reference to diseases of the membranes and around the principal cerebral arteries as associated with the occurrence of convulsions, some cases of left side paralysis are quoted from the practice of St. Bartholomew's Hospital, three of which are given in detail. These cases, added to others recorded by various observers, give the following results:—Side paralysis, 109 cases; rigidity or convulsions in 46. Right side paralysis, 48; rigidity or convulsions in 7. Left side paralysis, 61; rigidity or convulsions in 39. Cases in which parts above the corpora striata are affected: Left side, 57 cases; convulsions in 7. Right side, 47; convulsions in 39. Cases in which the corpora striata, including the optic thalami, are affected: Left side, 11 cases; convulsions in 0. Right side, 13; convulsions in 0.

For convenience of reference an appendix is added, giving the cases referred to, arranged in two tables, and an outline map of the brain.

OBSERVATIONS ON THE PATHOLOGY AND TREATMENT OF MALIGHS FEVERS.

BY ROBERT HALL BAKEWELL, M.D.,
Medical Officer of Health for Trinidad.

In this paper the author gives the results of his experience of maligus diseases, the author relies on the evidence of ars and asserts, that the brain, vomit, and purging, which often in the West Indies accompany an attack of marsh fever, are not, as usually supposed, an indication for the administration of calomel.

THE DIALECTICAL SOCIETY.

FEBRUARY 15TH.

Mr. Reed in the Chair.

A PAPER was read by Miss JULIA DOWNING ON MEDICINE AS A PROFESSION FOR WOMEN.

After observing that, if the common ordinary principles of justice and liberty, which are supposed to regulate the conduct of men with men, were applied to women also, there would be little need for discussing the question, whether women should be allowed to take degrees and practise medicine, Miss Down- ing remarked, that the fresh wholesome air of liberty was as good for the health of mind of women as of men. As a general rule, however, if any one talked of giving liberty to women in a masculine sense, there was an almost universal chorus of "Upset Society," "Do away with feminine delicacy," and "Destroy morality," &c. She claimed for women, as for men, freedom of thought, word, and action, so far as this freedom does no injury to Society, and added, that there could be no morality worthy of the name, which did not spring from liberty. If, then, women were ready to give the same guarantees to Society, as to proficiency in the art of medicine, it is a violation of justice, to prevent them from entering the profession, by denying them degrees and education. The adversaries of women becoming doctors were of three classes,—1st. Those who desired that they should only practise midwifery. 2nd. Those who would include with this "diseases of women." 3rd. Those opposed entirely to the whole movement. Dr. Henry Bennet may be taken as a representative of the first class. Miss Downing protested against the principles laid down by Dr. Henry Down- in the London Medical and Philosophical Society, therein of midwifery, "it is part of the most arduous, most wearin, and unrecompensate duties. It means golden hours passing away, daily duties neglected, and the night's rest lost; it means drudgery and night work, and the probability of an early break-down in health; but, therefore, many medical men would gladly hand over their guineas and half-guinea cases to a body of well educated midwives." That is, Dr. Bennet would gladly hand over the most "arduous, exhausting, and unrecompensate part" of the profession to women, knowing the rest to be men. This was too bad. She asked men to be just, and allot some of the honours and rewards of labour to women, as well as to their own sex. The second class of opponents say, "it is perfectly natural and proper that woman should attend their own sex and little children, but what do you want to study anatomy for?" But a mistake in anatomy is as fatal to the life of a woman or a child as to a man, and in theory at least, a woman's life is
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considered as valuable as a man's. As to those who spoke of "woman's sphere," Mr. D. thought that it was "the sphere ascribed to her by her sex." As women had no means of travel, and were not exposed to other means of existence, than that by means of marriage was too often a scandal and a disgrace, since women often entered into the contract merely for the sake of providing a livelihood for themselves. As to women being always of inferior intellect, Mr. D. thought that this was not the case. In other cases, with many of the lady medical students at Downing, had shown the error of this view of the matter.

As to whether women would make discoveries in medicine, this belonged to the misty region of the future. It was next said, there was no demand for lady doctors. This, again, was a ground mistake, as was well known by persons who perused American journals, and by the success of Miss Garrett. Women, in some cases, would rather suffer, than call in a man. Women, then, should be allowed to obtain the same clinical teaching, and take the same degrees as men; and, therefore, as this high class clinical teaching was at present unattainable without mixed classes, Miss Downing, thought that mixed classes were necessary, until institutions of equal value were procurable for the instruction of women alone in medicine. But women, Mr. D., often mix amongst, as for a house or a lecture room; they also, often mix amongst them, in the crowded ball rooms of London, and watch for a few moments the association of the sexes, allowed by British decency, there. Why, therefore, lay charges of immorality and indiscretion against these ladies for wishing to study the noblest and most humane of the sciences? Women were neglected, and their powers rejected, and the lady doctors complained that their name was not understood, or not necessary, because doctors naturally said, "Why do you all crowd into our ill-paid business, and not try the more lucrative trades of the lawyer or the priest?" As to women not being able to perform the operations of midwifery, that was a mistake. Women have the brains and the heart to feel what is a great affair. And Mr. D. thought that they would not make money by the practice of medicine.

Mrs. Boon was convinced every day more and more, as she advanced in studying medicine, of the necessity of a thorough study of anatomy and physiology for all persons who would practice medicine. She did not think that very many women would be found entering the medical profession, if its rank was not elevated, so that the doctors need not be afraid of the competition of women. She was much opposed, however, to the idea of men and women studying medicine together; at the same time she quite understood the ladies in Downing being determined to get into the Profession, whatever were the consequences, and she believed in the advantage of mixed education, being ignorant of its evils and danger.

Mr. Jones said his wife used to say to him that she wished she never had been married, when the time came to call in a gentleman in her periods of child-birth. She felt so unhappy about these times, that he kept him away from her till his dying day, and thus he was completely in favour of women entering the medical profession. Women were, he urged, extremely capable, and it was an immense mistake to prevent them trying any branch of industrial occupation they might like to try for.

Mr. Comyns said that it seemed to him that the main difficulty was, that womenwould not, as a rule, trust to women, and thus medical women would not succeed in making a livelihood of their profession.
The Medical Press and Circular.

"SALUS POPULI SUPrema LEX."

WEDNESDAY, MARCH 1, 1871.

MEDICAL REFORM.

The refusal of the Government to take up this subject during the present session, lends an increased importance to the scheme for a voluntary conjoined board, put forward by the London Corporations. This scheme too, has now assumed a more definite shape as the London College of Physicians, in its comitatis, has fully approved the plan. Of course, it does not extend beyond England and Wales, and is in fact little more than the conjoint scheme, so long and so satisfactorily worked by the Scottish Corporations. The following is the plan as approved thus far:

1. That one Board of Examiners, in this division of the United Kingdom, be appointed by the Royal College of Physicians of London, the Royal College of Surgeons of England, and the Society of Apothecaries of London, for the examination of candidates who desire to practise Medicine, Surgery, and Midwifery.

2. That candidates who shall have passed the several examinations of the Board be entitled, subject to the by-laws of each institution, to the Licence of the Royal College of Physicians of London, the Diploma of Member of the Royal College of Surgeons of England, and the Certificate of the Society of Apothecaries of London.

3. That Examiners be appointed as follows; viz.:
   - In Medicine, by the Royal College of Physicians and the Society of Apothecaries.
   - In Surgery, by the Royal College of Surgeons.
   - In Anatomy and Physiology, by the Royal College of Physicians and the Royal College of Surgeons.
   - In Midwifery, by the Royal College of Physicians, the Royal College of Surgeons, and the Society of Apothecaries.
   - In Materia Medica, Medical Botany and Pharmacy, Chemistry and Forensic Medicine, by the Royal College of Physicians and the Society of Apothecaries.

4. That the number of Examiners assigned to each subject be as follows; viz.:
   - Anatomy and Physiology, not less than 8; Chemistry, Materia Medica, Medical Botany and Pharmacy, not less than 8; Medicine, not less than 10; Surgery, not less than 10; Forensic Medicine not less than 4; Midwifery, not less than 6.

5. That the appointment of the Examiners in each subject be made by each of the three Corporations in the following proportion; viz.: Anatomy and Physiology—
   - Royal College of Physicians, 3; Royal College of Surgeons, 5; Chemistry, Materia Medica, Medical Botany and Pharmacy—Royal College of Physicians, 4; Society of Apothecaries, 4; Medicine—Royal College of Physicians, 5; Society of Apothecaries, 5; Surgery—Royal College of Surgeons, 10; Forensic Medicine—Royal College of Physicians, 2; Society of Apothecaries, 2; Midwifery—Royal College of Physicians, 2; Royal College of Surgeons, 2; Society of Apothecaries, 2.

6. That there be two or more examinations on professional subjects, and that the fees payable for the examinations be thirty guineas, to be paid in two or more payments.

7. That one half of the fees received for the examinations be appropriated to the payment of the Examiners and the expenses of the examinations.

8. That the other half of the fees be divided amongst the three Corporations, upon the principle of giving to each Corporation a sum proportionate to that which each has respectively obtained from the grant of licences on the average of the last five years.

9. That the mode of the division of the second half of the fees be subject to revision at the end of every three years.

It is rather strange that those who have made the loudest outcry for some similar union of the English Corporations by compulsion, should turn round and abuse them for agreeing to unite voluntarily. We, who on the failure of the Government Bill, sketched such a programme as within the powers of these institutions, and urged them to it, shall not follow the example set us, although we might have even yet some suggestions to offer. Sufficient it is to say that if this scheme be thoroughly well worked it ensures very much of what a large number have been setting forth as the chief object of reform—viz., a single uniform examination in all branches, qualifying for practice in all branches.

These three medical authorities are quite capable of appointing examiners, and we have no fear but that such examiners will do their duty without fear or favour. To say that singly qualified men will be registered is not yet fair, inasmuch as these bodies have not yet decided to grant their diplomas separately. If each will refuse its single diploma, except to them who pass the conjoint board, all will go well. It is here, perhaps, that the hitch may occur. Surely they might go so far as that, and then we should have a single board for the Kingdom.

At all events this is certain—that two journals that have been displaying their zeal in rival schemes, and in asserting their own peculiar rights to legislate, would be unable, if united, to effect much, after the Government has refused to move. What can we expect, then, from their rivalries?

We may at least be glad to see how the conjoint plan works during the time we are doomed to wait for other reforms to be enforced by the legislature. If it work well it could be extended. If it fail there would be one more argument for a radical change.

Notes on Current Topics.

Croupal Bronchitis.

Dr. Roth relates in the Deutches Arch. f. Klin. Med. a well-marked case of spontaneous cure of croupal bronchitis in an anemic female, thirty-four years of age. At the commencement of the disease, and immediately after the
discharge by coughing of the croupous membrane, there was dry bronchial breathing, especially over the region of the left lung, and on the right side the respiratory sounds were diminished.

Practical Materia Medica.

The Philadelphia Medical Times says:—"The physical characters of drugs, their adulterations, their active principles, the appearances and distinguishing tests of the latter, the comparative value and physical characters of the various preparations, above all, the chemical relations of the various drugs and preparations—these and other subjects make the practical part of materia medica, to strike out which from our medical studies would be to introduce confusion, uncertainty—aye, even lethal ignorance—into the daily practice. How often have we seen silly and sometimes sadly fatal mistakes arise from want of such knowledge! Thus, syrup of squills and carbonate of ammonia—both stimulant expectorants—are frequently prescribed together, even by men deservedly high in the Profession, through ignorance that, the former being made with vinegar, the combination is equivalent to squill and spirit of mndererous. Not long since we met, in the country, a physician second to none in medical culture, who described three cases of extraordinary collapse with terrific vomiting, following the use of fluid extract of buchu. In the first two cases he had not thought of ascribing the symptoms to the medicine, but in the third, which nearly proved fatal, he could not avoid doing so. On smelling his bottle of fluid extract, which had been furnished by one of our most reliable drug firms, the rank odour of veratrum viride saluted us, instead of the aromatic smell of buchu. How nearly had the absence of some practical knowledge of important drugs compromised the life of his patient! It is only a few weeks since a fatal case of poisoning occurred in this city from an error, dependent upon ignorance, which, we venture to say, three out of four practitioners might make. Strychnia was prescribed along with iodide of iron in syrup of ginger, and consequently large crystals of the nearly insoluble iodide of strychnia were precipitated. Everything went well until the patient took the last teaspoonful in the bottle, which contained all of the alkaloid, and consequently killed her.

The late Dr. Count Wollowicz.

At Netley, on the 20th ult., died Staff Assistant-Surgeon Count Wollowicz, M.D., who, jointly with Professor Parkes, has contributed the papers "On Alcohol" to the Royal Society, which our readers will not have forgotten. He entered the English army in 1867, after becoming a naturalised British subject. He served in the Abyssinian campaign, where he probably brought on chronic dysentery, which has terminated his life.

London Hospital Pharmacy One Hundred and Twenty Years ago.

In a "Short History of Old St. Thomas's Hospital," by Dr. W. H. Stone, prefixed to the New Series of St. Thomas's Hospital Reports, lately noticed in our columns, there are some curious extracts from "The Physical Vade Mecum, or Fifth Gift of Theophilus Philanthropos, wherein is contained the Dispensatory of St. Thomas's Hospital, with a Catalogue of the Diseases, and the Method of their Cure prescribed in the same Hospital, dated from the shop of E. Duncumb, in Duck lane, Little Britain, 1741." In the frontispiece of this curious work a fourfold conversation is portrayed between a patient and doctor, death, and the Deity. The remarks of each issue from their mouths in the form of labels. A coffin and skeleton in the foreground serve as emblems of mortality, and the doctor, after humbly asking and receiving the Divine permission, gives the following opinion and prescription, which is seen on a scroll at his left hand:—

From infection sprung, it is a fever strong,
Unless with present speed a vein be open,
Thou must die or bleed—
V. S. ad 3ix. statum
Episp. Nuchae quam primum.

B. Bol. Alex. G. j., cum
Nitr. gr. xuj., 6 tā quāque hora sumend.

Certain recipes are taken from a printed copy of the hospital pharmacopeia, bearing date, 1718, others from old manuscript dispensatories of the hospital. Aqua Limmacum, or snail-water, is thus ordered:—

B. Garden snails, cleaned and bruised, 6 gallons;
Earthworms, washed and bruised, 3 gallons;
Common wormwood, ground ivy, and cardmus, each ½ lb.;
Penyroyal, juniper berries, fenel seeds, aniseed, each ½ lb.;
Cloves and cubbebs, bruised, each ox. 3;
Spirit of wine and spring water, each 8 gallons.
Digest them together for twenty-four hours, and then draw off in a common alembick."

This preparation, it is said, is "admirably well contrived, both for cheapness and efficacy; and for persons whose circumstances and manner of living have not habituated them to any delicacies, it is as good a snail-water as can be made."

The turbitth bolus has five grains of that drug with three grains of tartar emetic. "N.B.—In the working of this vomit it is needful to drink plentifully of cardmus tea, through defect of which I knew one that died."

"A Viperian Bolus" contains "5zs. of the flesh of vipers in powder," taken twice a day.

Mr. Mitchell Henry (of Our's), M.P.

Another name from our ranks has been added to the roll of the House of Commons. Another seat has been secured to him in the election, last Tuesday week, of Mr. Mitchell Henry, F.R.C.S. Eng., to the representation in the Imperial Parliament of the county of Galway. Possessed as he is with practical information upon the subject of Medical charities, at a time like the present, when the great question of Medical Reform is being discussed, we may well hail his successful candidature with triumphant satisfaction. The present M.P. for Galway obtained his fellowship, by examination, at the Royal College of Surgeons, and was for some years Surgeon to, and Lecturer on Forensic Medicine at the Middlesex Hospital. He evinced considerable ability and energy in practice, but was (happily for himself) enabled, through the acquisition of a large fortune, to retire from its active pursuit. The Sydenham Society has published his translation of Velpeau's Monograph on "Diseases of the Breast," in addition to which he was an occasional contributor to the Medical journals.
Subsequently to his retirement he resided at Knightsbridge, and having purchased property amidst the wild and romantic scenery of Connemara, in the county Galway, with which he was particularly charmed, he erected Kylemore Castle, at an outlay estimated at upwards of sixty thousand pounds, a residence which, with the adjoining demesne laid out with singular magnificence, now forms one of the most alluring attractions of “The Western Highlands” to the tourist, of whom several visit this part of the country every season.

If Mr. Henry remains faithful to the Profession (as we doubt not but he will) during his parliamentary career now commencing, and--fosters it as a "friendly brother," whilst we congratulate the electors of the county Galway on their selection, we may well congratulate ourselves on the possession of another Medical member, on the fact of a seat being secured to a surgeon of practical experience in the working details of his Profession, once an hospital surgeon and teacher, Mr. Mitchell Henry (of Our's).

Consumption of Intoxicating Drinks.

The following figures will show the quantity of spirits, beer and wine, in gallons, consumed in the British Islands at intervals of fourteen years:

<table>
<thead>
<tr>
<th>Years</th>
<th>1849</th>
<th>1853</th>
<th>1863</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ardent spirits</td>
<td>29,216,260</td>
<td>30,163,933</td>
<td>29,407,499</td>
</tr>
<tr>
<td>Foreign wines</td>
<td>7,000,458</td>
<td>6,813,830</td>
<td>15,964,628</td>
</tr>
<tr>
<td>Ale and beer</td>
<td>570,799,196</td>
<td>618,635,183</td>
<td>890,533,416</td>
</tr>
<tr>
<td>Total</td>
<td>607,015,942</td>
<td>652,092,551</td>
<td>941,005,543</td>
</tr>
</tbody>
</table>

The population has increased only two millions during these twenty-eight years.

Recent Medico-Scientific Patents.

J. C. Newburn, of London. Improvements in apparatus for injecting and ejecting fluids.

J. H. Johnson, of London. Improvements in the preservation of meat and other animal matters.

W. Spence, of London. Improvements in bedsteads for invalids.

J. Gamgee, of Great Winchester street buildings. Improvements in medicating cotton and other fibres for sanitary and surgical purposes, and in machinery employed therein.


A New Test for the Phosphates.

Dr. Heisch found that sugar was a very delicate test for water contaminated with sewage, its addition showing in a short time, with the aid of the microscope, some very characteristic fungoid growth. Dr. Frankland corroborates Dr. Heisch's results. But he has found that the presence of sewage matter alone in water is not sufficient to produce this singular result. It must be accompanied by the presence of some of the phosphates. He also finds that germs from the atmosphere in company with phosphates yield similarly formed cells. The conclusion therefore is, that though sugar is not a reliable test for sewage matter, it is likely to prove a wonderfully delicate indication of the existence of phosphates.

Mr. Fairlie Clarke has been appointed Assistant-Surgeon to Charing Cross Hospital.

The Preservation of Pepsine.

Dr. Lionel Beale writes to Nature to the effect that the means hitherto adopted for preparing pepsine for medical purposes are clumsy and inefficient. Dr. Beale, however, claims one exception, a process described by himself in 1858. It simply consists in quickly drying the mucons expressed from the pig's stomach glands upon glass plates. The dried mucin is then powdered and kept in stoppered bottles. It retains its properties for years. Eight-tenths of a grain will dissolve one hundred grains of coagulated white of egg. From this powder is easily prepared by solution in distilled water a perfectly clear and colourless digestive fluid of great activity, which can be readily filtered.

The Healthfulness of Queensland.

From the Annual Report of the Registrar-General of the Colony we learn that miasmatic diseases have usually been very fatal; but notwithstanding the annual increase in the population, the proportion of deaths are gradually decreasing.

From constitutional diseases a comparatively small proportion of deaths occur, and there can be no question that the percentage under tubercular diseases would not be nearly so great were it not that many persons suffering from phthisis come from other colonies in an almost hopeless state of health, trusting that the salubrious nature of this climate may be of service to them, but ultimately die here, causing the rate of mortality under that head to be greater than would otherwise be the case.

Of local diseases, by far the most numerous deaths take place—first, from diseases of the nervous system, and, secondly, from those of the respiratory system.

It may not be uninteresting to notice that the climate seems to have no effect in lessening the proportion of deaths in this class.

The proportion of those resulting from accident or negligence is very large when the number of our population is taken into consideration. No less than 166 males and 21 females died from this cause in 1869, being a percentage of 10:62 to the total deaths. Drowning, and accidents caused by horses, seem to be the most numerous of deaths classified as above.

Insalubrity of House Foundations.

There has been a great outcry in Liverpool against the bad odours found in that town, said to arise from the offensive deposits on which the houses are built. The land was raised to the level of the highway by street sweepings and midden ashes being cast into the hollow. Dr. Stallard maintains that these foundations emit vapours injurious to health, while Dr. Trench stoutly asserts that they are sound and healthy, and that if perchance any vegetable or other organic matter should be hidden in the rubbish, it would gradually decay without evolving noxious gases, according to the chymical law of eremacausis, or secret combustion.

One whole district is built on "made" land. There was a deep hollow between the two highways, and to obtain easy gradients and cross-streets level with the arterial thoroughfares, the intervening space was filled up with rubbish of every conceivable kind. Millions of tons of street sweepings, ashes with more or less feulent matter
adhering, and manufacturing refuse of every description, were deposited on the tract of land known fifteen or twenty years ago as the "Cotton Field." The houses were immediately built upon this foundation, without any interval being allowed for the land to solidify or the organic matter to decompose. The work of building houses on this seething mass frequently began at one end of the contemplated street before the process of filling up was finished at the other.

Royal Commission upon the Contagious Diseases Acts.

The agitators against the Contagious Diseases Acts have joyfully seized upon the indiscreet and objectionable statement of Mr. Gladstone that, in his opinion, the Acts should stand or fall on moral grounds alone. They take from that statement the same deduction as we gave expression two weeks ago, and they are accordingly triumphantly expectant that scientific evidence, however convincing, will avail nothing.

We totally dissent from Mr. Gladstone's views of the matter, and we do not regard the religious question as even a very important consideration in the controversy. The Royal Commission should inquire not whether certain puritanical dogmata be infringed, but whether the benefit to public health, morality, and comfort from the operation or extension of the Acts, is sufficient to counterbalance the objections to such infringement if it be found necessary.

It seems to us that the recognition of prostitution in order to control that traffic, and protect the lives of innocent children, as well as guilty parents, is much higher morality than the shielding of prostitutes from necessary supervision, in order that the penalty of loathsome disease may still attach to ill-doing, and that the rigidity of certain religious dogmata may be vindicated. The arguments of the agitators against the Acts that no possible public advantage could justify relaxation of soi disant religious principles, is about as sensible and admirable as the statement that chloroform in midwifery is wicked, because it helps to palliate one of the painful penalties of reproduction.

St. Thomas's Hospital.

We do not see why our contemporaries should pretend to dictate to the Governors, respecting the selection from such a number of suitable candidates. On one or two points we have already spoken. Mr. Arnott and Mr. Barwell, both come forward at a very late hour, and as they have already good appointments, we confess to some surprise that they should offer to come in at the bottom of the staff. The contest for the assistant-surgeoncy, will probably lie between Messrs. MacCormack and West.

Mr. Waghstaffe is not to be opposed for the resident assistant-surgeoncy, as he voluntarily foregoes his claims in the higher appointment. These are not small, as he has worked hard and well at St. Thomas's, and we hope will, in due course, reap the reward of his modesty now, by mounting without opposition the other steps, as vacancies occur.

Dr. Monriss thinks the Turkish bath most valuable in removing dropsical accumulations—particularly those of Bright's disease.

The Precedence of Medicine.

We observe that a very proper reticence has been observed by the representatives of the Medical Profession in Ireland—the Presidents of the Colleges of Surgeons and Physicians, Mr. Albert Walsh and Dr. Banks—in that they refrained from attending the banquet of the Lord Mayor of Dublin, as long as their official rank remained unrecognized at the Mansion House. Two or three years ago Sir Dominic Corrigan, who was at the time President of the College of Physicians, felt constrained to retire from the banquet because due respect was not shown to his office by giving him a seat with the officials on the dais.

Although twice these presidents have attended these banquets, and on some occasions have occupied seats on the dais, the President of the College of Surgeons felt that it was not desirable to subject his college, or himself, to the chance of being placed in a false position. He, therefore, communicated privately with the Secretary of the Lord Mayor, and as he had no understanding that his office would be treated with due respect, he felt obliged to absent himself.

When it is known that the Secretary to the Lord Mayor is himself a member of the Profession, and that the matter was brought previously under his notice, it is plain that the slight was well considered.

It is quite open to the Lord Mayor and Corporation to take such a course, but, in our opinion, the Presidents of our Colleges have acted very properly in maintenance of their professional dignity; and we hope that for the future their successors will exercise a similar abstention unless they are satisfied that Medicine is admitted on an equal footing with either Law or Divinity.

Public Health.

The annual rates of mortality last week in the seventeen English cities and towns stated in the order of their topographical arrangement, were as follow:—London, 26 per 1000; Portsmouth 22; Norwich 19; Bristol 28; Wolverhampton, 27; Birmingham, 24; Leicester, 24; Nottingham, 25; Liverpool, 43; Manchester, 28; Salford, 30; Bradford, 28; Leeds, 24; Sheffield, 25; Hull, 19; Sunderland 21; and Newcastle upon-Tyne, 26. The deaths from small-pox in the seventeen towns, which had been 214, 291, and 303 in the three preceding weeks, further increased to 327 last week. It is satisfactory to find that the epidemic still practically does not extend beyond London and Liverpool; as of the 327 deaths last week 218 occurred in London, 105 in Liverpool, and only 4 in the 15 other towns, of which 1 was returned in Portsmouth, Bristol, Manchester, and Sheffield. The annual death rate from small-pox last week was equal to 3·5 per 1,000 in London, while it was 10·5 in Liverpool. Of the fatal cases in London, 56 per cent. were returned as "unvaccinated," while the proportion in Liverpool was 50 per cent.

The Medical Education of Women in India.

On this subject the Edinburgh Courant thinks it may be interesting to know at this time, when so much difficulty is experienced by the females of this country to get a medical education, that no such difficulty is felt in India, as may be seen from the following excerpt from a letter from the Inspector-General of Vaccination, in the North-West Provinces:—"I have just paid a visit to a girl's
NOTES ON CURRENT TOPICS.

March 1, 1871. 187

medical school in Bareilly. There were thirty girls, whose ages ranged from twelve to seventeen, all studying medicine under the sub-assistant surgeon and a matron. I examined them, and they answered very well indeed. They had a skeleton which they took all to pieces, and then one of them fitted it up again, giving the bones their Latin names. They are taught bandaging, which they do very neatly. One of the girls was supposed to have a broken leg, another a collar bone broken, another a jaw bone, &c., and all the different bandaging was done most expertly. They study three years, and if they pass a satisfactory examination they are allowed to practise amongst poor Europeans and high cast natives. Their real function is midwifery, and it must be a great boon to native women who are not allowed to see a doctor to have such well educated doctresses to attend them in their confinement. Twenty-eight of the girls were native Christians and two were Mahomedans.

A Barber's Razor.

During the past week we have professionally seen two of the worst cases of Sycosis Contagiosum, which have ever come under our notice. Both patients were shaved by the same barber, and no doubt by the same razor as that used—for the barber acknowledges his fault—in shaving “a man with a bad chin.” In one patient the yellowish scales have extended to the upper lip and sides of the face covered by hair. The vegetable nature of the disease, and the rapidity with which the seeds are transmitted from part to part, until the crypto-gamatic plant surrounds every hair follicle, is only too well known for repetition here. Our chief object in directing public attention to a most serious matter is, that barbers will learn, through us, to be more careful in indiscriminate shaving, and that the public seeking their aid will, for their own sake, insist upon what we hope will now become an universal practice in the shaving shop—namely, the razor to be immersed in some warm water before being applied to the face. This is pretty sure to destroy the vegetable organism, should any exist, on the instrument. Those who may have suffered from Sycosis Contagiosum, and the physician who has had experience in the treatment of it, alone know the protracted nature of a most unsightly complaint in yielding to treatment, and the value of the hint we offer in the simple immersion of the razor in warm water, and then wiped before use. Indeed, in the filthy shaving shops of our great towns, diseases of more kinds than sycosis are propagated; but with that we do not purpose entering upon now. Our simple desire being to record a painful occurrence with which we have met during the past week—a faithful corroboration of the testimony of Gustav Simson, of Gruby, of Vienne, and of the experiments made by Foville, who noted over and over again the transmission by contagion of sycosis, from the use of a razor employed in shaving an affected person. We understand legal proceedings may be, and perhaps will be, instituted in the case, to which we specially refer, but we fear the barber is a poor mark for damages—but even the question of money is no consolation to the unfortunate individual infected by Sycosis Contagiosum.

Her Majesty the Queen has been vaccinated, and hopes her example will be generally followed.

The King of Sweden is slowly recovering from a recent severe attack of fever.

Sir D. Corrigan made his maiden speech in the House of Commons on the Ballot Bill.

Small-pox increased last week. The mortality in London from the epidemic having risen to 218.

Dr. Swayne is convinced of the great power of blood-letting over puerperal convulsions.

Dr. Cotton believes he was among the first to argue that consumption has many varieties.

Dr. Ferrier has been appointed Assistant Demonstrator of Practical Physiology at King’s College Hospital.

Dr. Clapton has found the hypophosphites and cod-liver oil with an occasional dose of calomel and rhubarb more effectual than anything in strumous hydrocephalus.

Dr. Berdon Sanderson, F.R.S., has resigned the Physichancy to the Drompton Consumption Hospital, by which a vacancy is created in the staff of that Institution.

Several cases of poisoning by chloral hydrate have been mentioned. They were people who took the drug without the directions of medical men.

The Corporation of London has agreed to allow the A. B. C. Company to erect some works at their own expense to experiment on the purification of the London sewage by their special process.

Dr. Wilks lately said to his class in a lecture published by a contemporary, that he knew no scientific principles in therapeutics. He does not deny the power of drugs as some have said. On the other hand, he has so much faith in their proper use, that he is not led away to abandon those that have served him well on the commencement of every novelty. He has more faith in drugs than nine out of ten of the men who have doubted his faith, but does not profess to know how they act.

A Committee of citizens of Boston have erected a simple but appropriate monument to the memory of Dr. Wi’n. T. G. Morton, the discoverer of etherisation.

Upon its four faces are inscribed the following words:—Wi’n. T. G. Morton, inventor and revealer of anaesthetic inhalation.—Before whom, in all time, surgery was agony.—By whom, pain in surgery was averted and annulled.—Since whom, science has controlled pain.

The Committee suggest a national subscription for Dr. Morton’s family who have been left in “straitened circumstances,” and appeal to all who have felt the blessed influences of ether in the relief of pain, and are willing to receive the smallest sum.
SCOTLAND.

EDINBURGH UNIVERSITY.—It is stated, that on the recommendation of Sir Roderick Murchison, Mr. Archibald Geikie, Director of the Geological Survey of Scotland, will be appointed the first Professor of the new chair of Geology.

The Morisonian Lectures on Insanity. — Dr. Arthur Mitchell will commence his second course of lectures on "Insanity," on Friday next, in the hall of the Royal College of Physicians. The course consists of six lectures.

ON THE USE OF BROMIDE OF LITHIUM.

Dr. S. Wein Mitchell, M.D., in the American Quarterly, gives the results of his experiments upon various bromides to ascertain whether or not any of them were free from the evil of causing destructive skin ulcers. It was struck with the fact that the bromide of lithium seemed to cause a more rapid and intense sleepiness than the other bromides.

This observation induced me to use it since then in certain obstinate cases, and to test it comparatively with the bromides of sodium, potassium, and ammonium. These results I propose to call to the attention of the College. Up to the time I mention, bromide of lithium was not used in medicine, so far as I am aware, but was extensively employed in certain photographic processes, for which it was manufactured perfectly pure.

This salt is very deliquescent, and was on this account better given in solution. As I shall have to point out, it has seemed to me to act more rapidly than the other bromides, and this may be due to its ease solubility, which is ordinarily associated with a high osmotic equivalent. There has been some tendency of late to prefer the bromide of sodium to that of potassium as a therapeutical agent, because of its possessing a larger amount of bromine. If any reliance is to be placed on this test we should acquire a new reason for placing bromide of lithium above both of them. The percentage is nearly as follows:—

In bromide of potassium there is about 56 per cent. of bromine; in bromide of sodium 78 per cent., and in bromide of lithium nearly 92 per cent.

I think the taste of the new salt rather less unpleasant than that of bromide of potassium, and rather more disagreeable than that of the sodium or ammonium salt.

The price of the lithium salt is at least four times that of the other bromides, but I am told that upon its larger use this difficulty will disappear.

My reasons, in brief, for bringing this new agent to the notice of the Fellows, are these:—

That it has seemed to me to act efficiently in some cases of epilepsy where bromide of potassium has failed.

That it is thus efficient in lesser doses than the salt just named.

That as an hypothesis, it is superior to the potassium salt and to the bromide of sodium. To substantiate these propositions, I select the following cases from my note-book.

J. T., aged fourteen, had at twelve years of age, attacks of petit mal, which in two years became interspersed with convulsions, sometimes at night, sometimes in the day, but usually violent. The case originated in gastric disorder, which has been very unmanageable. A year ago, he began to take bromide of potassium in doses rising from ten to thirty grains thrice a day with various treatment, addressed to the stomachal conditions. At first the bromide controlled the fits, but gradually they returned, despite its increase to two drachms daily, while at the same time he suffered from insomnia. In this condition he returned to this city, where I again tried the bromide which had been abandoned in despair, he having a fit every three to four days and numerous little attacks. Here, as at his own home, bromide lessened the number of attacks one-half but no more, and the insomnia remained scarcely altered.

After trying valerianate of quina and belladonna, I resorted to bromide of lithium, of which he took, at first ten and finally twenty grains for 24 hours with the effect of improving his condition, at once giving him sound sleep, and lessening both forms of fit, so that he had light convulsion only once in two weeks, and the petit mal not more than once in two days. Owing to the cost of the lithia salt, I returned, after two months, to the bromide of potassium, with at that time a result quite as good as that given by the bromide of lithium.

About eleven weeks ago, I determined to treat the gastric disorder by milk cure. Under this combination, his attacks have ceased, there having been none in eleven weeks; the stomach being comfortable, the petit mal altogether absent, and the memory, previously much impaired, having become rapidly better; so that the lad writes: "Life seems to me now quite a different thing from what it used to be." Of course I do not look upon him as cured, but I am glad to quote his case as one of the instances which I hope to lay fully before the Fellows, of success attained in epilepsy by this combination of milk cure and bromides, where the latter alone had failed.

Eliz. C., age nineteen, has had daily an epileptic fit rising in the morning, or more rarely after breakfast. Anxious to compare the two salts, I gave her first bromide of potassium in doses of 25 grains thrice a day. This was so carefully controlled, the fits, which never returned unless she lessened the dose to fifteen grains, when she would have an occasional fit; in some weeks one, in others two. Ten grains of bromide of lithium thrice a day absolutely controlled the attacks, so that in two months there were none. I could not trace in this case any sufficient cause of disease.

It is hardly necessary to take up the time of the College with the familiar details of epileptic cases. I have at present under my care a case of petit mal without convulsions, recurring twenty or more times a day. The patient is positive that eight grains of bromide of lithium exercises a better influence than triple that amount of the potassium bromide.

A brother of this patient has had for years fits of epilepsy which occur about once in ten days; he has a gastric aura, in the shape of slight nausea, which in most instances precedes the fit by nearly an hour. I used to order for this a mustard emetic, which sometimes broke the attack. He himself discovered, however, that twenty grains of bromide of lithium taken at once, in addition to his regular use of this salt, or of bromide of potassium, would at least two out of three times cut short the trouble. Now this result must have been due to some more sure or more striking action of this salt, because the other bromides in like doses failed to so affect him. He is now doing remarkably well under the added use of milk cure.

I have now under my care Mrs. P., the wife of a physician. She has had for a year ringing in the left ear—some faintness in the right leg; rarely a tendency to aphasia, and more or less insomnia; with noises and pain referred to the left temporal region. Bromide of potassium has proved of some service, but as it began lately to lose its power, I substituted, without her knowledge, ten grain doses of the lithia salt, for twenty grain doses of the bromide of potassium. She remarked next day that the old medicine was doing her good again, and in fact the improvement in sleeping and in other respects was most distinct.

Miss V., an intelligent woman, after using the bromide of potassium for continued headache and insomnia, was placed on fifteen grain doses of the lithia salt. She is of opinion that the relief which follows always with her each dose of either salt, is much more rapid when bromide of lithium has been used, and that she sleeps sounder under its use.

Ch. P., teacher, married, aged forty-four; a victim of overwork, and various forms of trouble. Is incapable of any prolonged mental exertion, which flushes his face, causes
intense pain between the shoulders, and insomnia. Has also frequent nocturnal emissions. Finding that the bromide of potassium, in twenty grain doses, three times daily, was of service, I requested him to use in place of it the lithium salt, and to observe the comparative results. He thinks the latter more unpleasant to take, but is of opinion that its power to bring sleep is greater, and indeed complains that it makes him feel too drowsy during the day.

It is needless to add to this evidence—and whether I am right or wrong in concluding that in bromide of lithium we have an addition of value to our list of bromides only larger future evidence can decide; I have long hesitated to lay the case before my medical brethren, and now trust that what I have here said may at least be thought sufficient to justify me in publishing my belief.

CONTAGIOUS DISEASES.

A correspondent sends us the Intellectual Repository. An extract from it conveys some notion of the manner in which the Contagious Diseases Acts are regarded by the non-medical world.

"In dealing with infectious diseases the aim of legislation should be to remove the causes of their prevalence, and thereby to restrain their virulence and check their extension. In the case of cholera or fever sanitary legislation never proposes to itself to palliate the evil and render it safe for persons to live in the scenes of disorder, negligence, and dirt, which produce and foster these diseases. And in like manner, in dealing with the fearful diseases springing from the indulgence of unrestrained lust, the aim of legislation should be to render this indulgence difficult, to restrain its prevalence, and to offer every possible inducement to a wiser and more orderly life. Much of the disorder which both the moralist and the religious teacher deplores, has its beginning in the difficulties which men find in securing a worldly position in which they can prudently marry. And many of these difficulties arise from the intense selfishness which is at the root of our social arrangements and institutions. No effort will correct these evils which does not sap the foundations of this selfishness, and elevate the more well-to-do portion of society into a moral and intellectual community and kindly effort to assist the down-trodden and the indigent. The great desideratum is to offer facilities for marriage and present impediments in the way of fornication—to render the one easy and safe, the other difficult and dangerous.

"The natural man can only be governed by fear, but the recent measures by making sinful indulgence safe, remove the principal ground of fear, and open the prospect of safety in the practice of vice. By whatever means accomlished all legislation on the subject should involve two principles: the restraint of the evil; and, as far as possible, consistently with the freedom of the subject, its correction. The first of these principles is involved in all criminal legislation. We cannot extinguish theft, but we can keep it within reasonable bounds. Neither can we extinguish fornication, but we may and ought to adopt measures to make marriage the only legal means of uniting, and to restrain its practice. We cannot make men virtuous by Act of Parliament, but we ought to adopt such measures as may bring the fallen, in their seasons of sorrow and compunction, under the moral and spiritual influences most likely to promote their improvement and correction. We cannot deny to the diseased the benefits of the hospital. To do so would be to utterly reject the great lesson involved in the parable of the good Samaritan. But our hospital should be so conducted as to promote the moral and spiritual as well as the physical health of the fallen. The continental practice of requiring these women to return, as 'a sow to her vombat,' to their former life, is an outrage on all Christian principle and on every precept of 'the glorious gospel of the blessed God.' Rather should their returning health be accompanied by moral and religious instruction and industrial training that they may be prepared to relinquish a life of crime to pursue industry and usefulness for their worldly necessities."

LITURGIE.

March 1, 1871. 189

LESSONS IN ELEMENTARY PHYSICS.*

The book before us is not a voluminous work. However, it deals for its size in rather a descriptive, and certainly in an expository manner. Concise Lessons, methodically arranged, is perhaps a better description of this work than any the Reviewer could give. The author, in his Preface, acknowledges his indebtedness to Professor Tate for assistance in the arrangement of the different branches of physics, and of their connections. We cannot speak too highly of the care which has evidently been devoted to the method of construction. Method is, we think, one of the fundamental principles of study and, in our opinion, it has received full justice in the work before us. Heat, light, electricity, magnetism, &c., are treated as varieties of energy, the laws of which, says the Author, form the thread upon which the various divisions of the subject are strung together.

Therefore, before the Author comes to consider the special active agents, such as light and heat, the first portion is taken up with the laws of motion and the forces of nature.

In speaking of the one great and recognized principle of physics, namely, the conservation of energy, the Author says, "The production of a perpetual motion has long been one of the dreams of enthusiasts. Their great ideal of mechanical triumphs was a machine that, without requiring to have any labour bestowed upon it, or to be fed with fuel of any kind, could continue to perform work for ever, a clock which could wind itself up, or an engine that would go on without coals, would be a machine of this description. In their endeavours to attain their object the advocates of a perpetual motion must often have started questions which the natural philosopher is not always able to answer. We do not know all the properties of matter, and are not always able to predict what will happen under even a conceivable combination of natural forces. At last, in an inspired moment, the philosophers conceived the idea of replying to all the questions of the enthusiast by denying the possibility of the perpetual motion, and by asserting that it is just as impossible either to create or destroy energy, as it is to create, or destroy matter. Nay, it is clear that the only way of establishing the truth of a principle of this kind is by trying it in a number of cases, and if it succeeds in explaining the peculiarities of each case, we have strong grounds for believing in its truth; it is a tree that must be tested by its fruit. The principle of the conservation of energy has stood the test and not only so, but it has also greatly assisted us in finding out new facts and laws of matter, so that we have much reason for believing in its truth. The different kinds of energy hang together in the other, and not capable of creation." The matter in this book is exceedingly well-condensed, and thoroughly represents the physics of 1871. From its portable form and many other points in connection with it, it is one of the best manuals of physics extant. It is nicely got up and contains a coloured plate of the spectra of the sun, stars, and nebulae.

SCORESBY-JACKSON'S "MATERIA MEDICA."

A revised and enlarged edition of Dr. Scoresby-Jackson's "Materia Medica."† has appeared, and deserves a place in every medical library.
word of welcome from us. We spoke in high terms of the first edition, and our verdict has been ratified by the Profession. The new edition has been entrusted for revision to Dr. Angus Macdonald, the Examiner in Chemistry at the Edinburgh College of Physicians, who formally lectured on the subject of Materia Medica and Therapeutics at Surgeons' Hall. We therefore confidently looked for it to be brought down to the present day of knowledge, and are not disappointed. A number of new remedies have been introduced since the lamented death of the author, and these has been the duty of the editor to give an account of. He has done it in a manner worthy of the book, and will probably desire no higher praise.

Among the new drugs, chloral and carbolic acid may be named as those one naturally turns to. It has been besides, necessary to re-write some of the old rules, as, for example, bismuth, bromide of potassium, digitalis, conium. Further, it was needful to introduce all the new preparations of the last edition of the British Pharmacopoeia, and to convert the chemical formula into the new notation.

It will thus be seen that Dr. Macdonald's editorship has been by no means nominal, and that he is entitled to a fair share of the credit of making this second edition worthy of the lamented author's name. It is a most valuable manual, and in form and size very convenient. We are glad to commend even the getting up, for the clearness of the type is a great advantage, and the edges of the book are ready cut.

DA COSTA'S DIAGNOSIS.

We have before us the third edition of the Pennsylvania Clinical Professor's work on "Diagnosis."* The first edition appeared six years ago, and was at once successful. It is now the most elaborate of recent works on the subjects, and so far as a book on diagnosis can be of service to the student and practitioner this seems to deserve the success it has obtained.

The author takes symptoms— not diseases— as his point of departure and this method has much to commend it especially to students. The third edition has been carefully revised so that it includes all the recent aids to diagnosis that have been perfected in the last few years. We do not say that Da Costa should displace British Manuals of Diagnosis, but assuredly it is the finest work the Americans have produced on the subject, and will be a valuable addition to every medical library.

Correspondence.

LADY MEDICAL STUDENTS AND THE EDINBURGH INFIRMARY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In your Journal of the 28th ult. there appeared an article from the pen of Dr. Naismith, of Edinburgh, referring to the struggle of the seven lady medical students against certain officials and students of the Edinburgh Infirmary, which bids fair to become as famous as the story of the seven against Thebes. With your permission, I would offer some observations on the facts and arguments embodied in that article.

On the first paragraph of that article, which professes to be an answer to a letter from Dr. Drysdale, I shall not further comment than to remark that the late decision, which excludes these ladies from attending the practice of the Infirmary, really shuts them out from Edinburgh hospital work altogether, and thus practically prohibits them from studying there at all, except they should be content, as far as relates to Edinburgh, to remain in statu pupillari all their lives, or were satisfied, as in the case of the chemical scholarships, to spend time and money in attendance on lectures with a view to con-

Royal Ophthalmic Hospital.—The annual general meeting of the above institution was held on Friday last, Sir John Lobbeck, M.D., in the chair. The following is an abstract of the report read by the Secretary:—During the past year there had been a large increase in the number of the applicants for relief, and owing to the favour with which the hospital was looked upon, the applicants came from all parts of the United Kingdom. The number of in-patients during the past year requiring operations had been 704, and of those not requiring any operation, 212. The out-patients in the same period had been 18,990, with total attendances, 33,360. The patients discharged cured were 94 per cent. During the past year a new ward had been added to the hospital, and the quarters for wards and forty beds. The surgeons and physicians who attended the hospital were all men of science, eminent in their profession, and who gave their valuable service gratuitously. A donation of £1,000 from "T. R. C." had been received for the building fund. The total income for the year had been £7,796 16s. 8d., and the expenditure, £4,669 1½s. The sum of £2,970 had been invested, and there was a cash balance of £257 2s. 3d. The invested stock was £20,665. The report was unanimously adopted.

Presentations at Her Majesty's levee.—On Saturday last the following members of the Profession, had the honour of being presented at Court:—Dr. R. Bewley, Dr. Osler, Dr. A. Tong, Dr. H. Cooper Rose, Dr. Hall, Dr. Sieveking, Dr. Robert Hall Moore. The Director-General of the Naval Medical Department, the Inspector-General of Hospitals, &c.

Newspaper Statistics.—From the Newspaper Press Directory, for 1871, we extract the following on the present position of the Newspaper Press:—"There are now published in the United Kingdom 1,450 Newspapers, distributed as follows:—England—London, 241, Reading, 40, Liverpool, 30, Blackpool, 23, Scotland, 131; Ireland, 133; British Isles, 16. Of these there are 88 daily papers published in England—Wales, 1; Scotland, 11; Ireland, 19; British Isles, 1. On reference to the edition of this useful Directory, for 1851, we find the following interesting facts—viz., that in that year there were published in the United Kingdom 563 Journals; of these, 18 papers were issued daily—viz., in England, 13 in Scotland, and 3 in Ireland; but in 1851 there are now established and circulated 1,450 papers, of which no less than 120 are issued daily. It is showing that of the common people the last 50 years, some 200,000,000, or 20,000,000, have extended during the last twenty years, and more especially so in daily papers; the daily issues standing 120 against 18 in 1851. The Magazines now in course of publication, including the Quarterly Reviews, number 653, of which 236 are of a religious class—viz., Church of England, Wesleyans, Methodists, Baptists, Independents, and other Christian Communities."

Traumatic Tetanus.

In the Canada Lancet, Dr. G. D. Longhead relates the following interesting case:—On the 13th December I was called to see a patient, aged eight years, who had, the day before, met with a slight wound on the knee, which, after some time, penetrated to the bone, dividing the superior internal articular artery. I succeeded in arresting the hemorrhage at once, by means of a compress and bandage. Called next day and brought the edges of the wound together, sustaining them by means of strips of adhesive plaster.

Heard nothing more from my patient until the 20th, when I was called again by his father, who said he was complained of a "soreness about the throat" that morning. I found at once that peculiar expression of countenance, raus avunculius, characteristic of tetanic pressure. The time, I say, has varying the body could not without difficulty be separated; pulse, 150, full and strong, with a profuse perspiration. There was nothing unusual about the wound, which was not more than half-an-inch in length. Cicatrization appeared to be going on nicely, afterll by little or no cicatrication in the liniment. On learning that the bowels had not been moved since the accident, now seven days, notwithstanding the frequent administration of patent pills, I administered a calomel at once, prescribing at the same time a full dose of calomel and jalap,
NOTICES TO CORRESPONDENTS. March 1, 1871.

NOTICES TO CORRESPONDENTS. 

Correspondents requiring a reply in this column, are particularly requested to make use of a distinctive signature or initials, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this request.

Dr. Moor's valuable contribution "On Bronzed Skin," with an illustration printed in colours, is unavoidably posthumous, the lithographer having failed to supply us with a sufficient number of illustrations in time for our present issue.

Mr. Morgan.—Your corrected proof was received in time, but the block to illustrate it had not arrived when we went to press. The communication is held over in consequence.

Dr. F. E. Clark.—We hope to find room for your letter "On Publication in Medical Journals" next week.

Typists.—Your communication on "Typhoid Borettisitis and Pyrangaositis" is accepted, and will appear as early as space permits.

HER GRACE THE DUCHESS OF SUFFOLK.—The address shall be altered as desired.

Dr. McGee, Belfast.—We much regret your journal was delayed twenty-four hours by the postal authorities, and then harboured. Upon making enquiries we found that as many as six or seven hundred copies had been similarly treated, the larger portion of the week's issue having previously passed through the head office before they discovered some informality on one page of the journal. As we cannot, of course, tell, out of our large subscriber's list, who has been similarly treated to this extent, we beg our subscribers to write to us, if they have who have written, individually — and to those who have not complained, generally — for the annoyance caused by our ignorance has been felt by many of our subscribers, and of which the postal authorities to our surprise and their own, had all of a sudden discovered.

Dr. McNam.—Copies were forwarded to the addresses given.

Mr. J. L. McLean.—We hope to have space for the continuation of your paper "On Diseases of the Skin" in our next.

An Inexpensive Surgeon.—Accept our best thanks. The subject will regenerate interest, and we are confident you will treat our pages with the kindly consideration we desire and expect.

Nemo Me Impune Lacessit.—We think it sufficient to say your letter was a simple attack on a dixer physician. Confound yourself to the subject of the sale of hospitals. You have addressed not one personaliy, and we shall insert your communication in a public review.

J. L.—Dr. Horace Green, of New York, was the great advocate. Consult his work.

Dr. Warin-Goren.—1. Villa Saint Antionis, Nice. 2. Vide Canad. Lactant.

A long stature scarcely adapted for a medical journal. Consult the editor of your local newspaper.

Dr. J. L. S.—We are highly flattered by your compliments waded over the Atlantic, and are truly proud to find the Press so popular with our brethren in America.

"BOND'S PLACENTAL FORCEPS." To the Editor of "The Medical Press and Circular." Sin.—In your last issue appears a letter from Dr. Luther, asking whether 'could be to his experience. I believe that the same may be obtained from either Allen or Wood, Surgical Instrument Makers, York, I think from the latter.

Yours faithfully, 

R. S.

Lincoln, Feb. 25th, 1870.

THE DUALITY OF VENERAL SORSES. To the Editor of "The Medical Press and Circular." Sin.—You have kindly inserted my remarks, I hope you will also allow me to correct a mistake which has been made in the paragraph named "has met" should be has met. I particularly wish to make this correction because I intended to suggest that babus, where puse is formed, are so corded, if they do not break, and not left to subside; believing that perfect pus, as a rule, will carry out this puse, and thus prevent secondary (syphilitic) efforts for its removal. I know a case in which the glands were left to subside after an indurated chancre, and, instead of opening the abscesses, they were left in the expectation that they would subside. But they subsided for the months afterwards with obscure disease of the bowels. To inoculate with syphilitic poison, do you know, is contrary to the letter of any of the suggestions of the Board of Health by administering syphilitic poison to a patient with syphilitic poison, whether taken from the patient's own body, or from the body of another person, be chargeable with manslaughter?

I am, yours obediently,

Dr. R. R. Mars, M.R.C.S.

Epping, Essex.

To the Editor of "The Medical Press and Circular." Sin.—You know how boots and shoes are nailed and spiked in Leicester. If you do not you ought by this time to know its ingenious method of nailing together leather as well as leaves of paper.

While the Postmaster-General's picturesque schemes adopt the shoe manufacturer's spikes which when riveted by a machine nailed, I believe the cycler-maker—"if may be exemption for ought I know. We have found that these cyclo's would preserve a copy of your journal for a century or more, and, at the end of that time it would wear the features of a "Dylo Intero," instead of the disfigured looks it presents under the new

with tint, cannabis indica and quinine. Six hours having elapsed, the patient was given 3 dr. tinct. of opium, but with no effect on the bowels whatever. Called again in the evening, the spasms had extended to the muscles of the back and lower extremities, producing epistaxis in a marked degree, the paroxysms occurring every few minutes. Ordered the constant application of ice to the whole length of the spine, together with the administration of twenty drops tr. opii, to be repeated in the course of a few hours, should the spasms continue. This gave almost instantaneous relief for a few hours, when the spasms again set in, increasing in frequency and severity until 7 a.m., when death supervened from the complete exhaustion which followed the violence of the paroxysms, notwithstanding the support given by means of beef tea and wine.

TREATMENT OF CHANCREIDS.

Dr. Charles C. Shove reports, in the Canadia Lancer, the treatment of chancreids by the following plan. I apply subcutaneous injection of bismuth in a dusting powder with tannin (but do not think the latter essential) as follows:—B Bismuthi subnit. 1 oz.; tannin 1 dr.—M. S. Apply night and morning. I also apply an ointment of the same, bismuth 2 drs.; adips, 1 oz.; on lint or old linen, to prevent contact of the surfaces. Internally, the following:—Bismuth sulfate, tart. 1 dr. chlor. 2 dr. aqua 4 oz.—M. S. One-half teaspoonful before meals. The worst cases recover in five days. I order the parts washed with soap and water twice a day, and then dusted; afterwards the unguent applied on cloth.

SMALL-FOX AT QUEENSTOWN.

A meeting of the joint committees of the Corporation and the Board of Guardians was held for the purpose of taking the immediate necessary steps for protecting the people of Cork and Queenstown from the landing amongst them of persons suffering from the small-fox.

The Mayor read two letters addressed to the Mayor of Cork in 1866 when it was applied to have an hospital ship placed in the harbour. In them it was stated that no part of the expenses of attending or maintaining such a ship could be borne in the Naval estimates. That showed what course the Naval authorities would be likely to take if a similar application were made to them now.

Mr. Cahill said there were two ships in the harbour having small-fox on board. At present the Mayor of Cork, Mr. Alan, and the Committee of the Corporation had no power to prevent the landing of any one afflicted with epidemic, except it was yellow fever or plague, and cases of that kind seldom entered the harbour.

Knowing the danger the harbour was in he did all he could to have an hospital ship established at Queenstown; and he urged upon the Harbour Board the necessity of having an hospital boat. The Board had given £300 a year to it; and the Transatlantic Companies promised to give between them £100 a year also. When the quarantine laws were so defective, he thought they should do something to enable them to have vessels put in quarantine. Mr. Murphy had taken the matter up, and the members for the city and county were anxious to support him in obtaining the hospital ship. If they got one it would do more good for the town than for the whole of the castle marine.

He proposed the following resolution:—"That the Committees recommend the Board of Guardians and Corporation of Cork to petition the Treasury to accede to the request of our county and city members, to establish an hospital ship in Cork harbour, the Harbour Board being prepared to give £100 per annum, and the Transatlantic Steamship Companies giving £100 per annum also."

Mr. F. Lyons moved that an order in Council should be at once applied for, and that they should also apply for one of the large stores on Haulbowline as a temporary hospital. (Hear, hear.)

Mr. Julian seconded that.

The resolution was then put and agreed to unanimously; and the Mayor was instructed to telegraph to Dublin Castle for the order in Council that evening.

Mr. Cahill's resolution was also put and agreed to.

NOTICES TO CORRESPONDENTS.
dispensation of the postman whom I shall shortly request to begin bill-stickers instead of postcards, if a medical journal is to be scattered by the four winds of Heaven, or the four hands of consulting-room dusting-maids, which I have experienced to be a painful task an hour or two before the paper has arrived.

The machine is simple, and any subscriber would willingly tender a mite towards the expense of its introduction and use.

Yours respectfully,

JOHN A. BOLTON, M.D., L.R.C.P., &c.

[*We give insertion to the letter of our facetious correspondent—one of the many suggestions we receive weekly—because we strongly deplore the need of such suggestions, and deplore the fact that our subscribers are put off with announcements to the effect that the point is the object of the postmasters to stitches the journal. We would advise those of our readers who have friends in Parliament—and who has not—when in London, to agitate for repeal.*—Ed. M. P. and C.]

MEETINGS OF THE LONDON SOCIETIES.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—Wednesday, March 1st, 4 p.m. Prof. W. H. Flower, "On the Comparative Anatomy of the Teeth of the Mammmals."

ROYAL MEDICO CHIRURGICAL.—8 p.m. Annual Meeting.

ROYAL INSTITUTION.—Thursday, March 2nd, 3 p.m. Dr. Oeling, "On Duty."—Harvey.—7 p.m. Council Meeting.—8 p.m. Dr. Tildery Fox, "On the Lichen Plan of Wolves."—Royal College of Surgeons of England.—Friday, March 3rd, 4 p.m. Prof. W. H. Flower, "On the Comparative Anatomy of the Teeth of the Mammmals."

ROYAL COUS IN PTICITARI.—5 p.m. Gulstonian Lectures; Dr. Geo., "On the Heat of the Body."

ROYAL INSTITUTION.—Tuesday, March 4th, 3 p.m. Prof. Jowett, "On the Propagation of Light."

MEDICAL.—Monday, March 6th, 8 p.m. General Meeting to elect Officers.

PATHOLOGICAL.—Tuesday, March 7th, 8 p.m. Ordinary.

VACANCIES.

Bannatyne Union.—Medical Officer for the Dispensary District. Salary £300 per annum, inclusive of fees. Election, 13th inst. (See Advertiser, p. 220.)

Tullamore Union.—Kilbeggan Dispensary District. Medical Officer. Salary £200 per annum, exclusive of fees. Election, 13th inst. (SeeAdvertiser, p. 220.)

Birmingham Union.—Five District Medical Officers. Each appointment to be for a term of five years. Salary £200 per annum, inclusive of fees.

Dudley Union.—Medical Officer. Salary £100, with fees extra.

Knightsbridge, Radnorshire.—Medical Officer. Salary £250, with fees.

Bradford Infirmary.—Resident Medical Officer. Salary £150.

Worthing Union.—Resident Medical Officer. Salary £200, with board.

St. Mary's Hospital, London.—The Chairs of Chemistry and of Practical Chemistry in the Medical School.

London Fever Hospital.—Assistant-Physician, Honorary.

St. George's in the East.—Two District Medical Officers. Salary £200 per annum each.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

The Naval Medical Service. By J. Brown, M. D. London. (See Advertisement.)

On Vaccination.—By a Non-Professional. Seventeenth Report of the Executive Committee of the London Dispensary for a Public Meeting held in Marylebone on Compulsory Vaccination.

Natura: Chemical News; Science Gossip; Chemists' Advocate; Boston Medical Journal; New York Medical Gazette; Woodhull's Chessman's Canada Lancer.

APPOINTMENTS.


M'Cormic, H. M., L.R.C.P.Ed., Medical Officer to the Malmo Protestant Reformed Church, Belfast.

Urbain, M., M.D., L.R.C.P., and S. Glas. Resident Medical Officer at the Ceylon, South Asiatic and Cambridge roads.


Stephenson, F. E., M.O.B., G.M., Medical Officer for Home Patients of St. Mary's Hospital and Dispensary for Women and Children, Man- chester.

Thomas, C. S., B.A., M.R.C.S., L.D.S., Assistant Dental Surgeon to the Dental Hospital, Soho Square.

DEATHS.

Evans.—On Feb. 18th, John Evans, L.R.C.P.Ed., of Queen's road, Bayswater, aged 46.


Woolcock.—At Nellie, on Feb. 21st, Cyatian, Count Woolcock, M.D., Staff Assistant-Surgeon.

ROYAL COLLEGE OF PHYSICIANS.

THE LECTURES OF THE PRESENT YEAR will be delivered at the College, Pall-mall East, at Five o'clock, every Thursday, beginning Wednesday, March 25th.

GOUJON'S LECTURES.—Dr. Goujon, March, 3, 8, 10, "On the Heat of the Body," and other topics.

CHRIASSON LECTURES.—Dr. Parks, March 15, 17, 22, "On some points connected with the Elimination of Nitrogen from the Human Body, in Health and in Disease."—Odling.

LUNCH LECTURES.—Dr. West, March 24, 30, 31, "On some Disorders of the Nervous System in Childhood."

Members of the Profession are informed that they will be admitted on presentation of their Cards.

BY ORDER OF THE PRESIDENT.

POTHECARIERS' HALL, BLACKFRIARS.—The next EXAMINATION in ARTS will be held at the HALL on FRIDAY and SATURDAY, April 28th and 29th. Aulusmus of the Subjects for Examination may be had on application. An Examination in ARTS will again be held in the mon of SEPTEMBER, 1871.

R. H. ROBERTSON, Secretary to the Board.

THE LONDON SURGICAL HOME FOR DISEASES AND ACCIDENTS OF WOMEN, 2 Osnaburgh place, Regent's Park.—Medical Officer.—Medical Officer appointed to attend Clinics and Operations by Mr. BAKER BROWN, every Thursday, at Two o'clock. Cards of admission may be obtained of W. ROBERTS CONNO, Esq., Residence, Seven Dials, London. Fee for Three Months, One Guinea.

CARLOW UNION.—MIDWIFE WANTED for the BAGENALSTOWN DISPENSARY DISTRICT. —The Committee of Management of the above Dispensary District will, at a meeting to be held at the Dispensary, at Bagenalstown, on Wednesday, the First day of March next, at the hour of Twelve o'clock, noon, proceed to appoint a properly-qualified person to fill the office of Midwife for the Bagenalstown District at a salary of £20 per annum with apartments; sealed applications enclosing diploma and testimonials, to be sent to Mr. JOHN MARGAISON, Secretary to the Dispensary Committee, Bagenalstown, on or before the 23rd inst. Personal attendance of Candidates will be required on the day of Election.

By Order, EDWARD L. JAMESON, WORKHOUSE, CARLOW, 2nd February, 1871. Clerk of the Union.

ENNISHTYMUN UNION.—ENNISHTYMUN DISPENSARY DISTRICT. —The Committee of Management of the above District will, at their Meeting, to be held on the 6th MARCH, next, at Twelve o'clock, proceed to elect a properly-qualified Medical Officer for the DR. TRUXTON, in room of Dr. Shannon (re- signed), at a Salary of £200 per Annum, exclusive of Vaccination and Registration Fees.

Applications, with Diplomas and Testimonials, will be received by me up to 6 o'clock on the above-named day.

Personal attendance of Candidates required.

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CASE OF BRONZED SKIN (MELASMA) WITHOUT DISEASE OF THE SUPRA-RENAL CAPSULES.

[With Coloured Illustration.]

By William Moore, M.D. T.C.D.;
Professor of the Practice of Medicine; Professor of Clinical Medicine, and Physician to Sir P. Dunn's Hospital.

Sarah Dowdall, aged sixty-two, was admitted into Sir P. Dunn's Hospital in April last, under the care of Dr. Agnata Smith, and on the 1st of May she was passed over to my care.

Her father died of some "paralytic" disease, and her mother died of pulmonary phthisis, at twenty-eight.

This patient had always been pale, slight, and delicate, but as her circumstances during her husband's lifetime were not easy, her health was not at all good. She had borne ten children, six of whom died young, two died of phthisis, and two are alive and healthy. She always lived in Dublin or the neighbourhood, and had no "coloured" relations.

On coming under my care she presented the following appearance: Her face generally was of a dark brown olive colour, whilst the lips and mucous surfaces of the eyelids were anemic, and the sclerae, or the whites of the eyes, a "pearly blue colour, the pupils being minutely constricted." There were brownish discolorations on the right half of the tongue, and on the right buccal membrane. The skin on her neck was as dark as an infusion of strong coffee, but it became absolutely black in the axillae and over the chest, abdomen, groins, pudendum, and inside the thighs. The arms, hands, and legs generally were of an olive brown colour, and the front of both the visible were hardly mottled. The skin had a peculiarly soft greasy feel, and the cuticle was peeling off the body and arms in parts. There was a most disgusting odour or emanation from the patient, which the nurse described as "sickening"; it may have been similar to that exhaled from people of colour, but I am not able from experience to state this with confidence. From this description it will be readily seen the patient might have been mistaken for a "mulatto." Her daughter stated that for the past seven or eight years her body from being pale had gradually been getting discoloured, the extremities being the last to take on the discoloration; for the past two years she had been getting emaciated, and when she came under my care she was reduced to a skeleton, and her appetite was quite gone. Her asthenia was extreme, and she was always in a drowsy state; to speak was a great effort to her, and then it only amounted to a whisper, and generally the asthenia increased till she gave up speaking almost altogether. A short time before she came into hospital her mind seemed to be giving way, and when I first saw her she was quite "demented," her delusions being of a quiet, passive, romancing order, which continued, at intervals, till her death.

A physical examination of her chest showed dulness over the apex of the right lung, where a dry rale could be heard, the heart's sounds were no fault as nearly to be heard, and eventually they became "single."

Dr. Finney was kind enough to make a careful analysis of the urine of this patient, which had an acid reaction; a specific gravity of 1044, and contained neither sugar or albumen; in short, it presented nothing abnormal. My colleague, Dr. Thomas Little, found an excess of white corporcles in the blood, but whether it was a relative or absolute excess, he was not prepared to state. This case resulted all medicinal and stimulating treatment; in fact, the only thing the patient would take was "port," of which she managed to sip about a pint in the twenty-four hours, which was in great part vomited, or more properly regurgitated. Things went on from bad to worse, and she became daily weaker and more drowsy, and finally, as if slept away, having made no complaint of pain from first to last.

In making the post-mortem examination I had the able assistance of my colleagues, Drs. Bennett and Little. The body generally was greatly emaciated; the heart was nor-
mal in size, and covered with a Gouldy amount of fat externally, but there was no fatty degeneration.

The liver was pale in colour but healthy, the spleen was normal in size and healthy; there were some peritoneal adhesions, and the glands of the abdomen generally, viz., the mesenteric and lumbar, were masses of tubercle, whilst a small cavity existed in the apex of the right lung, and the left was studded with tubercle.

The brain showed no evidence of disease; the kidneys were normal, and the capsules of a pale yellowish colour; the left slightly larger than the right, but neither of them enlarged or thickened in any way; their length did not exceed that of the quadrant of a quarter, whilst their width was somewhat less. A section showed the normal cortical structure (without any adventitious deposit of any kind) with the dark brown central part. Large branches of the semi-lunar ganglion entered these both on their upper part, but not larger than those off-sets from the ganglion, which are usually seen, nor larger than we could expect from the immediate proximity of these bodies to the ganglion.

A microscopic examination of capsules showed fine tubules in the cortical structure, which, as far as I could determine, was free from deposit of any kind, whilst the dark central part seemed made up of a fine net-work of veins. However, my colleague, Dr. Little (than whom it would be difficult to get a more competent opinion on an histological point of the kind), assures me he could find no adventitious deposit, or structural disease of any kind.

He says the organs are of very small size, though not perhaps smaller than might be expected in a woman of the advanced age of the patient; this smallness in size will be observed to have occurred almost wholly at the expense of the medullary portion. They presented an universally pale aspect—a characteristic, however, shared by all the other viscera. The capsules are occupied in no part by any local morbid development. The microscopic sections have the natural distinctions of the cortical and medullary regions well and normally marked. There is considerable deficiency (as compared with the healthy adult organ) of the latter.

I regret the semi-lunar ganglia were not examined microscopically.

Dr. Thomas Little has kindly given me the details of a case of bronzed skin, which occurred in the practice of Dr. Lynn, of Sligo, and which he (Dr. Little) had assisted in the examination of. In this case too, the supra-renal capsules were found perfectly healthy in structure; the organs were unquestionably of small size, the diminutive size being more remarkable, as the lady was not more than forty-five years of age. This lady, for some time before death, was of unsound mind. Though in sufficiently affluent circumstances, she was perpetually haunted by a fear of poverty, so much so as to deny herself the necessaries of life. This patient had been severely burnt about the hands and face from a gas explosion, and the scars left, were the parts on which the discolouration became most strongly marked. Trousseau* makes a similar observation. The bronzing, however, was well marked in other parts of Dr. Lynn's case, especially over the legs and arm-pits. Dr. Lynn writes of the case thus:—I have no hesitation in saying that there could not have been a better marked case of melaina than of Mrs. C., still there was no supra-renal disease."

I will now briefly call your attention to some cases of bronzed skin, which have been comparatively recently brought before the Pathological Society, and in what respects my case may be said clinically and pathologically to differ from them.

Dr. Haydon,† in 1865, showed the pathology of a case in which asthma, vomiting, and the main symptoms were analogous to mine, but the discolouration in his case was more in blotches; in this case both supra-renal capsules were much enlarged, hard, and nodulated, and in another case which Dr. Haydon subsequently brought before the Society, the discolouration was in patches over the neck, chest, and abdomen, with intervening white skin, and in this case the cortex of the left supra-renal capsule was occupied by a more solid yellowish matter, which was found to possess all the characters of tubercle, and tubercles existed in the right lung.

In Dr. John Hughes' case, whilst there was slight general discolouration, in some parts the "bronzing" was well marked, especially on the abdomen. Milliary tubercles were found over the pleura, and the supra-renal capsules were increased in size, and contained a deposit of lardaceous, yellowish, white substance, like a cut paraspin, which, on a microscopic examination, was manifestly of a strumous nature.

Dr. Harberson's typical case of "bronzed" skin, with disease of the supra-renal capsules (with which we are familiar through the Sydneyham Society), if I am to judge from the picture, was not so marked a case as mine. He accounts for the progressive character of the disease by the extensive deposit in the supra-renal capsule, keeping up a persistent irritation and exhaustion of the vasomotor nerve. He believes the vomiting is due to the irritation of the branches of the pneumogastric nerve supplied to the gland, and the excessive prostration to the extension of the disease to the semi-lunar ganglion. In my case no such supra-renal deposit existed, and yet the symptoms of asthma, vomiting, dementia, and "bronzing" of the skin, were progressive and persistent.

Dr. Addison said if he saw a patient who presented this peculiar discolouration of the skin, he offered no explanation of as to how, why, or where it came. He observed associated with that discolouration a certain train and combination of general symptoms, a pearly eye, a feeble pulse, a disposition of strongly marked anaemia, and few other symptoms less constant and less urgent, and he then said, "there is a case in which you will find disorganization of the supra-renal capsules, the body is examined, and no other organs are found diseased,"† and Dr. Wilks considers that what is more remarkable than the phenomenon of the disease is the fact, that any other conclusion than Addison's can be arrived at concerning it; and further, he says, in most cases published to discuss the connection between 'bronzing' of the skin and disease of the supra-renal capsules, the pigment has occurred in patches, and in others there can be little doubt that jaundice, pityriasis, obesity, and ichthyosis have been mistaken for true discolouration. Now, every salient symptom alluded to by Addison was present in my case, whilst the "bronzing" of the skin did not occur in patches, and I can safely say it could not be mistaken for jaundice, pityriasis, obesity, or ichthyosis; on the contrary, it was general, and to such an extent as to exceed any case I ever saw or read of, and yet there was no evidence of supra-renal disease. Viewing the case fairly, as far as our pathological and histological knowledge goes, it must be called a case of tuberculosis, but with no supra-renal disorganization.

* Dublin Quarterly Journal, Nov. 1865.
† Guy's Hospital Reports Vol. x. 3rd Series.
‡ Ibid. Vol. viii. 3rd Series.
ON THE NATURE OF THE VENEREAL POISON,
ILLUSTRATED BY A CASE OF
ACCIDENTAL INFECTION OF A HEALTHY SUBJECT
FROM A CONGENITAL LESION.

BY JOHN MORGAN, F.R.C.S.I., &c.,
Professor of Surgical Descriptive Anatomy R.C.S.I., and one of the Surgeons to Mercer's and to the Westmorland Lock Hospitals.

PART I.

In the last number of your Journal, a rather verboce "rechafé" of the usual syphilitic diseases has occupied your space, and the writer, Mr. McDowell, referring to my late observations before the Surgical Society, endeavours to avoid the conclusions derived from the facts which I brought forward and submitted for discussion. For this purpose he alludes to the lists of cases which I have carefully noted, tested, and observed, as a "farrago," certainly not a term of professional elegance, and in this instance eminently unsuited, as the "mass of material is not confessedly mixed," but the tables of seventeen and thirteen cases have been so carefully observed and reported, that the results are evident to any mind of ordinary intelligence, as the report is impartial, and gives equally the cases where ulterior results were evidenced, and where they failed to appear.

The readers of your journal in these days are surely no schoolboys in their business, and can hardly require to sit at the feet of a new Galanil to learn its ordinary doctrines. There is no use in repeating "usque ad nauseam," the same trite theories and quotations from books on this subject. Everybody who is ordinarily informed in his profession, should be familiar with them. We now want facts, not theories. We want original investigations and observations, not mere assertions or type dixtis simply based on fancied superiority of intellect and powers of observation. We are all fallible, and when we wish to see our preconceived ideas carried out, are apt to be too easily biased, especially in a subject which has interested so many.

If we really seek to elucidate or discuss the arguments, we must ascertain that our premises are undoubtedly correct. For this purpose, to my mind the only decisive test, is that of auto-inoculation, as upheld by the holders of the dual doctrine. In this Journal, and in the Dublin Quarterly Journal, August, 1870, I have given a series of twelve remarkable incontrovertible cases, and, in addition, several others, where, from a secondary lesion, or from the secretions of an infected patient, the usually accepted type of sore and pustule characteristic of the non-infesting sore, could be produced with the greatest ease, and to an in-terminable series on already infected patients.

Inoculation from mucous patches will produce similar phenomena, and I am now fortunately able to prove this in an untainted person by the following very practical and interesting case:—

On February 11, 1871, a medical gentleman, of intelligence, aged twenty-seven, applied to me, suffering from an ulcer of the thumb, which I immediately perceived was of a veneræl nature. He gave the following very definite history: He was never diseased in his life, and on examination there was not the slightest evidence of any such having existed. Five weeks previously he had wounded himself with a nail in the thumb. He unfortunately forgot this, and in a few days, while examining a syphilitic child, four weeks old, he removed with this thumb the secretion from the mucous patches about its face. In four days—he is quite positive—from this examination, the sore showed a specific appearance, becoming painful, and steadily increasing in size, till it had now assumed the figure and appearance represented in the accompanying illustration.

At this date the pain is severe, the surface is covered with a copious auto-inoculable thick pus, I have no doubt the lymphatics are red and angry along the arm, there is not the slightest glandular enlargement anywhere, epicondylitis, malarial, or inguinal; there is a good deal of redness of the back and side of the thumb, and there is not an approximation to induration; indeed, the whole ulcerated surface may be raised between the finger and thumb, almost like moist chamois leather. Unfortunately, however, there is an abundant popular rash evolving itself over the trunk, and some on the forehead, and the pain of the ulcer has kept him awake for nights.

Surely here is an inoculation from a secondary lesion, an incubation of only four days, non-induration, copious secretion, a circumscribed margin, and painful ulcer. Yet the patient is now, unfortunately, thoroughly infected. The late Mr. Wallace in like manner, as written in his own hand-writting and in his original note-book, which is now before me, shows that by inoculation from condylomata on a child, "sores (condylomata) were produced in three days." Here there was not a prolonged incubative stage. He inoculated a healthy patient, aged forty, with condylomatous matter from another male and produced a sore "the size of a halfpenny," and from the same male inoculated the child, producing condylomata in three days. He did not produce typical sores, which on the principle of the disease repeating itself in its original type should have had an incubative period, and been an indurated or syphilitic sore. Mr. McDowell states, that he is in that happy yet trepidating condition a man is supposed to be, when about making a proposal of marriage, he says "I believe I am certain," (he is not quite certain, but he would fain persuade himself he is), that "when mucous tubercles were most frequent in women, he observed an increased proportion of the syphilitic sores in men." He reads off the syphilitic barometer at any time, and I trust after some further consideration, will be able to give the mean of the syphilitic atmosphere for Dublin at all events, unfortunately, however, direct inoculations by Boeck, and by Richardson, and myself in Dublin, from mucous tubercles on already tainted persons, failed to produce the syphilitic sore; the inoculations of Wallace so long since as 1835 on sound persons, failed to produce the syphilitic type. Nurses infected by patches from children fail to produce the syphilitic type of induration. Such cases as the gentleman I have now under my care, directly inoculated from
patches on the face of a syphilitic child four weeks old fail to produce the "syphilitic sore." I do not deny that the recipients were thus constitutionally infected, but of course, to say that an infecting sore is such when it infects the system, is not any great addition to our means of prognosis. I now re-assert, that the tabulations of cases I selected as most decisive in testing the existence of a special poison are correct and impartially reported. I could, I doubt not, have repeated such experiences over and over, but as facts like these are more powerful than mere oracular dicta, I must challenge a similar series of observations and testings from Mr. McDowell, and am quite prepared to be influenced by the results of deductions from ascertained and settled data.

Induration is a matter of opinion. Mr. McDowell says rare and difficult to discover; I say rare comparatively, in females, but not (with any ordinary case) so difficult to discover as, excepting on the os uteri, intra-vaginal sores may be said not to exist, why then should there be wonderful difficulty, specially as when a typical sore occurs it is most persistent, and could hardly escape observation. Mr. McDowell quotes my statement—"that in the Lock Hospital nearly all the patients were affected by soft sores, but that they had invariably been followed by syphilitic symptoms," and so say I still, yet further on he is inconsistent enough to gravely say that, "I have not realized or forgotten if I have, that there is a syphilitic sore in women which he believes by far the most common variety, which presents no hardness, can be cured by the only cure of one of auto-inoculation, and found that though eminently non-indurated, and being highly inoculative, the patient was thoroughly infected. Of course, it will be suggested that the true "point de depart" existed somewhere, but that it was beyond my ken, as this is not proved to have an existence in case, I must deny it in passo; but as Mr. McDowell has cited the record of two cases entirely decided into a second one ingeniously contrived—of there being a truly syphilitic sore which possesses very little hardness—I agree with him; but I have found it unfortunately auto-inoculable, and therefore, according to theory, should not be syphilitic.

Behind these two defences, however, we have another construction of much ingenuity, specially with a view to the sometimes useful tactic of "ad vitam and subsequentibus," if too hard pressed. Mr. McDowell, when reiterating the usual definition of infecting and non-infecting sores, astutely remarks that the latter does not infect "except in exceptional cases." This is, indeed, a stratagemic combination worthy of a syphilitic Moltke—the non-infecting sore may, in "exceptional cases," be infecting; soles may present the phenomena of scarlatina, and scarlatina may evolve into syphilis; but when I have given the evidence of some convenient exception influence which caused the scarlatina to be pustular, and the soles, probably, to end in desquamative nephritis—a very convenient proposition, no doubt, but highly unphilosophical.

Mr. McDowell mentions he has six cases which do not present the typical form of either soft or indurated sores; yet he suggests that I would erroneously blame them as being the cause of secondaries. But as the sores were not tested by auto-inoculation, I have surely as good a right to say they were soft, or corresponding to the usually described non-infecting sore, as he has to assume they were infecting.

Mr. McDowell also mentions that he has seen instances, but he is cautious enough not to dwell how many, that he tested by inoculation from a "syphilitic abrasion" of the os uteri, where, with the occurrence of two or three typical simple sores at the vulva, the patient showed "unmistakable evidence of blood-poisoning." This is another instance of the insufficiency of ascertained data. Of what value is the abrasion of the os uteri, that Mr. McDowell calls syphilitic, simply that in some cases an abrasion was not inoculable. Would any obstetrician attempt to diagnose as syphilitic any of the numerous uterine abrasions he meets with in his daily practice. Surely, uterine abrasions in the married or cohabiting female are common enough, yet we are asked to call a uterine abrasion, which is complicated with visible external sores, a syphilitic affection, simply because it presented in some unrecorded instances the phenomena of meningitis! It is not stated how many occasions, and surely, it is an argument in favour of the unicist theory, when we see cases with visible external sores, followed by constitutional signs. As there is no proof of the character of the uterine abrasion beyond the negative quality (common to any uterine abrasion) of non-inoculability, I must, therefore, altogether refuse to recognise the diagnosis.

As to the induration of the inguinal glands, I deny altogether its invariability in the female, it is not so marked or frequent as in the male. I have, as referred to in this and the Dublin Quarterly Journal, and as proved by facts, often opened suppurring bubos in females, where there was not the slightest induration, and yet they suffered from the most intense recent syphilitic eacchilia. The only practical observation is, that a surgeon admits the Lock Hospital, Cork, who writes to me his belief that he has "remarked that the inguinal glands in the female are less frequently implicated in cases of secondary syphilis than in the male," he also adds, "unfortunately, practically I know of no symptom which will enable me positively to pronounce on the contagiousness or non-contagiousness of a given sore in the female; some of the sores cease, the others continue," and he concludes: I am free to admit that indurated glands and suppurring bubos also, are more frequent in male patients. This is easily understood from the distribution of the lymphatic vessels from the external parts of generation in the male, and it reasonably follows that inguinal adenopathia should be more likely in the male, while the nuchal eumorphs of the female, which are usually mingled, are less susceptible. In a case of an ordinary infection, I am free also to admit, as I have frequently stated, that soft, or so-called non-infecting sores are much more frequent in the male, and that constitutional signs absent themselves. Whence come these sores? This is really the interesting question, and bears on the varying phases of the primary affection in males and females. Mr. McDowell, indeed, rings the changes as to theories, and deals largely in quotations, but I find no facts or testings (with any importance) recorded. He, no doubt, gives one case, characterised by the remarkable negative evidence of what he styles "typical non-syphilitic induration" of a sore of three months duration, which, up to this time has not been followed by secondary, but as there is no date given, the information is valueless. On the other hand, to show the importance of facts when carefully tested, I may mention an instance, of which I had a full opportunity to be informed, as it is furnished from Mr. McDowell's own diagnosis. A young gentleman, aged twenty, never before affected, perceived in from eight to fourteen days after connection, that he was diseased. Directly afterwards he applied to Mr. McDowell for advice. The sore was pronounced by him to be non-infecting, and he also destroyed it with nitric acid, a sufficient proof. It is not that he was unacquainted with the infection, as the cruel application of a strong caustic would hardly have been made otherwise. Mr. McDowell, doubtless misled by the appearance of the sore, told the patient he would escape ulcerous consequences. However, within four weeks from that diagnosis, he came under my care, suffering from profuse roseolous rash, anal and tonsilotic patches, and all the evidences of constitutional infection, and is now only emerging from the effects of an infection pronounced and proved by the treatment adopted,
to have been from the non-infecting type of sore. This fact alone proves the difficulty of drawing conclusions as to types of sore without the definite test of auto-inoculation, such as I demonstrated to the Surgical Society in my authenticated tables, and by casts of male cases, which were taken for the purpose of illustration.

Again, on looking over the registry of the London Hospital, I find nomenclature by Mr. McDowell himself such cases as the following, diseased for the first time:

E. R., January 27, 1870.—"Soft sores" — "lichen syphilitica" (Iritis)—pains.

M. R., April 22, 1870.—"Gonorrhoea and soft sores" (followed by rosola).

J. K., October 11, 1869.—Soft sores, gonorrhce" (open bubo, alopecia, patches, and cachexia).

M. A. E. (married), November 10, 1870.—"Soft sores, gonorrhce" (copious rash).

The primary affection is as noted, the results in brackets I have added, the three first occurring before leaving the hospital, and the last before the sore was healed.

I also find a term of remarkable expansibility introduced in the nomenclature of some cases, as the "soft syphilitic sore" (not tested, however, by auto-inoculation). This type is, indeed, highly illustrative of the extent to which imagination may lead so as to solve a difficulty, and conveniently suit either side when so desired.

In the face of such experiences, we must have facts, as it is impossible to contradict the results of direct testing by mere speculations; though it may seem very easy flippantly to discuss a truthful record of observations, and to endeavour to foist on anyone acquainted with the subject mere unsupported vapidities, as scientific conclusions.

We find Mr. Byrne, after upwards of thirty five years' experience in the Dublin Lock Hospital, states at the late Surgical Home, at Notting Hill, that he now much doubts as to the existence of a double poison. Mr. Burstead, a writer (on whom, doubtless, Mr. McDowell largely relies), in August last, gives cases of inoculation, which must cause him or anyone else to hesitate in confirming the dual theory. Indeed, he says he now "calls in question the doctrine of duality, of which he has been heretofore a staunch advocate." Yet, before the rising sun, the light of these and similar authorities must "sink to quench their intellective fire," and the record of selected and carefully treated cases, when unprofitable to theory, must be dismissed under the vulgarism "farrago."

HOSPITAL REPORTS.

March 8, 1871.

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LONDON SURGICAL HOME.

Case 1.—Two Cases of Ruptured Perineum; Operation; Cure.—Mrs. —, aged thirty-six years, was operated upon successfully in May, 1868, by Mr. Brown, in the London Surgical Home, at Notting Hill. In February, 1869, after a natural labour of twelve hours' duration, the perineum was again lacerated; her medical attendant operated on the day of her confinement, but without success. She has since suffered from prolapse of the uterus, an almost constant diarrhce, with total inability to retain the faces, but having control over the bladder. She was admitted into the London Surgical Home, 2 Osnaburgh place, and again operated upon by Mr. Brown on the 15th of August, 1870, in presence of Dr. Webb, Daxley, and Hubbard, and left the home quite cured on September 9th, 1870.

Case 2.—Mrs. —, aged thirty-five, was admitted into the London Surgical Home, 2 Osnaburgh place, on January 20th, 1871. In her first confinement the perineum was ruptured by the too sudden expulsion of the child's head (which was an unusually large one); during each subsequent confinement, of which she had five, the injury was extended, until the sphincter ani became implicated to such an extent that solid motions could scarcely be retained. The uterus extruded, preventing walking and carriage exercise; caused distressing sickness, making life a burthen.

On January 24th, Mr. Brown operated: the following gentlemen were present—Dr. Bonth, Dr. Edmunds, who gave the chloroform, Dr. Harris, Dr. Joseph Webb, Dr. James Webb, and Dr. Wilkins.

This lady left the Home on February 26th, 1871, with the uterus in its normal position, a sound perineum, perfect control over the sphincter ani, and total cessation of the nausea and sickness of which she complained so bitterly.

Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

February 20th, 1871.

JOHN GAY, ESQ., President.

PIROGG'S OPERATION.

Mr. John Daniel Hill showed a patient on whom he had performed Pirogoff's operation, amputation of the foot. The operation was performed six months ago. The man could now walk well, and had no pain from stump or legs.

Mr. Henry Smith said that this case showed well the excellence of Pirogoff's operation, he now always preferred it to Syme's operation.

OPERATIONS FOR CATAACT.

Mr. Spencer Watson describes two cases of cataract, with different cortex, removed in the capsule. Case 1, was that of a woman, eighty-two years of age, whose sight had been failing for many years. The capsule being found at the time of the operation exceedingly tough, and the suspensory ligament of the lens being weak, the lens was removed in its capsule. No vitreous escape, and excellent sight was obtained. The fluid cortex of the lens allowed the dark brown amber nucleus to be seen moving about within the capsule, just as the yolke of an egg might be seen within the albumin. This case was referred to a committee, consisting of Mr. Jabou Hog, Dr. Dempsey, and the President, to report on the microscopic appearances presented by the milky fluid which constituted the cortical substance of cataract. A second cataract of a similar kind had been removed in a similar way, from a man, fifty-five years of age, who had, up to the last year, been unable to see well with the aid of bifocals, glasses, notwithstanding the clear indication of cataract afforded by the ophthalmoscope, and by focal illumination. The capsule and nucleus were shown; it was agreed that Mr. Hogg, Dr. Dempsey, and Mr. Watson, should examine the fluid, and report on the case at the next meeting of the Society.

VACCINATION FROM THE HEIFER.

Mr. Baines informed those of the Fellows who were interested in vaccination, that Mr. Roule Cox would be happy to place at their service a heifer to be vaccinated, in order that thus a supply of true vaccine-lymph might be obtained.

Dr. Cramer had vaccinated cows, and got some pustules, but he did not consider that there was any special advantage in obtaining lymph direct from the cow.

The President alluded to the great prevalence of the disease, called "grease" among horses at the present time; pustules formed on the fetlocks in animals thus infected. There might be some connection between the prevalence of this disease, and the present epidemic among men.

Mr. Barnes stated his willingness to supply any of the Fellows with vaccine-lymph, as some of them had had difficulty in procuring it.

INFLAMMATORY GROUP, DERMATITIS, ETC.

Dr. Cramer exhibited some specimens of inflammatory group. Two wax casts were shown, and also a specimen of trecha and larynx of a child, eighteen months old, affected with croupous deposit of false membrane.

Dr. Wiltshire said the excudation of croup was of a gummy nature, not the tough leathery stuff that formed in
true diphtheria. Many cases called croup were really diphtheria affecting the trachea.

Mr. Peter Marshall thought croup was a less common disease than it was several years ago.

Mr. Henry Smith recognised the difference between diphtheria and croup, and said that at times of service to perform tracheotomy in croup, but in diphtheria the operation was useless, as the patient died of asthma.

The President said that those affected with croup, died often of suffocation, while in diphtheria the tendency was to death from asthmatic attacks. Hence, the applicability of tracheotomy to the one disease and not to the other as a means of relief.

Mr. Henry Smith informed the Fellows that the patient, in whose case a fragment of glass speculum had lodged in consequence of its being used to introduce chloral for sea-sickness; the second to the unpleasant or alarming effects occasionally produced by medical doses of the drug. When chloral first came into notice, Dr. Proser James made use of it to see how far it would prevent seasickness. One of the crew had a careful sailor, took one scuple of chloral before crossing the channel, and though the passage was long and rough, he escaped all sickness. In the case of an invalid who took the chloral, the effect was equally satisfactory. Dr. James believed that a full dose of the drug, taken before leaving the harbour to be about the best method of employing it as a prevention to sea sickness, and when used in this way, he had every reason to speak well of its effects.

Orange flower water seemed the best vehicle to disguise the flavour of the chloral.

In the next part of the paper a case was given where the dangerous after effects were shown following a half dram dose of chloral. This dose was given to a young lady in great pain from neuralgia. She had the best night's sleep she had known for months, but next day the pulse and temperature fell in an alarming way, and she refused again to have recourse to the chloral, even though the neuralgia returned severely during the night. In the case of a lady, who suffered from dysmenorrhoea, and where digital examination was extremely painful, Dr. P. James gave two scruples of chloral; in a quarter of an hour the patient was asleep, a complaint she had never had. He was very pleasantly surprised, and with the uterine sound, a Luminaria bougie was introduced without waking her, and in time she was quite cured. In conclusion, Dr. P. James said, that while his experience taught him the necessity of care in the use of chloral, yet for one case pulse in those cases of extreme prostration alluded to by Mr. Watson, he would prefer orange flower water to the syrup, as he found the majority of patients found the sugar to intensify the unpleasant taste of the drug.

THE SURGICAL SOCIETY OF IRELAND.

The Society met on Friday evening, 17th ult., Dr. Walshe, the President of the College of Surgeons, in the Chair.

Dr. Macnamar said he had been requested by his colleague, Mr. Macnamar, to exhibit two cases which had been lately under his care in the Meath Hospital. The first was a case of a wound in the palm of the hand. The patient was a stone blaster, and having lacerated the thenar eminence and the proper line, the man rather incautiously placed his hand upon it, when the blast went off, inflicting a very serious wound. The entire of the radial side of the palm was blown away, but there was very little hemmorrhage, confirming the vast and frightful nature of the laceration, and the wound was closed by the margins. Some of those who were consulted were of opinion that immediate amputation ought to be performed, but, as there was but little hemmorrhage, and the man's system did not appear to have suffered greatly from the shock, he was given the benefit of the doubt, the hand was dressed, and a hope was entertained that he might retain it. In a couple of days afterwards, however, gangrene supervened, and as there was a tendency to spread up the arm, amputation had to be resorted to. Mr. Macnamar adopted Mr. Wharton's, the modification of Mr. Teale's amputation. The next case was a one of a Barrowbacchus. The patient from whom these parts were taken, was admitted to the Meath Hospital, on the 5th of the present month. He was intoxicated at the time of admission, and not able to give a good account of himself. The resident pupil had put down, and was furthered a cut, which caused a wound in the left thumb, and bleeding from a wound in front of the thorax, which communicated with the cavity of the left pleura. The patient suffered extreme distress. It was found on the next day that there was a great quantity of blood in the pleural cavity. The difference of opinion was entertained as to whether the cavity was filled with serous fluid or hemmorrhage, but they came to the conclusion that there was a great deal of blood in it. The question of paracentesis thorica was discussed, but as there were two cases in which it had been performed with success, (one of them was performed by Dr. Honan, the other by Mr. Hamilton, when he was resident pupil at Richmond), it was decided not to attempt the operation in the present case. He went from bad to worse, and died on the 15th. It was found, on post-mortem examination, that the cartilages of the fourth rib had been pierced at four inches distance from its connection with the sternum. The internal mammary appeared to have escaped. There was fluid in the cavity, but it did not appear to be entirely serious; it was not of a homogenous character, and appeared to consist of accumulation of serous fluid and blood. The heart had been injected in the lungs, and was not sufficiently to account for the fluid in the cavity. They could not ascertain the cause of the wound, but it had evidently been caused by a sharp instrument, and was about one inch in diameter.

FOREIGN BODY IN LARYNX.

Dr. Fleming said the subject of the case, which he now brought under the notice of the Society, was a girl, aged ten or eleven years. Either on Christmas, or New Year's day, she had been taking dinner as usual, when she was suddenly attacked with all the symptoms of obstruction in the larynx, and the presence of a foreign body. She was carried to hospital, was examined, and every attempt was adopted, which was considered suitable. A probang was introduced, and it seemed to remove the symptoms of obstruction that existed. The child was put under treatment out of hospital, and in ten or fourteen days afterwards, she returned home, having cleared the foreign body out of the lungs. She died in a few hours, and on examination, a condition of the larynx was found, which showed the importance of making the strictest scrutiny in cases of this kind, and of not having recourse to extreme measures, unless perfectly satisfied of the propriety. It would be well, when the foreign body is impacted in the rima, the probang was supposed to have passed down into the stomach, but instead of that, the assumption was, that the bone had been driven into the larynx, in place of being driven down into the stomach. It was an instructive case, impressing upon them, that it did the necessity of the most careful examination in all cases of this kind. The laryngoscope was not used, and the treatment adopted was,
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that generally where obstruction was occasioned by a foreign body, it was indispensably necessary, as the result of the present case proved, that the surgeon should examine with his finger as to the presence of a foreign body down in the back of the fauces, in the palate itself, or in any other situation, before violent means were had recourse to for the removal of the obstruction. The shape of the foreign body, he might observe, would influence the stethoscopic phenomena. There was a case some time ago, under the care of Mr. Morgan, in which an individual had swallowed a pig's tooth, and this remained in the trachea five weeks from the time of the accident, and was at the expiration of that time coughed up.

HERNIA.

Mr. Cato wished to bring under the notice of the Society, five cases of strangulated hernia. In the first case, he had seen a truss worn from thirteen to fifteen years, and was in remission within the autumn, and present winter session. Each case differed from the other, presenting some peculiar features of interest. The first case was that of a woman, Mrs. Bridget, aged fifty years, the wife of a gardener, admitted to the General Infirmary Hospital, in April, 1870. Year before, she observed for the first time, a lump in the left groin, had sickness of the stomach, and the bowels were obstinately constipated. Her usual medical attendant diagnosing the cause of illness, administered medicine which acted on the bowels, and the lump did not return. The patient was told she wore a true truss, but she neglected doing so, as she was too weak three times a week with fruit and vegetables. She took oil occasionally, and by keeping the bowels regular, did not suffer any inconvenience from the rupture. On the 31st March, she was seized with colicky pains, the hernia became very painful, and she vomited a greenish fluid. The symptoms became aggravated during the night. On Saturday the 2nd April, she sent again for her medical attendant, who endeavoured to reduce the hernia by the taxis, assisted by a purgative injection. He also gave her a warm hip bath, and this, however, had no effect. The symptoms became more pronounced, the hernia became strangulated, and the patient was reduced to the taxi. At 12, noon, on the 2nd April, Mr. Croly saw the case, and found the woman suffering from the well-marked hernial contumence. There was great prostration, vomiting several times, the fluid being sour and greenish, consisting chiefly of whey, which she had been drinking. A femoral hernia was found about the size of a hen's egg, and the tumour was tense and painful to the touch. A consultation was held, at which his colleagues were present. The patient was placed under the influence of chloroform, but after examination of the case, they found it was of no use to do anything but to operate, and was therefore reduced without any difficulty. She was then ordered opium in large doses. On the following morning, the pulse was 96, the abdomen soft. Though she had some vomiting through the night, the tongue was clean, and she had lost almost entirely the hernial contumence. She was considered improving, but the patient was not able to retain any food. She was ordered ice with soda water, a few drops of cresceote, and a sinapism to the epigastrium. After the operation, she slept for a short time. The chief symptoms from that time to the termination of the case, was retention of urine, and obstruction to the passage of the stool. The tumor, and the whole contents of the abdomen were reduced in an hour. The operation was performed, and the wound was closed in a ligature. The wound healed by granulation, and no trace of hernia remained when she left the hospital.

The second case was that of a man, Moses C — , admitted on the 30th April, sixty years of age, a servant, and suffered from a strangulated hernia, and had been wearing a cold clamper for twenty years, and was always in the habit of wearing a truss. The rupture caused him but little inconvenience, it was always capable of reduction without difficulty, and he accounted for the strangulation by having worn a badly fitting truss. One day, when he was out of his head, at ten o'clock, he said the gut was strangulated from 8 o'clock that morning, colicky pains, but he had not the hernial contumence. A tumour of considerable size was found opening from the inguinal canal, into the scrotum. He was ordered a warm bath, ice was applied to the tumour, and a purgative injection was administered, but the strangulation continued. A consultation was summoned at 3 o'clock. The patient was put under the influence of chloroform; the usual trial of the taxis was made without avail, and it was decided that the usual operation should be performed. There was nothing peculiar in the operation, except that the sac was found to be adherent to the scrotum. The sac was transparent, and seeing a coil of intestine within it, he tried reduction without opening the sac, and succeeded. This patient was also put on opium, and nothing unusual occurred for some days, but the patient again complained of strangulation, and he had a tumour which extended up to the chest. This, however, passed away, and he made a very good recovery.

The next case was one presenting some very peculiar points. This case was admitted to hospital, on the 4th August last, the patient was a woman, fifty-five years of age, with a very strangled hernia, of seventy-two hours' duration. In addition to his colleagues who were present, he had the pleasure of Mr. Stokes' presence on the occasion. The woman stated that she had a small swelling in the groin, which first first examined the wound, he found a large portion of intestine protruding through this part. He therefore considered it right to make an opening into the intestine, and did so, but nothing came through although he took out a circular piece of the gut. He then passed a catheter into the gut, and it went down. It would not pass the opening of the intestine. The upper end of the intestine appeared to be too healthy to be interfered with. On the following day there was a very free discharge from the intestine, nature having formed an artificial anus, so that he was able to introduce an instrument. He could not pass the instrument down when introduced into the artificial anus caused by nature, and he could not pass it up when he introduced it into the aperture which he had made himself. The patient's strength was supported with plenty of broth, beef tea, and ice, but she gradually sank. On making a post-mortem examination, they found that the gut was completely closed as if by a ligature, so that nothing could pass through it. Mr. Croly here exhibited the specimen.

The next case was a femoral hernia in a man, thirty-six years of age, a railway porter stationed at Westland row. He was admitted into hospital, with a strangulated femoral hernia. He found the man doubled in two, with his hands across his abdomen. He stripped him, and the hernia was stretched and closed about the size of a walnut. The hernia was very tense. The point of interest in this case was, that in front of the intestine there was a lymphatic gland, movable over the front of the gut, and the knuckle of gut could be felt behind it. Ice was applied, the bowels were acted on, and the hernia was reduced with the instrument. The next case was one of a man, eighty years of age, admitted last November, suffering from strangulated femoral hernia. He found the man doubled in two, with his hands across his abdomen. He stripped him, and the hernia was stretched and closed about the size of a walnut. He came in, and died, without opening his hernia.

The fifth case was as follows:—On the 20th October last a man, suffering from well marked symptoms of femoral hernia on the left side, was admitted. He was of impecunious habits. The rupture was one of a considerable size, and was opened down from the tip of the sac to the apex of the wound. It occurred on an occasion he had dressed five days before, and it was decided to operate. An hour previously he was given a turpentine injection with O'Brien's tube. He was ordered a grain of opium every hour. Nothing particular occurred during the after operation, but strange to say, though he had had strangulated hernia for five days, his symptoms were greatly relieved, and he lived for five days after the operation. The symptoms were so urgent on admission that one would have thought the case was not worth operating upon. He had all the symptoms
of peritonitis, and on making a post-mortem examination, lymph was found glazing all the intestines together, and there was a great deal of the lining membrane of the bowel—intense enteritis as well as peritonitis.

The chief points of interest in these cases were: In the first case the patient was collapsed on admission; the bowel had been strangulated for forty-eight hours; and the symptoms were extremely bad. The patient had not been; and all examinations were performed. In the second case the symptoms were not urgent, and the pulse was only eighty-two, and yet the gut was deeply congested. The sac was not opened in this case, and the coil of intestine was visible through it. The crenellated inflammation of the mucous membrane was no complication; but the strangulation itself moved itself more about the wound instead of extending upwards, the chance of the patient's recovery would have been greatly diminished. In the third case the symptoms of strangulation had existed for seventy-two hours, and the constipation of the gut when found after death, was one with which he had not been previously acquainted, nor had he ever read an account of anything resembling it in any of the books of authority on the subject. There was complete occlusion of the intestine, and the only explanation he could give of it was, that the mucous lining membrane became ulcerated, and that the surfaces adhered, cutting off all communication between the lower and the upper portions of the gut. He had operated four times on males for strangulated femoral hernia, and in one case had great difficulty in deciding whether the abdominal cavity belonged to the abdominal or to the pelvic cavity.

Professor Hargrave said, that he operated in two cases of stricture, in which the patients seemed to be going on satisfactorily, but both collapsed and sank in fifty hours after the operation, though in each case the external wound was almost healed. He had operated also, when the abdominal cavities were opened there was no evidence of peritonitis—the intestines, the external surfaces, and the lining membrane of the peritoneum, were found to be all healthy and without a trace of effusion. However, in each of these cases the patient laid open the entire of the small intestine, and he found the mucous lining to be dry and flaccid, and he believed that that state of the mucous membrane was the cause of the deaths of these two individuals. One of them was fifty, and the other fifty-six years of age. He had looked very carefully into the authorities with reference to these post-necrotic cases of stricture, and he found that an increase of the number of cases alluded to. In all cases where they were in doubt as to the cause of death, he thought they should examine the entire of the intestinal canal. The operations performed by Mr. Croly could not have been more skillfully done; but some of the patients had been operated on by others, and in one case the small intestine arose from ulceration, caused by the pressure of the strangulation. If so, the process must have been very rapid indeed to cause such decided occlusion in so short a time of the intestinal canal, and for his part he could not see how it could have been caused in that way.

Mr. W. Stokes was present at one of these operations in which the hernia could not be reduced. The case was one of extreme clinical interest, even as showing, that in cases where strangulation had not lasted very long, it might be found impossible to reduce the hernia. On Tuesday last, he (Mr. Stokes), operated in a case of femoral hernia, which presented a striking similarity with that described by Mr. Croly. In this case, the strangulation had existed no less than ten days, evidenced by constipation and continual vomiting. He made the usual incision by the femoral route, and finding an omental tumour, and passed his finger round the neck of it to feel for the constriction and endeavour to reduce the hernia. He did feel it, and divided the constriction external to the omentum; so that he could pass his little finger into the sac, without the slightest difficulty. He then made a division of the omentum. It was evident from the history of the case, that the hernial protrusion had occurred in an omental sac. He then laid open the omental tumour, and on this being effected, he succeeded in reducing the hernia. He said that he had a great deal of difficulty with; one occurring external to the omen tum by adhesions to the parietes of the abdomen, and then he had to divide the second constriction. A very marked symptom supervened upon the operation, the vomiting stopped, and there were three motions from the bowels, but as to whether he should ultimately bring the case through he did not know, for the patient was extremely weak, and there were symptoms of peritonitis evidenced by great tenderness over the abdomen. If she recovered it would be a remarkable case, considering the age of the woman was seventy-three, and the length of time that had elapsed since the operation.

Dr. Henley Kennedy called attention to a case in which the operation for strangulated hernia had been performed, but the patient died a day afterwards, and upon examining the intestines it was found not to have recovered; the constricted part appeared perfectly clear, as if the gut would recover as well as if it were not strangled. He did not know whether in the cases mentioned by Dr. Hargrave, the condition of the mucous membrane which he described had reference to the stricture, or extended over the whole intestine?

Professor Hargraves said, the diseased condition of the mucous mem brane was not confined to the stricture, or to the length of the small intestine from the duodenum downwards.

Mr. Stapleton said, that some years ago he brought before the Society (and presented the specimen to the College), the case of a woman with femoral hernia. She refused operation, and was treated by enemas and emplast and salve. There was no evidence of peritoneal inflammation found, the intestine was empty from the anus to the seat of the stricture. The part of the intestine to which the stricture was confined contained nothing but air, and the peritoneal coat of the intestine was not found to be crooked or cut through. There was no sign of peritoneal inflammation during life, either by tenderness or quick pulse, and a post-mortem examination failed to discover any evidence of its existence. What was the cause of death he was unable to say. The mucous coat of the intestines was not diminished.

Dr. Richardson said that cases similar to that of Mr. Stokes' had been recorded by Mr. Prescott Hewett, who had given an interesting account of several cases in which the intestine was strangulated within a sac formed by omentum.

Mr. Croly said the case of Mr. Wharton. Mr. Stokes' case reminded him of one he had to deal with some months ago. A woman arrived in town from Blessington, a distance of twelve miles, on a country cart, and was much jolted coming along. She had been in labor from six to eight months; and the bowel was very weak and collapsed, and there was no time for delay. In consultation, it was agreed that if there was any hope of saving the woman's life it must be by operation. She had a tumour about the size of a small orange, very smooth and elastic, and which had greatly the appearance of a fluid. Attempts were made to reduce this femoral hernia without opening the sac, but without any avail. Finally, the sac was opened, and a very large quantity of fluid escaped. He thought, after this, the tumour could be reduced; but, on exploring the contents of the sac, they found the intestine was involved, and turned out to be very similar to that described by Mr. Stokes—that is, omentum surrounded the small portion of intestine; and, on endeavouring to remove this from the hernia, the adhesion was so close that it was found almost impossible—the omentum was, as it were, glued to the small portion of intestine. The operation was a very tedious one; but, after a great deal of delay, the hernia was at last reduced. The woman, however, died before morning.

Mr. Stokes said there was one point connected with his case which he wished to mention. Mr. Stapleton spoke of the absence of inflammatory symptoms in the intestine. That was one remarkable feature in his case; for, notwithstanding the great length of time this strangulation existed, the intestine did not present any appearance of congestion.

Mr. W. Stokes said he was interested in the observation made by Mr. Croly, and having read the note with great interest. Last year he heard a very interesting discussion in that room on the operation for hernia without opening the sac. The one case brought forward by Mr. Stokes was so strong an argument against that treatment that, if he were not opposed personally, he should very much like to see the operation in that manner—that is, without opening the sac.

Mr. Barton observed that the constriction in one of the cases mentioned by Mr. Croly could hardly have occurred from ulceration of the mucous surface. The mucous surfaces would have followed the strictures, and the irritation would have given evidence of lymph inflammation here. He could only suggest that the part was totally paralyzed. With regard to the omentum, he met with a case in which the intestines were involved in a mass of omentum, and it was necessary gradually to unfold it when the small knuckle of gut was found greatly congested. This bore out the propriety of opening the sac.

Dr. O'Leary said he remembered eight cases of femoral hernia, and in four of those cases, the hernial face and
SPECIAL CORRESPONDENCE.

SPECIAL CORRESPONDENCE.

March 8, 1871.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, March.

After so long a period of silence, I am lengthening my letters, which I hope will not prove wholly uninteresting to your readers. The latest piece of news I have to tell you is, Dr. Ducheck has been proposed by Professor Oppolzer, of Heidelberg, as Professor of the first Medical Clinic of Vienna, as successor to Professor Skodn. The son of a physician at Prague, he was born there in 1824 and was first assistant in the lunatic asylum at Prague, whence he made observations on the "Material Substantia of the Diseases of the Mind." He shortly published his first work, "On the Influence of Alcohol on the Human Body," "Hippuric Acid," "Aldehyd," &c. On account of his merits, he became Professor of the Medical Clinic for Surgeons at Leubeng, in 1815, at Heidelberg, and in 1830 he was appointed Professor at the Josephina Hospital in Vienna.

His pamphlets on "The Diseases of the Heart and Respirotory Organs," show his eminent talent for observation in the two principal branches of medicine, pathological anatomy and pathological chemistry, and display how fully he made himself acquainted with all the literature on this subject. Professor Oppolzer's proposal was received with the greatest pleasure, both by the University and medical students.

A Winter Sanatorium.—Dr. Küchenmeister, the medical counsellor at Dresden, has proposed the old high-situated Tabin (so much praised by Galen), as the best winter residence for those disposed to consumption. The modern Castallamare, near Naples, is situated upon, but above, the old village of Tabin, or Stabia, which disappeared, and was covered with earth and stones, in the year 79, A.D. There are four chains of mountains in the neighbourhood, and the patients can go from one to another for a change, as they are only a few hours' distant, to avoid the noxious winds in the different months. This country will become once more (if the Italians are speculative), for the whole civilized world, what it was a thousand years ago for the high life of Rome. No sanatorium in the world offers like this the vicinity and accessibility, such a protection against the noxious winds, and such an equal mixture of warm air and sea air, except Madeira alone. The winds also, which blow in these countries always keep the same direction, so that anyone could soon learn in what months they should go to the other valley. In spring and summer, also, he need not go away, and the summer, principally, is delicious and salutary for the patients in the high valley, which is sheltered and protected from the worst wind of Italy, the Sirocco or Mistral, but when the north wind blows the patient must leave this valley.

Milk Revelations.—A very diligent and impartial investigation into the quality of milk sold by London dairymen, by the Milk Journal, reveals that out of fifty firms only thirteen sell genuine milk; eight are in a doubtful list, and twenty-nine supply their customers with skimmed, watered, or watered milk, and watered milk, in other words, so far as our inquiry goes, it demonstrates that twenty-six per cent. of the milk-dealers of the metropolis sell what they profess to sell, sixteen do not always adhere to the rule, and fifty-eight per cent. deal in a deteriorated article which, in nature, is half water, while the Thames Waterworks Union pays 2s. per quart, whereas the dairymen of London have loudly declared that it has been impossible to retain fresh milk, during the past winter, at less than 5d. We know of one undoubted instance of rich milk being sold wholesale at 9d. per quart, and this seems a criterion of what workhouse and hospital authorities should be charged.

The Society adjourned to the 3rd of March.
THE times on the Medical Bill.

The Times has distinguished our Profession by devoting its leading columns to a discussion of the coming Bill. The article is obviously inspired by the Medical Council and probably by Mr. Simon or some person who views medical legislation from the observatory of the Privy Council and the Lord President. The purport of the observations of the Times is to show that the Medical Council is the most perfect piece of machinery in existence, and that it is the highest presumption for the Profession either to fail in appreciation of its merit, or to desire to intrude its voice into its pronouncements. The Times says:

"The central body is ready to hand in the Medical Council which was created by the Act of 1858. This body has done good service, and for all the purposes for which it was constituted commands the confidence of the Profession. It is composed of twelve members nominated by the chief Medical corporations, together with six members nominated by the Government. It was proposed, accordingly, in last year's Bill to place in the hands of this Council the requisite powers of general regulation. They were fully prepared to undertake it, and the measure would have been welcomed by the most experienced members of the Profession. Why should so simple and useful a reform be postponed?"

"The reason assigned for the failure is scarcely credible. This practical improvement was to have been opposed because a certain party in the Profession wishes to transform the Council from a judicial and regulative body into a sort of Medical Parliament, elected by a kind of general suffrage, and intrusted with the duties of suppressing quackery, regulating the etiquette of the Profession, and prescribing in some important respects its relation to the public. If the members of the Profession like to combine in a kind of Union to determine the fees they will exact and the treatment they will expect from the public and official authorities, they are at perfect liberty to do so. But such an Association must be perfectly voluntary, and the Legislature cannot think of lending its authority to such objects. If the Medical Council is to exercise in any degree judicial authority over the members of the Profession, it must not be a body elected by popular suffrage. Its present constitution is the best for the only purposes with which Parliament can deal."

We do not hesitate to say that it is greatly to be regretted that the journal which is said to lead to many influential people all the ideas they possess should make statements which are not correct, or take up a narrow and obstructive antagonism to much-needed reforms.

It is glaringly untrue that the Medical Council "for the purposes for which it has been constituted, commands the confidence of the Profession." There are few existing administrative bodies which so entirely lack anybody's confidence, even their own, and it is a perfect misstatement to say that a measure which would entrust medical and public interests to the undiluted and unreformed Medical Council would be "welcomed by the most experienced members of the Profession." The simplest proof of this is the almost perfect unanimity of the Profession in favour of improved representation, and the universal condemnation by all journals and Corporations of the last Medical Bill based altogether on this ground.

It is a very unjust misrepresentation of the demands of the Profession to say that they desire to make the Medical Council the judges of the etiquette of the Profession or such like matters as fees or the relation of the Profession to their public employers. No one ever seriously proposed to regulate such matters by law, still less to refer them to the Medical Council.

If the Times will take instruction from us we will tell it what the Profession does want: It wants a controlling power which will be able and willing (as the Medical Council has never been, despite its virtuous assertions), to prevent the admission, by trafficking medical corporations, of ignorant and incapable practitioners into its ranks. It knows by thirteen years' experience that the Medical Council will never legislate against abuses of which its members are more or less the representatives, and it does not want to see these abuses perpetuated by delegating them to such unwilling reformers.

Since the foregoing observations were written, the Pall Mall Gazette has taken up the mantle of the Times, and in treating the subject of medical legislation, has put forward arguments so accurately identical that it becomes obvious that the paternity of both articles is the same, and that official inspiration has prompted the logic of each. Speaking of the influence of the Medical Council on medical education, the Pall Mall Gazette says,—"Though the education of our medical men has received an impetus which we are far from undervaluing, and the standard of examinations has been materially raised, only a limited amount of good has been effected in comparison with what might have been accomplished had powers been given to the Council to compel the various educating and examining bodies to co-operate and work together with something like harmony and efficiency."

We say, without fear of contradiction, that the Medical Council is in no respect to be credited with any advance in the standard of medical education since its creation—that it has had ample powers, moral and legal, to coerce recalcitrant licensing bodies, but has lacked the real desire to use them in the cause of reform. The improvement in the tone of medical education is purely the result of public opinion and upward competition, and of the spontaneous action of the higher class of licensing bodies; and, instead of forcing and encouraging medical reform, the Medical Council has occupied its thirteen
years of life in setting up legal difficulties to save itself the responsibility of doing anything, and in pretending that it has no power to act. The last proof of these facts is, that it has occupied thirteen years in protesting that it wanted strength, without making any real effort to get it, an undertaking that would have required only a hearty will.

The Pall Mall Gazette goes on to say,—"We believe the truth to be that there is a division in the medical ranks. There are jealousies and dissensions on the one hand; on the other hand, too ambitious and Utopian views are entertained. Like the House of Commons, the medical Profession has got into a confusion of ideas with regard to legislative, executive, and administrative powers, the result of which is a state of mental bewilderment that paralyzes all successful and decisive action."

We aver that there is the nearest approach to perfect unanimity in the minds of the Profession on the main objects of medical reform. The Profession specially wants two things—uniformity of medical education and the suppression of fraudulent quackery as distinguished from homeopathy, or other forms of legitimate quackery. These objects must remain to a greater or less extent in the hands of the Medical Council, and the Profession, therefore, demands that they shall not be confided to an unreformed and obstructive body, and for this reason alone asks for direct representation. If it were possible that the requirements of the Profession could be effectually settled by Parliament, its members care so little for the benefits they are supposed to derive from the Medical Council that they would be quite content to have that body swept away altogether. Such a ready method of being impossible, they insist that their material interests shall not be dealt with by a body which has thirteen years' undeniable character for incompetency.

THE ADULTERATION BILL.

Frauds on the public effected by the adulteration of food and drugs, which Mr. Bright considered, from the Birmingham point of view, to be a simple matter of business and commerce, and nothing more than a question as to whether it would pay or not; come before Parliament this session by means of a Bill just introduced and set down for its second reading on the 22nd of March. The only important clauses of the Bill are as follows:

"Every person who shall wilfully admix with any article of food or drink any injurious or poisonous ingredient (or in the case of a drug any ingredient), to adulterate the same for sale, shall be liable to a fine of £50 and costs for the first offence, and six months' imprisonment and hard labour for repeated offences.

"Every person who shall sell any article of food, or drink or drugs with which, to the knowledge of such person, any poisonous or injurious ingredient, shall be liable to pay £20, and for a second offence to be advertised in the newspapers.

"Any purchaser of an article of food, drink, or drugs, in any place where there is a Public Analyst shall be entitled, on paying such analyst a fee not exceeding 10s., to have such article analysed."

It is hardly necessary to give ourselves much trouble about this Bill, inasmuch as the trading interest in the House of Commons is probably too strong to allow of any restriction being placed upon trade frauds. The Bill is, however, no improvement on the existing inoperative law, and its adoption by Parliament would probably shelve the real remedy for some years. The openings through which the traditional coach and six might be driven are numerous and wide. To bring a fraudulent tradesman to order it would, under this Bill, be necessary that a customer should take the trouble and expense of sending sealed specimens and half-a-sovereign to the Analyst, if such a functionary existed. Receiving the report the customer should take the responsibility and trouble of going to law. If the article turned out not to be an admixture,—if, on the contrary, it were found not to contain a particle of what it professed to be (as, for instance, the so-called citrate of magnesia)—if it were found impossible to prove that the vendor knew the article to be sophisticated (and how could such evidence be found?), under any of these circumstances the consumer would be defeated in his action.

No measure which throws the responsibility of prosecution on the consumer, or leaves it possible for the tradesman to say he "didn't know" will ever remedy adulteration. The vendor should be held responsible under all circumstances, and the remedy would remain to him of making the wholesale dealer recompense him for his loss. We desire to put no restriction on the character of articles sold; we would allow tradesmen to sell anything for which they could get a demand, so long as the consumer was fully and publicly informed as to what he was buying. The fraud is not in the admixture, it is in the representation that an article is pure when it is not so.

Notes on Current Topics.

Food Preservation.

The Food Committee of the Society of Arts has had under consideration a new method of preserving or rather hermetically sealing meat invented by Mr. Richard Jones. The meat is put into tins, either with or without bone, in joints or otherwise. The tins are filled quite full, and are soldered up entirely, with the exception of a small tube, about the size of a quill, which is soldered into the top of the tin. The tins are then put into a bath capable of holding ninety-six 6 lb. tins. Along the centre of the bath runs a tube carrying twelve taps, into each of which may be inserted a tube from eight tins, there being eight stuffing-boxes to each tap, four on each side. The tube communicates with a vacuum chamber. The bath contains a solution of chloride of calcium, which boils at a temperature of from 270 degs. to 280 degs. In commencing operations, the bath is gradually heated until it gets to about 212 degs. Communication is then opened with the vacuum chamber, and the result is, that as water boils at about 100 degs., in vacuo, the water is carried off in the shape of steam, into the vacuum chamber, where it is condensed. The tap is then turned, so as to shut off communication with the vacuum chamber. After it has been thus cooking for about two hours at 250 degs, it is in a preserved state.

Naval Medical School.

The United Service Gazette understands that the Admiralty have obtained the concurrence of the War Office to the naval medical students attending the Army Medical School at Netley. There will be very little extension of
the present building accommodation necessary; but the staff of professors, which is mainly composed of army medical officers, will be, of course, augmented, as the extra burden of instructing the naval students would be too great for the existing staff.

Army Medical Department.

The following officers are about to retire on half-pay, the first three being granted a step in honorary rank:—Surgeons-Major Bain, M.D., Evans, and Cuhill, M.D., and Staff Assistant-Surgeon Edward Coffey, who is at present serving in the West Indies.

Tobacco.

On the 24th of February an address was delivered by Dr. C. R. Drysdale, at Stoke Newington, at the invitation of the Anti-Tobacco Society. Dr. Drysdale explained that the reason why he had been asked to preside at this meeting was because, some years ago, he had made some observations on patients at the Metropolitan Free Hospital of London, and found that one very frequent cause of chronic illness in male adults was the smoking of tobacco in excess. A debate ensued, which got into the journals of medicine, and was then copied into the Anti-Tobacco Journal. He saw no reason to alter his opinion, that tobacco was a very frequent cause of numberless evils to the health of the male sex in this and other civilised countries. It was, when smoked, a very frequent cause of dyspepsia, palpitation of the heart, and of prolapse of the bowels in some instances. Besides this, it was found that great smokers were liable to amanorrhea of a peculiar form, as described by Hutchinson and others, to blackening and destruction of the teeth, and to aphthae of the lower lip. They were also apt, in some cases, to become nervous and unfit for active exertion, and exhibited very frequently a venous dusky colouration of the face, gullet, and larynx. Diarrhoea and constipation were frequently caused by the habit of excessive smoking, and impotence was certainly not infrequently caused by the habit. This, of course, was dangerous to the health of future generations, as well as to the smoker himself. He had known of deaths, which had been attributed to pulsy, supervening on excessive use of tobacco. Some people smoked as much as an ounce of strong Virginia tobacco per diem.

Medical Society of London.

The ninety-eighth anniversary is to be celebrated this evening (the 8th, Wednesday), when the President, Mr. Gay, will be in the chair. The Fellows assemble at half-past six, and dinner is to be on the table at seven o'clock.

The Vice-Presidency of the Royal College of Surgeons in Ireland.

As the month of June approaches candidates for the Vice-chair of the College, which will then become vacant, by the elevation of Mr. Wharton to the presidency, are making themselves known to the electors. Dr. Darby, of Boy, President of the Irish Medical Association, and Surgeon to the Rathdown Union Hospital, has announced his candidature, and two Fellows of the College, who had been named as probable candidates, have announced that they will not stand. Dr. Kirkpatrick, Surgeon to the North Dublin Union Hospital, has also declared himself a candidate. Dr. Darby will probably receive an energetic support from the Provincial Fellows of the College, in addition to the votes of his many friends in his own county, while Dr. Kirkpatrick has already shown, at previous elections, that he has many and influential supporters within the collegiate constituency.

Cyanide of Potassium and Hydrocyanic Acid.

Last December we stated that Dr. Mazza preferred the cyanide to the acid, and found it useful in phthisis, and other lung diseases. From the far West he is corrobated, for the Pacific Medical and Surgical Journal, referring to it, tells us that both the salt and the acid were once in high repute in many pulmonary, cardiac and gastric affections, but of late years, in America at least, they appear to have almost fallen into disuse. Our able contemporary adds, the great uncertainty of hydrocyanic acid, in regard to strength, is a valid objection to it. Many samples of it are nearly inert. A few years ago we prescribed for a patient a three-ounce mixture containing one drachm of the medicinal acid, a tea-spoonful of which was to be taken every three hours. Twelve hours afterward, on visiting our patient, we were informed that he had taken all the medicine, and had it renewed, and that the second supply was nearly exhausted. Though the directions were plainly written on the bottle, the stupid nurse had given a table-spoonful every hour, and the sick man had swallowed two drachms of dilute hydrocyanic acid within twelve hours. The consternation created by this intelligence was scarcely removed by our failing to observe the slightest effect, for good or for evil. The fear, on the one hand, of giving an overdose of a dangerous medicine, and want of confidence in its activity, on the other hand, have led us almost entirely to abandon it, and to substitute either the distilled oil of bitter almonds, or the cyanide of potassium. We are satisfied that the cyanide is a valuable remedy, and that it is not properly appreciated by the Profession.

Chanore and Gonorrhoea.

While venereal diseases are obtaining so much attention, it may be worth while to call to mind that Professor Hammond, of New York, concludes from his investigations that—1. The virus of an infecting chancre, when deposited on a secreting mucous surface upon which there is no solution of continuity, may give rise to gonorrhoea unattended by chancre, but which is syphilitic in its character, and capable of producing constitutional disease. 2. The matter of such a gonorrhoea is capable of causing an infecting chancre, either by natural or artificial inoculation, which chancre is followed by constitutional syphilis.

Vaccinating from Glass Tubes.

A simple and cleanly mode of economising vaccine lymph (which we have lately adopted) has been suggested by Dr. R. Locke Johnson. It is, to make the surface of the thumb-nail of the left hand a pro tem, platter, on which the contents of the tubes are deposited, to be subsequently transmitted, on a lancet point, to the arms of patients.
Middlesex Hospital.

At the quarterly general court of this charity held last week, the annual report deplored the continued disparity between the annual subscriptions and necessary annual outlay, the subscriptions amounting to £2,375, and the annual outlay to £17,658. The call on the capital for 1870, was £3,935, necessitating the sale of stock to meet that and the previous year's deficiency. Rev. Sir E. R. Jobrell, Bart., not only gave the munificent donation of £1,000, but doubled his annual subscription in consequence of reading of the sale of stock. Since the commencement of this year that noble benefactor to so many of the London Charities, "D.T.S." had presented his third donation of £1,000. The report concluded by again urging the great need of an increase in the subscriptions, a capital of £120,000 being requisite for the proper working of the institution. After the report and the various minutes had been adopted, an argument took place as to the propriety of appointing a fourth assistant-physician.

Treatment of Aneurism.

Dr. BENJ. Howard, of New York, obtained the annual prize of the American Medical Association for "An Essay on the Treatment of Aneurism, with experiments for the closure of Arteries by a new method." The prize essay describes a large number of experiments performed by the author, mostly on sheep, to test the various materials for ligation, and the several modes of applying ligatures. Ligatures of silk, lead, or silver, when applied tightly so as to divide the internal coats, or even to close the vessel completely, are said to be displaced by destructive inflammation. But when applied so as only to diminish the arterial current, the vessel is effectually closed without such inflammation, and the silver ligature remains in situ, without injury to the surrounding parts. The author, therefore, prefers the "constricting silver ligature," which he claims as his suggestion. The looseness of the ligature is an essential requisite.

Hospital Sunday.

The committee of laymen and clergymen who undertook the initiation and management of "Hospital Sunday" in Liverpool, have now completed their labours so far as this year is concerned. The total amount collected was £4,740 16s. 8d. The expenses were £175, and for all practical purposes a sum of £4,500 remained for distribution among the various medical charities of Liverpool. A sub-committee was appointed to consider the claims of the various institutions, and after full and fair examination recommended the following apportionment, which, we believe, was unanimously confirmed by the general committee:

- Royal Infirmary ................................... £1,410 0 0
- Northern Hospital ................................ 720 0 0
- Southern Hospital .................................. 630 0 0
- Dispensaries—North, South, and East ........... 495 0 0
- District Nurses' Institution ....................... 405 0 0
- Ladies' Charity and Lying-in Hospital .......... 270 0 0
- Children's Infirmary ............................. 225 0 0
- Eye and Ear Infirmary ............................ 135 0 0
- Homeopathic Dispensary .......................... 90 0 0
- Stanley Hospital ................................... 22 10 0
- Cancer and Skin Hospital ........................ 22 10 0
- Consumption Hospital ............................. 22 10 0
- Dental Dispensary ................................ 11 5 0
- Skin Dispensary .................................... 11 5 0

It may be worth mentioning that the amount derived from this new source of income will liquidate almost one-half the debt now hanging on the Royal Infirmary and the Northern Hospital.

The Small-pox in Ireland.

The Irish Poor-law Commissioners have officially notified that small-pox has been making progress in the country, and has now become epidemic in Drogheda as well as Belfast Union, outbreaks have been also witnessed in other Ulster Unions, and at Tunc, Clonakilty, and Wexford, while sporadic cases have occurred on either side of the Liffey, in Dublin; and two vessels, bound on Atlantic voyages from Liverpool, have been forced to put back into Cork harbour with small-pox on board. There is a case also reported to-day from Limerick. New cases are reported to the Commissioners, almost daily, as arriving from Great Britain, either of seamen on board ships engaged in trade, Irish persons returning home from visiting friends or from employment, recruits joining their regiments in Ireland, or lastly, persons forcibly brought under orders of removal from England, Wales, or Scotland, to the places of their birth in this country.

American Medical Necrology.

The yearly report of the deaths of physicians is, as usual, extremely imperfect, owing to the failure of the sub-committees to forward information to the chairman, Dr. C. C. Cox. Of seventy-four deceased whose ages are given, the mean duration of life was fifty-six years. The oldest was ninety-five years—Dr. Anderson, of Jersey City—who is referred to as having introduced the art of wood-engraving into America. Some of the members were eighty years of age and upwards at the time of death. It appears to us that some items of interest might be condensed from these annual reports, with reference to longevity, causes of death, &c. We (Pacific Medical and Surgical Journal) have long entertained the opinion that anomalous and obscure forms of disease and sudden deaths are the lot of our Profession beyond the general average.

Hospital for Consumption, Bromption.

The quarterly court of this charity was held last week. The report stated that the committee had received with much regret the resignation of Dr. Sanderson, whose valuable and distinguished scientific attainments would render his retirement a great loss to the hospital. Legacies amounting to £5,200 have been announced since the last court.

What is a Successful case of Re-Vaccination?

Every dispensary medical officer is aware that he is bound to vaccinate every person who applies to him for that purpose, whether previously vaccinated or not; but a question has arisen whether the payment allowed for each case of successful primary vaccination is payable for a case of re-vaccination in which no effect has been exhibited.

In answer to many inquiries addressed to them on that point the Irish Poor-law Commissioners have stated, that the non-appearance of a vesicle in cases of this class is no criterion of success or non-success, if the operation has been
properly performed; the result in the latter case showing satisfactorily that the former vaccination is still protective, and the operation must be therefore considered to have been successful, and should be included as such by the medical officer in his report to the Guardians.

**Cinchona Plantation in the United States.**

Dr. Antisell, of Washington, advocates the establishment of a cinchona plantation in the United States. The use of quinia has become so universal and so indispensable, and the destruction of the cinchona forests of South America so imminent, as to induce the nations of Europe to cultivate the tree in their colonial possessions; accordingly, large plantations of it exist in the East Indies, Australia, St. Helena, &c. The California State Medical Society, at a late meeting, sent a memorial to Congress, asserting the fitness of certain localities for the purpose. Dr. Antisell says: "It is on the western side of this continent, on the Pacific slopes of the California Sierras, or of the higher ridges of the coast ranges of the counties lying south of San Francisco, as Monterey, San Luis Obispo, and Santa Barbara, that the greater part, if not the whole of the conditions for the growth of the cinchona-tree may be found; on the great mountain mass of San Bernardino, or on the range of the Sierra Nevadas behind the town of San Diego, near the southern boundary line." A plantation of not less than one thousand acres could be readily located there, on Government land; the U. S. Government might allocate two or three sections of land for the purpose.

**Clinical Society.**

Dr. Handfield Jones lately read two papers—one on "Puncture in Anasarca," the other on "Two Cases of Chorea." He tried the single puncture by a fine trocar, and left the canula in several hours, and thus drained off on one occasion sixty ounces, and on another 120 ounces of fluid.

Dr. Broadbent related two cases of paralysis of the soft palate, resembling diphtheritic paralysis.

**How to Cheat the Doctor.**

A soldier, a patient at Herbert Hospital, Shooter's Hill, a few days ago, wrote the following advice to a comrade: "Previous to going to hospital rub your tongue with chalk, ready for the word, 'Put out your tongue;' then, when the doctor is going to feel your pulse, be sure to knock your elbow against the wall, and it will beat to any number in a minute; then, if you wish to persevere to be invalided, be on the look out for a friend to bring you a bit of raw bullock's liver every morning, in order to spilt blood for the doctor; of course, have a little bit of the liver in your mouth, under your tongue, fresh, ready for him when he comes round the hospital ward, and have a good piece ready to spit out for him when he approaches your cot; then give a great sigh and a groan, and you are sure to be ordered lamb chops, chicken, rice pudding, port wine, Guinness's stout, in fact, you may live on the fat of the land for the remainder of your soldiering, which will not be long; but, depend upon it, you are sure of a pension, even under ten years' service."

We hope there are not many in hospital quite so clever as this "old soldier."

**Curiosities of Representative Government.**

We call the following *morenae* from our reports of the proceedings of Irish Guardians:

**Nenagh Union.**—The Board of Guardians having been called upon to elect a relieving officer, two candidates went to the poll, and their being equal votes no election took place. The election was held a second time with some result.

Mr. Spaight, when the Board had returned to its ordinary composure, said that the two young men might agree to cast lots, as to which should give way for the other.

The Clerk replied that the Commissioners could not sanction such a procedure.

Mr. Spaight—Why not, if the Board agreed among themselves to appoint the man that would *win the toss.*

(Laughter.)

Mr. Spaight's proposition, ultimately was abandoned.

**Londonderry Union.**—Having heard a communication from Dr. Browne, as to the urgency of vaccination, the Chairman said: From the statistics it would appear that vaccination and all its scientific improvements has not been as good or successful as the old vulgar style of vaccination (small-pox inoculation) practised by Dr. Lee (laughter), formerly of this neighbourhood; and I speak of his memory, because he inoculated me when I was a child—an operation which at that time was considered very good if you escaped it with your life (laughter), and now it appears the importance of science has brought with it no great improvements in that respect.

Another Guardian—Indeed, so it would appear.

Chairman—I was going to throw out the suggestion of knowing whether it would not be well to return to the old system.

Precious trustees of the public health!

**The Coombe Hospital, Dublin.**

It will be remembered that about twelve months ago this institution received a serious blow by the falling of a new building which was in course of completion, and of which the foundations were defective. We learn from the Yearly Report that the casualty entailed a total loss to the funds of the charity of more than £860. As soon as it was possible the works were recommenced, and prior to the closing of the year's accounts now to be submitted, a sum on account of £273 was paid to the contractor; and the guardians and directors are glad to say that the works are in progress, and there is every prospect of their completion early in the spring. To enable the guardians and directors to meet the necessary expenses of the new buildings, they were obliged to sell out £500 Stock, the balance of the amount paid to the contractor having been taken from the ordinary income of the hospital. But it is gratifying to state that, notwithstanding the extraordinary pressure, the balance to the credit of the hospital at the closing of the year's accounts exceeded that of the preceding year by more than £50.

The propriety of vaccinating pregnant women has been questioned. We see no reason to deprive such persons of the preventive powers of vaccination, especially as we, on one occasion, delivered a woman suffering from small-pox—immediately vaccinated the baby, and it did not contract the more serious disease.
Physiological Laws of Human Increase.

This is the title of a paper written for the American Medical Association by Dr. Nathan Allen, of Lowell, Mass., in which is discussed the vexed question of the diminished productiveness of American women in New England. Dr. Allen maintains that the increase of population depends on a perfect development of all the bodily organs, without the concentration of excitement in any one direction, and that this healthy balance is disturbed by the habits of life which result from the luxuries of modern society. Bodily labour is favourable to productiveness, mental labour the reverse. Excess of nutrition, and also deficiency, are unfavourable. The habits of society are unfriendly to the perfect bodily development of American women, many of whom cannot nurse their children. This fact is said to be a strong proof of physical degeneracy.

The Irish Poor-law Inspectorship.

The Irish Poor-law Inspectorship, vacant by the death of the late Dr. Hill, has been conferred upon Dr. Barke, of Westport. Dr. Barke has been a fellow of the Royal College of Surgeons since 1844, Surgeon to South Mayo Rifles, Medical Officer to the Islandeady Dispensary, and to the Union and Fever Hospitals. The appointment appears to be one on which the Profession may be congratulated, inasmuch as Dr. Barke has occupied an influential position in the neighbourhood with which he has been connected, and been long connected with the Irish Poor-law Medical Service.

We observe that with superhuman impudence, Dr. D. T. Manness, the Dublin agent of the London Poor law Association, crowns a feeble triumph in one of the Dublin papers, in the hope of persuading the public that his gracious influence has overshadowed Dr. Barke and the Profession with benignant benefits. The penny whistle has sounded the surrender of Paris, and, like the walls of Jericho, all impediments have abased themselves at the feet of the whistler. Happy the Profession sheltered by such an agis.

Stitch! Stitch! Stitch!

The sorrows of the bracemakers are described by our able contemporary, the Eastern Post in the following touching terms:

"It appears that the Government contracts for soldiers' braces are made up in St. Luke's, the price, as in other cases, being 2d. or 2½d. a dozen pair—the workwomen finding our brave defenders in thread out of their own resources. The way these poor women live becomes a greater puzzle the more it is enquired into. At the tailor's shops their purchases are made in farthing's worths—a farthing's worth of tea, a farthing's worth of sugar or a farthing's worth of dripping, according to the uppermost need of the moment. The public-houses, disdaining to vend gin by the farthing, have no custom from the bracemakers. The poor wretches are strict teetotallers, from necessity, if not from choice. A good deal of time is lost by the women in getting their work from the small contractors, and this is a great hardship in many ways than one. After waiting some two or three hours for the raw material, they get it at two o'clock in the afternoon, with orders to bring the goods made up at one o'clock the next day. The order must be executed, but it can only be done by working nearly all through the night, burning candles or oil and wasting health. In one case two dozen pairs of braces given out at two o'clock were ordered to be finished at nine next morning; the task was done by stitching all the night through. Out of the 4d. received, of course the candles, as well as the thread, had to be paid for; it is not easy to see how much remained as 'wages of labour' after those expenses were deducted. Such is the trade of bracemaking in St. Luke's! It is time that public opinion should do something to alleviate their intolerable suffering."

Nitrate Charcoal for the Actual Cautery.

Dr. H. Storer, in the Journal of the Gynecological Society, recommends for the actual cautery, nitre and charcoal finely powdered and made into a pencil with masticag. The proportion of nitre must not be too great, or the result will be a pyrotechnic display, anything but re-assuring, we should think, to the patient.

Digitalis in Uterine Haemorrhage.

In a discussion in the Boston Gynecological Society, reported in the Journal for January, several members recommended digitalis in haemorrhage following abortion and parturition, as superior to any other remedy. The dose given is ten or fifteen drops every four hours. Cannabis indica was also recommended by others for the same purpose. We have long used the latter successfully, and we have always some dread of the deceptive action of digitalis.

Another Tonic and Cholagogue.

The Philadelphia Medical and Surgical Reporter refers to the Ailantus (q. Ailanthus) excelsa, of Hindostan, as a valuable tonic. It belongs to the Simarouba family, and is said to increase the flow of bile to a marked extent. Will any druggist who has it send a specimen to Prof. Barnell, of Edinburgh? He might find it as useless as podophyllin, as far as the liver is concerned.

Dr. MacCormac, of Belfast, we learn, has in the press a new treatise, entitled "Rebreathed Air and Disease."

Dr. George Buchanan of Glasgow, has now recorded twenty-nine cases of tracheotomy.

Dr. A. Clark is to be proposed this evening as President of the Medical Society of London.

Three cases of tetanus, successfully treated by chloral hydrate, have been recorded in our Italian contemporaries.

Drs. Parkes and Sanderson are engaged in their inquiry into the health of Liverpool.

Mr. Culling, F.R.S., is the new President of the Medical and Chirurgical Society of London. Dr. Symes Thompson is the new secretary.

Mr. Hillman has resigned the surgery to the Westminster Hospital. Mr. Mason is next in succession for promotion.

Dr. George Buchanan has published in the Glasgow Quarterly an account of his year's surgical practice in the Glasgow Royal Infirmary.

This evening, Wednesday, the 8th, the Epidemiological Society is to discuss the epidemic of small-pox. All interested in the subject are invited to attend.
The Globe is assured there is no authority for the statement that Professor Huxley is opposed to vaccination. He has, on the contrary, declared himself distinctly in its favour.

The Liverpool Guardians have decided to reject the offer of the Admiralty of an old war ship, to be moored in the Mersey, for use as a convalescent hospital for small-pox patients.

A second edition of Dr. F. J. Brown’s pamphlet on “The Naval Medical Service” has been called for. We hope it may do good. Why should the Naval Medical Service be ignored in such days as these?

Dr. Campbell Black, of Glasgow, treated a case of tetanus by calabar bean, and although the patient died, he still thinks the physiological action of the drug places its use in tetanus beyond the pale of empiricism.

At the London Medical Society, when vaccination and the supply of lymph was under discussion, the statement that the present management of the Privy Council was “shameful” elicited general applause.

The Report of the Sanitary Commission recommends what we have often advised—a Minister of Health. But Poor-law and sanitary matters are to be under the same minister. Want of space compels us to postpone a full account of the Report.

The Cork Guardians have received a letter from the Commissioners informing them that the responsibility of making provision for cases of contagious disease landed from vessels at Queenstown devolved upon them and not upon the Queenstown Town Commissioners. The responsibility of the board having been thus clearly ascertained, a guardian moved that the board apply to the Government for an hospital ship, arguing that this would be the best and cheapest arrangement. Another guardian, however, avowed a preference for an hospital on shore, and induced the Board to appoint a committee on the subject, with a view, we presume, to carrying out his suggestion.

The Committee for promoting the National Memorial of Sir James Simpson, have issued a circular appeal in regard to the particular form which the Memorial should take. There was, as might have been expected, some difference of opinion. All were agreed that, while a statue, or monument and statue, erected in Edinburgh,—a city so long and so intimately associated with his name—should be the primary object, it was also desirable that along with the statue, something should be done in addition, to perpetuate the practical character of Sir James’ peculiar work, and to transmit to after times the benefits of those discoveries by which he enriched Science. A hospital for the treatment of diseases of women seemed the best additional tribute, because, in that department of his profession, the distinguished Professor had chiefly exhibited his wonderful skill, and because he himself had frequently (and more especially during his last illness) lamented the want of such an institution in connection with the justly-celebrated Medical School of Edinburgh, and had urged its establishment. In addition, however, it seemed desirable that the metropolis of the kingdom should possess a memorial of one whose name was anything but local; and it has, therefore, been thought proper, in accordance with the wish of the Dean of Westminster, and many of Sir James Simpson’s admirers in London, that a marble bust should be placed in Westminster Abbey, in close proximity to that of Sir Humphry Davy.

It is therefore proposed—
1st. To erect a monument and statue in Edinburgh.
2nd. To place a marble bust in Westminster Abbey.
3rd. To erect in Edinburgh a hospital for the diseases of women, constructed according to those principles which Sir James Simpson himself so often and so clearly enforced.
4th. To erect similar hospitals in London and Dublin, should sufficient funds be obtained.

SCOTLAND.

University of Edinburgh.—The Committee appointed at last meeting of the University Council with reference to the constitution of the Curatorial Court have had a conference with a deputation representing the Town Council. It is satisfactory to know that the Town Council representatives are prepared to consider any proposal which may be made to alter the present constitution of the Court.

The Managers of the Royal Infirmary, by a majority of ten to five, have resolved to sell the Infirmary buildings to the University for the sum of £30,000. Against this sale the Lord Provost and Councillor Willar have lodged an interdict. Their grounds of objection are (1) That in their opinion Professor Christie, M’Intyre, and Balfour, being members of Senate, should have abstained from voting in their capacity as Infirmary managers; (2) That the managers had a right to sell for a less price than the £30,000 which had been offered.

Leith Hospital.—At the Annual Meeting of this institution it was stated that there had been a considerable increase in the number of patients during the past year. There had been 112 fever cases as against 94 in the previous year, and 86 casualty against 49. The prevailing types of fever had been typhus and relapsing; the mortality had been ten out of the 112, or one in eleven. No case of small-pox had appeared.

The post of Inspector-General of Hospitals in Scotland has become vacant by the death of Dr. Campbell Mackinnon, C.B. Dr. Mackinnon was also an honorary physician to the Queen.

Literature.

THE PATHOLOGY AND TREATMENT OF VENEREAL DISEASES.*

In this edition of the well-known work of the learned Professor of Venereal Diseases at the College of Physicians and Surgeons of New York, the Author states that he has re-written the subject of “Stricture,” that the Second Part relating to “Syphilis and Soft Chancre” have been re-written, and that visceral syphilis has been spoken of. Dr. Lovering, surgeon to the Manhattan Eye and Ear Infirmary, has written the chapter on “Syphilitic Diseases of the Eye.” He acknowledges his indebtedness to MM. Lancereaux and A. Fournier. This edition was

to have been enriched by plates, but this was deemed unnecessary, since the publication of M. Cullirier's "Atlas of Venereal Diseases."

According to Dr. Bumpstead, gonorrhoea has always existed. He thinks that the idea that syphilis existed in Europe prior to the close of the 15th century is inadmissible. Syphilis in infants at the breast is first mentioned by Gaspard Torella, 1498. The greater portion of the writers of that period declared that it was entirely new in the world's history, and all confessed that, so far as their own experience went, they had never seen anything like it. Philip Beroald, who died in 1565, says that all the writers of this period agree that this "syphilis" is characterised by enormous prominent spots, by pustules giving the face and body a hideous aspect; that can be cured by no remedy: was unknown to his ancestors.

The idea that syphilis was first brought to Europe from America by the sailors under Columbus was first advanced by Leonard Schmuss, in 1518. Rodericus Insulansus, physician at Barcelona at the time syphilis made its appearance, is confident that it was brought to that city in 1493 by Columbus, but there is no statement by those who went with Columbus that they found the disease in America at the time of the first voyage. Bassean thinks that the disease was new at that time, and says that the confusion-period commenced with physicians who had begun to practice after 1495. It is thought that the venereal ulcer of the ancients was the soft chancre. Fallope in 1525, says there is no gonorhoea, but a competent witness, unless he has been a medical man. "For all practical purposes, the idea that gonorhoea is identical with syphilis is exploded." In 1562, the great discovery was made that chancres are quite distinct from the chancre.

Bassean truly says, that "If we compare persons who have had venereal ulcers followed by general symptoms with those persons who inoculated them, or with those whom they in turn have inoculated, we find that all, without exception, have had constitutional syphilis; never in any instance has the action been merely local." Let any medical man take note," says Dr. Bumpstead, "of the not unfrequent cases where a husband gives a venereal ulcer to a wife whose infidelity cannot be called in question, and who will find that they will both escape, or both incur constitutional infection."

M. Clerc, in his "Memoire du Chancroid et Syphilite," Paris, 1854, while admitting the perpetuity of the two kinds of sore, in successive generations, yet maintains that the soft chancre is a derivative of the hard, being the result of the syphilitic virus through the system of a person who had been contaminated by syphilis and called the soft chancre, chancroid. A chancroid once formed, he did not deny the possibility of its remaining to the original virus, a true chancro; but he declared he had never witnessed such an occurrence, but that it continued to be a local ulcer without constitutional reaction. Thus practically, M. Clerc may be said to be as much a dualist as M. Bassean, although theoretically he is a unist. He believes in the common origin of the two venereal ulcers, and the syphilis of ancient times, chancroid, chancre, to lesions of the genitals had any reference to the chancroid, but rather to sores of simple origin: he believes in the modern appearances of syphilis in Europe about the year 1494, and that the chancroid was first known about 1520. Dr. Bumpstead seems to be coming round to M. Clerc's views; but says truly that in whatever way it is decided, the distinction between the chancre and the chancroid will continue to be as important as ever. Mr. Bumpstead on this remark, "It is well known to the heralds of the syphilis literature of this work, and of my translation of Cullirier's 'Precis Iconographique,' that I have been a staunch advocate of Bassean's views; and that I have not admitted even the most remote connection between the chancroid and true syphilis. I am not now prepared to say that I have been mistaken in this matter; but truth compels me to lay before my readers certain facts, verified within the last two or three years, which I think the least well known, and which not only render absolute, but enjoin the slightest probability than they at first appeared." He then says truly enough that the experiments of Henry Lee, Boeck, of Christiania, and others have shown that by irritating true chancro, they may be made auto-inoculable. He thinks that there is no reason to believe that any absorption takes place from the sores resulting from the successful auto-inoculation of the secretion of true chancroids, but that, on the contrary, the ulcers are entirely local. In three instances cited by Dr. Gjor, of Christiania, matter which was undoubtedly syphilis, after inoculation upon individuals already infected with syphilis, produced only local sores without constitutional reaction when transferred to sound persons—in other words, the syphilitic was apparently transformed into the chancroidal virus. It is true that these cases are few in number, but they are worthy of the most attentive consideration according to our author. At present, owing to the different views entertained by writers on syphilitic disease, there is some confusion in the nomenclature. Thus, the term "chancroid" has been generally used as synonymous with that of the local lesion by the French school, and "chancro" means with them the exudum of syphilis. Among the Germans again "chancro" is designated "primary," and the word chancroid is used to express the local ulcer.

The only property common to the three diseases of the generative organs is that of contagion. According to Bumpstead, the "poison of gonorhoea" and of the chancroid are alike in that their action is limited and never extends to the general system: nor does one attack afford the slightest protection against a second. They differ in that the poison of gonorhoea may arise spontaneously, while that of the chancroid, so far as we know, never does; that of the primary gonorhoea is a true surface—true ulceration being rarely induced—and, in its complications, most frequently attacks parts connected with the original seat of the disease by a continuous mucous surface, as the prostate, bladder and testicle, while the chancroid, on the contrary, is an ulcer, involving the whole thickness of the integument or mucous membrane, and its complications are seated in the absorptive vessels and ganglia. It would also appear that the poisons of two affections are limited to one common vehicle, pus. Van Roosbrock, on the authority of Rollet, has proved by experiment that if the discharge of gonorhoeal ophthalmitis is deprived of its pus-globules by filtration the remaining fluid is innocuous; and Rollet states that he has obtained like results with the pus of chancroids. If these experiments can be relied on, they prove the virus is not diffused throughout that the secretion, but is confined to the pus-globules which it contains. The conclusion is sustained by the fact that while the poison of gonorhoea may enter the general circulation, and it is well known that pus globules are not capable of absorption. While the purulent matter of a chancroid enter the absorptive vessels, it occurs in the formation of a virulent bubo, it is imprisoned by the reaction of the tissue through which it goes no further. The paint used in tattooing is sometimes conveyed to a ganglion in a similar manner: but neither in this case nor in the former is there complete absorption.

"The syphilitic virus is alone capable of infecting the
system at large, and of affording protection by its presence against subsequent attacks. Unlike the poisons of gonorrhoea and of the chancre, it is not limited to putrid matter, but exists in the blood, in the fluids of secondary lesions, in the sputum, and probably in other secretions. The secretion of one form of chancre (the superficial variety) as shown by microscopic examination, is often entirely destitute of pus-globules; and the presence of the virus in secondary symptoms is proved by their power of contagion, and as the sputum by the occurrence of hereditary syphilis in the offspring when the father is alone affected.17

After giving these admirable remarks upon the pathology of the venereal diseases, Dr. Bumpstead first treats of gonorrhoea and its complications, next he treats of the local contagious ulcer of the genital organs, or the chancre, and lastly, he refers to syphilis.

In his chapter on "Gonorrhoea" is a most interesting summary of cases, where sterility has been produced by the occurrence of double orifices. There is also an admirable section upon stricture of the male urethra and its treatment. The author seems to like Mr. Holt's operation, and to make use of it frequently. He has invented a slight modification of the instrument, which he prefers to Mr. Holt's one.

In the treatment of unmanageable phagedenic chancre, Dr. Bumpstead advises the application of the actual cautery, the patient being anesthetised. Some hesitation may be felt in applying the actual cautery to so extensive a surface as is often covered by these ulcers; but when the gravity and obstinacy of the disease are considered, it must be confessed that almost any means are justifiable which holds out a fair prospect of cure. Rollet directs that the ulcer should first be cleansed by washing it copiously with water, removing all adherent matter, and then drying it. Every portion of the secreting surface should now be deeply and accurately burnt. Dr. Bumpstead gives iodine and cod oil in such cases, believing that phagedenic mon is scrofulous persons. Iodoform in powder is sometimes useful.

Having already given the views of Dr. Bumpstead with regard to the pathology of syphilis, we are able to leave out his chapters on the details of the disease with less fear of blame, and must refer the reader to these excellent sections which cannot be surpassed in any form of chancre. We come now to his chapter on the general treatment of syphilis. Of late years there has been a good deal of talk about this important point, and some British authors have altogether cast aside the use of one of the so-called specifics of the disease, mercury, whilst many German writers also seem to believe only in iodide of potassium, and entirely to reject mercury in all stages of syphilis. Let us hear what our author has to say on this question.

In Chapter VI. he says, "admitting that nature can sometimes cure the disease, and knowing that sometimes it cannot, we can tell just how long it is safe to procrastinate, and exactly when treatment must come in, or important organs of functions will be compromised. While, therefore, I believe in the spontaneous cure of syphilis, I cannot subscribe to the inveighing against mercury of Dr. Drysdale and others, who judiciously administer it." Even Diday protests against Dr. Drysdale's anti-mercussion exaggerations and against his statements, that we (M. Diday) "agree with him." 18 At the same time, says Dr. Bumpstead, "I am free to confess that additional experience has led me to modify in a measure my former views as to the power of mercury upon syphilis, and in contradistinction to its power of repressing syphilitic manifestations, and to believe that ultimate restoration to health is due in many cases, more to the self limitation of the disease than to the remedies employed; and this modification has naturally followed by a corresponding change in practice, chiefly in respect to the length of time mercurials should be continued after the disappearance of all syphilitic symptoms. Dr. Towne, therefore, in his book on the anti-mercussion side of the question, Dr. Drysdale and others, we believe, large doses of iodide of potassium, instead of mercury, in all stages of mercury, which they do not think is at all useful in the disease, and which, indeed, Dr. Boeck calls the "devilish remedy" in syphilis. We are glad to see that Dr. Bumpstead forbids the use of stimulants and tobacco in the treatment of syphilis. Dr. Bumpstead, as well as Boeck, describes, in indurated sores two scupules of Pil-lydrarg., with one scupule of sulphate of iron, and five grains of extract of opium made into twenty pills, twice or four times a day. He rarely gives more than one-tenth of a grain of bichloride of mercury thrice a day. Increased experiences on the treatment of syphilis has led Dr. Bumpstead to give a decided preference to the external over the internal use of mercury in general outbreaks, by injection or fumigation. Colonel vapour baths he likes much; although Dr. R. McDonnell, of Dublin, has said that when not breathed they are often totally inert. Dr. Bumpstead too, is "inclined to think that the absorption through the skin is very slight, and that the effect is proportioned to the amount of mercurial vapour inhaled by the patient." We have heard of a patient, who did not inhale, taking Les's vapour bath for a year without any effect. Dr. Bumpstead is very fond of inunction, and gives it in old case of syphilis with large doses of iodide of potassium internally. Abscesses are always produced by the subcutaneous injection of mercury. In a treatment of hypodermic injection by Hebra, forty-five per cent. became salivated, not a very pleasant result, we should say.

A SKETCH OF THE LIFE AND WRITINGS OF ROBERT KNOX, THE ANATOMIST.

Robert Knox, the anatomist, the "Primum et incomp.iiariis Knox," of the Edinburgh Anatomy Class of 1828-29, was a man who certainly should not have passed away with none to record his varied and eventful life. Mr. Lonsdale, in the preface to the interesting volume hereunder notice, tells us that his friend, who, other than himself would have written the biography of Dr. Knox, and acknowledges the courtesy of Dr. James Hunt, who, having himself already commenced a life of the great anatomist, when he found that Mr. Lonsdale was at the same work, handed over to him Knox's correspondence for the years 1809-62, extracts from which are found in Chapter XIX. of Mr. Lonsdale's book.

The period when Knox flourished as the greatest of anatomical teachers, unhappily embraces a dark epoch in the history of anatomy. The difficulty of obtaining subjects for dissection in consequence, partly of popular prejudice, partly from the apathy and indifference of Governments with respect to legislation in these matters, had already produced the tribe of body-snatchers and resurrectionists who robbed churchyards by night, and so kept up a supply of subjects for the dissecting-rooms, both in London and Edinburgh. The bodies thus obtained were received at the anatomical schools, and no questions asked. How long this disgraceful state of things might have continued, it is hard to say, but some matters become at last so bad, that they must either mend or end, and so it was here, for two ruffians, notorious in history as Burke and Hare, play upon the public feeling, and glutted themselves by selling their bodies to the anatomists. After repeated successes and a very profitable run of business, Burke and Hare

17 A Sketch of the Life and Writings of Robert Knox, the Anatoni-
were at last detected, and were tried in December, 1826. Hare and his wife turned approvers, and so escaped the gallows. Burke was hanged and dissected, and his skeleton is to be found in the anatomical museum of the University.

It was the misfortune of Dr. Knox to have had the victims of these murderers brought to his dissecting-rooms, and well it would have been for Knox if he had been the one to detect the villainy, and bring the culprits to justice. Years ago, when, in one instance, the body of a lad who had been murdered, was brought for sale to the anatomical school, the Professor detected and brought to justice the murderer, and so stamped out the dreadful practice.

Truthful and complete as a biographer, Mr. Lonsdale gives a full and interesting account of all the Burke and Hare affair, and tells how severely poor Knox was visited from all quarters for his unhappy connexion with these bad men. At the close of Chapter IV., is published in extenso, the Report of the Committee, completely and fully acquitting both Knox and his assistants of all complicity in these dreadful murders.

We gladly learn this part of Knox's life, though we feel Mr. Lonsdale has done right fully to recount matters that influenced the after career of Knox, and that may not again be recorded by any writer. The passing of the "Anatomy Act" has now made all such people as body-snatchers of bygone days.

No medical lecturer in the United Kingdom ever enjoyed so much public confidence as Dr. Knox. From 1826 to 1835, over a period of nine years, his students annually averaged 335, and in the Session of 1829-9, he had 504 pupils. The old lecture-room of Dr. Barclay, would only hold 200 persons, so Knox was obliged to lecture three times daily, and on the same subject each time. Multitudes of all the learned professions crowded to hear Knox's oratory. Lecturing was almost food and drink for Knox, and at page 136, we are treated to what at first may look like an awful instance of his rhetorical zeal.

After reading the records of Knox's discoveries and doings in the field of comparative anatomy, his dissections of whales, dolphins, and dugongs, we find him again a man of sorrow. Here he gained some friends and admirers, but not a single one of them was sad to see the gradual decadence of this really great man.

In 1841 he came forward as a candidate for the Chair of Physiology in the University of Edinburgh, and the letter he wrote, setting forth his claims to this office, certainly appears in the present day, when there is such an overflow of adulation and lip service from man to man, a rather remarkable document for the litter and stinging animosity in it shown to his rivals. Knox did not get the post he sought; he had the kick powerfully against him, in consequence of his loose views in religion, and he got not one single vote.

In 1846, we find him in London, and while there he had at times a hard business to earn his daily bread by means of his pen, so Knox's life seems in a way to have been wrong-end first, for while many distinguished men have been ridiculed in their early years by the pen, and afterwards on their professional celebrity, Knox rose rapidly to eminence early in his life, and gradually descended to a lower level from which young aspirants seek their first ascent.

His faithful biographer tells us many little anecdotes to show what real kindness of heart there was in Knox; he would give at the cost of real privation to himself, and as a husband and a father he was loving and affectionate. On December 20th, 1862, Dr. Knox died; the event was noticed with more than a passing notice in the medical journals, and the day Knox paid to his memory. His old friend and pupil, Sir William Fergusson, is about to erect a monument to his memory, in the cemetery at Woking, and whatever enemies Knox may have had in his lifetime, it seems to us that the sincere and faithful way in which his life has been portrayed by his biographer, will do much to disarm their ill-feeling, and help them to say—

"Then be his fallings covered by the tomb,
And guardian laurels o'er his ashes bloom."

CURRENT LITERATURE.

Guy's Hospital Reports has appeared, and is full of practical matter. The volume will require further notice at our hands. Among the many valuable contributions, Thomson's "Practical Lithotomy and Lithotrity" (J. and A. Churchill), in which three new chapters have been introduced. The appendix contains 204 consecutive cases. Dr. Horace Swete's "Handbook of Cottage Hospitals" (Hamilton, Adams, and Co.), is full of information, and must be useful to those thinking of starting such charities.

The Strand District is fortunate in having so able and energetic a Medical Officer of Health as Dr. Conway Evans, whose "Fourteenth Annual Report" (Hilton, Wellington street), is before us. It is full of valuable suggestions, and we hope the Board will not hesitate to carry out the views of their adviser.

From Dr. Kirkman's Report, we learn that many improvements have been effected in the Suffolk Lunatic Asylum last year. We regret that his Assistant Medical Officer to whom he expresses his obligations should have died while the Report was in the Press.

"Colonial Questions Pressing for Immediate Solution in the interests of the Nation and the Empire," is the title of a work we have received by R. A. Macfie, M.P. (London: Longmans; Edinburgh: Edmonston and Douglas), and which consists of a number of papers and letters of the author now collected. Those of our readers whose friends have emigrated will be much interested in this pamphlet.

Dr. A. Smith reprints "Some Notes on Spermatogenic Diseases" (Ballière & Co.) from this Journal, and the Medical Observer (which has ceased to appear). We think that sufficient publicity on these subjects is attained in the journals, and in opening our columns to them we rather desire to see the issue of pamphlets on them diminish.

Mr. Christopher Heath has reprinted with additions his "Medical Intra-thoracic Amniotomy, treated by the Diastolic Ligature." The pamphlet has two good lithographic plates. Another reprint is Messrs. Orton and Stanton's "What we observed at the Seat of War" (Churichill). There is nothing so new or remarkable in it as to have made it worthy of reprinting even now, as many have left it so far behind.

Mr. Woodman, of Exeter, has issued a pamphlet entitled "Notes on Transplantation or Engrafting of Skin" (J. and A. Churchill). He relates impartially the cases in which he has tried it, and is strongly impressed with the comparative success which old and intractable ulcers may be cured by this plan, and which he strongly commends to the notice of Poor-law surgeons, as one likely to relieve them of some of their most tiresome cases.

We have on our table a copy of Dr. Joseph Bell's "Introductory Address," which has been reprinted from the January number of the Edinburgh Medical Journal, and published by Messrs. Oliver and Boyd. It is an address we can confidently commend to all students, for it sets forth our "high calling" in a worthy way, and urges every one to walk worthy of it.

"Life Assurance Made Easy" is a pamphlet by Mr. F. A. C. Hare, whose letters some time ago in our columns attracted some attention. This work (C. and E. Layton, Fleet street), explains in a most lucid way, by arithmetical demonstration, the calculation of net rates, and should be attentively studied by every policy holder, for Mr. Hare is a safe guide possessed of a clear and practical knowledge of the scientific bases of life assurance, as well as a familiarity with its practice.

Professor Erasmus Wilson's "Lectures on Dermatology" (J. and A. Churchill), delivered last year at the Royal College of Surgeons, have a subject which is almost wholly unexplored, and are a synopsis of diseases of the skin. They have previously appeared in the journals, and may be looked upon as an introduction to dermatology, to be followed up in the author's larger work.

In this place we have been accustomed to notice occasionally some of our contemporaries. Dr. Hayes keeps his great American Quarterly, in which he is now assisted by
Dr. Minis Hayes, at the head of his country's medical periodicals. The new number, we may almost say volume, contains an article "On Irritable Heart," by Dr. Da Costa, which is of great interest. The New York Medical Journal has recently given us an excellent paper and debate "On Bloodletting," and another "On Syphilis of the Nervous System," of which we have already furnished an abstract.

The American Practitioner for January gives, in addition to its usual ample contents, a lecture by Dr. Farvin "On Woman and her Physician," delivered before the University of Louisville.

The British Journal of Dental Science contains much interesting matter on anaesthetics, and seems fairly to represent the scientific side of dentistry.

The Sixteenth Number, completing the fourth volume, of the Journal of Cutaneous Medicine, now ably edited by Dr. H. S. Purdon of Belfast, is full of interesting matter to dermatologists, and we heartily wish it the success to which it is entitled. To show that its range is by no means restricted, we may name that Mr. Mc Clare, M.A., gives a resume of the subject of "Biogenesis and Abiogenesis." The Miscellaneous Memoranda, too, are copious and well selected.

**Correspondence.**

**VACCINATION.**

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I think it is now time that the public vaccinators should make known their experience of the system of having one instead of many vaccinators.

During the last twelve months of my office as public vaccinator to a third part of the city of Worcester I vaccinated 156 subjects; during the last twelve months of my office as public vaccinator to the whole of the city I vaccinated 789 subjects—five times the former number.

At the time when I was appointed sole vaccinator the Act was almost ignored, and scarcely any children were brought to the station. Being in some measure responsible (practically) for the carrying out of the Act, I made very frequent appeals to the Board of Guardians, the consequence of which has been the issue of public notices on several occasions, the distribution of pamphlets, the appointment of a vaccinator officer, and the successful prosecution of defaulters before the magistrates.

Here has lately been a good attendance of applicants for vaccination at the station (which was appointed, at my suggestion, in the centre of the city), and I believe that in a short time almost every child will be accounted for.

The advantage of using fresh lymph (which I have done in every case since I have been sole vaccinator), and having a large number of subjects to select from is, beyond all doubt, very great. It is no small advantage either for local and surrounding practitioners to know where they can always obtain lymph without fail. I have scarcely refused one applicant as yet. Last week I supplied one country practitioner with three dozen points for re-vaccination, and to-morrow I shall send four or five dozen to two more. This, in itself, is no slight aid to the extension of the benefits of vaccination.

I am, Sir, your obedient servant,

W. W. H. K., M.D.

Public Vaccinator to the Worcester Union.

**THE HOPITAL DU MIDI BOMBARDED.**

The following is a quotation from a letter addressed to Dr. C. R. Drysdale from M. Charles Mauriac, physician to the Hopital du Midi, of Paris:

"Monsieur et cher Collègne,—I have been very sensible of the recollection you have had of myself, in sending me, under the form of the Medical Press and Circular, the article you have written recently upon one of my notes upon syphilis in women. I received the journal yesterday morning, and hastened to thank you for having given an isolation of the completest kind of four long months, everything which comes from our friends, our relations, or from persons who are dear to us, in any way, acquires a value of which no one can form any idea who has not traversed this terrible crisis. . . . I have often thought of you, as I returned home through the Luxembourg Gardens. Poor garden; has it not suffered from projectiles, although its flowers never declared war against the Prussians. The whole of this quarter has been one of the most injured by the bombardment. On the 19th January, the Hôpital du Midi received at one o'clock in the morning three enormous shells, which fell in my yard, No. 5, on the first floor—that large and fine ward of 40 beds, which you doubtless recollect to have visited. A piece of the wall was knocked down, all the windows were broken, the beds smashed and pulverised, the flooring thrown down to the basement and, what was more, one poor patient was killed and four more grievously wounded. Since the commencement of the siege, I have had no syphilitic patients to treat, but only cases of old age and of few civilians and soldiers. The ward is uninhabitable and not yet repaired; my service is the complete thing. I was fortunate enough to get out of this safe and sound. The shells respected me; but one had the impudence to pass at from thirty to fifty centimetres from me in the Rue de Vaugirard. It entered, at four metres behind me, into a plaster wall, and, fortunately for me, burst only when inside of the house. This bomb, which has been something quite horrible. It has only struck innocent persons, or, at any rate, such as had nothing whatever to do with the affairs of this war. We have also suffered much from hunger, and I promise you, the English provisions have been indeed welcome. And to say that in the noontide of the XIXth Century, man can be so savage, and so hostile to his fellow man, as when he quieted the mud of the primitive world. And that all these calamities have been showered down upon us, because the French women have the familiarity of rabbits, and the German men the selfishness of a brutal sexual appetites, without forethought. But I shall never finish, so must ask you once more to believe in my best sentiments, and remain"

"(Signed) Charles Mauriac.

"Paris, 22nd February, 1871."

Dr. Drysdale writes to say, that Dr. Charles Mauriac, like many of the scientific men of Paris, has a perfect horror of all kinds of warfare, and has frequently expressed to the effect that he had never even had the slightest pleasure in seeing any animal killed or wounded for "sport." Had such humane and medical views of human affairs been represented in the Councils of the Nations, this disgraceful war would not, perhaps, have taken place, and he draws the conclusion that the members of the Medical Profession are far too careless as to becoming Members of Parliament, and thus humanising their less humane brethren of the other professions.

**Obituary.**

WILLIAM RICHARDSON, LSA.

On Saturday week Mr. William Richardson, died at his house in Stockton-on-Tees, at the age of fifty-seven. For upwards of thirty-five years he had resided and practised in that town. He was Mayor of Stockton in 1857-8, and alderman and J.P. for many years, taking an active share in all public matters.

**Medical News.**

College of Surgeons.—At a meeting of the Council, held on Thursday last, Mr. Solly's resignation as a member of the Board of Examiners was accepted. Mr. Solly hoped to be able to resume his attendance at the Council Board in the course of a few months. The draft scheme for an Examining Board in England, prepared by the Committees of the Royal Colleges of Physicians and Surgeons and the Society of Apothecaries, and given in our last week's leader, was taken into consideration. An amendment to the proposal that the Council do agree to the first resolution—viz., "That one Board of Examiners, in this division of the United Kingdom,
NOTICES TO CORRESPONDENTS.

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be appointed by the Royal College of Physicians of London, the Royal College of Surgeons of England, and the Society of Apothecaries of London, for the examination of candidates who desire to practise medicine, surgery, and midwifery."—was moved by Mr. Simon, and seconded by Dr. Humphry, and carried by a majority of one, to the effect that the Council confer the honorary degree of M.D. on Mr. John Croosle, F.R.C.S., as a mark of consideration, especially in respect of two points: the one being that it leaves to the Colleges of Physicians and Surgeons the power of granting licences to practise through diplomata for the Fellowships respectively; the other, that it excludes the right of any member of the College to infringe the proceedings of the Board.

Mr. Simon, Dr. Humphry, Mr. Birkett, Mr. Hewett, Mr. Curling, Mr. Lee, and Mr. Lane, voted ayes; Mr. Busk, Mr. Hancock, Mr. Holden, Mr. South, Mr. Hilton, and Mr. Wilson, were the minority.

Naval Medical Service.—The following are the names of the successful candidates who passed the recent competitive examination for admission into the Medical Service of the Royal Navy, held at the University of London between the 20th and 27th of February, in the order of merit in which they passed, and with the number of marks obtained:—

Thomas Harvey, Westminster Hospital, 1,770 marks; William Singer, London Hospital, 1,765; Michael Kearney, M.D., Queen's College, Cork, 1,515; John Lyon, M.B., Glasgow University, 1,365; William Brown, Carmichael School of Medicine, Dublin, 1,340; John Tyndall, Royal College of Surgeons, Ireland, 1,340; Matthew Reed, M.D., Queen's College, Galway, 1,315; Alexander John Joynt, Queen's College, Ireland, 1,225; Charles Atkinson Rathedorne, M.D., Queen's College, Galway, 1,245; Thomas Power, Queen's College, Cork, 1,295. The following competed successfully for assistant-surgeonships in the Royal Navy, on the 20th ult.:—A. Croule, 2,697; G. B. Sturtevant, 2,332; L. E. Irving, 2,179; A. L. Irving, 2,179; L. M. Beanish, 2,105; I. A. Cleary, 2,105; I. Costs, 2,085; R. B. Cruickshank, 1,960; O. Molloy, 1,930; W. J. Fawcett, 1,910; J. G. Williamson, 1,895; D. Leckie, 1,885; H. W. Joynt, 1,850; W. J. Moylan, 1,840; G. D. N. Leake, 1,835; W. Tobin, 1,825; R. H. Robinson, 1,705; W. J. Charlton, 1,755; J. W. Martin, 1,750; P. R. D. Gabbett, 1,740; E. H. Joynt, 1,735; W. E. Saunders, 1,725; C. De M. Palmer, 1,710; A. H. Anstis, 1,670; W. Finlay, 1,670; W. L. White, 1,655; R. Exham, 1,615; M. D. O'Connell, 1,605; W. P. Sullivan, 1,600; R. Harman, 1,590; I. Ruxton, 1,570; I. B. Wilson, 1,570; E. B. R. 1,485; I. R. Dickson, 1,465.

Action to Enforce the payment of Fees.—On Thursday, at the Bloomsbury County Court, Mr. Slyman, M.R.C.S., and Mr. Murdoch for the sum of £7 2s. for attendance. The defendant's wife had a healthy male child on the 17th of Feb. 1857, and Mr. Slyman attended her. On the 29th of June, the head was found to be elongated, and the plaintiff was asked by the plaintiff to be a healthy one, was taken to be vaccinated. The plaintiff informed the mother that it would be quite safe to vaccinate it, and he accordingly performed the operation. After eight days he saw the child again, apparently doing well, and gave the mother a certificate of the successful operation. The head elapsished, and the child's arm was so inflamed and swollen that Mr. Slyman was sent for. The child was dangerously ill, and its arm had several abscesses in it. The doctor visited the child every day for some time, and eventually it recovered. There was a bill, on the 13th of February, for £4 7s., and the plaintiff alleged by the plaintiff to have not taken care in vaccinating the child, and that the illness was the result of bad vaccination. Mr. Slyman said that the child was successfully vaccinated, but that erysipelas had supervened. He produced several letters, one of which was written by the Right Hon. Joseph Napier, Bart., Vice-Chancellor of the University. Bachelors in Medicine.—Ebenezer John Hatchell, Francis Clement Croosle, Edward Charles Thompson, William Rogerson White, Richard Edward Lloyd, John Morgan, Hugh Baker Stoney.

Catalepsy.—A case of catalepsy is at present engrossing considerable attention at Berwick. The person attacked, is a servant girl, named M'Cado, about seventeen years of age. She was suddenly seized with a fit on Saturday week, and afterwards fell into a profound sleep, in which she has continued, only with intervals of wakefulness and consciousness ever since. She is under the care of Drs. Jamieson and MacIagan, but their efforts have as yet been unsuccessful. While the brief periods of consciousness last, the girl appears in her usual health; but suddenly the stupor comes on, and she continues in a profound state of sleep, during which period of time is going on around her. About a quarter of an hour before she was attacked on Saturday week, she had been struck on the face by a youth with whom she had quarrelled.

NOTICES TO CORRESPONDENTS.

Correspondents requiring a reply in this column, are particularly requested to make such request in their letter, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," etc. Much confusion will be spared by attention to this request.

Mr. Moran.—The second part of your paper, with woodcuts, arrived too late for insertion in our present number. We shall be glad to have it in our next.

Mr. Milner.—We are still unfortunately compelled to hold over your contribution "On Skin Diseases," through pressure on our space.

Dr. Churston Brown.—"On Laburnum Poisoning;" Dr. Roe's "Obstetric Notes;" Dr. M. Brown, "On the Sanitary Woes of the Poor;" see reply to Mr. Milner.

Mr. Tovey.—Your paper on "Some of the Functional Derangements of the Male Genital Organs" is accepted, and will appear as soon as space permits.

Student.—Write to Mr. Trimmer at the College of Surgeons of England.

Dr. G. E.—Charling Cross although a small school is a very good one. As you say it is the most convenient for you, you cannot do better than enter.

D. O'Brien.—You do not specify what particular number or numbers you require. As there were so many at different times containing reports or leading articles upon the Government Medical Bill, you must kindly furnish our publishers with approximate dates, and the copies will be sent you.

Messe. Donhee and Co., London.—Your communication upon "Sphygmatic" paper will be inserted in the next issue of the "Fourth" advertisement, that it can only appear in that portion of the journal devoted to trade announcements.

Mr. H. T., Newcastle.—We do not review contemporary periodicals, but will be glad to afford you any information respecting the Dublin Quarterly Journal which you may desire.

Dr. W. Moor, Dublin.—Communication on "Stimulation in Fever" received, and shall appear in an early number.

Dr. MacKern, Belfast.—Letter on "Parasites and Swarms" to be inserted in our next publication.

Dr. Hayes, Shanagolden.—Reply to Dr. Drysdale's letter "On Celliacy" received, and shall be inserted as soon as possible. Havinc devoted much labour to the subject, and having been informed of the existence of the disease, we shall feel obliged if our friends will take the hint before given, "not to send us further communications thereon for the present." Your letter.—At page 133, the issue of the 2nd of February, 1871, the name of Dr. C. F. Moore was accidentally omitted, in connection with his paper, which should have been headed as follows:—

ON THE CONNECTION BETWEEN CERTAIN DEFECTIVE SANITARY CONDITIONS AND SCROFULA.

By Charles freed, Moor, M.D., F.R.C.S.,
Medical Inspector of Seamens, One of the Physicians to Cork street Hospital, Medical Officer South City Dispensary.

"THE VOLUNTEERS AND THEIR SURGEONS."

To the Editor of "The Medical Press and Circular;"

Sir,—Now that I see the subject of uniform of our Volunteers is drawing attention, I wish the due attendance of the surgeons on the corps on field-days and marches out were enforced, likewise that the surgeon be made to wear the usual uniform of his appointment the same as the men, namely, a cocked hat; but, all very well, these are not times to play at soldiers, and that a man may shirk field work, but put his uniform on at concerts and the theatricals in the drill hall, is a mis-
MEETINGS OF THE LONDON SOCIETIES.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—WEDNESDAY, March 8th, 4 P.M. Prof. W. H. Frowy, "On the Comparative Anatomy of the Teeth of the Mammalia."

ROYAL COLLEGE OF PHYSICIANS.—5 P.M. Gulstonian Lectures; Dr. Gee, "On the Heat of the Body."

ROYAL SOCIETY.—5 P.M. Council Meeting.

Epidemiological.—8 P.M. The President (Dr. Seaton), "On the present Homes of Small-pox." Dr. Grievs, "An Analyz of 800 Cases of Small-pox observed in the Hampstead Hospital during the present Epidemic."

OSTERLEY.—7.30 P.M. Draxton Hicks and Phillips, "Remarks on Tables of Mortality after Obstetric Operations" (continued). Dr. Brown, "On the disappearing stump which the Owen was born entire, and the child rescued alive fifteen minutes after."

ROYAL INSTITUTION.—THURSDAY, March gth, 5 P.M. Dr. Oling, "On an Discussion of Tuberculosis.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—FRIDAY, March 1oth, 4 P.M. Prof. W. H. Frowy, "On the Comparative Anatomy of the Teeth of the Mammalia."

ROYAL COLLEGE OF PHYSICIANS.—5 P.M. Gulstonian Lectures; Dr. Gee, "On the Heat of the Body."

CLINICAL SOCIETY OF LONDON.—5 P.M. Dr. Talhury Fox, "Three Cases of Tinea Cunitana communicated from the Horse."

ROYAL HUNTERIAN.—On the Progress of Medicine in all parts of the World. Vol. II. London: Longmans, Green, and Co.

ROYAL SURGEONS OF LONDON.—3 P.M. Dr. Dobell, "Kleotro-Chemical Es.

ROYAL SOCIETY.—5 P.M. Dr. L. B. Carpenter, "The latest Scientific Researches in the Mediterranean and Straits of Gibraltar."

ROYAL INSTITUTION.—TUESDAY, March 11th, 3 P.M. Mr. O'Neil, "On the Spirit of the Age."

BOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.


ROYAL MEDICAL INSTITUTION AND DISPENSARY, LONDON: Renshaw.

SUGGESTIONS AS TO THE RECONSTRUCTION OF THE ARMY MEDICAL DEPARTMENT.


ROYAL MEDICAL INSTITUTION AND DISPENSARY, LONDON: Renshaw.

APPONMENTS.

BOYDFOETTER, A., M.R.C.S.E., of Straneways, Manchester, late Senior House-Surgeon to the Manchester Royal Infirmary, has been elected to the Surgeon to the South London Hospital.

BRAY, D. F., Inspector of Anatomy for Ireland.

BREW, H. W., L.R.C.P., L.R.C.S.I., Medical Officer to the Wicklow Cumberland Hospital.

RUDGE, C. R., L.R.C.P.I., M.R.C.S.E., Resident District Surgeon to the Bristol Dispensary.

SLAMAR, J., T. C., F.R.C.S., Assistant House-Surgeon to the Kent and Canterbury Hospital.

WALLACE, W., T. C., F.R.C.S., Resident Assistant-Surgeon at St. Thomas's Hospital.

The following N-Val Appointments are Gazetted:—John Broke, M.D., to the Royal Adelaide for temporary service at Plymouth Hospital: John C. Holmes, of the Achilles, is promoted to the rank of Staff-Surgeon in Her Majesty's fleet.

VACANCIES.

WESTMINSTER HOSPITAL.—Resident Obstetric Assistant without salary, Matron, and Assistant Free Hospital.—House Surgeon. Salary £30, with residence.

LONDON HOSPITAL FOR WOMEN.—Assistant-Physician.


Kent Ophthalmic Hospital.—Consulting-Surgeon. Election 1860.

ROYAL SURGERY HOSPITAL.—Assistant Honorary Medical Officer.


GRANGE, J., at Limerick, Wm. J. Casey, M.D.

GOLDER.—On Feb. 19th, James Golder, M.D., L.R.C.P.S., of South Portland street, Glasgow.

HILL, H. C., 30, P. Heyward, M.R.C.S.E., of Cumblhurb Hurst, Eicklefield green, aged 52.

HEUM, —On Ist July, 1870, New Zealand, Theodore Kellen, B. D., late of Billingshurst, Sussex.

MATHESON.—On Jan. 21st, at Alexandria, John Mathieson, M.D., C.M., aged 77.

MENZIES.—On Feb. 17th, at Lothian road, Edin urgh, Dr. Wm. Inman MENZIES.


SYMONS, —On Feb. 21st, at Clifton, Bristol, John Add grove SYMONS, M.D., aged 63.

The £20 Advertisements for Insertion in this Journal must be at the Office, or Saturday, by Two o'Clock.

For Disposal.—An Old Established General Medical Private Practice, in the South of England, successively carried on by Drs. Huyward, Geary, Bradley, Richards, Bogg, Huntly, to the hospital of Kent, in the dispensary of the town. The scale of charges is as follows:—Seven lines and under £5 10s.; per line afterwards 15 s.; one quarter page 50 s. Half-page 90 s.; a page 120 s.

When advertisements are given for a series of insertions, a very considerable reduction from the above scale is made.

ESTABLISHMENT FOR GENTLEMEN DURING ILLNESS, 50 HARLEY STREET.

This Institution, which has been conducted for upwards of twenty years, affords (at a small weekly payment) to the relatives of unusual men, artists and others, the comforts of a house combined with the best medical and surgical advice. It is now greatly in WANT OF FUNDS, and Subscriptions and Donations are earnestly requested. They may be paid to the Lady-Superintendent, or to the Treasurer, at Messrs. Coutts', 59 Strand, W. C. SPRING RICE, Hon. Sec.

SOCIETY FOR THE RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN. Founded 1788. Incorporated by Royal Charter 1814. The Members are reminded that a Quarterly Subscription or Donation will be held on the 13th of April next, at which Candidates for admission into the Society can be proposed. It is desirable for the Forms of Subscription to be filled up and forwarded to the Secretary at least a Week before the Meeting. The Forms of Proposal may be obtained of the Secretary. The Benevolents of the Society are requested to the Families of deceased members of not less than Two Years' standing. The Secretary attends at the Office every Wednesday and Friday from 4 to 5 o'Clock.

J. B. BLACKETT, Secretary.

53 Berners street, March 1st, 1871.

CARLOW UNION.—MIDWIFE WANTED for the BAGENALSTOWN DISPENSARY DISTRICT. The Committee of Management of the above Dispensary District will, at a meeting to be held at the Dispensary, at Bagenalstown, on Wednesday, the First day of March next, at the hour of Twelve o'clock, noon, proceed to appoint a properly-qualified Midwife, in order to fill up the Office of Midwife for the above district at a salary of £60 per annum, with apartments, sealed appointments, and a large stipend, and testimonials, to be sent to Mr. RAY, Magistrate of the Sessional Committee, Bagenalstown, or on before the 25th February instant.

Personal attendance of Candidates will be required on the day of Election.

By Order, EDWARD L. JAMESON, Clerk of the Union.

WORKHOUSE, CARLOW, 2nd February, 1871. Clerk of the Union.

ADJOURNED ELECTION.

TULLAMORE UNION.—KILBEGGAN DISPENSARY DISTRICT.—MEDICAL OFFICER WANTED. The Committee of Management of the above Dispensary District will, at their Adjourned Meeting, to be held at the Dispensary, at Kilbeggan, on Monday, the 15th day of March, 1871, at Twelve o'clock, noon, proceed to Elect a properly-qualified MEDICAL OFFICER for the above Office, at a salary of £60 per annum, including the cost of Vaccination and Registration Fees.

Personal attendance of Candidates required on the day of Election. Applications, with Testimonials and Diplomas, will be received up to 12 o'clock on the above-named day, by MATTHIAS M'MANUS, Hon. Sec.

KILBEGGAN, 21st February, 1871.
Original Communications.

ON THE DUALITY OF VENEREAL SORES.

BY BENJAMIN F. MCDOWELL, M.B. Univ. Dub.

Licensee of the Royal College of Surgeons in Ireland; Licenscase of the King and Queen’s College of Physicians, Member of the Surgical, Obstetrical and Pathological Societies, Surgeon to the London Hospital, and Professor of Medicine in the Ledwich School of Surgery, &c. &c.

On the Duality of Venerole Sorens. By Benjamin F. McDowell, M.B. Univ. Dub., Licenscase of the Royal College of Surgeons in Ireland; Licenscase of the King and Queen College of Physicians, Member of the Surgical, Obstetrical and Pathological Societies, Surgeon to the London Hospital, and Professor of Medicine in the Ledwich School of Surgery, &c. &c.

Original Communications. On the Duality of Venerole Sorens. By Benjamin F. McDowell, M.B. Univ. Dub., Licenscase of the Royal College of Surgeons in Ireland; Licenscase of the King and Queen’s College of Physicians, Member of the Surgical, Obstetrical and Pathological Societies, Surgeon to the London Hospital, and Professor of Medicine in the Ledwich School of Surgery, &c. &c.

Gynaecological Notes. By William Roe, M.D., F.R.C.S.I., Assistant Physician to the Coombe Lying-In Hospital, Member of Council of the Dublin Obstetrical Society, &c. &c.

Laboratory Poisoning. By J. Crichton Browne, M.D. Univ. of R.E., Medical Director of the West Riding Asylum.

HOSPITAL REPORTS.

London Hospital.

Cases of Malaria.

Royal Free Hospital.

Palace Operation on the Contraction caused by an extensive burn in the neck.

Metropolitan Free Hospital.

Transplantation of Pieces of Integument.

London Surgical Home.

Mr. Brown’s Lecture.

LEADING ARTICLE.

MEDICAL REPORT.

Edward Jenner, M.D.

NOTES ON CURRENT TOPICS.

The Medical Society of London.

Safety of Vaccination.

St. Thomas’ Hospital.

Agricultural Physiology.

Royal College of Surgeons of England.

A.D. Against Homoeopathy.

Chloral as an Antiseptic.

The Royal Commission on the Contagious Diseases Acts.

Obstetrical Surgery.

SCOTLAND.

Dr. John Low.

TRANSACTIONS OF SOCIETIES.

Lieder and Marginatum.

Small-Pox and its Prevention, with a Record of Experiments upon the Lower Animals.

Obstruction in the Urethra.

ROYAL MEDICAL AND SURGICAL SOCIETY.

Annual Meeting.

President’s Address.

LITERATURE.

The Tonic Treatment of Gout. By James C. Thompson, M.D., of Glasgow.


Vaccination on Animal Vaccination.

Correspondence.

Medical News.

Notice to Correspondents, &c., &c.
many difficulties which confessedly obtain in the Dual theory, are, of course, blotted out. Moreover, Mr. Morgan has plenty of supporters in this view. It is not his theory. In his characteristic self-sufficient enthusiasm, he must not run away with this idea. But what I do object to is the materials upon which he bases his arguments, and from which, of course, he draws his conclusions, and coolly expects the profession to believe and endorse them. The test by auto-inoculation in prostitutes is not a posteriori examination of individual cases, as utterly valueless and delusive, as a means of diagnosis, as the cases of syphilis which Mr. Morgan has reported as being "invariably cured" by his new method of treatment by inoculation are utterly unreliable. Nevertheless, we have found Mr. Morgan, before he has had time absolutely to treat one case of syphilis to a termination, coming forward with great plausibility publicly to advance, as new, a doctrine, which the great majority of eminent witnesses, examined before the Venereal Commission in 1864 (four years before Mr. Morgan's experience commences), have sworn their adhesion to, "according to the best of their knowledge and belief!" It may reasonably be asked, What has Mr. Morgan added to this? I say, nothing; he has gone with the crowd,—he has added to the popular form of modesty, he wants "the brush," although coming in at "the heel of the hunt." It is yet, however, to be seen whether he be right. I, for my part, take the view of the Commissioners on the subject, as judged of philosophically from the evidence presented to them, and embodied in their report. I do not pretend to superior knowledge, or to infallibility either; but I suppose I have the capacity to express myself fairly. Mr. Morgan quotes the case of a medical gentleman, aged twenty-seven, who suffered from an ulcer on the thumb, which Mr. Morgan immediately perceived was syphilitic. This gentleman got a wound from a nail in the thumb; and in a few days after, while examining a syphilitic child of four weeks old, he removed with the same thumb the secretion from the mucous patches about its face. In four days, he is quite positive, from this examination the sore showed a specific appearance, becoming painful, and steadily increasing in size, until it had now assumed the figure and appearance represented in the accompanying illustration. Well, in the name of heaven, it may be fairly asked, What does this case add to our information on the subject, assuming it to be true? Does not every first-year's student know that the mucous patch is one of the most important items of diagnosis,—that children will acquire it from their nurses,—nurses from infants on the breast,—tobacco-smokers and bottle-blowers from their comrades, &c.? The gist of the case, no doubt, consists in its assuming "a specific appearance in four days;" but this is directly at variance with the observations of others conducted on a large scale, and I, for my part, simply do not believe it; and as to its auto-inoculability, we are given so little definite information on this, that it goes for nothing. According to my theory, although it has shocked Mr. Morgan, this mucous tubercle, the contaminating nature of which he has just given an example himself, is one of the most frequent causes of the spread of syphilis; and I am inclined to think that, while he has a little more experience, he will agree with me.

Mr. Morgan next, wonderful to relate, quotes Wallace. I am taunted with making use of any authorities, while we now behold Mr. Morgan himself in the humiliating, but, I think, laudable, condition of being prostrate at the feet of Wallace, whose aid he invokes in support of his assumptions. But I suppose he thinks that because Mr. Byrne (to whose recently-altered opinions Mr. Morgan, no doubt, has his faith) confessed himself deficient in information as to Wallace's inoculations, when examined before the Venereal Commission in 1864, that he would take care to make himself informed on the subject. I commend Mr. Morgan for this display of timely prudence, and for putting himself in possession absolutely of the manuscripts of Wallace's writings, in anticipation of another Government commission. I do not think that I am certain, however much Mr. Morgan may cavil at my "oracle dictum," and notwithstanding his chaste simile that mucous tubercles hold a prominent place in the propagation of syphilis; and at the same time I repeat the "strange statement" that it did not, whenever I tried it, per se, produce the characteristic pastule of the simple syphilis. This is the result of our further experience. I, honestly confess it. Mr. Richardson, of Dublin, H. Kobner, and Mr. Morgan, succeeded in producing the soft sore from the mucous patch; but against this we have the evidence of Mr. Egan, an accurate and conscientious observer, formerly for five years Surgeon to the Lock Hospital, who says that, "I have frequently endeavoured to reproduce them by inoculation; but in every attempt which I made with this view I was unsuccessful. So, also, we have the evidence of that distinguished syphilographer, Mr. Victor De Meric, who says, in his evidence before the Venereal Commission, "I made a great many inoculations, particularly from mucous tubercles, and always failed." I have, in addition, to observe that I have, in a great number of cases, tried the inoculation of the tubercle with the fluid from the ulcer of the buttocks; and the characteristic results, in the following cases,—Twice in cases on the breast; three times in cases on the scrotum; twice from cases in the mouth; in one case between the toes; in one case at the umbilicus; and in many from the genital organs. In most instances there was no result at all. In some there was a blush of redness, or a papule, and, in one case, a chronic form of sore, which lasted a great while. "I have repeated further inoculation, I must add, at what was stated at the Surgical Society, that in these occurring on the genital organs of prostitutes, contagious properties are conferred upon the mucous tubercle, so that this test of auto-inoculation must be received with the greatest caution in this class of patients. Mr. Morgan now alludes to my confession that the soft sore occasionally affects the constitution. This, I repeat, without "advancing backwards," and Mr. Morgan will be a little further enlightened before I have done: but, at present, I may observe that Mr. Morgan must be very "soft" if he supposes that double inoculation, or the engraving of the two poisons, may not take place (which he admits, from what he has written), and this often does happen in prostitutes, for obvious reasons; but it is passing strange that while Mr. Morgan asks me this question, he does not make any allusion to the quotation which I have inserted in my last paper on this same subject, namely,—Why it is that the simple sore fails to contaminate the blood, in the great majority of cases? and even, according to his own showing, in prostitutes? It is a completely new pathological idea for Mr. Morgan to elevate the simple sore,—the contagious ulcer of the genitals,—to the character of a blood poison, such as measles, scarletina, small-pox, and the like, and draw the only comparison between them. It needs an elasticity of imagination worthy of the Professor himself to realise this. It is an eminently unphilosophical proposition. It is not necessary for Mr. Morgan to dilate upon the nature, or the clinical or scientific value of abruptions of the os uteri (so called); I do not require to be lectured by him, neither do your readers, I presume; I know Ricord's views on the subject, and I know the angry views of obstetricians. Mr. Morgan has nothing new, I presume, to add to Egan's opinions. What I before stated I now repeat, and quote the case in which a married woman was the subject, and whose soft sores were auto-inoculable, and who had an abrasion of the os uteri, whose secretion was not auto-inoculable, but who had indurated glands in the groin; which, together with the non-auto-inoculable communication, I locked upon as pathological of syphilis in this case, and the true source of the contagion. This I have seen in many cases. It is another "oracle dictum" for Mr. Morgan to digest. Mr. Morgan has been so hard up for reliable data that he
has seen the necessity to drag into this discussion the case of a gentleman who placed himself under my care in the first instance, and has continued under my treatment, without interruption, to this day. With what propriety Mr. Morgan has introduced this solitary case I leave to others to judge. It is, however, true, that he was, as far as I can judge from Mr. Morgan's mind, especially as it is furnished by my diagnosis. Now, I beg to inform Mr. Morgan that he is the subject of another delusion; and as a proof that I recognised the syphilitic nature of the solitary sore from which this gentleman suffered, that I ordered him medical treatment the very day he consulted me! this gentleman can produce my prescription in proof of this; as he was a stranger here. I suppose he has heard a "traveling opinion" from Mr. Morgan would do him no harm. With regard to my using a caustic, during the treatment, I frankly confess it; and I give it as a hint to Mr. Morgan, which I have no doubt he will find useful as his experience extends, and particularly in men, that the application of a caustic in certain torpid states of syphilitic sores, will often be of great service by altering the character of the sore, and promoting cicatrization.

Mr. Morgan appears disturbed by my using the term "typical non-syphilitic induration," but I have done so advisedly. Mr. Morgan is so wedded to softness (having only seen three hard sores in his life) that it really is a kindness to inform him that there are two species of induration, and that the sooner he makes himself acquainted with them, for the benefit of his patients, the better. The date of this case was August, 1870.

(To be continued.)

LEGISLATIVE MEASURES FOR PREVENTING THE ADULTERATION OF FOOD, DRINK, AND DRUGS.

By H. Lethby, M.B., M.A., &c.,

Professor of Chemistry in the College of the London Hospital, and Medical Officer of Health and Food Analyst for the City of London.

LEGISLATIVE enactments, forbidding the sale of unsound and unworthy food, have been in operation from the earliest times. At first they were chiefly directed against the use of diseased and unsound meat. Among the Jews, for example, there has been a prohibition of this kind from the days of Moses, whose commandments concerning the slaughtering of animals for food, and the examination of their bodies for disease, are supposed to have been of Divine origin, and have, therefore, been regarded with pious consideration; in fact, according to the Hebrew law, no flesh is fit for food, or shall be eaten, except it be of animals that have been killed and searched, or examined, by the officer (bokelet) appointed for that purpose; and the most precise rules are laid down for his guidance in these matters—he being bound by very solemn obligations to declare of every animal that he kills, whether the flesh is proper to be eaten (omer), or is unfit for food, by reason of its being diseased or torn (trefa). The rules are traditional, for they are not found in the written law, and are said to have been communicated orally by Moses to the people of Israel, directly after his descent from Mount Sinai; for his words are, "Thou shalt kill of thy herd, and of thy flock, which the Lord hath given thee, as I have commanded thee." (Deut. xii., 21.) They are, however, so severe, as to cause the rejection of a very large proportion of the slaughtered animals; and hence it is customary for the bokelet to make a bargain with the unorthodox butcher, to take only those animals which he considers lawful, leaving the rest for the food of the less particular Christian. I dare say this has been the practice at all times, for there is frequent reference to it in our legal and domestic records: in Liber Albus, for example, there is a memorandum to the effect, that on the 24th of June, 1274, certain discreet men of the city were summoned before the king's council, to answer the question as to what was done with the unclean flesh of the Jews, and whether it was lawful for Christians to buy and eat the same! The answer was, "that if it were so, the Jew, who killed the animal, must be expelled, and if convicted by the sheriff, he would forfeit the meat, which would be given to lepers or dogs, and he, in addition, would be heavily fined." To which the council replied, that they commanded them, in the king's name, to have the custom strictly observed. I fear, however, from the legal records of Liber Albus, that this provision was passed for a piece of meat than to that of patrid meat; for, on examining the accounts of the citizens made and rendered in divers courts of the king, I find that while "judgment of the pillory or the thaw" is recorded in twenty-three cases for selling patrid meat, poultry, or fish, there is not a single instance of a like punishment for selling the unclean meat of the Jews. There is one account of a butcher who was paraded on horseback through the streets of the city, with his face to the horse's tail, for selling mealy bacon at market, and the next day he was put in the pillory, with two great pieces of his mealy bacon over his head, and a writing which set forth his crimes.

In ancient Rome there were overseers appointed to examine the meat in the public markets before it was sold, and butchers were often fined for neglecting the law in this respect. Mr. Charles Reed has given us an instance of this from the Acta divinæ, or Roman Gazette, of 293 years after the building of Rome, which, when translated, runs thus: A.U.C. DLXXXV. Fourth of the Kalends of April. The fasces, with Licinius, the consul, and Lertinius, redile, fined the butchers for selling meat which had not been inspected by the overseers of the market. The fine is to be employed towards building a chapel in the Temple of the goddess Tellus.

In modern times also severe regulations have been made in all the States of Europe for the government of this matter, and in many cases particular instructions are given as to the kind of disease, &c., which renders meat unfit for human food—it being the practice to examine the animal while alive, and its carcass when dead.

But ordinances prohibiting the sale of other kinds of unsound food, and especially concerning the sophistication of food and drink, are not nearly so common or so precise in character. The first instance is, perhaps, an exception; for as set forth in Liber Albus, it is not only an ancient institution, but it also governs in the strictest manner the business of the baker; "if any default," it says, "shall be found in the bread of a baker in the city, the first time, let him be drawn upon a hurdle from the Guildhall to his own house through the great street where there be most people assembled, and through the great streets which are most dirty, with the faulty loaf hanging from his neck; if a second time he shall be found committing the same offence, let him be drawn from the great street of Cheope, in the manner aforesaid, to the pillory, and let him be put upon the pillory, and remain there at least one hour in the day: and the third time that such default shall be found, he shall be drawn, and the oven shall be pulled down, and the baker made to carry the ashes of the burned oven as long as he shall live." Further we read that William de Stratford suffered this punishment for selling bread of short weight, and John de Strode for making bread of filth and cobwebs, and of eleven other bakers who were sentenced to the pillory or the thaw for their unlawful dealings. Vintners, spicers, grocers, and regrators were also subject to wholesome restrictions in their several dealings, and were liable, in case of default, to amercement, or to the more rough and ready punishment of the pillory.

These were the legislative practices of our forefathers, and although effective in checking the frauds of dishonest dealers, they have given way before the irresistible advance of free trade, which puts no such restrictions upon
the action of commerce, unless it affects the revenue of the country. In point of fact, until recently, the only legislative hindrance to any kind of sophistication has been from the Excise, and that has rarely been exercised for the public weal. As might be expected, therefore, the practice of adulteration is not only extremely common, but it has grown to be almost a perfection, and of no mean scientific pretension. Fifty years ago it attracted the notice of one of the most expert chemists of the day, I mean Mr. Frederick Accoun, who declared of it, even at that time, that it was managed with all the order and method of a regular trade, and that it might claim to be distinguished as an "Art and Mystery." His well-known work on "Adulteration and Counter Poisons," which was published in 1829, with the startling motto from the Book of Kings—"There is death in the pot," commanded so much attention that, within a month of its appearance, a thousand copies of it were sold, and a second edition of it required. The success of Accoun has been a sufficient inducement to try the like experiment upon the public, and not a few sensational works of the sort have issued from the press. In illustration of this I may refer to the reports of the so-called "Analytical Sanitary Commission of the Lancet," which appeared in that journal during the years 1851 to 1854, inclusive; and which were republished in 1855 by Dr. Haswell, who described himself as the chief analyst of the commission. The effect of these articles was to create a sort of alarm, amounting to almost a panic, which was followed by the usual proclamation of an over-excitement, that during the fever of the public mind a select parliamentary committee, under the chairmanship of the late Mr. Slokefield, was appointed to inquire into the subject of the Adulteration of Food, Drinks, and Drugs, and their first report appeared within a month of their appointment. This was followed by the Adulteration of Food Act of 1852, which did not, however, issue from it a dead letter, in fact, the public mind had collapsed, and had passed, from the frenzy of fever into the apathy of despair. Attempts have been made to revive the feeling, and to improve the law, which is manifestly imperfect, but with no practical effect. In 1869, for example, there was the Bill of Mr. Dixon, Mr. Kinnaid, and Mr. Goldney, to amend the Adulteration of Articles of Food and Drink Act, 1852, and to make provision for the prevention of any adulterations in those articles, but I do not anticipate that it will become law in its present form; for, like its predecessors, it entirely fails to comprehend the right principles of the subject, or to meet the real difficulties of the question. Experience, in fact, has shown that a measure of this kind, to be effective, must not only contain a clear definition of the subject, stating what is meant by adulteration, but it must also be practical as well as decisive in the working of its machinery, and it must be compulsory instead of permissive.

As regards the definition of the subject, it is manifestly of prime importance that there should be a clear understanding of what is meant by adulteration; for although there are many practices which are regarded in some quarters as adulterations, yet as they are either called for by the public, or are concerned in an actual improvement of the article, they cannot, in my opinion, be said to be adulterations. As examples of this I would refer to the harmless mixture of flour with mustard, of chicory with coffee, of inferior starch with arrow-root, of gelatine with wax, of glazing with sugar-cane, of dripping or other fat with butter, of water with milk, of sugar with spirituous liquors; for in all these cases the mixture is harmless, and is generally expressed by the price at which the article is sold—besides which it is the simple and almost natural result of that kind of competition in trade which the public encourage, and from which in the end the public derive advantage. What good reason, in fact, is there why we should prevent the dealer from increasing the bulk of an article, or improving its appearance, or adding to its flavour, providing he does it without injury to the nutritive quality, the dietitical uses, or the wholesome nature of the substance. All that is required is that he should give an honest price for the food, and he should sell the article for what it really is, and should specify by means of a distinct label what the mixture is composed of, and the proportion of the several constituents. If he failed to do this, and sold a mixture of things for a genuine article, he should be liable to a penalty for fraudulent dealing; and with these safeguards I would let the manufacturer employ whatever materials he likes to choose or improve, and his wares, provided always that the materials are harmless.

It must be otherwise, however, with the use of mineral, poisonous, or unwholesome compounds—the addition of slum to bread, of mineral pigments to confectionery, or indeed of any mineral substance to food, as well as the use of unsound or decayed articles of diet should be regarded as adulterations of a serious nature, and should be strictly prohibited.

In defining the term, therefore, I would limit its application to the use of unwholesome substances—permitting such mixtures to be used if they were distinctly designated at the time of the sale by means of a proper label, the absence of which should be evidence of fraud.

With respect to the machinery which is necessary for the Act, my experience in the city has led me to the conclusion that it should be as follows:

1. There should be an officer appointed by the local authority to purchase samples of food in his district. In most towns there are inspectors of nuisances or inspectors of meat and markets, and these officers may easily perform the duty of inspecting the shops of the district, and of purchasing articles of food, or drink, when they suspect them to be adulterated, or to be sold in fraud of Her Majesty's subjects.

Under the present and the proposed law, the duty of beginning an inquiry of this nature rests with the public, and experience has shown that although the public are the parties interested in the matter, yet they will not incur the trouble and responsibility of commencing legal proceedings, unless it be quite certain that the public are not being defrauded. As an illustration, although at the time of the passing of the Adulteration of Food Act, the public were invited by the sanitary board to take measures for the due observance of the law, and the poor were invited to bring articles of food, suspected to be adulterated, to the public analyst, and he was empowered to make the analysis without charge, yet no case of prosecution has occurred—but many analyses have been made as the instigation of the dealers themselves, for the purpose of obtaining a trade certificate.

2. There should be a public analyst appointed by the local authority, in exactly the same manner as the gas examiners are appointed under the recent Metropolitan Gas Acts, and he should make the analysis of articles brought to him by the inspector, or by any other purchaser who had taken the necessary precautions to preserve the identity of the article, and this should be secured by proper regulations. In all cases of adulteration, or of mixtures in fraud of the public, his certificate should be forwarded to the local authority, who should immediately send a copy of it to the dealer, and it should be regarded as prima facie evidence of adulteration or of fraud, but the dealer should, in case he thinks himself aggrieved by the certificate, have the power of appealing to a central authority, as the Board of Trade, or the Board of Agriculture, who should have the power to institute a full and final inquiry, whose decision should be final and conclusive, and the expense of this should be defrayed by the parties in default. This provision is of the utmost importance to guard against the possible errors of local analysts, as well as the prejudices which they may entertain on the subject of adulteration. The process to which I refer is not at all difficult, for it is
already in operation, in the case of many of the gas companies of London.

(3.) In case of a certificate of adulteration from the local analyst, or from the chief analyst on appeal, the local authority should be required to prosecute the matter before a justice in the way provided for in the Act.

And with respect to penalties on conviction, the justice should be empowered to fine the defaulter, or to imprison him, or make him advertise his default, in a manner to be described by the justice, either in the public newspaper of the place, or upon his own shop window; and the penalties should be accumulative, so as to increase with each successive conviction of the same offender. And the execution of the Act should be confided to the local authorities in a compulsory manner.

As regards the question of the adulteration of drugs, it appears to be beyond the scope of a local authority, and should be committed to some medical body whose knowledge of this difficult subject is sufficiently large to enable them to deal with it; for the question of the adulteration of a drug is not merely too difficult for an ordinary analyst to settle, but it is altogether a specialty which belongs to a competent tribunal. In many cases it would be impossible to declare whether an article was adulterated or not, seeing that its strength and peculiar action on the human body are often dependent on the age of the preparation and on the climate where it is grown—this is so with almost every vegetable preparation, and notably with senna, rhubarb, opium, and sarsaparilla. It does not appear to me, therefore, that drugs have any place whatever in a Bill for preventing the adulteration of food or drink, but should be made the subject of independent legislation.

TREATMENT OF TYPHUS AND TYPHOID (ENTERIC) FEVER;*

BEING A CLINICAL RECORD OF TWENTY-SEVEN CASES TREATED IN SIR P. DUN'S HOSPITAL.

BY WILLIAM MOORE, M.D., TR. COLI, DUB.,
Fellow of the College of Physicians, "King's," Professor of the Practice of Medicine, Fellow of Chester and Physician to Sir P. Dun's Hospital, Physician to the Institution for Diseases of Children, &c.

The following cases of fever which were treated in Sir P. Dun's Hospital during my recent period of duty, do not include the cases of fever which I took up the treatment of when going on duty (all of which recovered), nor five cases of fever which I left in the hospital on the 31st of December last, when my period of duty terminated. The subjoined twenty-seven cases were under my care during the whole course of their respective fevers, with two additional (cases of typhus), which were treated on the same plan, but inasmuch as the exact daily record has been mislaid, I have not included them.*

Typus Fever.

Case I.—Mary R., aged thirty; married. Admitted into Sir P. Dun's Hospital, on the 18th of October last, about four days in fever.

Oct. 18.—Ordered six ounces of wine.

Oct. 22.—She was extensively macculated and delirious; ordered eight ounces of whiskey in the twenty-four hours. Oct. 26.—She was very delirious, noisy, and deeply macculated; ordered a table-spoonful of whiskey every hour.

Oct. 30.—Whiskey omitted; ordered twelve ounces of wine, which was continued till—

Nov. 12.—When she got ten ounces of wine.

Case II.—John R., aged thirty-eight, laborer; some days in fever, was admitted into hospital on the 25th of November, with well-marked typhus (his wife left the hospital on the 19th of November, having passed through severe typhus fever). This patient left the hospital, well, on the 15th of December, having taken, during his fever, 110 ounces of whiskey, or an average of seven ounces daily, the greatest quantity in twenty-four hours being twelve ounces of whiskey.

Case III.—Harriet M., aged twenty-five, was admitted into Sir P. Dun's Hospital, on the 7th of December last, about five days in typhus fever.

Dec. 8.—She was macculated from the forehead to the toes.

Dec. 9.—She was wakeful, delirious, with retention of urine; maculae having become of a "petechial" character; very tympanic; urine drawn off.

Dec. 10.—Much the same state; much meteorism; with retention of urine, urine drawn off.

Dec. 11.—In much the same state.

Dec. 12.—Looked better, more conscious; passed water freely; no albumen in the urine; temperature, 103°; eruption fading.

Dec. 13.—Improvement continued.

Dec. 14.—Professor perspiration established, which saturated the bed-clothes, and continued over the 15th.

Dec. 16.—Perspiration gone; pulse and temperature almost normal; had rapid convalescence, and left the hospital on the 27th.

The amount of whiskey taken by this patient was eighty-eight ounces in all, or a daily average of four ounces of whiskey. The greatest amount of stimulants taken in twenty-four hours being six ounces of whiskey in half-ounce doses.

Case IV.—Mary R., aged twelve, was admitted into Sir P. Dun's Hospital on the 25th of November (mother just convalescent from typhus). This girl was well macculated, was delirious, and very noisy during the fever. She got in all sixty ounces of wine during her stay in hospital, or an average of about two and a-half ounces of wine daily. She left the hospital, well, on the 15th of December.

Case V.—Richard K., aged twelve, admitted the 15th of October, with typhus fever. Eruption was well-marked. He became delirious, and very noisy during his stay in hospital (twenty-three days). He got an average allowance of four and a-half ounces of wine daily.

Case VI.—Ellen P., aged twelve, was admitted into Sir P. Dun's Hospital on the 27th of October last, with typhus fever. She was faintly macculated, delirious, and very excited during the course of her fever. She left the hospital on the 26th November, having been twenty-nine days under treatment, and having taken an average of eight ounces of wine daily.

Case VII.—John R., aged four (father, mother, and sister in hospital with severe typhus). This child was not spotted; he had what I should call mild typhus. He got no stimulants, and left the hospital after fourteen days, quite well.

Enteric Fever.

Case VIII.—Thomas M., aged twenty-nine, schoolmaster (this was one of ten cases admitted with enteric fever, from the training school, North St. George's street, where the water has been found, on analysis by the Rev. J. Jellett and by Professor Cameron, to be grossly impure), was admitted into Sir P. Dun's Hospital on the 5th of October, about five days in fever.

Oct. 6.—He had "itchings" and "subcutis," and his temperature was 103°; ordered six ounces of wine.

Oct. 7.—Some well-marked rose spots over the abdomen; wine increased to eight ounces.

Oct. 8.—Subcutis; diarrhoea; some delirium; wine increased to ten ounces.

Oct. 9.—Slept; delirium increasing; difficult to
keep in bed; wine increased to twelve ounces; very congested appearance; slight retraction of the head; respiration quick and irregular.

Oct. 10.—Patient convulsed, very violent at times; conjunctiva very congested; continual twitchings of the face; great subsultus; involuntary dejections. Obliged to put on the "straight waistcoat." Ordered twelve ounces of brandy (as the patient would not swallow), to be injected; blister to the vertex, and twenty grains of the bromide of ammonia three times a day. For the next ten days this patient varied little, and he was steadily kept on the twelve ounces of brandy in the twenty-four hours (given when he could swallow it), in half-ounces every hour, at other times injected.

Oct. 24.—This morning the patient showed signs of amendment; he was more conscious, gave warning, had slept, and the subsultus was less; brandy reduced to six ounces, to be given in table-spoonful doses every second hour; six ounces of wine to be given at intervals during the twenty-four hours.

Oct. 25.—Same stimulants continued.

Oct. 26.—Brandy was omitted, and ten ounces of wine ordered in the twenty-four hours.

Nov. 4.—Wine reduced to eight ounces in the twenty-four hours.

Nov. 7.—Discharged, well.

The highest temperature registered in this case was 102° F. The average quantity of stimulants per day (of all kinds), six ounces. Stay in hospital, thirty-three days.

Case IX.—Robert J., aged twenty-two (teacher), was admitted to Sir P. Dun's Hospital on the 4th of November last, about six days in fever.

Nov. 5.—He got eight ounces of wine in the twenty-four hours.

Nov. 7.—Same quantity of wine.

Nov. 10.—This quantity of stimulation was continued when the patient's condition was as follows: He lay on his back with his mouth open; tongue, dark brown, dry; teeth and lips covered with sores; muttering delirium; involuntary passing of feces and urine, with "hiccrottio." In this state he remained for days.

Dec. 9, till Dec. 2.—He got eight ounces of wine in the twenty-four hours.

Dec. 3, Gill Dec. 9.—He got four ounces of wine. He left the hospital on the 10th December, quite recovered. Average quantity per day (of all kinds) eight and a-half ounces, during his stay in the hospital, thirty-seven days.

Case X.—Dennis L., aged twenty, admitted into hospital on the 19th of October, with well-marked enteric fever. Rose spots over chest and abdomen, with tympany, cecal gurgling, and diarrhea. This patient left the hospital, well, on the 19th November. During his stay he got an average of seven and a-half ounces of wine daily.

Case XI.—Ann C., aged thirty, cook, was admitted on the 18th of October, suffering from continued fever, without eruption, but complicated with severe pain over the back of the head and down the spine, cerebro-spinal symptoms, analogous to what prevailed about three years ago. At the end of a fortnight she was apparently convalescent, when she had a relapse, the fever now having assumed a well-marked "enteric" type, accompanied with rose spots, diarrhea, low, quiet delirium, and involuntary dejections, from which she had a tardy recovery. She left the hospital, well, on the 24th November, having taken during her stay an average of seven ounces of wine daily.

Case XII.—John H., aged eighteen, schoolmaster, admitted the 12th of October, with well-marked rose spots, very severe diarrhea, and all the symptoms of enteric fever. This patient left the hospital, well, on the 7th of November, having taken during the course of his fever an average of six and a-half ounces of stimulants daily.

Case XIII.—William P., aged twenty, was admitted into Sir P. Dun's Hospital on the 5th of October, with well-marked rose spots; diarrhea, very severe. He remained eighteen days under treatment, during which time he got an average of seven ounces of whiskey, daily.

Case XIV.—James C., aged thirty-three, admitted into hospital on the 10th of November. A few well-marked rose spots over the abdomen, afterwards, with delirium. After twenty-one days' treatment he left the hospital, having taken an average amount of four ounces (two of whiskey and two of wine) daily.

Case XV.—Thomas E., aged twenty-nine, admitted into hospital on the 4th of November, with enteric fever, rose spots, diarrhea, tympany, slight subsultus, deafness; altogether a severe case. He remained twenty-nine days under treatment, having taken an average daily allowance of wine and whiskey combined, of eight ounces. (To be continued.)

GYNÆCOLOGICAL NOTES.

By WILLIAM ROE, M.D., F.R.C.S.I.,
Assistant Physician to the Coombe Lying-in-Hospital, Member of Council of the Dublin Obstetrical Society, &c.

Case 1.—Pelvic Cellulitis; Abscess; Discharge per Vagina; Recovery.—B. M., aged thirty-eight years, came under observation on the 21st of March, 1870. She has had six living children, and two miscarriages. She had a miscarriage six weeks previously, being then about three months pregnant. About a fortnight afterwards she received a blow in the back, which shook her considerably; she felt great soreness in the back and hips, and very great pain in both sides, especially the right. The vagina was very hot and painful when touched, and, in fact, she had felt sick and feverish ever since she received the blow, and had much difficulty in retaining her urine for any length of time.

On examination, I found a large tumour occupying the anterior half of the pelvis. The uterus was in its normal position, and its cavity measured two and a-half inches. The os was patent, and the posterior lip ulcerated; she also suffered from cervical catarrh, which was relieved by the transparent albumenoid discharge from the os and cervical canal, which was very profuse; her pulse was 84, and the temperature, 100 2-5ths. I ordered her to be well poulitied, and to have saline aperients, with perfect rest in bed, and to have good nutritious diet, &c.

The following are the daily notes of pulse and temperature:

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<tr>
<th>Date</th>
<th>Pulse</th>
<th>Temperature</th>
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<td>March 23</td>
<td>64</td>
<td>100 2-5ths</td>
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<td>24</td>
<td>60</td>
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<td>31</td>
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<td>April 1</td>
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<td>11</td>
<td>80</td>
<td>99</td>
</tr>
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The poutities were continued; the vagina was syringed out with warm water twice a day, there being a free discharge from the abscess through the vagina.

Pulse. Temperature. 
April 12 80 98 2-5ths. 
13 73 97 3-5ths. 
14 73 98 4-5ths. 
15 84 98 5-5ths. 
16 76 98

The discharge having now ceased, and the tumour having almost entirely disappeared, the poutities and syringing were stopped, and a blister applied over the lower part of the abdomen. She made a good recovery, the temperature never rising above 98.5; she was discharged well on the 22nd April.

The above case is interesting, as showing (although there was some slight fluctuation), the gradual fall in the temperature in those cases about to get better and where there is no new formation of matter.

Case 2.—Menorrhagia of six weeks' duration; Polypi; Removal; Recovery.—Mrs. L., aged forty, came under my observation on the 12th of May, 1870. She had been married sixteen years; had eight living children, and three miscarriages—the last about six weeks ago, which she has had blooding almost incessantly; although under the treatment of her medical adviser, it occasionally abated a little, but never ceased altogether. My friend, under whose treatment she was, has informed me that he tried almost every remedy which is usually found effective in those hemorrhages, but without any good result. She was very treated and quite broken down in spirits.

On examination, I found the vagina normal; the uterus in its proper position—its cavity measured three inches and a-half. There was no ulceration of the os, which, however, was pustulous; and two small polypi about the size of peas, could be seen and felt hanging from the posterior wall of the cervix. In consultation with my friend, we decided upon exploring the uterus. According to the 16th May, 1870, I introduced seven pieces of sea-tangle (No. 4), into the uterus in the usual manner, and administered a quarter of a grain of morphia in the form of a suppository at bed time.

On the 17th, I removed the sea-tangle teats, which had been in for twenty-two hours, and found the cavity of the uterus quite dilated. On exploring the uterine, I found seven or eight small cystic nodules, which I removed with a vulsellum, and mopped the entire cavity of the uterus out with strong nitric acid (the two small polypi which were at the os were broken down by the pressure of the tents), and ordered her to have a suppository of morphia (a-quarter grain), to be repeated at bed time if necessary. 

May 18th, 1870.—Doing well; had a very good night. 
Pulse, 84; temperature, 98.5 4-5ths.

Pulse. Temperature. 
May 19 72 98 3-5ths. 
20 73 98 2-5ths. 
21 73 98 4-5ths. 
22 73 98 2-5ths. 
23 74 98 3-5ths. 
24 74 99 2-5ths. 
25 70 100 
26 74 99 2-5ths. 
27 76 99 2-5ths. 
28 74 99 3-5ths. 
29 74 99 2-5ths.

From this she made a rapid recovery; there was no treatment more than syringing the vagina twice daily, and administering a suppository occasionally.

This case illustrates plainly the worthlessness of drugs in those cases of menorrhagia which depend upon a mechanical or intra-uterine cause, such as polypi, tumours, &c. It also shows that we may apply strong agents to the mucous membranes of the cavity of the uterus without danger, although a great deal of timidity is shown by surgeons to adopt this treatment, which they occasionally style an innovation, but which is really a very old practice, recom- mend even by Ambrose Paré. It may be observed from the above thermometric notes that on the eighth and ninth days the temperature had risen. I ordered the bowels to be relieved by a mild aperient, and a warm water enema, when the temperature again came down; she made a great recovery, and is now in perfect health.

Case 3.—Sterility; Dysmenorrhcea; Pin-hole Os; Operation, followed by Conception.—M. M., aged thirty-seven, was first seen by me on the 25th March, 1870. She was then married seven years; had no children or miscarriage. Menstruated at regular intervals since she was thirteen years of age; but always suffered very great pain during the menstrual flow. This pain was dull, a constant ache in the abdomen, so that she always had to make herself drunk (I use her own words), to be able to bear it. She had great pain in the region of the ovaries, and suffered from a festid vaginal discharge.

I found on examination the vagina healthy, with the exception of slight vaginitis; the os very small—a regular pin-hole, in fact—a sound would not pass, and with difficulty I introduced a small probe. The uterus was in its normal position, and its cavity was not quite two and a-half inches in length.

On the 1st April, I slit the os in the usual way with Savage's knife, afterwards dividing the vaginal portion with a pair of scissors, and mopped the surface of the wound with a solution of perchloride of iron in glycerine; had the vagina syringed every day, and occasionally passed my fingers through the wound and a sound into the uterus. This was repeated in about three weeks. She afterwards menstruated painlessly, and I hear that she is now pregnant.

Case 4.—Dysmenorrhcea; Small os; Relieved by Operation.—M. C., aged twenty-five years, admitted into the Cooube Hospital on the 15th November, 1870. She had been married two years; had no children or miscarriage; menstruation was always very irregular and painful, but became much worse after marriage; otherwise, she enjoyed very good health.

I found the vagina healthy; no vaginitis or leucorrhoea; the os very small; with some difficulty I could pass the sound, which showed the uterus to be normal both in position and size of cavity.

On the 20th November, I slit the os in the usual way. The after treatment was the same as in the last case, except that I had occasionally for the first week the patient complained of a good deal of pain. On the 2nd December, menstruation commenced, and lasted for four days, during which time she had not the least pain, although the wound could not have been perfectly healed. She was discharged on the 15th December, since which time I have lost sight of her, as she left Dublin.

This case and the last prove beyond question the success of this simple operation in suitable cases. In the first, we find the cause of the dysmenorrhcea removed, the patient saved the trouble of getting drunk once every twenty-eight days, and last, not least, the mental comfort of being able to look forward to offspring; in the last case, all the pain has disappeared, and whether or not she will be as blessed as the other patient I am not able to say; but I do say that nothing but this operation could have brought about these results, for although I have tried dilating the os by other means, such as sea-tangle, &c, I have only been disappointed with the results.

Case 5.—Inversion or Prolapse of the Mucous Membrane of the Urethra.—Mrs. N., aged thirty-eight years, came under observation last July; she had been married thirteen years, had four children, all living; never had a miscarriage; menstruation was always regular but scanty; she complained of more difficulty in passing her urine, with great soreness and itching of the external genitals; but otherwise appeared in perfect health. I found, on making a careful examination, that there was a small reddish tumour at the meatus urinarius which, at first sight, I believed to be the vascular; but, on more
minute examination, I discovered it was the protruded mucous membrane of the urethra, which was inflamed from the passage of the urine and friction of the clothes. I applied a solution of nitrate of silver (gr. xl., ad 3.) to the inflamed part and returned it. I saw her again in a few days. It was still protruded, but the inflammation had subsided. I now applied an nitric acid to the injudicious points, and again returned it; and after seven or eight applications, extending over a period of six weeks, she was quite relieved. I may mention that her symptoms were much aggravated by the advice of some friend, who desired her to drink plenty of gin, telling her that she suffered from the gravel.

**LABOUR OF THE MENTUS UTERINUS.—** Mrs. D., aged forty years, married ten years, the mother of five children; always a healthy woman; menstruation regular. Came under observation last May. She was suffering great pain and difficulty in passing water, which was occasionally tinged with blood; had soreness and itchiness about the genitals, and suffered much pain at sexual intercourse. On examining this case I found a vulgar tumour in the labium, the size of a small nut, of a bright scarlet colour, situated at the mentus. It was very sensitive and painful, and bled freely when touched. I twisted it off with the vellusum, and applied nitric acid to the bleeding surface. She felt no unpleasantness after a few days, and was very well when I saw her last November.

The two preceding cases are, in a diagnostic point of view, most interesting, for it was by no means at first sight easy to distinguish the prolapse, in Case 3, from the vascular tumour (described by Sir C. Clarke). In Case 6, however, with a little care the diagnosis is readily made. In the vascular tumour we always find three distinguishing points, viz., 1. Extreme scarlet redness; 2. Excessive sensibility; and, 3. It bleeds freely on being touched. In cases of prolapse of the urethra these three characteristic symptoms are mostly absent. The treatment in each case being quite different, a correct diagnosis is the more important.

**LABURNUM POISONING.**

By J. CRICHTON BROWNE, M.D. Univ. Edin., F.R.S.E., Medical Director of the West Riding Asylum.

The interesting case of poisoning by the pods of *Cytisus Laburnum* described by Mr. Wheelhouse in the **British Medical Journal** of January 22nd, 1870, has suggested to me the propriety of recording two illustrations of the toxic effects of the legumes and leaves of the same tree which came under my observations in this Asylum some time ago.

At eight o'clock on the evening of August 22nd, 1890, Mr. Aldridge, the Assistant Medical Officer of the female division, was called to visit C. H., aged twenty-eight, labouring under chronicmania, whom he found upon her hands and knees on the floor of her bedroom, exceedingly pale and retching violently. On enquiring as to the origin of her illness, he was informed that, when out walking about one hour previously, she had plucked and eaten a quantity of pods from what she called "the kidney bean tree," which proved to be a laburnum growing on the lawn in front of the Asylum. It was impossible to procure accurate information as to the quantity eaten, but it appeared that about a handful had been consumed in the space of a quarter of an hour. As she was finishing her repast she was met by a nurse who told her to throw away the pods. She then gave a monition which alarmed her greatly—as she is always very solicitous for her own health, and had swallowed the beans in total ignorance of their pernicious properties. In a quarter of an hour from this time, that is to say, half-an-hour from the introduction into the stomach of the first bean, she was seized suddenly by sickness, giddiness, and pain in the bowels, which were followed by a copious, but insufficient stool. In fifteen minutes more, as she kept getting worse, she confessed her dietetic delinquencies and asked that medical aid might be obtained. She had vomited some partially digested food, mixed with green laburnum pods before she was seen by Mr. Aldridge at eight o'clock.

At this time she was found in a state approaching collapse, with a pale skin, cold extremities, and pinched and cadaverous features. When raised from the floor she could not stand without assistance, and declared that the room whirled round, and that she could scarcely see. When put to bed and examined carefully, it was noted that her mental condition was still that of general incoherence, combined with a prompt and correct comprehension of all questions or remarks addressed to her, and a power of accurately describing her own sensations—that her muscles were in a state which might be called tremulous quivering or sub-shivering, so that, although they communicated no visible movements to the skin or limbs, they were felt to thrill or quiver under the hand when it was laid upon them, that the pupils were dilated but sensitive to sight, and that there was some anaesthesia of the surface generally, so that pinching and pricking which ought to have occasioned considerable pain were borne without complaint. The pulse was 63, small, feebly, but regular, the heart's action was slow and laboured, with prolongation of the first sound at the base; the respirations were 21 per minute, and the tenderness in the axilla was very noticeable; the desire to still paraded the face, and an icy coldness on the hands and feet. She experienced a strange tingling all over the body, a severe pain in the scalp, and an intolerable dragging sensation in the stomach and bowels, and particularly round the umbilics. While the examination was taking place vomiting recurred, numerous laburnum seeds and pods being mixed in the rejected matter with food. The patient was thrown into a state of such severity at this stage to encourage the vomiting an emetic of twenty grains of sulphate of zinc, aided by copious draughts of warm water was administered, and was followed by a further evacuation of the contents of the stomach, still presenting laburnum débris. Warm bottles were, at the same time, applied round the body, friction to the limbs, and a sinapism to the epigastrium. At 9.30, her condition continued just as it had been, the desire to vomit still paraded the face, and small quantities of strong coffee and brandy were given and retained, as was also a nutriment in essence of beef and brandy. At 11.30, she had vomited again. The thorax and abdomen felt cold to the touch, and the general tingling and pain in the bowels were very distressing. The strong coffee and brandy were continued every hour. At 1.30 a.m., vomited again only coffee and mucous. She then expressed herself as feeling somewhat relieved. She was not permitted to sleep in the early part of the night and manifested no disposition to do so until about 3 a.m., when an overpowering drowsiness affected her. At 9.30 a.m., she was found free from pain, but complaining of a sense of great weakness and a feeling of intense cold all down the back. She was exceedingly emotional and burst into a paroxysm of weeping. Her pulse was thus very active, her pulse, 80, and somewhat irregular, and her feet were cold to the touch, but the temperature in the axilla was 99°. She was ordered eggs, arrowroot, and gruel, with small doses of spiritus chloroformi, under which treatment she continued to improve steadily until about 7 o'clock in the evening, when she underwent a temporary and peculiar relapse, in which the pulse fell to 70, and the temperature to 97·5. From this state she rallied at 10 p.m., and thereafter recovered rapidly. On the following day, August 24th, she was in her usual health.

While the patient C. H., whose case has just been described, was being watched about 10 p.m. on August 22nd, she confided to the nurse in charge of her, that she had had a partner in her dangerous meal, a patient, H. T.,
aged thirty-eight, who had, she alleged, partaken of the pods along with her, and who was accordingly at once visited. H. T. acknowledged that she had chewed a handful of the beans, and intimated that she had been sick twice since going to bed, having also been purged upon two occasions. On examination, she was noticed to be very sleepy and stupid, the pulse being 60, and the surface of the body and extremities warm. While getting out of bed with the view of changing her room so that she might be more closely observed, she vomited a quantity of half-digested food, mixed with numerous laburnum seeds and fragments of pods. An hour later (11 p.m.), after an emetic of zine sulphatis had secured copious vomiting, the pulse was 65, the temperature in the axilla after the thermometer had remained in for eight minutes, 96 3-5ths; the face very pale, the pupils dilated and active. She said that she had no pain either in the head or abdomen, but her drowsiness, together with her natural reserve and stolidity, rendered her statements unreliable. Her muscles were tremulous, and jarrings were once or twice noticed in those of the neck. Vomiting occurred at midnight, and at 1 and 2.30 a.m., but not afterwards, she sometimes passed her hand to her forehead in an effort to keep awake, and at intervals of retching, requiring energetic shaking to keep her awake. A sinapism was applied to the abdomen, and strong coffee and brandy administered often in small amounts. The next morning at 9 a.m., she was found decidedly better, free from drowsiness or mental disturbance, with dilated but sensitive pupils, and a peculiar injection of the capillaries of the head and face, giving her a highly flushed appearance. The conjunctival vessels shared the facial engorgement. The pulse was 66, and very feeble; the temperature 98.3-5ths; and the body and extremities warm to the hand. With eggs, arrowroot, and spirits chloroformi, continuous convalescence was established. The following day H. T. was in her ordinary health.

These cases illustrate very well the poisonous actions of laburnum, which places it in the class of narcotic acrids. In some of the cases of laburnum-poisoning which I have found described its narcotic properties have been most markedly manifested, and in others almost altogether absent. In the great majority, however, the symptoms throughout have been very uniform and have consisted in:

1. Vomiting; 2. Purging; 3. Epigastic pain; 4. Slowness and feebleness of the pulse; 5. Singular depression of temperature; 6. Drowsiness; 7. Dilatation of the pupils; 8. Rigors. If Dr. Grey be correct in attributing the first three of these phenomena to laburnic acid, and the remaining five to cynthia, we have, in the unequal distribution of these active principles in different parts of the plant, and in different seasons of the year, a ready explanation of the varying characteristics of cases of laburnum poisoning to which we have adverted. Houseman and Murphey have stated that the leaves of the tree are most active in April and May, and the seeds and pods in October. In cynthia will probably be found an agent influential for good in many nervous disorders. Its peculiar and indubitable power of reducing the temperature suggests that it ought to be tried in various pyrexial disorders. The few experiments that have as yet been made seem to indicate that it would be beneficial in whooping-cough and symptomatic vomiting.

The Medical Press and Circular.

HOSPITAL REPORTS.
March 15, 1871.

LONDON HOSPITAL.

Cases of Hernia.

(Under the care of Mr. Rivington.)

Case I.—Left Femoral Hernia; Six days' Strangulation; Gangrene of the Wrist; Death. M. E., aged forty-three, widow, had had an irremediable femoral hernia, on the left side for seven months. On Tuesday, May 17th, 1864, she had vomiting, which became stercoraceous, accompanied with pain, both at the seat of rupture and over the abdomen. She positively stated that the hernia had not increased in size. She was under a practitioner for several days, and was treated with opium and ice. On the following Sunday afternoon, she came to the hospital; all the symptoms of strangulation were marked. The pulse was full and firm. There was no pain, and the vomiting had ceased. There was no peritonitis, the abdomen not experiencing any tenderness on pressure. There was slight pain when the tumour was handled freely. The tumour itself was small, and did not yield much when the patient constricted. It was decided to operate the moment vomiting recurred. A few hours afterwards, the symptoms returned (probably it had been suspended by the previous treatment), and an operation was performed by Mr. Rivington in the usual manner. There was no external constriction; the sac was opened, and the structure which existed at the neck of the sac was divided. The exposed bowel, a portion of the small intestine, although dark red from congestion, showed no appearance of gangrene, nor any deep constriction at the obstructed points. A few hours after the operation, the patient passed six or seven stools in quick succession. She went on favourably till Tuesday 23rd, when the left groin became emphysematous. There was no peritonitis, but a little local pain. The opium, wine and porter which she had been taking since the operation, were continued.

Wednesday 25th.—The wound appeared to be gangrenous, and the gangrene to be spreading along the subcutaneous connective tissue and fascia round the loin; abdomen slightly typhmic.

Thursday.—Patient weaker; abdomen more typhmic; wound smells badly; bowels again relieved.

Friday.—Death.

Post-mortem Examination.—Gangrene strictly local, and confined to the soft parts. The hermal bowel (jejum) congested, but quite firm in texture, and perfectly viable—chyle passing through it. Near the wound, the gut was slightly adherent, but there was no peritonitis whatever. Not a drop of lymph.

Case 2.—Right Femoral Hernia; Seven hours' Strangulation; Operation without Opening the Sac; Peritonitis; Recovery.—J. B., aged forty-nine, was admitted into the London Hospital, on the 24th July, 1864. When Mr. Rivington was called to her, the hernia had been neglected for seven hours. There were the usual symptoms. Taxia falling under chloroform, an operation was performed. The incision was made near the inner aspect of the neck of the sac. Hey's ligament was divided, and Gimbernat's ligament nicked. These two ligaments caused the stricture, and after their division, the hernia was reduced immediately. There was no bleeding vessel to secure, and the wound was at once sewn up. It healed by first intention.

The patient went on well for twenty-four hours, when she began to complain of pain and tenderness over the abdomen. She was sick; her pulse was wiry, hard, and small, and not more than fifty-four. There was anxiety. Her knees were drawn up. Twenty leeches were ordered, to be followed by poultices, and accompanied by ice and opium (without calomel). Subsequently, thirty more leeches were applied. In two or three days, the symptoms subsided, and on the 29th, five days after the operation, the bowels relieved themselves. She continued to progress favourably, and rapidly regained her strength.

The following case illustrates the practice of removing omentum.

Case 3.—Right Femoral Hernia; Four days' Strangulation; Operation; Sac Opened; Removal of Omentum; Recovery.—E. D., aged thirty-nine, wife of a mechanic, was admitted into the London Hospital, on Saturday, January 25th, 1865, with a femoral hernia on the right side, about as large as a duck's egg. The hernia had been
but opium was tried, and failed again under chloroform. An operation was performed. Some bands, external to the sac and Gimbernat's ligament were divided, but the hernia could not be reduced. The sac, which was very much thickened, was opened, and found to contain omentum, the lower part was much thickened, and adherent to the sac. In a nest of omentum, was discovered a knuckle of intestine, of a red but not purple colour; this was easily returned. Mr. Rivington removed some omentum, a very peculiar looking body, apparently consisting of altered and conglommerated omentum. Two ligatures were applied to bleeding points of omentum, the sac was sponged quite dry, but urine still escaped, and the wound sewn up. The patient was ordered a grain of opium.

Sunday 29th. Evening.—The patient had passed a good night after the operation. The bowels had been relieved; no pain, but slight cough; opium repeated.

Friday, February 3rd.—Patient has been going on well all the week without a bad symptom; wound healing; ligature separated; opium was discontinued on Tuesday. Subsequently a truss was ordered, and the patient discharged.

ROYAL FREE HOSPITAL.

At a recent visit to this admirable charity we were shown round the new wards and other rooms, and were much gratified with the complete state of efficiency in which we found everything. The operating theatre is now quite in order, and one of the best lighted and constructed in London, and the adjoining ward, now occupied by women, is quite a visit to the hospital to see so fresh and clean and cheerful it has been made. The board room is adorned by a fine portrait of Dr. Marston. The kitchens are admirably arranged. In the wards we saw a case we had seen before, under the care of Mr. J. D. Hill, of plastic operation for obliterating the contraction caused by an extensive burn in the region of the neck, in a boy, aged about thirteen. Mr. Hill had transplanted a piece of integument, which was inserted into the cleft over the 17th January. In order to keep the parts immovable, the boy was fed entirely by enemata, consisting of one and a-half ounce of brandy, with half-a-pint of beef-tea, occasionally, for a week. We also noticed the case of an elderly man, aged sixty, who had been operated on for epitheloma of the lower lip, extending to mental depression, and 1 1/2 broad at the base. The wound had healed by first intention in a week, and the man was anxious to leave the wards. Mr. Hill informed us that of late he has almost entirely abandoned the ligature of arteries, and has performed torsion in all his amputations. We are surprised that the Royal Free Hospital is not, as yet, utilised as a school of medicine. It abounds in cases of interest, and its medical staff is composed of men of very great ability and reputation.

METROPOLITAN FREE HOSPITAL.

Mr. Sheffield has been trying the effect of transplantanation of pieces of integument, in the case of a patient named Hill, and with an extensive ulceration on the left leg, probably specific in depot, and about 4½ × 2 in. in extent. On the 3rd February he snipped off two pieces from the brachial region—the one about the size of a fourpenny piece, the other about the size of sixpence. The former was divided into two pieces, and, being inserted, had taken good root, and was doing well on February 17th; the latter, however, was inserted without division, and had taken root, but looked as if it would not do very well. We saw in one of the wards a boy, of the age of twelve, who had been operated on some six years ago for stone in the bladder, which had left a rubo vesica fistula, so that the unfortunate patient passes all his urine per rectum. Mr. Sheffield proposes to try the effect of a plastic operation in this case.

Dr. C. R. Drysdale has a case well illustrating the difficulty of diagnosing between acute tuberculous and typhoid fever. A young woman, aged twenty, was brought to the hospital on the 21st February, in whom the symptoms were as follows:—Pulse, 130 a minute; great prostration; temperature, 102 Fah. in axilla; anaemia; constipation of bowels. She had been ill for a week. Cough and expectoration profuse. Nausea on coughing, and occasional attacks of retching. No rose spots seen on abdomen. Sonorous rhonchus over both lungs, without any notable dulness. On the whole, Dr. Drysdale was inclined to look upon this as a case of acute tuberculosis, and thus to give him treatment. Mr. Sheffield also excised the anterior wall of the aurum in an in of about forty, for malignant disease quite recently, by an incision through the upper lip in the middle line, and the use of the trephine. The fluid from the tumour removed contained cancer cells.

LONDON SURGICAL HOME.

March 2nd.

Mr. Brown gave his third clinical to-day, and on account of some cases—presumably ovarian—having been received during the week, he made a resümé of the points of his last lecture, and added some remarks on the varieties of the tumours and cysts found in ovarian disease, the different effects on the menstrual flow produced by tumours of the uterus and of the ovaries, and the value of this difference in diagnosis. He then invited to witness and assist at the examination of a case about which there were many conflicting opinions, held by the various gentlemen who had previously examined it. One pronounced it to be a tumour of the uterus; another ovarian cystic tumour. After a careful and prolonged examination, the patient being under chloroform the while, Mr. Brown, in union with the medical men present, expressed a diagnosis that the case was not one of ovarian disease. He decided that she should be kept for a time under observation, and another examination should then be made. Mr. Brown remarked that from the report of his last lecture, which appeared in the MEDICAL PRESS AND CIRCULAR, it would seem that he had only operated 61 times for ovarian disease. He gave the following statistics to the class: Mr. Brown's operations for complete extirpation of the ovary amounted to 122; of these 36 died. 61 of the 122 cases occurred since 1864, when Mr. Brown commenced the use of the cautery, and of these 61 only 8 died.

March 9th.—Mr. Brown took for the subject of this day's lecture the interesting class of cases—intra-uterine fibroid tumours—which cause such troublesome hemorrhages, and detailed his experience of the various modes of treatment, and his preference for the one he instituted—incising freely the os and cervix uteri, plunging the uterus with lint soaked in liq. ferri perchlor., and plugging the vagina with oilen lint, and a sufficient of cotton to exclude the air. The success of this mode of treatment was well demonstrated by a case operated upon twelve days before. At the time of the operation the uterus was found as large as a fist at the seventh month above the pubis; but to-day it was found to be considerably less than half the original bulk. The class was then invited to examine a case of vesico-vaginal fistula presenting peculiar difficulties, the vagina being very much contracted, concealing the os uteri—in fact, scarcely leaving room for the examination by the speculum; the operation was undertaken in the belief of its being a simple case. Mr. Brown read to the class his statistics of vesico-vaginal fistula, and explained the various operations. Some time was subsequently devoted to conversation on the points of the cases under consideration.

For Transactions of Societies, see page 230.
MEDICAL REFORM.

As we stated some time ago, the Government determined not to bring in a Bill this year. Still we have not declined to enter into the discussion of the schemes that have been proposed—that being a legitimate function of the Press, although we have happily not indulged in the jealousy and ill-temper that has lately been exhibited by our contemporaries, who continue to write more severely against each other than against any of the wrongs and quackeries that afflict our Profession. A deputation has been received by Mr. Forster to press the acceptance of the Lancet Bill. The right hon. gentleman declined to make any move, and contented himself with a few platitudes as to the propriety of regulating matters medical, which is, in fact, an interference with free trade. Of course, we all know that well enough—just as we know it is an equally great breach of free trade to restrict the practice of law to regularly qualified men. All Governments refuse free trade in law and in physic. In the latter it is really of greater importance to the public weal, for doctors deal with health and life, while lawyers deal with property. The propertied classes too—as most educated—are better judges of the abilities of their lawyers than the ignorant poor can possibly be of their doctors. Again, our present system is such that under the pretence of protection, we have all the evils and none of the benefits of free trade. The Government pretends to regulate the Profession for the good of the State, but, in effect, does not carry out the scheme, but hands us over to irresponsible corporations, which grant us diplomas; and, having pocketed the fees, care no more about us.

For our part we do not assert, as Mr. Forster seems to imply, that the doctors want to protect the country against bad doctoring. We do assert that the Government pretends to protect the country, but egregiously fails to do so.

But the Lancet Bill may be considered, we suppose, as doomed by the Government reply.

The scheme of the Reform Committee of the Medical Association has collapsed more thoroughly still. It had no vitality in it after the committee tricked the Association at Leeds. It did not represent the views of the Association. Ten days ago we were told by the Journal that Mr. Headlam would bring in its Bill, but last Saturday, it is said, he had thought better of it. No stronger proof could be given that neither of these schemes possesses sufficient breadth to give them any claim to the attention of the Legislature, than the personalities into which the discussion has degenerated. The intense rivalry that has disfigured the arguments of both sides, convinces impartial readers that each cares more to destroy its rival than to carry its scheme, or to promote the general welfare of the Profession. In presence of so grave a scandal we cannot but be satisfied at the dignified attitude maintained in our columns, and feel assured of the support of the Profession, in making our Journal the impartial arena for the debate of all professional questions.

The deputation mentioned above was introduced by Mr. Mundella, M.P., and Dr. Lash, M.P. The reply of Mr. Forster, as reported in the Lancet, is as follows:

"Mr. Forster then entered with some minuteness into the history of the attempt at medical reform last year, and said that the Government would be unable to undertake the matter in the present Session. There were some very important elements of the Lancet scheme upon which questions would arise. With regard, for example, to the principle of representation in the choice of examiners—that is a point upon which he could only say the Government were not convinced. He did not say that they should oppose it, but they were not convinced of its desirability. "Two things have to be done. We have to consider what's best for the country, and you have to consider what would be best in the management of your affairs. In the first place, we have to consider whether we are to protect the country at all against bad doctoring, which is in itself an interference with free trade, and if we are, how are we to do it. It is a very serious thing to say that we will protect the country against bad doctoring by means of the doctor. I do not mean to say that that is not the right way of doing it."

As reported by the Medical Times, Mr. Forster's reply reads even more unpleasantly. The ipsissima verba are as follows:

"Their Bill was of a character to excite opposition, which would make the passing of the Bill hopeless, and they would have to educate up to it, not only the public, but the Profession, and that, so far as his information extended, the Profession did not agree with the scheme now laid before him, and that it had no backing. If it ever got into the House of Commons, it would have to reckon with the nineteen Corporations with which they summarily dealt. They seemed to distrust the Privy Council as much as the General Medical Council, and he could hold out no hope of Government support. Mr. Mundella would be able to inform them what chances such a Bill would have if introduced. He had understood that the Government Bill in its general features was considered as a boon by the Profession at large; and this had been confirmed to him by the statements of the British Medical Association. He was not a little surprised at being told the contrary. He thought it best to be candid; and he wished them good morning."

The Lancet declines to accept the snub diplomatic, and assumes its Bill will now be put before the House of Commons in a few days, not with any hope of a measure being passed this Session, but simply to gain a place for it as one of the matters that claim the early attention of Parliament. This once accomplished, the rest will depend upon the Profession; and its members, if they will meet and petition and address their representatives, may carry
any reasonable enactments that are asked for in their name.

It is of the utmost importance that the impression should be removed from the Ministerial mind, that the Profession asks Government to "protect the country from bad doctoring." We do not think that such protection is outside the function of Parliament, or that "bad doctoring" is an expansion of legitimate free trade. That unfortunate dogma has been already pressed into the service of trade frauds, and it seems the present Government desires to use it for the palliation of medical deceptions. But the Profession does not ask for the suppression of what we have called legitimate quackery. If the purveyors of billionths of medicine and dusts of starch, can draw round them a lucrative following of fools, our only impression therefrom is one of deep despair for the intellectual future of the human race. We don't ask that such practitioners should be put down, or that idiots should be controlled in the fullest application of their idiocy to their own vile bodies, but we do demand that a sick man who wishes for scientific medicine in his treatment, should be allowed to know where he can have it. He is obviously unable to judge for himself, and if the Legislature does not protect him, he is absolutely without resource. We ask, then, that Government should draw a line between doctors and quacks, and leave all the world to choose which it will have without the risk of error.

We have only to add that the scheme for a conjoint examining board, by which the London licensing bodies hoped to anticipate the reforms of the future has miscarried by a majority of one. An amendment has been adopted by the Council of the College of Surgeons, which sends back the Committee's recommendations. The grounds on which it does so, are—firstly, that the Licensing Bodies who are to join in the examination are still allowed to retain their privilege of separate licensing; and, secondly, because the Universities do not co-operate.

Edward Jenner, M.D.

Born May 17th, 1749.—Died February, 1823.

To the county of Gloucester belongs the honour of producing that greatest benefactor of his kind, Edward Jenner, whose immortal discovery of the protective influence of vaccination over those exposed to the contagion of small-pox has now grown and borne fruit in all quarters of the habitable globe.

Just now, when we are passing through the most severe epidemic of small-pox that has visited London within the last thirty years, it may not be out of place to present our readers with a short account of Jenner and his discovery.

Edward Jenner was the third son of the Vicar of Berkeley, in Gloucestershire, and was born on the 17th of May, 1749. The family was one of great antiquity in the county, and possessed considerable landed property. Jenner received his early education in the school of Dr. Washbourn, at Cirencester, and early in life he showed a strong and growing predilection for inquiries in Natural History. On making choice of medicine as his profession, he was removed from school, and placed, as an apprentice, with Mr. Ludlow, a surgeon of great reputation in Cirencester. At the age of twenty-one Jenner came to London to pursue his studies under the care of John Hunter, in whose house he resided as a pupil, during two years; and during this time a warm and lasting friendship sprang up between the master and his pupil, Hunter being much charmed by the industry and zeal displayed by Jenner, and by the excellence and delicacy with which he made some most valuable dissections.

After his return to Berkeley some years later, Jenner frequently corresponded with Hunter, and some of the letters, preserved in Dr. Baron's "Memoirs," are full of lively interest on subjects of natural history and philosophy. At Berkley Jenner displayed his surgical attainments, together with his very general information, and his amiable and polished manners, secured him a welcome reception from the most distinguished families in the district. His long country rides served to gratify his keen relish for the picturesque beauty in which the neighbourhood abounded; and friends were often glad to accompany him twenty miles in his morning walks, eagerly listening to the overflowings of an enthusiastic admirer of nature and art.

The dress of Mr. Jenner, the Berkeley surgeon, is described as having been usually a blue coat with yellow buttons, buckskins, well polished jockey boots with handsome silver spurs, and his hair after the fashion of the day, done up in a club, was surmounted by a broad-brimmed hat.

In 1758, Jenner married Miss Catherine Kingscote, a lady of elegant manners, accomplished mind, and vigorous understanding; in her council and example, he found support in many of the future trials of his life. About this time, too, he gained much distinction by papers on natural history read before the Royal Society.

Finding the fatigues of general practice becoming too laborious for him, Jenner resolved to confine himself now to the practice of medicine, and obtained, in 1772, from the University of St. Andrews the degree of M.D.

At a close of 1794, just as Jenner was on the eve of making his great discovery, he was attacked with typhus fever, and well nigh died of the disease; thanks, however, to the good hand of Providence, and the attentions of Dr. Parry, of Bath, Jenner was happily brought through his dangerous illness, and soon after his recovery, we find him earnestly investigating the cow-pox, as it affected the human subject.

It happened that while Jenner was pursuing his professional education with Mr. Ludlow, of Sudbury, a young woman chanced to be in the surgery, and hearing mention made of small-pox, she remarked that she could not take that disease as she had already had the cow-pox. On inquiry Jenner found it to be a popular notion in the district that those who had once had cow-pox were never attacked by small-pox. It appeared that, in Devonshire, a popular eruption should occur on the back of those who milked cows, similarly diseased, had already attracted the attention of Sir George Baker, but he, at that time, was in the best of controversy respecting the endemic colic of Devonshire, and did not pursue the subject.

Jenner, in one of his note-books dated 1799, says that he can find no direct allusion to the cow-pox disease in any ancient writer, though the following Jenner thought bore some relation to it. When the Duchess of Cleveland was taunted by her companions, Lady Mary Davis and others, that she might soon have to deplore the loss of that beauty which was then her boast, as virulent small-pox was raging in London, she made reply that she had had a disorder which would prevent her from even catching the small-pox.

In 1798, Jenner carried a drawing of the cow-pox pustules, as seen on the hands of milkers, to London, and showed it to Sir Everard Home and John Hunter, and this last often alluded to the interest of the question at his lectures. Mr. Cline went further than Hunter in encouraging and stimulating Jenner in the prosecution of his subject, with a view to making it useful to mankind. The great experiment was made by Dr. Edward Jenner, 1796, who vaccinated the son of Sarah Nelmes, who had been infected from her master's cows, and inserted by two superficial incisions into the arms of James Phipps, a healthy boy of eight. This boy went through an eruption of true vaccine pox, and in the following
July various matter, taken from a small-pox pustule, was inserted in his arm by incisions, but no disease followed.

Patient enquiry was necessary to determine the true vaccine disease, as it was found that cows had, at times, ereptions on the teat, that were not capable of communication: cow-pox; these difficulties being overcome, Jenner, in June, 1798, published his first memoir and record of his experiments.

In this work Jenner announced the security against small-pox afforded by true cow-pox, and he traced the origin of that disease to a similar affection of the heel of the horse.

Various disappointments and difficulties darkened the outset of this inestimable discovery, but first among Jenner's supporters and friends was Mr. Cline, who strongly urged him to quit the country, and establish himself in London; but the natural modesty of Jenner, and his love for quiet and rural scenes were proof against the powerful inducements held forth by his friend, and he remained at Berkeley till his death, from an attack of apoplexy, in 1823, working to the last at such inquiries as tended to confirm and elucidate the great discovery of his life.

Although much hostility was shown by men of repute to vaccination, when first promulgated, yet, by degrees, facts grew so strong in support of what Jenner had stated, that a re-action set in. Everyone took to being vaccinated, and ignorant pretenders sprang up, who sought merely to trade on the popular demand; hence, failures were not uncommon, and the progress of the great discovery was retarded.

In 1799, however, we find that thirty-three leading physicians and forty great surgeons signed a document expressive of their confidence in the protective efficacy of the cow-pox. Persons high in the State, too, were warm in aiding Jenner; among them the Duke of Clarence; and in 1800 Jenner was introduced to the Duke of York and then to the King, the Prince of Wales, and the Queen — all of whom did themselves honour by the attention they bestowed upon him.

Much was done to introduce vaccination into other countries than England, and with great success. Condorcet, in recommending the adoption of vaccination in France, exclaimed "La petite vêrèole nous décore." And we learn from Woodville's "History of Small-pox," that in Russia this disease carried away two millions in one year. The blessing on the introduction of vaccination can be judged from these statements.

Honours from foreign princes were freely bestowed upon Jenner, and rather tardily it is true. The Parliament of great Britain in 1807 awarded him a grant of £20,000, in addition to £10,000 awarded in 1802.

Five medals were struck in honour of Jenner; three of those being from Germany, and of the two others one was given him by the Surgeons of the British Navy, and the other by the Medical Society of London, of which Jenner was one of the founders. His portrait can be seen in the picture of its early founders, which is in the possession of the Medical Society.

Such is a short sketch of the history of Edward Jenner, the discoverer of vaccination — a discovery, the good results of which must be felt so long as flesh is heir to ills.

Jenner needs no statue of bronze or stone to help him to live in the mind of his grateful fellow men; for none can more truly adopt the words of the Poet and say—

"Exequi monumentum aere perennius
Regali quàm pyramidal altis
Quod non imber edax non aquo impetus
Posset durare." —

The Surgical Society of Ireland will hold its next meeting on Friday next, when the question of Re-vaccination will be brought under discussion by Mr. MacNamara.

Notes on Current Topics.

The Medical Society of London.

The Annual Meeting of this the oldest society in the Metropolis was held last Wednesday when a good number of Fellows sat down to the annual dinner, which was presided over by Mr. Gay, President, supported on one side by the President-elect, Dr. Andrew Clark, and on the other by Sir William Fergusson.

The Annual Report of the Treasurer shows the Society to be in a flourishing condition. Thus we are told by him:

"I find, in referring to my former Reports, that on my accession to office there was a balance in hand of £55 11s. 7d., which I advised you should be increased, on the 1st October, 1869, to £160 4s. 2d., it was actually £169 2s. 4d.; on the second occasion I pointed out that our surplus would be £164 0s. 7d., I found it £162 12s. 9d., and I am now sanguine enough to predict that on the 1st October, 1871, we shall have a proximate amount of £228 7s. 7d., and let me here remark this is not an over-statement, for I have included in our liabilities many doubtful annual subscriptions, which I might have put on the credit side of the account.

So far Mr. Chairman, I have shown that we are prosperous, but let it not be overlooked that we must keep as large a surplus as possible to meet extraordinary demands which, in the course of a year or two, may be made upon the Society; besides which we may not always be so successful in letting the rooms, or enlisting in our ranks so many country members, two causes which have assisted materially in favouring the surplus.

This warning is the more imperative, as I find the second of this source of revenue already on the wane: as in the year 1868-69 we had 68 Fellows of that class, in the year 1869-70, the number had fallen to 23, and this year, 1870-71, we have failed to secure more than 13.

The expenditure during the past year has been of an average character, viz., £329 13s. 2d., or £4 13s. less than the preceding year, when it was £334 6s. 2d."

The usual loyal toasts having been disposed of, the toast of the evening, "Success to the Medical Society of London," was drunk with all the honours; as also were "The President," "President-elect," and "The Officers," who, especially the hon-secretaries, have worked with a will all the year. A copy of Mr. Gay's admirable Address at the opening of the session, was placed at each seat. We gave an abstract of it at the time.

Safety of Vaccination.

The Registrar-General for Scotland shows in his report on the year 1865, recently issued, that in that year there were vaccinated in Scotland 106,181 children, and only two recorded to have died from the consequences of vaccination—that is, one death in 53,000 cases. So groundless is the prejudice against vaccination as being dangerous to life. It must be borne in mind that the constitutions of some children are such that the slightest scratch or abrasion of the skin is followed by inflammation and death The Registrar-General is of opinion that had vaccination been no more perfect than it was ten years ago in Scotland, it is probable that 300 of these children would have died from small-pox; but, in fact, only 15 deaths from small-pox were registered in Scotland in that year. It is the smallest number ever registered in that country in a year.
St. Thomas's Hospital.
At a General Court of Governors of St. Thomas's Hospital, held last week, William MacCormac, Esq., F.R.C.S., 13 Harley street, was elected assistant-surgeon to the hospital. At the same court Dr. Richard Liebreich was appointed ophthalmic surgeon. Some months ago we announced that Dr. MacCormac was a probably successful candidate for the office, and, on representation from him, we subsequently modified the statement. It appears now that our information was perfectly accurate.

Agreeable Physic.
MESSRS. MAY DAVIS and Co., of Esher street, Westminster, have sent us a sample of chalybeate lemonade and saline chalybeate lemonade. They tell us that each bottle contains five grains of citrate of iron, and that the latter preparation has also a scruple of citrate of potash. As we had not in a single bottle enough to make any chemical estimate, we submitted it to the test, which the public are invited to try, that of taste, and can assure Messrs. Davis that their preparation is one that is both elegant and agreeable.

No one could object to take medicine in this form, and if they will see that every bottle they send out contains the quantities stated, they may reckon on the support of large numbers of the Profession. The great thing is to guarantee that each bottle contains the quantity of the drugs—a point which some employers have found a difficulty in securing.

Royal College of Surgeons of England.
At the meeting of the Council, to consider the scheme for a Conjoint Examining Board for England, the expiration of Mr. Harrison's term of office as a member of the Board of Examiners in Dental Surgery was reported, and it was stated that the vacancy would be filled up in April. A letter was read from Dr. Saunders, of Hayward's Heath, a member of the College, advocating the enactment by the Council of a bye-law enabling graduates of British Universities to be admitted to a modified examination for the Fellowship. A special Council was ordered to be summoned for the 15th instant to elect an examiner in the room of Mr. Solly, resigned. The following Fellows of the College were nominated for the office of Examiners—viz., Mr. Campbell De Morgan, Mr. Timothy Holmes, and Mr. Henry Power.

At the special meeting of the Council, respecting the proposed conjoint examination, to be held this afternoon, it is probable that some recommendation may be adopted to lay before the next ordinary meeting on the 22nd.

A protest against Homoeopathy.
The Canada Medical Journal publishes in its last number the following protest addressed by the legitimate practitioners in Canada, to the profession against association with homoeopathy. It is signed by sixty-two members of the profession, headed by two Honorary Fellows of the Royal College of Surgeons of England.

"We think it incumbent on all of us loyal to our profession to protest against, and endeavour to obtain the repeal of those clauses of the present Medical Act, which would force us into a degrading and hitherto unheard of association with persons styling themselves homoeopaths and electives, the Act not only giving to such persons a large representation in the Medical Council, and thereby great power in determining what medical education in this Province shall hereafter be, but also providing that there shall be a college of physicians and surgeons composed of the orthodox practitioners of medicine and surgery, and of homoeopaths and electives made surgeons by Act of Parliament!—licensed surgeons of Ontario! A Medical Council or College so composed is not elsewhere to be found, and we are sure that the physicians and surgeons of all other countries would feel themselves aggrieved and degraded by a Legislative Act associating them, volentes, non volentes, with such persons. We, therefore, call upon you, for the credit of our profession and of ourselves, if for nothing else, to join with us in protesting against any association with a class of persons not elsewhere recognized by the practitioners of scientific medicine and surgery. The Royal College of Surgeons in Ireland, in 1861, passed an ordinance that "no Fellow or Licentiate of the College shall pretend or profess to cure diseases by the deception called Homoeopathy, or the practice called Mesmerism, or by any other form of quackery;* * * * 'that no Fellow or Licentiate of the College shall consult with, meet, advise, direct, or assist, any person engaged in such deceptions.'"

"This is so thoroughly in accordance with our views that we hereby declare that we will not willingly meet in consultation any Homoeopath, Eclectic, Hydropath, Mesmerist, or the like."

Chloral as an Antiseptic.
MR. STODART, of Bristol, has recently examined the stomach, lung, heart, kidney, and spleen of a patient who died from an overdose of chloral hydrate. "The first thing," he says, "that struck me was the very extraordinary way in which the several portions were preserved. Even now, although more than a week has elapsed since death, yet not the slightest sign of decomposition has taken place, nor any unpleasant odour. This doubtless is the effect of chloroform in the tissues."

Bronzed Skin.
WHAT is Addison's disease? At first the primary disease was considered to be in the supra-renal capsules, but it was soon found that all the symptoms of Addison's disease might be where no lesion of the supra-renal was discovered after death. The capsules have, on the other hand, been diseased when no symptoms have existed during life. Moreover, the capsules have no special nervous apparatus. Excretion of the capsules in animals is not followed by the symptoms of Addison's disease. The sympathetic nervous system has been blamed, but the known functions of the sympathetic give no countenance to the theory, while the semilunar ganglion of animals has been sometimes extirpated without giving rise to the phenomena that have passed under the name of Addison's disease. Dr. J. M. Rosbach, of Wurzburg, has collected a number of cases upon which he contributes a singular paper in Virchow's Archiv. Observing that many nervous symptoms and interference with the mental faculties are usually reported from the time of Addison, who referred to a peculiar mental change as constantly to be noticed, Dr. Rosbach suggests that Addison's disease is clearly related to hysteria. Both present prominent nervous and
mental phenomena. In the one case the uterus is usually affected, in the other the supra-renal capsules. Addison's disease is then, says Dr. Rossbach, a neurosis, that is to say, a functional disease of the entire nervous system, which is not yet anatomically recognisable, and stands in close but not necessary relation to disease of the supra-renal capsules. Psychical disturbance, extreme anemia, extraordinary sickness, and very frequently abnormal pigmentation of the skin are the characteristics of the disease, and it may be grouped with hysteria, as "diffused neurosis with unknown anatomical basis."

Professor William Moore's case, published in our last issue, in which the bronzing of the skin was, perhaps, deeper than any yet seen, and yet there was no disease whatever of the capsules on post-mortem examination by Dr. Moore, assisted by Dr. Bennett and Little—all most able and competent observers will, with the coloured lithograph, enable the reader to form his own opinion respecting some of the questions in dispute.

The Royal Commission on the Contagious Diseases Acts.

A correspondent of the North British Mail who should be well informed writes:—In your Friday's issue, your London correspondent stated that the Royal Commission on the Contagious Diseases Acts were to give a report against the Acts, and that they will be rooted out from the statute book during the present session of Parliament. I have the very best authority for contradicting this statement. Its circulation can only be accounted for by the fact that the supporters of these Acts are trying to stop, if they can, the present agitation, both on the part of the press and of the people, and so prepare the way for advancing their cause. The truth rather is, that the majority of the Commissioners will report in favour of the Acts; but it is expected that the minority, who are not few, will lay on the table of the House a protest against the decision of the majority.

Royal Society.

The Annual Soirée of the Royal Society took place last Saturday evening, and was as brilliant as usual. Among the most interesting objects exhibited, was the little press, which produced, with common printer's ink, some beautiful prints by the new heliotype process.

A medical paper should hardly omit reference to the soap-bubble experiments of Dr. Norris, intended to illustrate the physical principles concerned in the formation of rouleaux in the blood and in the passage of the corpuscles de toute pièce through the walls of the minute blood-vessels, without rupture of the latter, as observed by Waller in 1846 and Cohnheim in 1867. A film of soap solution was taken up by a metal ring and 8, or more in diameter, and upon it a soap bubble blown from a pipe was thrown; the bubble was caught by the film, and held suspended midway or along the equator of the thin hollow sphere. The bubbles were then forced through and drawn through without rupture of the films. An orange was dropped, and glass rods and other solid objects, with wetted surfaces, were passed in like manner without rupture of the films.

The University of Aberdeen has conferred the degree of LL.D. on Dr. Neil Arnott.

Purity of Trisnitrate of Bismuth.

The Practitioner, which has recently done good service in calling attention to the impurity of the commercial spirits, ammonium aromaticum, has published a report on six specimens of trisnitrate of bismuth, which it finds very satisfactory. The amount of oxide in pure subnitrate is 73.6 per cent, while all the specimens examined contain even a higher proportion, and none of them even a trace of arsenic or any other important adulteration.

The National Society for Aiding the Sick and Wounded have begun to dispose of their surplus stores to the London hospitals. Twenty-one packages of bandages, old linen, &c., have been presented to the Charing-cross Hospital, which institution was in great need of such articles.

The Board of Trustees of the Chicago College of Pharmacy have recently elected Mr. C. C. Tichborne, of Dublin, an honorary member of their College in "consideration and appreciation of his assiduous and valuable labour to promote the advancement of scientific pharmacy." This is the second similar recognition that that gentleman has received from America within the last twelve months.

The next Evening Meeting of the Pharmaceutical Society will be held on April 5th, 1871.

The following papers will be read:

"Alterations in Pharmacopoeia Nomenclature necessitated by the Advancement of Chemistry." By Professor Attfield.

"Note on Vinum Ferri." By Professor Attfield.

"A Concentrated Form of Mistura Ferri Composita." By Mr. C. A. Staples.

The mortality of new-born children in France during the war has been recently calculated by M. Berthillon, and the result is frightful. The author shows that for every 1,000 infants under one year of age there died in the Department of the Marne, 283; in the Department of the Oise, 205; in the Seine-et-Marne, 207; in Seine Inférieure, 318; and in Eure-et-Loire no less than 370. This terrible mortality is, undoubtedly, one of the principal causes of the depopulation of France.

SCOTLAND.

Action Against Miss Jex Blake.—This case comes up for trial on the 30th May.

Surgeon's Hall.—At a meeting of the lecturers in Surgeon's Hall it was resolved to postpone the consideration of a motion to rescind the permission granted to ladies to attend this school till after the conclusion of the summer session, as the sanction at present accorded includes the course of lectures delivered in summer.

Dr. John Low has been appointed superintendent of the Edinburgh Medical Mission Training Institution and Dispensary.

University College Hospital.—A munificent donation of £2,000, has been presented to this charity by Richard Wallace, Esq., through General the Hon. Thomas Ashburnham, C.B.
TRANSACTIONS OF SOCIETIES.

The paper of the evening was then read by Dr. E. CHING, on SMALL-FOX AND ITS PREVENTION, WITH A RECORD OF EXPERIMENTS UPON THE LOWER ANIMALS.

The subjoined are some of the conclusions arrived at by the author. That no deleterious effect is produced on the human constitution by the inoculation of cases of small-pox, and that this inference is greatly strengthened by the fact that since the introduction of vaccination the population of the United Kingdom has nearly doubled. That Government hospitals should be established in the Metropolis and in places of similar situation, and provided with all the means for the prevention of small-pox, and for discharging patients from the same. That, looking to the important fact in ten years 1851 to 1860, 42,071 deaths occurred in England and Wales from small-pox, and that 37,007 of these deaths were in young children under fifteen years of age, the recommendation given by the Privy Council, and by the London College of Physicians, should not be followed but where there is danger of infection; children of all ages should be re-vaccinated. That there is no sufficient reason why lymph during the time of an epidemic, when it is often difficult to procure, should not be taken from people convalescent, provided they are free from disease, and the vesicle presents a normal appearance. That more extended observations are needed before we can come to the conclusion that the amount of exception from small-pox depends upon the number of marks upon previous vaccination. That before this and other contagious diseases are likely to be greatly arrested, a Central Board of Health should be established to regulate all matters relating to the health of the people; and that, irrespective of Medical Officers of Health, that should be sent to all large towns and cities, an inspector for each county should be appointed, whose duty it should be to collect and arrange all important information from the Medical Officers of Health, and from the Poor-law Medical Officers, and report weekly to the Central authority respecting the prevailing diseases and other sanitary matters.}

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Wednesday, March 1st, 1871.

Dr. BURROWS, F.R.S., President.

ANNUAL MEETING.

The Report of the President and Council stated that the
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number of the Fellows was 605, that the new elections had been about the average, and that there had been fifteen deaths, principally among the non-resident Fellows. The income of the Society was £4,421 18s., and the ordinary expenditure £251 18s. 6d. The number of subscriptions (301) was larger than in any previous year. The majority of the Society, with the exception of 1853-4. During the year 456 works had been added to the library, and the Library Committee had made their triennial inspection, and found it in excellent order and the most satisfactory condition. A general index to the books and bestsellers was also in preparation for publication. It was also mentioned that the Council had appointed a Committee on the subject of further library accommodation, the Library Committee having reported that there was no further room in the present bookcases for the constantly accruing additions. The Committee strongly recommended the building a large additional reading-room at the back of the present meeting-room. The further consideration of the subject had been referred to a sub-committee to make the necessary inquiries as to cost. The Council recommended an alteration of the times of meetings to the second and fourth Tuesdays from October to May, instead of from November to June as at present, and also the discontinuance of the separate publication of the Society's "Proceedings." It was also stated that no action had yet been taken on the resolution of the Council on the cost in the meeting of October 25th, which had superseded the scheme for amalgamation of the different medical societies.

At the conclusion of the report, Dr. Barclay moved, and Mr. Budgeell Carter seconded, its reception, which was carried. A motion for the appropriation of the surplus of the alteration recommended in it had been separately considered.

Dr. Barclay then moved the adoption of the Council's recommendation as to the alteration in the times of its meetings, which was seconded by Mr. Carter, and carried unanimously.

Dr. Barclay then moved the adoption of the other recommendation for the discontinuance of the "Proceedings," which led to a prolonged discussion on the feasibility of the change. Dr. Barclay stated the circumstances attending, and the objects contemplated in, the commencement of the "Proceedings," which was the publishing in extenso, of short papers not of sufficient length or suitable character for the "Transactions."

After a long discussion, an amendment was moved by Dr. Webster, and seconded by Dr. Pavy, "That the question be re-committed to the Council, to be considered how the "Proceedings" may be published in an improved form." This amendment was carried by 16 against 8, and an ebullient seat as a substantive motion was again carried by 16 against 12.

Dr. Barclay then moved the alterations of the bye-laws made necessary by the adoption of the Council's recommendations as to the change in the dates of the meetings, and afterwards that the report of the Council be adopted with the exception of the portion recommending the discontinuance of the publication of the "Proceedings," both of which were seconded by Mr. B. Carter, and carried unanimously.

The President announced the result of the ballot for officers and Council for 1871-2 as follows:

President: Dr. Corling, Vice-President: Dr. Fluck, Dr. Stewart, Mr. Pollock, Mr. Bostock, Treasurer: Dr. Barham, Secretary: Mr. J. Birckett. Secretaries: Dr. E. S. Thompson and Mr. Thomas Smith. Librarians: Dr. Chambers and Mr. Charles Brooke. Council: Drs. Fincham, Greenhalgh, Harley, Marcot, Murdoch, and Messrs. Gazooyen, Halke, Notter, Salter, and Savory.

PRESIDENT'S ADDRESS.

The President commenced by alluding to the internal commotion which had been going forward in the Society during the last few years, with regard to the proposed changes in its name and organisation, and adverted to the fluctuating character of a Society in which the individual elements, as president, officers, and council are constantly giving way to new successors, so as to make the Council leave no legacy of particular measures, but who must be left to act according to their own judgment for the benefit of the Society. After a casual allusion to the illusions rolled of names of former presidents, and the important services the Society had rendered to the Profession, both by its "Transactions" and its library, the President concluded with the annual obituary notices of Fellows who had been lost to the Society during the past year, which included the names of Dr. James Copland, Dr. Thomas Mayo, Professor Syme, Dr. W. D. Chowne, Dr. Machlachlan, Mr. Charles Hewitt Moore, Dr. Samuel John Jeffreys (Leamington), Mr. Thomas Nunnely (Leamington), Mr. John Mayo (a dental surgeon to St. Bartholomew's Hospital), Mr. John Soden (Bath), Mr. John Badley (Dudley, Worcestershire), Dr. John Christopher Franz, Dr. T. Bacon Phillips (Brighton), and Dr. James Abercrombie (Cape of Good Hope).

The President entered into details of the principal events of the year, introducing many of his own personal recollections of them, and referring to their contributions to the "Transactions" of the Society, and their other published works. Among the points on which he more particularly dwelt were the magnum opus of Dr. Copland, his "Dictionary of Practical Medicine," occupying twenty-eight years of the life of its untiring and indefatigable author, an example of indomitable energy impelling natural ability and solid acquired to a lofty position among contemporaries. The classical learning of Dr. Mayo, and his retentive memory, were brought to recite long passages from the ancient poets of Greece and Rome, and which placed him in a class of physicians gradually becoming extinct, which did much to sustain the prestige of physicians, and to entitle medicine to be regarded as one of the noblest professions. Dr. Copland in his position in the foremost rank of surgeons in Scotland, his removal to London in 1848, and speedy return to his northern home, his long retention of the Professorship of Clinical Surgery there, and his position as one of the highest authorities in the University of Amsterdam; his easy and imperturbing temperament, which did not interfere with his generosity and hospitality and the cultivation of the warmest friendships. The quiet, thoughtful, and painstaking manner of the late Mr. Moore, and his conscientious discharge of duties entrusted to him, was discussed. The late Dr. Moore, Surgeon and Surgeon to the Middlesex Hospital; the time and energy he devoted to the service of the Society in the different offices he held, from those of librarian and secretary, in 1853-62, to his resignation of the treasurership in 1870, only a few months previous to his death, during which period, not content with the duty of the Office, he took the management of the affairs of the Society, and which became the nucleus of the extensive collection now possessed by the Society. After concluding the biographical notices of deceased Fellows, the President alluded more particularly to the failure of the renewed attempt to accomplish an amalgamation of the Societies and to establish a joint society on a broad basis, under the tithes of a "Royal Society of Medicine;" a similar attempt about eighty years ago, during the Presidency of the late Dr. Babington, having been made with the same want of success. The combination of the dicta nostra of scientific medicine into one body, contemplated by its promoters, would undoubtedly have conferred many advantages on all who had entered the Society; but it was necessary to conciliate the separate interests, the feelings, and, he might say, the prejudices of the existing members of the different societies which seemed insuperable. But when, after post-repeated meetings of Councils and Societies, and protracted and acrimonious discussions, they appeared almost overcome, the scheme was superseded by a resolution of our own Society to the effect that the Council should not be requested, while maintaining the charter and the constitution of the Royal Medical and Chirurgical Society, it may be possible to obtain a more complete co-operation with the Pathological Clinical, Obstetrical, and Epidemiological or other societies for the promotion of the society. This resolution was taken by the outgoing Council on this resolution, but it had been left for the new Council, should it think fit, to take upon its consideration. The President regretted that it had fallen to his lot to preside at so many meetings on this topic, and to hear as much energy and painstaking ending in an abortive issue; but he was not only satisfied with the result, but felt it to be satisfactory upon the scheme, he could not, when he witnessed the strenuous and decided opposition it met from many of our own Fellows, and the opposition or lukewarm support of the other societies, desire that it should succeed. The agitation of the last two years had, he believed, been attended with unfavour-
The effects on the scientific work and material prosperity of the Society, but he earnestly hoped it would now be allowed a period of repose from the disturbing influences of projected changes. He added that his experience on the Council had convinced him that some new regulations for sending papers to referees for reports on their merits would be desirable, and might tend to ensure a more steady supply of papers for discussion at the meetings. In closing his address, the President rendered his acknowledgments and thanks to those who had contributed papers during his term of office, to the Council and officers of the Society for the support, assistance, and advice he had received from them in carrying on the affairs of the Society; to the sub-librarian for the admirable manner in which he performed his duties; and, apologising for anything in which, the performance of the inviolate duties of President at the various extraordinary meetings at which so much discordance of opinion had existed, he had by word of mouth felt the feeling of any Fellow, he concluded his address in these words: "In the midst of the good fortune which has attended me in my professional career, I shall never forget the honour you paid me by electing me to preside over this distinguished Society. 'Floreat semper."

The thanks of the Society were voted to the President, Dr. Burrows; Dr. Black, Treasurer; Dr. W. Ogles, Secretary; and other retiring members of Council, and the meeting then adjourned.

Literature.

DICKINSON ON GOUT.*

We feel perfectly justified in introducing this very practical treatise on the treatment of gout to the notice of the profession. The style in which it has been written is fluent, terse, and comprehensive. Many standard authorities on the subject are freely introduced, including Todd, Cullen, Copland, Sydenham, &c., which, together with the opinions of the author, derived from considerable professional experience, make the volume a welcome addition to our medical literature.

VINTRAS ON ANIMAL VACCINATION.

Dr. Vintras has published an English version of the report written last year in French. His pamphlet "On Some Advantages of Animal Vaccination for the Prevention of Small-pox," is well worth perusal. When in France during the epidemic, we were surprised at the frequent failures of the heifer-vaccination, at that time so popular. Dr. Vintras thinks this due to imposition—the vaccinators making money out of the panic, indifferent as to the degree of protection. We think there is something in this, and yet that some other cause was also at work. For safety, bovine diseases are not generally transmissible to the human being, we admit something is to be said, but we cannot believe but that the dangers of vaccination have been grossly exaggerated. And that where charity is observed, and moral control exercised, no evil results follow. Physiology teaches us that the sexual secretions go on continuously, but that the sexual organs are capable of increased action, by stimulation, exciting causes or disease. I believe that the sexual passions may be controlled like other passions; and that, like other passions, indulgence gives them an ascending character. We must understand Sir Benjamin's Brock's observations to have reference to immoral celibacy, and that relatively only; that is, that individual cases of insanity, resulting from solitary practices, were more calamitous in their effects than individual cases of contused sexual disease. On any other assumption, it would be impossible to entertain the notion that "the evils of celibacy are fully equal to those of prostitution," for we know that there are many potent contributing causes to insanity in married, as well as celibate life; and that insane celibates do not unduly preponderate over insane married people, and that the insane of all classes bear only a fractional ratio to the victims of prostitution. How, then, could it be possible for the evils of celibacy to equalise those of prostitution?

I believe that the evils of celibacy are greatly exaggerated, and that the practices which engender them are mostly confined to very young people, who, I have ascertained, are able to control the habits when they learn the dangers which attend them—which is an ad hoc reason for believing that moral control is an easy condition to those who have never known indulgence. I think I may instance an instance where strict chastity was followed with bad results, as far as men at least are concerned.

I do not view the intention of the Contagious Diseases Acts in the same light as Dr. Drysdale. I think on the utilitarian principle of "the happiness of the greatest number" it would be better for both soldiers and women not to have syphilis added to their miseries. I believe it would be more correct to say that the "supposition" on which the Act is founded is, that the health, the happiness, even the lives of the sufferers, their money, the money and safety of the State, are not to be sacrificed in order that a contagious disease, which, like a two-edged sword, wounds both ways—should remain unmolested. Dr. Drysdale knows that "we have to deal with things as they are, and not as we wish them to be." and that as long as we have unmarried soldiers and prostitution in their wake, it will be a utilitarian gain to both men and women to be free from syphilis—a gain in which the State and future generations will largely participate. Dr. Drysdale says I cannot "stomach" his suggestion of "all small families be protected against prostitution." Dr. Drysdale knows that families, large or small, are barriers to prostitution, and he cannot suppose that any practice so unnatural would have any effect in even lessening the evils of prostitution; for if, according to his suggestion, marriage was treated as a matter of expediency, to satisfy the sex-appetite alone, men and women would be so gratified by accord- ing to his suggestion, without any other obligation to each other; and as no result or exposure would follow, it would lead to general prostitution.

Do not, after all, see any difference between the most natural practice and the habits which Dr. Drysdale says leads to such alarming results in celibate life. It does not appear to me that there is much difference between the most natural couple who "deform each other jointly, or those who do the same thing solitarily;" the effect on the health would be the same. And, in proof to Dr. Drysdale, I present a case in point, which occurred a few days ago in high life, where eminent medical gentlemen proved that the lady had repeated attacks of illness in consequence of incurable fraudulent practices on the husband's part, and on account of which she was granted a divorce.

Well, then, I object to frauds of every kind, especially those against the natural law—for no animal in Nature tries to thwart Nature's proper functions by checking its own offspring. The object to diminish by unnatural means the power of "natural selection," possessed by the best, the most intellectual and most civilized race in the world, and thereby give an undue advantage to the savage and barbarous races who would never appreciate the philosophy of the small family system. Dr. Drysdale says that England lost the world by rapid breeding, and by taking an enlarged and enlightened view of Bentham's utilitarian principle of "the happiness of the greatest number," by making the ascension of additional numbers contribute to increase the happiness of
all, and taking care that the numbers in posse were not sacri-
ficed on any narrow, crotchety view to the numbers in esse. I
cannot forget the sweet words of my magnanimous and
philanthropic countryman, that—
"Till faces the hand to hastening ill a prey,
Where wealth accumulates, and where men decay."

I hope the day will never arrive when large families will be
looked upon in the same light as drunkenness, for if that
should happen, baby-farming and infanticide would be inevi-
table.

I cannot suppose that Dr. Drysdale is serious when he
says that "among the casuists of the Roman Catholic Church
morality seems to mean merely chastity!" I followed the
Roman Catholic Church, and read all, connect morality with
every precept of the Decalogue. I used morality in the
sense that I understood Dr. Drysdale to employ it, when,
after discussing the evils of celibacy, prostitution, &c., he wound
up by saying that "no advance in morality is compatible with
the rapid breeding of England and Ireland." In my poor
essay at criticism, I have taken the "scientific" standpoint of
"natural knowledge and reason"—a religious aspect
being, according to my opinion, quite out of place in such
discussion.

Yours, very faithfully,

Thomas Hayes, M.D., M.R.C.S.L.

Shanagolden, Co. Limerick.

SMALL-POX.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The public mind is so much disturbed by publications
reporting that it has become the duty of any one,
who has reason to think he can give some useful information
or suggestion on the subject, to do so.

Between the years 1810 and 1833 I vaccinated many
children, and many of more mature ages. For the more com-
monly adhered to classes fees were paid; for the upper I merely exacted
a deposit of one shilling, or of sixpence, to ensure the patient's
return, when I wished to inspect the result, which was on the
eighth and twelfth days after the operation. Amongst both
classes, but more amongst the second, it not unfrequently
happened that the vesicle, which appeared satisfactory on the
eighth day, was disturbed in its progress by the friction of the
clothes, or by being picked (a habit of the lower classes), so
that when seen on the 12th day it was evident that the case
had not undergone the usual satisfactory course; and, in these instances, the febrile symptoms, which usually occur, espe-
cially in infants, the eighth or ninth day, were absent. Some
mothers would be satisfied with any inflammatory appearance
in the part operated on, and were surprised that I insisted on re-vaccinating;
but when the child was said to be slightly febrile, the appearance of the vesicle was not quite
regular, I always insisted on re-vaccinating.

In every case I insisted on seeing the patient on the twelfth
as well as the eighth day. By steadily pursuing this course, I
have no recollection that any of the several hundred persons of
all ages that I had vaccinated, had become affected with small-pox, though many of them were within the sphere of its
contagion.

The London National Vaccination Report, for the year 1852,
states:—"We continue to regret the want of sufficient care in vaccination. It is impossible to pro-
cure with adequate attention the question, whether the vesicle has truly run its
course." And the same authority directs that no case of
primary vaccination be registered as successful, unless the course of the vesicle has been strictly according to the
description given by the Board, which is the appearance presented
on the eighth, tenth, and eleventh day. These appearances,
and the slight febrile symptoms, can only be learned by the
inspection on or about the twelfth day.

Up to 1861 vaccination was admirably defective in Ireland.
In their Report for that year the Poor-law Commissioners
direct that all children born after the 1st of January of that
year shall be brought for vaccination, and shall be "again brought on the eighth day for inspection. And the same
obligation is imposed on Workhouse masters, with respect to
children born in the workhouse. But there is no direction for
any subsequent inspection of the child, until the year 1870,
when the Commissioners directed that the child should be
brought not only on the eighth day, but "on such days as

the Medical Officer may direct, in order to ensure the successful
issue of the case"—which direction is a repetition of the
seventeenth clause of the English Vaccination Act of 1867.

Now, as there was no legal obligation on the parents of
children born after the 1st of January, to bring them to the
Medical Officer after the eighth day, nor on any of the
numerous older persons that were vaccinated, to come back even on that day, it is possible that not a few that were
seen on the eighth day had not gone through the regular course
of vaccination. I will not insist on the importance of a careful
inspection as I usually made, was not made by the
Dispensary Medical Officers, in respect to the cases returned
as successful, but if they had not an opportunity of examining them after the eighth day, they could not "prosecute with
satisfaction, and day by day, the case, and ascertain, when
the vesicle had truly run its course." Since 1870, this defect is remedied, as the
vaccinator can now demand that the child be produced on the
11th or 12th days; but he cannot enforce the return of any
except children six months' old, and, as many beyond that age
have been vaccinated, it is not unlikely that some of them
have not returned, and have not been inspected so as to de-
cide the case to be "successful." The Poor-law Commissi-
ioners' Report for 1870, shows that since the passing of the
Compulsory Vaccination Act, 574,242 children, born after 1st
January 1864, have been vaccinated (though not necessarily
fully, but I suppose that is meant), and 309,503 "other
cases," of course born before that period. This shows that
a considerable number of the vaccinated cannot be compelled
to return, even on the eighth day, and probably have not been
adequately inspected or vaccinated. My suggestion would be
that any of these applicants for reimbursement ought to be
complied with, and a regular attendance enforced for inspection.

It may be observed that the directions of the English Poor-
law Board are only to bring the child for inspection "the same
day in to the following week," but this is modified by the
words, "or at such other times, or places, as the Guardians
shall determine;" and, further, that the vaccinator "may give
such directions, and treat the cases as upon such inspection
shall appear to him to be necessary.

The English Act of 1867 provides that the vaccinator, "if he
sees fit, may take from such child lymph for the perfor-
ance of other vaccinations," and as some Irish mothers—and
probably some British—object to lymph being taken from their
children, this provision should be included in any amend-
ment of the Act.

It is very humiliating that, with nearly twice the popula-
tion of Scotland, and, of course, twice as many births, our
supply of vaccine lymph is procured from Scotland. Dr.
Hubbard's tubes are obtained charged with lymph from
Perth, Dumfries, the Lowlands, and, of course, Edinburgh.
Now, why should not arrange-
ments be made that Dublin, Cork, Belfast, and Limerick,
which have greater populations, should supply lymph, as I
once suggested.

Your obedient servant,

March 2, 1871.

DENIS PHELAN.

ON PUBLICATION IN MEDICAL JOURNALS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—That cases possessing little interest, whose symp-
tomatology and treatment vary nothing from the ordinary course
of events are published, and that others, alike instructive, in-
teresting, and unique, are suppressed, an observa-
tion, is a fact little to be wondered at, nor is it surprising
that wide difference of opinion should exist as to the advisability
of medical publication. The tot homines tot sententiae truism is
as much a matter of fact with regard to this, as to every other
subject. Concerning which difference of opinion is possible, and
difference of opinion, we are well aware, by the promotion of
discussion, generally disseminates truth. I have heard some
members of our Profession boast of never having forwarded
a single report to a public periodical; and others, again, evincing
the reverse, because it is supposed, because it is
meant to be done under their own immediate sphere of observation, and to
promulgate it by means of literary contribution. Ignorance (it
must be admitted, but let us face the truth), indolence, negli-
gence, apathy, procrastination, or inability, prohibits some
from proclaiming the result of their experience, whilst, on the
other hand, self-opinion, fear of criticism, or some such kindred
and contemptible attribute of a weak mind, deters others.

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CORRESPONDENCE.

But inasmuch as the pages of all special publications, open alike to the members of any individual profession, are frequently converted into a arena for acquiring publicity, and may carry a man to the world and the world to him, as a well-earned celebrity; men possessing none of these inferior qualities, scholars rather than ignorant, handworking than insolent, energetic than negligent, pensive than apathetic, quick and talented rather than procrastinating or inefficient, forgetful of the trivial, and aspiring to the grand, must be expected to receive in turn the homage of medical or surgical experiences, or remarking on points therein involved, eschew doing so altogether, lest once embarked in a literary career, they might, perchance, be wafted against the tide of scientific advancement, by opposing gales of unmerited censure, alike unfounded and untrue to the shores of ignominy and contempt, at which an aspiring hypocrite irretrievably arrives. Nor, on the other hand, are contributors to medical journals necessarily talented, or de ipso facto the possessors of justly estimated qualifications; those of only passable abilities and pretensions, if any, lower than mediocrity, amongst the number, as well as those with brilliant genius, and of rare accomplishments; some are there who, by the aid of talent and energy, have reached the top of the ladder, others having just stepped off the ground and slowly seem beginning to ascend, and others again, whose attempts have been vain.

He who, bonâ fide, takes part in the periodical literature of his profession, does so without self-pretension or egotism, and feebly though his attempt may be, humbly endeavours to present his fellow-labourers with records of facts, from which, if possible, professional advantage may be derived, or, on the contrary, advance critical observations which may be utilized as an addition to the store of scientific learning, by means of which medicine and surgery exercise their beneficial influence for the sanction of mankind. There are a few, I am aware, who opine that the medical journal should, as it were, be the peculiar property of the "Hospital man," or lecturer, and alone contribute to by them, but in the very humble opinion of the writer, no more untenable proposition, no greater fallacy, could possible be adduced. The medical journal, rather, on the contrary, I hold possesses very little interest to the country practitioner, who has frequently, under the most adverse circumstances, to wage war against practical difficulties of no small magnitude, and who, like myself, through residence perhaps in remote rural localities, is unfortunately removed from immediate intercourse with medical-scientific circles, the congenial atmosphere of learning and refinement, constant attention with which—a superior advantage possessed by our city brethren—is almost altogether denied us; intercourse which redounds with social and professional advancement, assists study, refines the mind, elevates the aspirations, develops talent, and tends to fit us for a position in society, which we are now beginning to occupy, and those noble feelings to others, so essentially characteristic of the professional gentleman.

At the terminal meeting of the Surgical Society of Ireland last Session, Mr. Macnamara, in his farewell address as President of the Society, cast reflections on the condition of Public Health in Ireland, and reported to have expressed his conviction that a mine of surgical wealth existed, and was being lost in the provinces, and at the same time eulogised the zeal and praiseworthy fidelity to the science of their Profession, which prompted two provincial surgeons to contribute respectively during the Session then about to terminate, to the papers laid before them for discussion. Surely such is the case! A mine of medical and surgical instructive wealth exists in the country as in the city, and so long as you, Sir, in common with other editors of journals of this character in the world and in Ireland, like yours,—as impartial as it is influential—assist in the propagation of professional instruction, it is the duty of any man to communicate who has ought worthy of communication.

The professional journal assists the country practitioner to keep himself au courant with the times, and maintains intercourse more or less between himself and those labouring in the same case, and whilst used by him in common with his city brother for their intellectual refinement, let him once and for ever repudiate the idea of making it the medium of contentsions which, and so far as they do, they do, to the detriment of this organ, rather than in the ordinary scale. The medical journal as a mirror of description, and a channel through which scientific observation may flow from mind to mind, is of utility to us individually and collectively, and the greater the number of sources from whence it originates may be, the magnitude of each being necessarily small, the fountain itself in some instances necessarily obscure, so long as they are pure and free from unfaithful dregs or unrighteous scum, the more effectually will it irrigate the intellect of those desirous continually to add to the knowledge they may possess on a subject of which, though learning ever, they may become masters never.

Feeling I have already trespassed unparisonably on space usually fructifying with instructive material, unlike the proxy verbiage of my present commentary, the prolixity of which I beg of you to excuse.

I have the honour to remain, Sir,

Your obedient servant,

FRANCIS E. CLARK, M.B. Dub.,

Oughterard, Galway; Feb. 24, 1871.

VACCINATION IN SECONDARY SYPHILIS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Would you consider it unadvisable to revaccinate while any trace of secondary syphilis remained in the system? I am, Sir, yours, &c.,

P. M. W.

[We do not think it unadvisable to vaccinate or revaccinate a person suffering from secondary syphilis; but would not take the lymph from the vaccine vesicle so produced, and use it on another. We have vaccinated cases of secondary syphilis in the ordinary way, and in two instances, a copious fine papular rash; in another a good deal of febrile disturbance; and in another apparently no impression or result in the system. We certainly attribute the rashes produced to the vaccination. One was in a woman about real objects to build and to improve, the other (of an abundant) in a girl about seventeen. Both had cicatrizes in the arm.—Ed. M. P.]

PARASITES AND SEWAGE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have read your recent article, having this heading, with much interest. The subject is a truly important one. In a work on physiology, published a few years since, Carl Vogt's Physiologie, the author states that the Dutch practise what may be termed febrile vaccination with their pot herbs by hand, and that to this is owing the prevalence of tape and other intestinal parasites in Holland. Vogt has a bountering way with him, but the statement is made circumstantially enough notwithstanding. As the very same practice of hand febrile vaccination prevails in Japan, it would be interesting to learn how the Japanese stand in regard of intestinal parasitic worms. The Dutch esteem human feculence so highly, as a compost, that they erect public necessaries along the high roads, in order to accommodate travellers. While in Japan every house, it seems, has facilities for the wayfarer. My object in presenting you with this matter, is that school teachers should be employed to destroy the worm germs in feculence as employed for sewage irrigation. Arsenical preparations, zinc chloride, would certainly destroy parasitic vermin. But would the ensuing mixture be objectionable as a compost therefore.

Grain is occasionally steeped in poisonous solutions without injury, I believe, to the ensuing crop. Crude carbolic acid, crude petroleum, and the like, stirred up in sewage matters, would destroy parasitic vermin, and deodorise the material as well. Some years ago, meased pork, that is to say pork about the size of our ordinary beef, and the fat of tape-worm, was common in Belfast. Petty dealers, I have heard, would actually give it a preference by reason of: getting it cheaper. And persons have told me that when pork in this condition was put down to boil, or fry, it began to crepitate, like salt thrown on the fire—doubtless owing to the bursting of the small bladder which, along with the crown of hooklets, constitutes the embryo condition of tapeworm. I have some years since examined pork in Belfast, microscopically and otherwise, which was simply full of cysticerci. I have seen pigs, dead ones I mean, otherwise fine looking animals, but mealy, condemned as human food. The tongue and posa muscles appear to be particularly implicated. The intelligent inspector —this was some years since—told me that "meased pork" had become very rare. I am sure I hope so. The importance of clean food for pigs ought to be strictly insisted on. These animals, as kept, eat almost anything; and yet, I suppose, they have no especial production for diet, naturally, more than other creatures. Dogs and cats, I believe, contribute
To the Medical Press and Circular.

MEDICAL NEWS.

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Medical News.

Medical Society of London.—This Society held its 58th annual meeting at Willis' rooms, King street, St. James's, on Wednesday the 8th inst. The President, John Gay, Esq., F.R.C.S., was in the chair, supported on his right hand by the President of the Royal College of Surgeons, Sir William Fergusson, Bart., and on his left hand by the Vice-President, Dr. Andrew Clark, F.R.C.P. The usual loyal toasts having been drunk, the "Medical Society" was given in proposing which the President took occasion to express his great pleasure to the assembly upon its prosperous and flourishing condition, due, as he said, to the unanimous and good feeling which prevailed among them, and he thanked the Fellows generally for the hearty support they had rendered him during his presidency. In responding to the toast of the "Examining Bodies," Sir William Fergusson congratulated the Society on arriving at so mature an age in these times of change and in such healthy condition. Among the visitors were the Presidents of the Hunterian Society, the Harveian Society, the Medico-Psychological Society, and the Pharmaceutical Society. The Fellows to the number of sixty sat down to dinner. The following is the result of the ballots:—President: Andrew Clark, M.D., F.R.C.P.; Vice-Presidents: T. G. Weeden Cooke, W. Cholmeley, F.R.C.P., Francis Mason, E. Symes Thompson, M.D.; Treasurer: John Gay, Librarian: S. Day Goss, M.D.; Secretaries in Ordinary: J. C. Thorogood, M.D., M. D. Royes Bell; Secretary for Corresp.: C. Merriam, F.R.C.S.; Assistant Secretary: W. B. Reynolds. L. M. N., W. E. Dunn, W. Fox, Dr. William Gill, John Daniel Hill, Thomas Hunt, F. J. Lillie, M.D., J. Macpherson, M.A., M.D., P. Marshall, V. de la Chasse, W. Richardson, M.D., N. E. J. Thompson, Sabben, M.D., Leonard W. Sedgwick, M.D., Frederick Simms, M.D., E. W. Taft.

Small-pox and Non-Vaccination.—At the suggestion of the Medical Department of the Privy Council, the guardians of St. George’s-in-the-East instituted a house-to-house visitation for the purpose of ascertaining the number of small-pox cases in the parish, and also the number of persons vaccinated, with the view of taking proceedings against the latter if after due notice they refused to comply with the law. The parish was divided into nine districts, and a visitor appointed to each. The result of the inquiry shows that the parish has suffered comparatively little, inasmuch as the total number of cases amounted to only thirty-eight; sixteen of these were under three years of age, eighteen between the ages of three and fourteen, and four adults. A special committee met daily, and upon receipt of information communicated with the medical officers of health. At the last meeting of the Board of Guardians, Mr. Gill, the clerk, reported that only three deaths from small-pox had been registered during the last fortnight, all of which were unvaccinated children. The number of persons discovered unvaccinated in the course of the visitation were as follows:—289 under three years of age, 198 between three and fourteen years of age, and ten adults, making in all 767. Full particulars of these cases were at once handed to the vaccination officer, who proceeded to issue notices, the result being that in one week as many as 159 of them were vaccinated by the public vaccinator.

Bequests, Donations, &c.—"N. C. K." has, for the third time, given £2,000 to the Asylum for Idiots, Earlswood. "D. G." has made a third donation of £1,000 to the Royal Free Hospital. "A Lady" has given £1,000 (in lieu of a legacy of that amount), to the Birmingham and Midland Free Hospital for Sick Children. John Thomas Bennett, Esq., of St. Albans, bequeathed to the Fever Hospital, Consumption Hospital, Cancer Hospital, and Royal Sea Bathing Infirmary, Margate, each £1,000; and smaller amounts to several other hospitals. "W. F. M. S. L." has made a donation of £200 to King's College Hospital. "M. W. O." has made a second donation of £1,000 to the London Hospital. "W. L. H." has given £2,000 to the West London Hospital. The General Hospital, Birmingham, has been entitled to £500, under the will of Mr. Thomas Biddle, of Fillongley. Captain W. P. Phillimore has paid to the secretary of the National Hospital for Consumption, Ventnor, a donation of £250; and an anonymous donation of £100 has been forwarded to Dr. Hassall for "The Chapel Building Fund."

C gleanings.

Personal Experience during the Epidemic of Yellow Fever on Governor's Island, N. Y. Harbour, from October 5th to November 4th, 1870. By W. E. Whitehead, M.D., David's Island, N. Y. Harbour.

(From the Pacific Medical and Surgical Journal.)

I shall give you in this brief description my own individual symptoms and sensations during my attack of yellow fever. I reported for duty, at Fort Columbus, October 5, 1870, at about eleven o'clock a.m., in the best of health; went at once to duty; visited the patients at sick-call and in the wards of the Post Hospital, as well as to take some cases down to the West Bay Hospital in the Lower Bay; and while there visited the wards. On the evening of October 10th, after a hearty dinner, I took a walk, in company with Drs. Page and McFarlin, to the billiard-room of the Post, smoked my pipe, as is my habit, several times, when, at half past seven o'clock, I felt a strong desire to visit a water-closet; this desire increased with some quickings and a sickly prostrated feeling, till cold sweat appeared upon my face and hands. At about eight o'clock I left the billiard-room for the water-closet, which after some difficulty I reached, owing to my extreme weakness and sense of utter prostration. After a free, easy, and copious discharge, with a free discharge of urine, I went at once to my bed-room, a well heated one; after a great deal of difficulty, by reason of my great weakness I got into bed, but, notwithstanding an abundance of blankets, I felt chilly, hot and cold sensations running up the back and limbs, the course of the great nerves; these sensations were not momentary but lasting and intensely disagreeable, causing the muscles to quiver and shake, as when affected by the electric battery. This condition lasted for more than an hour, when the paroxysms of fever began and continued for seventy-two hours. The fever was very remittent, the skin so alvine that a white light could be seen through it; the heat of the skin was so appreciably intense to touch as in typhus, typhoid, or the exanthematos fever; the pulse was not so bounding, full, or rapid, seldom over one hundred or one hundred and ten pulsations to the minute; temperature was comparatively low; I had little or no pain in the head; the occipital sensation was not felt, but the left side of the skull, temple, orbit, and sinuses, were unusually tender; the eye pupils were dilated, the dress had done away; the tongue was dry and in the mouth somewhat chalky; the tonsils and uvula were covered with a pellicle; the fauces and pharynx were exceedingly dry, and there was considerable flogging in the throat; the teeth were loose and the gums inflamed and tender. The eyes were sore, red, and inflamed, with a reddish opacification of the conjunctiva, and yellow excrections from the eye. The urine was smoky, the bladders and renal stumps were involved; the bowels were distended, and dilated, and the stools small and semi-fluid. The nose was not involved. The head was not engaged; there was no swelling of the neck, face, or tongue. The heart was not affected, nor was there any inflammation or tenderness of the aorta. There was a sensation of coldness in the lower part of the back and limbs. The tongue was dry and coated; there was a desire for fresh air, and a considerable amount of thirst. The pulse was below 110. On the whole, the condition of the patient was unusual, and it is not easy to describe. The symptoms were very various, and the course of the disease was a most singular one. The same day that the patient visited me infortune, I was able to return to the sick-call, and the next day I was able to return to duty. I was not much troubled with nausea or vomiting. The fever continued for nearly two months, and during that time there were no perceptible changes in the condition of the bowels. The temperature never rose above 102. The sun afforded the best relief; its influence was felt more powerfully in the chamber than by the heated lamps. The patient, Dr. A., aged 24, was healthy, and did not possess any peculiar points. On 10th October, he was examined by me, and the symptoms are above described. I consider it my duty to call attention to the fact that the disease is not so fatal as it is generally represented. It is not so fatal as it was five years ago, when it was extremely prevalent. I am, etc., HENRY MACGORMAC, M.D.

Belfast, 22d February, 1871.
NOTES TO CORRESPONDENTS.

CORRESPONDENTS requiring a reply in this column, are particularly enjoined to make use of a distinct signature or initials, and avoid the practice of signing themselves "Reader," "Subscribers," "Old Subscriber," &c. Much confusion will be spared by attention to this request.

Errata.—In "Sketch of the Life of Dr. Knox," page 211, line 21, for learn read love.

THE ADULTERATION BILL.

To the Editor of "The Medical Press and Circular."

Sir,—It occurs to me to ask whether the first clause of the Bill applies to the introduction of inferior articles in the composition of foods prepared by a cook for the family table? if not, could not a slight alteration of the Bill make it so? Instead of "for the purpose of," for instance, the offence might consist in using articles which come under the description of "adulterants"—"for profit." I believe an immense benevolent object is connected with the community by such a provision in the Act. The penalty in the clause alluded to would be less than in that of a tradesman selling an adulterated article, but the one would be inflicted wherever the offence occurred, and the health of the household depends greatly upon the honesty of cooks in such matters.

Yours obediently.

SANCTA.

MEETINGS OF THE LONDON SOCIETIES.

ROYAL COLLEGE OF PHYSICIANS.—On Monday, March 18th, at 4 p.m., "On the Comparative Anatomy of the Teeth of the Mammalia."

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—On Monday, March 18th, at 4 p.m., "On some points connected with the Elimination of Nitrogen from the Human Body."

ROYAL INSTITUTION.—On Saturday, March 16th, at 3 p.m., "On Davy's Discoveries."

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—On Monday, March 18th, at 4 p.m., "On the Inhalation of Calomel Vapour in Secondary Syphilis."

ROYAL MEDICAL AND CHIRURGICAL ASSOCIATION OF ENGLAND.—On Wednesday, March 20th, at 4 p.m., "On the Comparative Anatomy of the Teeth of the Mammalia."

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—On Monday, March 18th, at 4 p.m., "On some points connected with the Elimination of Nitrogen from the Human Body."

ROYAL INSTITUTION.—On Saturday, March 16th, at 3 p.m., Mr. O'Neil, "On the Spirit of the Age."

VACANCIES.

Dublin Fever Hospital, Cork street.—Apothecary and Accoucheur. Salary £100, with board.

Derby County Hospital.—Assistant Medical Officer. Salary £100.

Swansea Hospital.—Resident Medical Officer. Salary £100, with board.


BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.


APPOINTMENTS.

COLE, Mr. G. C., Assistant-Surgeon to the Royal South London Ophthalmic Hospital.

FREY, J. O., M.D., Lecturer on Clinical Surgery in the University of Aberdeen.

LIEWIS, W. H., J.R.C.P Ed., House-Surgeon to the Paisley Infirmary. W. W. Henshaw, the late Surgeon, has been promoted to the post of Assistant Surgeon.

ROBERTSON, W. T., M.D., Hon. Physician to the Notitia Dispensary. SAUNDERS, H. W., House-Surgeon to the Bristol General Hospital.


URTON, H. C., L.R.C.P.L., M.R.C.S. E., Surgeon to the Clithonshire District of the Brighton and Hove Provident Dispensary.

Marriages.

CASHAM.—On Feb. 28th, in London, Joseph Casham, M.D., of St. Lawrence, Ramsate, J.P., for Kent, and Miss Clara F. FORBES, of Charing-cross Hospital. Conn.—On March 9th, at 19 St. George's road, Warwick square, Dr. H. N. Connell, late 2nd Lieut. Royal Irish Fusiliers.

EVANS.—On Feb. 18th, at London. Biriton Ferry, Thomas Johes Evans, aged 33.


SALISBURY.—On March 2nd, at Malvern Wells, Dr. F. F. Sankey, R.N., late of Malta, aged 46.

SINGH.—On Feb. 20th, in Dublin, John Segan, M.D., aged 75.

VANNOR.—On Feb. 26th, in Dublin, J. D. Verdon, Esq., Surgeon, aged 35.


Advertisements.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

FIRST OR PRIMARY PROFESSIONAL EXAMINATION FOR THE LICENCE.—The next Examination will commence on Monday, April 3rd. Students are admitted to this Examination after the termination of the Spring and Winter Sessions of Professional Study at a recognized Medical School.

SECOND OR PASS EXAMINATION FOR THE LICENCE.—The next Examination will commence on Monday, April 3rd. Students who have completed four years of Professional Study according to the College regulations are eligible for admission to this Examination.

Applications for the said Examinations must be made before January, 1861, and are admitted to examination under special law.

Candidates are required to give fourteen days' notice in writing to the Registrar of the College, and such as omit to do so shall be held to have given up their claim to admission to the Examination. The Notice must be addressed to THE SECRETARY, ROYAL COLLEGE OF PHYSICIANS, 14, Duke Street, St. James's, London, W., and must state the course of examination for which they apply.

The Fee for the Examinations is £15. For Candidates of foreign birth, who have been resident in England for five years, the Fee is £10. A Certificate of Professional Study is requisite before the Candidate can be admitted to the Examination.

THE LONDON SURGICAL HOME FOR DISEASES AND ACCIDENTS OF WOMEN, 2 Onslow place, Regent's Park, N.W.—Medical Practitioners are invited to attend Cliniques and Operations, by Mr. BAKER BROWN, every Thursday, at Two o'clock. Cards of admission may be obtained of W. ROBERTS CONNOR, Esq., Resident House-Surgeon. Fee for Three Months, One Guinea.

FEVER HOSPITAL AND HOUSE OF RECOVERY, CORK ST., DUBLIN.

In consequence of the Resolution of the present Administration, there will be an Election of a Person duly qualified to fill the situation of APOTHECARY AND ACCOUCHEUR TO THIS INSTITUTION.

The Salary is £40 per Annum, with 20s. Candles, Furnished Apartments, and Attendance; also a Fee of £1 on each Accoucheur Case. The Hours of duty can be regulated to suit the Candidate, at the Hospital. Candidates will be required to produce their Barkets. Cards of admission may be obtained of W. ROBERTS CONNOR, Esq., Resident House-Surgeon. Fee for Three Months, One Guinea.

By Order, T. F. SUSTACE, Registrar.

Houses of Recovery, March 2, 1861.
Original Communications.

ON THE NATURE OF THE VENEREAL POISON, ILLUSTRATED BY INFECTION FROM CONGENITAL INFANTILE LESIONS ON A HITHERTO UNINFECTED SUBJECT.

(With Wood Engravings.)

BY MR. MORGAN, F.R.C.S.I., &c.
Professor of Surgical Descriptive Anatomy R.C.S.I., and one of the Surgeons to Mercer's and to the Westminster Hospital.

PART II.

In Part I., in the number of this Journal for the 8th inst., I recorded a case of syphilitic infection on the thumb in a perfectly healthy recipient, characterized by an incubative period of four days, profusely pus-secreting surface, non-induration, circumscribed margin, and angry lymphatic system; but without any glandular enlargements in connection with the point of infection.

I now would add another illustrative example under my care at present, of a nurse infected from a syphilitic child, where the communicated lesions were multiple, and where the possible incubative stage was restricted within a certain and definite limit. There were certain very interesting practical phenomena displayed in these two instances. The ulcer of the thumb was characterized by great sensibility and pain—no doubt due to its free nervous supply; while the ulcers on the breast, after the first two days, caused but little pain. The ulcer on the thumb secreted pus most abundantly, while those of the breast, though moist, were ill-secreting. The ulcer of the thumb healed by large florid granulations, and once commenced proceeded rapidly, while those of the breast had more a tendency to dry up and form crusts. Those of the breast, again, were rather more raised than that of the thumb, and had not so well formed a circumferential rim. In both cases the evidence of constitutional infection showed itself, by the evolution of rash, before the healing of the primary infection points.

I did not test the ulceration of the thumb by auto-inoculation, but one of the ulcers on the breast I did on two occasions, with a pin's point on the chest, having first imbued it with the slight moisture that existed thereon. In neither occasion was there any result, which I attribute to the want of more abundant pus secretion and to the sores being in the healing stage.

The history of the case I have obtained with much accuracy, and there is documentary evidence to prove the correctness of the dates; enclosing the period from the first exposure to infection to the appearance of the primary lesions with twenty-one days. On what day during the first seventeen days the infection implanted itself, is, of course, undeterminable.

A fine healthy married woman was engaged as a wet nurse in a gentleman's family. She and her child were examined by two medical men, and she was recommended as a perfectly healthy and good nurse. The child she was engaged for, showed unmistakable evidences of congenital syphilis, having patches about the mouth and anus, and all the usual signs. When the woman had been nursing the infant seventeen days it died (September 16th, 1870), and, on the third or fourth day afterwards, she observed two sores on each breast. They were not very painful, but the axillary glands of the left side specially were inflamed and tender within a week.

On January 11th, 1871, the sores were as shown in the illustration, larger than a fourpenny piece, without the slightest induration, and rather raised in their centre. The nuchal glands were now enlarged, the hair falling, rash on the head, and the patient was losing flesh, and becoming cachectic.

It is evident that in this case, and in that of the infection on the thumb given in the last number, the appearance of the primary sore did not that of the usual infecting type as so described; indeed, almost everyone of the essential features were absent, yet the patients were unquestionably infected, and derived the poison from a constitutional and congenital lesion.

It is remarkable on comparing these two cases that the constitutional evidences appeared in both before the
healing of the primary sore, but in both at variable intervals. Thus, in the first instance of infection of the thumb, the rash appeared within five weeks from exposure, while in the second, of infection of the breast, it did not appear till about three months after the appearance of the primary sores; yet both subjects were infected from the same congenital syphilitic lesions. Can this be due to the greater energy of the lymphatic and vascular system in the case of the infection on the thumb; or to some mal-understood condition of constitution? This is, however, a question for further observation. It is more frequently, and bears very much also on the point so debated, of the sequence of constitutional signs from primary lesions in some cases so much earlier, and more severely than in others; and in some absolutely so mildly as to be unobserved, till a casual accident leads to discovery.

For a series of original and instructive observations, given in this and the Dublin Quarterly Journal last August, I have shown that by inoculation with the vaginal secretion of constitutionally infected patients, I could, without difficulty, produce the pustule and sore characteristic of the non-infecting type, although the very origin of the infection-source proved its being thoroughly tainted; and in carrying out these observations I could not have come to any false results, since in some cases several patients were tested from the same particle of discharge, the resulting sores were (though identical in character), of varying intensities, and it appeared that the more thoroughly infected the patient the less the extent and persistence of the resulting sores; and in them, no doubt, the vaginal discharge or secretion, may be considered a constitutional lesion, such as the mucous patches of the congenital syphilitic cases above referred to were. The accompanying illustrations of the sores will, I think, be admitted to be of the same character, although produced on varying soil; and go far to prove that the result of inoculation from a secondary lesion, whether on sound or on already infected patients, failed to produce the infecting type of sore; not because the patients were already infected, but because the inoculative virus was derived from a secondary or constitutional lesion. On a comparison of the illustration of the breast and of the thumb infection from mucus patches with the series of direct inoculations from vaginal discharge, I think the impartial observer can hardly fail to see the similitude of the resulting sores; and allowing for the differences of position, of quality, of strength, and of duration of the sores was the evidence of the virulence of the virus. The inoculations from vaginal discharge were made on the side of the abdomen, near the hip, as the most convenient place, and less easily irritated by the friction of the clothes.

These instances prove the identity of appearance in the cases of accidental and direct inoculations. The pus-secreting surface and the marginal rim, with absence of any induration, were equally marked in all. Another remarkable phenomenon was produced by inoculation with this vaginal secretion—that it was capable of producing characteristic sores and pustules on the patient's self, a character which is admitted by the dualistic school as peculiar only to the non-infecting sore; yet on a thoroughly infected patient inoculation with the vaginal discharge was capable of producing an inoculative pustule and sore which I proved, beyond question, to be re-inoculable, both on the patient's own person and on others already infected; invariably under the form of the non-indurated or non-infecting type.

Thus, from direct experience, aided by fortuitous cases, such as I have hadluck of the infection from secondary lesions on sound persons, not producing the infecting sore, we are led to the conclusion that the ordinary soft or non-infecting type of sore in the male, is the product of inoculation from a secondary lesion, and specially from the vaginal secretions of infected females, which sometimes possess extraordinary activity. Thus, from the same particle of vaginal secretion in a remarkably healthy looking, yet constitutionally tainted, female, I was myself astounded at the results of inoculation on the patient's own person, and on five others, as pustules and typical sores which would, without one failure, produced. All were inoculated within the same fifteen minutes, with separate, clean, new pins. If, in place of these artificial inoculations we conceive for a moment that these were males, two uninjured representing the thumb and breast infection, and the remainder representing any of those quoted above, as direct inoculations on infected cases—the same series of inoculations would have been performed, assuming some accidental abrasion or point of entrance to have occurred? or would there have been any modification of their sores? I believe we are warranted by facts in concluding they would have been sores of varying irritability and markedness, corresponding to the locality on which they may have been implanted, but not of the infecting type, as otherwise that type of sore should be vastly more frequent, and of every day occurrence. I am pretty certain that the great majority of typically non-infecting sores are derived from inoculation with this vaginal secretion, and that many persons escape merely from not having at the time an abrasive or inoculative point.

In support of this proposition, of the propagation of venereal sores by females not themselves suffering from a sore, we have been previously adduced. Mr. Skey states that "discernible disease in the female is not necessary to produce disease in the male." M. Fournier mentions 652 cases of syphilis contracted from women regularly examined and registered in Paris, and who, therefore, could hardly have been suffering from a sore. Be it remembered also, that he observes the 652 males contracted syphilis. Indeed, such remarkable forecasts, especially laid hold of by the opponents to the Contagious Diseases Act, as to their advantage, whereas the numerous direct experiments I have detailed in August last, prove, beyond doubt, the easy explanation of the face; and that an existing constitutional taint endowed the vaginal secretion with the requisite virus.

It is, indeed, usual in discussing the subject of contagious sores to dismiss the question of the origin of these sores from the female, which is, however, most important, and it has been generally supposed that a sore must necessarily exist in the female. The foregoing observations, however, cannot fail to show that direct inoculation with the secondary venereal product, either on sound or already tainted persons, will not produce the infecting type of sore as ordinarily obtained, and they also show that if the sore is itself charged with the necessary power, and does not need the accompaniment of a sore to explain how it is that the soft, puscular, and inflammatory sore (such as I have produced by direct inoculation), occurs more frequently in the male.

On the other hand, the male has not the same means of communicating disease to the female, and chiefly in (excepting by impregnation) either by direct contact of a sore, or of some local secondary lesion, which is comparatively rare. I believe a great step is thus made in explaining the differences of opinion amongst surgeons as to the origin of sores and their different types in the male, and also how the distinct female will escape so often without infection, while the male would, if subject to infecting like the specifically infected. I cannot help reiterating the fact, which frequently impresses itself on me, that with but comparatively few exceptions the females admitted to the Lock Hospital suffer from constitutional signs, with but little respect to the form or type of the primary. This is the sore which Mr. McDowell, in his late 'medical' says "predominates over the syphilitic sore in the female (in the male), and admits that "in the Lock Hospital it is generally, certainly not always, the most frequent form of sore." In fact, there is no difference as to his observations and mine. He is, indeed, compelled to state
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"that the species of sore which does not carry infection to the system," is the most frequent in the Lock Hospital patients; but, strangely enough, adds, "That its frequency is a lame argument" as to its being the source of constitutional phenomena, although the unhappy and indisputable fact, however, remains, that I might fairly say nearly all these patients suffer from constitutional signs—very frequently, indeed, before leaving their bed—before they are capable of the torpid, which Mr. McDowell himself "calls the sore that does not carry infection into the system," and which, he admits, these patients suffer from. In the tables I published of several cases I tested by auto-inoculation, the sequence of constitutional signs was the rule. There were, as there occasionally are, some exceptional cases, which I have freely admitted; but the general and almost invariable result, in regard to the constitutional signs, is this: I am disposed that neither surgeon could ever discover the true infection-source, which, to suit theories perhaps too hastily acquiesced in, should have existed somewhere, and must have been discovered even accidentally.

In the last number of this Journal, I am scolded in rather Billingsgate form by Mr. McDowell. I am told I am "making a rapid flanks movement;" "I am riding a hobby;" "that I adopt the unhusk theory," because there are no powers of diagnosis required," though he mentions I have "a plenty of supporters." All these, like myself, leaving truth, and adopting "a theory for convenience," are "flowing with the stream," which, indeed, the rustieus expectans now feebly endeavours to turn with the fork of invective and assertions unsupported by any authentic practical evidence he can adduce. Nay, further, he informs the profession that the case I brought forward, of infection of the thumb, is simply untrue,—i.e., he does "not believe." That the list of cases I brought before the Surgical Society was a mere "farrago of muta-

lated facts." Yet the challenge of a similar list of tested cases remain unfilled, and no case similar to the thumb infection, which I assert unequivocal, is produced. I must repeat I want facts—undoubted—authenticated facts,—in

stead of theories and mere "oracular dicta." The fact of depression of the product, proving the non-incubative soft type of sore, cannot be got rid of by the simple answer, "I don't believe." This may be now a convenient explanation, but I showed Mr. McDowell several times, and I think he saw the model I took in wax, of an inoculation I produced on the side of an infected child hardly two years old, which was, unquestionably, the ordinary pus-
tule and sore characteristic of inoculation from soft sore, or vaginal discharge. This child was suffering from small patches, and was in hospital for a considerable time under treatment; and, of course, Mr. McDowell's first argument of these being patches in "prostitutes bathed in every form of contagion," can hardly apply to a child under two years old, whose parents were married, and both suffering from constitutional syphilis. The other alternative is to forget now what he has several times witnessed, and again resort to the mere crede argument. It is absurd to try to escape the true conclusion—the case is recorded, and the child bears on its side the marks of the inoculated sores. Boeck's inoculations from males are also incontrovertible.

Mr. McDowell says it is a well known fact that "inoculation on the delicate tissue of a child produces irritable syphilitic sore with a short incubation." He does not pro-
duce the words, even refer to the "well known facts." The Profession would be enlightened by them; but he has shrewdly discovered the cause of my quoting Wallace's inoculations on a child, and commands my examining them, in contrast with Mr. Byrne, the importance of whose thirty-five years' experience is thus endeavored to be detracted from by a side wind.

Mr. McDowell anxiously awaits my solutions of the question, why it is that "the great majority of simple sores do not infect the system?" I will endeavour to answer him, if he will prove why it is the minority do, or why it is that if a score of people be exposed to small-pox, some will have a mild, many a severe, and others a fatal, disease, or in invading a family, will snatch away those that may have been apparently the healthiest, and but lightly touch others; or why it is that the first inroads of an epidemic are severer than the later attacks. After a perusal of this article, based on facts, he may see some reason to believe, just as where, in inoculation from small-pox, a milder disease was frequently, but not invariably initiated, though the occasional recurrence to the original type was unfortunately but too frequently marked; that here also, by descent, a modification may gradually occur, and that secondary lesions, especially vaginal discharge, may produce a sore in the male, which, by its irritating quality will usually exhaust itself in local manifestations, but may also, owing to the tendency of recur-
ing to its original type, infect the system. This is the question which forms the conclusion, and ends the facility.

Mr. McDowell is very angry that I should drag forward the case of a gentleman, which is quite conclusive, where the treatment suited to a soft sore was adopted by him, and the patient assured against constitutional signs, yet they followed. The sore was destroyed by caustic, as Mr. McDowell gives the hint, "a most useful procedure in cases of torpid syphilitic sores;" and not satisfied with this, he ordered mercury for the syphilitic sore, three days after its first appearance, atro-
lated, we must suppose, by nitric acid, and treated mercury by nine grains of blue pill! Such, I am assured, was the mercurial treatment. This feat of the "retarius" was, indeed, well designed: the net was first well thrown, and a sore skillfully entangled, and the trium armed with nine grains of the pill, was then well implanted, but, unfortunately, did not succeed in playing the adversary. After such a practical exposition of diagnostic prowess, I may indeed humbly accept the vouchedsafe information which is confidentially communicated to me, that there are "two species of induration," as Mr. McDowell would have it supposed that I have only "seen three hard sores in my life,"—an example of that looseness of diction which, even calamo, largely vouchsafes remarks. No doubt we shall have abundant illustrations of his varied experiences of hardness, and copious non-infecting sores in a future article, which may serve as "springes to catch wood-cocks;" but to any one practically acquainted with the subject, there is no danger of being entangled.

While, therefore, in a special hospital both the surgeons agree as to the non-infecting type of sore being, to use Mr. McDowell's words, "generally, certainly not always, the most frequent form of sore, or mine," that nearly all the patients suffered from this sore, and that the indurated sore is rare; how is it that constitutional signs are almost invariable? I see no difficulty, but Mr. McDowell does, and endeavours to escape what he creates as one by various ingenious terms.

In his resume I find he mentions—

1. The syphilitic sore; which he styles the "bull-
dog."

2. The simple sore; which may, in contrast, be styled the lamb.

3. The syphilitic sore, which condescends to deport itself in some measure like a simple sore.

(The bull-dog puts on the lamb's skin.)

4. The vice viris, which also meekly condescends to deport itself, &c., "like the syphilitic sore." 

(The lamb puts on the bull-dog's skin.)

5. The simple, or non-infecting sore, which does not infect, except in exceptional cases.

(By a superlative Darwinism "the lamb" may, in ex-
ceptional cases, develop itself into the "bull-
dog.")
The sore " which does not possess the typical character of either the soft or the indurated sore," but not tested by inoculation, and therefore valueless. (May look either bull-doggy or sheepish.)

7. The syphilitic sore, which possesses very little hardness. (The "bull-dog" begins to look decidedly sheepish.)

8. "The soft syphilitic sore," not as yet given to the Profession, but nomenclatured in the Hospital Registry, and not tested by inoculation, therefore valueless.

9. (The "bull-dog" has become altogether sheepish.)

10. Constitutional infection, following no history or sign of any species of sore.

11. The syphilitic abscission of the os uteri, combined with external sores, called syphilitic because there were constitutional signs, and because, like any other uterine abscission, it was not auto-inoculable.

12. "The syphilitic sore," requiring to have its cicatrix discussed on the third day of its birth, and mercureal treatment at once ordered.

13. The simple sore, sometimes takes on induration, but even in such case is healed in the course of a month, leaving a cicatrix entirely devoid of induration.

11. The simple sore, which may be of three months' standing, a sharply cut extensile sore," with the converse evidence "of typical non-syphilitic induration!"

12. Syphilitic abscission of the os uteri, combined with external sores, called syphilitic because there were constitutional signs, and because, like any other uterine abscission, it was not auto-inoculable.

13. The syphilitic sore, requiring to have its cicatrix discussed on the third day of its birth, and mercureal treatment at once ordered.

The mixed sore, which is the favourite neutral ground of dualist syphilographers, is not as yet mentioned, but is probably at the end of this "farrago."

Surely here " il y a pour tous les gouts," and there is ample pabulum as well for the theorist as for the practical observer. To the former the widest latitude is given, while to the latter ample opportunity is afforded. Should he meet with difficulty in attributing to its right source any special lesion, he will, no doubt, possess that essence of the "tactus eruditus" which will diagnose the syphilitic sore "with very little hardness" from the "typical non-syphilitic hardness" or, again, from the induration "that the simple sore sometimes takes on."

He may possess that "more extended experience"—which I am not supposed to have—that will enable him to diagnose the "torpid syphilitic sore," which, so early as on the third day of its existence, will require to have its "torpid" cicatrisation gently tickled with a free touch of strong nitric acid, and followed up by the instant administration of "mercureal treatment" on the same day; or, at a glance, he may recognise the simple sore, though "Integer viti euticis purum," when "it descends to deport itself in some measure like the ill-famed syphilitic sore," or once the syphilitic sore has lost its high estate, and "descends in a measure to deport itself," like its more humble relative (may I call it), the simple sore, he will have no difficulty in assigning to each its place in the extensive nomenclature above proposed. If any be dismembered, however, by the difficulties of the task, I may suggest the remedy is simple—

"Retire—the world shut out—thoy thoughts call home; Imagination's airy wing reprieve."

**Clinical Remarks on the Successful Treatment of Some Forms of Dropsy.**

By W. A. Basham, M.D., Physician to the Westminster Hospital.

Drospy, as a symptom from whatever cause is usually regarded as of such serious and unpromising import, that except in some forms of acute renal disturbance after scarlet and some other fevers, it is usually regarded as the precursor of decay and death. Those, however, who have had opportunities of studying

dropisy in its connection with renal, pulmonary, cardiac and hepatic disease, will not be inclined to yield to this gloomy view without considerable modification; for many cases, at the outset of most unpromising aspects, have been by treatment consistently and perseveringly followed, been rescued from the category of incurable, and transferred to that of remediable disease.

Drospy in its chronic aspect is, however, a formidable disease. The prognosis in all such cases must be governed by the character and degree of the functional disturbances in the pulmonary, circulatory, and nervous systems. For it should never be forgotten, as I have elsewhere insisted, that though our investigations and even nomenclature select the kidney as the leading element and chief factor in the disease, yet this is rather because the functions and organic condition of the kidneys can, through the urine, be so thoroughly studied chemically and microscopically, than because the kidneys are alone the seat of disordered action. It would not be profitable, from a clinical point of view, to theorise or conjecture upon the order or sequence of the morbid disturbances; endeavouring to determine the cause and which the effect; whether a deteriorated blood, defective by imperfect nutrition, favoured the accumulation of excrementitious matter, hampering or injuring the organs especially assigned for the excretion such excrement; or whether the eliminating organs stand first as the agent of imperfect excretion, are doubtless questions of interest; but little likely to be satisfactorily answered, and for clinical purposes useless and embarrassing. The main object of clinical teaching is to explain the nature and meaning of the symptoms of the patient, and to estimate and explain the effects of the medicinal and dietetic agents employed.

J. H., a young woman, of twenty-nine years of age, was admitted November 25th, 1870. She had been out of health for some eight or nine months, and which she attributed to cold; for in the preceding February, she suffered a sharp attack of bronchitis accompanied by much dyspepsia and cough. She was ill all the summer. The catamenia became irregular, and there was a general depression of the whole system. About August, she had an attack of hematuria, and a few days afterwards her ankles began to swell and subsequently the face and even hands became slightly anaemic.

On admission, the chief symptoms consisted of wheezing, mucus in all the large bronchial tubes, oedema of the ankles and lower extremities to the knees. Anasarca of face and hands, disappearing in the course of the day and re-appearing after sleep.

The heart's action was irritable, but there were no irregular sounds. The urine was highly albuminous, and examined by the microscope, displayed a few slightly granular casts. No epithelial casts, a few scattered large sized exudation cells (compound granule cells).

The general treatment adopted were occasional warm baths, the cream of tartar and jalap powders for action on the bowels, and the perichloride of iron with the liquor ammonia added as a ferruginous tonic. During the intervals between admission and the middle of December but little change occurred in the symptoms. Alkaline potash salt with the perichloride of iron, was substituted for the annuniated salines. About the beginning of February, there was daily apparent a marked diminution of the dropery of the surface, and a subsidence of the bronchial disturbances. The breathing became freer, and less subject to attacks of dyspnoea. At the end of February, the urine was in the most marked degree albuminous. During this period, the urine became less and less albuminous. The sediment furnished only a few hyaline casts, without any debris of cell structure intermingled. Throughout the treatment, the nutrition of the system was maintained by a meat diet with moderate allowance of wine. Without any alteration in the principle of treatment—the improvement of the blood by food and stimulation—there was a steady progress towards convalescence, and on the 12th of March, four months after admission, a scarcely perceptible trace of albumen was to be detected. None
TREATMENT OF TYPHUS AND TYPHOID (ENTERIC) FEVER:

BY WILLIAM MOORE, M.D., Tr. Coll., Dub.,
Fellow of the College of Physicians, “King’s” Professor of the Practice of Medicine, Professor of Clinical Medicine and Physician to Sir P. Dun’s Hospital, Physician to the Institution for Diseases of Children, 

(Continued from page 220.)

Enteric Fever.

CASE XVI.—Pat L., aged twenty, admitted 21st of November, about a week in enteric fever. He was spotted, and had diarrhoea; became very deaf and delirious. He remained twenty days under treatment, with an average daily stimulation of wine and whiskey of three ounces.

CASE XVII.—Henry D., aged fourteen. This was a case of relapse. The patient had been in Cork-street Hospital, with fever; there was great debility, prostration, and delirium. After twenty-four days he left the hospital, well, having had an average allowance of five ounces of wine, daily.

CASE XVIII.—Stephen K., aged twenty, teacher, was admitted into Sir P. Dun’s Hospital, on the 27th of October, with well-marked rose spots. He became very deaf, and had quiet delirium, diarrhoea, but not very severe. He was twenty-one days in hospital, and got an average of six ounces of wine daily. He left the hospital well, on the 17th of November last.

CASE XIX.—John C., aged nineteen, was admitted into Sir P. Dun’s Hospital on the 9th of October. Some days in fever, with a few rose spots, and diarrhoea. He remained fourteen days under treatment, and got an average of eight ounces of wine daily.

CASE XX.—Michael M., aged eighteen, admitted into Sir P. Dun’s Hospital on the 9th of October. About a week in fever, well-marked rose spots, with diarrhoea; no delirium. He was sixteen days under treatment, and he got an average amount of seven ounces of wine, daily.

CASE XXI.—Margaret B., aged twenty, was admitted into Sir P. Dun’s Hospital, on the 7th of October, with all the symptoms of enteric fever, viz., rose spots, tympany, and diarrhoea. After a few days she became quite manicid, and ran about the house. She was procured after the administration by enema of eighty grains of chloral, and she had a tardy but steady recovery. She left the hospital on the 27th of October, the daily average having been ten ounces of stimulants (whiskey and wine).

CASE XXII.—Bessie S., aged nineteen, was admitted into hospital on the 1st of October. Her fever was of the simple continued form, accompanied with diarrhoea; no spots. She had profuse epistaxis, and made a good recovery. During eighteen days in hospital she got an average daily allowance of four ounces of wine.

CASE XXIII.—James R., aged twenty-two, grocer’s assistant, was admitted into hospital on the 22nd October, with well-marked enteric fever. The eruption was very copious; there was great tympany and diarrhoea. He was a tedious case, and after twenty-two days’ stay in hospital, he left, well, having taken an average of five ounces of wine daily.

CASE XXIV.—George A., aged twenty-two, was admitted into Sir P. Dun’s Hospital on the 5th of October, several days in fever. He had the well-marked lenticular spots, with severe diarrhoea, deafness, and delirium. During his stay in hospital of twenty days, he got an average allowance of wine of four and a half ounces.

CASE XXV.—Catherine D., aged twenty-five, was admitted into Sir P. Dun’s Hospital, on the 7th of October, labouring under enteric fever of about a week’s duration. She had well-marked rose spots, and diarrhoea. She left

* Read before the Medical Society of the King and Queen’s College of Physicians, Ireland.
the hospital, well, on the 18th of October. The average daily amount of stimulants was three ounces of whiskey.

Case XXVI.—Margaret J., aged eight, was admitted into Sir P. Dun's Hospital, on the 10th of October, having been in fever for a fortnight; she had diarrhoea, but no spots, and left the hospital, well, on the 19th of November, having taken no stimulants.

Case XXVII.—Emily S., aged twelve, was admitted into Sir P. Dun's Hospital, on the 25th of October. Her fever was of a tedious, simple, continued form; she had no spots. After thirty days' stay in hospital, she was discharged, well, having taken an average daily stimulation of two ounces of wine.

To make these returns more simple, I have omitted fractions of stimulants and days.

The entire stay in hospital of these twenty-seven patients was 618 days, and the average stay of each patient was twenty-three days.

The average total amount of stimulants (brandy, whiskey, and wine) taken by each patient, was 156 ounces, the proportional relations being 109 ounces of wine, 13 ounces of brandy, and 27 ounces of whiskey, (3d. brandy, 5d. whiskey, or 5fl. wine).

The average daily amount of stimulants (brandy, whiskey, and wine), taken by each patient, was five ounces and six drachms.

Of these twenty-seven cases, six were under thirteen years of age. Four of these six were cases of typhus, and two of enteric fever.

The average stay in hospital of these six cases was twenty-two days, and the average daily amount of stimulants (wine only), was three and a-half ounces.

The average stay in hospital of these twenty-seven cases varied from fourteen to twenty-five years inclusive, and the average stay in hospital of these fifteen was twenty-one and a-half days, and the average daily amount of stimulants—brandy, whiskey, and wine—was: brandy, half-an-ounce; whiskey, one ounce; wine, four and a-half ounces—total, six ounces.

Four of these fifteen cases got brandy or whiskey only, during some time of their fever; one got whiskey alone; the other three got brandy, whiskey, or wine at different stages of their fever. Of these four cases, one was typhus, the other three enteric.

The remaining six cases (of the twenty-seven) varied from twenty-six to thirty-eight years, inclusive; two of the six cases being typhus and four enteric. Their average stay in hospital was twenty-eight days, and their average daily amount of stimulants also, whiskey, and wine) six and a-half ounces, in the following proportions: Brand, one ounce; whiskey, two ounces; wine, three and a-half ounces—six and a-half ounces.

Of these six cases, one got whiskey alone, one wine alone; the remaining four got brandy, whiskey, and wine; the greatest amount given in the twenty-four hours being two ounces of brandy or whiskey.

Taking the relative alcoholic strength of brandy and whiskey to the " Marsala," used generally in hospitals, as three to one, I find the fifteen patients, varying from fourteen to twenty-five, got each a daily average of nine ounces of wine, whilst the six patients, varying from twenty-five to thirty-eight, got each twelve and a-half ounces of wine as a daily average, thus showing that patients between the ages of fourteen and twenty-five got an average of nearly three times the stimulation of those under thirteen; and the patients between twenty-five and thirty-eight inclusive, got four times the stimulation of those under thirteen; while the patients between twenty-five and thirty-eight got one-third more stimulant than those between the ages of fourteen and twenty-five.

In the dietetic treatment, in addition to the stimulants, consisted of beef-tea, for which, when diarrhoea was present, rice-milk was substituted.

The medicines employed to control diarrhoea were the tinct. of kino and catechu, with tinct. of opium, and in some few cases, acetate of lead, with acetum opii; whilst the external applications were linseed-meal poultices, turpentine suppes, and in a few cases the application of a blister over the eæcum.

In cases of subsultus and convulsions, the bromides of potassium and ammonia were the sedatives and hypnotics employed; in ordinary cases the chloral hydrate. These remedies were usually given in twenty grain doses. In some cases sixty grains of chloral were given by enema in forty grain doses, within an interval of two hours, when sleep was procured.

In connection with this paper it has been erroneously stated that the details of the symptoms were not set forth, and that while the aggregate quantities of stimulants were mentioned, the special quantities were omitted. A glance at the paper will suffice to answer such captious objections. It was also urged that these cases were treated with a stereo-typed plan of stimulation. This charge is easily disposed of, as four of my cases got no stimulants at all, and in every case the amount of stimulants given was regulated with due regard to such prominent symptoms as delirium, subsultus, high temperature, &c.; and with regard to the range of the pulse not being daily chronicled in each case, I considered that when such salient symptoms as delirium, diarrhœa, convulsions, &c., were given, I was setting forth the actual condition of the patient in the most unequivocal light, and taking into account correlation in disease, the state of the pulse was virtually specified.

With respect to the distinctive treatment of typhus and typhoid fever, I may state, that whilst I consider that in the majority of cases of typhoid fever stimulants are less indic. than in exceptional temp. or altitude, orinstances of high temperature, and such kindred severe symptoms prevail, the distinctive characteristics of the fevers must be lost sight of, and the treatment measured by the severity of the case.

As regards the use of opium, I believe that in the treatment of fever the symptom of " sleeplessness " is combated earlier than formerly, and that, when we were armed with such sedatives and hypnotics as the bromides of ammonium and magnesium, and the hyoscine, chloral, &c., the tablesemic and opium treatment will fall into disuse. However, to be brief, all these twenty-seven cases recovered, to which I might fairly add two cases of typhus, aged twenty-two and twenty-four (the exact record of their cases was inadvertently mislaid) in which the same relation of stimulants was given, both of which recovered.

SOME OF THE FUNCTIONAL DERANGEMENTS OF THE MALE GENITAL ORGANS.*

By W. F. Teevan, Esq., B.A., F.R.C.S.,
Surgeon to the West London Hospital, and St. Peter's Hospital, &c.

After a few preliminary observations, Mr. Teevan commenced by referring to the abnormal erections of infancy. No child was too young to have such erections, which were always caused by some local irritation, as gravel, calculus, very acid urine, prolapse of the rectum, phymosis, skin diseases, worms, hemorrhoids, &c. All children who were forced to lie on their backs, through hip-joint disease for instance, suffered from erections of considerable duration each morning, through the long continued pressure of urine on the most sensitive part of the bladder. Children of the well-to-do classes were much more likely to be sufferers from some irritation of the genital organs than those living a natural life in the fields, hence they ought to be carefully watched and guarded against falling into bad habits. Children who had tight foreskins ought to be circumcised early in life, and the operation would save them from many evils.

Mr. Teevan referred to the defective domestic arrangements at boys' schools, and detailed those precautionary

* Read before the Harveian Society.
measures, which would, in his opinion, prevent lads becoming addicted to self-abuse. When a boy had once contracted the habit of masturbation, it was difficult for him to break himself of the practice. The surgeon could greatly assist him by blistering the penis or circumcision.

During the period of youth one of the most common functional disturbances was a frequency of nocturnal emissions. Young men were often greatly alarmed by the sudden appearance of emissions, and the mental anxiety, rather than the seminal loss, was the cause of their weakness and great depression. These emissions could be entirely kept in check by means of the tincture of the sesqui-chloride of iron.

Regarding the occurrence of emissions in married men: this was of frequent occurrence, and resulted usually from marital excesses, and was an indication of debility and irritation. These cases were more difficult to cure than the former, and, in addition to general treatment, the application of weak solutions of the nitrate of silver to the orifices of the ejaculatory ducts would be necessary, and a course of sea-bathing would tend to confirm the cure.

Discharge of semen during defaecation.—Most men in the prime of life, or other of their diseases discharge small quantities of semen and prostatic fluid during straining at stool. When, through constipation there was much pressure put on the vesicle semi-nomes, or if through indigestion the seminal fluid had been attenuated, then the muscular fibres surrounding the vesicle and its ducts could not resist the powerful contractions of the levator ani, and, therefore, no alarm need be felt regarding these manifestations as they would entirely disappear when the constipation or indigestion was removed.

Diurnal Emissions.—These were of serious import and were sometimes caused by the slightest physical or mental excitement. Suppositories of camphor, opium, and belladonna were very useful in these cases, but the local applications of the nitrate of silver would be necessary to effect a cure.

Lethargy of the Sexual Power.—Vigorous young men who have led active and healthy lives sometimes complain of both want of desire and power. Phosphorus, cantharides, and ergot of rye, would be of use in these cases, combined with a life of ease and travel.

Mr. Teevan concluded by stating that he had on a former occasion, brought the subject of spermorrhagia before the Society, and that, at another meeting, he would discuss the pharmaceutics and sterility in the male.

HOSPITAL REPORTS.

HOSPITAL REPORTS.

KING'S COLLEGE HOSPITAL.

On Saturday, February 18th, Sir W. Ferguson tied the right subclavian artery. The history of the case was as follows:—The patient, a man, aged thirty-five, by calling a sailor, had noticed a short time since a small pulsating swelling in the axilla, which increased in size, and in consequence of the difficulty there was in applying pressure, owing to the depth at which it was situated, Sir William determined to operate. The man was put under chloroform, and the operation performed.

Sir W. Ferguson afterwards remarked, that, in performing the operation, notwithstanding he had made the primary incision a long one, yet afterwards he found, from the depth at which the artery was situated, that it was unnecessary, in order to enable him to manoeuvre more freely, to make a small crucial incision. All the superficial tissues having been detached, the pericardium was then dissected, and his next object was to discover the belly of the orae-hydathotis muscle, as this he regards as the most unerring guide to the artery. Some days since he examined the man in the wards, in the hopes of discovering the exact position of this muscle,
placed among the pathological specimens in the museum. He pointed out the uselessness of the organ, as shown by the diseased tubuli seminiferi, which were occluded, owing to the development of this yellow fibrous or fibroid tissue.

The method of operating adopted by him differed somewhat from the ordinary one, insomuch as he commenced his incision from below upwards, and when the weight of the impinging organ is taken, the action of the muscle is so great as to retract the constituents of the cord so high up within the canal, as to render the spermatic artery difficult to reach.

The reason why, when dissecting out and separating the testis, the operation of chemical cauterization was so carefully attended to, was because also atrophic, was in consequence of the man having an inguinal hernia.

It was necessary so to dissect away the cord as not to wound the hernial sac. The protrusion of the hernia had been prevented from coming down by pressing the cord against the external abdominal ring.

Two other points were worth noticing: the chloriform having rendered the patient somewhat faint, all hemorrhage stopped for a time, but on rallying, another artery had to be tied. All arteries of the scrotum and adjoining parts should be tied before they are divided, or the connecting tissue, otherwise—much difficulty will occur in tying and finding the artery afterwards, on account of the effusion, &c. Finally, he drew the attention of the pupils to the absence of all redundancy of skin, owing to the rapid contraction of the wound due to the circulation of the scrotum.

The next case was one of epithelium of the os and cervix uteri. The tumour having been seized with the vulsellum, Mr. Wood proceeded to adjust the wire of the escraser, and, after a short time, succeeded in bringing away the tumour; a small portion being left behind, which was attached to the cervix; this was removed by a pair of curved blunt-pointed scissors.

Mr. Wood then proceeded to oil the vagina and contiguous parts, and applied with a doseil of lint to the bleeding surface a raised pillow. The wound was saturated with a solution of carbolic acid. The class was then showed the tumour, which Mr. Wood observed was a well-marked specimen of epithelium; it was much broken down and soft. Mr. Wood had fancied it to be much firmer; the cause of its breaking down was in a measure due to the vulsellum forceps. Two points were necessary to be careful in when performing this operation—1st. Not to wound or cut the recto-vaginal peritoneum, or wound the bladder; and with a view to ascertain the latter circumstance, he had passed a catheter, to satisfy himself on the point. Most of the cases of this nature he had operated on had done well. In some few instances, however, the disease had returned. The operation, however, was justifiable. It afforded relief and comfort to the patient, as the disease preyed on the patient's spirits, and exhausts her vital process. Then, as to the exanthem, it prolonged life.

Note.—The cases of aneurism are, up to this date, doing well.

Transactions of Societies.

THE SURGICAL SOCIETY OF IRELAND.

FRIDAY EVENING, MARCH 3RD.

Mr. Wharton, Vice-President of the Royal College of Surgeons, in the Chair.

Mr. H. G. CROY, said it would be in the recollection of the Society that he communicated, during one of the past Sessions, the histories of nine cases of acute inflammation of the tongue, which he believed had arisen idiopathically. During the month of January he met with another case of acute inflammation of the tongue, the history of which he would lay before the Society.

Michael M., aged thirty-six years, employed as a boatman by the Barrow Navigation Company, presented himself at the Heath-street Dispensary, on the 14th of January, 1871. His appearance was characteristic of the affection from which he suffered. His countenance was anxious, the tongue protruded between the teeth, his speech was thick, or what might be termed the glossate speech; his breathing was distressed. On inquiry, he ascertained that the man had got a severe wetting some days previously, and had his feet also immersed in water. He shivered, and felt a soreness at the root of the tongue. He had not been taking any medicine, and up to the time of his visit to the severe wetting he was not aware of any symptoms. He then described to the symptoms detailed, he had a dribbling of saliva from the mouth, with headache and dysphagia. The pain in the tongue, as the disease advanced, was described by him as of a stinging nature. On examination he (Mr. Croy) found the tongue covered with a white exudation, like a false mucous membrane; the organ was large, protruded, and excessively tender to the touch. The sublingual space was infiltrated and chemosed, and the fringe beneath the tongue resembled a cock's comb. The tonsillar regions were natural, and bore pressure well. He noticed as they opened the mouth they were not so much able to open the mouth sufficiently to enable him to introduce his little finger, and the man winced when he depressed his tongue. He observed that the palate and tonsillar regions, as seen internally, were not in the slightest degree altered. He considered from the patient's general symptoms, and the infiltrated condition of the tongue, caused by the exudation of lymph in addition to the engorgement with blood and serum, that no time should be lost in giving him relief by the knife. He accordingly introduced a sharp-pointed bistoury far back, and when the tip of the palate, passing through the palatine arch, was easily felt by the operator, the operator, the following day he called at the dispensary, and was much improved.

The tongue was still tender to the touch, but the symptoms were so much relieved that notwithstanding his advice to the contrary, he returned home to the country that evening, and he had been none of his usual self. The notice of the next case to which he would call their attention, was sent to him by Dr. Barry, of Kanturk. He visited a man, aged forty, whose respiration, articulation, and deglutition, were very painfully affected. His tongue protruded between his teeth, and was bleeding by the gums, so that it was impossible to close the palate; and the tissues from the chin to the larynx were infiltrated. With some difficulty, Dr. Barry introduced a long and narrow bistoury on the flat, and having turned the blade on its edge, he made two longitudinal incisions parallel to the raphé, with instantaneous relief. There was a copious flow of blood which relieved the danger of impending suffocation, and the patient recovered in a few days, and was now in good health. The notes of the following three cases were kindly given to him by Dr. Leeper, of Keady. Dr. Leeper called the name of "Glossitis." The case dealt with was the "Glossitis of Delirium Tremens," and after that by Diffuse Inflammation of the Left Leg. Mr. —, of full habit of body, a free liver, of intemperate habits, dined at a club with seven friends on New Year's Eve. He left the hot dining-room late, and drove home, a distance of six miles, the night being bitterly cold and frosty. Next morning he awoke with sore throat, some difficulty of swallowing, and had a dry, parched, and swollen tongue. These symptoms rapidly increased, and Dr. Leeper was asked to see him at ten o'clock. The tongue swallowed the roof of the mouth, and protruding an inch between the teeth. It was of a dark-brown, almost mahogany colour. The sublingual glands were swollen, and the sublingual spaces filled up to a level with the incisors. The submaxillary glands were not much affected. It was impossible to see the roof of the mouth, the roof of the mouth was covered with red erythematous patches. When the tongue was well moistened he could swallow and speak without much difficulty. Six leeches were applied to the under surface of the tongue and sublingual space. They rapidly filled themselves, and the man complained that he could not swallow an imrtable flow of blood, which gave immediate relief. Before two hours he could keep the tongue in the mouth, and swallow with ease. Dr. Leeper considered that the leeching, purging, and sudden withdrawal of his accustomed stimulant and food, brought on an attack of delirium tremens, as one of acute glossitis treated by free incisions on the dorsum of the tongue. P. K., a farm labourer, was attending a corn mill, getting oatmeal prepared. When there, he assisted the kilman in turning the oats when drying, got into a profuse perspiration, and soon afterwards exposed himself, on a cold biting day in March, and was
chilled. This was followed by swelling of the tongue, and difficulty of swallowing. Dr. Leeper saw him the next day. The condition was more serious, and a crisis approached. In the evening of the third day, there was an abundant flow of saliva from the mouth, and the surface of the tongue was covered with a dirty-white, creamy-looking paste. He was speaking distinctly, and said he would soon choke if not relieved. There was no enlargement of the joints, or of any gland. Mr. Leeper took a lancet with a lancet, the only instrument he had with him, two incisions on the dorsum of the tongue, parallel to the raphe. There was a discharge of four or five ounces of blood and serum from these incisions. He received a message next day to say that the man was improved, and on visiting him the next day, the tongue more swollen, protruding from the mouth, and that deglutition and speech were more difficult than on the day before. He introduced a sharp-pointed bistoury, and made two long and pretty deep incisions on the dorsum from the base to the tip of the tongue. These bled profusely, and gave immediate relief, and the next day the patient could swallow without difficulty, but the speech was thick. His recovery from this time was rapid. In the third of Dr. Leeper’s cases, the patient was forty-five years of age. After exposure to cold he complained of pain and deafness in the right ear, and these were soon followed by difficulty of speaking. These symptoms, after having lasted upwards of a fortnight, were succeeded by rapid swelling of the right side of the tongue. When Dr. Leeper saw him, there was a profuse flow of saliva, so much so, that he thought he must be labouring under the influence of mercury, as the whole appearance of the gums was not normal. The right side of the tongue was so much affected as it could be, but the left was not engaged. The tonsils were not enlarged; neither the salivary nor the submaxillary glands were swollen. The root of the tongue was hard and swollen. Any attempt to swallow was followed by a spurt through the nose and mouth, with coughing. It seemed as if the epithelium did not act, and that the fluid passed into the larynx. Some milk was injected (by means of a large elastic catheter attached to an elastic bag) into the esophagus. He sometimes succeeded in swallowing it, but the attempt was often failed, and was very distressing to him. Dr. Leeper made a free incision, on the dorsum, from the back to the tip of the tongue on the right side, but the discharge of blood was incomparably less, than he could have supposed from the extent of the incision. Fomentation with hot camomile and milk, was kept on the mouth, and his health supported as well as possible with milk and beef-tea. Next day he was worse, and Dr. Leeper made a still deeper and more extensive incision on the right side of the tongue. There was no discharge of blood or serum, at least not more than two ounces, and at a short distance from it. In the case of Monaghan, saw the patient the next day, and advised leeches to the side, and under surface of the tongue. These induced profuse bleeding, which was kept up by cold water in the mouth, Dr. Young thinking that cold water promoted blood from leech bites, better than hot. The swelling of the tongue subsided at once after the leeching, but the right side of it remained thicker and harder than the left, and the man’s speaking was still difficult and imperfect. Mr. Croly proceeded to say that it was superfluous to go into the subject more fully, as it had been already discussed at a previous meeting. He would only state that he thought the case he had detailed was a very well-marked case of idiopathic glositis. The man working on a river and getting a severe wetting, not taking any mercury, the tongue becoming greatly swollen, the swelling of the tumescent tongue being invariable, all these features showed that it was a typical case of idiopathic glositis. He had shown the eleventh case he had recorded, to the President of the College, who agreed with him as to its nature, and he regretted that the President was not there on that occasion to hear him out. The Chairman asked what was the amount of chemosis on the underside of the tongue, and what was the treatment adopted.

Mr. Richardson said he had a case of this kind a short time ago, in the Adelaide Hospital, in which the tongue was rapidly swollen, on the right side of the tongue and chemosis of the floor of the mouth. In that case he only made an incision from the base to the point of the tongue, along the dorsum, but he also made a few punctures in the chemosis on the floor of the mouth, and the man was not relieved. An ulceration followed, which however did not interfere with recovery. As there was some doubt regarding the period at which the treatment by long incisions was introduced, he wished to state that he had found in the Memoirs of the French Academy of Surgery several cases of this kind recorded. In one of these cases, published by De la Motte, in 1725, the tongue became greatly swollen in less than five hours. It soon filled the mouth, and protruded from between the teeth. Bleedings from the jugular vein, arm, and foot were performed without relief, but a rapid cure followed three deep incisions along the dorsum, extending from base to apex. The patient could speak in an hour after the incisions were made. In another case that occurred in 1714, rapid swelling of one side of the tongue took place in a woman; respiration was obstructed, and deglutition impossible. It was cured by one long, deep incision. Louis mentions a case that occurred in the military hospital at Metz, in the year 1749. The tongue became spontaneously swollen. Alexander Benedicteus, who published the case, mentioned that M. Casteras, the senior physician of the hospital, directed him to scarify the tongue lightly. This, however, was not sufficient, and the patient died in two days in consequence of the swelling. As Louis truly observes, life might have been saved by a couple of deep incisions along the dorsum of the tongue.

(To be continued.)

DUBLIN PATHOLOGICAL SOCIETY.

A VERY UNUSUAL SEQUILHA OF SCARLATINA.

Dr. Henry Kennedy said, he was indebted to Dr. Nowlan, of the Summer Hill Dispensary, for the opportunity of exhibiting a specimen which he believed might be considered unique. A girl, of three years of age, was affected with a sharp attack of scarlatina. As it was on the decline swelling appeared under the right jaw, and spread rapidly downwards to the clavicle, and even below it. Finally, abscess formed and burst in three places, one of them being close to the sternal end of the bone. While changing the poultice one morning, the mother thought she felt something hard at the sternal end of the bone. After two days, this became so large that she was able to withdraw it, and when presented to Dr. Nowlan, it proved to be the entire clavicle. Towards the acromial end the bone shows signs of caries; but otherwise is perfect. A year has elapsed since the occurrence, and the child has grown fat and healthy, while the movements of the arm are so complete, that it would be hard to say there was anything wrong.

New Inventions.

A NEW AID IN CHLOROFORM ADMINISTRATION.

We have for years been accustomed to select the most simple method, and that is, the one so long and successfully practised by Simpson. But there is now a useful aid to the administrator, offered us in the shape of an improved graduated chloroform bottle, with a fine lip for dropping, enclosed in a neat leather case, which, at the moderate price fixed by the makers, 2s. 6d., should obtain a large sale. This new graduated bottle is made from the suggestions of Mr. John Astley Bloxam, chloroform administrator and Surgical Registrar to St. Bartholomew’s Hospital, and is made solely by Messrs. Arnold and Sons, of West Smithfield. The drawing shows the graduated bottle, which is exceedingly portable and simple. No assistant is required in the administration. The chloroform being spread over a large surface of the handkerchief or lint, the amount of atmospheric air mixed is very great, and not at all limited. No mouthpiece, so objectionable to many patients, is present. For safety, the operator has not to trust to the selection of a compound set of valves, which are liable to get out of order, but to his own attentive observation of the case. The amount of chloroform administered can be readily ascertained by the graduated scale.
The Sanitary Report.

The Report of the Royal Sanitary Commission already mentioned in our columns, is certainly a great event for the Profession which alone has laboured earnestly for the welfare of the people in this department. If we were constituted as some of our contemporaries we might set up a yean, and call our readers to take note of the pre-science we had exhibited, and congratulate them that our recommendations had at length been adopted. We are not, however, given to “bunkum,” and are content to allow other journals to assume, on all occasions, that their advice has been the origin of any reform adopted. It pleases, we suppose, the writers and the readers are probably too wide awake to be imposed upon in that fashion, though it is sometimes difficult to realise what must be the feelings with which these boastful and pretentious writers regard their readers. Do they give them credit for the smallest degree of common sense? or do they fancy that this assumption ever provokes anything more than a faint smile or sneer?

However, to the subject in hand. The Sanitary Report recommends that sanitary matters should be entrusted to a Minister of Health. This we have for some years earnestly advocated. There can be no doubt that some strong central authority is needed—not in times of public alarm from epidemics—but a permanent authority which can take cognizance of all things affecting the public health, and which may, in time, evolve something like a rational system from the chaos of legislation that at present seems often to hinder rather than hasten improvement.

We have often said that the Minister of Health should be a member of our Profession. No untrained mind, no showy politician, no mere placeman can ever be competent for such a post. Of course, we shall be told once more that doctors are not politicians—that they keep themselves aloof from public life—that practice is not easy when distracted with public cares. These objections have been answered by us often enough. Medical men as educated gentlemen ought to take part in public affairs, and especially in such departments as they alone can understand. In other countries we see them in upper and lower legislative chambers—in cabinets and all posts of honour. Free England alone is the country where the art of Healing is so little esteemed, that the public fancy that those who practise it can have no powers of mind to apply to other subjects, and where this same public ignores physiology, thinks sanitary science a hobby of a few poor doctors, and encourages quackery to set itself on an equality with scientific medicine, lest it should be thought to interfere with free trade.

There are plenty of men in the Profession who might take a high place in the political world, and so far from falling in with the cant of the day about practical men, we have always argued that it is the duty of some professional men to take to public life. Another view of the question is this: A university career is regarded as a good preliminary to public life, and we maintain that men who intended themselves only for politics might advantageously take their degree in medicine. If any member of the Cabinet had had such an education, would he not naturally take the post of Minister of Health. Let that be looked upon as a condition, and there would be no reluctance in politicians to qualify for it. Bad as things are we maintain that there are plenty of men in the Profession who would make first-rate ministers—and there are plenty of others for every subordinate appointment. When medicine is properly represented in the State we shall hear no more of the ridiculous prejudice against political doctors, which has kept so many able and zealous minds from devoting themselves to public life, and we shall be delivered from the heavy hand of the Privy Council, which has heaped up so many recommendations and reports, but has utterly failed to make appropriate provision for carrying out the Vaccination Act. It is no use disguising the matter—in spite of the constant flattery offered to the Medical Officer of the Council in certain quarters—it is notorious that the Profession and the public are alike disgusted with the inconvenient and unjust arrangements that have been carried out to vaccination; and this is not the only instance in which we consider that the Privy Council has only “muddled,” that with which it “meddled.” This conviction partly accounts for the opposition which the Council’s Medical Bill met with. Many a man who denounced the selfishness of the Corporations, is ready to go on as we are a hundred times rather than fall into the hands of the Privy Council.

The next point in the Report is the proposal to place the Poor-law under the same authority, so that our Minister of Health will be Minister of Poor-law also. In other words, in spite of all that has been said in the matter we shall get but half a minister after all. A good deal of praise has been lavished on the proposal to utilise the Poor-law medical officers as Health officers. Of course, these gentlemen will do their work as well as they can, but we are not convinced that there is any bright future in store for them in this matter.

Taking it for granted that they are to be better paid they are already rejoicing, but let them not count their chickens too soon. Besides, it is altogether wrong to pay a man a tenth part of the value of his work in any office, and to make up for that by giving him another appointment. In many instances these gentlemen have enough
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to do—have no time and no inclination for the new duties proposed to be confided to them; and yet, they will find it absolutely necessary to undertake them. No! pay the Poor-law medical officers properly for what they do, and let the question as to who shall be health-officers be decided on other grounds. There are, no doubt, certain duties which they would like to undertake, and for which they are well qualified. There are other duties quite outside their usual sphere. Let us not make a jumble under the pretence of doing justice to our ill-used brethren. Let us still insist on pure and simple justice being dealt out to them—without any stipulation as to new offices.

We shall be thought perhaps to have only spoken against the Recommendations of the Commission, but we are ready to admit many excellences in their Report. They, however, can wait for consideration. We have thought it well at first to speak of the objections that may fairly be urged—objections which we hope will be seriously pondered by those whom they concern.

Notes on Current Topics.

Cottage Hospitals.

We have just received the Report of the past year of the Mansfield Woodhouse District Hospital, an institution established by the nobility and gentry of the neighbourhood for the purpose of bringing to the doors of the working people some of the advantages offered by the hospitals of our large towns. We find the house conducted on the principle recommended and practiced by Mr. Alfred Napper—we may say the founder of village hospitals. The Mansfield Woodhouse Hospital, judging from the report before us, appears to be in a most prosperous condition, having a balance of £294 19s. 1d.; upwards of forty patients have been admitted and discharged with the most satisfactory results. We are glad to observe that Dr. Waring-Curran has connected himself with such an institution. The committee, we notice, congratulate themselves upon his appointment, and in that they have every right to do so. Dr. Curran is well known in the Profession as a clever physician and author, and we consider the hospital lucky in possessing the services of such a medical officer.

American Reprints.

The absence of international copyright is deplored by many of the best publishers and authors in the States, as well as here, and we are glad to know that the honourable feelings displayed by some is a growing one. Our very valuable contemporary, the New York Medical Gazette has some excellent remarks a propos of two editions of Dr. Maudsley’s “Body and Mind,” that have just appeared in America. It is a pleasure to find the Gazette speak thus decidedly:

“One word as to the editions before us. The first is the author’s edition placed in this market by the English publishers, who have an established branch in this city; the second is a reprint, far inferior in mechanical execution, made for the profit of the American publishers, at the author’s expense. Too much of this sort of business is daily done in our country, and its profitable continuance casts discredit not only on the vendors, but on the pur-

chers of purloined wares.” Some other instances are named and then the Gazette adds:—“In many cases such action has been excused, though not justified, by the circumstance that the original editions were not brought fully within the reach of American purchasers; but in those we have mentioned this palliation cannot be advanced. As regards the present work, we sincerely trust that a sense of common honesty will induce our readers to purchase the English edition—thereby making some slight return to the author for the pleasure and profit which he affords therein—rather than the ‘shabby American reprint’ the gain from which is presumably his loss. In the absence of an international copyright, the only remedy for a great injustice lies in the honourable instincts of individual members of the community; and, in our profession at least, it is time that this remedy were applied.”

Cod-Liver Oil.

Dr. A. S. HUDSON states (Pacific Med. and Surg. Journ.) that the taste of cod-liver oil may be wholly disguised by adding to one pint of the oil half an ounce of tincture of gum guaiacum and a drachm of essence of gaultheria.

Prescription Writing.

Dr. J. G. PINKHAM proposes in the Boston Medical and Surgical Journal that the signs commonly employed to designate drachms and ounces should be changed, their similarity being a source of error in writing a prescription as well in reading it. He cites an instance in which “one of our most careful physicians wrote for Bismuth subcarb. 5t., instead of 5t., to be divided into eighteen powders.” We have known other instances, and the scruple sign is just as dangerous. Probably, few physicians will be induced to take the trouble to write the words “drachm” and “ounce” at length, and the abbreviation “dr.” would be likely to be mistaken for “gr.” Dr. Pinkham proposes to symbolize the drachm by a simple cross, and to represent the ounce by the abbreviation “oz.” Until we get the decimal system why not write the words at length?

Uterine Disease in California.

Dr. J. W. B. REYNOLDS, of San Francisco, writing in the Pacific Medical and Surgical Journal says, that inflammation and ulceration (non-specific) of the cervix uteri is more common in the Atlantic States, a fact not only within his own experience, but confirmed by that of every intelligent physician with whom he has conversed on the subject.

The Invalid’s Guide—
Whom to Consult in London—
The Clever Men of the Medical Profession.

Price—1s.

Taking the above as his title, a correspondent sends us a copy of the new print to which it refers, and which we deeply regret should be printed or published by any respectable firm. Our correspondent writes about it as follows:—

SIR,—I send you a journal found under my garden gate last evening, and I suppose by this time largely circulated. It is headed “The Invalid’s Guide.” Possibly the touter who gratuitously left me the copy, did not
observe my name on the door-plate, or he would not have ventured to give me the "Invalid's Guide." I beg to call your attention to page 18 of the work, and the names of London so-called specialists, as a guide "whom to consult." I feel confident that Sir W. Ferguson, Mr. James Paget, Dr. Habershon, Mr. Solly, and other gentlemen, who are well known without being advertised, as the only one or two clever men in special branches are not cognizant of the way they are made public in this "Invalid's Guide." I consider the same an insult to the profession, and trust that the gentlemen whose names appear will demand erasure of the same. Please also to read page 28 of this precious journal. "A highly qualified physician and five-shilling fee."

This precious periodical has had the impudence to take a good proportion of first-class men's names and advertise them in a most outrageous fashion. At first sight it almost looks as if this had been done in order to introduce other names. In any case we look upon the proceeding in the same light as our correspondent, and should be very glad to publish the names of all, with a view to show who will remain after those who disapprove of this kind of thing have stated as much. It is certainly an insult to men of the highest standing to be treated as this "Invalid's Guide" has treated them. The following is a reprint of page 18, spoken of by our correspondent:—

"WHOM TO CONSULT:
A Guide to the Visitor and Stranger to the Metropolis

General Consulting Physician.
Sir James Alderson, Berkeley square.

Operating Surgeons.
Sir William Ferguson, George street, Hanover square.
Samuel Sally, F.R.S., Saville row.

Diseases of the Brain and Nervous System.
Forbes Winslow, M.D., 23 Cavendish square.
Russell Reynolds, M.D., 38 Grosvenor street.

Diseases of the Eye.
White Cooper, F.R.C.S., 19 Berkeley square.

Diseases of the Ear.
William Harvey, F.R.C.S., 2 Soho square.

Diseases of the Throat.
Morell Mackenzie, M.D., 13 Weymouth street.
Sir George Gibbs, M.D., 1 Bryanstone street.

Diseases of the Chest and Lungs.
R. P. Cotton, F.R.C.P., 46, Chalges street.
Charles Williams, F.R.S., 49 Upper Brook street.

Diseases of the Heart.
Thomas Peacock, M.D., 20 Finsbury circus.
Francis Sibson, F.R.S., 40 Brook street.

Diseases of the Stomach and Digestion.
King Chambers, M.D., 64 Brook street.
B. Ridge, M.D., 21 Bruton street.

Diseases of the Liver.
Sir R. Martin, F.R.C.S., 37 Upper Brook street.

Diseases of the Abdomen.
Samuel Habershon, M.D., 70 Brook street.

Diseases of the Kidneys.
Dence Jones, F.R.S., 31 Brook street.

Diseases of the Bladder.
Sir Henry Thompson, F.R.C.S., 35 Wimpole street.

Diseases of the Womb.
Tyler Smith, M.D., 21 Upper Grosvenor street.

Diseases of the Rectum and Anus.
Henry Lee, F.R.C.S., 9, Saville row.
James Lane, F.R.C.S., 2 Berkeley street.

Diseases of the Generative System.
John Harvey, M.D., 7 Princes street, Hanover square.

Diseases of the Spine and Deformities.
William Little, M.D., 71 Brook street.

Diseases of the Joints.
B. Brodhurst, F.R.C.S., 30 Grosvenor street.

Diseases of the Skin.
Balmanno Squire, M.B., 9 Weymouth street.
Erasmus Wilson, F.R.C.S., 17 Henrietta street.

Diseases of Women.—Midwifery.
Grantly Hewitt, M.D., 36 Berkeley square.

Fever.
Charles Murchison, M.D., 79 Wimpole street.

Rheumatism.—Gout.
Henry Fuller, M.D., 13 Manchester square.

Tumours.
James Paget, F.R.C.S., 1 Harewood place.

Cancer.
James Paget, F.R.C.S., 1 Harewood place.
Alexander Marsden, M.D., 65 Lincoln's-Inn fields.

Jurisprudence.
Alfred Taylor, F.R.S., Guy's Hospital, S.E.

"It is impossible, in a periodical like the 'Invalid's Guide,' to give the names of all the eminent and distinguished men in the Medical profession whom the invalid might with advantage consult. Our object is fully gained (as a guide to the stranger) by giving the names and addresses of one or two clever men in each branch of the profession. We would, at the same time, draw the attention of our readers to the fact that in the 'Medical Directory,' published by the Messrs. Churchill, of New Burlington street, the name, qualifications, and characteristics of every medical man in the kingdom appear."

The following is the announcement at page 28, referred to by our correspondent, and which speaks for itself:—

"It is intended in the next number of this journal to open a 'Medical Inquiry Column,' which will be devoted to answering all medical questions. A highly-qualified physician will be engaged to attend to this branch, and a fee of five shillings will be charged for answers to each inquiry."

One more point, and we dismiss this subject. There are contributions in it with the names of authors appending M.D. to their names, as well as their addresses. It would be well for them to state whether, when they gave these contributions, they were cognisant of the nature of the projected publication.

The Female Medical Students.

On Monday week at a meeting of the Managers of the Royal Infirmary of Edinburgh, it was moved by Professor Balfour, and seconded by Mr. David McLaren—

"That the University of Edinburgh having, by the decision of its Senate, Court, Council, and Chancellor, sanctioned the admission of registered ladies to separate medical classes, the managers of the infirmary, not wishing to differ from the University in this matter, resolve to consider what plan can be adopted to admit such ladies to the advantage of separate clinical instruction in the wards of the Infirmary, which is absolutely necessary for the further progress of their studies. The managers therefore remit the matter to a committee, with a request that they will consult with Dr. Bennett, Dr. George W. Balfour, and Dr. Watson, who have indicated a plan for clinical lectures, without injury to the patients or annoyance to the male students, and to report."
It was moved, as an amendment, by Professor Christison, and seconded by Dr. Combe—

"That the managers decline to disturb their resolutions of the 31st of October and 16th of November last relative to this subject until satisfied by the petitioners that they can present a plan for fulfilling the purpose of the petition without danger to the objects for which the Infirmary was originally designed by its founders, and which have been steadily and most successfully kept in view by the managers ever since the Infirmary was established in 1729—viz., the cure of the sick and hurt poor, and 'giving the young gentlemen attending the study of physic and surgery in Edinburgh all opportunities of education in their power.'"

On a division five voted for the motion and thirteen for the amendment.

Patent Gas.

Dr. Eveleight's method of producing gas seems likely to revolutionize the present supply of that invaluable luminary. A company has been started to work the patent, under the Chairmanship of Mr. John Ogle, a well-known engineer, who states that from experiments it was proved that a higher illuminating quality of gas was produced from a lower quality of coal, and at very much less cost than by the existing system. Dr. Letheby, who had examined the small experimental works at Peckham, reports that the peculiarity of its manufacture consisted in the carbonisation of the coal at a low temperature, and in the subsequent conversion of the volatile constituents of the tar into permanent gas. The gas which was obtained from the coal, had the usual odour of gas produced at a low temperature, was of remarkable purity, with an entire absence of sulphuretted hydrogen and ammonia, the smell of it being much less offensive than that of ordinary coal gas, and it was so rich in hydro-carbons, that it could not be burnt, from a standard Argand burner with fifteen holes and a seven-inch chimney, at a larger rate than four cubic feet per hour. The results of his experiments were highly satisfactory, and showed that the process was capable of producing a rich gas of greater illuminating power, and at a much cheaper rate than at present. The subject has been brought before the Board of Trade, the Metropolitan Board of Works, and the Corporation of the City, and the two latter bodies have appointed Committees to inquire into it.

The Working of the Contagious Diseases' Acts at Cork and Queenstown.

DR. JAMES G. CURTIS has published, in pamphlet form, the result of his experience as visiting surgeon to the district. He says:

"When first the Acts came into force, the streets of Cork were a disgrace to any civilized community. Nearly 400 Phrynes of the lowest type, nightly paraded the chief thoroughfares, so sunk in vice, that one could scarcely fancy them human beings. No virtuous female, even when accompanied by a male relative, dared to traverse the streets without incurring the risk of being saluted with the vilest obscenity, and disgusted by scenes of frightful inebriety. What is now the case? Cork is, for its size, as orderly a city at night as any in the world; no gross obscenity or drunken rambunctiousness offends the ear; and the most practical proof of the efficacy of the Acts is, that out of this large number of prostitutes (400) there now remain in the district but 151, of which latter there are usually in hospitals, prisons, and workhouse, 104; leaving the actual number at present in Cork, Queenstown, and an area around them of ten miles, but seventy-seven at large. Well may I be asked where are the rest? Have they gone elsewhere to carry on their sinful trade? A very small number indeed have; but the majority have not only left the streets, but have left their degrading life, and become virtuous. I will take, for example, this last year, 1870. Two hundred and seventy-three women were on the streets; thirty-four out of this number have been restored to their relations; one married; nine have entered homes and refuges, Catholic and Protestant; seven have died; seventeen have gone to the workhouse permanently; twenty-seven have left the district—a few of the last to continue their sinful life, but the majority of them to seek an honest livelihood."

What is a Quack?

The Court of Appeals of the State of New York, lately ruled that in that State it is libellous to style a homoeopathic physician a quack.

Mr. Justice Sutherland, in delivering the opinion of the Court, after stating that prior to 1844, only the allopathic school was recognised by the law of the State, but that in 1844 an Act was passed abolishing all restrictions on the practice of medicine, goes on to say:

"To call a physician, whether homoeopathic or allopathic, a quack, is in effect charging him with a want of the necessary knowledge and training to practise the system of medicine which he undertakes to practise, and which he holds himself out as having undertaken to practise, and I do not see why it is not now, and has not been since the Act of 1844, just as actionable falsely and maliciously to call a homoeopathic physician a quack, as to call an allopathic physician a quack. There cannot be any doubt, I think, that to call either a quack is actionable, and has been since the Act of 1844."

This ruling will recommend itself to all as just.

Contract Doctoring.

A CORRESPONDENT of a Belfast paper suggests the formation of a Medical Aid Society, and supports the proposition with the suggestion that the expense of medical attendance would be reduced to an almost nominal charge, and therefore professional advice would more readily be sought, which being paraphrased, signifies that the common (very common) doctor of the members should attend, inspect, and consult on every old woman's corn, and every child's dirty nose, at the rate of (say) three halfpence each week.

A happy picture of the dignity of contract doctoring.
Progressive Osteomalacia.

Dr. Gussmann relates, in the Würtemb. Med. Correspond. Btl. x1, 1870, the case of an optician, who had always lived a regular life, and been well up to thirty-eight years of age. On a cold night in winter, whilst perspiring, he stood for some time with his feet in a puddle of ice-water, and was soon afterwards seized with pain in the neck and back. This went on up to the day of his death, ten years subsequently. A permanent distortion of the spine set in, with consequent difficulty of breathing, mainly due to compression of the lungs from an enlarged gland beneath the sternum. Later pain was experienced upon the least movement, especially of the trunk. Severe febrile symptoms occurred from time to time. The urine was generally clear and yellowish. Shortly before death, in consequence of pressure upon the spinal cord by the curvature of the cervical vertebrae, the left arm became paralyzed. A post-mortem examination showed that the anterior wall of the chest was very much bulged forward to the level of the third rib, and at the lower portion of the chest, at its sides, the ribs were forced out, very much bent, of a deep bluish colour, their periosteum not thickened, but readily removed, and at some points they were cracked. Upon dividing the integuments they were found reduced to the thinness of paper, and the contents of the cavity of the chest consisted in great measure of a soft fatty reddish substance. The cervical vertebrae were very much curved laterally, with the convexity of the curve to the left side, the dorsal vertebrae were curved outwardly. The vertebrae and bones of pelvis projected backwards. There was some degree of gibbosity of the clavicles and of the sternum, in which the indications of osteo-sarcoma were present.

"The Artery Constrictor."

Dr. S. Fleet Speir is the author of the essay to which was awarded the Merritt H. Cash prize of the New York State Medical Society, 1871, and the inventor of the "Artery Constrictor," designed for the immediate closure of arteries as a substitute for the ligature, acupressure, and torsion.

The instrument was presented at a recent meeting of the New York State Medical Society—with specimens—and the principles of its operation explained. This method has been severely tested by operations upon the horse, dog, sheep, and man; and the proofs of its effectiveness had already been presented to the New York Academy of Medicine and the New York Pathological Society.

"The Artery Constrictor" consists of a flattened metal tube, six inches (more or less) in length; and open at both ends; with a sliding steel tongue running its entire length, and having a vice arrangement at the upper extremity, by which it can be made to retract within the tube or sheath. The lower end of the tongue is hook-shaped, so as to be adapted to the artery to be constricted. The hook of the tongue is so shaped and grooved as to form a compressing surface only, by which means the artery, when acted upon by the force of the vice, is drawn into the sheath. The interior of the sheath and the sides of the hook of the tongue are grooved, so as to allow room for the external coat of the artery to pass freely within the sheath of the instrument; but the internal and middle coats cannot pass. These coats are cut or ruptured as the hooked tongue which encircles the artery is drawn into the sheath. Having been divided at the first step of the operation, they naturally contract and retract, and as the external coat of the artery is drawn into the sheath of the constrictor, the internal and middle coats are peeled up and invaginated by the continued pressure of the grooved tongue as it passes on in the sheath. They are finally driven down the artery to form a valve-like plug. The artery may now be slipped out of the instrument, free from any foreign substance, and occluded by the invaginated internal and middle coats. The external coat is left continuous and uninjured. A coagulum soon forms upon the internal coats, and completes the occlusion. A coagulum is not necessary, however, as the plug of invaginated internal and middle coats is sufficient to arrest the flow of blood. The New York Medical Gazette says, that the operation is literally instantaneous, as but one minute of time has been found sufficient for the occlusion of the carotid artery of the horse, and other large arteries. It required no more time than is necessary for the application and withdrawal of the instrument.

Condy's Remedial Fluid.

When Mr. Condy, of Battersea, many years ago introduced, for disinfecting purposes, the alkaline permanganates, he called the attention of the Medical Profession, abroad as well as in this country, to many affections in medicine and surgery, wherein they would, it seemed to him, be found very advantageous. His views were sufficiently confirmed by a certain number of isolated observations, to lead to the adoption, in 1802, into the British Pharmacopoeia, of the permanganate of potash. Since then, that particular salt has occasionally been reported in the medical journals to be highly beneficial in a large number of diseases appertaining to the domain of both medicine and surgery. The late Dr. Girdwood, as early as 1857, communicated to the Lancet a long list of cases in which he had used it with great advantage. He was followed here by Mr. Mitchell Henry, then of Middlesex Hospital, Mr. Oliver Pemberton, and a few other eminent surgeons whose experience was favourably reported in the Medical Press, and on the Continent by several German medical men of note. At a meeting of the Académie de Médecine de Paris, in September, 1861, there a paper of Mr. Condy's on the subject of the "Use of the Alkaline Permanganates in Medicine" was read, his views received the theoretical approval of that learned body. On that occasion M. Boudet made the following, among other remarks:

"M. Condy signale une foule de circonstances dans lesquelles sa Liqueur peut rendre les plus grands services. Jouissant à un très haut degré de la propriété de modifier et même de détruire les matières organiques, et spécialement celles qui sont en voie de décomposition ou de fermentation, quelles ressources ne doit-elle pas offrir pour le traitement des plaies et des ulcères, pour les détériorer, les assainir, les modifier, pour prévenir ou arrêter les effets de la contagion, pour combattre les affections diphthériques, pour modifier ou détruire les productions anormales, les sécrétions nuisibles et même certaines substances venimeuses dans les organes digestifs?"

No practical result of importance, however, beyond the insertion, in imitation of England, of the permanganate of potash, in the French Codex, followed in France. But in this country the number of experiments gradually increased and, from time to time, cases have been reported in the British medical newspapers, wherein very remarkable results were obtained from the medicinal employment of
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Condy's Fluid, or permanganate of potash, which is the active ingredient of that excellent disinfector. Mr. Condy has now collected these cases, and from them produced a great array of affections for which that substance would seem to be of superior efficacy.

Disappointed with the slowness with which the public seemed to be admitted to benefit from the new medication, Mr. Condy has taken the somewhat bold step of bringing out in popular form a modification of his fluid, under the title of "Condy's Remedial Fluid." On account of the law which prohibits the mention of the curatives used in connection with proprietary pharmaceutical preparations, the one in question requires to be provided with the Government medicine stamp. It is thus what is usually called a patent medicine, or, in vulgar parlance, a "quack" remedy. Nothing could, however, be further removed from quackery than this remedial preparation, about whose composition there is no concealment, and in connection with which every report put forward bears the name of some medical man more or less known.

New French Medical and Scientific Works.
In our last we gave a list of recent English medical publications; notwithstanding the war and the siege of Paris, our confrères on the Continent have not been idle, and we can only express surprise that men and materials were available for literary purposes. The following were issued by MM. Bailliére et Cie, publishers to the Académie de Médecine:—

- Bernard. Secours aux Blessés.
- Chatin. De l'Anthère.
- Démétreiso. Études sur les Ovules Males.
- Deroubaix. Traité des Fistules Uro-Genitales de la Femme.
- Despères. Délit Impuni.
- Duval-Jouve. Étude Anatomique de Quelques Graminées.
- Molé. Signes Précis du debut de la Convalescence.
- Reynaud. Lavezze de la Névrite et de la Périnévrite Optiques.
- Rider. Étude Médicale sur l'Equitation.
- Robin. Traité du Microscope.
- Schatz. Étude sur les Hôpitaux sous Tentes.
- Voisin. Du Droit d'Exercice et d'Application de toutes les Facultés de la Tête Humaine.

Drawing-room Drunkardesses.
We are asked to believe that the ladies of England are for the most part sunk into a state of dissipation and drunkenness, which is a characteristic of the age. So long as this charge was confined to the "Bayard of the Press" we thought it unworthy of notice. But we are sorry to say that the most serious of our contemporaries have fallen victims to this sensation. The Spectator has appealed to the Lancet, and the latter journal has been unable to resist the temptation, although had the Spectator happened to run athwart some of the cherished ideas of the Lancet we might have been favoured with a very different homily—one on the impropriety of lay papers taking up medical subjects. Again, the grave and sober Practitioner has found much to say against women, and charged them in no measured terms with drawing-room drunkenness. However great our respect for the editor of this last publication, we must regret that he has carried his hobby so far, and soiled the pages of his magazine, with a style far more suited to the Lancet, of the literary staff of which he was once, perhaps, the most reliable member. Indeed, anyone who compares the utterances of the Lancet and Practitioner on this subject is likely to conclude that they are the production of the same writer. There are many objections to pushing the "narcosis" hypothesis too far, and the originator of it would do well to remember that it is by no means generally accepted, and therefore should not be employed in the manner it has been to push a foregone conclusion. The very fact that it should suggest that English society is nothing but an agglomeration of drunken women, should have made him hesitate, even in these days of sensation, to give currency to such a sensational statement. On behalf of English wives and mothers, we protest against the nonsense that has been so widely circulated, and declare that it as far removed from scientific truth as possible.

We are not at all surprised that a comic paper should have seen through the transparent sensationalism, and spoken of it as Fun did in those lines—

"Yet is throwing mud
Manly occupation!
Get you with bad blood
Healthy circulation!
Is the game worth trying?
At such cost of taper—
Woman's worth bullying
Just to push a paper!"

Editors and Quacks.
An able correspondent draws our attention to an article in a recent issue of the Standard, entitled "Improvements in Dental Surgery." This article is obviously an advertisement, but it is inserted in a prominent part of the paper in the form of editorial matter, although—thanks to the imperfection of the law—we cannot prevent quacks either from assuming medical titles sufficient to deceive the public, or from practising any branch of the profession, a protest should be made against their being able to purchase the editorial influence of daily papers—influence capable of driving even the most wary of the public into their hands. We agree with our correspondent that the fact of a practitioner using such puffis is alone sufficient to show that he is, to say the least, in the lowest rank of his profession.

Contagious Diseases Acts.
A CROWDED meeting was held on Thursday last in the Burdett Hall, Limehouse, London, Dr. Bowkett in the Chair, under the auspices of the National Anti-Contagious Diseases Acts Association.

Mr. B. Langley delivered a very eloquent and telling address, showing the danger of such partial legislation and the unjust way in which it bore on the female sex, especially on the poorer classes of women. He denied that such Acts even diminished venereal contagion wherever
they were carried out; and spoke of the necessity for making a radical change in the constitution of our army, so as to allow of soldiers being married, and thus, less dangerous to the liberties of the female population.

Dr. C. R. Drysdale said, that these kind of Acts had always been found to do far more harm than good; being a source of false security to men, and a brutal tyranny over poor women in all cities where they were enforced. In Paris, once under the thrall of the police medical man, the poor women were made prostitutes for life, and died in harness; in England the statistics of the Refuge Society and Mr. Acton had showed that prostitution was re-sorted to chiefly by domestic servants, for a few months, and then entirely abandoned. Instead of Contagious Diseases Acts, what was wanted was, far more ample hospital accommodation for prostitutes, the enfranchisement of women, and their admission into the ranks of industry indiscriminately. The main cure for prostitution, however, was the popularization of marriage, which must be the task of thinkers for some time to come. To make universal marriage compatible with wealth and human well being would put an end to prostitution and syphilis. The Swiss system of citizen soldiers was what was wanted; the celibate army system was quite an incubus on all European nations, and must be given up. Of 95,000 soldiers in these islands, only some 10,000 had partners, and the rest were perennial sources of venereal infection, maintained at the expense of the State, which was intolerable.

Mr. D. Cooper, of the Rescue Society, showed how the Contagious Diseases Act degraded the women, and how it was found that, in Plymouth and elsewhere, the prostitutes began to think that the life of a prostitute was quite an honourable licensed calling.

Mr. P. Walter said, that their laws were a disgrace to the statute-book of a free nation, and, on the Chairman putting the resolution, "That this meeting considers that the Contagious Diseases Acts are unconstitutional, unfair, and opposed to the ordinary principles of legislation in this country, and that they should be at once repealed," there was not one hand held up in favour of the Acts, which, indeed, seems to be most unpopular in the East-end of London.

The Navy Report has just appeared. It embraces the year from July 1st, 1869, to June 30th, 1870.

The Vaccination Committee of the House of Commons is still taking evidence.

Professor de Morgan, of University College, London, died on Saturday afternoon, at the age of sixty-five.

The parish authorities are applying vaccination compulsorily to all who seek shelter in the Marylebone casual ward.

We hear that Prince Napoleon and Princess Clothilde were present at the debate of the Dialectical Society last Wednesday.

Dr. Brady has had a Medical Bill read a second time in the House of Commons. Dr. Rush has had another read. Both are on the paper for June 14th for second reading.

Dr. Gedge, whose untimely decease, on his journey with Sir S. Baker, we noticed at the time, has left £1,000 to the University of Cambridge, to found a biennial prize for physiological research. He assisted Professor Humphrey for about three years before he left with the expedition.

Messes. Leifs & Co., have sent us facsimile copies of an interesting balloon letter sent during the siege from Paris to London. It is a lasting memento of the war, and the advance it caused in aerial navigation.

The Countess of Portsmouth has been instrumental in establishing a cottage hospital at Chulmleigh, near Eggesford House, for the benefit of patients who require more generous living and better nursing than they would be able to obtain at their homes.

The Metropolitan Asylums Board have decided upon providing additional hospital accommodation at West Brompton, at a cost of £12,000. It has also been resolved, with permission of the Poor-law Board, to raise a loan of £10,000 for the completion of Stockwell Hospital.

The worse phase of the late deplorable war has just developed itself in rebellion to the constituted authority. On Sunday the insurgents had obtained complete mastery in Paris, and had murdered in cold blood two of France's most able generals.

The Anthropological Society and the Ethnological Society have united, and thereby formed a much stronger Association. The united Society is to be called "The Anthropological Institution of Great Britain and Ireland." The President is Sir J. Lubbock.

The Liverpool Coroner held an inquest last week on the body of Alexander Dingwall, who had died from blood poisoning, consequent on his having been vaccinated whilst suffering from diabetes. The jury returned a verdict in accordance with the medical evidence.

The last Metropolitan weekly return shows 2,261 births and 1,601 deaths, the former being 110 above and the latter 41 below the average. The mortality from small-pox (194), though still very great, shows a decline as compared with the previous weeks, which gave 227 and 218 fatal cases respectively.

We have to announce the death of Mr. G. May, of Maldon, one of Sir A. Cooper's pupils, who was followed to the grave by all the leading townsmen. He had held a high position among them for many years.

We have also to deplore the death of Mr. M. F. Reilly, of Wigan, who has fallen a victim, in the pride of life, to typhoid fever.

Mr. Curling, F.R.S., has been elected on to the Examining Board of the Royal College of Surgeons of England. This is a legitimate reward for the abnegation he exhibited on a former occasion, with a view to secure the separation of anatomical and surgical examineries, and a fitting testimony to a distinguished career that, at an
early period, carried off the Jacksonian Prize (1834) and has since been diligently followed at one of the largest and best of the metropolitan hospitals, to which, after a full period of service, he has been elected consulting-surgeon.

To our previously announced deaths of our French brethren during the war, we have to add several other names. M. Blain lately died of pyaemia in consequence of a wound on his finger whilst taking care of a German soldier. Dr. Ehrmann, son of Professor Ehrmann of Strasbourg, died of his wounds received whilst tending the fallen in one of the engagements on the Loire. Dr. Bardinet, Director of the Medical School of Limoges, has lost his son, killed in battle. Dr. Danicourt, who had joined the Army of the West, found a glorious death during the campaign. Dr. Milliot was killed whilst returning to the wounded lying on the field of battle at Proessville. He had walked some distance to get a supply of linen, and was hit by a piece of a bursting shell.

SCOTLAND.

GLASGOW.—The Managers of the Barony Parochial Board have agreed to purchase property in Dumbartonshire to the extent of 160 acres for the purpose of erecting a farm asylum to accommodate 400 patients.

ABERDEEN.—Dr. Kilgoar has resigned the appointment of Consulting-Physician to the Royal Infirmary on account of his health.

New fever wards are to be erected, and the Infirmary airing grounds enlarged at a cost of £3,300.

LITERATURE.

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Accepted thus almost unhesitatingly on its first appearance, in part owing to this charm of simplicity, in part from the well-deserved reputation of its author, whose lifelong labours, it was well known had been devoted to the elucidation of this interesting, if difficult study, it was not long before the many difficulties with which the theory is beset, brought forward as many able criticisms. Mr. Mivart has brought these together, under the following heads, to the examination of each of which he devotes a chapter:

"That natural selection is incompetent to account for the incipient stages of useful structures."

"That it does not harmonize with the co-existence of closely similar structures of diverse origin."

"That there are grounds for thinking that specific differences may be developed suddenly instead of gradually."

"That the opinion that species have definite, though very different limits to their variability is still tenable."

"That certain fossil transitional forms are absent, which might very much have been expected to be present."

"That some facts of geographical distribution supplement other difficulties."

"That the objections drawn from the physiological differences between species and races still exist unrebutted."

"That there are many remarkable phenomena in organic forms upon which natural selection throws no light whatever, but the explanations of which, if they could be attained, might throw light upon specific origination."

Each of these "difficulties" is ably and temperately examined by Mr. Mivart, who, while admitting that natural selection acts, and must act, playing in the organic world a certain, though a secondary and subordinate part, arrives at the conclusion that, as the leading explanation of the successive evolution and manifestation of specific forms, it is untenable.

In lieu of natural selection, Mr. Mivart propounds a theory of his own, which we conceive to be even more untenable than that of Mr. Darwin.

According to this view, an internal law presides over the actions of every part of every individual, and of every organism as a unit, and of the entire organic world as a whole. Thus an internal power or tendency is an important, if not the main, agent, in evoking the manifestation of new species on the scene of realised existence, and that in any case, from the facts of homology, innate internal powers to the full as mysterious must anyhow be accepted. Besides this, it is probable that the action of this innate power is stimulated, evoked, and determined by external conditions, and also that the same external conditions in the shape of natural selection play an important part in the evolutionary process.

It would lead us too far, to enter into a further consideration of this theory, or to trust upon its bearing upon theology. Mr. Mivart endeavours, and we think with much success, to reconcile the doctrine of evolution of species with the highest Christian philosophy. The chapter devoted to this subject deals with the question in a reverent, and, at the same time, philosophic spirit, and will do much to fairly understand, to remove the apparent antag-

Geneology of Species.*

We commend this volume to those of our readers who are interested (as who is not) in the problem of the origin of species, as propounded by Mr. Darwin. Received with acclamation by the vast majority of naturalists and men of science, it is scarce a matter of surprise that the theory of natural selection should have been so universally accepted by the hitherto. It is believed to be so beautifully simple, and so easily understood, or assumed to be, that in the words of Mr. Mivart—"It was inevitable that a great crowd of half-educated men and shallow thinkers should accept with eagerness the theory of natural selection, or rather what they think to be such (for few things are more remarkable than the way in which it has been misunderstood), on account of a certain characteristic it has in common with other theories. It is in a great measure owing to this supposed simplicity, and to a belief in its being yet easier and more simple than it is, that Darwinism, however imperfectly understood, has become a subject for general conversation, and has been able thus widely to increase a certain knowledge of biological matters. At the same time it must be admitted that a similar simplicity, the apparently easy explanation of complex phenomena, also constitutes the charm of such matters as hydrophobia and phrenology in the eyes of the unlearned or half-educated public. It is, indeed, the charm of all these seeming 'shortcuts' to knowledge by which the labour of mastering scientific details is spared to those who yet believe that without such labour they can attain all the most valuable results of scientific research."

* On the Genesis of the Species." By St. George Mivart, F.R.S.

London: Macmillan and Co. 1871.
HOSPITALISM.

March 22, 1871.

LECTURES AND ESSAYS ON THE SCIENCE AND PRACTICE OF SURGERY.*

INTERESTED, as we naturally are, in every dissertation emanating from the Irish School of Surgery, we have pleasure in finding that one part of Dr. McDonnell's Lectures and Essays have been published—containing four lectures on the venereal disease; each devoted to special considerations.

The views put forward by the author are those in consonance with the doctrine of duality; and the classification of venereal sores is that adopted by the Venereal Commission of "the simple" and the "syphilitic." Dr. McDonnell, however, warns the student in cases of the former sore, "not to give the patient any positive assurance that secondary disease will not follow," and admits "that we cannot make the diagnosis with certainty."

Now-a-days, when the Contagious Diseases Act is so keenly discussed, and when the question of duality or unitarity is still so energetically debated, this plain and practical admission is, indeed, very important, and should be borne in mind. The incombustible stage of syphilis is advocated, but the fact experienced by which occurred under the author's observation, and which left it certain, in fact, that the period occupied was from twenty-seven to thirty-four days. The general conclusions may be summed up, that the simple and the syphilitic sore may have in times past a common origin, but "they may now be regarded as specifically distinct."

Dr. McDonnell recognises the further division of syphilis into the mild and severe, the "vérole faible" and "vérole forte" of Diday, and makes his treatment to correspond chiefly to this classification—one being capable of self-cure, and the other not. The various modes of treatment are alluded to, and broadly explained. The calomel vapour bath, which our English friends vaunt so highly, is believed by Dr. McDonnell solely to act as an ordinary vapour bath, the calomel being perfectly inert under the circumstances; and it only "acts beneficially on a malady which has a natural tendency to get well of itself." Mercury being better avoided, in toto, in the "vérole faible," or weak syphilis.

Various interesting points of treatment and observation are given throughout these lectures, which we may fairly and pleasurably commend to the notice both of the student and the practitioner as interesting and instructive.

HOW TO KEEP A HORSE ON THREE SHILLINGS A-WEEK.†

We have great pleasure in directing the attention of our brethren to a lucidly written book on the subject of keeping horses. The provincial practitioner knows the horse to be one of his best friends, hence it was that we directed attention to "The Doctor's Horse" in an annotation some months ago; discussing therein the humanity and benefit to be derived from a summer's run to the hard-worked horse of the country doctor. In the work before us our author shows that horses can be kept in a better state of health at a cost of three shillings per week, than upon the present method of feeding. In a letter to Sir James Simpson it is suggested that the practical part of our author's management is to be found. We observe that nothing is stated nor recommended that experiment has not satisfactorily worked out, and the experience of "Amateur" has been extensive in the case of horses. At a season when no horse can be properly fed for less than fifteen shillings per week the statement of "Amateur" may appear startling, that upon three shillings he can sustain a horse, and keep him in better health than when he fares more sumptuously on oats and hay! The subject is of great importance, and we cannot do better than advise all, who are interested in it, to possess themselves of the volume. We would suggest that should "Amateur" be called upon to print a second edition, he will take the opportunity of rearranging the work, which, having been originally published in three pamphlets, presents a somewhat disjointed appearance.

HOSPITALISM.

Mr. Gay thus sums up this subject:—

Mr. Holmes has shown that, for by far the greater number of these eventualities of wounds and injuries, especially for erysipelas and diffused cellulitis, the hospitals are not responsible; but that they are imported into them from the dwellings, or rather the "fever dens" from which the patients are transferred; and in a conclusive paper in the London Hospital Transactions, entitled "Why did not Hospital Phagedena occur in Gloucester Ward?" Mr. Hutchinson shows that the disease—"an inference naturally follows, that other diseases of this class come under the same law,—spread by the communication of the specific poison from one patient to another. We then glean that pleural air and the ordinary accessories of poverty are not only the originators of these diseases, but that they are multiplied by contact and over-crowding.

The late Sir James Simpson, as we all know, from a large and elaborate array of statistical information, asserted that, by the avoidance of these complications in rural practice, the mortality after all operations is only 10 per cent., whereas in London hospitals it amounts to 41 per cent. This statement naturally excited inquiry. At length the proof of the position, that this excess was due to these hospitals, was disputed, especially by Mr. Holmes and Mr. Callender.

The former of these gentlemen took the amputations in St. George's Hospital, from the years 1865 to 1868, and, admitting that the causes which unfavourably affected the mortality after these operations were erysipelas, diffuse cellulitis, phagedena and pyaemia, referred the origination of the cases of erysipelas and diffused cellulitis to the conditions of the dwellings from which the patients were brought; but he admitted it was possible that they themselves most frequently within the hospital. As a matter of course, the pyemic complication can from what I have said with good reason, be alleged to have been due primarily to long existing degradation of the animal tissues, so that the hospital must be acquainted with complexity in the origination of these serious maladies.

The conclusions of these two gentlemen, being so seemingly diverse, appear, upon closer inspection, very much to correspond. Professor Simpson affirmed, that a hospital or a dwelling of any kind, 'the air of which is vitiated,' is an improper receptacle for traumatic cases, from the procyclic which it imparts to serious complications. Mr. Holmes admits this; but says that the procyclic is rather due to the unhealthy habits and atmosphere of the poor man and his dwelling, and existing among the inhabitants. The apparent discrepancy admits, I think, of this satisfactory solution, that a hospital, as a dwelling, is prejudicial to surgical success, just in the ratio of its unwholesomeness or want of cleanliness and fresh air. Mr. Callender, after an interesting survey of the results of "County Hospital" practice, with the practice of "Country Cases in London," and "Country Practice," says that the mortality after all amputations is remarkably uniform, viz., 17.5, 17.9, and 17.1 per cent.; but there still remains the important item which is not, so far as I see, got rid of, viz., that the like mortality in St. Bartholomew's is at the rate of 27.1 per cent. It is very clear

† Horses; Their Rational Treatment, and the Causes of their Deterioration and Premature Decay. By Amateur. London: Balliere, Tindall and Cox.
INFECTING SORES PRODUCED FROM SECONDARY LESIONS ON PREVIOUSLY HEALTHY SUBJECTS.

Infection communicated from Congenital Syphilis.

Multiple non-indurated sores produced on a healthy nurse from an infected child, succeeded by constitutional symptoms.

Suppurating sore, the result of inoculation from a vaginal discharge on a patient not highly syphilitized (forty-two days after inoculation).

Suppurating sore of the thumb resulting from accidental inoculation by a congenital syphilitic lesion on a healthy subject (five weeks after inoculation), succeeded by constitutional symptoms.

Suppurating sore, the result of inoculation from a vaginal discharge on a patient more highly syphilitized (forty-six days after inoculation).

Result of inoculation from a vaginal discharge twenty-two days after inoculation, healing rapidly the recipient being very highly syphilitized at the time.

By Mr. Morgan, F.R.C.S.I., Surgeon to Mercer's and the Westmoreland Lock Hospitals.
that the air of hospitals in densely populous districts cannot be so well adapted for cases of injury and operation, especially when occurring to or performed upon enervated persons as that without their confines. I cannot go further in details, but must refer to the experiences of the war, especially to a report from Professor Fischer, of Breslau, director of the hospital staff at Forbach.

"A hospital of this class is neither more or less than a republic. Overhead there is a roof, and that is all. There are neither walls, nor windows, nor anything between the patients and the outer air except a piece of canvas let down on the side of the wind. But even this lodging is not airy enough for the presiding physician. Every morning, when the weather is fine—and it has been very fine lately—the patients are carried out into an open meadow, and there left upon their beds till nearly sunset. As to treatment, it is of the simplest kind possible. The wounds are washed as often as necessary with diluted carbolic acid, and then allowed to heal of themselves, with the aid only of strengthening food and comfortable clothing. The results are marvellous. There is no foul atmosphere, and therefore no hospital disease; the wounds heal quickly, and the men pick up health and spirits with a rapidity scarcely credible. On the other hand, the least successful hospitals are the regular establishments—magnificent and spacious buildings to look at, with all the appliances which science could devise. But in these edifices it is found impossible to insure the ventilation required. Probably no arrangement or multiplication of windows could, under the circumstances of the case, be made sufficient; but the fact is the experiment has no fair trial."

And the principle upon which a hospital and its wards should be designed, so as to render it in the highest degree salubrious, is thus illustrated. It accorded remarkably with those teachings that, as we have seen, come to us from almost all war experiences during the last century; and is one with the lessons of modern scientific research and discovery. Nay, it receives confirmation from the early history of our art; for as we are informed by Plutarch, "the temples of health in ancient Greece, under the directions of the Asclepiads, were erected in high situations, where the air was wholesome, and beside medicinal springs and cleansing waters." Can we entertain a doubt that if, with the means possessed by our large and noble hospitals, provision could be made for the transmission of such cases of injury as from their very nature entail a liability to the most fatal complications, to "a high situation where the air is wholesome," and some general reform of our hospital system be carried out, our mortality from such causes would not be materially lessened, and the surgeon be gladdened with an enlarged field of recompense for his labours.

**REMARKABLE SEPARATION OF FIBRINE FROM THE BLOOD IN THE HEART.**

**Dr. HAWTREY BENSON** exhibited, at a recent meeting of the Surgical Society of Ireland, the heart of a woman who had died some days previously, under his care in the City of Dublin Hospital, from the effects of extensive separation of fibrine from the blood in the heart, occurring in the course of hemiplegia. On the fourteenth day, from the date of the occurrence of the hemiplegia, a very aggravated dyspnoea set in; the surface became livid and cold; the pulse feeble, irregular, and flatterling; the whole condition of the patient was that of prostration; and the heart was referred to as the seat of distress. On the following day, the action of the heart had changed in character. It was then excited, tumultuous, struggling, and confused. Owing to this disturbance of the heart's action, and still more to loud bronchitic rales in the emphysematous lungs which covered the organ, no distinct information of any kind could be derived from auscultation. The patient, notwithstanding all efforts, sank, and at the end of third day she died. At the post-mortem examination, both ventricles of the heart were found occupied by large yellowish-white fibrinous clots, of which Dr. Benson exhibited the following drawings:

![Diagram](https://via.placeholder.com/150)

On each side, the clot had extended from the ventricle, through the sigmoid valves, into the corresponding artery. As the separation of the fibrine from the blood took place during life in the course of the current of the blood, the action of the sigmoid valves had modelled, as it were, a most singularly perfect impression on this portion of the clot. The intra and extra-ventricular portions were connected by a narrow thin, but firm neck b'. The neck was distinguished from the ventricular portion of the clot, by a well-marked shoulder; and above the neck, the entire ventricular, or arterial portion, a a', was composed on each side of three symmetrical masses of fibrine, truncated on the right side, pendulous and purse-like on the left, corresponding to the sinuses of Valsalva, and forming a natural cast of the sinuses.

At any time, the separation of fibrine from the blood on the left side of the heart was an unusual occurrence, though com-
Correspondence.

March 22, 1871.

that in Edinburgh nurses are not in the habit of witnessing all sorts of "indelicate operations." This your Correspondent does not, and, indeed, dare not deny; but, nothing daunted, he proposes with due and delightful reverence, to the point at issue, to inform us that in his day "the nurse attended, soothed, and supported the patient on the operating table." Now, Sir, what in the world is the connection between what a nurse did or did not do in "the earlier years of this century," and the bench with reference to the present existing law in the Infirmary?

Dr. Elliott considers "the inconsistent code of modern refinement" answerable for the evidently much-to-be-depleted abolition of those palmy days wherein "the nurse attended, soothed, and supported the patient on the operating table." Also for the heartlessness of modern refinement, so cruelly to deprive suffering humanity of such ministrations! There are, to be sure, some people stupid enough to fancy that a chloroform towel is a much greater comfort to the patient "on the table" than the soothing and supporting process of Dr. Elliott's time, but what of that?

Secondly, I stated that at "visit," the nurse either stands at the door of the wards, or in the middle of the room. With regard to this fact, the only explanation your Correspondent has to offer, is the implied or substituted assumption that the nurses are seated in these positions, and the nurse one to another, and the nurse is expected to have nothing about her that can be noticed during the intervals between visits! Why, Sir, the answer is plain enough. Does it not occur to your Correspondent that the very element which should militate against that delicacy at other times, viz., the presence of students, is, during the intervals between the visits, entirely absent? It is such a very unintelligible proposition to maintain, that there being certain absolutely necessary duties to be performed, a nurse may, while alone with the patient, execute these with less compunction, and with infinitely greater comfort to herself, than when under the gaze of perhaps a dozen or two of male students!

Apologizing for having taken up so much of your valuable space,—

I am, Sir, obediently yours,

Edinburgh.

W. J. NAISMith, M.B., C.M.

The Dualists and Unicists.

To the Editor of the Medical Press and Circular.

Sir,—It has always been a matter of great surprise to me that discussions about the nature and treatment of syphilis should arouse such emotional fervour among our respected brethren. But, I am inclined to think, on reflexion, that there is no subject in the whole domain of medicine, so keenly and fiercely contested, as all that relates to contagious diseases, prostitution, or the functions of generation. So long as this phenomenon continues, we are not likely to advance greatly in knowledge, since the "pure white light of the intellect" is terribly apt to be obscured by such personalities, as we have been favoured with between two distinguished writers on syphilis in your columns. I am disposed to submit that the question of syphilitic duality or unicity is quite obscure enough, without complicating it with arguments ad hominem, which writers might leave out.

My own opinion is, that inoculation from the sore, which is followed by sore-throat, roseola, and other syphilitic accidents, has been proved always to be followed by syphilis, in persons who have not had the disease, when the inoculation has succeeded, and that the kind of sore that has appeared has differed a good deal from the ordinary soft sore, we see so frequently in males. But I am also quite convinced, that Bock and others (I have myself succeeded) have succeeded in producing soft sores on syphilitic persons, by inoculating them from mucous tubercles, or from other sores, and that Mr. Morgan has done the same from the sores of syphilitic prostitutes. For my own part, however, I hold all of this to be not worth getting excited about;
because the old notion that you must give a quantity of mercury in one case to prevent syphilis, and withhold it in the other is now entirely exploded. Every person of experience in the treatment of the disease, knows well that all cases—whether untreated or treated without any mercury and small out danger, say, I add, that when large doses of iodide of potassium are substituted for it, it is not very important, except for prognosis, to make out to a nicety whether any particular sore is truly indurated or is merely indurated from inflammatory causes, since no treatment can proceed secondaries. Hence I would just like to suggest, that it is quite time that we all determined to write on all kinds of medical subjects in a strictly parliamentary, or tolerant tone, and I should insinuate something about the perusal of an admirable "Essay on Liberty," published some years ago by Mr. Mill, to all who think of discussing knotty points in pathology, hygiene, or therapeutics, with one of their brethren of the medical profession. It seems, indeed, always to myself, that however I am convinced of the truth of any cherished opinion, I am never safe in my position until thoroughly assailed by all interested in the subject, and I respectfully submit, that this ought to be the faith of all writers on syphilis, or any other topic in medicine.

A "frightful example" of such writing has recently attracted the notice of one of your esteemed contemporaries, the Lancet, as occurring in a most distinguished medical journal, and I do really think, Sir, that personal attacks, on political personages in France, or on esteemed medical brethren at home, for their opinions, should henceforth be given up, and that we should make it an article of our most medical faith, that opinions, not men, should be attacked. I forsee so many admirable results as likely to ensue, should my humble suggestions be adopted, that I must beg you to pardon me for thus tendering a little ethical advice gratis, and remain with much respect,

Yours, very faithfully,

C. R. DIBSDALE, M.D., M.R.C.P.L., F.R.C.S.E.

March, 1871.

"THE DUALITY OF VENEREAL SORES."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I am extremely sorry the corrected proof of my last paper did not reach you until Tuesday morning. (I posted it myself before 9 a.m. on Sunday,) otherwise an unpleasant mistake would not have occurred. In the second column of my paper, the following passage appears:

"He would not have made the mucous patch on his own child," I meant of course "the mucous patch on his own case," as you will see by the corrected proof.

I have explained this to Mr. Morgan, but I wish to take the earliest opportunity to do so publicly.

Yours faithfully,

BENJAMIN F. MCDOWELL.

York street, Dublin, March 18.

CELICABY AMONG SOLDIERS AND THE CONTAGIOUS DISEASES ACT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The following remark of a correspondent in the Medical Press and Circular, for March 15th, viz.:—"I think on the utilitarian principle of 'happiness of the greatest number,' that it would be better for both soldiers and women not to have syphilis added to their miseries" is very plausible, and those it is a selfish world to those who would have the rule would look forward to be among the "happy ones," I make no formal objection. But what I do object to, is "doing evil that good may come." Passing over the immoral, unchristian and inhuman aspects of the Contagious Diseases Acts, I would turn really to two points: first, the comparison of state-interference with syphilis to state-interference with typhus-fevers. These laws (that clean women for men, making the fruit of a corrupt tree more tempting, so that women obtain more money from men for their persons) encourage those vicious habits which induce syphilis. But sanitary arrangements to check cholera and fevers are not directed to make it safe to drink impure water and live in polluted air, on the contrary, they are directed to remove the causes of these diseases by obtaining a better water supply, and keeping foul effluvia from the air. And if, in like manner, a purer social atmosphere and draughts of clearer and purer knowledge were provided for those who knowingly propose themselves to the contamination of syphilis, formation would gradually diminish, and syphilis ultimately disappear,—secondly, these laws press lightly upon, or are even a boon, to our abandoned and drunken prostitute, but they draw more deeply into the vortex, and cruelly oppress the mistresses of one man and "unfortunates," borne along by untoward circumstances, or by the want of a home or food, or by seduction into the current of vice from which they are anxious on the first opportunity to escape. Taught from childhood to believe I was living in a country in which every one's person was at his or her own disposal, until convicted of some offence by a fair trial, imprisonment in cold weather on low diet upon the mere belief (possibly derived from malicious defama
tion) in a policeman's mind of being diseased without even an accusation of crime; the imprisonment, if the suspected one be not forced by it to submit to be examined a whole life
time, is a very painful picture of British law to my eyes, and I should have thought it would have been equally so to every British subject. Your correspondent concludes by saying, a religious aspect being according to my opinion, quite out of place in such a discussion. It is not simply said that if the Christian Religion is anything, it has to do with every
thing, Either the "idle word" and the "falling sparrow" are un-noticed, or they are noticed.

Yours obediently,

D. R. McNAB, M.R.C.S.

Epping, Essex, March 17th 1871.

RELAXATION OF HERNIA BY THE LOCAL APPLICATON OF BELLADONNA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The discussion at the Surgical Society, upon the operation for strangulated hernia, leads me to mention that, in five cases occurring in my practice, the liberal application of extract of belladonna, rubbed up with glycerine, made the operation readily reducible in a few hours, usually within two hours. I saw the operation recommended in the Paris Journal of Medicine, some years ago. Once I substituted lard for gly
erine, the apothecary not having the latter drug, it failed in causing relaxation. I smear the greater part of the abdomen, as well as the tumour, with a thick slurry, and there would always try this remedy before resorting to an operation.

F. M. LUTHER, M.D.

Cappoquin, March 18th, 1871.

Medical News.

The Royal Hospital for Incurables.—Last week the 15th anniversary of this invaluable institution was celebrated at the London Tavern, the Right Hon. E. Denison, the Speaker of the House of Commons, in the chair. There was a very numerous assemblage of both ladies and gentleman who take particular interest in the success of the hospital. The report stated that it was a highly interesting fact that, whilst expending directly upon the beneficiaries a sum no less than £3,000 a-year, they were able to add to the reserve fund, and thus confirm the confidence of the governors and subscribers. The Right hon. gentleman, in proposing the toast to the institution, observed that, he had visited the institu
tion, and he was happy to be able to state that the inmates were, as usual, in a prosperous condition, and there was an expression of grateful satisfaction and confidence in the phy
cians. The subscriptions and donations—including a dona
tion of £100 from the Chairman—amounted to upwards of £3,000, being £1,100 in excess of that at the last anniversary.

Death of a Surgeon.—On Friday, the coroner held an inquest at Bethnal Green, touching the death of Mr. Raphael Mendola, aged thirty-nine years. The deceased was a surgeon, and a member of the Bethnal-Green Board of Guardians. On Wednesday afternoon he visited his surgery, and after several patients he went up stairs to a small room in which he
used as a study, and locked himself in. In the evening a patient called, and the assistant tapped at the door. Receiving no answer, he became alarmed, and sent for Mrs. Mendola. Upon her arrival the room door was burst open, and the unfortunate gentleman, a visible man dead in his chair, a newspaper lying by his side. Upon the room being searched four brandy bottles and some opium were found. The gentleman had for some time past been in the habit of taking opium. He suffered from disease of the heart, and was under treatment at the time. The coroner adjourned the inquest, in order that an analysis might be made of the contents of the stomach, for the purpose of ascertaining whether death had been caused by poison, as a small phial containing poison was found in the room in which he was discovered.

Royal Hospital for Diseases of the Chest.—The fifty-seventh annual general court of the governors of the Royal Hospital for Diseases of the Chest, held in the town of Brighton, on the 30th of March, 1870, was adjourned, and is to be resumed on the 5th of April. Over 4,309,187 were collected at the rates prescribed by the acts of the year 1864 and 1870. The body of the late John Barlow, Esq., was laid in the garden of the hospital. The total number of out-patients admitted in 1870 was 4,309, a number which exceeded that for 1869 by 534. The total number of patients relieved since the foundation of the hospital was 105,084. Notwithstanding the adverse influence which the cholera had on charitable institutions generally, an increase had taken place in the annual subscriptions and donations to the hospital. The proceedings were of a most encouraging character, the increase of funds, both in subscriptions and donations, causing general congratulations. The report was unanimously adopted on the appearances of the Hon. Pascal C. Glyn, and the proceedings terminated with the usual vote of thanks to the medical officers, &c.

The Brighton Railway and Infectious Diseases.—The following order with reference to the conveyance of persons afflicted with small-pox or other infectious diseases by railway has been issued to the station-masters and guards of the London, Brighton, and South Coast Railway by direction of the manager:—“Station-masters, guards, and all concerned must take every precaution to prevent persons with small-pox and other contagious diseases from travelling in the trains, and should give notice to the cab proprietors at their stations that they in like manner must not allow their cabs to be used. Information must at once be given to the town or county police authorities of any case of this kind which may be found necessary for the local authorities to deal with. They may also, if they wish, have their attention called to any carriage which may have contained any person suffering from infectious diseases, in order that the same may at once be taken out of traffic and well fumigated.”

Gleanings.

Illus Cured by Electricity.

Dr. Macario, of Nice, has published this case in the *Annauli Unis.*, Oct. 1870.—The patient was a gentleman of seventy-one, who being habitually costive, used purgatives and clysters to excess. On the 22nd February last, he had taken in the morning, no less than six enemata of warm water to open him, and ate his meal as usual. Half-an-hour afterwards he was seized with severe pains in the region of the bowels, and some vomiting, and an alvine dejection took place at 4 p.m. The latter seemed to be simply the expulsion of the clysters. From that time no feces or flatus passed, and the patient presented, with the same symptoms, and suffering severely from cramps in the legs, had all the appearance of a man stricken with cholera. A consultation was arranged for the next day, and Dr. Macario proposed, as no hernia could be discovered, to use electricity. A powerful battery was procured, and one of the conductors was placed in the rectum, while the other covered with a wet sponge, was moved about on the abdominal parieties. The latter con-
VACANCIES.
West Norfolk Hospital. — House-Surgeon. Salary £200, with board.
Queen's College, Birmingham. — Medical Tutor. Salary £100, with board.
Victoria Hospital for Sick Children. — Hon. Assistant Physician.
Seaman's Hospital, Greenwich. — House-Physician.
Lincoln Dispensary. — House-Surgeon. Salary £120.

APPOINTMENTS.
Brunton, Dr. T. L., Caesarean Physician to St. Bartholomew's Hospital.
Chisholm, W., a Medical Officer to the Edinburgh Dental Dispensary, Commenced practice in 1868; is a reviewer of the Weekly News and Hospital Gazette.
Lewis, W., L.R.C.P.Ed., House-Surgeon to the Paisley Infirmary.
Trench, D., R.C.S., Medical Officer to the Westminster Hospital; his wife, Miss Smith, M.R.I., of Mercer's Hospital, Dublin, House-Surgeon and Apothecary to the Northern Infirmary, Liverpool.
Swire, J., L.R.C.S., Medical Officer to the Briton Ferry Dispensary and the Vernon Tin Works, Glamorganshire.
Townshend, L. H. B., House-Surgeon to the Exeter Hospital.
Wheatley, W., Medical Officer to the General Hospital for the City of London Lunatic Asylum, Stane.
Wright, Dr. H., Medical Officer to the Knaresborough Union.

Births.
Goulay. — On the 15th inst., at Weston-super-Mare, the wife of F. Goulay, M.D. of a son.

Marriages.
Cheyney — Swindale. — On the 3rd ult., at Christchurch, Cawpore, William Cherry, 1st Q.C.P.I., Assistant-Surgeon on 9th Lancets, to Margaret Helen, daughter of Hugh Maxwell, Esq., 21st ult.
O'Keeffe — Evans. — On the 21st inst., at St. Peter's, Gloucester, D. J. O'Keefe, L.R.C.S., to Mary, daughter of the late J. Evans, Esq.

Deaths.
Fitzmaurice. — On the 9th inst., at Upper Norwood, Geo. L. Fitzmaurice, M.D., aged 60.

Advertisements.
ROYAL COLLEGE OF PHYSICIANS OF LONDON.
FIRST OR PRIMARY PROFESSIONAL EXAMINATION FOR THE LICENCR.—The next Examination will commence on MONDAY, APRIL 2d. Students are admitted to this Examination for the REGISTRATION on a Winter Session of Professional Study at a recognised Medical School.
SECOND OR PASS EXAMINATION FOR THE LICENCE.—The next Examination will commence on MONDAY, APRIL 2d. Gentlemen who have completed the requirements of Professional Study according to the College regulations, and who have been successful in the previous Examination, will be admitted to examination under special by-law.
Candidates are required to give fourteen days notice in writing to the Registrar of their arrival at the College, with the testimonials required by the by-laws are to be left at the same time.
Tall Mall East 1787.
H. A. FITZMAURICE, M.D., Registrar.

The London Surgical Home for Diseases of the Nervous System and Allied Affections, 2 Osnaburgh Place, Regent's Park, N.W. Medical Practitioners are invited to attend Cliniques and Operations, by Mr. Baker Brown, every Thursday at Two o'clock. Orders of admission may be obtained of W. ROBERTS O'CONNOR, Esq., Resident House Surgeon.

ADHESIVE STAMPS FOR FOREIGN BILLS.
THE COMMISSIONERS OF INLAND REVENUE desire to give notice, that on 5th April next they will discontinue the issue of the Adhesive Stamps in place thereof, for denoting the amount duties imposed under the Stamp Act 1870, on Bills of Exchange drawn out of the United Kingdom, and payable otherwise than on demand. Persons having Stamps of the present issue will be able to use them after the 5th April for any such Bills of Exchange as may be presented, if preferred, will be permitted to produce such Stamps for allowances.
WILLIAM LOMAS, Secretary.
Inland Revenue, Somerset House, 17th March, 1871.

FOR DISPOSAL.—AN OLD ESTABLISHED GENERAL MEDICAL PRACTICE, in the South of England, successfully carried on by Mr. S. and with aged F. G. 60 years. Average annual receipts for many years past over £1,500. A Gentleman of activity and energy will find the above an excellent opportunity, as Six Months' Introduction would be given, with the advantage of renting a large Private Residence with Surgery adjoining, fixtures of which are valued at £800. For particulars the Agents will be pleased to call. Address, Mr. S., 5, Mount Pleasant Square, Dublin.

DISTRIBUTOR.—A Gentleman about to resign would treat with a party as successor. Salary £250, work very light. Terms moderate. Address, M.D., 57 Mount Pleasant Square, Dublin.

THE MIDLAND RETREAT
(Near Maryport, on the Great Southern and Western Railway.)
FOR THE RECEPTION and TREATMENT of the INNOCENTS, and persons suffering from a disturbed state of the Nervous System, under the direction of Dr. J. MACDONALD, physician to the Maryport District Lunatic Asylum (203 patients), Surgeon to the Queen's Co. Infirmary, &c.
THE ESTABLISHMENT consists of separate and commodious lodgings for the reception of Ladies and Gentlemen. Situated on extensive grounds, with large, well-enclosed gardens. They are handsome, well-furnished rooms; and the patients enjoy the comforts and indulgences of a private house. Restriction is not made, under any circumstances practicable, and the closest attention is paid to the medical treatment and general health of the patients.

CHURCH STRETTON PRIVATE ASYLUMS
FOR THE UPPER and MIDDLE CLASSES of BOTH SEXES, MENTALLY AFFlicted.
TUE BROOK VILLA, near Liverpool.
Further information may be obtained on application to Dr. H. O. W. Vide page 1075, "Medical Directory," 1866.

A LOIN and H. SMITH, the authors of "THE DISCOVERY OF THE CRYSSTALINE PURGATIVE PRINCIPLE OF ALOES," (voted "Edinburgh Monthly Journal of Medical Science," for Feb., 1861) continue to prepare and supply it. They have the gratification of knowing that the eminent of the Profession prescribe it, to the exclusion altogether of the various kinds of aloe.


TASTELESS PILLS—COX'S PATENT.
Surgeons and Chemists supplied with an excellent Aper-vent Pill (the formula for which will be forwarded), covered with a thin non-metallic film, rendering each Pill perfectly tasteless and invisible. The new Pill is an excellent digestive, and may be kept in the mouth several minutes without taste, yet readily dissolving, even in cold water, in an hour. Any formula dispensed and covered, and sold, with a list of pills from 130 different forms which are kept in stock, will be forwarded free on application to COX, Tasteless Pill Manufacturers, Brighton.
PRactices and Partnerships Now Open for Negotiation.

In addition to those advertised in Dr. Langley's list, there are 20 other posts, all of which are advertised for immediate occupation. The house is situated in a very central position, and the practice is well known for its high standard of medical care. The present practice is valued at £2,000 a year, with very small expenses. Factors for leaving. A moderate premium would be expected. The practice could be purchased at a discount. The investment can be guaranteed.

Y 144. In a large town where there is a good hospital and medical school, an established practice for TRANSPLANTATION (£70 a year) has been offered, but is being doubted by an active gentleman with good qualifications. The practice has been valued at £1,000 a year, and is under £100 a year. The house contains 20 rooms, all fitting for occupation. The house is available for use, and the practice is well established. The practice can be purchased at a discount. The investment can be guaranteed.

Y 145. In the recently established Fullerton practice, there is a good opportunity for a young practitioner to purchase a practice in a very central position. The practice is valued at £1,500 a year, with very small expenses. Factors for leaving. A moderate premium would be expected. The practice could be purchased at a discount. The investment can be guaranteed.

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ORIGINAL COMMUNICATIONS.

ON THE DUALITY OF VENEREAL SORES.

Illustrated by Cases in Practice.

By Benjamin F. McDowell, M.B. Univ. Dub., Licentiate of the Royal College of Surgeons in Ireland, Licentiate of the King and Queen’s College of Physicians, Member of the Surgical, Obstetrical and Pathological Societies, Surgeon to Mercer’s Hospital, and Senior Surgeon to the Lock Hospital, and Professor of Materia Medica in the Ledwich School of Surgery, &c.

(Continued from page 217.)

Through the kindness of two surgeons in practice in Dublin, I am enabled to give an illustrative example of an accidental infection on the face of a perfectly healthy recipient, which possesses some features of great interest. As in it, the dormant incubative period of true syphilis, the subsequent specific ulcer, and glandular enlargements, and supervening skin manifestations are all well marked. I have taken considerable pains to put your readers in possession of the correct dates, which can be proved on oath.

J. J., a healthy-looking young man, unmarried, had intercourse on several occasions on the 6th and 7th of December, 1870, in a remote town in England. He states his paramour kissed him “scores of times” on the eyelids and about the face. A few days afterwards he came to Dublin. He got no gonorrhoea, or trace of any kind of sore, fissure, or abrasion on the genitals. He will testify, on oath if required, he has had no intercourse since with any person, and knows of no other source for the contagion. About four or five weeks afterwards—most probably the end of the first or beginning of the second week in January last—he first felt a “scabby” or “scarb” (I give his own words) on his right lower eyelid. This “scarb,” he states, was very itchy, and he scratched it off. The point of infection now developed itself into a chronic sore, accompanied by more or less induration, enlargement of the nuchal glands, pain, and constant lachrymation. He was treated as an out-patient for about a fortnight. On the 4th of February it became necessary to admit him into hospital.

On the 20th of February (that is, the seventy-fourth day after infection) a roseola-papular rash appeared over his body, chiefly his back. I saw him to-day (March 22); the sore has glazed over, leaving still a considerably thickened base. The eruption above described has disappeared. This young man had gonorrhoea twice before, and he had also a simple sore, which was not followed by any constitutional taint. This I conceive to be a very interesting case, one which, beyond all doubt, illustrates the following incubative period which follows true syphilitic infection, the incubative stage being about thirty days. I have not the slightest doubt that the source of the contagion was a mucous patch on the woman’s mouth. This interesting illustrative example of syphilitic infection is also valuable as demonstrating the previous existence of another form of sore, which did not infect the system.

If the cases of artificial inoculations, recorded by Wallace, by Vidal, Waller of Prague, Rinecker, and others, or those of natural infection, in which peculiar circumstances enabled the surgeon to point exactly to the period of impure contact, and so establish the incubative period (I allude to the cases recorded by Dr. Robert McDonnell, Professor Bunstead, Lancercaux, and others), be brought into justa position with the extremely instructive case I have just recorded, it will be found to correspond remarkably with them in its leading features, and show a marked contrast to the thumb case recently quoted in Your Journal, which is said to have “assumed a specific appearance in your days.” It will be well to be particularly remembered with regard to the thumb case, above alluded to, that its source was a mucous patch, which is a secondary lesion; and this makes the wonderfully short incubative period the more remarkable, as being opposed to the experience of all syphilographers. This case which I have now recorded is another example of the eminently conta-
gious and inevitably infecting character of the mucous patch. I must here again express my conviction, based upon clinical observation, that mucous tubercles, or condylomata, have a very large share in the propagation of syphilis; and I confidently assert, so far as my present knowledge extends, that the infecting type of sore in men is most frequent when these prevail most in the centres of contagion. It will be seen, by reference to a former paper, that I alluded to the fact that, in every case, without exception, in which artificial inoculations were made of the syphilitic virus, on healthy recipients, and that a sore appeared, secondary symptoms invariably followed—leaving aside—regardless of the syphilitic source from which suchproduced, be it a primary lesion, a mucous patch, secretion from ulcer, &c.: and that in all these cases there was a definite dormant period of incubation, unlike, in this respect, the simple sore which has no incubative period, and exhausts itself in local manifestations.

On the other hand, we know by experience that the vast majority of cases of simple sores in men are not followed by any of the constitutional phenomena of syphilis; that, in fact, it is the exception to have seconaries after this species of sore. Pouche found in 10,000 sores, 8,045 were simple sores, and 1,955 were syphilitic sores; the first number, that is, four-fifths of the whole, were not followed by secondaries; and out of 341 cases of sores quoted by M. Fournier, over 200 were simple sores, and were not followed by infection. Moreover, Mr. Henry Irie, out of 100 carefully selected cases of simple auto-inoculable sores (in which it is tolerably clear when two only were followed by secondaries. I am quite sure that in at least 100 cases of simple sores, which I have met with in men in the last nine or ten years, secondaries did not follow in more than about 5 per cent. of the cases. The great question now is, do these two species of sore, in their typical forms—the one invariably followed by secondaries, the other totally different in its characters, having no period of incubation to speak of—arise in the same infection? I say, believing Nature to be true to herself, No—and I believe, with Ricord, that "there will yet be discovered a distinct poison for each of these species of sore." The simple sore, in every sense, differs as much from the syphilitic as gonorrhoea differs from both.

The most interesting and important question which arises—locating gonorrhoea aside—Have these two sores any mutual influence? I well know that the simple sores may proceed from the contagious species and do not require a similar sore to produce them. There is a great mass of observations and of evidence to prove this. It is not necessary for a woman to have a sore herself to communicate a sore to a man, no more than it is necessary she should have a sore to communicate a gonorrhoea. This is abundantly proved, The Report of the Venereal Commissioners on this subject is clear. Speaking of this question of "unity" or "duality," it says: "in reference to this subject the first question arises: Can the poison which produces the 'local' sore be identical with that which produces the syphilitic sore? The term syphilitic cannot be applied to a sore which exhausts itself in local actions, and does not become the parent, or precursor, of syphilitic diseases. The local sore has nothing in common with the initial production of syphilitic poison beyond its ulcerative action. It may be, and not infrequently is, the morbid product of merely contagious secretions; whilst its characteristic form, progress and duration, so dissimilar from the products of other forms, of local disease, or injury of the genital organs, of a non-venereal origin, warrant its cause being attributed to the presence and operation of a non-venereal poison. Although comparatively innocuous at their source, these secondary lesions become a poison to the recipient, but not a syphilitic poison, to the local sore, therefore, to belong to a different class of disease, if it be placed in juxtaposition with any varieties of the syphilitic sore, the Committee have no alternative but to express their belief in the non-identity of the two poisons."

Inoculations performed upon already syphilised prostitutes from their own vaginal, or uterine, discharges, do not add anything new to this already well known fact. The great objection is that the patient will not get syphilis in order to confer upon her vaginal discharge the property of communicating simple sores! This is a most difficult and perplexing question—I will not give an opinion upon it at present. In the cases recorded of inoculations on healthy recipients from various sores on infected subjects (but not from the vaginal discharge), there was the dormant incubative period of true syphilis in every instance, and in every instance in which a sore appeared, the constitutional phenomena supervened. We do not meet with illustrative examples of specific appearances in four days in the archives of syphilis from mucous patches. Experience points to the contagious secretions of the vagina and its products as the source of the simple sore. I have been vouchsafed Clerc's theory of "modification by descent," by Mr. Morgan, as an answer to the reason why such simple sores, for an eccentical reason, is so very modestly and freshly, and with plausible scientific analogies, advanced by Mr. Morgan as his own; while Clerc, who advanced the theory in 1866, is never even mentioned! I like Clerc's theory very much—it is perhaps the best we have had yet. But the Darwinism appears too rapid to be natural. This subject requires patient and calm inquiry, and we should not be too hasty in arriving at conclusions. The subject is too open to conviction, but I want facts to convince me that the simple and syphilitic sores are the same, or are interchangeable.

The following cases, which I have extracted from my Note-book, are a faithful record of instances in which the simple sore existed, and not followed by secondaries in any form:—

CASE I.—Major — consulted me in October, 1867, suffering from a simple sore, which was rather obstinate in healing. Another sore of the same species had co-existed, but has cicatrisated. He has never had syphilis. I attended him for three months; no secondaries followed. He has since consulted me for an eccentical rash, which was in one of his legs, which appeared two years after the sore.

CASE II.—Consulted me in April, 1866, for three simple sores. As this gentleman was a relative of my own I took a particular interest in his case. His attack was cured by ordinary treatment, and no secondaries followed for six months.

CASE III.—Captain — consulted me in April, 1869, for three simple ulcers, which appeared four days after impure coitus. He states he has had similar sores twice before, but without the supervention of secondaries. This gentleman's sores were hasty, and as he was on leave had an opportunity of seeing him for five months. No secondaries followed.

CASE IV.—Dr. —, now a navy surgeon, consulted me, in conjunction with Dr. Duke, then living in Harcourt street, in April, 1866. He had a simple inflammatory sore, which came on in two days after connexion. As the prepuce was long and tight, great inflammation and oedema rapidly supervened. The propuse was at once slit up by Dr. Duke. Three-fourths of the glans penis was in a black carbonaceous slough. He lost nearly all the glans. His case was not followed by a trace of secondaries.

CASE V.—Mr. — was under my care for two simple sores, one of which had almost perforated the urethra (and did so afterwards), and another was on the dorsum of the penis, inflammatory, phagedenic, and angry-looking, which afterwards was followed by profuse haemorrhage, opening the dorsal artery. In August, 1866, I had the advantage of a consultation with my former colleague, Mr. Byrne, on this case, at Sandymount. It was not followed by secondaries, and the gentleman was married in 1867, and his wife had a healthy child.
Case VI.—Mr. — consulted me in November, 1869, for an elongated sore of two inches in length, and half an inch in breadth, and of two months' duration, and with very sensible typical non-syphilitic induration. This gentleman had been two months under the care of an ecclesiastic, and when he uncovered the penis to allow me to see the sore, I found he was directed to dress it with citrine ointment. By puncturing and local sedative treatment this sore got well in the course of five weeks, and no secondary followed.

Case VII.—Dr. —, now in practice in England, consulted me in April, 1867, for two soft sores on the dorsum of the penis. He was my pupil, and was constantly under my care that year. No secondaries followed, but he has since been infected by a syphilitic sore, the constitutional effects of which prostrated him so much for many months, that he had to give up his studies for a season.

Case VIII.—Mr. — consulted me in February, 1869. He suffers from a solitary simple sore, which appeared four days after intercourse. He remained ten days under treatment.

In May, he again consulted me, suffering from gonorrhoea, but no secondaries from the sore.

Case IX.—October 7th, 1868. Two sores appeared five days after connexion.

November 1.—Sore well.

December 22.—No secondaries.

Case X.—Mr. B.—consulted me in February, 1868, with chancre on the orifice of the urethra. No secondaries followed.

Case XI.—Mr. — consulted me in April, 1870, for sore on the prepuce. He remained two months under my care; no secondaries followed. I afterwards circumcised this gentleman, with the assistance of Mr. Lodwick, in June, as the orifice of the prepuce became contracted.

These cases, taken from a great number, illustrate the non-infecting properties of the "simple" sore.

Although the preceding observations are intended to prove the general non-infecting character of the "simple" sore, I wish it to be distinctly understood that I do not mean to convey that there are not many cases in which the apparently "simple sore" is followed by secondaries; and while I am a firm supporter of the duality of venereal sores, one form of which infects, while the other does not, I am persuaded that this latter indirectly takes a considerable share in the propagation of true syphilis in this way, inter alia, it has no period of incubation—it acts almost at once as a local irritant; causes abrasion or ulceration of the surface; and so, while it establishes its own existence, gives free play to the true toxemic poison of syphilis to enter the blood, and of course, to contaminate the system. I am, therefore, for this reason, if for no other, one of those who believe that great benefit would result in the community from the extension of the Contagious Diseases Act, in some modified form, to the city of Dublin; knowing as I do the sad results which the unchecked spread of syphilis are capable of producing, and does produce, on the innocent population—mothers and children. I believe it is a subject which calls loudly for legislative or moral interference in that city. Few, indeed, except those who have seen the disease on a large scale, could believe the vast damage that is done to the rising generation from the neglect of preventive measures. We have no stronger proof of this, than the fact that even in general practice, as well as in the Lock Hospital, nearly every patient, who is attacked with venereal sores, just now for example, unfortunately contracts the contagion of syphilis, and suffers from the constitutional effects of that contagion. I believe this is one of the reasons why syphilis is so rare abroad, where the police system prevails, and in the government wards of the Lock Hospital at home. In the year 1866, through the great kindness of the Medical Press and Circular, I received a letter from Dr. John Waldron, who takes a great interest in the subject, as he does in all others of national importance, I was enabled to visit the Venereal Hospitals in Paris, and in London. I found that in those of the former city, where the police surveillance prevailed, the patients comparatively rarely suffered from constitutional syphilis, their complaints being chiefly simple non-infecting sores. This was in L'Hôpital St. Lazare, where police regulations obtain. In L'Hôpital Louriche, which is a voluntary hospital—by which I mean an hospital into which patients only enter by reason of their personal suffering, and utterly regardless, as we must assume, of the mischief they do the population—in this establishment the very reverse appeared to me to prevail, nearly all the patients suffering from constitutional symptoms. In London also, the same rule appeared to me to hold good. Through the courtesy of Messrs. Lane and Gascoyen, the surgeons to the Lock Hospital there, I was enabled to see and witness the examination of their cases on several occasions, both in the town branch of that hospital (which is voluntary, like the Louriche in Paris) and the Prince of Wales branch, which is under the provisions of the Contagious Diseases Act. Here the effect of police regulation, in checking the spread of this disease, and its negation, could be seen side by side, the difference in the condition of the patients under each system being most remarkable. It made a great impression on my mind. In the one case, it appeared as if syphilis were the exception, the patients looking healthy and free from cachexia; in the other, almost all, save those who had been for some time under treatment, appeared to be saturated with the contagion of syphilis, and in very much the same condition in which we find the majority of those who are under treatment in the Lock Hospital in Dublin.

The few cases of "soft sores and gonorrhea," in which secondaries are said to have followed, in patients under my treatment, which Mr. Morgan has, by dexterous manipulation, discovered in the Register of the Lock Hospital, during a period extending over half his experience in that hospital, will not, I presume, carry conviction to any intelligent mind. It will be observed, that these entries have been made only for the purpose of "paper work" by himself. If Mr. Morgan's cases existed before, the same species should obtain now, and, I must only ask him to show them to his professional brethren.

I am asked for a similar tabulation of "carefully observed," "tested," and "recorded" cases of primary sores in women in the Lock Hospital, as have been furnished to this Journal by a modern writer on this subject. I regret to say that, enjoying as I do the very same opportunities for observation as the compiler of that tabulation, and feeling, I trust, as earnest a desire to advance anything new or valuable in the interests of science, I cannot do so. Such cases as he has so tabulated have not existed in my practice. The great majority of cases are infected with syphilis on admission to hospital, and have been for months (often for years) acquiring and propagating the disease before hospital treatment. The great majority of even "First Admission" cases in the Lock Hospital are thoroughly infected with the poison of syphilis on their admission, and it is the painful simple sore, or irritating secretions of the vagina, which make them seek admission. Dr. Byrne's experience and mine coincide on this point. He says ("Report Venereal Commission," q. 9363): —"I find that, when seeing myself the patients, I very seldom see them (the sores) in their primary form. It is singular that the hard chancre heals up very rapidly, and in many cases of young women it appears cicatrices. If we examine them, we find that there is a hard cicatrice upon the labium, but so careless and indifferent are they about it, that they would persuade you that they never had the primary disease, and you would be deceived until you came to examine them carefully." It will be seen that it is not easy to generalize on the primary forms of infection,
and the test by inoculation with such materials is, as I have often said, of little or no scientific value.

During the last four months, out of twenty first-admission cases under my care in the hospital, only three were not infected on admission. Of these, two had gonorrhoea, and one only a simple ulcer, which did not infect. She was not a prostitute, and her case is an interesting one. My supposed malpractice is again shown up with excelling taste by your contributor, and the caustic is now turned into the "creal" nitric acid, but I did not use this acid at all, and I did not order blue pill at all in the case, and I did not use any caustic on the third day. I trust your contributor's philanthropic feelings are now gratified.

Your readers are next entertained by a new "farrago," in which Zoological analogy is extensively drawn upon. Your contributor has evidently a weakness for his first love, and if he could now "preserve" the representatives of nearly obsolete species alive, future generations would bless his memory.

(To be continued.)

ON DISEASES OF THE SKIN.

BY J. L. MILTON, M.R.C.S.,
Surgeon to St. John's Hospital for Skin Diseases.

(Continued.)

Diagnosis of Eczema.—I should scarcely have thought eczema could have been mistaken for any other complaint unless it were scabies, with which, indeed, it is often confounded. Its slowness and superficial nature, and the general absence of constitutional disturbance will separate it from erysipelas, while the slower spread of the redness, and the presence of itching at the very commencement, distinguish it from erythema. It may attack several spots at the same time, which is not the case with these complaints. The eczema of infants is often mistaken for infantile syphilis; but in the former the little patients have not the looks of premature old age, the sunnelling, hoarse cry, and the papules of syphilis. The eczema of grocers, when it is limited principally to the knuckles, is constantly mistaken for scabies, and no little care is often required to discriminate between them. The absence of the cuniculus, the history of the mode in which the complaint has arisen, and often the presence of fissured eczema on the palmar surface, a condition, accompanied by the grocer's itch, ought to suffice to make the diagnosis clear. Eczema siccum on the palm of the hand is frequently confounded with saprophilic psoriasis palmaris, especially if the patient have a psoriatic history (although duly investigated this ought to be an excellent guide), and lepra palmata (simple psoriasis palmaris). It is exceedingly difficult, perhaps, to give any rules which will serve as a certain guide. Lepra palmata is, I believe, never seen, unless there is lepra on other parts of the body, and the psoriatic form is invariably preceded by other symptoms, generally by a chance, and no history of a buba, or at any rate, one that has not supported. Dr. Chadde, speaking of these three affections, says, "It may be stated generally, perhaps, that where the affection is limited to one hand or foot, where the palms or soles are only partially affected by patches of eruption, where there is an ancient, but very unequal, thickening of the epidermis, which is exfoliated in thick plates, where the fissures are wide and deep, and the sensation of burning and itching extremely severe, independently of the history and collateral evidence, the eruption is a manifestation of tertiary syphilis. When, however, the patches are one uniform sheet of thickened cuticle extending over the whole palmar surface, furrowed by numerous fine cracks, and desquamating in small scales but no peeling in plates, the eruption is a psoriasis or eczema depending upon some other cause, and generally excited by local irritation." I may remark here with regard to the valuable and suggestive hints contained in these observations, that though many kinds of local irritation undoubtedly possess the power of evoking eczema, it is very questionable whether such agencies ever yet called forth a patch of psoriasis (lepra).

Prognosis.—This may, in a large majority of cases, be set down at once as fairly good, for the great extent in infants eczema may prove fatal, especially if not carefully managed. Eczema of the leg, especially in elderly persons, is very obstinate. Red general pityriasis has generally been thought very serious, and so it very likely is in some cases, but my observations on it have as yet been too few to enable me to draw any general conclusion. There is an old woman who occasionally attends now at St. John's Hospital, who was cured of it quite four years ago, though it is difficult to imagine how any person could have had it in a worse form. In a more limited form, even when covering a considerable extent of surface, it may be removed. When eczema has existed through many years of early life, and is developed in an essentially feebie form, and particularly when there is a pasty putty-like look of the face, with superficial erosion of the derma about the corners of the mouth, it has, in my experience, been very obstinate. Still, as a rule, I should say that the disease is essentially curable.

At St. John's Hospital it has been shown that eczema in every form and at every age, can be thoroughly cured; not, perhaps in every case, but certainly with rare exceptions, not amounting to above one in two or three thousand. And it is to be remembered, that the observations on which this statement is based, have been made in the presence of some scores of medical men, and that all possible publicity has been given to them. Eczema, indeed, is not so intractable as it has been represented. If a steady and proper course of treatment be followed, without swerving to right or left, it will almost invariably be successful; but, if the great guiding principles of treatment are ever new and then to be abandoned for the sake of meeting some complication, or in deference to some theory, or out of dread of some imaginary danger, then good-bye to all chances of a cure.

Is it ever dangerous to cure Eczema? Many authors recommend us not to do so in certain cases, especially in children, when the disease is seated on the head, and when of long standing in old persons, unless we open a compensating disease in some other part. Some even go so far as to pronounce the cure of eczema an injurious effort for the peccant humours, and startle us with the precautions to be taken before we venture on such a step.

I should be very sorry to speak with disrespect of any opinion held by men who rank among the leaders of professional opinion, but in justice to myself and what seems only a fair defence of doctrines I ventured to put forward years ago, I feel bound to maintain that the theory before us is untenable, but that it ought never to have been put forward; as it is not a question here of an apparently well founded opinion being overthrown by some unexpected discovery, but of a theory and practice inducing wide-spread misery, which a very simple amount of observation would have averted.

The more we examine the subject the more we are struck by the absence of any censure in favour of the theory itself. The experience of Bayer and Alibert has been

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vaguely alluded to, for a bugbear of this kind generally assumes a form which eludes our grasp the moment we attempt to grapple with it, but the instances are few and irrelevant. Bayler mentions a case given by Alibert, in which insanity followed, not the cure but the disappearance of the eruption, and cites an instance from his own practice, where a long-standing bronchitis disappeared during an attack of inflammation of the pulmonary and gastric mucous membrane. Dr. McCall Anderson also says that he was attending two children for very severe eczema covering the greater part of the surface, when one of them was seized with measles, the effect of which was that in two or three days the eczema had almost disappeared. The other child continued to flourish during a few days longer, and she was likewise seized with measles, and in her case, too, the eruption disappeared. But it is quite certain that this does not always occur, and that internal complaints do not always even stop eczema.

I have seen a child suffering under this disease, complicated with ill-matured pustules, go through measles without any particular check being given to either eruption, and I have seen small-pox exercise just as little effect.

Jane E., a middle-aged woman, was admitted at St. John's Hospital, Feb. 14th, 1871, suffering from rather severe eczema, which was principally seceded on the outer sides of the arms. She had been under my care previously for this affectation, had got well and remained so until she was seized with bronchitis, which was followed by a return of the eczema. On the 22nd of the same month her hands were attacked with the characteristic eruptions, and was breaking out all over her. On calling the next day I found her suffering from small-pox, which had appeared truly on the face, neck, arms, hands, legs, and feet; discrete in most parts but with a few patches confluent. The disorder had appeared on the third day after I saw her, and was, therefore, near its height. The mouth and fauces were also affected. The eczema was considerably worse than when I saw it, which must have been almost coincident with the beginning of the invasion or primary fever.

M. Bazin relates a case which I give in my own words, in order that the reader may decide for himself how far it sanctions the precept laid down by him, that when a complaint of this kind has existed a long time it is only to be touched with extreme reserve. The case is thus told: A man, who had been suffering for years with eczema, of which he wanted to be quickly rid. An energetic treatment was employed against the affection which disappeared in fifteen days, gastric symptoms soon showed themselves, and a few months after the patient died of cancer in the stomach." Of course, I assume M. Bazin would have his readers infer that there was really some connection between the energetic treatment and the cancer. In this case it is a pity he did not state in what the treatment consisted. I believe most medical men in England are entirely unacquainted with any substance or substances capable of bringing on cancer.

Possibly, other cases may exist; I have, however, not been able to meet with any, and the reader will see that out of the instances just given, those pertinent to the matter only show that eczema may disappear with the development of an internal illness, that after a single case proving that the cure of eczema could bring on any internal affection. Yet, this is the induction drawn from such cases as those I have given, and I need scarcely say that it is essentially vicious. To argue that, because an internal illness causes an eruption to disappear, therefore, curing an eruption can bring on an internal illness is, mutatis nomine, the same thing as to say, that as a blister on the tongue can be cured by putting on soda, so healing a surface blistered for some other affection may bring on one of these complaints. If the opinion have any definite meaning, it means this. In whatever amount of verbiage it may be shrouded, with whatever weight of authority and experience it may be given to the world, the theory, stripped of superfluous matter, reduces itself to the form in which I have put it.

Did the evil go no further than mere argument it might not be worth while to assail it. The simplest, and perhaps, best plan would have been to leave it alone and trust to time for its gradual extinction. But the process would be too slow, and the interests involved too serious for this. Mr. Locke calculated that, on an average, it takes about a century to extirpate an error; and medicine he might have allowed a much longer period, and when all the great aggregate of suffering that must result from putting such a doctrine in force, and refraining, from a dread of a perfectly chimerical danger, to cure a disgusting and distressing complaint, is fairly weighed, the case passes out of the region of mere abstract discussion.

I challenge those gentlemen who tell us that it is dangerous to arrest the eczematous eruption, to produce a single instance in support of their views. Surely, there can be no difficulty in their doing so. If serious results had ever followed such a practice, the records of those who have studied skin diseases would long before this have yielded some few cases. In England alone, if we were to estimate the number of cases of eczema yearly at a million, we should, I suspect, be considerably under the mark. Yet there is there a single case which proves the fear of checking eczema to have the least foundation. Men are fond of quoting Hebra, and he has well earned the distinction, for honesty and genius stood revealed in every page he has written. His practice ought to furnish us with plenty of fatal results from the suppression of long standing eczema, as he not only cures the complaint out of hands that are utterly scrofulous internally in nearly all forms of the disorder. Yet Hebra tells us that he never saw disorder of any kind arise from arrest of eczema. He asserts, too, that all his experience never yielded him a single instance of ophthalmia, disorder of the digestion or any other serious affection relieved by eczema! I will venture to go farther and predict that such cases never will be found, for the simple reason that they never happen.

Besides, it may really be stated, without in any way qualifying the assertion, that it is not possible to check eczema except by such means as improve the health, and thus directly lessen the tendency to any disease. If by repelling the eruption be meant causing the discharge to cease suddenly by using some strong astringent local application, I can only say that I am totally unacquainted with any agent which we have yet proved effective. It must be immensely difficult, if not impossible to effect such a purpose. I have, in my own person, made more attempts than I care to mention, to check the discharge of serum. I have used, for this purpose, solution of carbonate of soda, dilute sulphuric acid, strong solution of sulphate of zinc, nitric acid, chromic acid, nitrate of silver, and nitrate of mercury, collodion, pressure, &c., but in no one instance did I succeed in procuring a more than a short respite from the nuisance. Indeed, the influence of remedies in this respect seems to me only too limited. As to the power of medicines to effect such an extraordinary process as transplanting eczema from the skin and transmuting it into an affectation of the brain, lungs, or bowels, I can only say that I should be glad to be made acquainted with the remedies that do this. Till then I must look to the liberty of saying that I consider such efforts purely imaginary. What effect an issue may have I know not, and the information given in books amounts to a vague direction to use one in long continued discharge before closing this up. I should think nothing but harm could come from such a practice. At one time, in compliance with this time honoured piece of humorism, I used small blisters to keep up a discharge from the surface by means of irritating sentiments, but I never saw any result beyond distressing the patient.

To be continued.

We hear that the next International Ophthalmic Congress is to be held in London.
ON TYPHOID BRONCHITIS AND TYPHOID PNEUMONIA.

By F. M. Luther, M.D.

We have long been familiar with the appellation "Typhoid Pneumonia," I propose for adoption that of "Typhoid Bronchitis," though I prefer to include both under the generic title of "Typhoid Influenza," for I am satisfied that the pneumonia and the bronchitis are but symptoms incidental to a fever of uncertain duration, which, even in very bad cases, I have observed to get well simultaneously with the appearance of a copious herpetic eruption upon the lips and around them. This I regarded as critical. It sometimes occurred upon the third, but more often between the fifth and eighth day. But in the majority of cases this favourable eruption will be looked for in vain. This congestive bronchitis, where it does not prove fatal at the end of eight or nine days (and with persons past middle age death commonly ensues about that time) will run on for weeks, often for six weeks. The treatment throughout must be that of low fever. Confinement to bed for a long period, slow diet, but including in many cases broths and wine. During the first few days active treatment may be of service, but it is rarely instituted, as the symptoms scarce seem to demand it. The patient may complain of oppression, and congestion of the lungs doubtless exists from the commencement, but the stethoscope will by no means reveal the danger, until after days of treatment, when active treatment can no longer be borne. Tartar emetic and purgatives must be given with caution, for a very exhausting diarrhoea is often induced by them, different, however, from that of typhoid fever, in not being so constant. It may be incessant for a day or two, and then check. Still, the tongue being almost always loaded, some gentle purgative, such as grey powder, is indicated. I had long remarked that a coated tongue was a bad symptom in bronchitis. I did not know that it indicated that distinct form of the disease which I consider a fever, just as the lung disease of cattle is one. The latter is contagious, but the former probably not, or but slightly so. However, in cases of a wide-spread epidemic, it is not easy to be assured on that point, as the friends of the sick will often remain up for many nights a prey to painful anxiety, and may catch the epidemic without means of knowing whether the patient is a typhoid or not. The skin is rarely hot, the pulse rarely quick, unless in the evening. Indeed, to judge of the gravity of the disease, you should see the patient at night. In almost all of the severe cases you will have delirium sooner or later. It is a bad symptom. The congestion which in some cases may begin, as in the milder forms of influenza, with stuffing of the pharynx and sore throat, travels eventually to the ultimate ramifications of the bronchial tubes, and probably lining of the air-vesicles. However, cough with sneezing, stuffing of the frontal sinuses, running of the eyes, &c., is more often absent in this disease, as also in the worst form of measles, which, indeed, greatly resembles typhoid bronchitis.

As I before observed, I regard typhoid bronchitis and typhoid pneumonia as varieties of influenza. It is too often forgotten that there are epidemics of typhoid that visit us as wide-spread as the influenza, and that, paradoxical as it may seem, it is nevertheless true, that while the mortality attending it averages but 2 per cent., still it kills more than cholera. The explanation is this, that very few out of a community escape the influenz, although by far the greater number of those attacked merely suffer from it in the shape of a feverish cold a few days' duration, whereas the cholera will only attack a limited number in the districts where it prevails, but of those one half may die. The latter may say this most mortal fever cannot be the same disease with a common feverish catarrh. I answer, it is identical with it, merely differing in degree. If you like, prefix the adjective typhoid, or malignant, in order to distinguish it from the ordinary mild form.

The difference between mild and malignant scarletina and mild and malignant measles is just as great as between common influenza and the typhoid form.

I regret to find that Peacocke's work upon the "Influenza or Epidemic Catarrhal Fever" is out of print. I had a copy some years ago, and thought it a very useful treatise. I read it but once, however, and if I recollect right, it does not particularize the very severe form of the disease I have alluded to. Though it may be more.markedly epidemic in some years, yet I think it prevails more or less every year. Could a patient suffering from this congestive bronchitis be carried into a Turkish bath, and, after remaining in it for half an hour or an hour, then get a hot or tepid douche, and be put to bed at once, and the process repeated perhaps twice every day for a week, I should anticipate much benefit. But unless the patient lived very near the bath, and, in fact, unless he could take up his abode in it, I would not recommend it. During the first day or two, while the patient has strength to sit up, a brick bath might do, and be given in the bedroom, but in the worst cases the invalid can hardly sit up.

I have nothing particular to say upon the subject of typhoid pneumonia, except to mention some cases in young people get well by a critical sweat, some in a week, others in or about fourteen or twenty-one days, but the critical symptoms were often irregular or absent. The pulse was seldom quick, the skin mostly cool. Diarrhoea also easily induced, but not ochre, like that of typhoid, and not so constant. Herpetic critical eruption of occurrence is the typhoid bronchitis.

I think the exhibiting of wine when the tongue is brown and dry nonsense; the patient can't swallow it in pills, and won't swallow it in solution. I am accustomed to give wine and broth, but the very bad cases don't seem to benefit much by them. The milder ones would probably recover without them. I think the congestion can best be dispelled by diaphoresis, and the only certain diaphoretic is the Turkish bath. But the opinion of an experienced hydropathist should be taken. Absolute rest and no after exposure are essential to the success of the treatment.

ON CATARACT AND ITS TREATMENT BY THE SEMI-LUNAR CORNEAL INCISION.


Mr. Hogg commenced by stating that, in placing before the Medical Society the results of last year's experience of thirty successful extractions and three failures by the semi-lunar incision, he was merely influenced by a desire to show that this well-known operation has, in no way, lost its hold upon ophthalmic surgery, or forfeited the confidence placed in it for so many years at the Westminster Ophthalmic Hospital. The introduction has not yet occurred of modifications and improvements which it might be thought had entirely superseded the old fashioned flap operation, and also that of more modern date, linear corneal section, both of which have been for so many years most successfully and largely practised. That what Mr. Travers wrote of semi-lunar section some fifty years ago, is quite applicable at the present time, as this operation is by far the most perfect ever devised for the cure of hard cataract, and the poor patient obtained clearer and quicker sight than by other methods. Its alleged disadvantages in Mr. Hogg's opinion are comparatively unimportant, one especially dwelt upon by those who do not follow this plan is, with a large semi-circular incision, we are very likely to...
have an escape of the vitreous, but since it is not always necessary to make a large opening to deliver the lens, this difficulty will not often arise. Then dilatation of the pupil before the operation always allows of a fair estimate of the size required, while it lessens the danger of wounding the iris and renders the lens more accessible and facilitates its extraction.

The instillation of a drop of atropine before hand is useful, as it enables the surgeon to determine the presence of an adhesion, which might mar the operation. It also assists a diagnosis in the cases of a patient presenting some constitutional complication, as rheumatism, it is then not unusual that any operation will be followed by rheumatic iritis. In anticipation of such an event, Mr. Hogg thought it might be safer to make a previous iridectomy before attempting extraction. The two operations might be performed at the same sitting, and which will be found as successful as the practice of allowing a week or more to elapse between them. It is often very difficult to ascertain when there is the more frequent complication of a fluid vitreous, for although the previous history of the patient would lead to the detection of a rheumatic, a diabetic, and albuminuric complications, it would not enable us to determine a fluid state of the vitreous body, which is not unfrequently present.

Mr. Hogg then entered into the particulars of the more salient case, and dwelling upon the importance of early extraction of traumatic cataract, and giving the details of three in which an early operation had been attended with excellent result, and the retention of sight. He deprecates the too ready resort to extirpation of the eyeball, even when the injury has been severe, and it is impossible to say whether or not a foreign body is lodged within the chamber. In dislocation, either from violence or disease of the suspensory ligament, where the lens becomes separated from its attachments by a violent fit of sneezing, early extraction is often needed to arrest a dangerous iritis following the accident.

Mr. Hogg considers it of much importance that the section should be purely corneal, and not carried deep enough to merge into the sclerotic. The main impediment to success, he believes to be, that the section is made too small to admit of an easy delivery of the lens. The enlargement of the section after the evacuation of the aqueous is difficult and not unattended with danger to the iris, and may cause the lens to sink below the pupilary opening. Prolapse of the iris often follows attempts to force the lens through a small section, when the iris may become entangled in its lips during the healing process. Another difficulty arises from the knife being entered too obliquely and passing into the lamelle of the cornea instead of the anterior chamber. The author of the paper concluded with a few brief references to the construction of the instruments employed. The knife known as Beer's being the one more generally in use at the Westminster Ophthalmic Hospital, but which, he thought, was a little too broad towards the base, and had, therefore, employed a slightly modified form in shape between a Beer and Wenzel knife.

In answer to a statement that Professor Hasner had collected 2,000 cases of extraction by the modified linear operation, showing ten percent. of failures only, Mr. Hogg stated that he fully believed if a carefully tabulated series of cases by the semi-lunar section were made in this country, it would show an equally small number of failures.

BRONZED SKIN.

By WM. COLES, L.R.C.S., A.B., &c, Bath.

Having read in your issue of the 8th inst. a very interesting account of "Bronzed Skin," by Dr. Wm. Moore, of Dublin, I am enabled, from personal recollection, to furnish a brief statement of a very remarkable case, which perhaps, may shed some additional light on this rare disease. The case I observed was not attended with discolouration, but, in other respects, had many symptoms in common with that narrated by Dr. Moore.

The disease, as I witnessed it, occurred on board the East Indianman Marlborough, Captain Toyne, Commander, on her homeward voyage from Calcutta in the year 1861, when I was surgeon in charge of her.

The patient, a young and stoutly-built fellow, who was employed as "scullery-man" to the ship, came to me about three weeks after we quitted Calcutta, and complained that he had become very weak, and incapable of properly attending to his duties. He examined his face, but as I found his tongue clean, his pulse satisfactory, his skin soft and cool, and could not detect anything the matter with him, I concluded that he wanted to skulk, and dismissed him with an admonition to attend to his business, which consisted chiefly in washing plates and peeling raw potatoes, while sitting in the scullery. About four days afterwards I happened to see him with his shirt off, and was greatly struck by the alteration in the man's appearance. He had become wonderfully emaciated, had scarcely any flesh on his scapula, and presented a most miserable aspect. Of course, I concluded he was affected with some ailment I had no knowledge of, and told him to leave off work at once. Ordered him soup, fresh meat, and porter, and treated him with sulphate of iron and quinine. But all this had no effect. He grew rapidly thinner, vomited his food, and as the case assumed a very serious aspect, I did all that I could under the circumstances to prolong his life to the utmost. This I endeavored to do by giving him constant changes of food, in the hope that something might be found which would remain on his stomach, but all without avail. We had a cow on board, so he had a trial of milk, and some of the passengers had the kindness to give him excellent eggs from their private stores.

Every day, however, he grew worse, and one morning it became so evident he could not live out the day, that Dr. Walter, of the Madras Army who, as a passenger, used to visit him every morning, told him that he might drink ale or anything else he pleased.

Dr. Walter and I agreed that he would die about 3 p.m., but on going together at 1 o'clock to take a parting look at him, we were amazed to find that some ale he drank had remained on his stomach, and that he had rallied. At bed-time his condition was still evidently improving. Next morning he was doing so well that I hoped to get him all right again by carefully following up the same plan of treatment and regimen. He had been ill about six weeks, and an equal period of time was required for his complete convalescence and cure. When we landed at the East India Docks he was quite as stout and strong as he had been when he left Calcutta. The impression produced on my mind by this case is ineffaceable. I often reflect on it and have thought that it would be no misnomer to call it "Acute General Atrophy." It is a fearful disease, and the above is the only instance of it I have ever seen, nor was any such ever observed by Dr. Walter. An officer of the ship, however, told me he had met with two or three cases of the kind among sailors all of which terminated fatally.

ABSTRACT OF

THE GULSTONIAN LECTURES

ON

THE HEAT OF THE BODY.

DELIVERED AT

The Royal College of Physicians, London, March 1871.

By SAMUEL J. GEE, M.D., F.R.C.P.,
Assistant-Physician to St. Bartholomew's Hospital, and to the Hospital for Sick Children.

After some introductory observations, Dr. Gee says, the old or the material theory concerning the nature of heat, born in the earliest age of Greek philosophy, lived
on, under various guises, until the year 1842. Fire was a form of matter—matter in its most attenuated state; a conception which would be found less off-putting by the ancients, because they did not associate necessarily matter and weight. Fire, though a substance, need not have weight—being, in the speech of fifty years ago, an imponderable element. Doubtless those four first qualities of things which were supposed to mould the universal substance into its elementary forms—the hot quality and the cold, the moist and the dry—were the basis of the doctrine of the four elements. Nay, the very word, "pyro"seems to have been applied to those prime properties. Nevertheless, the material notion of heat was always uppermost. And no wonder, for of the eternity and mutability of matter the Greeks had attained to clear ideas. The eternity and mutability of force it was reserved for our own age to develop. The phlogiston of Stahl and the valoric of Lavoisier (the matter of fire, "matière de feu," Wàrmstoff), were merely the old fire under new names.

Physicians Sir, must always feel deep interest in the modern theory of heat; for it was first worked out by a physician. Dr. Julius Robert Mayer, practising in the little town of Heilbronn, in the kingdom of Wurtzburg; first unfolded the modern or dynamical theory of heat. Many of the opinions of "The Force of Heat, in the Form of Naked Heat," appeared in 1842. In 1845, he brought out a treatise upon "Organic Movement;" and this is, for our purposes, his most important work. You will remember that, about the same time, Dr. Joule, of Manchester, working at a part of Mayer's argument, came, by way of experiment, to the very same conclusions concerning the mechanical equivalent of heat at which Mayer had arrived from the opposite direction. Mayer's process was wholly a priori. He starts, in his first tract, from the axiom that the cause is equal to the effect; and of his second book the fundamental fact is simply this, that nothing can come of nothing. And in both these treatises of Mayer's there is not a single experiment, scarcely a single observation of his own; so that Joule's empirical method came as a most timely support to the much more comprehensive scheme of Mayer. To be sure, the dynamical theory of heat had been vaguely hinted before Mayer's time—notably by Lord Bacon in the "Novum Organum." But the indestructibility of force is Mayer's real thesis, of which the dynamical theory of heat is only a portion.

We are now to look upon heat as an accidental state of matter, a mode of motion—molecular motion: in fact, a force. We are now to regard heat as being indestructible, but as existing under different forms—forms which are interchangeable, and which, just as was said about the elements of old time, run a perpetual cycle, muliform and mix and nourish all things. One fact which we shall have continually before us hereafter is this: that any kind of force may exist in two conditions—the tension-force and the living force of Helmholtz; tension-force, the vita inerte, the force which lies latent in the status quo, the force present in the spring of a watch which has been wound up, the force present in a quantity of gunpowder which has not been exploded, the force present in a Leyden jar which has not been discharged: and next, living force, the vita viva, the force made manifest by change of state—as, for example, in the cases just alluded to, the force which is set free by the uncouling of the watch-spring, by the explosion of gunpowder, by the discharge of a Leyden phial.

Dr. Gee then proceeded to an examination of the sources of animal heat. Three theories concerning its origin have as sundry times held sway; namely, the theory of innate heat, the mechanical theory, and the chemical theory.

II.—THE CHEMICAL THEORY.

Do we not sometimes hear it said that the old expression, augmented innate heat, reflects our modern notions of pyrexia? In a few words, then, I will endeavour to recall to your mind the nature of the ancient conception of innate heat. It has all the look of being the offspring of some such meditation as engendered the fable of Prometheus, and the old Persian faith. Ancient physiology, however, and with it the doctrine of innate heat, first took definite form in the hands of Pythagoras and his immediate successors. And the physiology of Pythagoras is of the same kind as the chemistry of Paracelsus, and the geology of Thomas Burnett—a fruit of the imagination working almost without materials, and almost without the aid of any set of facts; apt for nothing but to breed what Bacon calls vermicille questions, and best set forth in that famous passage of the sixth Aeneid, where we read of the spirit or breath which feeds the inward parts, the mind which agitates the mass, whence spring man and beast, and then the nature of that internal vivifying force—

"Ignum est olis vigor et celestis origo Seminibus."

Beyond this physiology the Greeks and Romans did not advance, except in a few directions. Hippocrates, indeed, intended medicine from philosophy; but no Hippocrates arose to do the same good service for physiology. Hippocrates himself shunned physiological questions; the other writers of the Hippocratic treatises were of the Pythagorean school. Let us glance for a moment at the little books, on the Heart, on Flashes, and on the Nature of the Bones. Heat is immortal, and the source of all life. That is the whole inner inference, with us. The blood is the hottest part of all the body, because the innate vital heat is seated in the blood, "where life and life's companion, heat, abideth." Hence the chest is the hottest part of the body, and the heart the hottest part of the chest, because containing most blood. The heart is the fountain of the blood and the source of the arteries, the liver being the source of the blood, and just as the blood is drawn into the heart, so is the air, which is drawn into the heart during its diastole, tempered by the heat of the left ventricle into the animal spirits, which are dispersed through the whole body during the heart's systole. Doubtless it would not be difficult to discover in all this a dim foreboding of great truths.

The theory of innate heat survived, little changed, until the middle of the seventeenth century. From 1550 to 1650 many books upon this topic were published, written by those who were the last of their race. I have looked over four or five of these treatises—read them I cannot say, for no reading, possibly, could be more stale and unprofitable—the old, old quotations from Galen and Aristotle, hushed up for the hundredth time, and seasoned by some monstrous new hypothesis. Metaphysical physiology was run quite upon the lees; but Harvey had already appeared.

II.—THE CHEMICAL THEORY.

The chemical theory of animal heat dates from the year 1777, but it had been anticipated many centuries before. I must ask you to accompany me back to the first experimental physiologist—I mean Galen. His book on the "Use of Breathing" will enable us to ascertain his views concerning animal heat. He declares that the chief use of respiration is to maintain the innate heat. He alludes to the common comparison between the heat of the body and that of a flame. "Now," says he, "we could only find out why flames are hot if we knew what they are made of, and so we should also discover what it is which animal heat finds useful in respiration. When I see a furnace going out because it could not breathe, and then, when opened, to expire much smoke and inspire much pure external air, and, both these acts performed, to give a bright flame, I argue that it is no small use of expiration to evacuate that which in the blood corresponds to the air we breathe. For we are a spark, and smoke and all excess of burnt material of this kind put out a fire just as water does; wherefore, they are most to be believed who teach that animals breathe for the sake of their internal heat. Now, fuming
and cooling in moderation are both useful, for they both seem to increase the internal heat; and it is also necessary to expel the fulminating matter, so that the patient, which is in excess by reason of the burning of the blood. Where-
fore, from fanning the source of the internal heat, and next, from moderate cooling of it, and thirdly, from the evacuation of all that is like unto smoke, from these we collect one sum, which is the preservation of natural heat. I feel sure that I need not apologise for reading these remarks, for they are the modern call for fanning oxidation, and smoke carbonic acid.

Let us return to the middle of the seventeenth century, and there we find a young man of honourable memory, John Mayow, of Oxford, with a spirit of scientific prophecy worthy of Galen, discussing the nature of oxygen exactly one hundred years before oxygen was discovered. I am tempted to string together a number of propositions, wonderfully acute, drawn from Mayow's book; but I fear bear. What more remains but that chemists should prepare these things which have been so long foreseen!

Black led the way by the discovery of fixed air in 1754, and the chemical theory of animal heat at once became more precise. Black himself revived the forgotten doctrine of Galen, that the air, by passing through the lungs, undergoes the same changes as by supporting combustion; and he added the fact that the fixed air, or carbonic acid gas, is evolved. Inflammable air was discovered by Cavendish in 1776; and, lastly, in 1774, Priestley made the greatest discovery, of diphlogisticated air.

HOSPITAL REPORTS.

LONDON HOSPITAL.

Cases of Hernia.

(Under the care of Mr. Rivington.)

Case 4.—Right Inguinal Hernia; Reduction by the Patient; Four Days' Vomiting; Exploratory Operation; Sac Opened; Death. J. W.—aged twenty-one, a weaver, had had inguinal hernia on right side for six years, probably bubonoele; on February 12th, 1865, he put it back himself and it all disappeared. He never wore a truss, but was in the habit of keeping his hand on the part while he was walking. After the reduction, he experienced pain in the inguinal region, and tenderness on pressure. Vomiting ensued, and became farcical and offensive. For four days he suffered from these symptoms, and then came to the hospital on the evening of the 15th. At one a.m. on Thursday the 16th, he had copious copious perspiration.

Mr. Rivington was sent for and found the following condition: There was no tumour in the inguinal canal, a slight fullness only at the site of the inner ring. The external ring was large and easily admitted the finger. There was apparently no sac in the scrotum, but the cord on the right side seemed to be slightly thickened on the opposite side. The pulse was rapid and quick (180); and there was great countenance anxious; patient generally much reduced. There was tenderness on pressure in the right iliac and right half of the hypogastric regions. There was constipation; furred and brown tongue, and much thirst. There was no tympanic distention of the abdomen. There was no tumour in the right iliac region. The absence of a tumour was an important fact. That fixed air, or carbonic acid, unless the hernia had been pushed completely into the abdomen, a very improbable event. It was thought that there existed some internal strangulation either mechanical or due to effused lymph.

At 3 a.m., on Thursday morning, an exploratory operation was performed. The inguinal canal was laid open, and a small sac found near the inner ring. This was opened and found to contain a very small piece of ileum, quite empty and quite healthy; it was pushed back, and the sac was laid open downwards towards the scrotum. In the inguinal canal it was very thin and the sides in a manner, so that it added little to the thickness of the cord. After a little research, a piece of congested intestine was reached and drawn out with difficulty. For the length of a foot and a-half the intestine was of a port wine colour. At one point a circular band was found, not recent, but seeming to be rather a thickening of the peritoneal coat of the intestine. As the intestine was extended above the band, the band was cautiously divided, and the cause of stricture could be detected. The intestine was returned and the wound sewn up. Opium was administered.

February 17th.—Better, no more vomiting; no pain; pulse improved, but slow; no reaction; and in weak state.

February 18th.—Bowels relieved twice; complained of pain in abdomen; never rallied, but sank gradually.

Post-mortem Examination.—Slight effusion of lymph on intestine, battery, and easily separable; some of the coils glued tightly together. No constriction of intestine anywhere, nor anything to account for the strangulation. Locally, the wound had block blood diffused into the neighbouring areolar tissue, and there was some escape of intestinal fluid from the wound but no blood in the peritoneum.

Remarks.—It is extremely difficult to account for the symptoms of strangulation in this case, unless they were due to some mechanical cause; some twisting or malposition of the intestine.

Case 5.—Right Inguinal Hernia; Complicated with Disease of Liver; Jaundice and Ascites; Operation; Recovery from Operation; Death from Jaundice. J. S.—fifty-five, labourer, had had a reducible hernia in the right inguinal region for four years. It was reduced when it first appeared, and he had worn a truss for four years.

On September 4th, 1865, he came among the out-patients, complaining of pain in the lower part of the abdomen and of swelling in the scrotum. He was unable to bear the weight of the truss. On examining the scrotum, a swelling was found like a hydrocele, but not so distinct from the ring as in ordinary cases. The testicle was free below the swelling. Mr. Rivington having examined it by transillumination, and it was transparent, diagnosed it as a hydrocele of the hernial sac, and tapping it, drew off three pors of fluid—ninety ounces or four pints and a-half of straw coloured serous fluid. From the quantity it was concluded that a communication existed with the abdomen, a point which would have been better determined before tapping. After tapping, the scrotum was found empty and thickened. He was ordered to re-adjust the truss. By nine o'clock in the evening the swelling had reappeared; after which he began to complain of pain and to feel sick. The next morning when he came to the hospital, there was a swelling in the scrotum and in the groin, but as transparency could not be detected, tapping was not performed. Before he came in, the bowels had acted freely, but he suffered from sickness. His aspect betokened a slight attack of jaundice. A consultation was held, and it was decided to offer exploratory operation. For a long time the ground that sickness existed in connexion with a tumour in the groin, having the appearance and feel of a hernia, and that this swelling could not be returned by pressure. Chloroform was given, and the swelling being still irreducible, an incision was made over the external ring. The inter-columnar bands being tight, and apparently constraining the tumour, were divided, and the swelling would not return into the abdomen. On clearing away the layers of fascia, a structure, greatly thickened and unrecognizable by the surgeons present, was found. This thickened and altered structure was cautiously divided, and proved to be sac. A considerable quantity of serum was discharged, and the sac having been laid open for an inch and-a-half, some slightly congested needle of small intestine (ileum) was found in the interior. The gut was re-
are free from the misrepresentations which we deprecate. We do not say this from any desire to support the practice of stimulation, against which a reaction appears to be setting in. We would rather hold the balance evenly in all disputed questions of therapeutics, hoping that every fresh discussion may lead to new light. But sure we are, that passionate outbursts, rash assertions, and clap-trap, never lead to any good, though they are prolific enough of evil.

The calm manner in which the disposition to limit stimulation, now growing in the Profession, can be temperately and instructively stated, is well exemplified in the address of the late President of the Medical Society of London. If all had adopted his tone, it would have been better for the credit of the Profession. We will conclude by reproducing a passage from Mr. Gay’s Presidential address, in which he speaks on this subject—

“Every step taken in physiological inquiry, as well as every fact deduced from observation under conditions almost exempt from the possibility of error—I refer to military experience—prove that alcoholic liquors, in which the alcohol exists in proportion above 8 or 10 per cent., impair the powers of the stomach, and hinder the complete oxidation of food. In this manner they interrupt the processes essential to nutrition, weaken the strength, and induce mortal disease in the brain, liver, and lungs. The most trying circumstances in war, such as prolonged fatigue and exposure to extreme heat and cold, have, as a rule, been best borne by men who have taken no alcoholic stimulus. I need hardly remind you that this is a new axiom. In the campaign of Egypt under Abercrombie in 1804, its truth was severely tested; and it has since received additional attestation from the Crimean and Austrian Wars, and from Arctic explorations.

“If still more evidence on this important subject is required, it is to be met with in an account of some experiments on the effects of alcohol on healthy persons by Dr. Parkes and Count Wollowicz, recorded in The Transactions of the Royal Society for May last, as well as in an able monograph on ‘Intemperate Pulse and Palpitation,’ by Dr. Richardson.

“From an extensive series of facts these observers show conclusively that ‘in a healthy man the daily increase of the beats of the heart under alcohol, as compared with the number of beats when water is the only beverage, is rather more than 13 per cent.’ As to its permanent effects, they show ‘that the amount of alcohol the heart will bear without losing its healthy sphygmographic tracing is small,’ and as they add, ‘it must be supposed that some disease of heart or vessels must eventually follow the over-action produced by large doses of alcohol.’

“And yet the habit of taking strong stimulating drinks, with the persuasion that in health they are well nigh impotent to aere, and in sickness to cure, is, becoming, under the sanction of the Profession, or as it is commonly termed, ‘under advice,’ a fashion in the higher and middle sections of society; so that the champagne, port wine, and brandy bottles are beginning to be as much a habitual resort under temporary ennui or languor, whether from idleness, dissipation, or indisposition, as is the gin flask to depraved poverty under the maddening burdens of remorse or despair. In this way surgical art has been, and is being robbed of its just successes; and if the Profession does not intervent to check an evil which has had its origin to a great extent within its borders, it will, it is to be feared, be chargeable hereafter with a larger share of its failures than it would like to acknowledge.

“The same views of the salutary effects of stimulants have, I cannot but think, been transferred to nitrogenous beverages, and led to another mischievous practice, alike unfavourable to the results of surgical art; I mean that of urging patients, labouring under long standing chronic diseases, and especially in the prospect of, as well as after
severe surgical operations, often without reference to special circumstances, to swallow as much beef-tea, generally with brandy or port wine, or as many eggs in their under-cooked state as the consumption of the liquors with the same liquids, as they can be got to take.

The condition of the system usually resulting from this practice as indicated by a dry, black tongue, a brick dust and sallow countenance, a feeble and oft-faltering or intermittent heart, and a drain from the bowels which quarters of chalk mixture are ineffectual to relieve, is of all conditions most unfavourable to the successful issue of such like cases.

"It is the reverse of such a condition, viz., that in which there is an entire freedom from the influence of this artificial and perilous excitement—a state induced by the most guarded exhibition of both nourishment and stimulii—that leaves the resources of nature most free to act beneficially in times of severest trial, and which should be secured most especially on all occasions in which the issues of surgical art appear to hang tremblingly in the balance."

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THE SANITARY REPORT.

At the last meeting of the Metropolitan Association of Medical Officers of Health there was a discussion respecting the Report of the Royal Sanitary Commission that deserves attention. General satisfaction was naturally felt that the need of the Commission had not arisen from failure of duty by Medical Officers of Health, but that the condemnation of the present law rested on its incomplete, not to say contradictory, provisions.

The President, who opened the debate, remarked that the local authorities were found to be too numerous and too apt to excite some state induced by the most guarded exhibition of both nourishment and stimulii—that leaves the resources of nature most free to act beneficially in times of severest trial, and which should be secured most especially on all occasions in which the issues of surgical art appear to hang tremblingly in the balance."

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EXCLUSIVE PUBLICATION OF SOCIETY PROCEEDINGS.

We quote the following expression of opinion from the Philadelphia Medical and Surgical Reporter recommending its reissue to the governing Councils of the Dublin and Cork Medical societies:

"A very small spirit indeed actuates some medical societies, and exists in all. There is usually a small clique who generally, for very sufficient, reasons, would bar an improvement if not very creditable objects, object to the public use of their proceedings. They would have them not printed at all, or made over as private property to one journal. The Cincinnati Academy of Medicine and the Philadelphia County Medical Society are examples of medical bodies in which such obstructive periodical urge narrow-minded resolutions to this effect. The former, we are happy to say, has lately repudiated, by an overwhelm-}

majority, any such action, and we recommend the latter to take to itself some of the good sense which this vote exhibits?"

It is a curious consideration that the members of a profession which is always aiming its liberality of feeling and its freedom from scientific prejudices should, acting together in councils of the same. As we as individuals they would be heartily ashamed of.

Publicity is the first essential of success in any society. Without it its proceedings, however erudite, are flat and unremunerative, and the labours of authors, without the whole world outside the little knot of listeners, little better than wasted energy. Publicity is a thing of which societies cannot have too much, and its absence infallibly dowrs all the qualities which makes such an organisation worth sustaining.” By enabling the whole world to join in the issue it sifts and purifies the communications made to the society and speedily relieve it of redundant talking, persistent advertising, the riding of professional hobbies, and the distortion of scientific facts—it makes it worth the while of the author, in anticipation of a dis-
criminative audience, to work his subject to the bottom and of the members to listen to well-digested matter, instead of slip-slop observations and unsustainable conjectures.

It should, therefore, be the first duty of all governing bodies to invite publicity and court discussion, and for this purpose to remove out of the way any obstructions which favouritism may have set up. No journal which respects its position will be content to appear as a supplicant or to pay for which is supplied gratis and unasked to other periodicals, and if free publicity is desired it can only be had by absolute freedom of reporting. We repeat that no single periodical, even where (like the British Medical Journal), it is supposed to be devoted exclusively to that purpose, and even when, as in the British Medical Association, protective laws are enacted to secure within its narrow domain contributions which authors who reign make known to the profession at large, can supply the place of free facility of reporting. How much less can a three monthly magazine, however valuable, answer such a purpose.

If other considerations did not stop the way there is no practical or financial difficulty in the way of complete publicity. Already, some of the medical societies of Dublin pay as much for an imperfect report as would suffice to provide a complete verbatim résumé of their proceedings. Their councils should, either in co-operation or separately, pay a reporter for transcribing their proceedings, and as soon as possible afterwards supply printed reports, by the same post, to all medical journals, and it would speedily be found that such journal which could give the earliest and fullest reprint would reap the advantage, while the societies themselves would at once become the leaders of opinion not only within their own restricted ground but throughout the entire profession.

Notes on Current Topics.

The late Dr. Felix von Niemeyer.

The Medical Profession at home and abroad have sustained a severe loss in the death of Dr. Felix von Niemeyer, of more than common note, one of the many victims of the late Franco-Prussian war, who died recently at Nancy, of typhoid fever, contracted while in the discharge of his laborious duties. His name has become well known among the Profession by his excellent "Text-book of Practical Medicine," which is unquestionably the best exposition of the subject which has been published in Germany. He was also author of some lectures on phthisis, which we lately reviewed in our columns. He was director of the Field Ambulance at Nancy. He lived and died in the discharge of his duty, and in him the Profession have lost a truly great man.

The Action of Mercury on the System.

At the Royal Medico-Chirurgical Society of Edinburgh this subject was again brought forward, and gave rise to warm discussion. It was opened by Dr. Stephenson, who read a paper on the "Action of Mercury in Children." He acknowledged that recent physiological experiments tended to prove that mercury had no direct stimulant action on the biliary secretion; but thought so long as these experiments were made only on healthy organs, they could never demonstrate that it had no effect on the pathological conditions which were interfering with the performance of the function, and the result of such experiments would overturn its use after the manner of a rational empiricism. An analysis of its action in the intestinal affections of children showed that its good effects could be explained on other grounds than its mere cholagogue action; and, although this theory of its action was erroneons, mercury was still of service. Its use, however, should be limited almost wholly to its action as an occasional purgative. When given to produce its constitutional effects, the constitutional type or diatheses greatly determined its action. It was in subjects most liable to those external diseases where mercury was of service when applied externally, that internal affections were most likely to be amenable to its constitutional use. From the consideration of its internal use, illustrated by cases, Dr. Stephenson draws the following conclusions:—1. Mercury may be employed to influence the constitution without any injurious effect on the general health. 2. To obtain its therapeutic action, it is not necessary to produce its visible physiological effects; it becomes injurious so soon as these are manifested. 3. It is an error to suppose that children are less susceptible to its influence than adults; its effects are not to be looked for in its action on the mouth, but in its depressing effects and in deterioration of the blood. 4. It should be used only so far as is necessary, and in order to stimulate the nutritive changes in the tissues, not in the character of the constituents of the blood; for this purpose it should be used as a whip or spur only—that is, occasionally and at intervals, not continuously throughout the whole course of the disease. 5. Its use in modifying acute inflammatory action is very limited, and requires further observation; but there is no question as to its power over the products of inflammation, in starting the processes of resolution and absorption where these have been arrested; and, where other remedies fail in producing a change on morbid nutrition, it does in certain cases succeed in promoting a return to healthy action. 6. No number of cases improperly treated by mercury, no number of "constitutions shattered by its abuse," no number of instances where disease has been cured without it, can in any way invalidate the results of its effects, where it has cured where other remedies have failed, or lessen in any measure the position here defended of a judicious use of the medicine. In infantile syphilis, the author had the greatest confidence in the good effects of mercury, but limited its use, as in other diseases, and stopped it whenever amelioration in the symptoms was observed, renewing it if necessary, and not giving more than one or two grains of grey powder daily for a fortnight. Dr. Bennett observed that Dr. Stephenson supported the ideas of those who maintained calomel to be a sedative, and had stated that eight or ten grains of calomel in an adult, and three or four grains in a child, when mixed with sugar and placed on the tongue, at once check obstinate vomiting. In India much larger doses—viz., thirty grains, had been recommended as a sedative in dysentery and cholera. Dr. Bennett believed such practice to be of no benefit, but, on the contrary, to be dangerous. If placed on the tongue and not swallowed, mercury was likely to produce violent stomatitis and salivation. As to the employment of mercury in the syphilis of young infants Dr. Bennett did not consider it to be of any service in such cases, nor in those of diphtheria. Dr. Stephenson called it a stimulus to the tissues, and said it acted as a whip or spur in chronic inflammatory disease. Such a proposition, if extensively followed would, in his opinion, be productive of great mischief. Dr. Stephenson had stated that mercury increased cell-growth and caused proliferation of cells. But
did he possess any facts or series of preparations capable of supporting this assertion? Such an idea also appeared to be opposed to what was said in the first part of the paper—viz., that it caused anemia and destruction of tissue. What was at present required in therapeutics was an effort to distinguish between the supposed action of remedies and the spontaneous cure of diseases. Whereover this in recent times had been carefully carried out, it had been shown that in many diseases violent remedies, such as bleeding and mercury, were opposed to a rapid recovery. He referred to the diminution in the mortality and duration of pneumonia, since antiphlogistics had been abandoned; and hoped before long, to convince the Society, by a tabular view of cases, comprising the bad as well as the good ones, that in hepatic disorders mercury could only be considered as useless or injurious. Dr. Angus Macdonald agreed with much that Dr. Bennett had said; but, though he set out in practice a pupil of Dr. Bennett's, with a profound scepticism as to the use of mercury, he found himself, by experience, compelled to use it in many cases, from having seen the advantage of its use. Dr. George Balfour observed that mercury, in acting as a destructive agent on tissue, acted chiefly on new and merbosed tissue, and by this destructiveness did good. He also pointed out how large doses of calomel acted as mere irritant purgatives, and were not absorbed, while very small doses were absorbed by the system. It is obvious that we shall hear a good deal more about the action of mercury.

The Quarterly Return of Births and Deaths in Ireland.

The quarterly return of the births and deaths registered in Ireland has just been issued under the authority of the Registrar-General. This return includes the births and deaths registered during October, November, and December, 1870, in the 789 Registrars' districts.

Births.—The births registered in Ireland during the quarter represent an annual ratio of 1 in every 490, or 2'50 per cent. of the estimated population. In only eleven districts did the number of births registered equal 1 in 33 of the population. In the fifteen districts the number did not exceed 1 in 53, and in some districts were returned at as low a ratio as 1 in 73.

Deaths.—The deaths registered amounted to 20,715, affording an annual ratio of 1 in every 6'66, or 1'50 per cent. of the estimated population. The average of the corresponding quarter of the years 1865-9 was 20,965. In only four districts did the deaths registered equal 1 in 50 of the population. In the twenty-eight districts the number registered did not exceed 1 in 100, and in some districts were returned at as low a ratio as 1 in 192.

The Registrar-General says,—"It is but too apparent from the foregoing figures that the registration of births and deaths is still very imperfect, the annual ratio of births to the estimated population in England being about 1 in 29 or 30, and of deaths, of 1 in 44 or 45; whilst in Ireland, according to the present return, the ratios are for births, 1 in 400; and for deaths, 1 in 660. The registration of marriages under the provisions of the 26 and 27 Vic. cap. 90, it is greatly to be regretted, is still more unsatisfactory." An increase of 4,057 would, therefore, appear to have taken place in the population of Ireland during the quarter.

Pauperism.—The average number of persons receiving in-door relief on Saturdays during the quarter was 46,074, against 49,017 for the corresponding period of 1869; and of persons receiving out-door relief, 20,040 against 17,770.

Health of the People.—The number of deaths in the quarter was 7 less than in the corresponding quarter of 1869. The mortality from affections of the respiratory organs was considerable. The mean temperature during the quarter was 2'6 lower than in the last quarter of the year preceding. Diseases assuming an epidemic form were less prevalent than usual. Of zymotic diseases, scarlet fever was that which proved most fatal. In Lisburn District more than one-fourth of the deaths registered were caused by it. Of the 76 deaths in Carlow more than one-fourth resulted from this disease. Whooping-cough and croup caused many deaths. Very few of the registrars refer to the prevalence of fever. Ten registrars report the presence of small-pox, viz., the Registrar of Ballymoney states that "four cases of small-pox occurred in this district. The first case was a girl, who brought the infection from Belfast, and died in the workhouse here. The other three cases were cousins of the girl, and from her took the infection; these cases have progressed favourably, each had been vaccinated. The poor patient from Belfast was not vaccinated." In Belfast, No. 1 District, 2 deaths from small-pox were registered: the Registrar reports,—"I believe the deceased had not been vaccinated." In No. 4 District 5 deaths were caused by small-pox. The provisions of the Compulsory Vaccination Act are being zealously carried into operation throughout the country, and with the most beneficial results. The cold season caused great mortality among the young and the aged; of the latter, some were stated to have attained to extraordinary longevity.

The Year 1870.—Births.—The births registered during the year amounted to 150,151, affording a ratio of 1 in 307 or 2'72 per cent. of the estimated population; the average number registered annually during the years 1865-9 was 145,482.

Deaths.—The deaths registered amounted to 90,695—a ratio of 1 in 69'8 or 1'64 per cent.; the average number registered in each of the years 1865-9 was 91,182.

Estimated Decrease of the Population.—A decrease of 15,399 in the population would, therefore, appear to have taken place during the year.

Provinces.—Grouping the Unions or Superintendent Registrars' Districts by Provinces, it is seen the deaths registered in Leinster during the year 1870 amounted to 1 in every 54'6; the number in Connaught, 1 in 76'8; the number in Ulster was 1 in 60'0; and in Munster 1 in 63'3.

Naval Medical Service.

Three of the candidates who passed the test at the recent examination of the Army Medical Service have been allowed to enter the Navy without undergoing further examination, and will proceed to Netley Hospital for a course of study on the 1st proximo.

We are glad to assure our readers that Dr. Gordon, C.B., is now in England, and is none the worse for his stay in Paris during the siege.
NOTES ON CURRENT TOPICS.

March 29, 1871.

Faculty of Physicians and Surgeons.—Conversations in the Faculty Hall.

The President and Fellows of the Glasgow Faculty of Physicians and Surgeons held a grand conversazione last week. About three hundred gentlemen were present; and Dr. Fleeming, the President of the Faculty, occupied the chair. In the various rooms there was a large collection of scientific and medical objects. The microscopes were under the care of Dr. John Wilson; some physiological experiments connected with poisons were demonstrated by Dr. St. Clair Gray; the collection of surgical instruments shown by Dr. Hilliard; while there were objects of antiquarian and artistic interest. Professor Herschel, of the Andersonian University, rehearsed and explained the discoveries of Professor Tyndall.

The late Dr. James Henderson.

This venerable member of the Profession, whose death occurred last week at Jersey, entered the Army Medical Service so long since as 1809, and served as Assistant-Surgeon and full Surgeon in the campaigns of 1810-13-14-15 in Lower Canada, and later during the whole of the Bussines War. In 1831 he was at the capture of Coroq; in 1842, in Afghanistan; and in 1848-49, in the Punjab campaigns. He was promoted to Staff-surgeon in 1855, having received four medals and four clasps for his undaunted courage and devotion to his duties. For several years previous to his death he held the rank of Inspector-General of Hospitals. All honour to his distinguished memory.

Health of the Navy.

The statistical abstract of the health of the navy for the year ending with June, 1870, shows a total force for the year of 47,840. The total number of cases on the sick list was 57,921, which, owing to some few defects in returns, is estimated at 1,224 per thousand, being an increase of 27.7 over the preceding year, but much below the average sick rate for fourteen years. The number of men invalided was 1,541, being 32.9 per thousand, which is an increase of 1.2 per thousand over the preceding year, when the invaliding rate was the lowest on record. The deaths were 496, being 10.3 per thousand, which is an increase of as much as 2 per thousand over the preceding year. This increase was owing to the prevalence epidemically of yellow fever in the West Indies and East Coast of America, causing sixty-one deaths, and to the loss of thirty-four men drowned in the shipwreck of the Staney on the China station. But for these two occurrences the death-rate would have been 8.3 per thousand, which was precisely the ratio of mortality in the preceding year, and the lowest on record. The greatest mortality on the Home station, in the Pacific, and in the Irregular Forces was from diseases of the respiratory organs; on the Mediterranean and the China stations from diseases of the brain and nervous system; on the North American and the West Indies station, and the South-East Coast of America station, from yellow fever, on the East Indies station, from diseases of the alimentary canal; on the Australian station three deaths were from enteric fever and apoplexy; on the West Coast of Africa and Cape of Good Hope station the deaths from the sequelae of fever, from diseases of the heart and bloodvessels, and from diseases of the alimentary canal were equal. The flying squadron, as a force, was remarkably healthy throughout the year, considering the varieties of climate, prolonged use of salt meat, and constant drills and exercises. The most prominent diseases of that squadron were rheumatism, catarrh, and simple febrile affections, the results of exposure to climatic vicissitudes; but the greatest loss of service was occasioned by boils, abscesses, and ulcers, attributable to the nature of the diet.

Concein.

Prof. J. LAWRENCE SMITH furnishes the American Practitioner with the following very interesting item from the Bericht Deut. Chem. Genell., December, 1870:—

"The First Artificial Production of a Vegetable Alkaid (Concein)," by Hugo Schiff. This alkaid has been heretofore only known as the product of the plant. Schiff has produced it artificially. For some months he has been engaged in examining the reaction of ammonia and the aminbases on aldehyde, and one of the products then discovered was butyric aldehyde. Latterly he has been examining the reaction of an alcoholic solution of ammonia in this butyric aldehyde, at a temperature of 210° Fahr., and from this he obtained two bases, which he calls Tetrabutylrallin and Dibutylrallin. By heating this last until it distils, the first product is a neutral oily substance; and the substance which comes over last is a strong alkaline base, that proved to be concein, having the properties and other physiological properties of the natural concein. The amount produced is yet small and costly; but the history of chemistry shows that the demand for its products is the greatest stimulant to increased production and cheapening cost. In this is to be seen a decided step toward the artificial production of morphine, quinine, &c."

The late Professor Wagner, of Königsberg.

We have to record the death of the late Professor Albrecht Wagner, of Königsberg, who died at Dôle, on February 13th, of typhoid fever. He was favourably known in Germany by his works on the "Resection and Regeneration of Bones" (which was translated a few years ago by the New Sydenham Society), "On Hydrophobia," "Diabetes in Connection with Carcubule," "Resection of Nerves," &c. He had been attached to the Army of General Von Manteuffel, as Surgeon-General. On hearing of his death the Crown Prince addressed a letter to the Albertus University at Königsberg expressive of his regret, and of his esteem for the deceased.

Gonorrhoea.

Dr. DAVIS L. FIELD, of Jeffersonville, Ind., writes to the American Practitioner that he has had very marked success in the treatment of this affection by the use of the following: Bromide of potash, two ounces; water, four ounces. Dissolve, and add tinct. iodine, three drachms. Of this he gives a tea-spoonful every hour, four hours. If it produces headache, he uses the medicine less frequently, but continues it until the discharge is arrested, which he finds to be usually within four or five days. He administers a saline cathartic every other morning, and directs weak injections of sulphate of zinc—one drachin to a pint of water—three or four times a day; and insures cleanliness of the parts by having them bathed often in cold water. He has not found his patients to suffer from choree, or be troubled with venereal desire, while on this treatment.
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Whom to Consult?

However unwilling we had been to entertain any doubt that the names of the gentlemen inserted in the "Invalid's Guide," and reprinted by us last week, were made use of without their authority, we hardly gave credit to the publishers of that production for audacity sufficient to cover the appropriation, without leave, of the names of the leading members of the Profession. We certainly did not imagine that those whose names and addresses were then advertised either asked or paid for the doubtful distinction of a place in the "Invalid's Guide," but we were not so sure that some among them did not consent by silence, or even by patronage, to the use thus made of their names.

We consider that it behoved us to solicit such repudiation as honourable men would give; and we are pleased to know that that repudiation was readily and warmly expressed by several of the gentlemen whom the publishers of the "Guide" have subjected to this annoyance.

Sir Henry Thompson assures us that he was "unacquainted with the existence of the "Guide," and never in anyway authorised the publication of his name in it."

Dr. Forbes Winslow was "entirely ignorant of the existence of the 'Guide,' and protests against so unjustifiable a use of his name, which was introduced into the work without his knowledge or authority."

Mr. Erasmus Wilson declares that "he had no knowledge of the existence of the 'Guide,' and loses no time in expressing his disapprobation of the use, or rather abuse, of his name."

Mr. White Cooper assures us, "that his name has been used entirely without his knowledge, and he utterly disapproves of the whole proceeding."

"Dr. Grally Hewitt concludes a very properly indignant letter upon the unjustifiable use of his name in the "Invalid's Guide," by remarking "with the tenour of your article I fully agree."

Dr. W. J. Little writes as follows:—

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I have to thank you for having drawn my attention to the misuse of my name in a print purporting to be "The Invalid's Guide" and said to be recently published. Without your invitation, I should not have considered it necessary to disclaim, as I here do, any knowledge of the publication. It is obvious in the face of it, that the publisher had not my interest in view, or that of any of the thirty gentlemen whose names are recommended to the public, but that the advertisement of the names in question, is a blind to the scheme of making money by the discreditable offer of cheap, five shilling physicians' consultations.

As the manner of circulation of the print was under your correspondent's garden gate, it would have been almost better to have left it lying there, rather than afford it the publicity of your journal, thus lifting it from its scullery destination, to the library and drawing room.

I am Sir, your obedient servant,

W. J. LITTLE, M.D.

71 Brook street, 22nd March, 1871.

So far as these gentlemen are concerned the exculpation is complete. Our readers will have the opportunity of eliciting their names from the list, and drawing their own deductions as to the silence of others enumerated in it.

While we can readily believe that a similar reclamation might be given by others, we do not think, for the sake of the Profession, that their participation in such a transaction ought to be left in any doubt.

Mr. Paget, whose name is twice mentioned, is, as our readers are aware, very seriously ill, and cannot therefore reply.

Of the other gentlemen we are happy to append the following names, from whom we received letters of similar import to the above, up to the time of our going to press:—

Forbes Winslow, M.D. James Lane, F.R.C.S.
Russell Reynolds, M.D. William Little, M.D.
White Cooper, F.R.C.S. Erasmus Wilson, F.R.C.S.
Sir Duncan Gibbes, M.D. Graily Hewitt, M.D.
Charles Williams, F.R.S. Charles Morehison, M.D.
Samuel Habershon, M.D. Alexander Marsden, M.D.
Sir Henry Thompson, F.R.C.S. Francis Biston, F.R.S.

Dr. John Smith, F.R.C.S.E., has been appointed Surgeon-Dentist to the Queen in Scotland.

THE Marriage with a Deceased Wife's Sister Bill has been rejected in the House of Lords by a majority of twenty-six.

In place of Dr. Farquharson, resigned, Dr. Clement Dukes has been appointed Medical Officer of Rugby School.

The Edinburgh local committee are actively engaged in making preparations for the reception of the British Association at its approaching meeting in Edinburgh.

Mr. R. Wallace, heir to the Marquis of Hertford, has given £20,000 in different donations to the London charities.

Dr. C. T. Williams has been elected Physician to the Consumption Hospital, Brompton, a vacancy having occurred by the resignation of Dr. Burdon Sanderson.

The Samaritan Hospital for Women has received a donation of £1,000 from Richard Wallace, Esq., who has devoted so many thousands to the relief of distress in Paris, besides many English charities.

Mr. W. H. Michael will read a paper on the Report of the Royal Sanitary Commission, at a meeting of the Social Science Association, to be held at 8 p.m. this evening at Adam street, Adelphi.

On behalf of patients who need more generous diet and more careful nursing than they could obtain at their own homes, a cottage hospital has been established at Chulmleigh through the instrumentality of the Countess of Portsmouth.
Mr. Cooper's mixture for sanitary road-watering consists of 40 lbs. of the chlorides (calcium and sodium mixed) to 250 gallons of water. It has appeared to answer very well the purpose for which it is intended.

The Academy of Medicine has refused to strike off the names of their eminent German colleagues from their roll. It has adopted patriotic resolutions, and protested against the shelling of the hospitals, museums, &c., of Paris and other large towns.

There is no foundation for the statement put forward by some journals as to the precocious state of the ex-Emperor Napoleon's health. His Majesty is enjoying excellent health, which has further improved since his short sojourn at Chislehurst, where he takes daily walking and horse exercise.

The following Members of the Profession had the honour of presentation at Her Majesty's Lévee, on Wednesday last:—Sir Wm. Ferguson, Sir Charles Looock, Drs. V. Bell, F. Bonney, Brewer, M.P., Cape, T. K. Chambers, L. Down, Green, Day-Goss, Hooker, C.B., W. Pole, F.R.S., Poore, G. O. Rees, R. Read.

A medical student was last week convicted—sentence deferred—of stealing dissecting instruments and other articles, properties of the authorities of University College Hospital, and his fellow students. The prisoner admitted his guilt, and the justice of the prosecution, which had been very properly instigated by the Council for the sake of Hospital discipline, making the melancholy confession that billiards and bad companions were the cause of his ruin. We would commend this to the serious notice of intending students about entering for the ensuing Session.

At a meeting of the General Committee of the National Anti-Contagious Diseases Acts Association, held last Monday, at the house of Mr. F. Pennington—Present: Mrs. J. Butler, Mrs. Malleson, Mrs. Jacob Bright, Mrs. McLaren, Mrs. King, Mdnne. Venturi, Mrs. Pennington, Mr. Shaen, Mr. Frank and Mr. W. Malleson, Mr. D. Cooper, and Mr. Williams, Professor Sheldon Amos and Mrs. Amos, Mrs. W. Malleson, Dr. C. R. Drysdale, Dr. Baxter Langley and others—a discussion was held on the question whether the Committee had anything to suggest to the Government in place of the Acts, in case these were repealed. After a prolonged debate it was resolved, that no legislation should be recommended; but that the committee should suggest that the Army system should be made compatible with the interests of women and children. The establishment of voluntary hospitals was all that should be done for the cure of the disease; and female children should be better protected from inadvertent assaults than they are at present.

The view of the adulteration question which we have taken, although ignored by the Government, is adopted by the Poll Mall Gazette, and we are well pleased that the cause of commercial morality and the protection of the public should repose in such able hands. The Poll Mall Gazette says,—' 'This practice of viewing adulteration as merely a sanitary question is one against which we must, if only in the interest of commercial morality, enter our most emphatic protest. The first thing, no doubt, is to prevent ourselves from being poisoned; but we have also a decided objection to being swindled, and have a right to insist on the protection of our pockets as well as our health. If butter must be mixed with fat, let the compound be sold for what it is—a mixture of fat and butter. Our present objection is not to the adulteration itself, but to the fact that an impure and compounded substance is sold under the name of and at the same price as the genuine article. A tradesman is no more justified in point of morality in eking out the deficient supply of a commodity by the addition of foreign bodies of different and inferior properties than he would be in compensating the same deficiency by the use of short weights; and Dr. Lethoby's justification is as good for one practice as the other.'

Transactions of Societies.

THE SURGICAL SOCIETY OF IRELAND.
FRIDAY EVENING, MARCH 3rd.

Mr. Wharton, Vice-President of the Royal College of Surgeons, in the Chair.

(Continued from page 245.)

Mr. Tufnell thought it desirable that early incisions should be made, for this reason, that in cases in which incision had been made at an early stage, there was less fear of infection, and the inflammatory swelling was given time to subside. There was a liability to decomposition of the structure of the tongue, which might give rise to pyemic fever. He did not think leeching of the tongue would be sufficient to prevent this in a bad case of glossitis.

Mr. Stapleton asked if Mr. Tufnell meant to say that when a fetid abscess occurred, decomposition of the part would follow?

Mr. Tufnell replied that the pus which was generated in a fetid abscess of the tongue was of a character likely to contaminate the constitution.

Mr. Fleming thought the cases brought forward did not possess any peculiarity either as regards the symptoms attending on them, or the treatment adopted, and he could not see what advantage was to be derived from the consideration of a subject with which all surgeons were fully acquainted. In a communication which he (Mr. Fleming) made to the Dublin Quarterly Journal, he alluded to these cases as not idiopathic, but sympathetic glossitis. He had not met the fetid discharge in ordinary glossitis, but he had met it in those cases where the abscess occurred in the deep muscles of the tongue, and where the inflammation was characterised by great tenderness, more or less difficulty in separating the jaws, and great fulness extending below the chin. The suppuration ought to be relieved by making an incision under the tongue, and in every instance that he had seen, it was accompanied by a fetid discharge. He was disposed to think the cases Mr. Croly had brought forward were cases of sympathetic, and not idiopathic glossitis. The occurrence of glossitis, according to his observation, was very rare, and he thought that glossitis as a secondary affection was by no means of frequent occurrence.

Professor Hardgrave wished to know what line Mr. Croly and Mr. Fleming would define in making the incision so as to guard against excessive hemorrhage. No subcutaneous incisions of the tongue were of great value in idiopathic glossitis, or in sympathetic or in diffuse inflammation.

Dr. Henry Kennedy said that when this subject was brought forward before, by Mr. Croly, he had ventured to question the existence of so many cases of idiopathic glossitis, and this view was born out by the experience of a number of gentlemen whom he had asked, and also by the standard works which spoke of the disease. He had no reason now to alter his opinion; for, while he admitted that the idiopathic disease did
occur, he yet believed that in the great majority of instances the glosisitis was secondary, and the mischief had begun under the operation of some cause which was much more exquisitely painful to the touch, and the patient could neither swallow nor speak. Such cases were to be met in the course of fevers, and even without any specific fever being present; and it was very important to observe that the application of leeches affected the most superficial reflexion, and so did alert with any risk which might, and indeed had arisen, from making incisions, of which Professor Hargrave had spoken.

Dr. Hawtrey Benson asked if Mr. Croly had seen any cases of gangrene of the tongue? He (Dr. Benson) had an instance of a case in which he was attending with his father. She died with symptoms of sepsis, and some days before, there was a slight swelling observed on the left side of the tongue. A very minute black spot appeared in the centre of it, and this spread until one-fourth of the tongue was involved. In fact, the depth of the incision is more apparent than real, for when the organ has become disengorged, the depth of the incisions is almost inappreciable. Boyer recommends the introduction of a wooden wedge between the jaws, and then to place on the dorsum of the tongue a steel plate, with a slit for guiding the knife. Mr. Croly had said that in the treatment of suppurition by the aid of mercury in the Lock Hospital, he had seen but two cases of glositis. He did not think they arose from mercury, but from injudicious exposure to cold after treatment. In those cases in which he did see the acute inflammation of the tongue, the patients were relieved by leeching and purgatives, together with iodide of potassium.

Mr. Croly, in reply, said with regard to the chomosis of the tongue, he mentioned that he had punctured the sublingual space with great relief. There was one point of great practical importance, that is, suppurating the tongue, when the tongue became turned upside-down, and if the knife was not carefully directed, there was great danger of wounding the artery. Mr. Fleming thought it was unnecessary to occupy the Society with this subject. On a former occasion, and, indeed, Mr. Fleming had thought it was a very rare disease, and therefore it was that he (Mr. Croly) considered the subject worthy of discussion. The President of the College, Mr. Walsh, having said on a former occasion, that he had never seen a case of glositis, he (Mr. Croly) brought him, in the month of January, 1869, to see a man who had leeches applied to his tongue. The organ was much inflamed, and the President said he was perfectly satisfied that the case was what he (Mr. Croly) had described it to be. Mr. Croly read an extract from a letter of the late Professor Geohegan, stating that in his last case, Mr. Croly in his last published case, were the same kind as those which had been under his (Dr. Geohegan's) care, and that they were undoubted cases of glositis. With regard to leeching and the use of the knife, it depended altogether on the stage the disease had reached which method should be adopted: if he met with glositis in an early stage, he would leech; if he met with it late, he was likely to chance the patient he would deeply incise the tongue from base to apex. With regard to Dr. Hargrave's question, his answer was that by keeping the history parallel to the septum, the incision could be made without danger of opening the septum. The President said Dr. Kennedy had now outside the surgical question, and did not belong to the same class of disease as that of which he was treating. Dr. Benson asked if he had ever seen gangrene come on! The cases which he met with he incised early, and, therefore, gangrene did not come on. He thought the fact of the disease being considered rare, was the reason why every surgeon meeting a case of the kind should record it.

(To be continued.)

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MARCH 14TH, 1871.

Mr. Curling, F.R.S., President in the Chair.

The new President, on taking the Chair for the first time, thanked the Society for the honour it had done him—an honour which, from the number of the members, he had contributed most of his published works. He had experienced difficulty in taking the Chair after such a man as Dr. Burrows; but he did it with a hearty determination to support the prestige of the Society.

Mr. Jonathan Hutchinson, F.R.C.S., read a paper on Xanthelasma Palpebrarum, and its significance as a symptom.

The author stated that his paper concerned the buff or yellow patches, not very uncommonly seen near the inner angles of the eyelids, which had been described by Dr. Addisson under the name of Vitiligoides planus, which had been accurately figured by Mr. Wilson, Hebra, and several other authorities. He preferred Mr. Wilson's name because it had reference simply to the very conspicuous colour of the patches, and to their yellow, and because it involved no suggestion of similarity or relationship to any other malady. For some years the author had been engaged in collecting facts as to the clinical meaning of these curious patches, in the hope of finding that their presence might furnish a clue to their possessor's diathesis or state of health. More especially he had wished to investigate the correctness of Dr. Addisson's belief (found on but very few cases) that they were usually associated with disease of the liver. The paper was based upon the narrative of about thirty cases, and was illustrated by a series of coloured drawings. The conclusions arrived at are summed up in the following propositions:

1. That xanthelasma never occurs in children; while it is fairly common in middle and senile periods of life.
2. That, in a large majority of cases, its subject is not seriously ill, nor in any danger of becoming so.
3. That, in a small proportion of very severe cases, jaundice, with great enlargement of the liver, is associated with the patches.
4. That, when jaundice occurs, it almost always precedes the xanthelasmic patches.
5. That the form of jaundice is peculiar, the skin becoming of an olive-brown, or almost black tint, rather than yellow, and the colour being remarkable for its long persistence.
6. That the enlargement of the liver may be very great, and that it may subside, and the patient regain good health.
7. That in many cases in which there has been no jaundice, there has been no enlargement, and severe attacks of functional disturbances of the liver.
8. That xanthelasma occurs more frequently in females than in males, the proportion being two to one.
9. That in all cases the xanthelasmic patches appear in the eyelids first; and that in not more than about eighty per cent. do they ever extend to other parts.
10. That the patches invariably begin near the inner canthus, and almost invariably on the left side.
11. That xanthelasmic patches are not of little value for purposes of prognosis, being usually the evidences of past rather than of existing disease.
12. That it seems not improbable that they may result from any cause which has induced repeated changes in the nutrition, and especially in the pigmentation of the skin of the eyelids. Thus they occur to those who have been liable to have dark round the eyes, whether from "sick headaches," ovarian disturbance, nervous fatigue, pregnancy, or from any other cause. Hence their frequency in "illiblous subjects," and in the female sex.
13. That it is probable that of the causes mentioned under which the pigmentation of the eyelids may be disturbed, disorder of the liver is the most powerful; hence the fact that the more extensive cases are usually associated with hepatic disease.

The author stated, amongst other points, that when these patches are seen on the eyelids, it is usually safe to suggest that their possessor has been the subject, at some period of life, of very severe and frequent sick headaches, and that in two-thirds of the cases this suggestion would be confirmed. He
added that he had met with some cases in which some of the less usual evidences of disturbance of the nervous system in connexion with sick headaches had also been observed. In one instance, a man, during his headaches, became temporarily blind in one eye, and now and then of both; and another, a woman, was liable to sudden loss of muscular power in her arms. Two cases were related of great enlargement of the liver, with “high jaundice,” both of which disappeared after a while. In one of these the patient became insane during the jaundice, but recovered afterwards, and is now well, but with large patches of xanthelasma.

As regards the pathological anatomy of the patches, the authors were unable to reserve his facts, which were, as yet, incomplete. He should perhaps, however, to illustrate an important fact, not previously noticed, that the patches sometimes show evidence of other changes in the skin besides the accumulation of yellow material. Thus it is not uncommon for sebaceous glands to become much enlarged, and plugged by pellets of induced secretion, blackened at the free extremity; and in one instance a number of large thin-walled serous cysts were developed. In these rarer forms of the malady, its real nature is usually disclosed by the presence of some small spots of the characteristic yellow tinge. It is also recognizable from the fact that whether the disease be hereditary or sebaceous, the morbid conditions are arranged above and below the inner canthus, in what may, for convenience, be styled the xanthelasmic positions. Like xanthelasmas in its more typical form, they are also after a time accurately symmetrical.

Dr. Symes asked if in these cases there was no evidence of disease of the liver. In one instance the condition had been hereditary for four generations. It was impossible to draw the line between plain and tuberous xanthelasma. In Dr. Pavy’s case both varieties were present. In her, the spots began on the hands before appearing on the face. The jaundice, he had said, was light, not dark. The dark spots were on the mucous membranes.

Mr. Spencer Watson had seen a case in a woman, aged forty, of dusty complexion, and liable to bilious attacks. There were no xanthelasmas but bulky patches on the left eyelids, but hardly any on the right. She had disturbed vision at times, as from incipient glaucoma.

Mr. Bredenell Carter said the condition of luminoas zigzags surrounding the object looked at was common in hard brain-workers, and was thought to belong to hard brain-work, not to disordered liver. The fact that xanthelasmas and temporarv amaurosis had been so often noted together by Mr. Hutchinson might depend on his connexion with Moorfields Hospital.

Mr. James Thompson had seen the clergyman referred to in the paper. The jaundice was not from obstruction, but from nervous. The recovery was complete. Such conditions might depend on defective innervation.

Mr. Hutchinson, in reply, thought Mr. Carter’s suggestion fair. He still thought they might distinguish xanthelasma plana and tuberosa. He would like to have heard more of the enormous liver which subsided.

A paper by James Wyne, M.D., Guatemala, was communicated by Mr. Spencer Wells, F.R.C.S.,

ON CENTRAL AMERICA AS A RESIDENCE FOR CONSUMPTIVE PATIENTS.

The object of this paper is to draw attention to the elevated table-lands of the Pacific slope of Tropical America, and especially of Guatemala, a city situated 5,000 feet above the sea, in lat. 14° 37' 32" N., having a mean temperature of 66° F. The climate is that of perpetual Spring; the air is tonic and invigorating. The hygiene is good. Consumption is very rarely met with, and phthisical patients coming from a climate, if able to lead an open-air life, make remarkable progress. Twelve cases are recorded. Of these, four died, five recovered, and three remained under observation. Of the fatal cases all but one were foreigners, the first value of whom the disease had reached a hopeless stage. It is suggested that the value of the Central American plateaux in phthisis should be tested by sending out twenty patients in an early stage of the disease for a few years, or better, for permanent residence.

As a further note, Mr. Spencer Wells explained that he had brought the paper chiefly for the purpose of exciting a discussion on the effects of climate.

Dr. Bakerwell said that the condition of those countries, their liability to revolution, the filth, bad food, and bad lodgings, all greatly militate against their ever becoming health resorts.

Dr. Darby and the Vice-Presidency of the Irish Royal College of Surgeons.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—I perceive from a paragraph in your issue of the 5th instant, that Dr. Darby, of Bray, President for the current year of the Irish Medical Association, is a candidate for the Vice-presidency of the Royal College of Surgeons for the ensuing year.


March 25th, 1871.
Far be it from me to dictate to any Fellow of the College, the course which he might think proper to pursue in the disposal of his vote at the next election. But, as a provincial member of the Irish Medical Association, from its very origin, and as one holding no indifferent position in it since, when at all times, and up to the present hour, felt the deepest interest in its welfare, and contributed not a little to promote its objects, viz.:—The amelioration of the condition and position of the medical profession, I was, in 1870, a member of the deputation from the Irish Medical Association to the Supreme Medical Board. I would respectfully submit to the consideration of my provincial professional brethren the very superior claims which Dr. Darby has on their support and influence, as well as their votes at the election in question.

In the case of the Irish Medical Association, for the last year (1870), I find the following observations:

"Your Council sought and procured the assistance of the Royal College of Surgeons, who, in the most liberal manner, at once determined to send their Secretary and Chairman of Council, to use their influence to have the Bill (Superannuation Bill) amended. Your Secretary accompanied this deputation. The exertions of which were above all praise, but notwithstanding the support given by the Irish members of the House, and despite the strong arguments and proofs adduced by the President of the College, and the other members of the deputation, in support of the justice of the claims of the medical officers, it was found that not only was it impossible to have the proposed amendments made, but that the Irish Office was opposed to the Bill in any shape.

At this juncture, the deputation received the valuable assistance of Dr. Darby, of the Vice-president of the Association, who, at great inconvenience and loss, proceeded to London at his own expense, and having obtained an interview with the Chief Secretary, put forward the strong claims of the medical officers in such a forcible manner, that their right to superannuation was acknowledged, and his assent to have something done for them promised.

Now, I am not one of those who approved of the Superannuation Bill as it stood. I was of opinion that many of us would suffer from its permissive character, and I regret to say that more than one case has occurred in my own county, in proof of my apprehension. I do not deny that it has done good service in providing for many a worn-out dispensary doctor since it became law. And that it will be a boon to many hereafter, wherever the poor doctor’s lot is cast amongst a conscientious board of guardians, and away from an unfeeling and rebellious class of ratepayers.

Well, for that boon we are mainly indebted to Dr. Darby, but, apart altogether from the action he has taken in this matter, I know no man who has deserved better in the discharge of the duties devolving on him as a Member, Chairman of the Council, and President of the Irish Medical Association than he has.

I would, therefore, respectfully ask my professional brethren in the provinces (who have votes), to support the man who has always advocated their cause, and whose position (if elected to the post he now seeks), will enable him to carry out his good intentions for their benefit and advantage with greater energy even than he has been hitherto enabled to do.

Apologizing for the length of this communication,

I remain, &c.,

DENIS J. HYNES,

Kinvara, March 18th, 1871.

MEDICAL EDUCATION FOR WOMEN.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The pursuit of medicine by women as a study and a practice is necessary for discussion; and one need not, and will not if wise, hastily conclude upon it either way. Some opponents, however, have attempted to dispose of the matter by simply supposing girls or women to be placed under circumstances, first as students and afterwards as practitioners, least suited to the delicacy and the habits of the sex. But this is simply flatly to state that they have settled the question. In the first place, it is by no means a certain that men and women must study together. If, however, they should, experience, perhaps, would falsify the worst consequences assumed as certain to ensue. It is by no means sure, that the mixture of the sexes, from the age of puberty and during the stage of adolescence, is unfavourable to modesty, chastity, and continence. Has not the experi-

ment been tried with success in certain large schools? Medical men, and other observers besides, know what relation to pure morals the gathering together of boys in boys’ boarding schools, and girls in girls’ boarding schools, has to the development of the boy or girl. Is there no reason to believe, that a well-regulated habit of social intercourse between the two, might have the same good effect that we see in the home and family circle? I remember being assured by the wife of a large manufacturer in Leicestershire, that for one instance of illegitimate birth traceable to the daily association of young men and young women in the spinning mills and the weaving factories, there were a dozen among domestic servants, to whom interviews with persons of the other sex, being a rarity, became a temptation, if not an incitement.

Even so far fair and simple a man as the Bishop of Manchester is betrayed into making the worst supposable incident of medical, or rather, in a broad sense, physical study by young women, an objection fatal to the inception of a female class of practitioners; nor does either the snowwhite purity of the lawn sleeves, or the gravity deemed indispensable to the nurse, prevent him from turning back to his “Aristophanes” for an instance of women aspiring to masculine functions and “making a mess of it.” Had his lordship consulted, “the Wife of Aschermachus,” she would have told him what came of her spouse’s rash proposal to change places with her.

Marcian loquitur:—

"Dame! Ye maun to the plough the morn, I shall be husby gie I may.

Respondent Uxor:—

"Husband! quoth she, "content am I To tak’ the plough my day about; Sac ye will rule baith calves and kye, And I the spinning wheel I say."

I must refer readers to the ballad for the detailed result of this experiment, proposed by the husband, not by the wife. Suffice it here to say—

"She drove all day until the night, She loos’d the plough and synne came home; She fand all the lair in the plough I trow the man thought right great shame.

The Bishop, I foresee, will tell me that woman alone is fitted for woman’s sphere. Yet, it remains to determine what are the limits of that sphere, and whether they do not really include some things hitherto supposed to lie beyond. Dr. Joseph Duggan pays the men of his profession a very just compliment in his book, by acknowledging the combination of intellectual powers necessary to make a physician; and I will not question it as an account of what a physician ought to be. But, as to his two-fold argument against women trying their hands at it, the scheme of his theory, is more ingenious than it is sound or conclusive. First, he proves, or assumes as not needing proof, that the nocturnal practice of a country doctor is more than a woman could physically endure; and then he postulates, that, as woman, she has not the order of mental powers to fit the faculty. As to the former, female doctors will attend within the range of their possibility, and more will not be expected of them. As to the latter, characteristic differences between the minds of men and the minds of women in all likelihood subsist; yet it remains to be demonstrated, that those differences are so much to the disadvantage of women as to lead to any disqualification for them for the practice of medicine in all or even any of its branches.

I almost beg Dr. C. R. Drysdale’s pardon for the bold attempt to add anything to his answer to objectors. At any rate, I will not follow their sophistical example of making conclusions turn upon extreme and isolated cases. Otherwise, I might adduce Mrs. Bedishal, a granddaughter of Oliver Cromwell. Among her many good points was the supposed non-feminine one of “keeping a secret,” which he taught her at six years old; and, whenever complimented on her learning, she used to say, “I am indebted to my grandfather.” When a widow, one of her schemes was grazing of cattle. She attended the Norfolk and Suffolk fairs, travelling alone in a one-horse chaise. She travelled by night as readily as by day—never detained by bad roads or bad weather, or by ignorance of the way. In her salt works at South Town, Yarmouth, she shared the toils of her workmen, stooping to all the drudgery from early morris till dark. This was her mode of life till eighty.
Of Miss Garrett, M.D. (now Mrs. Garrett-Anderson), I am not competent to speak as a physician; but, with the confidence in an eye and ear witness, I have no hesitation in saying that even the most critical member of the London School board; and has, by her general silence and judicious breach of it, put to shame the eternal gable of all the men. The question, however, rests upon certain broad grounds. Let the Fellows in the sick room but the man doctor and the patient; and what, I ask, would become of the latter? In midwifery and its consequences, the presence, the constant presence, of a woman is indispensable. In every case of illness of any seriousness, the perpetual vigilance of a feminine nurse is even more essential. From the public infirmary and military hospital I refrain, as too plain in their requirements and implications to need a word. What mean the sisters and the ward women of the Metropolitan hospitals? What mean the Florence Nightingales? What mean the Sisters of Charity and of Mercy? Talk of the moral impropriety of women being professionally conversant with anatomical, physiological, and morbid details; it is allarrantant. Is it not an everyday thing for women of all ranks to speak freely with medical attendants about matters not even mentioned in mixed conversation? Why, then, should such things operate as hindrances to the study and practice of medicine by women? *A fortiori*, what they can do out of the profession, they would do much more easily in it. In short, the very circumstances of women, as daughters, sisters, wives, and mothers, make it exceedingly probable that some of them should become medical practitioners, and that all should be better taught than they now are to deal with questions of domestic health.

I am, Sir, yours very truly,

William McDowell, M.D.

18 Merrion Square North, Dublin.
March 26th, 1871.

**COW-POX AND SMALL-POX IDENTICAL.**

TO THE EDITOR OF THE MEDICAL PRESS AND_CIRCULAR.

Sir,—As we are indebted to the immortal Jenner for the antidote to small-pox, it may not be uninteresting to quote a few paragraphs from that original foundation of life-preserving light — his Bill, dedicated in December, 1799, to George the Third, upon this all-absorbing topic just now. His first lines are an important lecture on social and sanitary economy, viz,—"The deviation of man from the state in which he was originally placed by Nature seems to have proved to him a prolific source of diseases. From the love of splendour, from the indulgences of luxury, and from his fondness for amusement, he has familiarized himself with a great number of animals which may not originally have been intended for his associates." At pages 2 and 3 he stated,—"There is a disease to which the horse, from his state of domestication, is frequently subject termed 'grease.' It is an inflammation in the heel, accompanied with cracks and fissures, from which issues a limpid fluid, which seems capable of generating a disease in the human body, which bears so strong a resemblance to small-pox that I think it highly probable it may be the source of that disease." Page 6—"The disease makes its progress from the horse to the nipple of the cow, and from the cow to the human subject." Page 45—"The active quality of the virus from the horse's heels is greatly increased after it has acted on the nipples of the cow; it rarely happens that the horse affects his heel dresser with sores, and as thus a milkmaid escapes the infection when she milks the infected cows. It is most active in the commencement of the disease, before it has become purulent, when the vitality of the virus ceases."

Page 146—"Dr. Woodville, Physician to the Small-pox Hospital, London, inoculated several persons with cow-pox who were affected with eruptions so perfectly resembling small-pox as not to be distinguished from them; but the cow-pox becomes milder afterwards." Jenner further said,—"I was favoured with some cow-pox from the London Small-pox Hospital, which produces pustules that did not maturate; but in subsequent cases none appeared. The inference I am induced to
draw is that the decline, and, finally, the extinction of these pestes are attributable to the cow-pox, assimilating the small-pox—the cow-pox being the original disease, the small-pox the same disease under a peculiar and, at present, an inexplicable modification." Page 151 note—

In my first publication I expressed an opinion that small-pox and cow-pox were the same diseases under different modifications. In this opinion Dr. Woodville (Small-pox Hospital, London) concurred. The axiom of the immortal Hunter, that two diseases actions cannot take place in one and the same part, will not be injured by the admission of this theory.

In a recent observation that in June, 1864, when small-pox prevailed in Sligo, I vaccinated four children—three brothers and a sister—and four days after observed that the vaccine vesicle and small-pox pustules both progressed simultaneously. I showed these cases at the time to two medical men. If they were not identical they would not progress together, according to the doctrine of Hunter. The fact that cow-pox and small-pox are the only two diseases that are prophylactic of each other might be received as presumptive evidence in support of their identity and origin from the same sources. Dr. T. Massey, M.D., of Brighton, states in the Medical Times and Gazette, of the 23th ult., that he observed two cases in 1847 in which small-pox and cow-pox co-existed, and terminated fatally; and that two cases of a similar kind were recorded by Professor Simpson, in the Edinburgh Medical and Surgical Journal, September, 1854. A. Vintners, M.D., Physician to the法国 Hospital, London, quotes Dr. Dapau, Member of the Imperial Academy of Medicine, Paris, Director of the Vaccine Establishment for the principle, "That the vaccine virus does not really exist, and that the so-called vaccine virus is in reality nothing but the variolus virus." Dr. De Paul, at pages 6, 7, and 8 in Dr. Vintners' pamphlet, states that the inoculated variola of animals is weaker than that of man, and that we can at this time produce variolas in the horse or the cow, and avert this disease from human beings by means of this animal vaccination. These views are worth of consideration.

Yours truly,

Sligo, March 15, 1871.

J. TUCKER, M.D.

GLEANINGS.

March 29, 1871. 279

Chloral in Insanity.

Dr. W. J. ELY, in the Indiana Journal of Medicine, reaches the following conclusions:

1. It is more reliable in all classes of cases of insanity than any other agent known.

2. When given for an indefinite length of time, in extreme cases of acute mania to the extent of producing quiet or sleep, it has no perceptible effect in allaying the mania, but when the medicine is suspended the mania is as violent as before.

3. In acute mania, the effect of healthy sleep is not demonstrated, and after allowing the symptoms of mania to subside the symptoms of manical exhaustion proceed apparently with the same rapidity as when the mania is allowed to continue, even with prolonged loss of sleep.

4. In sub-acute mania, melancholia, and other mild forms of insanity, great benefit is undoubtedly derived, and may be confidently expected.

5. The action of the chloral depending upon an alkaline condition of the blood for its change into chloroform—upon which change the specific effects are based—it may be suspected, in all cases of failure, that the blood is not alkaline; but may be in a morbid state, and either neutral or acid. In which event the condition of the blood may be corrected, and the chloral again administered. But alkaline corrections should not be resorted to while the system is supposed to contain any large quantity of chloroform recently administered, else dangerous results may follow.

Effects of Opium.

Dr. HUDSON, in the Pacific Medical and Surgical Journal:

In the almost daily use of opiates for twenty-five years, they have sometimes surprised and alarmed me. Twice in private practice, and several times in the practice of the U. S. Vol. service, the effect produced upon the patient shortly after it was taken, was a frightful gastralgia, which resembled colic. Sulph. morphia produced it once; the other cases were from camphorated Dover's powder. This evil effect was at once relieved by a second dose, or a dose of black pepper or capsaicin.

Apopomphia, the New Emetic.

APOPMORPHIA is obtained by digesting morphia in concentrated hydrobolic acid, at a high temperature, for several hours. It differs chemically from morphia in containing an equivalent less than hydrogen and oxygen, or the elements of water. It is the most speedy and certain emetic known, and its action is not accompanied or followed by any beneal effects. The tenth of a grain of hydrochlorate of apomorphia, or even less, is the dose required. It may be given with safety to children, and it acts more rapidly when hypodermically administered.
NOTICES TO CORRESPONDENTS

CORRESPONDENTS requiring a reply in this column, in particular, requested to make use of a distinctive signature or initials, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," etc. Much confusion will be spared by attention to this request.

To our Subscribers.— Gentlemen who have not paid their subscriptions for the current year, and who have not received appointments for nephews and nieces, will be requested to take immediate steps to prevent omission. The publishers would also be much pleased to receive arrears of subscriptions due for several years previously, which, in too many instances, remain unpaid, notwithstanding frequent and urgent appeals for settlement.

Advance Subscriptions.—Subscriptions at the reduced rate of twenty shillings in advance cannot be received after the present month.

The following communications in type are unavoidably held over for want of space:

W. R. Barham, M.D., "Clinical Remarks on the Treatment of some Forms of Dropy.

MEETINGS OF THE LONDON SOCIETIES

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—WEDNESDAY, March 29th, 4 p.m. Prof. W. H. Flower, "On the Comparative Anatomy of the Brain and Spinal Cord." 

ROYAL COLLEGE OF PHYSICIANS.—5 p.m. Luncheon Lectures: Dr. West, "On some Disorders of the Nervous System in Childhood." Social Science Association.—Dr. W. B. Baxley, "On the Report of the Royal Commission on the Sanitary Laws." Royal Institution.—Dr. West, "On some Disorders of the Nervous System in Childhood." 


Books, Pamphlets, and Medical Journals Received. The Dublin Practice of Midwifery. By Drs. H. Maunsell and T. M. Maclean, M.D., Fellow of the Royal College of Surgeons in Ireland.


BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED. The Dublin Practice of Midwifery. By Drs. H. Maunsell and T. M. Maclean, M.D., Fellow of the Royal College of Surgeons in Ireland.


Original Communications.

CLINICAL REMARKS ON THE TREATMENT OF SOME FORMS OF DROPSY.*

BY W. R. BASHAM, M.D.,
Physician to the Westminster Hospital.

Hepatic Dropsy—Ascites—Beneficial Effects of Mercurials.

Amongst the least promising forms of dropsy is that of the belly from diseases of the liver—Ascites. Whatever happens, retards, or obstructs the circulation through the portal vessels ramifying in the liver may be the cause of a serious effusion into the cavity of the peritoneum. Obstruction to the free passage of blood through this system of vessels is soon rendered apparent by embarrassments to the functions of many of the abdominal viscer. Homestatic is not an uncommon indication. Defective powers of digestion and assimilation are the most frequent precursory symptoms; ultimately an effect is produced equivalent to the obstruction to the venous circulation in an extremity by compression of its veins. Edema and serous effusion follow. There are several conditions and diseases of the liver which may be the parent of ascites; and there is no point of more importance in the treatment of this form of dropsy than, as far as possible, to make out a correct diagnosis of the nature of the accompanying disorder in the liver. Dropsy of the belly may arise from hepatic or splenic disease, or both combined. For the present I will put out of the list peritoneal inflammation—whether idiopathic, scrofulous, tubercular, or puerperal. These are severely indicated by a class of symptoms peculiar to themselves, and the differential diagnosis of which I may consider hereafter.

Besides the present, it is necessary to limit our attention to the states of the liver or spleen capable of inducing ascites. The most common cause of hepatic dropsy is hyperemia or engorgement, hypertrophy, and a cirrhosed state of the organ. The first state leads to the second, and, finally, to the last. No organ or texture can suffer a state of continuous congestion without eventually becoming the seat of permanent organic change. Thus, the liver, from irregular habits of life, and chiefly the imbibing stimulants unaccompanied by food when the stomach is empty, the portal blood becomes charged directly with alcoholic products. Blood so contaminated passes with difficulty through the capillaries of the liver: congestion or impeded flow of blood follows. Functional disturbances of various organs, chiefly of digestion, follow. Inappetence, nausea, retching, gastric catarrh, and even hematemesis usually succeed. The belly swells, the abdominal walls become tense and glistening, and fluctuation by succussion demonstrates the presence of fluid in the cavity of the abdomen.

These results, thus hastily summarised, cover periods of varying duration—from months to a year or two. For the purposes of this lecture, which is to illustrate the treatment of ascites arising from simple liver engorgement before any permanent organic change of structure had been established, the other causes of ascites emanating from the liver, such as malignant deposits therein, embolus, or schirrhus with its diagnostic symptoms are for the present passed by.

The case to which to-day I desire to draw your attention is that of a man, T. D., fifty-three years of age, a railway labourer, admitted the 29th December, 1870. He states that his health began to fail somewhere about Midsummer last: he lost his relish for food; he suffered frequently from a sense of weakness; and, eventually, the stomach became so irritable that it vomited frequently, and more particularly in the morning early; he has more than once seen slight appearance of blood after retching much; he does not admit that he was ever incapacitated for work. He originally had his attacks of nausea difficult to trace. He never had pains; nor was the disease ever cured. He was a tall, well-made man, and has evidently been of a powerful muscular build. He is well and strong, and his health has always been good till the summer of last year. He is a tall, well-made man, and has evidently been of a powerful muscular build. He noticed that his stomach began to swell some time in November, and soon after his feet and ankles had also taken to swelling. On admission, the
abdomen was very prominent; the surface of the skin shining from distension. There was distinct fluctuation and resonance of a tympanic character about and around the umbilicus as he lay on his back; dulness elsewhere. The hepatic region was also dulness to percussion, its upper border, and it reached within a finger's breadth of the right nipple. Anasarca of the lower extremities extended to the thighs; the region of the lungs and heart indicated nothing wrong in them; the abdominal veins were not enlarged; the urine was very scanty, and had been so for some weeks—it was very high-coloured, looking like the blood of which the urine was not luminous. Only these symptoms, as well as the history of the early symptoms, indicated clearly that the liver was the seat of the disease, and that the form of it was hypertrophy, leading to, if not already producing, the stage known as cirrhosis. The prospect of a successful treatment of such a case must depend on the stage at which the treatment commences.

If the stage of hyperemesis or engorgement has not been of long duration, relief and even cure may be confidently expected. If a hypertrophic condition has been established, success will be less certain, although a persistent course of treatment will accomplish much, and even at length bring about complete recovery. But if the last stage of induration and contraction has set in, the fatal termination of the disease is inevitable.

It becomes, therefore, a most important point in the management of such cases to estimate as accurately as possible the concurrent condition of the liver.

For this great examination of the patient I formed the opinion that the disease had not advanced to the last or worst stage, and there was reason to hope that the action of the so-called cholagogue purgatives might reduce the abdominal tension, and setting the circulation through the kidneys free, might encourage their action sufficiently to justify the use of diuretics. You should keep in view the cause of the scanty urine in these cases. It chiefly depends on the pressure of the abdominal fluid on the emulent vessels of the kidneys, or even on the inferior vena cava sufficiently to embarrass the current of blood through these organs; and this pressure is often times great enough to induce congestion of them, and the urine becomes temporarily albuminous. In this case the tension was sufficient to embarrass the renal function, but not sufficient to induce albuminous urine. This, and the absence of any signs of inspissation of the urinary veins constituted the basis on which the opinion was formed, that the liver had not advanced to the third stage of change.

The compound jalap powder was first given in draught doses every morning; but, as this produced only a moderate purgative action, half-grain doses of the podophyllin, with the compound pill of colocynth, was substituted on alternate nights; and the iodide of potassium and the acid tartrate of potash (cream of tartar), was given three times a day, with the hope that the latter saline would maintain a moderate activity from the bowels in the intervals of the pills. A few days later the impression made on the dropical accumulations, amounting to an inappreciable effect, the extract of calomel was given in half-grain doses. This was on the 1st of February. Hydroscopic effects resulted, but the dropy remained unaffected. Having thus witnessed the negative effects of diastic purgatives in this particular case, it was resolved to revert to the now much-neglected agency of mercurials in this form of liver disease. The treatment commenced with a combination of calomel and the subchloride of soda, in proportion of five grain of the subchlorite to two of soda; and these doses of carbonic acid, two doses on two succeeding nights were given—a free bilious action having been produced. On the following day a marked increase in the quantity of urine was recorded. He was then directed to take, night and morning, a pill composed of blue pill, squill and digitalis; careful attention being paid to any sign of salivation, which was to be avoided.

On the 18th, five days from commencing the pills, he took them three times a day; the urine now daily increased in quantity, and there was a very apparent diminution of the abdominal fluid. The anasarca also of the lower extremities was daily subsiding. On March 2nd the pills were discontinued, and the treatment conducted in the following manner:—Diuretic medicines were to be taken for three consecutive days, and then the pills taken twice a day for two days, and the diuretic in the intervals; the diuretic consisted of infusion of digitalis, sp. aetheris nitrosis of potass, and the compound spirit of juniper. The last report in the Case-book, "the anasarca of the lower extremities as having entirely disappeared. The patient has been up and about, and there is no oedema of the lower limbs even in the latter part of the day. The abdominal distension is so reduced that the waistband of his clothes can now meet in front, and, though there is still distinct evidence of the presence of fluid in the belly, yet it is so reduced in quantity, and the renal function has become so active, that it may reasonably be expected that yet further progress towards complete recovery may follow. This will largely depend on the continuance of the remedies, and the care of the patient as to diet, and regimen. So long as he remains in the hospital, so long may we expect favourable results. But it too frequently happens that patients suffering from chronic disease, having been a long time under treatment, and feeling their health slowly returning, become impatient to leave and resume, if possible, their ordinary mode of life. It is natural enough; but the result is that, at the most critical juncture of their complaint, they resume their former habits—a slight, very slight indiscretion occurs, and all is disorder again. Let me hope that after such favourable effects of treatment as you have seen in this case such combinations may not occur. Before I conclude this lecture I desire to draw your attention to the therapeutic value of mercury, especially in this and similar disorders of the liver. The abuse of a remedy is usually followed by its neglect, and such is the case with use of mercury. Thirty years ago, and every disease was treated, more or less, with mercury in some form or other. Inflammations of every tissue, fever of every type, the exanthemata, arthritic, pulmonary, and other diseases, orders, of whatsoever character; skin diseases, syphilis, and rheumatism; all had their special treatment based on some combination or other in which mercury entered. Salivation, slight or intense, was constantly the result. In the treatment of primary and secondary syphilis the amount of mercury given was not regulated by the number of grains, taken on the days through which the use of mercury might be counted, but by the quantity of salivation produced. A reaction from this abuse of a drug has followed, and an almost total neglect of a most valuable remedy, when appropriately prescribed, has succeeded. This has partly arisen from the reaction just mentioned, and partly from the effect of the conclusions deduced by Dr. Bennett and others on the effects of treatment of the lower extremities. The application of mercury is not a cholegogue; and it is inferred that dermae were observed on the lower animals, its physiological action on man was considered negative also. This is not the proper occasion to discuss this important question; suffice it for the present that, whether the preparations of mercury act directly on the liver, or only indirectly through their action on the intestinal secretions, particularly on the duodenal chyme, no physical or pathological observation, or opportunity for study, of the effects of mercury but will acknowledge that, in several forms of hepatic disorder, particularly of the kind now under observation, associated with topical effusions, no remedy can be administered with equal efficacy or equal hope of a beneficial result.

I propose next week to draw your attention to a case of diabetes, and explain the theories on which the treatment of that disease rests.
PROJECTS FOR STAMPING OUT VENEREAL
DISEASES.

BY CHARLES R. DRYSDALE, M.D., M.R.C.P.L., F.R.C.S.E.,
Formerly Hon. Sec. to the Irishman's Committee for
Prevention of Venereal Diseases.

About the same time the writer of these lines has been
favoured by the receipt of three interesting documents
upon the above subject. One of these was kindly sent by
Mr. James Lane, the accomplished surgeon of the London
Lock Hospital; the other by the energetic honorary secre-
tary of the Association for extending the so-called "Con-
tagious Diseases' Acts" to the whole population of the
country, Mr. B. Hill, and the third is an article in the
New York Medical Gazette, a journal most ably edited by
a distinguished American physician. All of these writings
breathe the same noble spirit of desire to get rid of a de-
plorable disease, and also a thorough reliance on the power
of the State to perform much in this direction, by means
of police enactments, and the surveillance of prostitution.
In a bill which is now, it appears, before the Legislature
of New York, a certain Mr. Madigan desires much to do
something to control prostitution. This gentleman pro-
poses to divide the city of New York into three registra-
tion districts; to establish a board of three commis-
ioners, with annual salaries of £700 a year, and three
medical inspectors at £500 a year. The Commissioners
are to license houses of prostitution, the licence fee being
fixed at £100 for each house of the first class, and £50 for
each house of the second class. Medical inspection to be
made every fortnight, and certificates of health to be given
by the inspectors. The editor of the New York Medical
Gazette says truly enough with regard to this, that "no
Bill will be favoured by a large and influential portion of
the public which places the authorities in partnership, so
to speak, with procurers and brothel-keepers, and openly
sheds the waves of prostitution." And he also says, less
e cogently, I think, that "it is as proper to seek to limit
the contagion of syphilis as to establish quarantine for the
prevention of other contagious diseases." To this latter I
only assent, if the quarantine be voluntary.

I cannot, however, agree with the praise which the editor of
the New York Medical Gazette bestows upon the English
"Contagious Diseases' Acts," which, as he truly says, have
proved so disastrous to his country. This gentleman adds
further on, that any "system of registration should be
made to include, as far as possible, all women who prac-
tise indiscriminate sexual intercourse for gain—those
who frequent quiet assignation houses as well as those
who live openly in brothels—inasmuch as the most dan-
gerous and least manageable source of syphilitic infection
everywhere is clandestine prostitution." The less such Acts
do to have with the police system the better, he
urges, and no law will be efficient which does not provide
for the detention under medical supervision of any infected
woman until she shall cease to be a source of danger.
It appears that there is an Act, which he characterises as
"bad," in operation in St. Louis, which places the system
under the control of the Board of Health. I utterly object
to all State interference in this matter.

The ably-written pamphlet of Mr. Lane is entitled An
Answer to a Speech by Duncan McLaren, Esq., M.P., in
which that gentleman attempted to prove at Newcastle, in
September, 1870, that the statistics published to show that
the "Contagious Diseases' Acts, 1866-69," had been
failures in all directions. Mr. Lane objects to Mr. McLaren's
denominating this Report as "the most unfair and un-
truthful document which it has ever been his lot to meet
with." On this point, I may remark, that there certainly
exists in the Report an immense deal of ambiguity, so that
most persons reading it over, without the very greatest
care, are very apt to be quite deceived by it. The state-
mament about the 7,776 prostitutes on the register having
been reduced to 3,016, or something to this effect, has
been often quoted by unwise advocates of the Acts, as
allowing how it brought women back to the paths of
morality. But Mr. Lane talks of the eminently satisfac-
tory result of the Report in showing that 2,085, or about
26.8 per cent. of the prostitutes had either married, entered
hospitals or been arrested in their return from their free-
life, and he knows well enough, from the works of Acton and
others, that almost all women in England who become prostitutes
abandon the calling in a few months or years, and
become amalgamated with the rest of the population. It
needs, then, no "Contagious Diseases' Acts" to do this;
and, indeed, Mr. Lane might, I should think, be ready
to examine, with Mr. Lefort, the so-called Acts to tend
keep women always processable, as the French laws do,
invariably in Paris and other French cities where they are
enforced (vide Lefort's letter to Lancet, May, 1870).

I have always been ready enough to concede to Mr.
Lane, or other defenders and lovers of the Acts of 1866-69,
that, by means of putting the whole of the women of
Portsmouth, Plymouth, Aldershot, &c., under the police
system (surely a rather unfair thing), and providing
hospital accommodation for diseased women, diseases
in the troops inhabiting such places might, for a time,
be lessened. I say for a time, because, doubtless, in the
present state of public opinion with regard to the morality
of the male sex, these cities would soon become much fre-
cquented by strange men, for the purposes of mere mer-
chantry intercourse, and prostitution would flourish so much
that these would again, rapidly increase. It has always
done in continental cities, such as Berlin and
Paris, whenever the police system has been enforced
for some length of time. For my own part, I entirely object
in any State legislation on this matter, because I am con-
vinced that the amount of evil it thereby will cause, will
far more than counterbalance the little good it will effect
for a time. Just let us suppose that we had no celibate
standing army, but that the country was defended, as
republican Switzerland is, by means of brave citizens, all
compelled to pass a short period of a week or two yearly
under arms, from the age of boyhood until forty or there-
abouts. It would clearly, then, be out of the question to
protect our house defenders against the approaches of their
poor female fellow-citizens, as is now done, any more than
to protect the merchant or the tradesmen of our towns.
We may at once put the celibate standing army out of the
question, since it is certain, to me at least, that
it would be far more rational to reorganise our system of
armies, so as to suit the institutions and populations of
free States, than to add to our evils by the passing of such
class-laws, for the purpose of watching a number of women
(who need not, if marriage were for all, be resettled to),
and who exist as a class, entirely from the unjust laws and
customs of society, which prevent so many women from
gaining their living in almost any other way except through
the exercise of one animal function.

In the United States of America it is not very probable
that the growing power of the female sex will submit that
the sex shall be still further disabled by the passing of
any partial laws similar to those of our "Contagious Dis-
eases' Acts," because there is not in the States any such
dominant class as there is in our aristocratic European
communities, where the happiness of any portion of the
community can be, and so often is, practically completely
disregarded. In England, as all know who have studied
the question, the main supporters of these laws have been
the male sex; and especially those members of it who
belong to the wealthier, and, therefore, more or less
aristocratic classes. Mr. Lane thinks that he has given
a very conclusive piece of evidence in favour of compulsory
examination of women when they have connexion with the
Lock Hospital of London during twenty years, he has become convinced that voluntary
hospitals will never be of any use as sanitary appliances in
venereal diseases, since the prostitute class of women are far too careless of their health to enter hospital until

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they have long suffered from disease (p. 16 of the pamphlet quoted). Now, Mr. Lane seems to forget that the Vaccination Act does not apply to adults, but only to infants or children, and that it is quite contrary to the principles laid down by the best writers on Government, that a series of regulations should be issued to protect grown-up people from the consequences of their own actions, since such laws are, as is well known, apt to paralyse all individual freedom, and thus do far more harm than good.

Mr. Berkeley Hill, in his pamphlet entitled "Statistical Researches," and that it is quite contrary to the principles laid down by the best writers on Government, that a series of regulations should be issued to protect grown-up people from the consequences of their own actions, since such laws are, as is well known, apt to paralyse all individual freedom, and thus do far more harm than good.

As to the arguments made use of by Mr. Lane and others, that the idea of obtaining voluntary hospital accommodation for women suffering under venereal diseases is quixotic, on account of the asceticism of the public, I reply that the best way to change public opinion on such matters is to show the results which arise from these, and to show that these illiberal sentiments, which cause governors of hospitals to deny admission to the wards of cases of severe venereal complaints occurring in women. The world in general is profoundly ignorant of its hard-heartedness in this matter, and requires, I hope, but the voice of medical men to be uplifted, to listen to the cry for help, and to abandon the policy of opposing the curing of venereal diseases, which is their duty to prevent the establishment of voluntary hospitals for venereal diseases in all of our large cities, and for the better care of the victims of the crude idea of the day in all that relates to contracts between the sexes, and I hope that action may soon be taken.

The only radical way of attacking the disease is to try to make marriage universal. This can only take place, of course, if young persons are able to get enough money to maintain themselves and their offspring by their own labour, and cannot be accomplished, so long as the immoral practice of engaging in immoral habits is still in the fashion in many European States. But, if even if all these are the same, as they are in Paris, there would be prostitution and infirmaries, as long as the State stupidly thinks it is its duty to sanction no contract between adults of opposite sexes and one, which makes happiness a mere chance affair to the mass of mankind. Facility of divorce, then, must be added, which has given such beneficial results in Indiana, U.S.A., that, to cite the words of Dr. Orphans Everts, of Indiana, in the New York Medical Gazette, Feb. 4, 1871: "Eminent judges of civil and criminal courts of that State are by no means favourable to returning to old ideas of limitation of divorce, believing that the laws of Indiana, were as they are, are better than the most rigid known to the English code." Given a little more intelligence, then, a little more desire to get out of the rut of custom, and a little more disposition to deal gently with the more unfortunate portion of our race, and I maintain, with confidence, that we shall ere long have far better arrangements to fill the place which have conducted such able men as Mr. Lane, Mr. B. Hill, and others, whom I so respect, in despair, to ally themselves with police spies and sanction, by their writings, this last unholy attempt made to add to the already far too thorough "subjection of women" by a British House of Commons.

ON THE PASSAGE OF THEM INTO THE URINE.

By O. HAMMERSTEN.


In a case of suspected poisoning, in which the patient's urine had been tested for alkaloids according to Drogenberg's method, no alkaloids were found, but a few red corpuscles and several white corpuscles were present in the urine. The possibility of a poisoning with an alkaloid was thus ruled out, and the patient was examined for other causes of poisoning. The examination revealed that the patient had been subjected to poisoning with a toxic substance, which had produced symptoms similar to those of an alkaloid poisoning. The patient was treated with gastric lavage and received supportive treatment, which resulted in a marked improvement of the symptoms. The patient made a complete recovery, and the case was considered to be a case of poisoning with a toxic substance.
dorff's method, and had appeared to contain a foreign substance in so small a quantity that no completely demonstrative reactions could be obtained, and in which it had further been elucidated that the patient had taken a quantity of strong tea immediately before falling sick, some doubt might possibly arise as to whether the equivocal reactions alluded to might result from them in the urine or not. In seeking to show how far so doubtful a point might be explained, I last year undertook some experiments, at the instigation of Professor Almén, and as a thesis for the examination for the licentiate in medicine, with the view of answering the following question proposed by the professor, namely, does the process mentioned with benzine, and can it be recognised in it by Dragendorff's method already mentioned?

Respecting the first part of this inquiry, investigations have already been made by Woehler and Frenich, with the result that they do not pass off unaltered, but that it is subsequently found in the voided urine as area. Since, however, these experiments were carried out after an older, possibly a less complete method, they calculation of the alkaloids in mixtures of organic substances, to detect small quantities of them in the urine, when such was undoubtedly present.

The order of the experiments should accordingly be, first, to add to a large quantity of urine a small quantity of them, and afterwards to endeavour to discover the alkaloid; and, secondly, in case this should succeed, after the ingestion of their or of strong tea, to seek for the in the voided urine. Dragendorff's method is founded on the power possessed by benzine of extracting the alkaloids from an acidulated aqueous solution, and as this power is connected with certain properties, which are not found in all specimens of benzine, it became necessary to institute a preliminary experiment, its object being to decide (a) on the purity of the benzine; (b) on its power of dissolving both asphalt and the alkaloid in question; and (c) as to whether the benzine would extract any substance from ordinary urine (acidulated with sulphuric acid), whose reactions might resemble those of them, and so might cause perplexity.

Three descriptions of benzine were tested. Gas-oil left after evaporation in a watch-glass a slight residuum, which gave no reaction of them with solutions of chlorine and ammonia. For purification the oil was subjected to distillation at a temperature of between 30° and 55° C., and the distillate obtained (petroleum ether) was again tested, when a residuum much larger than that previous to distillation appeared in the watch-glass. This residuum, which under the microscope appeared to be crystalline, gave no reaction of them. Benzine obtained from an apothecary left on evaporation no noticeable residuum, neither did German benzine. The gas-oil, the distillate obtained, separated, after being treated with benzine, dissolved asphalt imperfectly; the German benzine, on the contrary, readily and in large quantities. The power of taking up the alkaloid from an acid (S O₃) solution, was in the first three cases little or none; the German benzine extracted it quickly and readily. In the experiment to test the dissolving power as a reaction for them, the behaviour of that alkaloid with solutions of chlorine and ammonia was employed, which gave a violet colour only in the cases where a newly-prepared solution of chlorine was used in the experiment. The reaction with strong nitric acid and with ammonia repeatedly failed, although it was tried in many ways. The fluid, from which in the introductory experiment the them was extracted by means of benzine, was either an acid solution of the alkaloid in water, or an infusion of tea (about a teaspoonful of leaves in a cup of water).

In order to determine whether benzine can extract any substance from acid urine, which might be the reactions of them, 100 cubic centimetres of urine were evaporated, after the addition of some drops of dilute sulphuric acid, down to a residuum of fifteen cubic centimetres. This product was mixed with three times its volume of alcohol (97 per cent.), set aside for some hours, and afterwards filtered. The filtrate from the precipitated salts was concentrated until the alcohol had evaporated, after which it was shaken up with half its volume of benzine. This latter, which readily separated from the underlying urine, gave on evaporation a beautiful yellowish residuum, exhibiting no crystalline texture, and giving no colouration with solutions of either chlorine or ammonia.

After the performance of these preliminary experiments, and after several further reactions of them—its behaviour with nitrate of silver and corrosive sublimate, and on being heated—had been tried, an experiment was made to determine whether the reaction was conducted in the following manner:—To 500 cubic centimetres of urine were added three centigrams of them, after which the urine was concentrated (acidulated with ten drops of dilute sulphuric acid) in a water bath to a residuum of forty cubic centimetres. This was mixed with three times its volume of alcohol (97 per cent.), and was allowed to stand for twelve hours. The deposit which formed was separated, and benzine was reinjected into the urine, and was then shaken up with half its volume of benzine. After agitation three or four times, some drops of the clear, slightly yellowish, benzine-stratum were taken, evaporated in a watch glass, and left a somewhat coloured residuum, in which even with the naked eye small needle-shaped crystals might be distinguished. On evaporation together with a few drops of chlorine solution, this residuum assumed a somewhat reddish, brownish-yellow colour, which by means of ammonia immediately became perceptibly purple-violet. After repeated agitation with two fresh portions of benzine, and evaporation of the quantities of this substance added, a tolerably considerable yellowish residuum of various sized needle-shaped crystals was obtained. This residuum, dissolved in acidulated water evaporated with alcohol, was subsequently agitated in a clear crystalline residuum. This, on being heated in a cup covered with a watch-glass, deposited on it a white precipitate which gave a reaction with chlorine and ammonia.

Since, therefore, them can be detected in the urine after the method adopted, even when it is not found to be present in any particularly large quantity, the important question naturally suggested itself, whether the alkaloid in question passes off unaltered in the urine. To determine this point I took six centigrams of them at seven o'clock in the evening, and collected the urine voided during the night (340 cubic centimetres). A second person drank two cups of strong tea (an infusion of ten grams of the leaves), and also collected his urine, to the amount of 560 cubic centimetres. Both these specimens were then added to the first, and the urine so treated was examined as the urine in the former experiment, with alcohol, &c. In both cases the benzine assumed a yellowish tint, and gave on evaporation a brownish yellow residuum, which, under the microscope, did not show any crystalline structure, and did not give any reaction with solutions of chlorine and ammonia. After repeated agitation with fresh benzine, the quantities of benzine requisite for each experiment were added and concentrated. The resulting brownish-yellow residuum in each case dissolved, for the most part, in acidulated water, and was again agitated with fresh benzine. When this latter was concentrated,
a yellow, though more slightly coloured, residuum appeared, which was not crystalline, and did not give a their reaction.

As it is shown above that the heat produced in the urine without difficulty to certain limits, it should the negative results, here quoted, make it probable that the then does not pass off into the urine unaltered. The possibility of a contrary result, after the ingestion of yet larger quantities of tea or of their, can of course not be denied; but since, in all cases, it is of importance and interest to know whether the then, under ordinary circum- the urine sufficient quantity to cause an essential obstacle, after death of the urine for alkaloids, according to Dragendorff’s method, one so often used, I have, in the present paper, at the instigation of Professor Almén, communicated these experiments as a trifling contribution towards the solution of this question.

**ABSTRACT OF THE GULSTONIAN LECTURES ON THE HEAT OF THE BODY.**

**Delivered at The Royal College of Physicians, London, March 1871.**

By Samuel J. Gee, M.D., F.R.C.P., Assistant-Physician to St. Bartholomew’s Hospital, and to the Hospital for Sick Children.

**LECTURE II.**

In his second lecture, delivered on Wednesday, the 8th ult., Dr. Gee discussed the conditions regulating the temperature of the body—the balance struck between the heat produced and the heat lost. The variations in the temperature in health are slight, never probably exceeding 31°F; and, under the same circum- the mean daily temperature does not vary more than the quarter of a degree. But how is it that the result is so uniform when the factors in that result are so variable? It is the very variability in the factors which secures the uniform result. There is a voluntary balancing, by changes of food, clothing, &c., which has reference chiefly to considerable periods of time, as the seasons; and there is an involuntary control which regu- the heat of the body, not from day to day, but from minute to minute. When the body is heated by muscular exercise the respiration becomes quicker, circulation more rapid, and the skin full of blood and sweating. When the body is cool the skin is pale and bloodless, protecting the inner parts from loss of heat. Thus any great change is provided against. Probably this is exerted only within narrow limits. Hence so soon as the temperature of the air approaches that of blood, sunstroke becomes common amongst those who neglect voluntary means. Excess in potential heat in food or air is limited. We cannot digest much more than we want; and muscular exercise is limited by fatigue; but the addition or abstraction of external heat is illimitable.

Then there is the effect of heat under external heat or cold? The body can only bear a temperature higher than itself in an atmospheric medium. Its own temperature soon becomes raised. Rabbits and dogs tied to a board and exposed to a hot sun soon reached a temperature of 114°F and then died, with frequent pulse and respiration, the dyspnæa ceasing before death, which was proceeded by very slow circulation of the blood and muscular contractions. The temperature continued to rise to 125°F and the muscles afterwards were found stiff, as if cooked. The temperature of a healthy human being raised to 107°F by a vapour bath, caused a great sense of heat, discomfort, faintness, unsteadiness of muscular movements, frequent pulse, and finally indications of affection of the sensorium in a strong disposition to swoon.

A comparison of these symptoms with those of sunstroke left no doubt in the lecturer’s mind that the latter is the result of raising the body heat up to a certain point. Blood begins to clot in the vessels at 109°F. The muscles of warm-blooded animals set at 118°F, and more gradually at lower temperatures. The rational treatment of sunstroke is strongly supported by experience. The aim should be to reduce as quickly as possible the heat which is killing the patient.

When heat is abstracted from the body, its temperature can only be maintained by involuntary means, when the temperature to which it is exposed is not below 80°F. When it is below that point the temperature first rises, and then gradually falls. The primary rise was noted in 1788, and has been carefully studied during the last ten years, especially by Liebremeister, who thought it indicated an increased generation of heat in the body for the purpose of counteracting the increased loss. Others deny the possibility of this, and say that the rise is due to the circumstance that the contraction of the cutaneous vessels interposes between the mass of the blood and the cold medium a layer of ill-conducting tissue, so that the body loses not more but less heat than natural. Recent experiments have shown that during the rise the amount of carbonic acid expired is greatly increased, and this must correspond to increased chemical combination, so that there can be little doubt that the body does possess the power of spontaneously adjusting within limits its supply of heat to the demand. But the loss or gain of heat in a cool or hot bath is greatly influenced by the state of the cutaneous vessels, contracted in the former, dilated in the latter. An animal shaven and varnished, and then exposed to the ordinary temperature of the air, rapidly dies, and shows such rapid loss of heat that there can be no doubt that the death is due to the depression of temperature; the rapid loss under these circumstances is due to the hyperemic state of the skin. Such rabbits have been kept alive for five days by surrounding them with an atmosphere of 95°F.

The lecturer next passed to the subject of pyrexia. After glancing at the now untenable theory that there is no actual increase in the body heat in pyrexia, but merely an equalisation of the temperatures of external and internal parts, he observed that the elevation of the tempera- the blood, which undoubtedly exists, must be due to increased production of heat, diminished loss, or to a combination of both. The relative proportion of heat is increased has been proved by careful calorimetry, and the results found to agree very nearly with an estimate of Helmholtz. The loss of heat in relapsing fever has been found to be actually double that of health, and yet did not suffice to carry off all the excess of heat generated. According to the chemical theory, this fact involves increased combustion, and consequent increased excitation of the products of combustion. Accordingly, Leyden and Liebremeister have both found that the amount of carbonic acid expired is increased in the ratio of 14 to 1. Taking the amount of carbonic acid expired as a fair index of the amount of tissue metamorphosis, it was found that in the cold stage of fever the production of heat is greatly increased, while the loss remains stationary at the standard. In the hot stage the production is increased, though not so much as in the cold stage, whilst the loss is increased also; and in the sweating stage the production falls to the standard of health, whilst the loss is greatly augmented. Urea and uric acid are both increased in pyrexia in about the same proportion as the carbonic acid. The products of combustion are thus, in pyrexia, greatly increased in quantity, and correspond to an increased expenditure of heat, as evidenced by the rapid loss of weight in the pyretic state.

Pyrexia, secondary to local inflammation, was long thought to be due to heat generated on the spot, and carried thence into the general circulation; but careful observations have shown that the local increase of tempera- temperature is never equal to the general heat of internal
parts, as measured by the vagina or rectum; the difference is less the further the internal parts are from the surface. How, then, is the pyrogenic influence carried from the local inflammation, by nerves which are supposed to regulate the heat-producing centres, or by vessels which absorb some matter that sets up fever? After the removal of parts of the nerves of a dog's leg, fever could be produced by a local inflammation as readily as if the nerves were not removed. Hence, by exclusion, we are almost forced to accept the doctrine, for other reasons highly probable, that traumatic pyrexia depends on pyrogenic matters absorbed by the vessels from the local inflammation.

Lecture III.

The combination of tissues called the body cannot continue to live under an internal heat of 113° or more, but a lower temperature than that may exercise most deleterious effects. Liebermeister says, 'The elevated temperature is not only a pathognomonic symptom of fever, but also the immediate and a sufficient cause of most of its other symptoms.' As its consequence the kidneys undergo parenchymatous swelling, and their tissues become charged with albuminous and fatty molecules. So with the muscles. In them also a waxy degeneration has been frequently met with (by Liebermeister in half his fatal cases of typhoid). The heart undergoes softening, or simple albuminous infiltration, changes which are manifested in the increased frequency and increased feebleness of its contractions. The fibrinogen part of the blood is diminished; there is granular infiltration of the lymphcells, which seem to be swelled, and at the same time the blood contains many other granules; changes which seem to indicate an augmented degeneration of the blood. The uncontrollable haemorrhage which sometimes occurs may be the result of a similar degeneration in the vascular walls.

The clinical aspect of pyrexia is better understood. Its effects, when intense or long continued, were considered by the ancients to be due to 'putridity.' As a matter of fact, patients do sometimes become putrid during life, and after death decomposition advances with astonishing rapidity. The tendency to putridity varies, not only with the intensity of the fever, but according to its specific nature, and also to the state of the patient. Rheumatic fever may be contrasted in this respect with epidemic diphtheria, a disease in which this tendency sometimes shows itself in the highest degree. Liebermeister's opinion is that the unfavourable course which fevers run in the aged, the intemperate, and the fat, is partly due to the existence of degenerations in their tissues of much the same kind as those produced by pyrexia.

Brodie, in 1510, drew attention to the influence of the nervous system in the production of heat, and again in 1836, in reference to a case of high temperature resulting from injury to the spinal cord high up. Next came Bernard's experiments on the sympathetic, and it was afterwards shown that section of the corresponding portion of the spinal cord would produce a similar paralytic of the vaso-motor nerves. Then Tschechechin took up the subject, and a division of the spinal cord was followed by depression of the temperature, which he explains by diminished production of heat from interference with the function of the heart and lungs, and by the occurrence of increased loss from dilatation of the cutaneous vessels, just as in varnished animals. The higher up the cord the section was made the greater the depression of temperature; but as soon as the upper part of the medulla was reached, and the cord severed from the pons, the temperature, instead of falling, rose to a great height. He regards it as indicative of an inhibitory power in the parts above the medulla, controlling the independent activity of the cord. Pyrexia is a paralysis of this inhibitory centre, a paralysis which can be induced in sundry ways, as by septic substances and by external irritation. Such is Tschechechin's theory. His experiments on the effect of injury to the cord itself are at variance with the clinical experience of Brodie and others. The depression in some of his experiments may be explained by loss of heat, for when this was prevented the temperature rose.

Theories of fever which are not open to the charge of explaining the little known by the less known, yet, for the most part, err by narrowing the meaning of the word 'fever' to the measure of our knowledge. Theories are either comprehensive enough, and altogether unfounded, or founded on fact, but altogether unable to explain more than a part of the subject. Among the latter are Boerhaave's theory that it is due to increased action of the heart, and increased resistance in the vessels; Liebig's, that it is due to increased combustion of the structures of the body setting free more force than the natural functions require; the theory of the equalisation of external and internal temperatures. Theories less exclusive become at the same time more vague, as those of Virchow and Tschechechin. We want to know what are the antecedents of that disturbance of the heat-regulating functions which manifests itself in pyrexia. We want to know the other consequences of the antecedents; what are the concomitants of pyrexia; and we want to know what are the necessary consequences of pyrexia and its concomitants. When knowledge is obtained on these points, we shall be able to define exactly and comprehensively what we mean by fever, and not till then. Pyrexia and fever, words often used as if interchangeable, are not convertible terms. The elevation of temperature is, in fever, due to a special disturbance of the heat-regulating functions, and not always a constant symptom. In many febrile states the temperature may, by accidental circumstances, be depressed down to or below the normal, and in some diseases, to which the term 'fever' cannot be dened, as tubercular meningitis, the temperature frequently falls to a low point. The regulating function being at fault in pyrexia, perhaps if we know in what manner, and by what means, this function is disturbed, we might be able to explain why fever should sometimes be thus accompanied, not by an elevated, but by a depressed temperature.

Hospital Reports.

London Hospital.

(under the care of Mr. Rivington.)

Case 6—Inguinal Hernia; Reduction en masse; Operation; Death.—On Tuesday, the 8th August, 1865, Mr. Rivington assisted his friend and colleague Mr. L. S. Little, in an exploratory operation, which he undertook for the relief of a supposed reduction en masse of an inguinal hernia.

The patient, seventy-six years of age, had pushed back a hernia which he had had some years, and had been troubled with vomiting since doing so on the preceding Friday. The pulse was very small and frequent. There was great pain across the stomach. No distinct tumour could be seen in the groin. Chloroform was given and an incision was made over the inguinal canal. The external ring which was large was opened up, and after some research, a small protrusion, as of peritoneum was discovered. This was cautiously cut, and proved to be the sac containing a knuckle of intestine much congested. The whole was then drawn down, and the structure which was pretty tight found to exist at the neck of the sac. The structure was divided and the intestine returned. The hernia seemed to have been pushed through the floor of the canal bodily, and to be lying between the peritoneum and the abdominal wall.
In the following case occurring in April, 1869, the sac was returned into the abdomen.

**Case 7.**—Right Femoral Hernia; Fifteen Hours' Strangulation; Operation without Opening the Sac; Sac Returned; Recovery.—E. K., aged thirty-five, had been sick from 10 a.m. on the 31st March, 1869. She came into the Hospital, and Mr. Rivington was called to her about 1 in the morning of April 1st.

There was a doubly swelling in the right groin, evidently containing fluid. At the neck of the swelling, there was a small solid lump, which was taken to be a knuckle of intestine.

The patient could not tell when the swelling came. She had had pain, but had not experienced the feeling of anything giving way suddenly. Taxis failing, a small incision was made through skin and fat to the inner side of the neck of the hernia, and the sac covered by fascia propria was at once disclosed. The upper margin of the saphenous opening (Heg's ligament) was divided. The fascia propria was slit up, and some fat being removed, bands of fibrous tissue were observed crossing the neck of the sac. On their division, the knuckle of intestine and the fluid in the sac readily slipped into the abdomen. The sac being small and quite loose, was put back into the abdomen, tucked onwards to the psoas muscle, and a bandage applied on the above. On the following and subsequent days, there was some tenderness over the abdomen, accompanied by tympanitis, feverishness, and anorexia. The greater part of the wound healed by first intention, a small hole only remaining at the lowest part of the wound, through which pus was discharged for several days. Subsequently, the wound in the groin quite healed, and a depressed cicatrix was left. The hernial aperture was perfectly obliterated, the bandage was removed, and the patient was discharged.

**Case 8.**—Right Femoral Hernia; Operation; Continuance of symptoms of Strangulation; Death; Strangulated Intestine found in the Pelvis, underneath the Peritoneum.—Sarah E., aged fifty, was admitted into the London Hospital on 11th July, 1870.

The patient had been operated on ten years previously, by Mr. Luke, and had made a good recovery. She had worn a truss, but leaving it off she became a second time the subject of strangulated hernia, apparently in the same region. The bowel came down at 1 a.m. on the day of admission. There was then a small swelling on the right side, accompanied by sickness; slight tenderness on pressure; constipation and absence of impotence, and pulse of 80, extremely weak and thready. Taxis was tried by the house-surgeon, and failed. Ice was then applied. The patient was subsequently seen by Mr. Rivington, who reduced the hernia. The patient was much easier after the operation, although a little tender. During the night, and the next morning was seen again by Mr. Rivington who, finding a re-descent of the hernia, again replaced it. She was again better for a time, the sickness subsiding. The next day (the 13th), however, vomiting recurred once more, and there being a suspicious fulness in the groin, Mr. Rivington performed an exploratory operation. The abdomen was opened, the peritoneum was strangulated gut. There was old adherent omentum, and a small piece of congested intestine appeared at the upper end of the crural canal, but this was easily replaced. The fibrous structures round the opening were divided. The wound was stitched accurately, and it healed by first intention. After the operation, the patient appeared better. There was a lull in the symptoms, but the vomiting recurred on the 14th. Examination of the abdomen showed very little ten-

**Post-mortem Examination.**—(Report of Mr. McCarthy.) Body very fat; abdomen distended; pericardium; heart covered with fat; walls much thinned, especially at apex; mitral valve atheromatous; lungs edematous; some old pleurisy on right side; adhesions between the base of the lung and diaphragm. The great omentum was adherent in the cranial canal, drawing down the transverse colon, and making it quite free from bowel, some lymph was found on the small intestine, which was greeny and congested along the line of contact of the coils. The true pelvis was occupied by a dark blue tumour of the size of an orange, which had pushed the bladder forwards to the left. This proved to be about six inches of gangrenous intestine—part of the ileum four inches from the ceum, which had perforated the omentum, and got strangulated in a space occupied internally by a prolongation of the iliac fossa. Across the bottom of this space, ran the obliterated hypogastric artery. The bowel was thus outside the peritoneum. The kidneys were slightly granular with some cystic degeneration; the bladder had an hypertrophied muscular coat; the liver and spleen appeared to be normal.

**Dislocation of Right Femur at the Hip-joint; The head thrown into the acetablic notch; Reduction after eight days' duration of the dislocation.**—J. S., aged thirty-nine, was admitted into the London Hospital on the 18th of January. On the 10th of January he was thrown down and fell backwards with his right knee beneath him. He tried to get up but fell down again. He could not walk. When brought to the hospital eight days afterwards the condition of the limb was as follows:

The patella of the right leg touched the limb of the opposite side about one inch above the knee. The right foot was inverted, the ball of the great toe resting on the dorsum of the left foot just above the metacarpo-phalan-
gal joint of the great toe. On measurement of the limb from the anterior superior spinous process to the external malleolus there was an inch and a half of shortening. The patient could bend his knee and after bending it could flex the thigh slightly upon the pelvis, but he could not lift the limb when it was straightened. He could lie on his back with the knee flexed and straighten it up, but in this position he made no use of the leg. The prominence of the trochanter was somewhat obscured and pushed backwards, but its distance from the anterior superior spinous process was as nearly as possible the same as the distance between the corresponding parts on the opposite side. The head of the bone was readily felt on a level with the upper cleft of the nates about seven or eight inches below the crest of the bone, and not more than two inches above the tibia.

Reduction was attempted under chloroform by the manipulative process—flexion, abstraction, rotation, and extension, Mr. Hutchinson and Mr. Couper each taking a turn. As this method failed, Mr. Rivington tried simple extension in the assumed axis of the limb by means of a jack-towel round the thigh and two or three students reinforcing the effort. Reduc tion was readily effected without the occurrence of any distinct snap. The legs were bound together and the patient sent to bed. In the course of the night the head of the bone slipped out of the acetabulum again, owing to some move-

**During the manipulative processes, the head of the bone appeared to grate against some prominence, and a feeling was experienced by the operator as if reduction had occurred, but on bringing the limb down and measuring it.
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was apparent that this was a fallacy. From the readiness with which the bone returned from the acetabulum unless extension was kept up, Mr. Rivington inferred that the rim of the cup had been injured and was deficient at the posterior part of the circumference.

The progress of the case was, in every respect satisfactory. The patient was kept in bed for three weeks, and then sent out with the joint secured by the application of plaster of Paris.

He noted the remarks to the class, Mr. Rivington said, that when acting as dresser at the hospital about thirteen years previously, he had been so fortunate as to see three dislocations of the hip in a single week brought to the hospital. One of these was on to the dorsum of the ilium. One in an unusual position, the head resting on the tuberosity of the ischium and the small sciatic notch, and the third into the obturator foramen. Mr. Forbes, the house-surgeon, a powerful man, reduced the two first by manipulation under chloroform. Manipulation was not attempted with the dislocation into the obturator foramen which was attended with severe pain, chloroform was given and extension made with a jack-towel and the foot in the perineum.

Dislocations at the shoulder-joint very frequently came to the surgeon's notice; reduction is generally done with the foot in the axilla. In a recent case Mr. Rivington instructed the dresser to make the patient sit down on the ground whilst standing on a sofa behind him, and fixing his shoulders he made extension by drawing the arm upwards. Reduction was effected with great facility, the bone almost immediately returning to its place. The subject of reduction in this manner has been fully treated in the last number of the Bartholomew's "Hospital Reports," and will probably be found a readerly method even than reduction with the foot in the axilla.

LONDON SURGICAL HOME.

Notes of Two Cases of Intra-Uterine Fibroid Tumour.

By Mr. W. R. O'Connor, Resident Surgeon.

Case 1.—Mrs. B., aged twenty-eight, had three children. In September, 1863, after labour of a week's duration, was delivered of a very large deformed child; great haemorrhage followed, and severe after-pains lasted for more than a fortnight. During her pregnancy she had pain and a sensation of burning in the uterus and abdomen, extending occasionally to the stomach. For three months subsequent to her confinement there was a constant draining of blood; this was stopped by her becoming pregnant. Abortion occurred at the tenth week. The haemorrhage recurred, and continued until she again became pregnant, which pregnancy and another, some months subsequently, resulted in abortion at the tenth week. She became very weak and blanched from the constant haemorrhage which continued with rare intermissions, and these intermissions when they did occur only lasting fourteen days, were always accompanied by the pain and burning feeling in the abdomen and uterus, with tympanitic enlargement of the abdomen. She was brought to the "Home" on November 21, 1870. Mr. Baker Brown having examined the uterus, found that there was fibroid enlargement of the fundus, and at the same time excessive vascularity of the fundus and cervix.

On November 23, the patient being under chloroform, Mr. Brown incised the os and cervix freely, plunged the uterus with lint soaked in liof. ferri, perchor., and the vagina with oiled lint and cotton.

On the 26th the dressings were removed, the vagina was washed out with a solution of Condy's fluid, and twentieth of a grain doses of bromid of mercury, with half-grain doses of tinct. ergot, were ordered to be taken three times a-day. This treatment was continued up to the 2nd of December. When the menses appeared the flow lasted six days, and was not at any time more than natural in quantity.

On December 11th I examined by speculum; anterior incision quite healed; the posterior incision healing rapidly, still a little vascularity about the posterior lip of the os. The vagina to be syringed out twice a-day with a quart of water containing thirty grains of carbo acid.

December 14th.—Slight bloody staining of the linen for a few hours.

December 17th.—Left the "Home" to-day with neither pain nor discharge; uterus of normal size; gaining strength rapidly.

January 11th, 1871.—Visited the "Home" to-day; no return of haemorrhage.

March 24th.—Have heard more than once since that the catamenia are natural.

Case 2.—Mrs. H., aged thirty-two, recommended to the care of Mr. Baker Brown by Mr. Gabb, of Hastings, and Mr. Lawrence, of Wandsworth. This patient, when brought to the "Home," February 23, presented a very anemic appearance—quite blanched—the blue colouring of the sclerotic occurring in anaemia strongly marked; a very tired expression of countenance. She has one child nine months old; catamenia were always normal up to the time of her becoming pregnant; since her confinement she has suffered from excessive flooding at the menstrual period, lasting two or three weeks. A tumour had existed in the uterus previous to pregnancy, and has increased in size since. The uterus is now found high up in the right iliac region, the size of two fists. Very little pain in the uterus; bowels regular; heart sounds normal; pulse, weak, and ninety beats in the minute; bruit diable very distinct; no albumen in urine.

On February 24th Mr. Brown incised the os and cervix with a hysterotome, completely divided the lips of the os with scissors, plunged the uterus with lint soaked in liq. ferri, perchlor., and the vagina with oiled lint and cotton. In the evening of the day of operation the uterus was found firmly contracted and hard, pressed down beneath the arch of pabul, from which position it did not move after wards. Five minims of dilute sulphuric acid and thirty minims of tinct. ergot were ordered to be taken four times a-day.

February 26th.—Dressing and plugging removed, and vagina washed out with solution of Condy's fluid.

March 1st.—During the night the menses appeared; she ought, according to calculation, to have had them four days before.

4th.—Os uteri dressed with some lint soaked in liq. ferri, perchlor. To have grain doses of sulphate de quinino every four hours.

6th.—On the fourth day removed the dressing; catamenia ceased. It is worthy of remark that this menstrual period only lasted six days, the average duration of former periods being seventeen days; there was little loss of blood, whereas on former occasions the patient almost approached to a state of syncope from active haemorrhage.

7th.—Copious yellow muco-perurent discharge; uterus much decreased.

12th.—Walked into another room.

16th.—Walked down stairs.

19th.—Getting strong, colour coming to the cheeks, appetite good, and the uterus little more than normal size.

The following remarks were entered in the notebook by Dr. Edmunds, who visited the "Home" to day: Have examined Mrs. — carefully. She reports herself as much better, and is very grateful. Uterus is much reduced in size, in fact, cannot be readily felt through abdominal parietes, per vaginam; uterus feels as if much reduced; os tincio split laterally, and on right side very completely; has a little leucorrhoea.

22nd.—Patient left the "Home" to-day.
Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY, MARCH 6TH.

MR. GAY, ESQ., President, in the Chair.

Mr. W. F. Teevan, B.A., F.R.C.S., submitted to the Society some remarks
ON THE PATHOLOGY AND TREATMENT OF STRICTURE OF THE URETHRA.

The author commenced by defining stricture to be "any diminution of the natural calibre of the urethra, the result of the contraction of organised lymph." In this country there was but a vague and unsatisfactory idea as to the commencement of stricture, for most surgeons would consider that if, in a given case, a No. 10 catheter could be passed into the bladder there could be no stricture; hence this most extraordinary and serious pathological fact was presented to our notice, that the urethra might dwindle down to one-half its normal calibre without such an important change being recognised—nay, even not suspected. It was of the utmost importance to detect and cure stricture in its earliest incipience, and so obviate all recourse to any operative interference. If stricture were diagnosed and operated on in its primary stage, an enormous boon would be conferred on the public, for their renal organs would be spared the evil effects on them of a stricture of long duration. Now it was not the fault or neglect of the patient that prevented the diagnosis of stricture in its early stage, for the surgeon had several years warning, inasmuch that if there was one complaint more than another which worried a patient, whether rich or poor, it was the continuous presence of a gleet, and for the cure of that disease the public went from hospital to hospital. Now, it might be laid down as a general rule that when a patient had suffered from a gleet for more than a couple of months there was always some important pathological alterations, the most serious of which was contraction. In the ball staff we possessed an instrument which would, if used early enough, reveal to us after years of torture and mechanical results to the stream of urine would show themselves. Stricture might, regarding its seat, be divided into sub-pubic, penile, and perineal. The most usual position for stricture was at the triangular ligament, and the separation of that variety into articular and membraneous was entirely artificial and not warranted by any facts. Penile strictures were situated at a spot varying from two and a half inches to three and a half inches from the external meatus. Strictures at the orifice were rare, and were usually caused by the ulceration of a chancre. Of a given number of strictures eighty per cent. would be found to be sub-pubic, eighteen per cent. penile, and two per cent. perineal. Strictures, in their physical conformation, might be divided into two great classes: those which he called tunnel, as they conveyed to the ball staff the sensation of travelling through a closed and tight channel, of some extent; and secondly, those which imparted to the bougie a bole the feeling of passing quickly through a sharp and well-defined ring. Nearly all sub-pubic strictures were of the tunnel kind, whilst penile strictures were often of the ring form as tunnel, and articular strictures were nearly always ring like. He had taken the length of the living urethra in one hundred males, and found that the average length was seven and one-eighth inches. Nearly all sub-pubic strictures would be found situated at a spot five and a half inches from the external meatus. He had ascertained from practical inquiry that the sub-pubic urethra would admit the little finger without lacerating, thus exhibiting a calibre three times as big as a No. 12 English catheter. All means which had not for their end the restoration of the urethra to its normal calibre would fail to have any beneficial effect on the state of the urethra, so that if the canal, by dilatation, sudden or gradual, incision, or rupture, be only enlarged to a diameter less than its normal capacity, it would be noticed that there would infallibly be a return of the contractions, unless from time to time the diameter of the tube be kept up to that to which it had been stretched. In severe forms of stricture only the smallest fit-form bougie could be introduced, and, with patience and perseverance, it would rarely fail to effect the desired end; but if in a severe case it could not, after prolonged trial, be made
to enter the bladder, such a case was a fit and proper one for the performance of external urethrotomy. Whatever treatment we adopted for stricture it would be found out that such treatment must always be followed, and nearly always preceded by gradual dilatation. It thus appeared that there was only one treatment which could be recommended, namely that by gradual dilatation by means of the French elastic instruments; all other methods were merely auxiliaries or accessories. The bougie could dispense with the urethrotome or dilator, but they were impotent without the bougie. In a limited number of cases it would be found that dilatation could only be effected to a certain point, or, that although dilatation were practicable to a large size, yet, that the stricture rapidly contracted again. Such strictures ought to be either incised or split. Which was the better method? That operation be required on a stricture, that operation ought to be a cutting and not a tearing one. Forcible dilatation was first introduced in Paris and there condemned, and it would seem to be shared a similar fate in this country, for the practice was discontinued by Sir W. Fergusson, Mr. Coulson, and other surgeons. The objections to it were its mortality and not unknown sequences of abscess, haemorrhage, calculus formation on the clot, retention of the urine, the restoration, after forcible dilatation, showed rupture of mucous membrane. The treatment of stricture might be summed up in a few words—1. Gradual dilatation whenever practicable; 2. Incision wherever desirable; 3. External urethrotomy were never necessitated.

MR. GANTY preferred gradual dilatation for most strictures, but ruptured exceptional cases.

Dr. MacConlachan considered that if the Profession carried out the diagnosis of stricture in its earliest stage, as pointed out by Mr. Teevan, all operative interference would be at an end. He thought that most strictures could be well treated by gradual dilatation.

MR. HENRY SMITH was strongly opposed to forcible rupture on account of the deaths and relapses which followed it. He was glad Mr. Teevan advocated the use of gradual dilatation.

MR. J. D. HILL stated that he practised forcible rupture for the treatment of stricture. He had had two fatal results from its use.

MR. DAVY thought the use of the bougie à boule was most valuable in order to detect stricture in its earliest stage. He approved of forcible rupture.

MONDAY, MARCH 13TH.

DR. ANDREW CLARKE, President.

DR. ANDREW CLARKE, on taking his seat as President, delivered an address which was listened to with great interest and attention. A vote of thanks was then given to Mr. Gay, the retiring president, for his activity and zeal during his year of office, and also to Mr. Barnes, the secretary, whose term of office had expired.

ORGANIC BROMIDES. METACHLORAL WITH A NOTE ON SULPHUR ALCOHOL.

Dr. Richardson introduced some further additions to therapeutics under the above heading. Having first described the methods of research in therapeutics, which consist in following up certain natural compounds by modification of the elementary composition of the compound. He then introduced some new medicinal bromides—viz., bromide of quinine, bromide of morphia, and bromide of strychnine, together with combinations of the same. Bromides are best administered in the form of syrups, each drachm of the syrup containing—in the syrup of the bromide of quinine, one-eighth of a grain of morphia; and in the syrup of the bromide of quinine-thirty-second of a grain of bromide of strychnine. The composition of the syrup of the bromide of quinine and morphia, and of quinine, morphia, and strychnine, were also useful. In each drachm of these the same proportion of doses—viz., one grain of quinine, one-eighth of a grain of morphia, one-thirty-second of a grain of strychnine—was main-
tained. The author had found the bromide of quinine of
great service in syphilitic ulceration. He had obtained most
valuable results from frequently repeated doses of syrup of
bromide of quinine and morphine in cases of neuralgia; and
in a case of diabetes the syrup of quinine, morphine, and
strychnine had been equally successful. In one case of
quinine he believed the best preparation in cases of remittent or
intermittent fever. Dr. Richards next brought forward
bromural hydrate; it was less soluble than chloral hydrate, and
produced more convulsive action, and, on the whole, he did not
think it could at all be the same substance. He then passed on to
anhydrous choral, placed before the Society a specimen of pure
anhydrous choral, and by the addition of
pure water it produced chloral hydrate. Chloral itself is a
fluid caustic; it abstracts water rapidly, and might, he thought,
be usefully employed as a cautery in some cases, when soft
fusious growth required to be removed; chloral hydrate
absorbed would be found to exert an after sedative effect.

A specimen of metachloral was then shown as an insoluble
white substance, made by exposing chloral hydrate to sulphuric
acid. This substance is isomeric with chloral, and when treated
with an alkali is resolved into chloroform, and forms of the
alkali employed. Administered to inferior animals it seemed to
act as a gentle narcotic, being probably slowly decomposed
in the body. It may yet prove service in practical medicine.

Lastly, a specimen of mercaptan sulphur alcohol (C₂H₅S),
which sulphur replaces alcohol, was exhibited. He detailed a number of interesting
facts bearing on the action of this agent, dwelling especially
on the mental depression it produces, even when taken in
very minute quantities. The alcohol is exhaled by the breath
as it passes from the bodies of animals, and it is said that
the breath peculiar odours like the odour met with in wasting
diseases. From this fact the author drew a suggestion for a
new line of research in diagnosis viz., the detection of organic
sulphur compounds the circulation from disease, which might account for some examples of excessive temporary prostration, for the cause of which we have, as yet, no satisfactory explanation.

Mr. Gay called the attention of the Fellows to a very in-
genioustrice, made by Bower, for allowing a patient
injury of a lower limb to take exercise; it is called the
"Invalid Bicycle." It consisted of a frame on wheels with a
replaceable seat for the unsound limb, crutches, &c. The
patient progressed readily by pressing onward with the sound limb.

THE SURGICAL SOCIETY OF IRELAND.

Friday Evening, March 3rd.

SUSPENSORY BANDAGE.

Mr. Morgan introduced to the notice of the Society a new
method of slingling or supporting the testicle in cases of varico-
ce, which has been adopted with success in many instances of specific oriches, and found itself so successful in the troublesome affection varicocele that he wished to draw the attention of the members to it. All present knew that the
method of strapping an inflamed testicle had its inconveniences; but the one he had used was simple, and not only
satisfactory in its result, which might be adopted either by the application of the suspender, or by the method
which Mr. Morgan usually adopted, of taking a strip of good fresh adhesive
about two inches wide and sixteen or eighteen inches long, and
attaching a figure of eight to hold around the testicle
with one end and then raising up the testicle and suspending
it well by attaching the plaiter to the abdomen so as to bring it
more or less to the inverted position, thus the blood current
is diminished, the weight raised off, and great relief
immediately afforded to the patient. Mr. Morgan found this to be
a most convenient and applicable treatment of inflammatory
or chronic enlargement of the testis. It is recommended not
to raise the testis too high for the first few days, but to support it moderately. After a very little practice the patient
will have no difficulty in attaining the pressure and the posi-
tion shown above. For gonorrhoea, or other inflammations of the
testicles, this method is equally applicable. The elevation of the
testis by diminishing the vascular excitement gives im-
mediate relief. It is recommended to wrap the testis round in
the first instance with lint, soaked in laudanum. This plan
is far more manageable and efficient than the usual mode of
strapping the testis with adhesive plaster. In the American
Practitioner for December, 1870, very satisfactory testimony,
indeed, is recorded of the great benefit derived from the use
of this suspender. Dr. W. T. Humphreys, Honolulu, writes:
"I am glad to report the success of the suspensory bandage,
devised by Mr. Morgan, of Dublin, a cut of which is contained
in the American Practitioner for April. I have used it in two
cases of varicocele, both of them troublesome cases, having pre-
viously used all kinds of appliances without relief. It is now
more than a month, and the subjects in the meantime have not
only suffered no pain nor inconvenience in wearing the bandage,
but have been greatly comforted by it. The patients have
learned to apply it themselves in half a minute, and say they
have derived so much relief that they are willing, if necessary,
to wear it the balance of their lives. I beg to suggest a slight
modification, but I think a decided improvement, as regards
the lead wire of the bandage. In Mr. Morgan’s bandage the end of the wire simply meets; I have found that in lengthen-
ing the wire so that the ends may lap somewhat, that the sero-
tum is prevented from iniminating itself between the ends of
the wire, and becoming pinched; I think, further, that this
gives better support to the testicle. I have examined the cases
frequently, and from all appearances they give great encour-
agement that the suspensory will not only give temporary re-
lief, but in the course of a few months effect a radical cure."

The method applied is intended to combine—1st. The sup-
porting of the testicle and so releasing the dragging sensation
and mechanical inconvenience caused by the weight and re-
laxation of the parts. 2nd. The equal base of the veins
as in the use of the elastic stocking. 3rd. The emptying of
the venous influx by elevation of the testicle and the folding of the
spermatic veins more or less on themselves. The accom-
plying illustration shows the position of the testicle when the
supporter is attached; its mode of support is simple, and can
be regulated by the patient’s self to suit his sensations. The
suspender is made of silk web, and is of a triangular shape,
the apex, or upper part of the triangular being furnished with
a flexible wire of lead and copper, and the edges with hooks
for lacing, as in an ordinary shooting boot. The application
is made as follows, and the most suitable time is before getting
out of bed in the morning, when the parts are relaxed; The
testicle is well drawn down, and the piece of web with the base
downwards, is laid underneath it; a little piece of lint or cotton
wadding is laid over the front of the cord leading to the testis,
and the wire is well lapped around so as to grasp the enlarged
reins. The suspender is now to be laced up the front, be-
ginning at the top, or narrow end. Using an elastic lace, the
patient draws this as tightly as his sensations will allow. A
light belt is worn around the waist, and the tapes which are
sewed diagonally along the web are now to be raised and
fastened to the belt, thus taking the weight from the already
relaxed parts.
Mr. Stapleton said that if the testicle were kept down it was against Nature. There was a natural pouch for it in the groin, which was the proper place to put it, instead of keeping it down with bandages. Did Mr. Morgan mean to say that if the veins became thickened, as in a varicose condition, they could not be restored to their normal condition? If not, there could be no radical cure of the disease. Elastic stockings, they knew, gave great relief, and prevented the disease becoming worse; but when the veins are thickened and distended, they could not be restored to their normal condition.

Mr. Fleming wished to know the age of the individual, and the duration of the disease?

Mr. Richardson asked whether Mr. Morgan thought the pressure of the apparatus would have any influence in increasing the tendency to atrophy of the testicle so common in this affection?

Mr. Crolly said it appeared to him that the great advantage of Mr. Morgan's apparatus was that it placed the testicle in such a position that it lessened the dragging weight on the veins, and therefore appeared to him to be a step in the right direction in the treatment of varicocele.

Mr. Morgan said the position of the testicles was the important point. What he proposed to do by this apparatus was to turn the testes upside-down, thereby taking away the pressure on them, and preventing the testicle from hanging only by the chord. He wanted to combine elastic stocking for the testes, with an interruption of circulation in the veins. As to pressure on the testes, it was not intended to make any pressure. The apparatus, of course, would not fit every varicocele, and must be suited to each particular case, which, however, could be easily done.

The patient was aged twenty-two, and had the disease from puberty. He was now much relieved from the use of the apparatus.

The NEW STARCH-BANDAGE CUTTER.

Mr. Rich had exhibited a new instrument for cutting starch bandages, which he believed to have been in use in London. The instrument has many advantages over Sutin's adhesors.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

At the meeting of the Council, on the 21st ult., for the consideration of the Draft-scheme for a Conjoint Examining Board, the Council formed themselves into a Committee of the whole House when Mr. Charles Hawkins moved, Mr. H. Lee seconded, and it was resolved, that the present Committee affirms anew, and purposes that the Conjoint Board Committee should, as far as practicable, bring to a conclusion the resolution of the Council of October 7th, 1859, viz: "That the present Board of the Royal College of Surgeons of England, is of opinion, that there ought to be instituted a single Examining Board for each division of the United Kingdom, before which every person who desires a licence to practise should appear, and by which his knowledge should be examined, and that a diploma from either of such Examining Boards should entitle the holder to practise medicine, surgery, and midwifery in any part of Her Majesty's dominions."

It was moved by Mr. Curling, seconded by Mr. Busk, "That a Conjoint Examining Board be formed for this division of the United Kingdom, for the purpose of being registered under any of the qualifications granted by the English licensing bodies, as mentioned in Schedule A to the Medical Act of 1858, be required to appear before that Board, and be examined on the subjects of professional education; and that full liberty be given to the said examiners to choose such testicles as they think proper their honorary distinctions and degrees."

It was moved as an amendment by Mr. Humphry, seconded by Mr. Busk, "That it is desirable that an Examining Board should be formed by such licensing bodies as may consent to take part in it, being understood that each co-operating body shall retain the exercise of its previous separate privilege of giving admission to the Medical Register." On reading Resolution 2 of the Draft-scheme, it was moved by Mr. Simon, seconded by Mr. Lee, "That the consideration of clauses II., III., IV., and V. of the Scheme be deferred till the Conference shall have had an opportunity of revising them in the course of the resolutions which the Committee that day passed." Amendment moved by Dr. Humphry, seconded by Mr. Hancock, and carried, "That the Committee assents to Resolution 2 of the Draft-scheme, provided each of the licensing bodies therein mentioned take part in the constitution of the Board of Examiners."

It was then moved by Dr. Humphry, seconded by Mr. Simon, and resolved, "That it is desirable, in the opinion of the Committee, that the Examiners should be a graduate in medicine or surgery of a British University holding the highest degree in medicine or surgery of his University, or a Fellow or Member of one of the Royal Colleges of Physicians, or Fellow of one of the Royal Colleges of Surgeons of Scotland, England, or Ireland, or that he shall be, or shall have been, a recognised teacher on the subject in which he is appointed to examine."

The other resolutions in the Draft-scheme were deferred for future consideration.

The Medical Society of the King and Queen's College of Physicians in Ireland met on Wednesday evening last, the chair being occupied by Dr. Stokes.

Sir Dominic Corrigan, Bart., M.P., read a communication on death registration.

The author said that his object in bringing the matter under the notice of the Society was in order that it might be dealt with in forthcoming sanitary legislation. The certificate which, under the Irish Act, the medical practitioner was expected to sign, was worked in such a way that he thought false cases could occur in which he should feel himself warranted in filling it up in the terms in which he wasCouched. He decided that when the occasion arose he would explain to the responsible authorities that he could not comply with the terms of the Act.

The law on this subject varied in the three divisions of the kingdom. In England, the furnishing of the certificate was quite optional; in Scotland, a penalty of 40s. was imposed for non-compliance; and, in Ireland, the omission was subject to punishment as a misdemeanour. He (Sir Dominic Corrigan) had, nevertheless, not felt himself justified in signing such certificate. He resolved to him that to the day of death, the cause, and the duration; and on each of these points it was impossible that he could of his own knowledge do evil. In most cases the medical man had no actual knowledge of the fact of death; the duration of the disease must necessarily be a matter of hearsay, and the cause is in very many cases almost impossible accurately to define.

Sir Dominic Corrigan quoted two cases to illustrate the danger which might arise from the hasty and careless giving of such certificates. In one case he had called the attention of the coroner, to whom he had left in a critical condition the previous night. He was informed by the person who opened the door that he need not go up-stairs as the patient was dead. Nevertheless, he did proceed, and found the patient sitting up in bed regaling some business affairs. In the second case he learned that the payment of a heavy renewal premium on an insurance policy was expected to front full due, and the greatest anxiety was evinced that the demise of the patient should take place before the days of grace expired. In fact, a race was run between death and the insurer, it was easy to see how much injury might be done, and how fraud might be facilitated by an incalculable certificate from the medical attendant.

Dr. Lancaster, the coroner for Middlesex, had said that he was aware of certificates being signed by persons who had not even seen the body. It was easy to see how much injury might be done, and how fraud might be facilitated by an incalculable certificate from the medical attendant.

On the proposal to introduce a uniform form of certificate in the United Kingdom, Mr. B. Smee, M.D., pointed out that his advantage of the scheme would be greatly increased in the event of some being adopted which would facilitate the exhibition of the death, and that the examination of the corpse should be carried on by two practitioners, and that the certificate should be signed by the coroner, that of the patients should be signed by the medical practitioner, and that the certificate should be signed by the coroner, and that of the patient should be signed by the medical practitioner, and that the certificate should be signed by the coroner, and that of the patient should be signed by the medical practitioner.

According to the old law, the death of the person was certified "suo visum corpus;" and in France, a special officer was entrusted with the duty, who, on coming from the morgues, attested, and having learned any particulars which they could communicate, obtained the certificate from the medical practitioner.

The result of the existing law was that in England, where the giving of the certificate was optional, the records were quite unworthy of trust; in Scotland the penalty of 40s. had no effect, as it was not possible to enforce it. Dr. Christie stated that one quarter of the mortality returns of Scotland were useless; and Dr. Walker said they were "not worth the paper they were written on." His advice to the members of the Profession under the circumstances was, that they should abstain from signing the certificate as at present framed.
Dr. Stokes coincided with Sir Dominic Corrigan in his condemnation of the system, which he considered was degrading to the Profession.

Dr. Agnus Smith reminded the Society that the subject had been under the consideration of the College in the year 1864. He instanced as showing the unsatisfactory nature of the returns that one person was represented as having died of "chronic apoplexy of eleven years duration."

Dr. Henry Kennedy thought that Sir Dominic Corrigan attached too much importance to the matter. Medical practitioners were not called upon to certify of their own knowledge, but to the best of their belief, and, in most cases, the duty was done by the nurse or wife, or some person present at the death.

The Reverend Professor Haughton agreed with Sir Dominic Corrigan, and remarked that the post mornem examination frequently contradicts the previous diagnosis, and it may reasonably be assumed that in many cases the disease were quite inaccurately designated. In Vienna the diagnosis before and after death were entrusted to different persons, and it was usual to confront the surgeon with the report from the dead-house, and leave him to explain the discrepancy.

The Medical Press and Circular.

"SALUS POPULI SUPrema LEX."

WEDNESDAY, APRIL 5, 1871.

THE SANITARY WANTS OF THE PEOPLE—I.

Recent events have encouraged many essayists to write their reflections upon the subject of the advance of civilization, but the most fertile field for enquiry therein has hardly been explored. The country is lavishing its expenditure upon parliamentary blue-books, but these compilations, which remain for all time, are not the record of progress, but the continuous history of our inaction and apathy, and they testify that whilst the population is increasing in a rapidity equal to geometrical progression, we are allowing conditions to exist among us which tend to brutalize the people. If laws, universal in their operation and comprehensive in their scope, having for their basis the prevention of harm to the mass, and as their outline the revelations of the blue books, were enacted, in the place of the permissive patchwork of legislation which arises out of our parsimonious tentative method, we should soon find our country happier, our fields more productive, and our poor richer than they are now; and local authorities, to whom are entrusted the study and care of the people's wants, instead of losing sight, amid controversies and discussions of the objects at which they ought to aim, would be obliged to carry into operation some well devised hygienic system for the general good. It was long ago ascertained, and it is among the axioms which have relation to civilized life that, wherever human beings reside, they cannot possibly be healthy, and cannot escape recurrent pestilential disease, unless the area they inhabit be made subject to such arrangements as shall keep it free from excremental materials. The manner in which we have applied our knowledge may be estimated from an examination of those portions of the last report of the Medical Officer of the Privy Council which have hitherto been almost overlooked, but which deserve serious attention. It appears that, under the auspices of the Privy Council, an enquiry was made in the year 1869, as to the modes in which excrementitious matters were disposed of or removed from fifteen of the northern towns; the result of which enquiry was, that in four towns, where accurate figures were obtained,—viz., Manchester, Salford, Liverpool, and Rochdale, 64,139 houses were found to be entirely without any kind of accommodation or appliance for the disposal or removal of excreta. The figures quoted represent 33 per cent. of the whole number of houses in these towns, and if taken as an average of the whole country, they show a proportion less than that which actually exists. The report, however, to which we have alluded, reveals very much more, for it shows as facts the "willful," though inconsiderate and therefore, "bestial!" contamination of water supply, in one instance, at all events, when the water had afterwards to be used for drinking and other purposes by the man himself as well as his family.

In the town of Leeds, one of those inspected, there are 20,000 middens. These "are not cleaned out upon any systematic system," but only "when nearly full."

In Halifax, the very construction of some of the middens "helps the contamination of ground," and in Hull, the depots for night soil and ashes are "too near to inhabited houses, their ground is unprepared, they have no shedding, and altogether are not laid out as they should be."

In Birmingham, except in the better class of houses, the whole excrement disposal is on the midden system, and it is common to find "huge wet faecal middens uncovered, unbrained, unmopped," some of them as deep and big as the foundations of an ordinary cottage; though the nuisance-inspectors indeed think that these places serve their purpose better by being left open. Many of these middens are underneath workshops, where "work is done amid stench all the year round, and among swarms of flies in the summer." Were it not that these horrible disclosures are put before us under the serious and sombre covers of a blue-book, we might have been inclined to regard them as the sensational colouring, given to his report, by a young health officer endeavouring to earn his spurs.

One of the most striking cases noted is, that of the town of Edinburgh, it is, perhaps, the worst reported upon, and is especially interesting from the fact that, although the Scotch have never held a very high character for cleanliness, as the story of Mrs. McClarty wonderfully exemplifies, yet, Scotland has lately been vaunted as vastly in advance of England in social affairs. Almost
all the large tenements in which the poorer population of Edinburgh live, are entirely without any sanitary convenience; and, in some instances, where attempts to supply the want had been made, it was found necessary to remove the contrivance which had been erected, from the circumstance that it so soon became befouled, that it was impracticable to leave it standing. The new state was, therefore, worse than the old, and to that the people returned. So that, now, for the most part, the poorer members of the community deposit their excrement, ashes, and house refuse of all sorts, in pits, and keep these actually within their living rooms, or as an only alternative, in some adjoining recess or passage, until the time comes for the daily removal of the pits into the streets in expectation of the scavenger's visit. A more barbarous, not to say disgusting procedure, can hardly be imagined, but the logic of fact is inexorable.

**SCOTLAND.**

**EDINBURGH.**

In compliance with the recommendation of Sir Roderick Murchison, the Queen has been pleased to appoint Mr. Archibald Geikie, Professor of Geology in the University of Edinburgh. Mr. Geikie was inducted at a recent meeting of the Senate.

The Medical Scholarship for Women studying in Edinburgh, offered for competition by Mrs. Garrett-Anderson and two other ladies, to be awarded according to the results of the preliminary examination in arts in the University, has been gained by Miss Ann Barker, daughter of Dr. Edmund Barker, of Aldershot.

The Winter Session at the University of Edinburgh closed on Friday last.

**UNIVERSITY OF ST. ANDREWS.**

The University Council of St. Andrew's met on Thursday last, Principal Sharp in the chair, when a discussion arose in regard to the re-establishment of the B.A. degree; the subject was ultimately remitted to the Senators for consideration, and to report. On the subject of entrance examinations to the University, Rev. Mr. Chalmers read the report of the committee appointed at last meeting. This report, which contained several suggestions as to a system of examinations, was adopted, and the committee were empowered to communicate with other universities on the subject. Certain proposals were brought forward in reference to the alteration of the constitution of the University Court; the subject was remitted to the committee, with the view of bringing up a more complete report after the proposals of committees for the other three universities were specifically before them.

**Notes on Current Topics.**

City of London Hospital for Diseases of the Chest, Victoria Park.

The Twenty-third Anniversary Festival of this Institution was held on March 29th, at the London Tavern, John D. Allcroft, Esq., Vice-President, in the chair, supported by Messrs. Tucker, Williams, Norbury, Sewell, and others. It appears from the Report that, during the past year 772 patients were treated in the hospital, and of these 713 more or less relieved, while 59 died. The out-patients for the year numbered 13,128, the average weekly attendance being 1,077. The new wing, now almost completed, will increase the number of beds in the hospital from 190 to 160. To meet the balance yet due to the contractor for this wing—£4,647—as well as to pay the current expenses for the year—£7,757 3s. 6d.—the sum of £12,404 2s. 6d. is required. As much as £8,437 4s. 4d. of this sum yet remained to be obtained, and for this the chairman made a most eloquent appeal, which was most generously responded to, and resulted in the attainment of subscriptions and donations to the amount of over £5,000. The chairman, in the course of a telling speech, alluded specially to the work done by the assistant-physicians among the out-patients. It seems that these officers attend twice in the week, commencing work at two o'clock, and often not finishing before six or seven in the evening. The toast of the Medical Officers, proposed by the Rev. W. Jowitt, was received with the warmest enthusiasm, and responded to by Dr. Birkett, the rest of the staff present being represented by Drs. Peacock, Bennett, Ward, Shepherd, Nunnley, Thorowgood, and Eastace Smith.

**Fatal Effects of Circumcision.**

An American exchange says that two fatal results from circumcision having recently occurred, a number of Jewish Medical writers record their hostility to the operation, and think it time for its entire abolishment. On the other hand, an equal number of writers within the pale of Christian churches are calling attention to its salutary influence, and proposing its adoption by others than Israelites. It would be a singular spectacle if the Jews should relinquish this practice, and Christians adopt it.

**Quinine in Croup.**

**PROFESSOR EASTMAN,** in the Buffalo Medical and Surgical Journal for January, recommends the anti-periodic treatment of recurring croup with quinia, exhibited precisely as in intermittent fever. He affirms, "with a confidence resulting from twenty years' uniform trial of this course, that the medicine is quite as reliable in the one case as the other."

**Rarity of Gunshot Wounds of the Heart.**

**The New York Medical Record** says, that of 87,822 wounded in the American war, among which are 7,062 gunshot wounds of the thoracic walls, and 2,303 penetrating wounds of the chest—there were only recorded 4 cases of gunshot wounds of the heart.

**Tonic Action of Antimony and Calomel.**

"Antimony impoverishes the blood." "Mercury impoverishes the blood." Such, says the Pacific Med. and Surg. Journ., is the every-day talk of many practitioners, who are led by this generalization to overlook the possible action of small doses, which may produce effects exactly opposite to larger doses. Thus antimonial and mercurial preparations—particularly the latter—when used in minute quantities, will often so impress the organs of digestion and assimilation as to produce all the effects of veritable tonics. In the Boston City Hospital Reports, Dr. Borland refers to this matter in connection with the treatment of...
pneumonia, and cites Headland and Billin in support of the tonic power of the agents mentioned. "The capillary blood-vessels," it is maintained, "being distended in normal inflammation by the stasis of their contained blood, are reduced in size by the action of antimony on the vaso-motor nerves, the blood is propelled onward, exudation is checket, and heat, pain, redness, and swelling go away. In brief, the inflammation is summarily put to an end to, and that, not by any weakening of the nerves of the capillaries, but by ending them with more life. Any substance which does this must be described as an instrument of tone and power." Dr. Borland adds, in reference to pneumonia in the City Hospital: "Our cases treated in this way have been very satisfactory. No nausea or depressing effects of any kind have been observed, but the medicine has acted like a true tonic."

Editorial Determination.

Strange things sometimes come to us from the Far West. Readers may be interested in the following, which shows what determination to succeed at least an editor in America possesses. The Galveston Med. Journ. of February contains this:—

"We expect to travel over the entire State next summer, and collect all dues. We will take our instruments with us, and will operate on all cases physicians will bring us. We will be in Austin the first week in March, and shall be pleased to see all our friends. We will take with us a supply of medical books and instruments, and will fill all orders for those outside of our list. We do this as much for the good of our profession as for pecuniary good, as we sell all these at publishers' and manufacturers' prices. We wish all, old and new friends, a happy new year—pleonty of money and plenty of friends. Texas has been peculiarly blessed this year with health and fine crops, and plenty of sickness for the physician, without any climatic disease."

Death from Inhalation of Ether.

Some of our America friends seem to think ether perfectly safe. We beg to remind them of a case of directly fatal result from ether inhalation which occurred in Boston. A man who had received a bullet-wound in the knee, and who was etherized for the purpose of amputation, suddenly ceased to breathe during the operation. In nearly every instance of death hitherto imputed to ether, hours, if not days, have elapsed before the fatal result. The present case is more like cases of death from chloroform. The particulars were related in the Boston Med. and Surg. Journ., of December 8, 1870, but many American editors seem to have quite forgotten it.

Whom to Consult?

We have received some additional repudiations of the "Invalid's Guide." In making them, some of our Correspondents have expressed the opinion that it was unnecessary to suppose honourable men had any connection with a quack publication. These gentlemen should really thank us, as, indeed, many have done, for the opportunity we have given them of silencing insinuations for which we knew there was not the shadow of foundation.

Several Correspondents, referring to the subject, consider that the thanks of the Profession are due to us for exposing what is unquestionably an attempt to foister upon the public one or two names of somewhat doubtful reputation, by placing them in good company. We said before, what we now repeat, that there should be no doubt existing on this matter.

The publication of the names alone was sufficient to show the Profession how many first-class men had had their names improperly used. It is only for the sake of the fair fame of such men, and on account of the pressure put upon us by honourable professional correspondents, we felt obliged to give up some of our space to this subject. Sir James Alderson, Sir William Ferguson, Sir Ranald Martin, Dr. Morell Mackenzie, and Dr. Ridge, have added their disclaimers to those we have already published.

Poor-law Midwifery and Boards of Guardians.

Whenever we look over the country papers we are almost sure to find something or other that, in our opinion, is not very creditable to some board of guardians or other. One tries to snub the doctors; another grinds their salary or their extras; and, altogether, the office of Poor-law doctor is no enviable one. At Worcester, according to the local press, some of the guardians want to have midwives in the place of doctors—of course to get the midwifery done cheaper. If we are not mistaken, at this same place the plan has been tried, and resulted in a general outcry against it. Why do not the guardians ask their own wives how they would like to be handed over in their time of trouble to ignorant midwives?

At a meeting of the Worcester Board of Guardians a certain Mr. Longmore presided, when a discussion took place on the subject of midwifery cases, and the medical orders for attending them. We are told by the Worcester newspapers that several members of the Board thought these cases were on the increase, and that it would be less expensive to resort to the former system of employing midwives to attend the confines of out-patients, and to give them the privilege of calling in the Union Medical Officers in difficult cases. Under the present system the doctors received $5. per case.

Mr. Minchall said the medical officer had a pecuniary interest in cases whilst relieving officers had not. With reference to the system of giving orders for medical attendance in cases of midwifery, the Finance Committee had already reported in favour of reverting to the practice of employing midwives; and if the old system were again adopted, there would be a sufficient guarantee that the services of medical men would be called in when they were required.

Mr. Williams advocated the desirability of establishing a dispensary in connection with the union, which, he contended, would effect a material saving to the union, and prove a great boon to the poor, who would get better drugs.

The Chairman said the doctors would be much obliged to them for establishing a dispensary, but it would put the union to an additional expense of £100 or £150 a year.

The Clerk intimated that the medical officers did not find the drugs that were used; they were supplied by chemists at the expense of the union.

Mr. Williams said he should like to be informed whether the cost of re-vaccination, as proposed, would put the Union to much expense, as it was feared by the ratepayers it would do.

Have we not rightly said that the Boards of Guardians consider themselves more guardians of the rates than of the poor?

It is likely enough some of the guardians may have been
changed recently, still they cannot but know what occurred such a little while ago. Let it should, we will here relate that at a meeting of the Poor-law Medical Officers Association, held in London, June 24th, 1868, when the late W. J. Clement, Esq., M.P., occupied the chair—

Dr. Woodward, of the Worcester Union, stated that with regard to the system of midwives, the following are a few cases selected from many which illustrate the incompetence of those who are entrusted, without any restriction, with the health and lives of women at their hour of trial.

Case 1.—Summoned after an interval of more than four hours after birth; umbilical cord had been pulled off close to the placenta which was retained in the uterus and almost wholly adherent. Removed with the greatest difficulty.

Case 2.—Flooding had been going on to a considerable extent two whole days before assistance was sought.

After returning from this case was sent for in an hour's time to

Case 3.—Arm presentation. Liquor amnii had been discharged thirty-six hours, since which the treatment of the midwife had consisted in pushing back the arm into the vagina. Patient thoroughly exhausted. Gave brandy ad lib.; and turned without any difficulty. Patient never rallied, and died within twenty-four hours.

Case 4 illustrates a novel treatment for retained placenta. Child born at 8 a.m.; at 11 a.m. patient was made to sit on a chamber stool filled with hot water. A dose of castor oil with brandy at bed time completed the treatment. Next morning patient seriously ill.


Case 6.—Reported as having been in strong labour and subject to constant fits for two or three days. Applied forceps but could not extract, and obliged to perforate.

Case 7.—Patient dosed with ergot throughout the night. In the morning, on arrival, found uterus undilated. Labour not over for best part of a week.

I might multiply cases ad infinitum. I can call to mind numbers of them, especially where extensive floodings have taken place, without any medical aid at all being sought—the permanent damage to the constitution being completed by a strict adherence to the tea and gruel starvation diet. In the district to which I am medical officer, containing a population of 11,000, it is very rare that my aid is ever sought; the notes of my cases extending over an experience of many years. The midwives are paid 4s. per head, and they show every desire to get the cases over in any manner without medical assistance.

I will only add that the system as at present adopted is a scandal and a disgrace to a country which calls itself Christian and civilised, and should be at once either greatly improved or altogether put a stop to.

But why do we print all this just now? Because we see in the Worcester Herald that a Mr. Minchall will tomorrow move a resolution rescinding that of November, 1868, dispensing with midwives. It is not likely the Board will be troubled by our remarks, but we are not going to lose the opportunity of giving them a warning.

After the exposures and comments we have already made, in which we have been supported by our medical contemporaries, we do not like to picture to ourselves a board of guardians of the poor so wanting in the common feeling of humanity as to wish to revert to a system fraught with such unnecessary suffering and permanent ill health of the poor. They should either be provided with decent attendance, or left to secure it for themselves.

We have the satisfaction of knowing that there is a central authority to which appeal must be first of all made, before the change can take place, and which is beginning to awake to a sense of its responsibility.

The medical officers are the only men who see the evils of an imperfect system, and understand the misery produced by bad practice. Why is not their advice followed?

We are pleased to hear that Dr. Paget is improving.

INQUESTS have been held on the remains of two surgeons who have died from an overdose of chloral.

HERR SCHIFF announces that he has procured artificial concine, the active alkaloid of the conium.

THE Social Science Association has discussed the Sanitary Report, and its deficiencies were freely criticised.

It is said Professor Parkes will be appointed a Fellow of the London University.

PROFESSOR FLOWER has concluded his course at the Royal College of Surgeons of England.

MR. CONDY BURROWS will take charge of the Field Hospitals at the Easter Monday Volunteer Review at Brighton.

There were 108 candidates for the M.R.C.S. Eng. at the examinations last Saturday. A like number are to be examined on Saturday next.

Dr. Klein, of Vienna, assistant to Stricker, is to be invited to the new Laboratory of the Brown Trust, in connection with the London University.

One of the first acts of the self-elected Commune in Paris was to depose the existing president and professors of the Faculty of Medicine.

TWO deaths from chloroform, hitherto unpublished, are reported in the Cincinnati Leader and Observer for January.

Oil of peppermint has lately been recommended as a local application for the relief of neuralgic and rheumatic pain. It may be applied with a hair-pencil.

During the prevalence of yellow fever at Mobile last autumn, four physicians died at their posts of duty: T. J. Burke, Wm. Toxey, D. H. Herndon, and I. W. Anderson.

A German medical journal praises a work on "Progressive Atrophy of Muscle," by Miss Frances Elizabeth Morgan, M.D., of the University of Zurich.

The prospects of Medical Reform seem as dull as we have predicted. Neither of the Bills introduced seems to have the least chance. The amalgamation scheme is also in danger.
All the courses of lectures at the Royal College of Physicians are now over. Those of Professor Parkes excited much attention.

Mr. Weaver Jones has had six consecutive cases of puerperal convulsions—all successfully treated by venesection. Dr. Phillips has found chloroform very successful, and in Guy's Hospital Reports gives a paper on the subject.

One hundred and fifty pounds of opium, the produce of Australia, was sold in the Victoria market last year. It was of good quality, having eight to ten per cent. of morphin. The yield was from fifty to eighty-four pounds per acre.

Dr. Squarey has been recommended by a committee for the post of Assistant Obstetric Physician to University College Hospital. This is not equivalent to election, as the authorities have a way of managing these things that "no fellow can understand."

In the House of Commons, on Friday night, Mr. Barclay was informed by Mr. Grant Duff, in reply to a question as to "The Annuity Branch of the Madras Medical Fund," that no decision had been arrived at by the Government as to what was to be done in regard to this fund.

Wonders will never cease. The Lancet has inserted a communication giving an account of the proceedings of the "bone-setter," Mr. Hutton, who once did a considerable practice in London; and the Association Journal has admitted a letter in favour of female medicals, arguing that the ladies can assume as well as gentlemen the truly scientific frame of mind in which delicacy or indelicacy has no place.

The last number of the Milk Journal adds a further item to its list of milk delinquencies. It says:—This month we have to chronicle a much higher proportion of "deteriorated milks" than last month, our numbers being——five genuine, thirty-eight deteriorated, and about eight doubtful, which latter do not figure on our published lists.

In 100 specimens of milk we have therefore:

76 Deteriorated.
10 Genuine.
14 Doubtful.
100

The increased "blackness" of the list depends partly on our having visited Brixton, from which we have derived many bad, and only one genuine milk.

The Secretary for Foreign Affairs has received a dispatch from Consul at Malaga, reporting that, in consequence of the prevalence of small-pox in London, vessels arriving at Malaga from any port in the United Kingdom with clean bills of health, are being dismissed to Almeria or Cadiz for performance of a quarantine of three days, and that ships which may have had cases of disease on board, are to be sent to one of the four lazarets of Vigo or Porto Mahon. A notice of the Portuguese Government declaring the Port of Bahia suspected of yellow fever, and the port of Rio de Janeiro free from the same disorder since the 27th of December last.

The Liverpool Health Committee has received from the borough medical officer the unwelcome intelligence that small-pox, from which the town has of late suffered so fearfully, is extending its ravages even among the better classes of inhabitants. The insufficiency of the means for gratuitous vaccination under the existing Poor-law medical system was discussed by the Committee. It appears that while formerly vaccination might be performed by every parish medical officer, since the alteration in the medical system there were but three gratuitous vaccination stations for the whole of Liverpool. The hours of attendance at them and the divisions into medical districts were complained of as inconvenient; the committee resolved upon co-operation with the Boards of Guardians, in order to bring about such changes as were held to be desirable. At the meeting, Dr. Trench, the medical officer, said that at a critical time like the present he considered it nothing short of criminal to use lymph from a re-vaccinated person. It was very rare that true pox could be produced by it; to be effective vaccination must be performed with lymph taken from a primary case.

The English correspondent of the Australian Medical Gazette very candidly gives, in its last issue, expression to his opinion on the Newcastle Meeting of the British Medical Association. He says:

"I may however venture to state the impression which I strongly felt all through that time, that such a large and important assemblage of medical men, many of them of the highest science, should be spared the necessity of listening, day after day, to papers on minor details of practice, on modifications in the shape of this or that instrument, on namby pamby notions about the treatment of piles, or other such weak-minded hobbies, which should find their proper location at the ordinary discussions of local medical societies.

"During the four days of my attendance I found myself much perplexed by the immense amount of sectional work thus provided, and by the exceedingly awkward complication that the various sections, medicine, surgery, physiology, midwifery, &c., were held, not in different chambers in one building, but scattered in several houses in various parts of the town; and under this dispensation it resulted that each man followed the bent of his inclination, and chose the particular section he loved best. The meeting thus resolving itself into a series of special assemblies, with only the bond of union which a déjeuner, or a breakfast or a dinner, excursion or conversation supplied, or an occasional general lecture.

"I cannot help saying that the midwifery section, which claimed most of my attention, was but poorly furnished with material for the attention and discussion of the members, and indeed was but scantily attended by them. Very few of the great obstetricians of the day honoured this section with their presence."
In the Dublin Registration District the births registered during the week ending March 25th, amounted to 230. The average number in the corresponding week of the years 1864 to 1870 inclusive, was 177. The deaths registered during the week were 188. The average number in the corresponding week of the previous seven years was 183. A girl, sixteen years of age, died in the Cork Street Fever Hospital on the 11th of March from small-pox; in the return it is stated that there was "no mark of vaccination." Six persons died from fever, viz.—1 from typhus, 4 from typhoid or enteric, and one from simple continued fever. Nine deaths resulted from scarlet fever. Erysipelas caused four deaths. Four deaths were caused by whooping-cough, 2 by whooping-cough, and 1 by diphtheria. Fourteen deaths were ascribed to convulsions. Twenty-seven deaths were caused by bronchitis, and 9 by pneumonia or inflammation of the lungs. Apoplexy and paralysis caused 2 deaths each. Heart disease proved fatal in 5 instances, and aneurism in 2. Liver disease killed 6 persons. Nephritis or Bright's disease killed 5 persons, and kidney disease, unspecified, 1. Eighteen persons fell victims to phthisis or pulmonary consumption, 2 each to mesenteric disease, and water on the brain, and 1 to scrofula. The assigned cause of death in 3 instances was delirium tremens; and in a fourth "the result of intemperance." Three accidental deaths were registered during the week, viz.—a Sawyer, aged 25 years, who was "suffocated by fire while intoxicated;" a child, aged 2 years, accidentally burnt in his bed, and a male, aged 21 years, who was "found drowned." Inquests. An infant, newly born, was round in Ringend Busin: verdict of coroner's jury—"Suffocation—mouth stuffed with cotton waste—homicidal."

Summary of Science.

(Prepared specially for the Medical Press and Circular.)

BY CHAS. R. C. TICHBORNE, F.C.S., M.R.I.A., &c.,
Corresponding and Hon. Member of the Philadelphia and Chicago Colleges of Pharmacy. Chemist to the Apothecaries' Hall of Ireland, &c.

DR. A. W. HOFMANN'S RESEARCHES UPON THE AROMATIC CYANATES.

**PHENYLIC CYANATE.**

The author prepares this substance by heating anhydrous phosphoric acid with phenylurethane, the liquid which distills over on recrystallisation, yields the cyanate quite pure. It has a pungent odour, and attacks the eyes strongly. It boils at 165° C., and the specific gravity is 1.002. There is a curious reaction recorded between this body and triphosphine. If a glass rod, moistened with the phosphorus base, be dipped into a considerable quantity of phenyllic cyanate, in a few moments it becomes very hot, and the whole solidifies to a mass of beautiful crystals. The principal product of this reaction seems to be a body not very soluble in water, from which it crystallises, on cooling, in fine prisms, which may be regarded as phenyllic cyanurate.

**TOLYLIC CYANATE.**

is formed in a similar manner, that is to say, acting by phosphoric anhydride upon tolylurethane. Tolylic cyanate is colourless, liquid, boiling at 185°, of high refractive power, and an odour exciting a copious flow of tears.

**XYLYLIC CYANATE.**

The reaction with xylidine is somewhat more sluggish than aniline and toluidine;—it is a highly refractive liquid of feeble odour, and attacking the eyes slightly. The boiling point is about 200° C.

**NAPHTHYLIC CYANATE.**

This curious substance is also formed in the same manner. It is a colourless, not very mobile fluid, whose boiling point is about 260° to 270°. Its vapour has the pungent odour, peculiar to the cyanates, but at the ordinary temperature, the naphthyl cyanate is almost odourless. Triethylphosphine causes this cyanate to solidify almost instantaneously, and the facility with which these reactions take place with the naphthalic compound is remarkable. There seems to be no doubt, Prof. Hofmann says, about the nature of this compound.

**DETECTION OF ARSENIC IN BONES, ETC.**

Dr. F. Sonnenschein gives a method by which arsenic may be detected in small quantities, say for instance, as might be found in the bones of a human skeleton, or in the soil of cemeteries. The bones are placed in a glass tube, one end of which is sealed up. Pure hydrochloric acid is poured upon the bones, so that one-third of the tube is left empty. The tube is then gently heated until the carbonic acid is driven off, and then the open end of the tube is sealed up, it is then heated in a water bath to 100° C. for several days, or until the contents are converted into a gellatinous mass—by this method the volatilisation of the arsenic in the form of chloride is prevented. The tube is then opened, and chlorate of potash added to destroy the cyanic matter, and arsenic is tested for, and is detected in the usual manner.

**LECTURE EXPERIMENTS.**

Amongst many others lately published by Professor Hofmann, the following two possess more than ordinary interest.

Sulphurated, seleniurated, and phosphorusurated hydrogen, are each inflammable, if brought into contact with fuming nitric acid. With the last named gas a rather dangerous detonation takes place, when some warm drops of the acid are poured into a full cylinder.

Hydriodic acid, when brought in contact with the acid, makes a beautiful expanse of violet. If a few cubic centimetres of warm acid are poured into rather a large cylinder of hydriodic acid gas, immediately a great red flame bursts forth, which is enveloped in a violet cloud of iodine vapours. At the same time the inside of the cylinder is coated with a network of steel—grey crystals of iodine.

**FLUID CYANOGEN.**

Dr. Hofmann in the same paper upon "Lecture Experiments" points out that cyanoogen is one of the gases most easily liquified. At 20° Centigrade four atmospheric pressures are requisite, and at 0° only 1/12 atmosphere. At 212° the cyanoogen is fluid at the usual atmospheric pressure; and in the neighbourhood of the point of solidification of mercury it is solid. This gas is, in fact, as easily, or more easily, solidified than a sulphurous acid.

A large quantity of cyanoogen can be condensed in strong glass tubes. If provided with stop-cocks it is even not necessary to use a glass one, it being sufficient to connect a brass cock in the ordinary manner to a glass tube of some considerable strength.

**ADULTERATION OF ESSENTIAL OIL OF BITTER ALMONDS AND OIL OF CLOVES.**

F. A. Fischer gives the following tests:—Oil of bitter almonds is sometimes adulterated with nitro-benzole, or the hydrochloride of nitro-benzole. The author adopts the sulphuric acid, sp. gr. 1.11, to granulated zinc, and then adds the suspected oil; after frequent stirring for two hours it is poured upon a filter; if the oil contained the nitro-benzole the filtrate will now hold in solution a salt of aniline. If a solution of chlorate of potash be now added to this solution, after some time, a beautiful rose colour will be developed.

The author says that oil of cloves is adulterated with carabolic acid, which may be detected in the following manner. A small quantity of the oil to be tested is shaken with hot water for some considerable time. The water on cooling is separated, and the other is boiled with the aqueous solution, which now contains the carabolic acid if that substance has been used. If such was the case the liquid gradually assumes a beautiful blue colour.
ON THE ESTIMATION OF MORPHINE.

This rather important point has been recently investigated by Professor Proctor, jun., and, in a communication read before the American Pharmaceutical Association, he analyzed a large number of samples of opium. When the figures given in the "British Pharmacopoeia" for the estimation of morphine, a concise description of the process is given here. A solution of 100 grains of opium, obtained by maceration in cold water, is evaporated to about half an ounce, and mixed with an equal bulk of alcohol, and filtered. Fifty minims of a solution of ammonia are then mixed with two fluid drachmas of alcohol; one-half of this is added to the alcoholic solution of opium, and allowed to stand six hours, when the remainder is mixed and allowed to stand twenty-four hours. The crystalline matters deposited are detached from the vessel, and the contents are poured upon a small tared filter, and the crude morphine washed with dilute alcohol, and then water, and dried at 120°. This was treated with boiling ether, which must be free from alcohol. The morphine and narcotine are by this time separated and estimated. Good opium gave Professor Proctor 9.44 per cent. of morphine, and 31 per cent. of narcotine.

SULPHITE OF ZINC.

Mr. Tichborne gives in a recent paper the composition of this salt, which so far had not been properly investigated, the results being anything but concordant. The composition of the salt varies according to the method used in drying it.

The sulphite of zinc dried in the air or over sulphuric acid has the composition ZnSO₃H₂O. Dried at 100° C. it has the composition ZnSO₃H₂O. It is made by decomposition from sulphite of sodium and sulphite of zinc, for although it is not immediately precipitated, on mixing the two solutions it is obtained in crystals on cooling, and is then a very insoluble salt. A saturated solution at 60° Fahrt., contains only 16 per cent. of the hydrous zinc sulphite; the most striking properties of the sulphite of zinc is its great solubility in sulphuric acid; fifteen per cent. easily dissolves in the sulphuric acid of the "Pharmacopoeia." When dry neither the di- or tri-hydrate suffers oxidation on exposure to the air; however, when in solution, like all the sulphites, they suffer a gradual oxidation, and hence their antisepptic power. It is easily estimated with the volumetric solution of iodine.

Sulphite of zinc is deposited on cooling from a mixture of six ounces of sulphate of zinc and five a-quarter ounces of sulphate of iodine dissolved in eight and ten ounces of distilled water. It forms in needle-like prisms, which may be purified by washing with water.

CORRESPONDENCE.

On Primary Syphilitic Infection on the Face.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In Mr. McDowell's remarks last week in your Journal, we have been furnished with a case which is introduced as that of "a healthy-looking young man," &c., just come from England, and that "the kindness of two surgeons in practice in Dublin" had enabled him to give this "illustrated example." Denuded of mystical paraphrase, the case is simply one of a raw rustic, in a military hospital, and the two surgeons in practice in Dublin were the regimental surgeons attached, one of whom kindly offered him, and also, the inspection of the man. One of these gentlemen, of many years' greater experience in such cases than Mr. McDowell, suggested a very different origin for the condition, in the respective shape and form, and the important fact was not mentioned that the man was a young recruit, who, the writer admits, had intercourse on several occasions on the 6th and 7th of December, and was evidently a most libidinous example of a reckless young man just enlisted.

Divesting this illustrative example of the sensational and grandiloquent halo of mystery under which it is given to the Profession, what is the simple history?

A young man, a platter by trade, has been in the habit for 15 months or two years past, of cohabiting, as he himself states, with a certain known woman of the town, or to use the ducious elegante venera by which she has been designated, a "paramour." She never diseased him; he never saw during all that time any suspicious evidence about her. She is described by him as being in good condition and very healthy-looking—i.e., in fact, extremely improbable that the "paramour" had any

with which these are furnished. Without in the slightest degree suspecting the gentlemen who make the returns, we can easily understand how they may be false. All the cases may not be returned. Deaths may, and do occur, which are never known; this would surely affect the returns. But probably the cause which would most alter returns of the kind, would be the fact that other diseases are very frequently found to co-exist. We need not say how often diseases of the liver and kidney are found joined with heart disease; nor is it easy to diagnose this point. Hence the problem is by no means the simple one it, at first sight, appears; and as the author makes no allusion whatever to the possibility of such occurrences, but only speaks of heart disease per se, and does not even tell us what form of heart disease he means, we can arrive at no other conclusion than that his statements, truthful though they be, must be received with the very greatest caution, and will require far more extended research than it would seem the author has as yet brought to bear on them.

Literature.

THE GEOGRAPHICAL DISTRIBUTION OF HEART DISEASE AND DROPSY IN ENGLAND AND WALES.

The investigations of the causes of diseases are now taking what at first sight appears a strange direction. Here we have a writer who, from his inquiries, has arrived at the conclusion, that heart disease prevails mainly in those parts, or counties, of England and Wales, where owing to the natural surface of the country, the winds are prevented sweeping freely over them, and so keeping the atmosphere pure and healthy. And judging by the results at which he has arrived, it would seem that he has proved his case; for the figures show that heart affections prevail much more in some counties than others. We would not observe that conclusions of this kind require a great amount of caution before they can be fully accepted. Their truth depends upon a number of circumstances, such as the accuracy of the returns and the completeness with which these are furnished. Without in the slightest degree suspecting the gentlemen who make the returns, we can easily understand how they may be false. All the cases may not be returned. Deaths may, and do occur, which are never known; this would surely affect the returns. But probably the cause which would most alter returns of the kind, would be the fact that other diseases are very frequently found to co-exist. We need not say how often diseases of the liver and kidney are found joined with heart disease; nor is it easy to diagnose this point. Hence the problem is by no means the simple one it, at first sight, appears; and as the author makes no allusion whatever to the possibility of such occurrences, but only speaks of heart disease per se, and does not even tell us what form of heart disease he means, we can arrive at no other conclusion than that his statements, truthful though they be, must be received with the very greatest caution, and will require far more extended research than it would seem the author has as yet brought to bear on them.
CORRESPONDENCE.
April 5, 1871.

venereal disease whatsoever, and certainly there is not the most flimsy basis whereon to ground the fanciful assumption that a labial mucous patch communicated a typical infecting sore, however theoretically desirable this might be.

On enquiry, the man admits that he had been drinking freely prior to the appearance of the sore, and, indeed, enquired what he could do to counter this influence and excitement; it is not unlikely, as was suggested, that by toying with some diseased woman, he conveyed infection to his face by his finger. On further reflection, he admits that when detained in hospital one day by the attending physician, and, indeed, enjoined to refrain from this indulgence, he piously professed that he took off the poultice and dressed his eyelids with lint and ointment, from a box that belonged to, and was using by, as he believes, a venereal patient in the ward. To this the man attributes the infection, and it certainly appears that it was not till several days after this that the specific appearance was recognised; it is, in fact, not at all improbable this absolutely was the infection source, and is far more reasonable than the assumption of mucous patches existing on the lips of a woman when the writer never saw the source. Therefore, of this "illuminating example" it is eminently hypothetical, and it is rather certain the lower eyelid kising Dejanira, was free from any disease whatever. It appears as if, that from this sore pus was abundantly secreted on the dressings, and if tested by auto-inoculation, may have proved itself infective and, therefore, not a typical infecting sore at all.

It is unfortunate this was not in the mind of some indignant surgeon, who might have demonstrated, by a superficial recital of such illustrative examples, and it is necessary in all such instances to give the broad facts, so that each practitioner may form his own estimate before handing over the patient.

On the other hand, "two surgeons in practice in Dublin," Dr. Adams and Dr. McDowell, Prof. T.C.D., have under observation a very remarkable case of primary infection on the face. The facts have been kindly forwarded to me as follows:

A medical gentleman, father of a young, healthy family, conveyed accidentally by his finger, infection from a sore on the penis of a patient to his cheek. Without any incubation period, it assumed an angry and very painful character, and persistently remained for three months, when he presented himself in Dublin to get relief chiefly from the severe pain. There were no typical glandular hardenings, but a copious rash had developed itself, and he was undoubtedly constitutionally infected. The ulcer had a well-defined zone and pus secreting surface. Under mercurial treatment he became perfectly restored. This case, furnished from our own country, is one example of the mucous-patch, which is altogether and purely authoritative, although the writer gravely remarks in reference to it: "This case which I have now recorded is another example of the eminently contagious and inevitably infectious property of the mucous patch. Surely, when we are engaged in bringing this difficult subject ex umbra insolem, such unsupported dogmatism are thoroughly valueless and most inconvenient.

Yours faithfully,
J. MORGAN, F.R.C.S.I., &c.
23 Stephen's green North, Dublin.

THE UNICISTS AND DUALISTS.
TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—No person regards as much as I do, that the discussion is a valuable one, as to the nature of personal character. I can only protest, I did not take the initiative, but, under certain circumstances, it is necessary to take an independent course. In this particular case, I apprehend there are few indeed who would not have felt constrained to act as I have done. If I had been submitted to a process of private bullying, and public tyranny by your Correspondent, and swallowed in silence everything he advanced as indisputable, but, which I could not conscientiously subscribe to, all would be well. On one occasion, I admit, I was indulgent towards him; but it would have been a process of major sin, and I wrote to him, with the good feeling of some of my friends by condescending to notice your Correspondent's aspersions, but, I trust, I was never coarse or ungentlemanly.

The "frightful example" "Farrago No. 2" or, more properly, "Parody No. 2," produced by your Correspondent, and now again alluded to was developed, as all parodies are, by the ridiculous method of taking words, robbed of their proper connections, out of my observations on this subject. In their proper places these words have a practical and truthful meaning which he manifestly does not wish to appreciate. He has repeatedly spoken of the puerility of hard sores; and, in many places (please, as well as his own, without my knowledge), stated that, in the course of a year, he had only seen three hard sores in the Lock Hospital. My experience is, that hard sores are always prevalent in men, and even women, in Dublin. In one day, I have recently shown six unquestionably hard sores in women, to two experienced surgeons; your Correspondent has added nothing new to our information on this subject, his remarks have rather tended towards confusion, and, it is absurd for him to expect by "brute force" to bully every one into his way of thinking.

In the Stpical Society it was stated by him, "that the treatment of syphilis by inoculation is very interesting, he had inoculated patients suffering from constitutional syphilis with vaginal discharge, the soft sore was produced, and the patients invariably got well." Syphilis invariably cured by three or four inoculations! The Society is kept in ignorance of your Correspondent's method, whilst a plate of the true method of inoculation (copied from Burnstead) is exhibited! Pursuing this course of distortion, Professor Burnstead is made to appear as the author of this mode of treating syphilis, whereas the whole author of that eminent syphilographer's remarks and feelings are opposed to it.

As an example of your Correspondent's method of arriving at "authentical facts," I take leave to quote one case from "The Lancet." A delicate creature of 22, and the supposition of pregnancy was admitted to the Lock Hospital in June last year. She was immediately submitted to his process of treatment by inoculation on the abdomen, by himself, and was reported "cured." One of the ulcers however, produced by him, enlarged, with the gradual approach of gestation, and defied all treatment, even "cure" caustics, until the poor woman was delivered of a diseased child! So that the unfortunate creature, super-added to the sad reflection of her shame, and disease, and pregnancy, had to endure the continual torture of a spreading ulcer on her abdomen. She was also an unnecessary tax on the charity of a valuable charity, the proper treatment for her cure being for many months neglected. In the face of such "deliberate" misrepresentation I may well say ab uno disce onoe.

I am, Sir, your faithful servant,
BENJAMIN F. MCDOWELL, M.B. Univ. Dub.
20 York street, Stephen's green, 3rd April, 1871.

DOCTORS AND ALCOHOL.
TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I observe, in your leading article in this week's journal, "On Stimulants and Disease," that you consider, and as I believe correctly, that a reaction is setting in against the practice of stimulation in disease, or threatened disease, of late so rampant throughout the land.

Now, while Heaven forbid, that we should, in our medical practice, return to the slop diet, with bleeding and purging, which appear to have formed the usual plan of treating every kind of disease fifty years ago; yet I cannot but think that a backward step from the excessive alcoholisation method will not be ground lost.

It appears that the administration of alcohol has been carried to a faulty and injurious extent, on whom shall we lay the blame? Partly, certainly, on the doctors, whose error is of a twofold kind; they may, in blind deference to authority, or on mistaken views of the action and power of alcohol, have given the patient too much of it; the other hand, it may be given in a too great compliance with the popular prejudice of the day. One thing is certain, and that is, it the public look to a doctor who "does something." If, years ago, the doctor bled, purged, and sweated the patient well, he is called, and he cures. Now set the doctors greatly extolled for his energy and assiduity, without which none can say what might not have happened to the patient. Now peoples' views, so far as methods are concerned, are changed, and they look with a good deal of distrust on a physician who talks of bleeding and water gruid diets; but the man who, at a mere glance, says at once— "You must take a bottle of
champagne with your dinner, and half a dozen glasses of port afterwards," is the man for the public purse. "Never mind," says the doctor, "if wine makes your head ache, it is because you don’t take enough of it." The cautious, pain-taking man who has been gradually but slowly getting his patient out of some exhausting nervous malady, by his two or three glasses of Manzanilla sherry at dinner time, soon is bowled over by such a go-ahead brother as the one just des cribed, and for a time the patient perhaps goes a-chasing after his tongue quick on the virtues of the alcoholic method. At last, however, down he comes all at once in a fit, and a long convalescence and terribly shat tered nerves are the best results then to be looked for.

It is not the purpose of this paper to say what, in the author’s opinion, may be the time and opportunity for alcohol, confessedly a difficult matter, but the object of this letter is to hint at the way in which respectable drunkards and drunkard esses are sometimes made ; and to entreat medical practitioners to follow the teachings of experience and of physiology as much as the former, rather than in a too complaisant spirit, to make fashion and popular prejudice in any way a rule of action.

Yours obediently,
March 29th, 1871, J. C. T.

ON RE-VACCINATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—At the present time, when the subject of small-pox is engendering so much attention, not only of medical men, but of the public at large, the question of re-vaccination comes prominently forward. It is an undoubted fact that although within the last six years primary vaccination in Ireland, owing to the Compulsory Act, has been carried out with energy and success, thereby protecting the rising generation against the ravages of small-pox, re-vaccination has been neglected, in a great measure, by the majority of the population. It is only when small-pox becomes actually epidemic that persons are frightened into the necessity of having themselves re-vacc ini ted.

As it is the generally-received opinion at the present day, founded on trustworthy data, that the original protecting influence of cow-pox becomes weakened, and in many cases exhausted in the human system, within the space of seven or eight years, it is not to be inferred, therefore, that general re-vaccination at regular periods is absolutely necessary to protect the adult population against the contagions of small-pox.

It is a melancholy fact, full of importance, that in London, last February, during the space of one week, eighty-nine vaccinated persons died of that disease. It is not stated, I believe, whether any of them had been vaccinated a second time; it was the first time for all of them.

During the last three weeks I vaccinated fifteen persons past the years of childhood, with vaccine lymph three days old; all had well-developed claretices of primary vaccination on their arms. They were all successful. The cow-pock went through the usual stages, the vesic being fully developed, and a large red areola forming in the majority, the only difference being that the vesicle appeared sooner, and the whole process was completed more rapidly than in primary cases. It must be presumed that in these cases the vaccine virus had been weakened, or that if similar activity was displayed with regard to re-vaccination, happier results would still ensue. At present, though we have reasons to believe that small-pox is not likely to become epidemic of its own accord in Ireland; yet, when persons attacked with that disease are known to have been vaccinated, the disease is sure to spread, as it has done of late in seaport towns, and other places exposed to the infection. It remains to be proved whether such would be the case if it became an established custom amongst the people to adopt re-vaccination generally, and whether persons, even when with truth it can be said that small-pox had been "stamped out," and cease to observe, as in former times, so many faces mutilated by the disfiguring and indelible marks which this fatal and loathsome disease leaves behind it.

In connection with the subject under discussion, I have another question of vital importance, is the consideration as to the necessity of renewing the supply of cow-pock from its original source—the cow. It is the opinion of many eminent medical men, that during the period which has elapsed since the time of the illustrious Jenner, the vaccine virus, by its transit from small-pox has been considerably lowered by adopting that process.

The following extracts from Dr. Watson’s "Practical of Phyt szie," will well worth a moment’s consideration—

"It may well be doubted whether all those who are susceptible of some impression from a second vaccination would become infected with small-pox under ordinary exposure to its contagion. That many of them would so contract the disease, and that all of them would be endangered by such exposure, is certain ; but whether the difficulty being to the same extent as his tongue quick on the virtues of the alcoholic method. At last, however, down he comes all at once in a fit, and a long convalescence and terribly shattered nerves are the best results then to be looked for.

It is not the purpose of this letter to say what, in the author’s opinion, may be the time and opportunity for alcohol, confessedly a difficult matter, but the object of this letter is to hint at the way in which respectable drunkards and drunkardesses are sometimes made; and to entreat medical practitioners to follow the teachings of experience and of physiology as much as the former, rather than in a too complaisant spirit, to make fashion and popular prejudice in any way a rule of action.

Yours obediently,
March 29th, 1871, J. C. T.

ON RE-VACCINATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—At the present time, when the subject of small-pox is engendering so much attention, not only of medical men, but of the public at large, the question of re-vaccination comes prominently forward. It is an undoubted fact that although within the last six years primary vaccination in Ireland, owing to the Compulsory Act, has been carried out with energy and success, thereby protecting the rising generation against the ravages of small-pox, re-vaccination has been neglected, in a great measure, by the majority of the population. It is only when small-pox becomes actually epidemic that persons are frightened into the necessity of having themselves re-vaccinated.

As it is the generally-received opinion at the present day, founded on trustworthy data, that the original protecting influence of cow-pox becomes weakened, and in many cases exhausted in the human system, within the space of seven or eight years, it is not to be inferred, therefore, that general re-vaccination at regular periods is absolutely necessary to protect the adult population against the contagions of small-pox.

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NOTICES TO CORRESPONDENTS.
April 5, 1871.

I entirely concur with Dr. Mapother that the return to the Vice-presidency of a Fellow who has not held office in the College is a very undesirable precedent which ought to be adopted only in exceptional cases. I know that there is much to learn in the public policy and internal economy of the College, and that many errors have arisen through unacquaintance with its constitution, laws, and public interests, even on the part of those who have qualified themselves by many years of service, and I assure the Fellows that this objection to the election of strangers is real and conclusive.

I hope it will not be considered that I wish to vest the highest office in this College immutably in the Council. I highly approve of the principle of rotation in all administrative bodies, but I think that principle may be much better carried out by the introduction of new opinions and fresh experiences and talents into the body itself, and, as it were, filtering out prejudices and peculiarities through its medium, than by placing at once the holder, perhaps, of crude ideas, and untested theories, in the highest position of authority in the College.

Without, therefore, in the least forgetting the claims of Dr. Darby as an old friend of the College, and as President of the Irish Medical Association, or those of Dr. Bland, whom I heartily sympathised with in my most hearty adhesion to the claims of provincial Fellows to a share in the Collegiate voice, with Dr. Mapother’s objection to the election of any Fellow who is not thoroughly collegiate both in experience and feeling.

I am, Sir, yours, &c,
A DUBLIN FELLOW.

NOTICES TO CORRESPONDENTS.

To our Subscribers.—Gentlemen who have not paid their subscription for last year are respectfully reminded of the omission. The Publishers would also be very much obliged to those subscribers due for several years previously, which, in too many instances, remain unpaid. We feel that it is our duty to inform you of this, in order that you may conclude whether the address furnished.

M.D. Manchester.—The second volume of Dr. Debell’s “Reports” was published about a month since.

RECEIVED.—“Is the Brain the Origin of Thought, Inte1ligence, or Mind.” By Dr. W. F. West.

“THE INVALID’S GUIDE.”—As we are going to press, Dr. T. King Cole has written an indispensable treatise on the subject of the Editors. We regret that this important work, written with the most unqualified success, will not appear in the second number of the series. We hope to publish it shortly.

Dr. Collins, Bath.—Thinks, the Journal has been sent to Guernsey as desired.

Dr. Mox.—The attentions you thank us for are general to all our subscribers; the marked journals have been forwarded to the addresses furnished.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Medical Diseases. By Dr. B. Croston, M.D. London; Churchill.
Practical Facts on Vaccination. By G. Oliver, M.B. London; Simpkins, Dynamics of Nerve and Muscles. By Bland Laidlaw, M.D., P.R.C.S.
Lectures on Muscular and ditch.
Chloroform in its Medico-legal Bearing. By Dr. Kidd, M.D.
Quarterly Journal of Mental Science; Gazette Medica di Torino; New York Medical Gazette; Journal of the Medical ‘Practitioner; Journal of the Gynecological Society; Homeopathic Journal; L. Union Medicate; British Journal of Dental Science; Science Gossip.

VACANCIES.

Westport Union, Isle of Man; Assistant Physician. Salary £30, exclusive of Vaccination and other fees. (See Advt.)
Westport Union, Isle of Man; Assistant No. 1. Medical Officer. Salary £30, exclusive of fees. (See Advt.)
King’s College, London; Chair of Psychological Medicine. Salary £100.
London Fever Hospital; Assistant Physician. Election 12th prox.
Westminster Hospital; Resident House-Surgeon without salary.
Middlesex County Lunatic Asylum; Assistant Medical Officer for female department. Salary £120, with board and residence.
Birmingham Queen’s College; Medical Tutor. Salary £40.
Original Communications.

RE-VACCINATION.*

By Chas. Frederick Moore, M.D., F.R.C.S. I.

In speaking of vaccination and re-vaccination—first, it is essential to secure healthy pock, which is usually best obtained on the seventh or eighth day, from a healthy child, age between three and six months.

I find on the eighth day that there generally are thin crusts formed in the line of the incisions; by carefully removing these crusts, a very good supply of clear lymph will be obtained. Should this not be practicable, a few very slight incisions on the prominent parts of the vaccine vesicle will yield lymph. Willan considered the cells of the vaccine vesicle communicated with one another. Sir Thomas Watson stated that if you puncture one cell the others remain full. Mannell and Evanson considered the communication not very free. My own observation leads me to think that, though in the early stages the cells are separate, in the later stages they coalesce.

Some writers, speaking with the authority of office, in England, state that it is necessary to produce three, four, or more vesicles to ensure safety from small-pox. The plan I pursue most generally is to make two sets of incisions of some size, sufficiently wide apart. This method will naturally be as effective as more numerous incisions of less extent.

In operating on very young infants, it is recommended by some not to make many incisions, to diminish the risk of sloughing. Professor Hebra does not appear to consider any special injunctions needful in such patients. He does not believe it is necessary to obtain several vesicles in order to give an additional security against the small-pox. This is not, however, the experience of some eminent British vaccinators. Having regard to the danger of small-pox in little children, Hebra states it is the custom to vaccinate in early infancy in Vienna; in the principal vaccine institution of that city, infants of ten to fourteen days old are often vaccinated, without any injurious effects being observed. Finally, he advocates vaccination at the age of fourteen days. My own practice is not to vaccinate at so very early an age, unless the child be much exposed to contagion, and when variola is epidemic.

M. Chauveau has found the solid elements, as well as those that are fluid, are essential in good vaccine. I have for many years been occasionally called on to re-vaccinate children and adults. In some instances irritation was set up. I have re-vaccinated very few persons who were actually over fifty years of age, and I have not met with any result of an unfavourable nature in these few instances. In the case of two females in the upper classes of society, between the ages of thirty-five and forty-seven, I have encountered pretty sharp inflammatory action resulting from re-vaccination, not attributable to any want of care, so far as I could ascertain. In one case the lady suffered from slight rheumatic attacks, possibly of a gouty tendency; in another instance the weather was hot, even for England, July, and the lady was about to seek change of air, but thought it better to be re-vaccinated before travelling, as small-pox was prevalent at the time in the country she thought of visiting. In the case first mentioned but little medication was resorted to; in the second, the inflammation subsided gradually, also without any suppuration or other untoward result. Citrate of ammonia, with decoction of cinchona, a mild, warm aperient or two, and the local use of lotions of liq. plumbi subacetatis, of treble the usual strength, having constituted the treatment. In a case of re-vaccination, in a gentleman over fifty years of age, the irritation set up was very slight, with almost no swelling, slight heat and rather troublesome itching, subsiding almost wholly in about thirty-six hours. A miniature vaccine vesicle resulted on the sixth day, leaving a proportionally small oval-shaped scab.

One cause of irritation and, in some cases, inflammation in the adult appears to be the very common occurrence of rubbing during sleep; even in the waking hours it frequently requires much resolution to abstain from rubbing the itching part. Some persons tie the wrist of the other arm to the thigh of the same side to prevent scratching at night. In several other cases, in all ranks of life, and at
all ages, from seven to thirty-five years, I have not met with more irritation and inflammatory tendency in re-vaccination than in vaccination at the same ages. At the moment I write, a good deal of irritation exists in a case of primary vaccination in a young woman of twenty-five years, with two perfect vaccine vesicles; this individual believes, however, that she had small-pox in childhood; she latterly had pain, apparently sympathetic, in the opposite arm.

Besides using lymph from a healthy infant, I have, for many years, followed the advice of the late Dr. Labatt, viz., in vaccinating several persons, to dip the lancet in clean vessels after each vaccination. For non-surgical reasons, I have, however, commenced very young infants to be vaccinated in only one place; should failure of vaccination occur he would improve the diet of child or nurse by adding a little wine.

The operation of vaccination or re-vaccination I have always practised by aid of the lancet, not resorting to vesication by any of those agents that have been used by some for years. I have tried, but do not approve of the insertion of the ivory points in incisions in the arm. I now use a lancet perfectly bright and clean, but not quite as sharp as would be required in vesication; this appears a more satisfactory instrument than a needle, or the set of needle points used, I think, by Mr. Husband, with the blade for rubbing in the lymph fixed in the same handle; the lancet is also more easily kept clean. In children, dipping the lancet in clean vessels, landed in a small vesicle in the under-part of the arm, each outer point of the other of whatever extent, is of course necessary so to support the hand using the lancet as to prevent the infliction of unnecessary incisions. In very young infants, as I have before mentioned, all experienced practitioners, such as the late Dr. Labatt, Hébra, and others, point out the necessity of limiting the extent of incisions, and so preventing unnecessary irritation. Hébra advises the use of a lancet with one side concave, the other convex, the former being that on which he applies the drop of lymph, by introducing the end of the lancet under the cuticle to the depth of, at least, a line, holding it horizontally with the convex surface downwards, and the concave upwards; when the epidermis has been penetrated, the lancet must be turned round, so that Hébra says, "when the lancet is used this way, its concave surface downwards towards the cutis, then pressing with the thumb the lymph is wiped off into the cutis.

The mode of proceeding generally followed, I believe, in Dublin, and that which I find appears to give so little pain, as rarely to cause a sleeping infant to wake, is by quickly making a few parallel incisions, so superficially as barely to mark the course of the blood appear in each, crossed in some instances by two or three equally light incisions or scratches, resembling what artists call "cross-hatching," then gently to rub over the scratches the lymph, if possible, freshly drawn from the arm of another infant, or from charged ivory points or glass, or glass tubes, the lymph on the points or glass having been previously softened by a minute portion of cold, soft, or distilled water.

But let this gentle opinion I entertain great respect, object to re-vaccination for several reasons; some consider one effective vaccination in infancy sufficient for life, with which I would quite agree in ordinary times, especially if we could be sure that all mankind were so protected; but in periods of epidemic-prevalence of variola, and when it is notorious that all are not so protected, the case is different.

It has been supposed, and on good grounds, that a diminished tendency to take the disease is acquired by us in advancing years, and that, therefore, such, if not vaccinated, need not be in much dread of the disorder, or, if once protected, that is enough. On this point I would refer my readers to the writings of Eosenstein, Labatt, and others, as well as to the experience of practitioners in London and elsewhere at the present time.

The present epidemic, which has swept over many parts of Europe with a severity exceeding any one that has occurred in the experience of Dr. Seaton, cannot but test the protection which Ireland has for the last seven years derived from compulsory vaccination, tolerably efficiently carried out. When we find it stated in the "Army Medical Report for 1867," that Ireland still continues to furnish the highest ratio of unprotected men, and when we recollect the constant communication between Great Britain and Ireland, we cannot expect wholly to escape the disease. Belfast has been the district where, as yet, variola has obtained the firmest hold; nor can we be surprised when we read in the "Army Report" that "in the County of Down, which is the most destitute of the Belfast district than from that of Dublin. It is obvious that recruits enlisted in 1868 had not benefited by the Irish Compulsory Vaccination Act of 1864, so we may reasonably expect that all Ireland, Belfast included, will be able in a few years more to give a better account of her recruits.

The importance of continuously attending to vaccination is well seen in many cases that have occurred in the last few years. A seaman was landed from a foreign-bound merchantman in Dartmouth, suffering from confluent small-pox; he became the means of communicating the disease to several persons inhabiting part of that town that was in a very unsatisfactory state as to healthfulness. The disease was next communicated to one of the crew of Her Majesty's ship Britannia. In Dublin, a Swiss lieutenant, having been vaccinated on board ship, was landed on being healthy, and took up his quarters in the Royal Hospital, though not wholly smitten with small-pox, with impunity to those he came in contact with on board his ship, and in Dublin, because all these persons had been vaccinated. It was otherwise in the case of Mrs. T., who lately died in Cork-street Hospital, she having taken the disease from the widow of Seaton, the latter having been vaccinated about the last of February, and being seventeen days from London, this case terminated fatally in Cork-street Hospital. Dr. Henry Kennedy, I have no doubt, will kindly give the Society further particulars of this case if he is present. Cases of seamen ill with the disease, have occurred on board some of the vessels trading between England and Ireland.

The Irish Poor-law Commissioners in a recent circular, observe that in the last two years they had, with the assistance of the medical officers of workhouses and dispensaries, and in a few instances with that of private practitioners, been enabled to speak with confidence of the several localities in which small-pox had appeared from time to time sporadically, and to designate the places in Great Britain, or elsewhere, from whence the disease had been imported. Those towns and cities of Cork, Limerick, and Swansea, are named as points of departure whence the disorder had been imported into several towns in Ireland. The Commissioners add that they hope the epidemic will subside under the influence of the great impulse given to vaccination, and referring to Belfast, they add that vaccination was there much neglected up to the present time.

The last "Army Medical Report" represents the state of recruits from Dublin as follows: From 1864 to 1867, 264 possessed marks of small-pox, 966 had marks of vaccination, and only 50 had no satisfactory marks. For London, the figures were respectively, 552, 915, 5, and 29-3. For Belfast the numbers were, 61, 7859, and 1539. It appears on examining the figures for each of the seven recruiting districts into which the United Kingdom is at present divided, the man having marks of small-pox, are in the proportion of 107-5 from Glasgow, 103-6 from Bristol,
45° from Liverpool, 61° from Belfast, 55° from London, 26° from Dublin, and 25° from York. The number having marks of vaccination are much more numerous from Lon-

lin, being 9686 from London, 915 from Dublin. Bans ranks the

lowest, yielding but 785 per 1,000. Lastly, Dublin ranks also first as to the smallness of the number, 50 of men having no satisfactory marks, London recruits numbering 293, York, 861, and Belfast, 1539. The district last named presenting, relatively, so many unprovided men, outbalances the return from the Dublin district, where, accordin-
gn, vaccination, vaccinators, and asylum surgeons possess special facilities for this purpose.

Dr. Sexton, to whose observations I will now revert, insists on the necessity of more careful and more universal vaccination. He regards re-vaccination of adults as indispen-
sable, as much of the earlier vaccination was so imperfect, and because it was probable that in a certain portion susceptibility to small-pox returned after a certain age.

Dr. Grieve, speaking of 800 cases of small-pox at the Hampstead Hospital, from 1st December, 1870, to February 18, 1871, says: "In the greater number of cases death occurred within a week. At first, overcrowding increased the mortality, yet it could not be denied that the epidemic was one of extreme virulence. A large proportion of deaths were brought about by hemorrhagic attacks. This happened in persons over puberty. His experience was that more succumbed who would have fallen victims to other zymotic dis-

cases. Of the 800 cases, 501 had been vaccinated, 290 not. Of the former, many had been very imperfectly vaccinated. The results tended to weaken the idea that tendency to small-pox decreases with age. The number of unvacci-
nated persons showed a regular diminution in advancing ages. He believed that few unvaccinated persons reached above forty, without being attacked by small-pox. Vaccin-

ation, where it did not absolutely ward off the disease, lessened its force, rendering it milder and more man-
geable. Of the 591 vaccinated, 98 per cent, and of the 209 unvaccinated, 45 per cent, had died. The average duration of the disease was in the vaccinated, twenty-four, and in the unvaccinated cases, thirty-five days.

Except in those under ten years of age, whose mortality in his cases was 98 per cent, and those from ten to twenty who died at the rate of 28, the mortality increased with age, except in persons past forty years of age, 12.6 per cent, and over forty, 22 per cent. Re-vaccination should be performed at about twenty years of age. The efficacy of re-vaccination was proved conclusively, from the fact that it had given perfect immunity to the officers at the Small-pox and the Hamp-

stead Hospitals. Those vaccinated were of those who came most in contact with all sorts of persons. This showed the necessity of re-vaccination as the only means of securing the protection retained from the primary operation, though, generally, the protective influence is in direct proportion to the shortness of time since its performance. In various years he finds greater suscep-
tibility of vaccination. He uses a small-shouldered needle, which he dips in the vaccine lymph and inserts, for a moment, to the shoulder, with great speed and success in vaccinating large numbers of persons. A case of convulsions was reported to him by the infant's mother a few hours after vaccination, leaving no bad result. Dr.
Trayer suggests the possibility of such an event in peculiarly susceptible persons.

The fact that those who meet most people are most liable to variola, is a potent reason why our sailors and our Custom house officers should be well protected against the disease; on this account, too, the following extract from a letter I lately received from Dr. Walter Dickson, R.N., Medical Inspector of Her Majesty's Customs, London, has a special interest:—"We are suffering now from an invasion of small-pox, which, by reason of your wiser sanitization, is not likely to prove so serious on your side. The disease—about 1,000 of various degrees—under my care, I have had seven cases, four very slight, three severe, including one fatal, in which, besides confluence of the eruption, there was constitutional debility and marked tendency to phthisis. All had been vaccinated in infancy, and had good cicatrices. One had just been re-vaccinated, and in his case small-pox overtook cow-pox, which no doubt modified its intensity. In January, I recommended general re-vaccination of all those who had not been already re-vaccinated; and several have undergone it with no bad result, except, in three or four instances, inflamed arms. It is always advised, if not already done, on their entry into the service. There are, therefore, few of more than thirty years who have not, at some time or other, been re-vaccinated. And in general, re-vaccination is advisable, if not tried blister vaccination, as time is to me precious, and the other plan is, in my experience, efficacious. Elderly or weakly persons, if re-vaccinated, should be placed under treatment, diet, and rest for a few days. With this precaution I think most will stand it well enough. I myself submitted to it the other day and with success, although on a former occasion it did not take.”

From Dr. O'Flaherty, Deputy Inspector-General of Hospitals, I have just heard as follows:—“I consider the experience of army medical officers during the last eleven years to be perfectly convincing of the benefit of re-vaccination, and I am not aware of any circumstance to justify a healthy man, woman, or child, abstaining from it. There have been a few cases—three vaccinated, two not so—in the division of 4,000 men I now serve with, but none fatal.”

Dr. Charles A. Holcombe, Government Medical Inspector of Emigrants, Liverpool, writes on the protecting powers of vaccination, and of the prevalence of scarlet fever and small-pox at that locality.

By the rough sketches which I hand you, Mr. President, I have attempted to represent the result of re-vaccination.

No. 1 (about half size of life) is from re-vaccination in Mrs. A., a married woman of twenty-four years, drawn on the seventh day after the operation, the lymph having been taken from an infant on the eighth day. I have attempted to show remaining irritation. The vesicles were, as usual, much more advanced than in primary vaccination in an infant. This person represented the source at an age greater on the fifth and sixth days after the operation. The irritation rapidly declined subsequently, and when seen by me four or five days ago, the scabs had fallen, and, what I have also seen in some other cases, smaller secondary scabs had formed. Mrs. A. had two very large and perfect cicatrices from vaccination.

No. 2 (about half size of life) is intended to show re-vaccination, on the eighth day, in a girl of eleven years, having two large and perfect cicatrices from vaccination in infancy. There was not so much irritation in this case as in that last mentioned, nor was the formation of the vaccine vesicles so early. They were considered by several who saw them as regular vaccine vessels; the figure assumed was, of course, owing to the shape and extent of the scratches.

No. 3 represents re-vaccination in a girl, aged nine years, performed by me in 1865. One place was a failure, the other only partially successful. The sketch was life size, and was made on the ninth day.

No. 4.—Re-vaccination; natural size; successful; on ninth day, in a girl of fourteen years. Also drawn in 1865.

No. 5.—A copy of the three stages of vaccination, after the late Dr. Labatt. Drawn by the late Mr. Connolly.

As to the mode of preserving lymph, I believe ivory points, smooth and well made without angles, to be at once handy and successful, and when kept cool and lapped in lead foil or in gutta percha bags, and not exposed to much pressure, lymph may thus be safely kept for a long time.

Squares of glass are excellent, but less handy than ivory points. The glass squares and glass tubes are, perhaps, the best for transport to India. If the tubes are hermetically sealed, some practice is required that the lymph be not destroyed by the heat.

I frequently adopt auto-re-vaccination; that is, if only one set of incisions take, I vaccinate in a second place on the eighth day from the first vesicle, when I find, as in Bryce's test, the second vesicle makes immense strides to overtake the first; indeed, I believe both vesicles scab about the same time. Bryce's test was thought very important by such an eminent opinion as the late Dr. Labatt, who regretted the impossibility of generally carrying it out owing to the objection of mothers to the second operation. It consisted in vaccinating the child a second time on or before the sixth day.

Finally, as to the question of re-vaccination, I regard it not only as necessary in the present state of the world, but, with common with the authorities in most civilized countries, who insist on it in their armies and navies, I believe a nation neglecting it neglects one of the first principles of self-protection.

When—through means of the light given by rightly interpreting the laws of nature—civilized nations, who owe so much to that all-wise Providence that has given to them by right to be their brothers' keeper, have duly fulfilled their calling, and, as a part of that duty, have extended vaccination and the other branches of preventive medicine to every human being, then, and not till then, can we dispense with re-vaccination.

ON DISEASES OF THE SKIN.

BY J. L. MILTON, M.R.C.S.,
Surgeon to St. John's Hospital for Skin Diseases.

(Continued.)

Further it may be asserted that if a surgeon were so reckless as to try and remove eczema at the risk of setting up an internal disorder, he would certainly fail; for ordinary remedies and ordinary doses clearly produce no such effects, and the use of extraordinary ones would be speedily followed by such fatigue as would cause them to be discontinued. Besides, it is quite certain that the medicines which do most good in eczema effect this only when given in such a way and such doses as to improve the health. Medicines—such as purgatives, diuretics, mercury—are continually taken to such an extent as to set up considerable irritation in the stomach and bowels. I have noted down a good many cases where this happened, but the excessive action set up was never attended by a corresponding amount of action on the eczema.

Perhaps the reader will say, as some certainly have said, "But there are cases where eczema acts as a safety valve; it is a salutary effort of Nature and ought not to be interfered with; you don't follow those cases up, and for anything you know, the most serious results may follow."
To all this it may be replied that the discharge is not
salutary but morbid, and would appear so to any person
whose judgment was purged from the grossness of humoral
theories. It always disappears when the patient gets
quite well; it never exists when a patient is really in per-
fect health. The more discharge there is the lower the
morbid and the patient feels. An outbreak of
eczema does not in any way relieve a morbid discharge,
and does the establishment of a morbid discharge, as I have
stated, by means of a blister, seton, &c, in any degree re-
lieve the eczema.*
For years past I have, in every instance, done my best
to check the discharge of eczema as quickly as possible.
During the first two months of each season, I have seen
my patients, and as I have never seen or heard of any in-
judicious results, I can only conclude that treatment can not
produce such an effect as bringing on internal disorder by
relieving eczema. Properly employed, treatment is either
innocuous or beneficial. I can scarcely help thinking that,
in such a large number of instances, if injudicious results
had been at all common, I must have heard something of
such cases. On the other hand, it is quite certain that a
number of patients, cured of profuse discharge, often of
years' long duration are, at the present time, not only well,
but all the better for being freed from such a disgusting
nuisance. I laid before the Medico-Chirurgical Society
the particulars of a case, where the discharge from an
eczema, covering the leg from the calf to the sole of the foot,
was for upwards of a year the health in that instance, the
health, said, that often after a day's work, he returned
home with his shoe half full of water. This state of things
had gone on for three years, and yet the speedy removal
of it, so far from bringing on any internal affection, was
followed by a decided improvement in the patient's health.
This old man was very well known in the part of the city
where he resided, near London Bridge, and some years after,
when I was passing through so. It is the only instance of
which I have had previous to having the eczema. At the same
time another instance was quoted, where a case of long
standing eczema of the ham was cured, and where four
years after, the patient was in excellent health. This
man, too, could have been easily identified, being a signal
man at the Shoreditch station of the Great Eastern Rail-
way, in one of the coldest districts.
No doubt, if a patient suffering under eczema be at-
 tempted by some malady assail ing the surface of the skin
and the internal organization at the same time, as one of
the exanthemata for instance, the eczema may be removed
or suspended (for I trust I have shown that this does not
certainly happen) as would many complaints, such as
gonorhoea; but I presume it would scarcely be considered
in the proceeding of a rational being, to leave a gonorhoea
who take its own course, lest the removal of it might cause
the development of some internal malady.
In all the cases I have seen, where eczema was compli-
cated by an internal disorder such as bronchitis, an exacer-
bation of this, so far from relieving the eczema, either had
no effect or made it worse; while in no case did the in-
creased discharge, when the eczema was worse, in any way
improve the patient. The opposite effect of the affection
suffering from eczema of the leg came under my care. The
disease of the skin was cured, and the patient remained
well till an attack of bronchitis, at the beginning of the
ensuing winter, prostrated him. In a very short time the
eczema returned as bad as before, but without in the least
relieving the bronchitis. A few years ago an old man came
with a sore for eczema of the leg. He was cured, and after
an interval of quite four years, he again ap-
plied with the same complaint in both legs. I questioned
him closely and learned that he had fallen into bad health,
that then the eczema came on, and that the worse it grew
the worse he became in other respects—a statement quite
borne out by the results of treatment, for the eczema dis-
appeared as he improved in his bronchitis. A patient who
recently in attendance at St. John's Hospital who had
been four times the subject of a bad attack of bronchitis;
each time she was laid up in this way an old eczema of the
ankle relapsed and passed into a state of ulceration. There
is a middle-aged woman attending now at the same institu-
tion for eczema, she has twice suffered from bronchitis, and
her eczema has followed the coming on of the chest affec-
tions does the patient feel.
I could have added many more cases but I need no
longer note them down, as I have found no evidence on
the other side of the question, and to heap together facts,
merely to swell the bulk of testimony without adding to
its real value, seems to me sheer waste of time. My ex-
perience is, that if two or three cases will not induce men
to try treatment, they never will. If, indeed, they shall,
therefore, content myself with adding the evidence of M.
Rayer who supports the view I have been en-
deavouring to combat, as to there being a connection be-
tween the healing of an internal complaint and the cure of
eczema. M. Rayer then says,* that he treated a patient for
gastro-enteritis, who had been previously suffering from
eczema, and that during all the time the gastro-intes-
tinal inflammation lasted the eczema was worse. Again he
says,† of another patient, "the appetite fell off remarkably
(a certain sign that the health was not so good as formerly),
an occurrence which was followed by a notable exacerbation
of the eczematous affection."
I think, then, we may conclude that the fear of curing
eczema, of however long standing it may be, and however
bad the state of health, is more prevalent than the reasons
either proper or analogy; that no known agent possesses
the power of repelling eczema; that we can cure it only
by means which improve the health at the same time;
and that it is as justifiable to arrest its discharge as that of
diarrhoea or cholera. And I may here remark that all
that has been said of eczema may be said of ulcer; there
is no danger in healing it up, no bad symptoms ever arose
among ulcer patients; yet innumerable writers have kept
the offspring of prejudice or faulty observation, and offer only
a too painful comment on the mode in which surgery has
often been studied and taught.
The doctrine that it is never dangerous to cure eczema
or ulcer, that discharge from either is never a salutary out-
let but a morbid exhausting drain, and that neither can be
replied into the system, or be turned to the health by any
unpalatable when I put it forward years ago. So radical a change has, oc-
curred in the views of some of our writers, that now they
speak in calm derision of humoral pathology, as though
they had never believed in it, and indeed, had utterly
scouted it from the very beginning. Dates, however, are
awkward things, and a reader who is sufficiently interested
in the matter to seek out the pro and con, and might have
justly asked me to think there is something in this sudden
change of opinion yet to be accounted for.
Treatment.—I now proceed to examine the treatment
of eczema, and I need scarcely apologise for devoting a great
dead of attention to this subject, when it is remembered
that the question affects the health and comfort of hun-
dreds of thousands; that it is one of the commonest destitute
of this complaint; that till quite lately medical men were unanimous in
regarding it as only too often utterly intractable, and that
littie more than half a century ago it was pronounced,
when invertebrate, beyond the reach of art, and only to be palliated
by treatment,* which views are unhappily only

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* M. Derovic says the removal of a suppressed discharge will not

103 'Treatise on Diseases of the Skin.' Translated by Willis. Second
104 Ibid. p. 322.
105 German speaks of ec ma lasting five-and-twenty years; Dr.
Cophard of its resisting every known method of cure. M. Derovic says
he knows nothing more intractable than eczema; Gaismaur and Scheded
give the same account. Dr. Griggs says, "some forms of this eruption
cause a long time every remedy and every kind of treatment." Dr.
Reid of eczema tells us that men and women who have been their
lives had been rendered so burdensome to them by the itching of
eczema, that they had wandered from town to town and from country
to country in search of relief! M. Linsa says, "Elle recherche souvent
fin par devenir permanente et par se generaliser. . . . Nous
devons dire que l'affection, arrive a ce degat, est placee ordinairement
au-dessus des ressources de l'art."
too widely current among the profession, and which are certainly likely to remain current under some kinds of treatment.

As always happens with any chronic maladies, more remedies have been recommended for the cure of eczema than any other disease could examine in the course of years, at least in such a manner as to form a reliable opinion upon their value. It is not uncommon to find an author speaking of twenty or thirty powerful medicines, some of which, such as saline aperients, antiphlogistic remedies, neutral salts, and emollient dilluents may mean almost anything. It is rarely that an approach to striking a correct balance between the general plan of treatment and the specific application of any medicine, as such application of a medicine is given, to be used on general or particular principles as circumstances may direct, till we arrive at tincture of camphor, mineral waters, and change of air, as our last resources. All knowledge of such a kind must, of course, consist to a great extent of conjectures which only great experience can render safe and useful, but which, in the hands of the uninitiated, may be scattered to the winds by the first difficult case met with in practice. Such experience, too, means simply conviction—the principle which guides the nurse and the empiric. The form in which it is clothed may be more scientific, the spirit is essentially the same. It is gleaned too loosely and in too wide a field to admit of the tenets on which it is based ever being proved. No lasting structure of therapeutics, no result of treatment, can be expected or be excellent, without a more far extended and accurate series of observations than we possess, we shall have to arrive at an estimate of the comparative amount of success and failure rather by collateral evidence rather than direct proof. Convictions and sweeping assertions do not save us here, and have, indeed, nothing to do with the subject. No man's opinion respecting medicines commonly required for the cure of eczema has any more influence upon what ought to be really the question at issue than it has upon the qualifications of matter, and can no more limit their action on the nervous and vascular systems than it can affect the proportion in which sulphur combines with oxygen to form sulphuric acid, and this again with water and magnesia to form upom salts.

The only purpose in the statements of different authors as to the power of medicines over eczema, the irreconcilable differences in the results arrived at by different observers, are proof enough that I am not making out a case against the present system. Whilst the most experienced surgeons in England declare that it is often a difficult complaint to manage, requiring a long course of treatment and surrounded by complications which frequently demand a variety of remedies to subdue them, the French physicians seem to remove it by means which I should have supposed possessed no control over so refractory a malady, and some of which in my hands proved quite ineffectual. Cazenave quotes a model case, cured apparently by a little marshmallow infusion, and M. Bazin’s treatment, when we come to individual cases, is equally simple. Alkaline syrup and starch baths form the sum of his rates in all cases, while starch, ammonia, and arsenate of antimony fill up the formula in another. Dr. Kempsell, of Utica, cured a case of neglected eczema of the scalp by simply applying a weak lotion of antimony and salines, accompanied by a vegetable diet and no stimulants; a plan which, at any rate is energetic and consistent, but for which I do not see the necessity, as I have never met with severe eczema unaccompanied by a certain feebleness of breath. He stands, however, almost alone, and two of our leading authorities, Mr. Starlin and Mr. Wilson, are both averse to the use of lowering means.

(To be continued.)

Hospital Reports.

KING’S COLLEGE HOSPITAL.

Saturday, February 25.

Scabicous Tumours, Removal of — Nevus.

(Under Sir W.M. Ferguson.)

Sir William removed three of these tumours—two of them from men without the aid of chloroform; the third from a little girl under the influence of the anaesthetic. The operations were performed in the usual manner, but in the first case the tumour was dissected out entire. Such tumours as these, Sir William afterwards remarked, were easily removed, though at times difficult to dissect out whole. The one he had so extracted was a good specimen, though softer than many, and he would have it placed among the surgical preparations of the Museum. The common situation of these tumours was the eyelid, the mastoid process of the temporal bone, and the forehead.

Sir William's next operation was for a nevus, or as it is sometimes called seborrhea by anastomosis. He performed this in the usual method, by tying it with the knot described and depicted in his "System of Practical Surgery." After the operation, he remarked on the importance of paying attention to these minor operations, as they were.
The patient was walking in the street, and whilst passing under some scaffolding it gave way and fell on his side striking him on the side of the trunk and rendering him unconscious. He had on at the time a hat which was completely crushed and flattened. The scalp was torn off from the skull, behind a line of laceration which extended from a point 2½ inches above the left ear obliquely forwards and upwards to the top of the forehead, and then passed obliquely downwards and backwards to the right side of the occiput, ending 3 inches above, and 1 ½ inches behind the right ear. The extensive flap thus formed was replaced and kept in position by pads and a bandage.

When brought in the patient was in a state of collapse from shock; his extremities were quite cold. He was conscious, and exhibited no signs of compression. The pupils, which were slightly contracted, acted when stimulated. There was a slight priapism. His urine and faeces had been passed involuntarily, and on passing a catheter very little urine was found in his bladder.

No irregularity could be detected by Mr. Rivington in the line of the spinal processes. The patient complained of great pain in the region of the fractured sternum, said it was as if a cart-wheel was passing over it, and could not bear anything on his chest heavier than a sheet.

Jan. 20th.—10 p.m. Temperature, 99°; pulse, 96; respiration, 20.

Jan. 21st.—Pain in chest has left him; no pain in head; slept during the night; coughed up a little blood in the night; tongue furry; very thirsty. Temperature, 99°3; pulse, 100; respiration, 22. Says his legs feel warm to him, but that he cannot feel when he touches them with his hand. They are warm to the observer's touch.

9 p.m.—Temperature, left axilla, 100°8—left groin, 101°8; pulse, 105; respiration, 20. Pain in chest on coughing; no sensation in legs or in the lower part of the trunk. Cannot move his arms very well, and they appear to be weak; has slept during the day. Appetite not very good; thirsty; tongue furry and moist; bowels have not yet been opened. The scalp which was formerly covered by the headdress, had a great part of it removed. Has no pain in the head; cues of wound happy. The urine, which is drawn off every night and morning, is clear, acid, and of sp. g. 1026—on standing, a considerable quantity of lithate is deposited.

Jan. 22nd.—Had an injection of morphia this morning at 3 a.m., and he slept off and on for about an hour and a-half at a time till 10 a.m. Has no pain in chest, complains of a hot headache. No improvement in his lower limbs or trunk; the paraplegia continues.

12 noon.—Temperature, left axilla, 102°5—left groin, 102°4; pulse, 120; respiration, 24. Urine high coloured. He coughed up a small table-spoonful of clotted blood during the night.

8 p.m.—Still complaining of pain in head. Tongue furry but moist; bowels confined; much thirst. There is a slight degree of sensation in his legs, but he cannot tell which is touched. No reflex action and no power of movement. Temperature, left axilla, 102°5—left groin, 103°3; pulse, 108; respiration, 28.

Jan. 23rd.—Slept during night after morphia injection. Has been troubled with flatulence; bowels have been opened by an enema. Does not complain of pain. The skin of the head down to the middle of the forehead is raised, of a highly red and is quite warm to the touch. Tongue furry, but moist; very thirsty. No sensation in legs or trunk, nearly to the line of the nipples, on being pricked with a pin.
Transactions of Societies.

THE SURGICAL SOCIETY OF IRELAND.

FRIDAY EVENING, MARCH 24TH.

DR. ALBERT WALSH, President of the Royal College of Surgeons in the Chair.

There was a very large attendance of members and of visitors.

DR. CHAS. FREDERICK MOORE communicated a paper on re-vaccination.

which will be found at page 303.

Mr. Tufnell said he was an advocate for re-vaccination. He held in his hand evidence in support of the view that re-vaccination was not attended with danger. He had had that evidence afforded to him as surgeon of the military prison where a large number of men were admitted from time to time. He had carefully examined 100 men, and he would state the result. The total number of men re-vaccinated was ninety. Several of them in previous years re-vaccinated on entering the service because they bore such good marks of primary vaccination that the medical officers of the regiment did not consider the operation necessary. Of the 90 men 57 bore what might be called unquestionable marks of the vaccination; 19 had had primary marks; 12 primary marks at all, while 7 had bad small-pox. Of the 57 bearing good primary marks, in 17 re-vaccination succeeded. Of the 17, 10 had good secondary cicatrices, and 4 had fair secondary cicatrices. In 40 re-vaccination failed. Of the 18 who had had primary marks in re-vaccination succeeded; of these, 1 had good secondary cicatrices; 6 had fair cicatrices, and in 5 re-vaccination failed. Of the 13 bearing no primary marks, in 10 re-vaccination took, of which 4 had good, and 5 fair secondary cicatrices, and in 3 re-vaccination failed. Of the 7 who had been re-vaccinated with small-pox vaccination did not take. Of the 90 men re-vaccinated, not one man had any ill effects. Of the men bearing perfect primary marks, several upon re-vaccination, had just as good secondary cicatrices as the primary. One of these men was twice re-vaccinated, and another three times, and the results were just as good as those which followed the infancy primary vaccination. One individual bore two very good marks of primary vaccination, but so strong was the various susceptibility that, at six years of age, he got small-pox, and not withstanding this he remained at nineteen years of age, the virus took perfectly, leaving a good secondary vaccinia. Dr. Green, of the 17th Lancers, writing to him recently said, "I send you a return of the number of those vaccinated since I joined the 17th Lancers, just four years ago. No ill effects from re-vaccination. 297; perfect vesicles, 36; modified, 170; failed, 21. Women total vaccinated, 3; perfect vesicles, 2; failed, 1. Children, total, 71; perfect vesicles in all." Dr. Green adds, "During the fifteen years I served in the 1st battalion of the 21st Fusiliers I vaccinated learned with the above marks, and with any ill effects." Dr. Knox, surgeon of the 15th, writing from the Royal Barracks says, "I have examined the regimental books with regard to vaccination, and since the year 1866 we have re-vaccinated 600 men. Out of this number we have only admitted two to hospital. There were no cases of inflammation of the secondary glands, and in number cases did we think it necessary to detain the patient more than three days." Thus, out of 1,100 men only two individuals suffered any unpleasant consequences after re-vaccination. In private life he (Mr. Tufnell) had vaccinated very many people. He had recently re-vaccinated his own daughter, fourteen years of age, and another young lady, under fourteen, and in both, perfect secondary vesicles had been the result. He took vaccine virus from one of these vesicles and with it a child was vaccinated, and from the vesicles produced on that child, other children were vaccinated, and all proved healthy through the disease. Who would tell him then that it was not necessary to re-vaccinate those children at fourteen years of age? He had re-vaccinated himself twice, but on neither occasion did it succeed. That very day he had seen on a patient, under Dr. Beatty's care, two as perfect vesicles as could be formed.

Dr. Cronyn said the question before the Society was, whether re-vaccination was necessary? Mr. Tufnell had stated his opinion in favour of re-vaccination, and had supported it by facts which had come under his observation; but (Dr. Cronyn) considered that not to be enough. He founded that opinion from having re-vaccinated a considerable number of persons, and from having seen in several of these cases extremely unpleasant results. He had seen a large amount of irritation, of inflammation, of glandular swelling, and uncomfortable sensations during the process of re-vaccination; and yet he had never seen what he would consider a perfect vaccine-vesicle produced. His impression therefore was, that it was decidedly unnecessary. He could not see why any limit should be placed on the pro-
tective influence of the vaccine-lymph. He thought if a person
was successfully vaccinated in the first instance, the pro-
tective influence of the vaccine would last for life, as long
as a pustule was left; but not such as he would venture to
vaccinate from. On the whole, he did not think re-vaccina-
tion necessary.

Dr. Madden, who had been an army medical officer
for twenty-five years, said that, within the last three months
he had vaccinated 300 recruits in Birmingham and Mauchester,
but the authorities had continued to require a second
instance, had it been necessary to admit any man to hospital.
His experience did not agree with that of the last gentleman
who had spoken, as his hospital surgeon bore most distinct
marks of cicatrization, contracted variol a and nearly lost his
life. This marked the difference. The disease of vaccination,
and the disease was very prevalent at the time. His
only object in rising was to say, that in all his experience—
and he had re-vaccinated twelve hundred men in his own
regiment—he had not met with one case in which it had
become necessary to admit a man to hospital on account of
the effects of re-vaccination.

Dr. Athill said, the majority of the Society would agree
with him, that the symptoms after re-vaccination were so
trifling as not to admit of discussion. The real point to con-
dismiss was whether any drain had been re-vaccinated 1000 persons
Dr. Darby had given his opinion against it, but he had given no
grounds for that opinion; neither had he (Dr. Athill) any
grounds to give from his own personal observation for coming
to an opposite conclusion. He had never seen half a dozen
consecutive cases, after re-vaccination, of any character, in any
place, or at any time, where for information on the subject. What had recently
occurred in St. George's Hospital was an important point to
consider. Small-pox broke out in that hospital, and in six
weeks twenty-seven patients took it directly or indirectly from the
vaccinated, and Dr. Darby had been consulted and asked
whether any drain had been re-vaccinated during the last month, and those who had good marks on the
arm took the cow-pock quite as well those who had no
marks whatever.

Dr. Charles Robinson said he had lately performed re-
vaccination in many cases, and he was not aware of any death
from small-pox having occurred where primary vaccination
had been properly performed, nor could he find any instance of the
kind in the medical records which he had consulted. Im-
portant proof of the protective influence of re-vaccination,
was found in the fact, that among the cases at the last
vaccination, those who had been vaccinated re-entering their duties, and yet,
not one had ever contracted the disease during their stay in the institution.

Mr. H. G. Croly was entirely in favour of re-vaccina-
tion. As to whether the operation in the first instance was properly
known, he would undertake to say with certainty that the marks on the
arm were produced by the genuine cicatrizes of vaccination! Severe inflammation in the arm after re-vaccination did not prove much. That very morning he was consulted about a
child who had most severe inflammation of the forearm, and
slopping of the point of the elbow from primary vaccination.
He had re-vaccinated a great number lately. In one school,
he re-vaccinated twenty-eight young ladies. Eight of them
took it perfectly, some so perfectly that he could not think
the case a success. But when he asked whether it was not unreasonable to come to the conclusion, that in the cases
where the girls took the re-vaccination, they would be more
susceptible of small-pox if they had not been re-vaccinated,
People sometimes took small-pox although they had been vac-
cinated, and he had seen very bad confluent small-pox in such
cases. He thought taking away too much lymph from the
arm was calculated to deprive the patient of the advantages
of vaccination, and on that account women were often very
redundant to bring their children back to the dispensary,
Dr. White stood in an exceptional position to the gentle-
men who had spoken, for he had never yet re-vaccinated. He
was a poor-law medical officer for many years, and during that
period he went through one epidemic of small-pox, and during
his hospital experience, he had seen the epidemics of 1849 and
1852. His first experience of small-pox was in his own house.
His sister took it, and out of a family numbering thirteen or
fourteen, not a single individual took the disease from her

The Medical Press and Circular.

April 12, 1871.
All had been vaccinated in infancy, but not one was re-vaccinated.

During his first experience of small-pox in hospital, there was but one case of a patient in the hospital taking the disease, and the patient was not a child. After a few days, the child, a pupil in the hospital, took the disease. In 1852 he was Dr. Stokes’ clinical clerk, and what occurred during that epidemic? There was a number of cases in the hospital. One pupil, now a surgeon in the army, took small-pox immediately after the first symptoms appeared, but not a single patient, nurse, or servant, took the disease. All that, he thought, pointed very clearly to the protective influence of vaccination. Not an individual in the hospital was re-vaccinated during the periods he referred to. In his dispensary practice he had about twenty cases of the disease, and one child, the mother of which a second case occurred in the same house, and there was not a single death in that time in his district. He asked one of the students of the Mater Misericordiae Hospital about the progress of the disease there, and he stated, that three of the students had inoculated in arm in a dangerous state from the effects of re-vaccination.

Dr. Frederick Robinson (Scots Fusilier Guards) said, that, during the present epidemic of small-pox in London, the Brigade of Guards had been much exposed to contagion. The men were more exposed to diseases of that nature than the troops of the Line. They were quartered in the neighbourhood of low localities, and therefore must be considered obnoxious to the disease; but all those men were re-vaccinated carefully and with the best results, whereas, in the Line only those men were re-vaccinated who did not bear distinct marks of vaccination. He had lately seen one of the students of the Medical School inoculated in arm in a dangerous state from the effects of re-vaccination.

Dr. Thomas Beatty said the great question which the Society ought to endeavour to solve was, whether re-vaccination was necessary or not? He confessed that at present they thought they had not data before them to answer that question. It was possible that if the cases which occurred during the small-pox in the Line were to be carefully observed, the results recorded fairly, they might be able to arrive at some definite conclusion; for, unless they knew who the parties were that were attacked by small-pox, and whether they had been vaccinated or not, they could not form a positive opinion on that subject. All the questions were not answered, and until they had the evidence fully before them, he did not think they were in a position to state decidedly that such a proceeding as re-vaccination was necessary. On the contrary, it was very possible that if an accurate and true account were taken of those cases, the result would be such as to show that re-vaccination, although a safe and wise thing, was not absolutely necessary. Then as to the wisdom of the proceeding. There could be no question that in a number of cases of re-vaccination perfect vesicles had been formed on arms which bore the distinct marks of primary vaccination; and he thought there was no difficulty in deciding what was a distinct mark of vaccination. He had seen in cases where there were distinct marks of primary vaccination, perfect vesicles formed on the eighth day, and in the underarm area. He had seen a young lady at present under his care, and whom he vaccinised twice. On both occasions, there were two as perfect and distinct marks on her arm as he had ever seen, so distinct that she reproached him for making the mark so low down on the arm. The re-vaccination ran through its course, and the vesicle was the size of a halfpenny, if he were an infant, he would be tempted to take vaccine matter from it. There could be no doubt, therefore, that the vaccine disease could be reproduced. As to bad results the cases in which he had seen such occur were so few that he would not mention them; but it was a thing that occurred when the disease was new or old, and he did not say to any persons thus applying, “You should not be re-vaccinated” because he could not tell by what accident some member of that family might get the small-pox in after years, and he would not run the risk of being taunted with having precipitated the individual from obtaining what he and his friends considered to be the protective influence of re-vaccination. As to the protective power of vaccination, he had just been asked by a member of Parliament, with a view to his answer being communicated to people in authority on the subject of the wearing of the water-marks of the patient, who had been vaccinated in infancy had ever taken small-pox? His reply was, that he had been vaccinating for forty years, that during that time he had vaccinated sixty children every year, and that to his knowledge, not one of them had ever had small-pox. It was his custom not to re-vaccinate any one on the disease he would have heard of it. Nevertheless, he did not hesitate to re-vaccinate, if asked to do so.

Dr. Benson asked Dr. Beatty what he considered the best age at which re-vaccination should be done?

Dr. Beatty replied, that he did not think there was any particular age preferable to another, but he did not believe in the wearing out of the protective influence of vaccination.

Dr. Churchill wished to say a few words upon the two points put so strongly by Dr. McClinton, and which had been more or less touched upon by the previous speakers, namely: the protective power of vaccination. As to the first question, there were instances on record of persons who did take variola after having been vaccinated. As to the duration of the protective power, he conformed for the same length of time the answer which had been given by McClinton. Sir Dominic Corrigan. He (Dr. Churchill) had been vaccinating for thirty-nine years. Unfortunately for the first seven years he did not record the cases, but after that he had entered every case in his diary, and he had counted over his successful vaccinations since, and had a large number for which he could answer. He attended 2,500 cases of confinements, and allowing for deaths and the number which he had vaccinated before he began to record them, he could not have vaccinated less than 2,000 children, and he had never seen or heard of a single case of variola occurring in one of them. A cruel test, almost occurred in a family which he attended. There were two families, the gentleman having married twice. The children of the second marriage were all vaccinated, when the eldest of the second marriage, a young girl, an eighth child, occurring in one of the family of the first marriage, but not one occurred in any of the second children. As to the point mooted by Dr. McClinton—if you re-vaccinate a person and he takes the disease, does that prove that if he had been exposed to small-pox he would take it also. It was a doubtful question. He should like to know how many gentleman in the room had been re-vaccinated?

The Chairman asked those who had been re-vaccinated to hold up their hands, and eighteen gentleman did so. There were about 100 in the room.

Dr. Churchill said it was quite clear that all the clauses of some sort or other were certain to be re-vaccinated if it be essential—doctors, clergymen, and nurses, and they would stand exposed if they went out of their way to get it done; and yet they did not hear of the doctors getting small-pox. With regard to sore arms, it was quite clear that a great many people had been vaccinated without getting sore arms. It was quite clear on the other hand, that some persons did get sore
arms as the result of the operation. An inquest was held in Liverpool a few days ago, on a person who died after having been operated on by Dr. Kussell, with the cutaneous inflammation from the elbow to the shoulder-joint occurring after re-vaccination. Dr. Evory Kennedy said that he thought no man ought to get up to address the meeting without having the full respect and attention of the house to his voice. The question was as to the propriety or the necessity of re-vaccination. (A voice. "The necessity.") Dr. Kennedy would accept the word necessity. Whatever was the duty of a medical man to do, was a necessity. The necessity arises to the medical man if his own experience, his own opportunities of observation, and his honest judgment drew him to the conclusion that re-vaccination was the wisest thing he could do for the safety of his patient and of the public, and by that test alone was a man to be tried. Gentlemen talked of an exception, but that was no argument in a question of this kind. It was only the result of careful, accurate, and repeated observation that could guide the profession, and lead them to just and proper action in such a matter as this. The variety of opinions that had been expressed that evening confirmed him that the question was still an open one, and he approached it with those feelings which should influence every man who appreciated the importance of the question, and the caution which should guide him in expressing his opinions upon it. Many of the speakers caught at no argumentative line, and stated their calm and deliberate observations, and gave the results as they had occurred to them. It was from the accumulated observations and experiences of such men, that a sound conclusion on the question was to be arrived at. There was one fact which had been apparently forgotten in the course of the discussion, viz., that there was a perfect immunity against small-pox? It was not a perfect protection; it was only a partial protection, and this was established by numerous and undoubted facts. One gentleman did not see any necessity for re-vaccination, because he had never seen any case of small-pox after vaccination, whereas others had seen them, and with serious and even fatal results. The necessary conclusion from the observations of the latter was, that vaccination was only a partial protection. There was a protective influence as far as it went; but he had no doubt from the time of the debate that the protective influence wears out, and that it could be removed. His friend, Dr. William Moore, who was on the Committee of the College of Physicians that investigated this subject, and who had been in communication with many persons in England and Scotland, had favoured him with the following letter, bearing on the question under discussion.

My dear Dr. Kennedy,—In reply to various queries as to the prevalence of small-pox in Ireland and the sister kingdoms, many most instructive and interesting points have been mentioned to me with respect to vaccination and re-vaccination; thus, Dr. Gelston, of Limerick, makes the remark "that there must be strong various tendancy prevalent, as every one, young and old who have been re-vaccinated have taken it." Again, Dr. Brunker, of Dundalk, in a very interesting letter, tells me, "that a boy, aged twelve years, who died of small-pox in his neighbourhood, had been successfully vaccinated before our present generation; now, however, very few practitioners here have assured me, that such a circumstance has not occurred with them.

Dr. James Dunlop, of Glasgow, one of the Medical Officers of Health of that city, and inspector of vaccination under the Privy Council, &c., has, in the kindest manner, given me the fullest possible account of the epidemic small-pox in Glasgow, and among other interesting facts, he mentions that Dr. Russell, superintendent of the Small-pox Hospital, told him a few days ago, "that he was quite delighted with the ability of the hands in the district to handle the edge of variola, even although the latter had the start of two or three days, if vaccination is performed with fresh lymph the disease becomes modified, and the pustules small. The difference was very striking in cases removed from the same family, some of whom had not been vaccinated, others that had been vaccinated only after the variola had laid hold of them." Thus, as far as I know is, to us, a valuable extension of vaccination, and coming from such an unquestionable source, it is well worthy of a trial. Again, with respect to re-vaccination, Dr. Dunlop has given the following interesting details: "In a Female Industrial School in Glasgow, containing 150 girls, varying from seven to fourteen years, fourteen girls were attacked with small-pox. Dr. Dunlop had them all removed within twenty-four hours to hospital, and he re-vaccinated 110 girls and five lady nuns, three weeks have now elapsed, and no new case has occurred." I confess, although not an ardent re-vaccinator, I think this is a very important fact, and I thought you might think it worth mentioning at the "vaccination" meeting of the Surgical Society.

Believe me, yours very truly,

WILLIAM MOORE.
67 Fitzwilliam Square, 24th March, 1871.

Dr. Kennedy proceeded to say with reference to the allusion made to the appearance of small-pox in the Mater Misericordia Hospital, that if he were looking for the strongest case to induce him to re-vaccinate, he would take the case of the Mater Misericordia Hospital. He thought whenever persons were exposed to the risk of contagion, they ought to be re-vaccinated; and he considered the man culpable who did not give his patient the advantage of it when he knew its efficacy. He was quite aware that there had been a panic got up in Dublin, and that he had got the credit of originating it. If there was anything in his professional life, he approached with more satisfaction than another, it was the line of conduct he had adopted on this question. How had small-pox been reduced in this country? How had it happened that whereas 90,000 cases of small-pox occurred in this country in a period of ten years, and 1,000 cases occurred in Ireland in one year; the disease had been so far overcome, that in the year 1869, there was not a single death in our hospitals from small-pox. How had that been brought about? By panic, by inflicting it on the public, and obliging them to be vaccinated (hear, hear). That was the course the profession ought to adopt,—to state in a manly way their convictions regardless of the consequences. In advocating re-vaccination, he wished to be understood that he only advised it where there was a repeated exposure.

On the motion of Dr. Kinn, the discussion was adjourned until the next meeting of the Society.

THE SEWAGE QUESTION.

SPECIAL REPORT.
(Prepared expressly for the Medical Press.)

No. XXIV.

COMPOSITION OF HUMAN EXCRETA, AND OF SEWAGE, AND QUANTITIES OF EACH YIELDED PER DIEM BY THE POPULATION.

Having described in detail the various processes in operation at different places for the disposal of sewage and human excreta, and having also ascertained what are the results thereof, we are now able to discuss the question of the most safe, easy, and profitable means of utilising them. Preliminary to this, however, it is obviously of great importance that we should have correct notions of the composition of sewage and human excrement; and to this end we will enquire into the results of the analysis of faces, urine, sewage, &c.

The investigations of Messrs. Way, Lawes, and Playfair, in this country, and of MM. Liebig, Simon, Wolf, Lehmann, Fleitmann, and others, on the continent, have sufficiently explored the subject to enable us to construct the following table, which represents, not merely the ave-
rages proportions of solid and liquid matters discharged daily from the human body, but also the proportions of the chief constituents of urine and feces in the case of children and adults of both sexes.

### Average Weight, in Avoirdupois Ounces, of the Chief Constituents of Urine and Feces Passed by Children and Adults in Twenty-Four Hours.

<table>
<thead>
<tr>
<th>Chief constituents</th>
<th>Males</th>
<th>Females</th>
<th>Average at all ages</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Boys</td>
<td>Men.</td>
<td>Girls</td>
</tr>
<tr>
<td><strong>URINE.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fresh state</td>
<td>19.875</td>
<td>48.490</td>
<td>16.881</td>
</tr>
<tr>
<td>Dry matters</td>
<td>0.969</td>
<td>2.197</td>
<td>0.750</td>
</tr>
<tr>
<td>Organic matters</td>
<td>0.677</td>
<td>1.739</td>
<td>0.574</td>
</tr>
<tr>
<td>Nitrogen</td>
<td>0.166</td>
<td>0.481</td>
<td>0.101</td>
</tr>
<tr>
<td>Mineral matters</td>
<td>0.252</td>
<td>0.477</td>
<td>0.176</td>
</tr>
<tr>
<td>Phosphoric acid</td>
<td>0.035</td>
<td>0.069</td>
<td>0.034</td>
</tr>
<tr>
<td>Potash</td>
<td>0.040</td>
<td>0.078</td>
<td>0.027</td>
</tr>
<tr>
<td><strong>FECES.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fresh state</td>
<td>3.421</td>
<td>5.240</td>
<td>1.061</td>
</tr>
<tr>
<td>Dry matters</td>
<td>0.879</td>
<td>1.112</td>
<td>0.282</td>
</tr>
<tr>
<td>Organic matters</td>
<td>0.762</td>
<td>0.639</td>
<td>0.244</td>
</tr>
<tr>
<td>Nitrogen</td>
<td>0.032</td>
<td>0.062</td>
<td>0.016</td>
</tr>
<tr>
<td>Mineral matters</td>
<td>0.117</td>
<td>0.173</td>
<td>0.038</td>
</tr>
<tr>
<td>Phosphoric acid</td>
<td>0.039</td>
<td>0.062</td>
<td>0.013</td>
</tr>
<tr>
<td>Potash</td>
<td>0.014</td>
<td>0.033</td>
<td>0.004</td>
</tr>
</tbody>
</table>

So that the range in the daily proportion of liquid and solid excrement, from children and adults of different sexes is considerable, as from 17.94 ounces, in the case of girls, to 53.73 ounces in that of men—the dry solid matters in the two cases being 1.03 oz. and 3.31 oz. In order, therefore, to estimate, approximately, the total amount of excrementitious matters contributed by a mixed population of different sexes and ages, we must take the normal proportions of them as they occur in a town population of say 10,000 individuals; and then the following will be the daily quantities contributed in each case:

### Amounts of Solid and Liquid Matters Contributed Daily by a Town Population of 10,000 Persons—Consisting of 1,664 Boys, 3,020 Men, 1,692 Girls, and 3,674 Women.

<table>
<thead>
<tr>
<th>Chief constituents</th>
<th>Males</th>
<th>Females</th>
<th>Total at all ages</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Boys</td>
<td>Men.</td>
<td>Girls</td>
</tr>
<tr>
<td><strong>URINE.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fresh state</td>
<td>2073.2</td>
<td>9152.5</td>
<td>1753.6</td>
</tr>
<tr>
<td>Dry matters</td>
<td>59.6</td>
<td>414.7</td>
<td>77.9</td>
</tr>
<tr>
<td>Organic matters</td>
<td>69.5</td>
<td>334.6</td>
<td>59.6</td>
</tr>
<tr>
<td>Nitrogen</td>
<td>17.1</td>
<td>90.8</td>
<td>16.7</td>
</tr>
<tr>
<td>Mineral matters</td>
<td>30.0</td>
<td>90.0</td>
<td>18.3</td>
</tr>
<tr>
<td>Phosphoric acid</td>
<td>3.6</td>
<td>13.0</td>
<td>2.5</td>
</tr>
<tr>
<td>Potash</td>
<td>4.1</td>
<td>14.7</td>
<td>2.8</td>
</tr>
<tr>
<td><strong>FECES.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fresh state</td>
<td>351.5</td>
<td>989.1</td>
<td>110.2</td>
</tr>
<tr>
<td>Dry matters</td>
<td>90.3</td>
<td>209.9</td>
<td>29.3</td>
</tr>
<tr>
<td>Organic matters</td>
<td>78.3</td>
<td>177.2</td>
<td>25.3</td>
</tr>
<tr>
<td>Nitrogen</td>
<td>5.0</td>
<td>11.7</td>
<td>1.6</td>
</tr>
<tr>
<td>Mineral matters</td>
<td>12.0</td>
<td>32.6</td>
<td>3.9</td>
</tr>
<tr>
<td>Phosphoric acid</td>
<td>3.6</td>
<td>11.7</td>
<td>1.3</td>
</tr>
<tr>
<td>Potash</td>
<td>1.4</td>
<td>4.3</td>
<td>0.4</td>
</tr>
</tbody>
</table>

From which it appears that every 1,000 persons in a mixed town population contributes 2,266 lbs. (avoirdupois) of urine, and 177.5 lbs. of feces per diem, the dry solid matters of which amount to 137.2 lbs.; and they contain 168.8 lbs. of organic matter (with 223 lbs. of nitrogen) and 284 lbs. of mineral matters (with 51 lbs. of phosphoric acid, and 4.2 lbs. of potash). The average amount per head of the population is 39.1 oz. of moist material, containing 2.2 oz. of dry solid matter, of which about 291 gns. are insoluble in water.

But these are not the only matters contributed to the sewage of a town, for it also receives the fluid refuse of every branch of industry, as the filth of kitchens, laundries, and dye-houses, the drainings from stables, slaughter-houses, and markets, the liquid impurities of trades and manufactures, and the washings of the public thorough-
fares. These, with the excreta of the population, and a large volume of domestic and sub-soil water, make the complex liquid which forms the sewage of a town, and which varies in its composition, with the habits of the people, the season of the year, and even the hour of the day. It is, therefore, difficult to arrive at a very absolute conclusion respecting the average composition of sewage. Perhaps, however, the sewage of this metropolis may be taken as a very near approximation to a normal standard; and we submit the following as the average results of a great number of analyses by Dr. Letheby, of the sewage discharged at all hours, and at all seasons, from the outfalls of ten of the large City sewers, whose ordinary rate of flow, at mid-day, is about 3,490 gallons per minute.

**CHIEF CONSTITUENTS OF A GALLON OF LONDON SEWAGE.**

<table>
<thead>
<tr>
<th>Chief constituents</th>
<th>Day sewage</th>
<th>Night sewage</th>
<th>Storm sewage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soluble matters</td>
<td>55·74</td>
<td>65·09</td>
<td>70·26</td>
</tr>
<tr>
<td>Organic matters</td>
<td>13·08</td>
<td>7·42</td>
<td>14·75</td>
</tr>
<tr>
<td>Nitrogen</td>
<td>5·44</td>
<td>5·19</td>
<td>7·26</td>
</tr>
<tr>
<td>Mineral matters</td>
<td>40·66</td>
<td>57·67</td>
<td>58·71</td>
</tr>
<tr>
<td>Phosphoric acid</td>
<td>0·85</td>
<td>0·69</td>
<td>1·03</td>
</tr>
<tr>
<td>Potash</td>
<td>1·21</td>
<td>1·15</td>
<td>1·61</td>
</tr>
<tr>
<td>Suspended matters</td>
<td>38·15</td>
<td>13·39</td>
<td>31·58</td>
</tr>
<tr>
<td>Organic matters</td>
<td>16·11</td>
<td>7·48</td>
<td>17·55</td>
</tr>
<tr>
<td>Nitrogen</td>
<td>0·78</td>
<td>0·29</td>
<td>0·67</td>
</tr>
<tr>
<td>Mineral matters</td>
<td>22·04</td>
<td>6·61</td>
<td>14·33</td>
</tr>
<tr>
<td>Phosphoric acid</td>
<td>0·89</td>
<td>0·64</td>
<td>0·98</td>
</tr>
<tr>
<td>Potash</td>
<td>0·08</td>
<td>0·04</td>
<td>0·16</td>
</tr>
</tbody>
</table>

If mid-day sewage, therefore, be taken as representing the average composition of London sewage, it will be seen that it contains about 94 grains of solid matter per gallon—55·7 of which are in solution, and 38·2 in suspension. The organic matter amounts to 13·2 grains per gallon—of which 15·1 are dissolved and 16·1 suspended. The total amount of nitrogen in the sewage is 6·22 grains per gallon, and of this 5·44 grains are dissolved and 0·78 in suspension. Of the mineral matters, amounting to 62·7 grains per gallon, 1·74 are phosphoric acid, and 1·29 potash.

These proportions of the most important constituents of sewage are not very different from the results obtained by Dr. Hofmann and Mr. Witt in their enquiries in 1857 into the mean composition of London sewage. Their samples were obtained from the Savoy-street sewer, because the Government referees considered that it furnished the best specimen of normal London sewage; and they were taken hourly during the twenty-four hours, and mixed, so as to produce a fair average sample. This yielded 30·7 grains of organic matter per gallon, 6·76 grains of nitrogen, 1·85 of phosphoric acid, and 1·03 of potash—quantities which are very similar to those obtained by Dr. Letheby. The analyses, also, of the Rugby sewage, made by Mr. Way in 1851, 1862, and 1863, for the Royal Commission appointed to inquire into the best mode of distributing the sewage of towns, gave almost the same result; for it was found, as a mean of 93 analyses, that a gallon of sewage contained 92·5 grains of solid matter—29 of which were organic, and 63·5 mineral. The nitrogen, in the complete analyses, amounted to 6·18 grains per gallon; the phosphoric acid to 1·68 grains; and the potash to 2·81 grains. Dr. Voelker's estimate of the average composition of sewage is a little too low; for he says a gallon of sewage contains 70 grains of solid matter (or one part in a thousand), and of these 20 grains are organic (yielding 5·67 grains nitrogen, or 7 ammonia), and 30 are mineral (yielding 1 grain phosphoric acid, and nearly 3 grains of potash).

The amount of sewage contributed daily by the inhabitants of London were, at the time of the analyses, about six cubic feet, or nearly 37·5 gallons per head of the population; and of this about 80 per cent. was represented by the water-supply. It is easy, therefore, to distribute the principal constituents of sewage under the head of human excreta, and other fluid refuse; for to take the sewage of 1,000 persons in a town population, it may be said that the following are, approximately, the chief sources of the several impurities contained in it.

**WEIGHT IN POUNDS (AVOIDED) OF THE CHIEF CONSTITUENTS OF THE SEWAGE DAILY DISCHARGED BY EVERY 1,000 PERSONS OF A TOWN POPULATION, AND THE SOURCES THEREOF.**

<table>
<thead>
<tr>
<th>Chief constituents of 3,750 gallons of sewage</th>
<th>From excreta</th>
<th>From other refuse</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soluble matters</td>
<td>95·7</td>
<td>202·9</td>
<td>298·6</td>
</tr>
<tr>
<td>Organic matters</td>
<td>73·3</td>
<td>7·5</td>
<td>80·8</td>
</tr>
<tr>
<td>Nitrogen</td>
<td>20·0</td>
<td>9·1</td>
<td>29·1</td>
</tr>
<tr>
<td>Mineral matters</td>
<td>22·4</td>
<td>195·4</td>
<td>217·8</td>
</tr>
<tr>
<td>Phosphoric acid</td>
<td>3·0</td>
<td>1·6</td>
<td>4·6</td>
</tr>
<tr>
<td>Potash</td>
<td>3·4</td>
<td>3·1</td>
<td>6·5</td>
</tr>
<tr>
<td>Suspended matters</td>
<td>41·6</td>
<td>162·8</td>
<td>204·4</td>
</tr>
<tr>
<td>Organic matters</td>
<td>35·6</td>
<td>60·7</td>
<td>96·3</td>
</tr>
<tr>
<td>Nitrogen</td>
<td>2·3</td>
<td>1·9</td>
<td>4·2</td>
</tr>
<tr>
<td>Mineral matters</td>
<td>6·0</td>
<td>112·1</td>
<td>118·1</td>
</tr>
<tr>
<td>Phosphoric acid</td>
<td>2·1</td>
<td>2·7</td>
<td>4·8</td>
</tr>
<tr>
<td>Potash</td>
<td>0·8</td>
<td>—</td>
<td>0·4</td>
</tr>
</tbody>
</table>

It is very probable, looking at the relatively large amount of nitrogen in the matters derived from other refuse than human excreta, that the estimated quantity of nitrogen in the latter is a little too small; or it may be that the nitrogen of the mid-day sewage, which is here taken for comparison, is somewhat in excess of the average; or perhaps both these causes are concerned in yielding so large a quantity as 9 lbs. of nitrogen to 7·5 of organic matter. The Commissioners appointed to inquire into the best mode of distributing sewage, say, in their third report, that after a very exhaustive inquiry they find that 12·6 lbs. of ammonia is the amount annually yielded by each average individual of a town population. This would give a total of 25·43 lbs. of nitrogen daily by 1,000 persons, instead of 22·3 as we have estimated. Broadly, however, it may be said that the 3,750 gallons of sewage contributed daily by every 1,000 persons of a town population, contain about 167 lbs. of organic matter, 33·3 lbs. of nitrogen, 9·4 lbs. of phosphoric acid, and 6·9 of potash; and of these nearly half the organic matter, seven-eighths of the nitrogen, about half of the phosphoric acid, and nearly all the potash are in solution. The relation, therefore, of the most important constituents of sewage is as follows:—every 10 parts of organic matter represent 2 parts of nitrogen; and every 10 parts of nitrogen are associated with 2·82 parts of phosphoric acid, and 2·07 parts of potash.
THE SANITARY WANTS OF THE PEOPLE.—II.

The statements we have quoted represent more or less faithfully the general sanitary conditions of the towns throughout the country, to say nothing of the hamlets and villages where, for the most part, the arrangements permit of the soaking of the soil and thereby render the area worse than if no provision at all had been made in it. The epidemic at Terling can hardly yet have been forgotten, and circumstances similar to those which gave rise to it are constantly making and maintaining thousands of pest-beds throughout the country, so that, instead of surprise at the prevalence of epidemics, the wonder rather is, that fever is not more widespread than it is. Endemic fever kills annually in England from fifteen to twenty thousand persons, and the lives of, perhaps, twenty times that number are endangered, and the individuals are grievously sickened by disease which prevails through the pollution of the atmosphere and drinking water with excrement, and although the fact has been reiterated over and over again, it seems that its very general admission favours the apathetic spirit in which the subject has been treated by the Legislature. In his tenth report the Medical Officer of the Privy Council reverted to excremental poisoning and remarked, that he had then reported again and again on the subject which he now characterizes as the "filthiest chapter in the history of our pestilences;" he further says, that it cannot properly be set aside, unless the Legislature and Government have already quite exhausted their endeavours against the evil, and he adds, that he believes such is not the case, and he invites judgment upon the question—what practical result we have already seen! However, turning once more over the last report of the officer we have just mentioned, we find that there is still some gleam of hope in it, and that it is not impossible to remove all the sanitary difficulties which, at the present time, are simply a disgrace to us. Thus, in Manchester, systematic measures are being taken for the regulation of midden, and the by-laws of the Corporation require that the situation, dimension, ventilation, drainage, and construction of these conveniences "shall be subject to the approval of the Corporation, and that every ash-pit shall be so enclosed and covered over as to be kept dry and ventilated, and the floor shall be flagged to the satisfaction of the Corporation." In the specification, which is also given, one of the requirements is, that if the midden is built against the wall of a dwelling-house, "such wall must be lined with Rochdale flag;" but the inspectors remark, "We do not think that a siding of a Rochdale flag is to be relied on to prevent the foundations of a house being polluted by excrement;" but a more serious defect to which they invite attention is the undue retention of the midden contents in the town. The new pits are made large enough to hold from three to four months' accumulation of excrement and refuse, and the scavenging arrangements only contemplate the removal of this accumulation when the pit is ready to overflow. Manchester, too, is not the only town in which some attempt at sanitary improvement has been made, something had been done in most of the towns inspected, but generally so imperfectly, and so unsystematically, that, in no instance, does the report speak altogether favourably.

One long chapter is devoted to the earth system and much is said for it, though it is not altogether approved, several pages of the report are devoted to engravings demonstrating the various ash-pit, pallet, and water contrivances in use in many of the towns, and hardly any of them are sweepingly condemned, but the want of order and uniformity appears to undo in one direction all the good that is done in another, and thus all the systems are rendered more or less objectionable. It is, indeed, not a question whether the midden and pallet systems are in themselves radically wrong, it is rather whether some modification of one or both of them may not be the best; in many respects, they are superior to the earth system, and all are incomparably above the water system from whatever point of view they may be regarded. The drying of earth is an expense and it entails labour, but ashes are present in every household, and dry ashes are of nearly the same antiseptic value as dry earth; besides which, ashes are themselves valuable as manure, it is true that if they are allowed to collect and get wet, all the abominable attendants of a nuisance are certain to arise out of them, but the same argument applies to the earth system dryness and systematic removal being the essential of success in working it. If now, we consider for one moment the system of removing excrement by water, we shall see at a glance its evils; first, the waste of water, which, in London, for instance, may be estimated by hundreds of thousands of gallons daily—this water immediately decomposes the excrementitious materials, eliminating effluvium therefrom, and this perpetually fills the sewers with noxious gases which escape into the town at every leak and ventilating hole, whilst domestic ashes which ought to be used as antiseptics, are under present arrangements, allowed to collect in dustholes with other house refuse, where they get wet and decompose, and emit noisome smells, until it suits the convenience of the contractors of the disgusting "dust-cart" to remove them.

The ignorance and want of judgment displayed by town councils and local boards in regard to sanitary matters, and the carelessness of their own interests shown by
these bodies is well exemplified in that portion of the report which has reference to Nottingham, where hygienic arrangements have been attempted on a principle which is so sound that it is worthy of imitation, but yet the working expenses exceed the income by a third, and although we read that there is an increasing demand for the refuse as manure in the country all along the line of the canal, it appears that the authorities dispose of this manure at a tenth to a seventh of its value.

If we reflect upon the subject it really appears marvellous how, instead of advancing we have retrograded, and how instead of, by sewage utilization, keeping our arable soil fertile, we first befoul the ground we live on, and then by useless storage pollute the atmosphere we breathe, and ultimately, by wanton waste, contaminate the water we drink, and produce fever with one of the most valuable manures obtainable. The Chinese, whose civilization we have too readily been inclined to look upon as incomparably beneath our own, ages ago solved for themselves the great hygienic question upon which we allow our town councils to squabble, whilst thousands of lives are sacrificed in consequence of their divided opinions. In China not one atom of any refuse is wasted, but every ingredient that has been removed by a crop is, according to the Chinese system of agriculture, returned to the soil, and that object being kept in view, the collection of excremental materials forms a part of the Chinaman’s daily business. The result is, that the land of China, instead of becoming impoverished, increases in fertility with the continually increasing population. The ancient Romans, too, were not ignorant of the value of excremental materials, and their hygienic arrangements generally were such as could put all ours to the blush. Their water supply was the most perfect that any nation possibly could have, and the remains of their water-courses to this day testify not only the scale of magnificence, but also the order and method upon which the Romans reduced their principles to practice. Frontius tells us that in the year A.D. 92, Rome had no less than nine large aqueducts by which water was brought to that city. These aqueducts were, in some instances, covered over throughout their whole course. Some of them were from forty-two to fifty-four miles in length. They conveyed water from the river Arno, and from springs and lakes round Rome, and poured into the town a supply of at least 332 millions of gallons per day, or as has been computed 332 gallons per head, about ten times the amount per head now supplied to London. More than a half of the London supply is wasted with the solid excreta which we, at a prodigious expense, throw away, whilst we remain content with endless discussion, and wonder where we ought to draw our water from. It is not that we have not good water in the country; we have rivers, and lakes, and springs innumerable, which will yield the most wholesome water in the world if we protect them from sewage contamination, and we have engineers who can not only build water-courses, but who also can construct midden and removal carts capable of collecting and removing refuse, without emitting pest whiffs at every turn of the street, but what we stand in need of is, bold and determined legislation. A constructive measure which shall at once provide for a necessity and put an end to that useless expenditure of life, which is the consequence of our imperfect and indefinite sanitary law. The day when local authorities will learn wisdom is, perhaps, very far distant, but a central authority might teach, and the voice of the nation which finds the money for investigations, might enforce the carrying out of such sanitary regulations as enlightened reason dictates to be the essential of the common weal.

SCOTLAND.

Dr. Matthews Duncan has been elected one of the consulting physicians of the Royal Sick Children's Hospital.

The first session of the Edinburgh University Philosophical Society closed on Wednesday, Principal Sir Alexander Grant, Bart., delivering the valedictory address, the greater part of which consisted of an able criticism of the Darwinian theory of the descent of man.

The question of admitting female medical students to the Royal Infirmary will again be considered at the next meeting of the Board of Managers. The subject has been brought before the Board by a Society for Promoting the Medical Education of Women in the form of a communication, embodying a scheme for the admission of women to clinical instruction, without endangering those objects for which the Infirmary was originally designed.

James Paget, Esq., has been elected an honorary member of the Medico-Chirurgical Society of Edinburgh.

Notes on Current Topics.

Vaccination.

Dr. Oliver, of Redcar, is strongly of opinion that the intelligent portion of the community—though for the most part admitting the benefits of vaccination—require some simple and reliable summary of facts bearing on all sides of the question. Doubt and opposition, he thinks, are growing rapidly even among persons of education, such as the clergy. The only remedy is to supply information. He has, with this intention, written a little work entitled, “Plain Facts on Vaccination.” It is a plain exposition of facts, without indulging in invective against those who oppose—be they doubters or real opponents—the united voice of our Profession in favour of vaccination. Abuse is not the best part of argument, and would not convince our readers; and we approve the plan of stating plainly the grounds of our belief, and let them counteract the trash with which the public are plentifully doused. The pamphlet, though designed for the public, may be of use to medical practitioners—those, for instance, who have neither time nor inclination to go into the larger works, and who seek for a handy collection of facts with which to meet popular prejudices.

Briton Medical Life Association.

Nothing could be more encouraging to those of our readers who are share or policy-holders in this company; or to such of the Profession who have not, as yet, made some provision in a life office for their families in case of death, and are hesitating which to invest in, than the Seventeenth Annual Report presented by the Directors of the Briton at the meeting held last week. A dividend, at the rate of 8 per cent. per annum on the capital of the
Company, with a still larger bonus in perspective at the quinquennial division, is a very gratifying feature, especially when the unsettled state of affairs generally, and the panic which set in against insurance offices, consequent upon one or two heavy failures during the past few years, is considered. Our opinion of the soundness of the undertaking is based upon a careful review of the past with its present position, upon the confidence reposed in it by those who have watched its progress from infancy, the readiness with which its claims are met, and the difficulty of obtaining shares in the market; and lastly, though perhaps the most important of all, the high character and position of its trustees and governing body. Having carefully waded through the "verbatim" report and the balance sheet of this last year, our opinion is but further strengthened, and the Association has our hearty wishes that it may go on in the path already trodden, when a greater success must still be achieved. For detailed statement of the position of the Company, we refer our readers to another part of our columns, from which they will be able to draw their own conclusions. The directors were unanimously re-elected, and a vote of thanks to the chairman, and of continued confidence in the able manager, to whose zeal and assiduous attention the Association were much indebted for much of its success, brought the proceedings to a close.

Unqualified Practitioners.

The Bayeswater Chronicle has drawn attention to the impropriety of unlicensed men prescribing, and referring to a recent case, says:

"If barber-surgeons are extant there is a class of men equally dangerous to society when they go beyond the sphere of their knowledge: we allude to chemists and druggists, and men who prescribe medicine without an idea of the nature and properties of the compounds and their effect upon the human body. A few large bottles of coloured water in a window, or a brass plate upon a door, in a low-class neighbourhood, and you are dubbed 'the doctor;' and there are hundreds of men in London practising and dispensing medicine with no other qualification than these bottles of the quacks in the shops and the tramp around the streets. A case in point is noticed in another page, again shows how desirable it is that chemists should not be permitted either to prescribe medicine or attend in midwifery cases unless they have passed an examination, and obtained a diploma. A woman's life in the hour of her travail should be held as sacred as it would be if she were suffering from typhus or scarlet fever. Nature may do all that is requisite, but unskilful treatment may thrust nature aside, and the poor patient succumb and die. It is in the interest of society that such cases as that which occurred last week in Paddington, where a mother and child died from causes not very satisfactorily explained by the medical evidence, should be as few as possible. It is for the medical press and the medical college to bring their power to bear upon these matters. Charlatanism in medicine is more mischievous than in any other science, and society is so burdened with it, that it is altogether unable to protect itself against its insidious disguises."

It is almost surprising to be told we ought to take up this question. No organ of the Medical Profession has failed in its duty in this matter. Let the general press follow the example of this West London paper, and we may hope for more effect. After all, it concerns the public, not the Profession, to protect themselves from the injury of unlicensed practice.

A correspondent sends us a copy of The Sphynx, a Manchester weekly, from which we are happy to make the following extract on this subject:

"Surgeons v. Chemists and Druggists.—Taking advantage of a case of accidental poisoning in a surgeon's family, sundry chemists have been decanting on the trade unfairness of medical men making up their own prescriptions. Dispensing, they urge, is the trade of a chemist and druggist, not of a professional man. The modern chemist to whom extent has transplanted the old function, and the apothecary of the present day is perform a perfectly educated doctor. Theoretically, it would be much better for medical men to abjure dispensing, but practically it would amount, in an ordinary second-class practice, to a second charge to the patient of at least one-half more. Clubs could not exist, perhaps, as they now stand, not an unmixed loss—and the independent poor could not avoid themselves of a qualified medical man at all. In a first-class practice it is the invariable rule not to dispense, but for the sake of the poor we hope medical men will long exercise their undoubted rights as to the compounding of their own prescriptions. There is another side of the picture which these ne sutor ultra criptam people will not care to let the public see. Except a few of the best firms, chemist are in the function belonging by law only to legally-qualified medical men. This abuse of their position has more to do with our heavy death-rate than most people are aware of. Chemists are answerable for the majority of the deaths among the children of the labouring classes. If chemists really want a reform, why do not they begin at home? Let them take down all their misleading signs, and burn all their equivocal labels. So bold have these pseudo-doctors become that they even sign the authorized forms of certificates of death, generally styling themselves 'medical chemists.' We were at an hospital the other day, and we saw several specimens of men who had either been lanced or had their constitutions lanced for life by chemists; and the surgeon for the week assured us these were common occurrences. We inquired what had been passed to these quacks, and their names. The 'fee' was in all cases larger than would have been asked by a qualified man, and the ruin wrought was truly frightful. A darker page still against chemists could be unfolded, but it is unfitted for promiscuous ears. This picture is rather under than over-drawn. Mr. Leigh, our Medical Officer of Health, was for some years a registrar of births and deaths. It would be interesting to find out how many certificates he received, written or verbal, from the prescribing chemists of his district. In some districts it is self-evident that the quasi-illegal use of certificates is a matter of bargain between parties other than the chemists. Surely, the Registrar-General ought to put a stop to this irregularity."

Health of Dublin.

In the Dublin Registration District the births registered during the week ending April 1st, amounted to 279. The average number in the corresponding week of the years 1864 to 1870 inclusive, was 186. The deaths registered during the week were 154. The average number in the corresponding week of the previous seven years was 206. Nine deaths were caused by fever, viz.:—4 by typhus, 4 by typhoid or enteric, and 1 by simple continued fever. Scarlet fever proved fatal in 7 instances. Whooping-cough was the cause of 13 deaths; quinsy and croup of 1 each, and measles of 2. Fifteen deaths were ascribed to convulsions. There was no death from small-pox registered. Thirty-one persons died from bronchitis, and 7 from pneumonia or inflammation of the lungs. Three deaths were caused by kidney disease, unspecified, and 1 by cystitis or inflammation of the bladder. Seventeen persons fell victims to phthisis or pulmonary consumption, 4 to measles.
teric disease, 2 to hydrocephalus or water on the brain, and 1 to scrofula. Three accidental deaths were registered, viz.:—1 from fractures and contusions and 2 from drowning.

The Lady Students in Edinburgh.

When the question of admitting lady students to the Infirmary was last before the Board of Managers, it was resolved, by a majority, that previous resolutions on the subject should not be disturbed until the ladies satisfied the Board that they could present a plan for carrying out their purpose without danger to the objects for which the Infirmary was originally designed by its founders. The Scotsman understands that the challenge thus thrown out has been accepted. At the usual weekly meeting of the Managers, held last week, the clerk intimated that he had received from Professor Calderwood, as representing the Society for Promoting the Medical Education of Women, a communication embodying a scheme for the admission of ladies to clinical instruction, which is submitted as fulfilling the required conditions. The communication will come up for consideration at next meeting.

London College of Surgeons.

Twenty-nine gentlemen passed their primary examinations in anatomy and physiology at a meeting of the Court of Examiners on the 5th inst. Six candidates having failed to acquit themselves to the satisfaction of the Court of Examiners were referred to their anatomical and physiological studies for three months.

The Small-pox Epidemic.

At the meeting of the St. Pancras Guardians, a communication was read from the Poor-law Board, in which they stated that, acting in concurrence with the Lords of her Majesty's Privy Council, they approved of the formation of each parish into one district for public vaccination, with four stations, under one general vaccinator. The Poor-law Board, however, recommend that there should be also a deputy vaccinator, to act for the vaccinator-general in case of illness or necessary absence, or at times of pressure. The Chairman inquired if this deputy would necessitate the creation of another office. Mr. Fiddew, the clerk, said it would not be attendant with any extra expenses, as the vaccinator-general would appoint his deputy subject to the approval of the Board.

Protection of the Public from Accidental Poisoning.

The inevitable vested interests, the bête noir of all legislators, has made itself heard against the proposed regulations for ensuring the safety of the public against errors in dispensing. The chemists and druggists of England are in arms as one man, and vehemently proclaim the superiority in value of their convenience over public safety, and declare loudly that they really cannot be bothered keeping books or making inquiries.

We are truly sorry to observe that the Council of the Pharmaceutical Society have succumbed to the popular clamour, and withdrawn the regulations which at the instance of the Privy Council they had promulgated. We use the word "withdraw" because they have decided simply to recommend the adoption of the regulation, a course equivalent, as they well know, to their abrogation.

The Journal of the Society informs us that the amendment, expressing this decision, was carried with only a single "No"—that of the President, Mr. Sandford, who then and there tendered his resignation. We think the case is one in which the Privy Council should sustain its views, and enforce upon obstructive tradesmen the means necessary to secure the public against loss of life or health.

Assistant Dispensers in Her Majesty's Naval Establishments.

An open competition for these appointments will be held in London on April 25th. Candidates must possess at least the minor qualifications of the Pharmaceutical Society. Five persons will be selected, if so many shall be found qualified. Two appointments are now vacant, one at Jamaica, and one at Ascension.


The pay commences at 5s. a day, and may rise to 10s. a day, besides other allowances.

London Water.

Professor Frankland, in his report to the Registrar-General on the water supply of the metropolis in the year 1870, states that the eight water companies supplied above 25 gallons to each person. All the companies delivered during the year water containing a conspicuously smaller average proportion of solid impurity than in 1869. The improvement in the case of the river water is mainly attributed to the drought, during which the Thames and Lea were chiefly supplied by deep springs; in fact, their winter samples contained a larger proportion of solid impurity in 1870 than in 1869. The average proportion of organic matter, as measured by the organic carbon, was considerably less in 1870 than in the previous year. The degree of purification effected by filtration is proportional to the thickness of the filtering medium and the slowness of the passage of the water. The companies are under strong temptation to save expense by using the smallest quantity of filtering material (Harwich sand costing 10s. per cubic yard), and by providing filter beds of the smallest area and passing the water through at a rapid rate. The consequence of yielding to this temptation is the delivery of turbid and impure water whenever the rivers happen to be more than usually foul. Professor Frankland supplies also a statement of the weight of nitrogen contained in the organic matters found in each sample of water. Organic matters of animal origin are more highly nitrogenous than those of vegetable origin, and therefore the presence of any considerable proportion of organic nitrogen in river waters known, like those of the Thames and Lea, to be polluted by sewage must be regarded as throwing grave suspicion upon their quality. Another table is given showing the amount of previous sewage or animal contamination. So far as chemical analysis can show, the whole of this can be oxidized and converted into mineral and innoxious compounds when the analyses were made; but there is always a risk that some portion may have escaped this decomposition, and produce disease in those who drink the water. The risk is much greater when the water is from rivers and shallow wells.
The Medical Press and Circular.

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than when it is from deep wells and springs. Professor Frankland states that while the evidence of this previous contamination in the Thames and Lee waters exposes them to grave suspicion, he regards the same evidence (though greater in amount), in the Kent Company's water as practically of no importance, if access of drainage from the upper strata be rigidly excluded from their deep chalk wells, and since the spring of 1868 his analyses afford no indication of any such soakage into these wells. The causes already described as operating to reduce the amount of combined nitrogen are active in obliterating the evidence of previous contamination with animal matters. Professor Frankland strongly recommends the use of Clark's process for softening water, which has also an effect in purifying it.

Whom to Consult?

We have already published the repudiations of most of the medical men whose names were so improperly used in the "Invalid's Guide," and, although some have questioned our wisdom in giving that obnoxious publication any notice, the majority—evidently seeing that such a course was forced upon us—have recorded their approval. It was not for the sake of those who knew the distinguished men mentioned that we adopted the course we have followed, but for the sake of their fair fame before the mass of the Profession who did not personally know them, and who asked us if it were possible men in such high places could regard the proceeding with any feeling but that of loathing. A few names delayed too late for our last impression must now be added.

Mr. Solly, in repudiating the "Guide," "considers it an impertinent and disgraceful publication."

Dr. Cotton, finding that his friends, holding distinguished positions, have thought it right to put in a disclaimer, asks us to add his name, though, as he justly remarks, neither we "nor anyone whose opinion he values would for a moment suppose he could have been a party to so contemptible a transaction." Certainly we knew it, and, as we said at first, we knew as much of all those who were named.

Dr. Fuller now disavows it, though, but for our second article, he would have hardly thought it necessary, "as the fact is patent to all who knew him."

Mr. Brodhurst had never heard of the "Guide" until our columns drew attention to it, and is surprised to hear that his name has been used in such a manner without his authority.

Mr. Harvey, of Soho square, has written to say he knew nothing of the "Guide" until he heard of it through our columns.

Mr. H. Lee tells us he was not aware of its existence.

Our correspondents who have condemned the proceeding will see that in such cases as this the Profession is still as honourable as they had hoped.

The Medical Ladies at Edinburgh.

On Monday last, at a meeting of the Victoria Discussion Society, Dr. C. R. Drysdale in the chair, a paper was read by Mrs. King, a lady who has taken a prominent part in agitating against the Contagous Diseases Acts, 1866-69, on the "Necessity of Admitting Females to an Equal Position as Citizens, and in Industrial Life with Male Citizens." The chairman said he agreed with the reader of the paper that the regium of marriage should be that of equality, not of subjection of either party to the other. He then mentioned that he had just received a letter from one of the lady medical students at Edinburgh, showing that they had taken first-class honours in the classes of anatomy and surgery, in open competition with their male fellow students of the College of Surgeons. This announcement was received with loud cheers.

The Dialectical Society.

At a most crowded meeting of the Dialectical Society of London, on April 5th, present, among others, Lord Amberley, Mr. and Mrs. Jacob Bight, Mrs. Lynn Linton, Mr. and Mrs. Conway, Dr. and Mrs. Chapman, Mrs. J. Robertson, Dr. C. R. Drysdale, Mr. Levy, Mr. Fox Bourne, &c., a paper was read by Mr. Moncure Conway on "Marriage. Dr. J. Chapman occupied the chair. After tracing the present state of the marriage law from the times of barbarism, through the Roman Empire, up to the present, Mr. M. Conway expressed himself as entirely favourable to the divorce laws existing in Indiana, U.S., and in Prussia, where the law was quite similar to that of Indiana. In ancient Rome, there never was so much happiness as in the days when divorce was quite free; and the same state of things, if again existing, would do away with an immense amount of the crime and immorality engendered by the cohabitation of so many partners who were so inimical to each other, as often to give the very worst of examples to their children of cruelty and bad conduct. Dr. C. R. Drysdale said that he, too, was persuaded that the legal impediments to divorce should be but slight, although public opinion, doubtless, in any individual case, might be justly condemnatory of divorce. In Indiana, U.S., where the sexes were numerically equal, the women had recourse to divorce from uncongenial partners in nearly double the number of cases that the men had—thirty-seven women had sued for divorce and nineteen men in one court. Dr. Everts, of that State, had written to say that the best informed men of the State of Indiana approved highly of the results of the law of Indiana, which gave divorce for almost any cause. Infanticide was unknown in the State, according to Dr. Everts; wife-beating unknown and ill-treatment of children so rare as to excite feelings of public resentment whenever it was known to occur. The parents were always allowed free access to their children. Dr. Drysdale added that John Milton said that christianity was not opposed to facile divorce. W. von Humbolt said the State had no business to make laws on this point; and Mr. Mill said that there should be but slight legal difficulty in getting divorce. Miss Wallington, Dr. Wyld, and a visitor took the opposite side to that advanced by Mr. M. Conway; Mr. Levy, Mr. P. Bedford, Mrs. Smith, and other speakers were in favour of Mr. Conway's views. The adjournment of the debate was moved by Mrs. Johnston-Robertson, and seconded by Lord Amberley. The adjourned debate is fixed for the 19th inst., at 1 Adam street, Adelphi, at eight p.m., when Mrs. Robertson and Lord Amberley will re-open the question.

Professor Pietro Luzatti, of Milan, died suddenly on the 22nd ult. He was one of the most accomplished obstetricians of his country.
Sir James Alderson, ex-Pres. R.C.P., Lond.

On the expiration of his term of office, the accomplished President of the Royal College of Physicians delivered an address, referring to the College events of his term of office. For four years has Sir James fulfilled the duties of the high office of President of the College with an energy and zeal that has elicited the cordial thanks of the Fellows. During these four years important improvements have been carried out, and questions of medical reform have occupied much attention. The conciliatory manner in which the amalgamation scheme has been met, and the judgment and prudence displayed by the President in a former address, when that scheme seemed to be lost, deserve the approbation of the whole Profession.

As a physician, a scholar, and a gentleman, Sir James Alderson's qualities are appreciated, not only by the Fellows who so cordially recorded their thanks to him, but by the great mass of the Profession throughout the three kingdoms.

Dr. Burrows, Pres. R.C.P. Lond.

The Fellows of the Royal College of Physicians of London have to be congratulated on being able to secure as successor to Sir James Alderson in the Presidency, so worthy a physician as Dr. Burrows. But for the great claims of Dr. Burrows, the Fellows would no doubt have re-elected their late excellent President; but as Dr. Burrows was willing to accept the position, and as his fitness for it was peculiarly manifested before as President of the General Medical Council, and of the Royal Medical and Chirurgical Society, it was but natural he should be elected, and, moreover, it is desirable that the highest honours of the College should be held in succession by those who have risen to the position, and have the confidence of their brethren.

Apart from his position as a physician and scholar, Dr. Burrows is one of the few who may be called medical statesmen. He has been interested in—has worked hard in—medical politics all his life. He knows all the attempts at medical reform that have been made for the last half century. He is practically familiar with the defects of the existing laws. He knows well what the Medical Council is, what may be expected of it, what uses it can be put to. He is equally acquainted with the Corporations, and though, as it were, identified with some, he may be trusted to discern their imperfections, and to do what he can to remedy them.

We cannot omit mention of the fact that, in days gone by, Dr. Burrows fought well against the exclusive privileges of the English universities in regard to the Fellowship of the College over which he is now called to preside. We therefore look forward to a bright epoch in the existence of the College. We congratulate the Fellows on their choice, and wish the new President all the support he can desire, assured that he will lead them in the just and liberal way of progress that may add much to the prosperity of the College.

Vaccination.

The vaccino-phobias have had the chance of expressing their fears to the Parliamentary Committee, but fortunately also the voice of reason has been heard in the same quarter. The Medical Officer of the Privy Council mentioned some statistical and other facts that will not fail to have an effect on the Committee. It is doubtful if they will influence the ignorant meddlers who have not hesitated to do all they can to rouse the prejudices of the uneducated against a benevolent practice.

Mr. Simon mentioned that at Rotterdam, with a population of 121,000, the deaths have recently risen to 116 in the week, a proportion which, if equalled in the metropolis, would represent more than 3,000 deaths in the same time. At the Hague, with a population of 92,000, there had been a still higher mortality—viz., 121 deaths. This extraordinary mortality was due to the practice in Holland to defer vaccination until the children are six or seven years old.

Dr. Harvey's Indian reports show that small-pox is never absent from Bengal. Every few years it breaks out into an epidemic, attacking all persons who have not had the disease previously. In a given epidemic not more than 2-22 per cent. of the mortality occurs amongst persons who are over ten years of age, all above that age being protected either by having been inoculated or having had small-pox. In gools, nearly every one presented traces of having had the disease, and in one 200 were all found pitted. In the last epidemic the mortality per 10,000 of the population was, in Agra (unprotected) 128-64; in Delhi, less unprotected, 1940; in Burtpoor, partially protected by previous visitsations and vaccinations, 69-3; and in the British army in Bengal, fully protected, 3-39.

Mr. Simon pointed out the fallacies involved in the statements made as to the non-effect of a high mortality from small-pox on the general rate of mortality, which, he said, were utterly delusive. These fallacies were: 1. The movements of population. The general death-rate of the kingdom must be raised if there was any considerable movement of population from rural districts into towns, and as this movement had undoubtedly taken place to the extent of twelve per cent. between 1851 and 1860, no deduction could possibly be made as to the special effect of small-pox. 2. The absence in the statements made to the committee of any reference to the altered proportion of young children. It was found, for example, that the birth-rate had risen from 32 per 1,000 of the population of London in 1851, to 34-41 per 1,000 in 1861; and the increased proportion of children being accompanied by a special high mortality would mask any diminished mortality from small-pox. 3. The mortality due to special conditions, geographical, industrial, &c.

Dr. Buchanan had shown that dividing the whole period from 1835 into three portions—viz., from 1835 to 1849, from 1850 to 1854, and from 1854 to 1869, the annual diminution from all small-pox was in No. 1, 25,023; No. 2, 23,952; and in the last period 33,501 per 1,000. Thus there was a diminished annual rate of mortality from all diseases except small-pox of 1-5 per 1,000. During the same periods the mortality from small-pox had been, from 1835 to 1849, 0-581; from 1850 to 1854, 0-300; from 1855 to 1869, 0-263; so that there had been a diminution of the death-rate from small-pox, probably due to compulsory vaccination, and also a diminution of the general death-rate.

Cholera has again become more prevalent in St. Peterburg.

Dr. Parke will take the chair at the annual festival of University College Hospital.

The Marquis of Bath will take the chair at the dinner of the North London Consumption Hospital.

The opponents of the Contagious Diseases Acts declare confidently that they will be repealed.

This evening (Wednesday) the Epidemiological Society is to be occupied with the subject of "Relapsing Fever."
The Edinburgh lady students have again distinguished themselves at the examinations.

Mr. Cock having retired from the senior surgery at Guy's Hospital, the students intend to present him with a testimonial.

The Local Government Bill contains clauses intended to carry out some of the suggestions of the Sanitary Commission.

Professor Maclean opened the Netley School last week with an interesting address in which he referred to the accomplished plan of making Netley the "United Service Medical School."

The University of Durham has offered to contribute towards the establishment of a School of Science at Newcastle-on-Tyne. The offer has been accepted and the new school may therefore be considered as likely to be opened in a short time.

Mr. Geo. B. Black, 60 Quadrant, Regent street, has forwarded as an excellent portrait of Dr. Forbes Winslow that he has lately added to his gallery, and of which copies may be had on application to the artist, as they are printed for private circulation.

Professor Attfield lately delivered a valuable lecture on the "Chemical Nomenclature of the 'Pharmacopoeia,'" which appears in full in the Pharmaceutical Journal. He thinks the time has come when a few slight alterations would give us a complete system of pharmacopoeial nomenclature independent of, but harmonious with, science, and, therefore, likely to be more permanent than any other.

Testimonials and presentations to medical men are seldom the expression of the feeling of the sick poor who have most benefited by the exertions of the doctor. We observe, however, that Dr. Hime, of the Women's Hospital, Sheffield, has received a very gratifying mark of the estimation in which his skill and kindness towards his patients are held, consisting of a silver biscuit box purchased by subscription. The smallness of most of the individual contributions prove the limited means of the donors, but at the same time render the gift all the more gratifying.

Dr. Clodimir Bonfigli passes in review in the Rivista Clinica di Bologna a number of interesting therapeutical contributions. We take a few items from this interesting article. Professor Dessi-Carloni cured two cases of tetanus by opiates and warm baths. Bromal hydrate has been used in epilepsy by Steinauer; and perchloride of ethyl pointed out by Oscar Liebreich has been used as an anesthetic in twelve operations by LANGEBECK, Bardeleben, and Albrecht. Dr. Cororra has tried with success subcutaneous injection of curare as an antidote to strychnine. M. BERGERON has had satisfactory results from cebucis in diphtheria. Dr. Sonnis cured a case of psoriasis that had resisted all remedies by means of copaiba. M. Guyot finds phosphate of lime the best remedy for the night sweats of phthisis.

The Presidency of the Irish College of Surgeons.

To the Editor of the Medical Press and Circular.

Sir,—The letters on this subject in your late numbers have surprised me a great deal, for although a fellow of the College I reside in England, and here the council invariably select or nominate their president. Not having ever heard of either of the candidates, I think it would be satisfactory if they announced their claims, such as surgical writings, services to the college, &c., conduct to their junior brethren since they arrived at a consulting position, in your columns or by circular. Such was not considered undignified by Sir W. Fergusson, Erichsen, and others when they sought a place on the council of the English College. I agree in the main with the arguments of Dr. Mapother, and certainly in all the learned bodies in this country, the president is chosen out of the council; for example, Sir B. Brodie and Mr. Airy when nominated to the chair of the Royal Society. If the practice is to be departed from, it would seem to me more fitting that some man who has crossed the Channel, such as R. W. Smith or J. Hamilton, should be selected for the second most distinguished place in surgery in the British Empire.

I am, &c.,

F.R.C.S.I. (resident in England).

The Unicists and Dualists.

To the Editor of the Medical Press and Circular.

Sir,—However desirous I always feel, as well as your many other subscribers, of seeing medical matters fairly and amicably discussed in your largely circulating journal, I must say that, on opening your number for this week I was hopeful that the syphiliographers had grown weary of their "argumenta ad homines," and that in peaceably laying down their pens they would determine on allowing the readers of the Medical Press and Circular to form their opinions on a subject protracted in a tone and spirit not to be described to an interesting length. I don't know what opinions our Metropolitan professional brethren may have formed on the "questio vexata" between two surgeons, colleagues, in two hospitals in Dublin, your subscribers in the country perfectly agree with the remarks made by Dr. Drysdale in a letter he addressed you on this subject some weeks ago; for my part I fear if the belligerent syphiliographers do not become dualists in one sense they will ultimately appear as dualists in a more quickly to be decided form.

Your obedient servant,

Frank J. DAVIES.

Cremona, Swords, 6 April, 1871.

To the Editor of the Medical Press and Circular.

Sir,—As the question of the unity or duality of the venereal poison which I introduced this Session to the notice of the Surgical Society of Ireland, has been in your last issue, reduced to the whining process of appealing, ad misericordiam, and to the expedient of hinting at the "unnecessary taxing of the crippled funds of a valuable charity," which my treatment, Mr. McDowell would have it supposed entailed, I think a stage has been now reached where further remark is unnecessary, and would be unbecoming the regard due to our profession as a science. I introduced the subject as one of scientific and practical interest. I was the first to do so, and therefore it was desirable that my effort to cultivate a great field of observation which had so long lain fallow, should be at once stifled, and that the soil which Mr. McDowell so frequently represents, he has had longer the advantage of cultivating, should produce no scientific fruit, but remain as lighthearted an unweeded garden where indeed

"The wild brier,
The thorn and the thistle grew broader and higher."

What the wretched attempt at a puling sentimentalism, or the taxing of the funds of a valuable charity, have to say to a scientific and practical enquiry, I may fairly leave to the better judgment of your readers, who, doubtless, will understand the real value of the sentimentalism. I cannot, however, avoid making one or two remarks on the accuracy
of the statements made, which are characterized by that "l looseness of doctrine " which I have already adverted to. I have, in the first place, delivered of the "delivered child," and "whose shame" is so pathetically introduced, no doubt as a highly scientific fact, happened to be a married woman, who is so entered on the registry, and who always pro- tested herself as such. It was, I apprehend, "no shame" for her to be pregnant, nor indeed disorder, and was from her the " delivery of a diseased child is a pure mis- representation; a finer and healthier specimen of a child could not be seen in Dublin. This woman I pronounced, and do now reiterate, was free from any evidence whatever of syphilitic taint, and her child was as fine and well nourished as a child could be. On October 25, 1870, how far dis- eased condition was latent in her or the child was of course impossible for me then to say—every practitioner knows the difficulty of making such a declaration. This is another in- stance, indeed, of the assumptive mode of coming to conclusions which I remarked on last week. Where your professional readers are supposed to be so simple, because a man got a sore on the "right lower eyelid," that they will swallow the dogma as given, no doubt "ex cathedra," that "a paramour" in Shropshire, "beyond all doubt," produced this by kissing, although the propounder of this singularly fanciful statement, given with due solemnity, has no more basis for supposing that "the paramour" had patches or disease in any shape whatever than I or any of your readers have.

Another pleasing instance of plasticity of expression is also furnished by Mr. McDowell in his experience: "that hard sores are always prevalent in men and even in women in Dublin;" "and that in one day he has recently shown six unquestionably hard sores in women." Unfortunately, however, we find him saying as I do that, "the hard sore is rare in women." On a careful examination of the Lock-Hospital Registry for the years 1869 and 1870, I find nomenclature by Mr. McDowell, Nos. 783, 1126, 1178, 1218, 1320, 1172, as indurated or hard sores; and, curiously enough, I have had the same number; an average, as I before have stated, of three indurated typical cases annually passing through the hospital, but now under argumentative stimulus there is such an access of hyperesthesia "that hard sores are found to be prevalent." The litera scripta, however, is as above quoted, and is the true exponent of the value to be placed on the variations of soft or hard indications.

At the introduction of the discussion I produced a series of carefully noted and tested cases, which has been designated "a farrago," and Mr. McDowell admits he has no similarly ascertained series to produce. I have exposed fallacies in his assertions which is styled "bubbling." He has been profuse in his assertions, and has not yet discovered with his self-satisfied great opportunities, "proved nothing;" many things have been said. We have had the old old tale of soft sores in men not followed by secondary, judiciously illus- trated, by a major or captain, maj. by Dr.'s, and plain Mr.'s, but a word of proof as to the distinct sequela of one sore or poison, or against the proposition I have been at the pains of proving that soft sores are the direct offspring of secondary inoculations. The wildest flights of fancy have been indulged in from "soft syphilitic sores" to "soft syphilitic sores," from "sores with neither character" to "non-infecting sores," and from "non-infecting sores which do infect in exceptional cases" to "that "Kohinoor" of sores which first appearing on a Sunday requires on the succeeding Wednesday (i.e., the third day of its existence) to have its "torpid constitution" stimulated by "caustic" and "mercurial treatment," immediately, or closed.

Mr. McDowell makes mention of my remarks on inocula- tion treatment, and that the patients I inoculated and quoted as such got well. This I still maintain, whether permanently well or not; the unassuming "torpid constitution" stimulated by "caustic" and "mercurial treatment" immediately, or closed.

Yours faithfully,

John Morgan.

23 Stephen's Green, N. Dublin.

CELIBACY AMONG SOLDIERS AND THE CONTAGIOUS DISEASES ACT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I will ask your correspondent, Dr. McNab, to be pleased to remember that in my "scientific" tournament with one of the most able and energetic of modern writers, I was left no option in the choice of weapons but those furnished by my inexorable antagonist, who "admitted no argu- ments, which are not necessary to the conclusion," and who, inasmuch as he could not propose to follow the "laws of nature and natural life." It would not answer in that case to say, "It is written," to one who preferred, "facts and arguments for Darwin.

If a Hindu or Mahometan were discussing "social evils," or any other question of "moral character," he would be "unwilling to maintain their "scientific" doctrines by quotations from the Veda and Koran, and if I were to take from the same source arguments tending to a different conclusion, it would be no reason for supposing that I ignored the teaching of the Bible, that I was a believer in Vishnu, or a convert to Islam, I have no further interest in the Contagious Diseases Acts than as regards the health, the vigour and happiness of the human family. In a population of 6,000 in my district, I scarcely meet an average of one (imported) case of syphilis in a whole year! Do have you any idea of the number of people who are "cruelly oppressed mistresses of one man!"? and does not seem to care what becomes of the innocent wives and children of many men. No doubt it would be cruel to frighten the mistress from her lover and give her any reason to take up a new-found opportunity to escape. Let us refer to the states corresponding, and in this "word of learned length and thundering sound" is uttered in thy name! I will refuse to quote Scripture to the arguments of one who has the temerity to recommend the adoption of a practice for which a celebrated scripture character was struck dead, and which would wish to place the susceptibilities of any one, where few can agree. Gentlemen become irritable enough when their cherished dreams of childhood are about being dis sabited; but when any article of their faith is impugned, they become simply fanatics, wholly inaccessible to reason.

I thought I was distinctly made in such a time as empha sized, "in my opinion a religious aspect was out of place in a discussion," on "baby farming," "infanticide," "French freuders," and "contagious disease, where the opinions of Mill, Malthus, Bentham, and a host of philosophers would make a queer gallery if interspersed with passages from "Holy Writ," I did not dispute Dr. McNab's right to hold to his opinion, and his "idle words" and "falling spurrow" arguments.

I have to thank those gentlemen from whom I have re ceived private letters on the subject, and also Dr. Drysdale, who, in a "post card," gave me an earnest of his kind and generous disposion.

Very faithfully yours,

Thommas Hayes, M.D., M.C.F.S.L.
Shansaladden, Co. Limerick, March 25th, 1871.

Medical News.

Royal College of Physicians of London.—The undersigned gentleman passed his first professional examination, on April 4, 1871:—Breame Weston Fowler, St. George's Hos- pital.

Important Prosecution.—A person styling himself "Du Grands de Gissen University, and a Member of the Royal College of Surgeons, England," and whose address is given as of 36 Gilbert street, Oxford street, appeared at Marlborough street Police Court, on Thursday week, on a summons issued at the instance of the Royal College of Surgeons, for charging him with falsely representing himself to be a member of the said College. Mr. Straight appeared for the prosecution, and Mr. King (solicitor) for the defendant. Sergeant John Meiklejohn, of the detective department, Scotland yard, proved having kept watch for some time past the said proceedings, and having seen him at his own shop dispensing medicines, for which he received money. The full penalty of £20 was inflicted, the magistrate (Mr. Knox) expressing his satisfaction at the conviction; and, in answer to an application of the defendant's solicitor for mitigation of the penalty, refused to entertain the idea for a moment.

West Kent Medico-Chirurgical Society.—On Friday even ing, March 24th, Dr. Carr, of Blackheath, read a paper on "Vaccination and Re-vaccination."
NOTICES TO CORRESPONDENTS. 

Correspondents are reminded that a reply in this column, is particularly requested to make use of a distinctive signature or initials, and to avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this. To our Subscribers.—Gentlemen who have not paid their subscription for last year are respectfully reminded of the omission. The Publishers of this Journal have a large demand to recover arrears of subscriptions due for several years previously, which, in too many instances, remain unpaid, notwithstanding frequent application for settlement.

D. U. B.—The pamphlet shall receive early notice.

EDINBURGH.—In our report of Sir Dominic Corrigan’s communication on "Death Registration," the mention of Dr. Ramsay’s work on "State Medicine," referred to the valuable work of Dr. Ramsay, of Cheltenham.

MEETINGS OF THE LONDON SOCIETIES.

Epidemiological.—Wednesday, April 12th, 8 p.m. "The Epidemic of Relapsing Fever," by Mr. T. J. Dyke (Medical Officer of Health, Montrose, and Turriff,). Dr. Robinson (Medical Officer of Health, County of Sussex), Dr. C. F. Grahame (Medical Officer of Health, Forfarshire), Dr. Blyth (Medical Officer of Health, Forfarshire). A Contagious Disease in the County of Sussex. Dr. Blyth, of Newhaven. On a Case of Left Hemiplegia, with total Loss of Right Eye, and other papers.

Medical.—Monday, April 17th, 8.15 p.m. Ordinary.

Pathological.—Tuesday, April 18th, 5.15 p.m. Ordinary.

VACANCIES.

Middlesex County Lunatic Asylum.—Assistant Medical Officer for Day Department. Salary £100.

Bristol Lunatic Asylum.—Medical Superintendent. Salary, £350, with furnished residence and extras.

South Staffordshire Union.—Deficiency of Full-time旧 Old Poor Children. Dr. J. F. Smithson, L.R.C.S., L.M.S., Dispensary Surgeon.

Norwich Dispensary.—Resident Medical Officer. Salary, £120.

Nurser's Union.—Medical Officer. Salary £25, with extras. Her Majesty's Naval Establishment.—Two Assistant Dispensers. By open competition in London, April 24th.

APPOINTMENTS.

Bennett, F. W., M.R.C.S., L.M.S., Medical Officer and Public Vaccinator for the Walsingham District of the Havant Union.

Bruck, G. B. M.B., a House-Surgeon to the Royal Infirmary, Dundee.

Buckley, C. M.R.C.S.E., Resident Assistant at the Royal Infirmary, Manchester.

Clapham, W. S., M.R.C.S.E., House-Physician to the Dreadnought Dispensary, Greenwich.

Curran, J. Waring, Surgeon to the Sherwood Lodge, Old Friendly Society and Pott's Order of Old Friends, Wakefield.

Darwen, J., M.R.C.S.E., Medical Officer for District No. 5, and Mr. J. C. Johnson to No. 2 of the Parish of Birmingham.

Drake, F. H. R.C.S., House-Surgeon to the Hartlepool Hospital.

Dwyer, Dr. J. J., Medical Officer for the Dunkie coherence Dispensary of the District of the Dublin Union, in Co. Meath.

Glover, R. W., L.R.C.P.Ed., Resident Medical Superintendent of the poppau and Sydenham Asylum District at Bromley, Middlesex.

Gourley, F. M.D., Medical Officer to the Chislehampton Dispensary.

Green, C. J., House-Surgeon to the County Hospital, Huntingdon.

Kimbrough, A. A., M.R.C.S., Resident Medical Officer to Newbury Infirmary.

Kilbride, Dr. J., Resident Medical Officer to Visit Home Patients of the Infirmary, Bridgnorth.

Kirk, J., M.R.C.S., has been re-appointed Medical Officer to the Huddersfield Dispensary, in the above capacity.

Tanner, B. R., M.R.C.S., Resident Medical Officer to the York Dispensary.

Pilchow, C. W., M.D., B.Sc., Resident Physician and Secretary to the Birmingham General Polyclinic and Dr. W. Nettleship.

Smith, J. M., M.D., Surgeon to His Majesty's Scotland.

Watson, J., L.R.C.P.Ed., Medical Officer of Health for Huntingdon, Stilton, and Prelby.

Wilson, W. D., Apothecary to the County of Wiltshire and Wiltshire.

Wright, S. W., M.R.C.S., Surgeon to the West Norfolk Hospital.

Wootton, J., L.R.C.S.E., a Consulting Surgeon to the Kent Ophthalmic Hospital, Maidstone.

Marriages.

DONALD—OSBORNE.—On the 31st ult., at Christchurch, Marylebone, R. T. Donald, M.R.C.S.E., Surgeon to the Manchester Hospital, and Miss Minnie Donald, youngest daughter of John Greene, M.R.C.S., of Muxton, Salop.

Deaths.

GROVER—On the 26th ult., at Malaga, Robert V. George, L.R.C.S.I., Hodges—On the 1st inst., at Redland, Bristol, Edward Hodges, M.D., aged 61.

PIGOT.—On the 28th ult., John M. Rigby, M.D., of Ruddington, Nottingham, aged 85.

ROBERTS—On the 18th ult., Owen Roberts, M.D., of St. Asaph, aged 61.

Smy.—On the 27th ult., T. W. Smy, M.R.C.S.E., of West Haddon, Devizes, aged 77.

Advertisements.

ROYAL COLLEGE OF SURGEONS.

MEDICAL SCHOOL OF SURGERY.
The SUMMER SESSION will commence on MONDAY, the 3rd of April, during which the following Courses will be delivered:

- Botany
- Chemistry
- Practical Chemistry
- Dr. W. PARKER
- Medical Jurisprudence
- Dr. DAVY
- Materia Medica
- Dr. CAMERON
- Midwifery
- Dr. SAWYER

Premiums will be awarded at the close of the Session.

By Order, JOHN BRENNEN, Registrar.

20th March, 1871.

EDWORTHY SCHOOL OF SURGERY AND MEDICINE.

SUMMER SESSION 1871.
The SUMMER SESSION will commence on MONDAY, APRIL 3, 1871, when the following Lectures will be delivered:

- Botany
- Chemistry
- Practical Chemistry
- Dr. W. PARKER
- Medical Jurisprudence
- Dr. DAVY
- Materia Medica
- Dr. CAMERON
- Forensic Medicine
- Dr. FREESE
- Midwifery
- Dr. MANSFIELD
- Botany
- Dr. MARRON

The INTRODUCTORY LECTURE will be delivered by Dr. MUNNELL, on MONDAY, the 3rd inst., at One o'clock, p.m.

Students may enter for any of the above Courses with any of the Lecturers, or with

7 Ends court street.

EDWARD LEDWICH, Secretary.

DR. STEVENS' HOSPITAL AND MEDICAL COLLEGE.

The SUMMER SESSION, 1871, will commence on MONDAY, APRIL 17th, and will include the following courses:

- Botany
- Chemistry
- Midwifery
- Materia Medica
- Botany
- Jurisprudence
- Practical Chemistry
- Pathology,
- and Operative Surgery.

E. HAMILTON, Hon. Sec.

120 Stephen's green.

MEDICAL CLUB, SPRING GARDENS, CHARING CROSS, S.W.

Until the removal of the Club to the new premises, Members will continue to be admitted upon the payment of an entrance fee of 68s. 6d. The annual subscription for Members at home is £5 15s., and for Members abroad £4 1 ls. 6d.

March 22nd, 1871.

H. T. L. BEWLEY, Secretary.

ROYAL FREE HOSPITAL, SIMS' GROVE ROAD,

Practical instruction in Surgery to First-year Students, and Dresserships for Students after two years' professional education, both in accordance with the Regulations of the Royal College of Surgeons of England, as follows, may be obtained at this Hospital; also Vacancies for Clinical Clerks.

For particulars, apply at the Hospital to the Honorary Secretary of the Medical Staff daily at 10.30 a.m.

THE LONDON SURGICAL HOME FOR DISEASED SKIN, AND LEPERS OF WOOLN

2 OSNABRUGH PLACE, REGENT'S PARK, N.W.

Medical Practitioners are invited to attend Clinics and Operations, by Mr. BAKER BROWN, every Thursday, at Two o'clock. Cards of Appointment may be obtained from W. ROBERTS O'CONNOR, Esq., Resident Surgeon House.

PRACTICAL COURSE ON DISEASES OF THE SKIN.

Dr. MCALLAND ANDERSON'S Practical Course "On Diseases of the Skin" (at the Dispensary for Skin Diseases, 63 John Street, Glasgow) commences on the First Thursday of May, and will be continued until the end of July. For particulars, apply to

JAMES GRAHAM, Hon. Sec.

MALVERN COLLEGE.

The Second Term will begin on Friday, May 5th. Terms of Tuition and Board, £30 per annum. For Clergyman's Sons passing an Entrance Examination, £20 per annum.

For particulars inquire of the Secretary.

NEWRY HOSPITAL.—MEDICAL OFFICER WANTED.

WANTED, on the 1st May, next, a MEDICAL OFFICER, at a Salary of £70 per annum, for the above Institution; must be a Physician and Surgeon. The Committee will give preference to a Candidate possessing a Degree in the College of Surgeons. The gentleman appointed must reside in Newry, and visit the Hospital at least once a day.

Applications, enclosing Qualifications and Testimonials, to be addressed "To the Secretary of Fever Hospital, Newry," up to 29th of April, 1871.

MEDICAL.—WANTED, a PARTNER, or a duly qualified ASSISTANT, in a rural district, some ten miles from Liverpool, where the Advertiser has been established 25 years. Address, with name and full particulars as to antecedents, Tenax, care of Henry Greenwood, advertising agent, Liverpool.
Original Communications.

SYPHILITIC INOCULATION.

By Henry Lee,
Surgeon to St. George’s Hospital.

The following observations have reference to the experiments lately performed by Mr. Morgan in Dublin, and which have been fully related in the late numbers of the Medical Press and Circular. They are taken from a clinical lecture by Mr. Henry Lee, which has been already reported in the Lancet. We now give the observations in full, as far as they relate to the subject of syphilitic inoculation.

"In all the cases in which constitutional syphilis has been produced artificially, and where care has been taken that no accidental circumstances should interfere with the natural progress of the disease, an interval has followed the inoculation during which nothing but the remains of an ordinary puncture were visible; then a pimple, an abrasion, a portion of thickened cuticle, or a tubercle has presented itself. This is generally followed by some degree of ulceration. The ulcer, which is generally superficial, heals, leaving the thickened base on which it was situated for some weeks afterwards. The commencement, the termination, and essential characters of this action are those of the adhesive form of inflammation. The newly formed matter becomes re-absorbed, in a great measure, into the system, and ultimately the part is left in its original condition. In this disease there is no desire of substance, no ulceration or absorption of natural tissue; no mark is left of the original seat of the disease. This affection is, however, very certainly followed by some form of secondary disease. In a healthy constitution, and where the disease has not been influenced by accidental circumstances, some form of papular or scaly eruption will usually be developed. But if from any depressing influences, or from the co-existence of other disease, the primary affection has ulcerated to any extent or suppurated for any length of time, then the secondary affections will have a tendency to do the same.

"Now, the forms of disease to which in this and in the previous lecture I have called your attention — viz., that which commences as a pustule and terminates when the suppuration ceases, and that which commences with some form of adhesive inflammation and infects the whole system — are certainly at least as distinct as the cow-pox and small-pox. If they had been studied in their origin, the distinction between the two must, one would have thought, have always been apparent. But some experiments have lately been performed which by some have been conceived to render the distinction between the two classes of cases to which I have alluded less clearly marked. These experiments, I think, if closely looked into, will be found to apply to some effects which may be produced in the later stages of the true syphilitic disease, and not in any way to mitigate against the distinction in its origin between that and the local form of syphilis.

"The experiments to which I refer have all been performed on patients whose systems were already affected with syphilis, and therefore those who have performed the experiments have been at the same disadvantage as if a surgeon attempted to investigate the nature of cow-pox by inoculating those who had already had the disease. Even such experiments have their value, but we must not confound the results with those obtained when the disease first develops itself. It is said that the secretion from the vagina of a patient who has no abrasion, if inoculated upon another patient, will produce a sore. This is a very interesting fact, but surely it is only a different form of the experiment which was performed upon itself. Hunter inoculated the matter of gonorrhoea upon himself, and produced an indurated sore. Now, as it has been demonstrated over and over again that the matter of a simple gonorrhoea is not inoculable, and as many facts go to prove that the secretions from the mucous membranes of syphilitic patients are inoculable, we cannot but conclude that Hunter took his matter from a syphilitic subject, and inoculated besides the matter of the proper gonorrhoeal secretion a something from a mucous membrane affected with specific syphilitic inflammation. But it will
be said it is the soft sore which has been produced in the experiments alluded to. Now, to explain this, two circumstances must be borne in mind: First, in certain states of constitution in syphilitic subjects, a pustule and subsequent sore is produced with great facility. Here is the drawing of a well-developed pustule in a syphilitic subject, produced by the inoculation of some pus from a case of excision of the knee-joint in a child. The second point to which I advert, and which has a more direct bearing upon the experiments in question, is that inoculations may no doubt be performed occasionally on syphilitic patients which will not present the characteristics of either the forms of disease which I have described. I have inoculated and succeeded in inoculating syphilitic patients from the secretions of indurated sores, but the ulcers produced have not presented the sharp ulcerated border of the local suppurating sore, nor have they been accompanied by the adhesive form of inflammation of true syphilis. The way in which these sores occur I believe to be as follows:

As after vaccination, the effects may so far pass away as though a modified result may be produced by re-vaccination, so the effect of constitutional syphilis may so far wear out itself that a modified result may again be produced. A sore may, under such circumstances, be produced, but it wants more or less the specific characters of that which first appears in true syphilis. These modified inoculations are seldom accompanied by any induration of the corresponding inguinal glands—a result which, very seldom, if absent after syphilitic inoculation performed in a virgin constitution. Again, as in re-vaccination, when a modified result is produced, the amount of surrounding thickening may be very slight, so in syphilitic inoculation, after the general system has been once affected, the amount of induration which normally would appear around the inoculated spot may be very slight, or may be altogether absent. Such inoculations, however, are different from those produced by the secretion of the local suppurating sore. They want the sharp, well-defined edge of the local affection, and which I have pointed out to you as so well marked in a patient in the Harris ward. It will often happen, of course, that the secretions from different kinds of syphilitic ulcers become mixed together, and then at first sight it is extremely difficult to distinguish between the characteristics of a local syphilitic inoculation which may co-exist with the local form of syphilitic inoculation. The fresh matter deposited by the first morbid action may be removed by the second; and these two may, at a given time, so nearly balance each other that there may be no great amount of thickening and no appreciable loss of substance. This may happen if a regard to syphilitic inoculation even when it occurs for the first time. If, after a period of incubation, the adhesive action is produced characteristic of constitutional disease, and then some pus from a local syphilitic sore is applied upon the same spot, the ulcerative action produced by the latter may in a great measure remove the newly-formed material which is the natural result of the former; and there is probably not what has actually occurred in the former have done in the original sore does not present any great amount of surrounding hardness, nor does it present the defined sharp edge of the local suppurating sore. Inoculation here has helped our diagnosis. Some matter taken from the surface of the sore has produced a small but very characteristic ulcer, with a detached sharp margin. Now suppose it to have been originally an indurated sore, upon which another secretion was inoculated, it would be the latter only which would be communicated by inoculation, because after the induration is once established the former action would be no longer inoculable. We have thus, as it were, the means of separating and distinguishing the two kinds of action which, in consequence of twofold inoculation, may appear accidentally upon the same spot.

The general conclusion to which I have arrived with regard to the apparent inoculation of syphilitic patients from the secretion of true syphilitic sores, or from the secretions from syphilitic patients, is, that such inoculations when they succeed depend upon one of the three following causes:

1. A peculiar susceptibility in the recipient, in consequence of which the inoculation of even ordinary pus will produce a pustule, as in the case I have mentioned of the woman who was inoculated with pus from the knee-joint of a child.

2. The admixture of the secretion from a local suppurating sore, as in the case we have seen together in the Harris ward.

3. The modified inoculation of true syphilis after the effects of the first disease have in some measure passed away.

These three causes may, of course, be present together, and in different degrees, in any given case.

The following table furnishes an outline of the essential characters of the primary and secondary affections which I have brought under your notice:

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<thead>
<tr>
<th>Character of Infection</th>
<th>Character of Inflammation</th>
<th>Product of Inflammation</th>
<th>Nature of Secondary Eruption</th>
</tr>
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<tbody>
<tr>
<td>Vaccinia</td>
<td>Adhesive</td>
<td>Lymph</td>
<td>Vesicular</td>
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<tr>
<td>Varicola</td>
<td>Suppurative</td>
<td>Pus</td>
<td>Papular*</td>
</tr>
<tr>
<td>Syphilis (indurating)</td>
<td>Adhesive</td>
<td>Lymph - Debris</td>
<td>Pustular* Scaly</td>
</tr>
</tbody>
</table>

I must not conclude this lecture without noticing a subject closely allied to the causes of fallacy in cases of supposed syphilitic contagion. It will not unfrequently happen, that a secondary syphilitic affection will assume very much the characters of a primary inoculation. It will sometimes assume the characters of the indurated sore, and sometimes that of the local suppurating sore. Some years ago, a gentleman contracted syphilis which was followed by secondary symptoms: after a lapse of eighteen months he applied to me with a circular circumscribed induration on the prepuce, ulcerated upon its surface. This, I at first thought must be the result of fresh contagion; subsequent investigation, however, made it clear that it was a form of secondary disease. Such a secondary affection in a more debilitated state of constitution might have suppurated and ulcerated from the first, and then the appearance of a local suppurating sore might have been presented. In a weakened state of the general system, at first, and then the appearance of a local suppurating sore might have been presented. In a weakened state of the general system, the appearance of a local suppurating sore might have been presented. In a weakened state of the general system, the appearance of a local suppurating sore might have been presented. In a weakened state of the general system, the appearance of a local suppurating sore might have been presented. In a weakened state of the general system, the appearance of a local suppurating sore might have been presented. In a weakened state of the general system, the appearance of a local suppurating sore might have been presented. In a weakened state of the general system, the appearance of a local suppurating sore might have been presented. In a weakened state of the general system, the appearance of a local suppurating sore might have been presented. In a weakened state of the general system, the appearance of a local suppurating sore might have been presented. In a weakened state of the general system, the appearance of a local suppurating sore might have been presented. In a weakened state of the general system, the appearance of a local suppurating sore might have been presented. In a weakened state of the general system, the appearance of a local suppurating sore might have been presented. In a weakened state of the general system, the appearance of a local suppurating sore might have been presented. In a weakened state of the general system, the appearance of a local suppurating sore might have been presented.

Many years ago I paid a visit to M. Ricord, at the Hôtel Dieu de Paris, and at a subsequent interview, he informed me, with his usual courtesy, the most interesting cases under his care. A case presented itself in which there was a circular ulceration, tolerably well defined, upon the skin of the thigh, I asked M. Ricord if it was an artificial inoculation? Turning to his class he said, that the observation was very instructive, and the case he said showed that there was absolutely no apparent difference between some forms of secondary affection and the results of artificial inoculation. Some progress may have been made since that time in defining the characters of syphilitic sores, but we may at least allow that M. Ricord then spoke with some authority.

A depressing influence or a local irritation may cause degeneration of the lymph into pus, both in the primary and secondary actions, in all the forms of adhesive inflammation.
IS THE BRAIN THE ORIGIN OF THOUGHT, INTELLECT OR MIND?

By Wm. F. West, L.R.C.S. & L.K.Q.C.P.I.

This is a most interesting question, well worthy the study of the psychologist. There is, indeed, much to prove that it is the origin of the mind, or as some psychologists put it, the brain secretes thought somewhat in the same manner as any gland in the body performs its function of secretion, regarding the grey cells of the brain in the light of secreting gland cells, their function being to secrete thought. But here a difficulty at once presents itself, for, namely, from whence do they gather, or from what element do they eliminate, the constituent of thought, so as to produce mind or intellect? For, if the analogy hold good, there must be some element from which these cells gather the constituents of thought. We know the kidneys eliminate urea from the blood; the liver, bile; the salivary glands their peculiar secretion, and so of all the glands of the body. But we see that these several secretions and excretions pre-existent in the living blood; it may be in a different form, but, nevertheless, their constituents were there, and were only brought together and eliminated from thence by these glands. So, when we say the liver forms bile; the kidneys, urea, &c., we do not mean that they generate or create those compounds, but merely that they eliminate what is in the blood. So, following the analogy that the brain cells secrete thought, I again put the question—"From whence do they gather the elements of that thought?" Some will at once reply, from the immaterial principle of the mind. This brings us to what "I believe" is the generally received opinion—namely, that mind is an immaterial principle; but if it is an immaterial principle, how is it that the brain can destroy the brain without destroying the intellect as well. Thus, in apoplexy, or any case where there is an effusion of blood, or other fluid, to any great extent, the individual becomes unconscious. You may object that this is owing to the shock to the animal life, and not specially referable to the brain. Well, we have stronger proofs. Look at a man intoxicated with alcohol. The first effects and inebriation are a union of the blood with the brain. As the man takes more he becomes dull and heavy, and if he takes more still then he becomes entirely unconscious. He appears to have lost all power of thought and intellect. Does not this show that the alcohol acting on the material brain affects the mind—in the end seeming to destroy it? And that it is the alcohol acting on the brain which produces death by changing the brain of those poisoned with whiskey in the brain either to a fluid, or in experiments performed on dogs by giving them a couple of drachms of pure alcohol, which kills them instantly, and immediately opening the head and examining the brain. The pure alcohol can be distilled therefrom, showing what an affinity it has for the brain, and how quickly it is absorbed by the stomach. We have a still stronger proof of the brain being the origin of thought in the pathological condition of softening of that organ, and which, at the same time, also proves the exact part of the brain which is the seat of intellect, confirming other proofs deduced from experiments made on animals, birds and reptiles, which would be quite superfluous to go into. From these experiments it is clearly shown that the cortical or grey matter is the seat of the intellect. We say, is "the seat of thought," assuming the brain to be so for the present. Well, now pursuing this thread of the subject, we find where softening commences in the white substance of the cerebrum that the intellect is in no way disturbed at first; but we may have, and if the disease progress to any considerable extent without paralysis hemiplegia most likely. If the softening proceed downwards and affect the cerebrum and medulla oblongata, the patient may die without his intellect being at all affected; but if the disease proceed upwards, and extend to the cortical or grey structure, the intellect becomes very soon engaged. On the other hand, if the disease commences in the cortical portion, the intellect becomes affected at once, prior to any symptoms of paralysis. When I use the word softening, I mean chronic softening, as contra-distincted from acute inflammatory softening, in which these effects are not so distinct and clear, though they can be perceived by close observation. Then the patient just now under consideration has chronic softening of the brain, involving principally the cortical portion, and he presents symptoms in accordance with the above. He complains of dull, aching pain in his head, loss of memory, an inability to fix the mind vigorously upon any subject, or to pursue any lengthened train of thought, the intellect becoming, as it were, wearied and seemingly unable to sustain any mental activity. There is no paralysis of either sensation or motion, except some symptoms of amnesia, indicating involvement of the optic discs. Now, does not all this go to prove that the cortical portion of the brain is the origin of intellect? You may still reply, no; it only proves that the brain cells being disorganised or destroyed, are no longer capable of performing their function of secreting thought from the immaterial mind, which is there as perfect as ever, and unharmed by disease of the material substance. If the mind be an immaterial principle, then we may look upon the brain as the medium or instrument through which it is rendered manifest to the external world. This is the view Watson takes of it and many others. People generally regard the mind and soul as identical. If they were, you could not conceive there being a disease of the brain, the brain being the origin of mind. It could not be, for then it must be the origin of the soul. But that is impossible, as the brain is destroyed at death, but the soul lives on for ever. That which is mortal could not be the origin of that which is immortal. This puts us in mind of those beautiful lines of Alison, where he says—

"The soul, secured in her existence, smiles At the drawn dagger and defies its point; Though the stars shall fade away, the sun himself Grow dim with age, and Nature sink in years: She shall flourish in immortal youth, Unhurt, amid the war of elements, The wreck of matter, and the crush of worlds!"

Some will at once jump to the conclusion that the difficulty is solved by thus regarding the mind and soul as identical, and the brain the medium through which they make themselves manifest externally. But there are great objections to this idea of the brain being the instrument of the mind or soul, for then how could you account for the different fancies of the lunatic, rendered so by some disease of the brain? You may reply, that the mind is still healthy and unimpaired, but that the thought passing through the medium of the diseased brain becomes distorted, and, as it were, misshapen according to the derangement of the material substance. To this answer I would say—Where the delusion is of an unpleasing kind, and calculated to inspire terror, then the brain is injured to such a degree by the shot, or buried alive (the latter delusion I saw in the case of a lady, who presented the very picture of fright and terror, and kept continually crying out, "They are going to bury me alive"). Now, in such cases if the mind were there separate from the material brain-substance in a healthy state, it would be conscious of its ideas being distorted by the brain, and not the performer on a harp or pianoforte which is out of tune, is conscious of the discordant sounds produced though he touches the notes with a master hand, and people around listening and not knowing that the instrument is out of tune, will attribute the discordant sounds to want of skill in the performer, and none but himself knows the true cause. So, though a man seen insane to others, the same mind separate from the brain would know that this fear of death was a delusion, and consequently the individual would not be terrified thereby, though he might rave about being shot or hanged, &c. But the reverse of this is the fact, which shows that the
mind is not separate from the brain, and also that it is
distinct from the soul. Again, if the brain were merely
the instrument of the mind, the latter would think only
when and how it pleased, independently of the former. I
mean the brain could not hold the mind think in a par-
ticular channel, or cause it to think quicker, or, in fact,
afflict it in any way, any more than a musical instrument
could make a performer play a particular tune thereon.
Yet we see that the first effect of alcohol is to induce a
free flow of thought, plainly acting as a stimulant to the
brain-substance, and exciting its function to greater
activity; and this could not be, more probably, by causing a
greater flow of blood through it, than by a more prominent
any other organ of the body is increased by a quicker cir-
cumvention of the vital fluid through such organ. In
confirmation of this view it has been shown by experiment, as
you know, that the brain becomes pale and anemic during
sleep, which was also seen in the case of a girl who had a
portion of the skull trephined. When she was most lively and
animated by the stimulant, the brain was in a very pale
and filled with blood. Thus, we see that what produces a
quicker circulation through the brain induces at the same
time a quicker flow of thought. Another very strong
proof that the brain is the organiser of thought is seen in
the case of the lower animals, some of which certainly
have intellect, and unless you give an immaterial mind to
beasts, you will not use it but that their brain generates
thought; and if you grant that the brain is the organiser
it is still clear that cannot be a soul, for no one will be
bodily to say that beasts have souls, and if they can
have a mind without a soul, it is a natural conclusion that
the human animal has a similar mind only more highly
developed, with the soul distinct and superadded. So that
Helvetsius, Condillac, and other philosophers of the sensa-
tionist school, who have been seduced by the doctrine—"That
every faculty and emotion are derived from sensation, and
that man owes his superiority over the lower animals to the
higher organisation of his body." Of course, they erred in ascribing every faculty of thought
to the whole body, instead of confining it to the brain.
Though we must acknowledge that the mind is im-
dluenced by the constitution of the brain, no man can
measure—the one reacting on the other to a certain extent;
and, of course, they also erred in not giving a soul to a
man above his mind. But what I mean is this—leaving out
the idea of a soul immortal—man differs from the
lower animals only in degree, having his brain, and conse-
quently his intellectual faculties, more highly developed.
So that truly the great difference between man and the
lower animals is, that man has got an immortal soul super-
added to his intellect; and according as he allows the
mind to be guided by the dictates of the soul, he be-
come more ennobled; and I take what we call conscience
be the manifestation of the desires of the soul to the
mind, and according as he disregards its actions, so does he
sink to the level of an intellectual man. I think it un-
necessary to enter into the proofs of beasts having mind,
reason, or intellect, upon which assumption all the
argument is built. Any one who doubts it, and says they
have only instinct, let him consult Dr. Carpenter's work
"On Physiology," and I think he will be satisfied as to
the correctness of the statement.

ON THE ELIMINATION OF NITROGEN FROM
THE HUMAN BODY.
AN ABSTRACT OF THE CROONIAN LECTURES
Delivered before the College of Physicians in March, 1871.
BY E. A. PARKES, M.D., F.R.S.
Professor of Hygiene in the Army Medical School, Netley.

LECTURE I.
Dr. Parkes opened by alluding to the interplay
of nitrogen, carbon, hydrogen, and oxygen, aided by
some mineral combinations, sufficient in some unknown
way for the development or the manifestation of all
vital acts. He remarked that, with scarcely more than
half a dozen elements the Divine hand has shaped the
interchangeable array of varied life, which stretches from the
small point of unfomed matter, organised, yet without
organs, to the complicated structure of man, happy in being
witnessed by the mind which can recognise the wonder
of his own being, and from the knowledge of himself can rise
to a dim conception of the great Source of all things.
Among this small group of elements, which make up the
living body, and form the stages, so to speak, on which all
evolution is carried on, there is none so important in
playing place to nitrogen. Although forming nearly four-fifths of
our atmosphere, it used to be regarded as a sort of negative
body, as a mere diluent of oxygen, as something whose
action in nature was unimportant. But such views are
no longer received. From the atmosphere proceed the
ammonia and other compounds of nitrogen which form the
food of plants, and which, in fact, allow the possibility of
vegetable, and indirectly of animal, life. The great circle
of life commences in the atmosphere, and indeed ends
there; for the atmosphere is, so to speak, the storehouse
of the food of life, and, after its many wanderings, receives
back again the nitrogen which had left it. The whole
extent of the kingdom of life, the phenomena of growth,
and the manifestations of the higher properties of living
matter, are impossible without nitrogen. We shall have
before us a view of the whole subject of nutrition.

For the purposes of nutrition of animal life the nitrogen
enters solely with the food, and in the form of one of those
substances of very similar constitution which have received
the convenient name of albuminum. These albuminums,
formed from simpler compounds by plants, are appropriated
by the animal tissue of similar constitution, whose prop-
terties they assume, until, when they are discharged by
physical characters by use, they become unfit for function, and are removed
in order to be transformed into simpler compounds, and dis-
charged.

Although we are continually inspiring nitrogen into the
air-passages, only a small quantity passes into the blood,
and does so simply from the effects of pressure, for under
normal conditions of pressure it is again eliminated in the
experiments of Pettenkofer and Voit and Henneberg on
men and cattle and pigeons show that Regnault and Reiset
over-estimated even this small quantity of inspired nitrogen.
Some nitrogen of the air entangled in the solid food and in
the water we drink passes with the food into the blood from
the stomach; and this is probably the source of the free
nitrogen which exists in the urine, as well as part of that
sometimes discharged from the lungs into the air.

As to how the nitrogen used in nutrition leaves the
human body, there has been far more doubt, though
opinion is now tending strongly in one direction. With
few exceptions, such as Bidder and Schmidt, the earlier
experimenters both on the healthy human body and on dogs
and cattle believed that, while the bulk of the entering
nitrogen was passed off by the kidneys and bowels in
considerable quantity, even sometimes one-third or one-half,
emerged by the lungs and the skin, for the then methods of
examination seldom succeeded in proving in the urine
and the feces a quantity of nitrogen equal to that which
entered in the food, and it was believed that compounds
of nitrogen in considerable quantity had been actually found
both in the breath (as ammonium) and in the sweat (urea
and ammonium substances).

The progress of inquiry has invalidated both these
statements. It has been shown, especially by the obser-
vations on dogs and men of Professor Karl Voit, of Munich

THE CROONIAN LECTURES.
April 19, 1871.
—whose name will ever be associated with this part of physiology,—that all the nitrogen of the food can be recovered from the urine and feces. Although still disputed by some physiologists, these observations have been confirmed by John Ranke, by careful observations on himself; by Lawes and Gilbert, and others in this country and abroad. So also Voit has shown, in his controversy with Seegen, by a critical analysis of the earlier experiments. how the error in most cases arose; and has proved that the observations of Barral, Boissingault, Regnault and Reiss, and others, may be now considered obsolete. In like manner Meissner, again, has indicated the imperfections of the experiments of Sace on hens.

Dr. Parkes has himself made some important experiments which tend to the same conclusion. We cannot doubt, then, that an amount of nitrogen equivalent to that which enters in the food can be recovered from the urine and feces of healthy men. Dr. Parkes' experiments have been in every case confirmatory on this point of those of Voit and Ranke.

With regard to the direct evidence of cutaneous and pulmonary excretion of nitrogen, the analyses of the sweat of men by Favre, Picard and Funke, seemed to give such positive evidence of the existence of urea in that fluid, that at one time no doubt seemed to exist. But the observations of John Ranke, Schöttlin, and others have shaken confidence in these researches: and though the point may be considered as still uncertain, the weight of evidence is against the occurrence of urea in the sweat. With respect to the discovery of uric acid, Edelheizen has lately again affirmed the excretion of ammonia from those portions of the skin of rabbits which, during experiments, were not covered with an impermeable layer; while Schenk has shown there is no such excretion in healthy dogs. In men, though Leube found a decrease in the urinary nitrogen after sweating, and that a nitrogenous fluid in liquid (the mass of ammonia, derived from epithelium), Johannes Ranke could never either discover that any alteration was produced in the excretion of nitrogen by prolonged hot baths, which caused great sweating, or that any urea could be detected in the sweat. Dr. Parkes kept men in the most violent exercise in hot weather, when it was proved by loss of weight that the cutaneous and pulmonary excretions were enormously increased, and a nitrogenous fluid in liquid was the mass of nitrogen by its ordinary channels of kidneys and bowels. On the whole, there appears to be little doubt that, apart from detached skin structures, the balance of evidence is against the passage of nitrogenous substances by the human skin. As regards the lungs, it is certain that much error has been committed by not taking into account the very easy formation of ammonia by animal and vegetable substances, sweat, saliva, or guttlet and cephalops, and even in the stomach. Portions of food, detached particles of decaying epithelium, portions of dried secretion, &c., easily form ammonia under the influence of warmth, moisture, and air. These sources of error, and those arising from curious teeth, disease of the gums or air-passages, purification of the external air from ammonia, absorption of the air, and impurities, and impurities of reagents (as pointed out by Thiry, and lately by Bach) account for many of these observations.

As to the presumed pulmonary emission of ammonia, some excellent observers, such as Voit, Pettenkofer, and Bach, have found no ammonia in the expired air of men and dogs. Others, as Thompson, Reuling, Richardson, Thiry, Lossen, Grouven and Schenk, have found ammonia in the expired air of animals, and in some cases even the small amount was owing either to the outer air containing ammonia, as pointed out by Reuling, or to certain sources of error not being eliminated. Others again, as Viale and Latini, have found much larger amounts, but their experiments are incorrect, and indeed carry with them their own refutation.

Looking then, to the fact that some of our best authorities can find no ammonia in the expired air, that when it has been found in properly conducted experiments its quantity has always been very small—viz., in men, in twenty-four hours, Reuling found only one-twentieth (16 grammes), and Grouven, whose numbers are the highest, '6 of a grain—and this may be by both the skin and the lungs,—we may fairly conclude that in health the elimination of ammonia by the lungs is so slight that we may practically disregard it; and indeed it seems unlikely that it can represent any of the nitrogen arising directly in nutritive processes, but is more likely derived from decomposing animal matters (food, cast-off epithelium, &c.), in the bodily passages which escape detection.

Dr. Parkes concludes that the evidence both of the entry and exit of nitrogen is sufficiently comprehensive to enable us to be sure that the nutritive nitrogen only enters with the food, and the only modes by which this nitrogen is eliminated in health are by the casting off of the nitrogenous coverings of the skin, and of the nose, mouth, pharynx, gullet and air-passages, and by the excretions of the intestinal and renal membranes. And, practically, we may look upon these last as the efficient-channels of discharge.

In disease with accumulation of epithelium and exudation or funguid growths on the tongue, gums, and pharynx, or in cases with long detension and fermentation of food in the stomach and passing of flatus into the mouth, ammonia will be detected, although the common experiment of holding a glass rod dipped in strong hydrochloric acid near the mouth can only be of the same use when the urine is extremely great, since the attraction of the acid for the watery vapour of the breath causes a cloud. But in all these cases the ammonia is developed from decomposing substances which are virtually outside the body. Few things are more remarkable than the way in which opinions have changed with regard to the exhalation of ammonia in the breath of tuberculous patients. The statement that the retained urea in uremia was decomposed in the blood, and formed carbonate of ammonia, which was in part exhaled by the pulmonary mucous membranes, seemed so plausible, so accordant with the belief that urea would naturally decompose in a warm alkaline fluid like the blood, and so supported by the apparent proof of ammonia afforded by the glass rod dipped in hydrochloric acid held near the mouth, that no hesitation was felt in receiving it. But it is now acknowledged, by all that there may be the deepest uremia (i.e., urea in the blood) without ammonia in the breath. In some cases certainly ammonia has been found in the breath of uremia, and, it is asserted, also in the blood of some uremic patients.

But the observations on the blood are still doubtful, and those on the breath are vitiated, as are all others, by the difficulty of ensuring that there is no local source of ammonia in the mouth, fauces, or larynx. Dr. Parkes has always doubted the occurrence of ammonia in uremic breath, when the condition of the mouth and pharynx is normal, as in no single instance has he ever seen unequivocal evidence of it. In enteric fever, in by far the majority of cases, the expired air is free from ammonia, yet some few cases have been recorded in which ammonia was found; and in one instance, by means of his logwood test, Reuling found ammonia in the breath of a woman from urea. In exanthemata pyrexia, when ammonia is found, which is seldom, it is derived from the tongue and fauces.

In 138 cases of different diseases (small-pox, measles, intermittent fever, acute and chronic bronchitis, pneumonia, tuberculosis, dysentery, epilepsy, scurvy, jaundice, &c.), Reuling found no ammonia whatever. Looking to all these facts—to the small number of cases in which ammonia has been unequivocally detected in the breath; to the small number of cases of the same disease in which it has not been found; to the numerous sources of fallacy which attend experiments of the kind, Dr. Parkes doubts whether in any disease it has been sufficiently proved that ammonia is given off as an exhalation from the lungs,
when it has neither been given as a medicine or taken with food.

As regards the skin, doubts equally exist. Many cases are recorded in which urine was supposed to pass off by various channels in consequence of some affection of the kidney. But the great majority, if not all, of these cases are recorded by old writers, who relied not on chemical evidence. For a number of no inconsiderable number were in hysterical girls, whose tendency to deceive is well known. The modern chemical evidence is less imperfect. When the sweat of some cases of cholera, of kidney disease, and of some forms of fever, has been collected and digested in alcohol, and subsequently treated by nitric and oxalic acids, crystals identical with nitrate and oxalate of urea have been found. The observations are not numerous, and we may well demand more precise evidence, but it seems impossible to reject it. At the same time, it may be fairly argued that the ease with which urea was formerly supposed to pass by the healthy skin disposed pathologists to accept with greater facility than would now be the case the evidence of the passage of urea in disease.

Dr. Parkes next related some experiments he had made on healthy urea to determine the properties of nitrogen passing by the nerves and kidneys respectively, and he said that there seems a probability that the examination of the nitrogen of the stools, and its comparison with that of the urine, may be a matter of clinical importance.

He next proceeded to speak of the methods of determining the nitrogen in the urine and intestinal excreta, and expressed the opinion that in a physiological point of view the determination of nitrogenous elimination may be, it would not force itself upon the attention of physicians engaged in treating diseases unless likely to give information which might aid in diagnosis or in cure. But it is evident that the facts of the reception and discharge of nitrogen are cardinal points in our investigation of the phenomena of disease. For as the great manifestations of life are connected with it, the mutations of nitrogen must be at the bottom of every event which occurs in either the healthy or diseased body. How far such mutations can be traced is doubtful, but it is certain that when they can be followed they must be of value.

The lecturer then asked what are the combinations of nitrogen in the body; what parts does it play; and what are its successive transformations in the various organs?

This question, if treated in its entirety, would, he said, lead at once into the mysterious recesses of vital acts. A particle of an albuminate—a dead particle, as we term it—passes into the body, is attracted by a living structure, and then becomes gifted by the contact with the marvellous power of contractility of sensation. To attempt any explanation of this, to pretend that we have the slightest comprehension of such a marvellous transformation, would be absurd. We cannot explain in the least degree alterations in bodies much less complicated. The simplest operations of chemistry are, in fact, equally beyond our power of explanation. Select some chemical substance, and make a trilling alteration in its composi-

tion; how wonderful may be the change in physical conditions. Although the elements composing it may be the same, and the only difference is a small increment of one constituent, its properties may be entirely changed. A gas may become a liquid; the specific gravity may alter; the boiling-point may be raised or lowered; colour may be transformed; and, when taste is manifested; and, when introduced into the living body, different physiological effects may result. In a word, a molecular re-arrangement has brought a physical transformation.

The causes of such transformations are entirely beyond our reach, and the chemist does not attempt to account for the phenomena he evokes. His science is a mere record of the succession of events of which it does not attempt the explanation. He can predict events but cannot interpret them.

If this is the case with the simpler chemical compounds, how much more so with those complex bodies which form the substrata of life? If we have no idea why an increment of carbon to a compound of carbon, hydrogen, and oxygen should give it a different consistency, weight, colour, and taste, or the power of assimilation or action and accretion, how is it possible we can form any conception what arrangement of particles shall evolve contractility, sensation, and the power of assimilation and growth?

If, in the exercise of that imagination which is one of the instruments, though often an unerring one, of human progress, we conclude that the heat; and, light, and electric phenomena which non-living substances can be made to evolve, must be manifested in the living body by processes of a like kind, we are still merely expressing what we suppose to be, and what probably really is, the sequence of phenomena; we are not explaining the sequence itself.

If, by the power of a still bolder flight, we dare to connect the vital manifestations of growth and reproduction of voluntary movement and sensation, with similar phenomena of heat and light, the mind is overwhelmed by the darkness of the problem. We are still so remote from a sufficient knowledge even of the sequence of vital phenomena that we may indeed be reasonably permitted to doubt whether some greater mystery still is not behind them and whether human knowledge will ever suffice to render it, certain its results are not hazardous to the conclusion which would rank the operations of the mind among chemical and physical phenomena, and trace back the power of knowing good and evil and the verdicts of conscience merely to a form of motion.

If it were possible to follow one of those few substances which form the basis of living bodies, and to trace it in its course from the time when, as food for plants, it commences to lose what we call its mineral condition, and to enter into the charmed circle of life, which is eventually to lead it again into the inorganic world, we should have a series of transmutations which would no doubt be characterised by the same simplicity and the same economy of material as were shown in the discussion on the first instance. Nor is it impossible that we shall eventually thus succeed in following an atom of nitrogen or of carbon through all its varied combinations. What we cannot do, and what we have no present hope of doing, is to learn why, and in what manner, such combinations lead to changes in physical and vital properties.

A Mr. Hy. Clarke, of Derby, having been sent to prison for refusing to have his children vaccinated, was met on his liberation, last week, by a procession of some thousands of persons. There was considerable clamour between the upholders and opponents of the Vaccination Act; but the prison clipping and shaving of Mr. Clarke, and his altered appearance therefrom, appeared to damp the ardour of many friends.
THE SEWAGE QUESTION.

SPECIAL REPORT.
(Prepared expressly for the Medical Press.)

No. XXV.

COMMERCIAL AND AGRICULTURAL VALUE
OF SEWAGE AND NIGHT-SOIL.

Like all complex manures, the excremental matters of a town population have two very different values—one being theoretical and the other practical. The theoretical value of night-soil, for example, supposing it to consist of all the excreta, liquid as well as solid, of a population, and supposing also that the several constituents are estimated at their market price in a concentrated form, is 15s. 8d. a ton; whereas the price realised in commerce is never more than 3s. a ton. Urine alone, at the theoretical value of its constituents, is worth 15s. 10d. a ton, and faces £1 7s. 6d.; but who ever heard of either of them fetching more than a tenth part of these sums. At Nottingham there is a much frequented public urinal with fourteen compartments, and the money realised by the sale of the urine to the farmers is 30s. per annum; and with respect to cesspool matter, it was regularly sold in this Metropolis for 2s. a ton, delivered into barges on the river or canal. In Paris, at the present time, the solid portion of the City cesspools is disposed of by the Municipality to a company at 10d. per cubic metre, and the liquid at 1s.—the cubic metre being over a ton in weight. At Manchester, Salford, Edinburgh, Leeds, and other places, where the hidden system is in operation, the soil from the privies is sold with other refuse at from 1s. to 1s. 6d. per ton. Liebig says that in the year 1858 the contents of the cesspool in the fortress of Rastadt, in the Grand Duchy of Baden, where there were 8,000 soldiers, was sold for 8,155 florins (£815), the contents being the accumulation of one year. Now, as the average yearly produce of a male adult is about 1,103 lbs. of solid and liquid matter, the 8,000 soldiers must have contributed about 4,200 tons of excremental matter; and as these realised £815, the return was at the rate of 3s. 10d. per ton, or 2s. per head per annum—although the theoretical value of the excrements of a male adult is 18s. 6d. per ton, or 10s. 1d. per head per annum. In Holland and Belgium the computed value of the excrement of a town population is from 20s. to 30s. per head per annum, but the price actually realised is only about 1s. a head. The same is the case with other kinds of manure, when they are mixed with large bulks of inert or worthless matter. Rotten stable dung, for example, as well as fresh farm yard manure is worth, according to the theoretical value of its constituents, from 13s. 6d. to 14s. per ton, whereas in fact it only realises from 3s. to 5s. a ton.

As regards the commercial and agricultural value of sewage the discrepancies are still more remarkable. In the evidence before the Select Committee of the House of Commons in 1862, the value of it was variously stated at from 3d. to 9d. per ton. The Earl of Essex thought it should be supplied to the farmer at rather less than a penny per ton; but Messrs. Lawes, Way and Morton valued it at 1d.; Liebig and Voelcker at 1d.; Mechi, Hofmann, and Witt at 2d. In reality, however, no one will buy it at any price, unless he has the opportunity of using it when he pleases, and then he will pay at the rate of from 5s. to 6s. per acre for it, provided the local authority will deliver it upon his land in the quantity required, and whenever required. A farmer would be glad to take water at this price, for there are seasons when it is desirable to have an abundance of moisture to help forward the young crops, and especially grass upon meadow land. Even in the case of the Craigentinny meadows at Edinburgh, where the yield of grass is enormous, the sewage is not used continuously, but is diverted from the land to the sea when it is not wanted; and although they realise in good seasons from £20 to £30 worth of green produce per acre, yet the quantity of sewage used is not less than from 10,000 to 13,000 tons an acre per annum, which at an average price of £35 for the produce, is less than a halfpenny a ton, irrespective of rent and farming expenses. At 1d. per ton the sewage would cost £62 10s. a year. In reality, however, it costs nothing, and the same is the case at Worthing, Rugby, Croydon, Carlisle, Aldershot, and elsewhere. So disinclined, in fact, are the farmers to take sewage at any price, that local authorities are obliged to appropriate land on their own account, when, for sanitary purposes, they resort to irrigation. This apparent obstinacy on the part of farmers is attributed by scribes and fluent talkers to ignorance, and to old fashioned prejudices. It is owing says the writer of a recent leader in the Lancet, to "his pig-head reverence for the practice of his forefather, and his ignorant belief in his own experience;" but in answer to this we have the fact that farmers are quite able and willing to appreciate the advantage of any description of agricultural novelty which is really valuable; and the employment of guano, of superphosphate, of alkaline nitrates, and of ammoniumal, and other portable manures as well as the adoption of all kinds of newly invented agricultural implements, during the last thirty years, and the expenditure of large sums of money in subsoil drainage, are sufficient proofs that the farming world is quite ready to avail itself of every useful invention of art, and suggestion of science. It is abundantly evident, indeed, that there is some other obstacle to the use of sewage as a manure, than the "pig-headed reverence of the farmer for the practice of his forefathers;" for if sewage had possessed but half the value which some loud talking people are ever proclaiming, it would long since have been the subject of successful speculation, and have formed the basis of many a flourishing joint-stock company. There would have been no occasion for the thousands of blue-books, which have been distributed at the public expense, with the authority of the Board of Health, of Royal Commissions, and of Parliamentary Committees—all worked by the same influence; for the farmer, as well as the local authority, would long since have established the value of sewage, if it had any, and would have realized its worth.

The history of this attractive, but groundless, theory of the agricultural value of sewage is worth recording, and we will epitomise the account of it as given in a very able pamphlet on "The Agricultural Value of the Sewage of London." The theory originated with Mr. Smith, of Deanston, who was a cotton spinner, and had used the privy soil of his factory with some advantage in growing all sorts of crops; although it seems his wheat crops were infinitely richer in straw than in grain. His pursuits as an experimental farmer and cotton spinner
not proving successful, perhaps from his extraordinary taste for experiments, he became a Commissioner under the first Board of Health, created by Mr. Edwin Chadwick, and in that capacity he visited Edinburgh in 1844. There he saw, in active operation, the sewage meadows which had been established many years, and which yielded, as they still do, enormous crops of rank grass, available only for dairy purposes. It immediately occurred to Mr. Smith's ingenious mind, that the sewage of all the towns of England, especially those which were severed under the control of the Board of Health, and which were fast getting into difficulties from legal proceedings for fouling the neighbouring water courses, might be utilised for agricultural purposes. He thereupon proposed to irrigate grass land on the water meadow system, and when this could not be done, to convey it by means of pipes to the most convenient parts of the farm, and to distribute it under a pressure of 150 feet by means of hose and jet. This capital idea was at once adopted by Mr. Edwin Chadwick, who carried the theory still further, declaring that liquid manure was, at all times, preferable to solid manure, and that it was suitable for all crops and for all soils. His theory with detailed instructions for the arrangement of pipes, &c., was circulated extensively, with all the authority and influence of the Board of Health; and it was one of the instructions of the Board that every system of sewers should be brought to one outfall, with the view of applying the sewage to agricultural purposes. Such an authoritative announcement, that town sewage contained an abundance of rich manurial elements, and could be profitably used in agriculture, commended, as well it might, a good deal of attention; and men of fortune of an enterprising turn, with a taste for agriculture, accepted the tempting theory—that liquid manure was superior to, and could supersede all solid manures; and a number of farms in England and Wales were underlaid with pipes, and provided with steam engines and pumps and hose at vast expense. In Scotland, too, very perfect examples were provided, one by Mr. Telfer, another by Mr. Kennedy, which for a few years were continually cited as instances of the success of liquid manure applied by jet and hose with steam power. Both he and Mr. Kennedy grew extraordinary and repeated crops of Italian ryegrass which were the subjects of sensational speeches at farmers' meetings by Mr. Mechi and others. Mr. Mechi himself piped his farm, provided it with a steam engine, and announced his intention of feeding his live stock—cattle, sheep, and pigs—under cover upon boards without straw, of reducing his straw to chaff for the consumption of his beasts, and using all the manure thus made in a liquid form. Tiptree, in fact, was to dispense with solid manure and top-dressing for all its crops, and was to rely for fertility on the supply of the jet and hose. The hose and jet farm of Mr. Neilson, a Liverpool merchant, was likewise a constant subject of culeogy by the Board of Health; and Mr. Littledale, another Liverpool merchant, fitted up a dairy farm on the same plan. In Norfolk, Mr. Chamberlaine, a wealthy retired tradesman from Norwich, purchased an estate, and laid it out at extraordinary expense, under Mr. Mechi's advice, with steam power and pipes; and there were other establishments which it is not worth while to name—none of them being supplied with town sewage, but all, with one exception, working after the plan recommended by the Board of Health, namely by steam power, and not by gravitation, and all attempting to cultivate all crops with liquid manure. The exception was the Rev. Mr. Huxtable, who once made such sensation as Mr. Mechi by undertaking to teach plain farmers their business, and all the mysteries of agricultural chemistry. Mr. Huxtable employed gravitation to distribute liquid manure; but it may safely be asserted that not one of these liquid manure farms paid a rent. Mr. Neilson became a drainage inspector and gave up farming; Mr. Telfer failed; Mr. Kennedy, after sinking an enormous sum on Myromill, disappeared from the sensational world of agriculture; Mr. Huxtable, most extraordinary of all, not only found out, but acknowledged his mistake, and gave up the liquid system, and his idea of dispensing with solid manure, and limited his operations to a few acres of home farm. Mr. Chamberlaine's attempt at model farming proved disastrous, and eventually the pipes were taken up and sold for old iron. Mr. Littledale confined his operations to growing ryegrass for his fancy dairy, but grew corn with solid manure and top dressings of guano, and never pretended to make a profit. As for Mr. Mechi, at some mysterious date, he took to the ways of the Norfolk, and other retrograde farmers, whom he had often denounced, and used his stock to tread his straw into manure. He grew his mangolds with liberal loads of solid long-straw manure, and dry superphosphate, and had his wheats to follow—his costly liquid manure apparatus being used as a gigantic watering-pot."

After twenty years of agitation in this manner, with all the influence of the Board of Health, and the apparently tempting results at Edinburgh, there were but six places in England, in 1861, where town sewage was attempted to be utilised by irrigation, and those were—Rugby, Croydon, Carlisle, Alnwick, Malvern, Tavistock, and Watford. The farm at Rugby was laid out in the most approved fashion, and was managed by a very enthusiastic gentleman, Mr. Campbell, who had studied the operations at Edinburgh; but after eleven years of unsuccessful experience he abandoned it, and said in a letter to the Times of the 18th of November, 1864, that he had used the sewage of Rugby over ever since the formation of the works, both upon his own land, and upon that of others, to the extent of 190 acres, but he was sorry to say that in a peccunary point of view it had been altogether unremunerative. After this it was taken in hand by Mr. Congreve and Mr. Walker, two other enthusiastic gentlemen, but they also abandoned it, and now it is in the possession of the local authorities, who work it for sanitary purposes. At Croydon, the pressure of legal proceedings for nuisance created by the discharge of sewage into the river Wandle, forced the local authorities, through the suggestive teachings of the Board of Health, to adopt the irrigation system, and until recently the farm has been rented by Mr. Marriage, but for some reason or another he has abandoned it; and although attempts are being made to form a joint-stock company to work it, the prospects are not hopeful. Almost everywhere, in fact, the system has failed, in both an agricultural and commercial point of view, and hence there are very subdued and modified opinions of the value of sewage farming by those who were once its most earnest advocates. Mr. Rawlinson, for example, the Board of Health champion of irrigation, has apparently come to the conclusion that it will not pay if sewage has to be paid for; for in his evidence before the Parliamentary Committee, in 1864, he said, in speak-
Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.
TUESDAY MARCH 28TH, 1871.

JOHN BIRKETT, Esq., Treasurer, in the Chair.

ON THE CLASSIFICATION AND TABULATION OF INJURIES AND SURGICAL OPERATIONS IN TIME OF WAR, BY DEPUTY INSPECTOR-GENERAL T. LONGMORE, C.B.

After advertsing to the practical value which attaches to statistical information in times of war, the author proceeded to consider the subject of his paper under five separate heads. Under the first head, he remarked upon what had been done in this country in respect to the nomenclature and allocation of gunshot injuries in general nosological classification, more particularly commenting on the changes of names and arrangement which have been introduced by the Committee appointed by the Royal College of Physicians of London to draw up the Nomenclature of Diseases which appeared in the year 1885. In the second division of the paper, the author gave an account of the special classification and tabulation of the statistics of particular gunshot injuries and their treatment in time of war adopted in the British military service; and afterwards of the official systems employed in the United States and France. He also remarked upon the absence of any corresponding official system of classification in the army medical returns of Germany. In the third section of the paper, the question was considered how far the tabular statistics contained in the official records of campaigns published in this country, in the United States, and France, can be justly compared with each other; and the author arrived at the conclusion that no such fair comparisons can be instituted under present circumstances. The fourth division of the paper was devoted to a study of the relative merits of the British, French, and United States systems of classification and tabulation; more especially as regards accuracy and completeness of information, and economy of labour and cost in compilation. Finally, in the fifth part of the paper, the author urged the necessity for an international consideration of the subject, with a view to the statistical and surgical histories of campaigns being constructed on a general system common to the medical departments of all regular armies.

Dr. ALTHAUS said that Mr. Longmore had made an error in stating that no record of the wounded was kept in the German army. Both in the dressing-places to which wounded men were first taken, and in the moveable hospitals, the nature of each case and its treatment were noted; and the same was done in the field-hospitals. In this way, very complete statistics of the Danish war had been obtained; and it was highly probable that a very complete account of the injuries received in the recent war would appear. — Staff-Surgeon FITZGERALD said that in the German army a note of each case was indeed made; but there were no numerical returns made out at the dressing-places or in the moveable hospitals. The question of recording individual cases was quite distinct from that of numerical returns. What was wanted was, that each surgeon should furnish a return of this kind. He had been employed in compiling the records of the Crimean war, and had had occasion to notice the defects in the returns of primary amputation—there not being sufficient information as to the injuries for which the operations were performed. Mr. SPENCER WELLS pointed out a source of fallacy which he had noticed while on duty in war; that the soldier might be wounded in nearly every part, and thus be entered more than once on the returns.

MEDICAL SOCIETY OF LONDON.
MARCH 6TH, 1871.

DR. ANDREW CLARK, President.

PERITONITIS.

The President narrated the following cases to illustrate some points in the treatment of this disease.

Case 1 was given to show the baleful influence of purgatives. The patient was a young lady, aged twenty-four, who three nights before the author saw her, had been seized with pain in the right side, vomiting and general disturbance of the system; powerful purgatives had been given. Dr. Clark retired from the case, and another practitioner was called in, who agreed with the gentleman already in attendance, stronger purgatives were therefore ordered, the patient becoming worse under this treatment. Dr. Clark was again called in but could not attend. His colleague Mr. Adams attended, and finding a swelling on the point of the ilium, and there being a quantity of fluid pus escaped. Unfortunately, the patient died in a few days. At the post-mortem no focal accumulation was found, but the mucous membrane of the omentum was found ulcerated.

Case 2 is given to show that serious consequences may ensue from not giving purgatives. The patient was an Eton boy, who was suddenly seized with pain and swelling in the right iliac region; feverish; the temperature, 103°; pulse quick; vomiting also. Dr. Clark's opinion was, that in acute cases vomiting occurred, but in chronic cases constipation might come on gradually, without vomiting in this disease, there was vomiting and constipation. The bowels were kept open by means of opiates, leeches were applied to the side of the abdomen, the administration of food by the mouth was suspended, nutritive enemata being given by the bowels, the case progressed very well, the vomiting ceased, and the pain subsided. His friends being anxious to have him with them he was removed to London. Soon after his arrival, he was seized with a sudden pain in the old situation, and a large swelling rapidly formed,
A NEW CEPHALOTRIE.

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which, on examination, was found to be situated in front of the original tumour. This appeared to the author to be due not to a relapse, but to an accumulation of feces, he therefore strongly recommended that the bowels should be cleared by an enema of castor oil; this advice was opposed by his patient, who thought it would be unsafe. The advice of the senior was taken. However, as the pain increased and the pulse ran up, an aperient was again urged. Castor oil was administered by the mouth, the patient being in bed, the lower part of his body and hips were raised and a quart of water was thrown up into the bowel. Enormous blocks of feces were discharged, the swelling subsided, and the boy soon recovered. At Eton, a year seldom passes without a recurrence of this case, which may be due to over-exercise. The third case resembled the preceding in its symptoms, the abdomen was leached, and the patient was fed by the bowel, in three weeks the pulse and temperature were normal. Then arose the question whether the boy might be removed, and as Dr. Ellison reported that there was neither pain nor tenderness for a week, the boy was removed to London yet, the day after his discharge from a relapse, having pain and tenderness in the right iliac region, sickness and a high temperature. The iliac swelling was still there; this case seems to teach us that a patient ought not to be moved until the pulse and temperature have been absent for swelling about some time.

In the discussion that followed, Dr. Harberson said, that the paper was very interesting and useful, and if the treatment was borne out in practice, many valuable lives might be saved. The first was a difficult and unusual case, suppuration had taken place in the peritoneum; in other cases, an abscess of obstruction was present; these cases often commenced with inflammation of the mucous membrane of the cæcum; the feces accumulated and the various symptoms followed. He strongly advised soothing remedies. The boys at Eton had long neglect of proper diet, plenty of coarse food not suited to them, and among other things more than one ample breakfast, gave rise to the disease. He advised the avoidance of purgatives, and the use of warm applications, leeches and sedatives of all kinds, the patient being kept quiet, fed, and drank copiously. He thought this complaint especially to be met with in patients under strumous attacks.

Dr. Simms thought, that if a boy had taken a piece of indigestible food which had arrived at the cæcum and set up inflammation there, a dose of castor oil and laudanum given early might remove the exciting cause.

Mr. Munster said, that some years ago he was called to tap an "ovarian cyst" but on coming to examine the case, he found it was one of perityphilitis, all the symptoms that the President had mentioned were present. He thought that pus within the abdominal cavity formed an interference with the peritoneum; in a short time it made its escape at the umbilicus and the patient recovered. In a second case there was present, pain, constipation, vomiting; and an emphysematous swelling, giving a tympanic note, the fluctuation extended below Poupart's ligament, and was there listened, but the lower limb became emphysematous and the patient died. He thought surgical interference was indicated in many of these cases.

Dr. Rogers had seen another case of perityphilitis, in which the swelling being tympanic was not interfered with, although it was present. In two days pus was discharged with fecal matter, showing that the cæcum had ulcerated; the patient recovered without a fistula.

The President then narrated a case where a large accumulation of pus took place, and much tympany was present, and a long a tube and plenty of feces and pus discharged, the patient died, the post-mortem showed that the pus did not communicate with the bowel.

Dr. Routh said that one remedy that he had found of the greatest possible value had not been mentioned, that was belladonna. We remedy in the world was so effective. It was a good practice to smeare the abdomen with extracts of belladonna.

Dr. Hamilton mentioned a case of an officer sent to treat with some Indian tribes, was cruelly ill-treated and stuffed with castor oil. Dr. Simms thought the ordinary treatment, purgatives and large doses of belladonna were tried without success; he was relieved at last by an enema given through a long tube introduced far into the bowel.

RESECTION OF THE ELBOW-JOINT.

Mr. John Daniel Hill communicated a case of "resection of the elbow-joint," showing the amount of movement attainable after that operation. The patient, aged thirty-two, who was present, had sustained a compound comminuted fracture of the right olecranon nearly four years ago. As the external wound was small, an attempt was made to save the joint, but a month afterwards, owing to the exhausted condition of the patient, excision was performed without delay, recovery was rapid after the operation, the wound having healed in five weeks, and, in three months good motion was restored. The chief points that Mr. Hill laid stress upon were:-1. The long straight inclination at the back of the joint. 2. The preservation of the attachments of the muscles, especially the brachialis anticus and biceps. 3. The application of a chain saw, cutting from within outwards, to avoid manipulation of the soft parts. 4. The separation of the sphenoid surface by slight extension. 5. The retention of the limb upon interrupted rectangular splints, so as to provide for the bones being kept steadily apart during the healing process. Mr. Hill stated that the patient had almost complete control over the brachial muscles, the power of flexion and extension being very good, and pronation and supination nearly, if not quite, equal to the corresponding limb. In testing his muscular power, it was found that he could carry a bucket of water, and in his trade, as a carpenter, could use a saw, a hammer and gimlet, he also could write a good hand. The patho- logical specimen and cast of the case were also shown.

Dr. Simms related the following case,

EPILEPSY FOLLOWING THE PASSAGE OF A PIN THROUGH THE INTESTINES.

H. T., aged ten, admitted into the West London Hospital, September, 1869, as an out-patient. Her family history was unimportant, there had been no convulsions, and occasional slight attacks of stupor, and momentary loss of consciousness. Three years ago she swallowed a pin, which first stuck in her throat, and then passed downwards; after this, the epileptoid attacks gained ground during four months. Then a most violent epileptic seizure occurred, followed by coma of some hours' duration, hardly a day passed without one or more fits, sometimes three or four. On the 16th Feb., five months after admission, the pin was passed, she had no more well-marked fits, but fainted on several occasions. Since the 21st of May the fits were ceased.

The President asked whether the child had been seen in a fit, and whether the fits were really epileptic. The child had been seen by the house-surgeon, and the fits were followed by coma.

A NEW CEPHALOTRIE.

The following description is given in an American Contemporary, by F. H. Getchell, M.D., Clinical Lecturer on the Diseases of Women and Children, to the Jefferson Medical College. The subject had already received so much attention, that it is unnecessary for me to offer any extended remarks upon the advantages of the Cephalotribe over other instruments, in the operation for craniotomy. I only desire to describe and call the attention of obstetricians to a new instrument for the operation of cephalotripsy.

The instrument here represented, weighs two and a half pounds. The length of the blades or cephalic portion is six and a half inches by one inch and a half wide. The exterior of the blade is convex, while the interior is concave; the ends are rounded, and are in contact when the instrument is closed, forming an equilateral triangle. The blades are perforated with three oval fenestræ, three-fourths of an inch in length, and five lines in width, the outer edges of which are rounded, while the inner are left sharp. As the head is compressed it indents itself within the fenestræ and effectually prevents the instrument from slipping under traction is made. The shafts are two and a half inches long and diverge from the lock; the length from the end of blade to the lock is nine inches. The lock is a combination of the broad button and the screw of the long obstetric forceps—while the screw can be removed the shoulder, or button, pro-
LEADING ARTICLES.

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Dr. Gee's Gulstonian Lectures "On the Heat of the Body," Sir James said, "displayed a power of handling medical philosophy which it is most satisfactory to observe in a younger member of the Profession"—an opinion which will probably be endorsed by most of those who have perused the abstracts that have appeared in our pages.

The Croonian Lectures, by Professor Parkes, of which we must give some account, as Sir James said, were "listened to with great approbation, and it is considered that some of his statements will cause a modification of some generally received opinions." Dr. West's Lumleian Lectures, to which we are now to be devoted, has been unable to devote any space, the President said "will reflect lustre on the College." In connection with this subject, Sir James recommends that the endowed lectures should in future be published by the College. There is no denial that their quality usually entitles them to such distinction.

Twenty-four Fellows were elected during the Collegiate year. This is an increase partly due to an alteration in the bye-laws, admitting more meritorious names to be proposed. We hail this step in the right direction, as we are strongly of opinion that a more liberal admission to the Fellowship would conduce greatly to the prosperity of the College. There are many most worthy and distinguished men who have not yet been advanced to the superior grade, and while they are kept back it will always give rise to suspicions of cliquism. Besides, as we have often stated, since the creation of the new order of licentiates the members find their position considerably altered. The remedy is the enlargement of the Fellowship. We would, of course, jealously keep out all who have been guilty of any unprofessional conduct; but industrious, painstaking physicians should be admitted before they get too old to care about it. We hope the Fellows will take the hint in good part. It is offered with a single view to the good of the College.

Nineteen Fellows of the College died during the year, and Sir James weaved a graceful laurel in remembrance of Drs. Mayo, Copland, Meyer, Waterfield, and Symonds.

Of the members who died, Sir James Clark called for special notice. It is known, of course, that he would not accept the Fellowship when offered, and this affords fair ground for remark, that so many changes having recently been made in the College, it ought not again to be possible for such a distinguished member to feel it incumbent upon him to keep outside the Fellowship. We cannot but honour those who did so from a sense of duty to their profession, and hope it may not be necessary for others to follow in the same course.

We now come to Medical Reform, and are happy to record our obligations to the late President for, the manner in which he discussed, and the labour he has so cheerfully devoted to the subject during his Presidency. Dissmissing the dead Government Bill, and the other abstractions that have occupied some little attention, let us look at the amalgamation scheme—on which we have frequently commented—in the light of Sir J. Alderson's interesting statement. He says there exists a question about a minor and a major scheme. The former consists in the union of the three English Corporations for the purpose of establishing a Joint Board, and so reducing the number of Boards. Each of the three corporations would agree not to give its separate diplomas to those who had not passed the Conjoint Board. The major scheme proposes to take in the Univer-
Notes on Current Topics.

Rhubarb Tart.

Diarrhoea has been very prevalent during the past week, and in many instances it was traceable to the indulgence in a seasonable luxury—rhubarb tart. We refer to the topic more with the voice of warning than of conveying intelligence, expressed already in the daily papers. We think as a vegetable rhubarb may be safely used without deleterious results, if a little common sense be only exercised. In most of the cases, which we saw professionally, of diarrhoea, and which we consider originated through eating rhubarbs, the vegetable was partaken of at unseasonable times, and in an injurious form. Cold rhubarb tart eaten for supper has given the physician and apothecary something to do within the last few days. Since we write in warning, we, with all the horrors arising from cold acclimatized dishes before our mind’s eye, may be permitted to put our bet upon rhubarb as a dish for supper, and to recommend its use either at luncheon or at dinner, and to advise it to be sparingly used, until the stomach becomes more habituated to a vegetable dietary.

Tobacco in Beer.

Tobacco and beer is a different thing to tobacco on beer, as we just learn from a reliable provincial authority, who writes to us the particulars of a case of tobacco poisoning, through the patient accidentally swallowing it in his beer. We are informed many of the public-house brewers put tobacco into their beer when brewing in order to make the beer more effectual, we presume, in promoting intoxication. The patient of our correspondent, whilst drinking his beer, experienced the sensation of some solid substance passing down the esophagus with the beer; drinking afterwards more cautiously, as horses do, he arrested the progress downwards of a substance which does not constitute beer in any form—the solid form being as yet unknown, and left for some ingenious discoverer to make a rapid fortune by. We see no prospect, at present, however, of a person being able to have his glass of beer in the shape of a lozenge. Upon examination the solid was found to be a piece of "Limerick twist" tobacco, as our correspondent designates it. The man went home, became deadly sick, and sent for his doctor. This gentleman, after the administration of an emetic, had the satisfaction of discovering amongst the ejected fluid a piece of tobacco. Upon inquiring into the subject he learned that many public-house keepers, who brew their own liquor, are in the constant habit of using tobacco. We think the matter should have been confided to the local police as well as to us, and brought for investigation before the magistrates. We grant our correspondent’s request by giving publicity to a cruel and dangerous practice in the hope that the note of warning may not be sounded in vain, and with the assurance to such brewers as practise such a system, that its detection will receive punishment in our law-courts.

Death of Professor Oppolzer.

We have just received the sad news of the decease of Professor Oppolzer—the great leader of the Vienna Medical School—a physician renowned throughout the world, and in whom Europe, as well as Austria, loses one of the foremost men of learning. Sometime ago our Vienna correspondent furnished our readers with some interesting information about Oppolzer, as well as other celebrities of Vienna.

Prescribers and Dispensers.

Dr. Campbell Black lately delivered an address to the Chemists' Association of Glasgow on the relations of "Prescriber and Dispenser." To indicate how defined the duties of apothecary were even in the sixteenth century, he quoted the following quaint rules for an apothecary’s life and conduct:

1. Must first serve God, for see the end, be cleanly, pity the poor.
2. Must not be suborned for money to hurt mankind.
3. His place of dwelling and shop to be cleanly to please the senses withal.
4. His garden must be at hand with plenty of herbs, seeds, and roots.
5. To sow, set, plant, gather, preserve and keep them in due time.
6. To read Dioscorides, to know ye nature of plants and herbs.
7. To invent medicines, to choose by colour, taste, odour, figure, etc.
8. To have his mortars, stills, poltes, filters, glasses, boxes, clean and sweet.
9. To have charcoals at hand to make decoctions, syrups, etc.
10. To keep his clean ware close and cast away the bad ware.
11. To have two places in his shop, one most clean for the physic, and a baser place for the chirurgery stuff.
12. That he neither increase nor diminish the physician’s bill, i.e. (prescription) and keep it for his own discharge.
13. That he neither buy nor sell rotten drugs.
14. That he peruse often his wares, that they corrupt not.
15. That he put not in quid pro quo (i.e. use one in-
gradient in the place of another when dispensing a physician's prescription without advance notice.

16. That he may open well a vein for to help pleurisy.

17. That he meddle only in his vocation.

18. That he delect to reede Nicolaus Myrepsus, Valerius Cordus, etc., etc.

19. That he do remember his office is only to be ye physician's cooke.

20. That he use true measure and weight.

21. To remember his end and the judgment of God; and thus do I commend him to God, if he be not covetous or crafty, setting his own lucre before other men's help, succour and comfort.

He afterwards condemned very strongly the investment of money by medical men in druggist shops, which could only lead to a temptation to prescribe too much physic, which is not compatible with the honest practice of the medical profession. This, of course, leads to the incessant changing of bottles, powders, &c. Now one bottle, to-day another, and so on. It is a case of—

"At ninee powders let him take,
Present to the drught, the phial shape:
And ye'll remember at eleven.
Three of these pills must then be given.
This course you'll carefully pursue,
And give at twelve the bolus too.
If he should wander, in a crack
Clap this bread bluster on his back;
And after he has had the blister,
Within an hour apply the clyster.
I must be gone; at three or four
I shall return with something more."

**Darwinism and the Belief in God.**

In the new number of the *Contemporary Review* Dr. Beale thus writes:—

"If it were true that the facts of science really taught that all phenomena peculiar to living beings were in reality only physical and chemical phenomena, the very ground out of which all religious thought systems would be disapproved. For if I was sure that the formation of my body and the action of the living matter within me were certainly due to the properties of the particles of which my framework is constructed, how could I believe that I was, nevertheless, designed and created by the power and wisdom of God? If that were so, I should not seem to be nearer to the only sort of deity admissible in such an order of things than the dust I tread upon, from which my body was made, and which it will return by; or than the wood and clay which may be so wonderfully fashioned by the hands and minds of men—nay, the latter would have for me far higher interest than any such deity could possibly possess. For at best such a power could only affect me through matter, and could not be supposed to possess any sort of relation to me that a being capable of thinking and fashioning would care to acknowledge. I must believe that I was related to my Maker in any way distinct or different from that in which the stone is related to its Maker. Nay, the stone and I would be particles, perhaps a little modified, in the same order of things; each occupying its place and performing its part in this world; each dependent upon the influences determined by conditions outside it; each subject to be split up into its component molecules, to be scattered far and wide, perhaps to be recombined at once into new forms, perhaps to be distributed, and for ages, as cosmic mist."

In the same article Dr. Beale speaks in the following terms of "Scientific and Theological Concessions":—

"I have sometimes suspected that some theologians in these days were as much, nay, to concede what will eventually prove to be the key of the position, regarded from the intellectual side. The proposition seems to have been accepted by many as proved, that the laws governing the living are the same as those which the non-living obeys. But such a conclusion cannot reasonably be entertained at this time, nor is it likely that it will ever be proved to rest upon facts. The chivalrous generosity and large-heartedness of some minds, an intense love for everything that seems to favour progress, a desire to encourage investigation and work, and a natural hatred of narrow-mindedness and party prejudice have perhaps led some thoughtful persons to accept for demonstrated facts, without the slightest investigation or enquiry, some of the most extraordinary statements ever promulgated in the name of truth, and to believe in all seriousness general propositions which, regarded from a scientific standpoint, are untenable, as, for example, "the sun forms living beings," 'the lifeless passes by gradations into the living,' 'the difference between a living thing and a dead one is a difference of degree,' 'a dead thing may be revivified,' and many more quite as astounding. Such doctrines rest upon no scientific evidence whatever, and those who believe them receive them upon trust, and do not venture to enquire concerning the facts upon which they are said to rest."

**The Brighton Review.**

As we announced would be the case, Mr. Cordy Burrows entertained his brother medical officers with a breakfast. The hospitality was of the kind that will not soon be forgotten, and the breakfast was the scene of a very pleasant incident, for the host was presented with a testimonial in the shape of a beautiful massive gold snuff-box, enriched with floral chasing in relief, of leaves, flowers, and foliage, on a matted ground. The inner surface of the lid bore the following inscription:—

"To J. Cordy Burrows, Esq., Surgeon 1st Sussex Volunteer Artillery, and P.M.O. Easter Monday Review held at Brighton, from the Volunteer Medical Officers on duty, as a mark of their friendship and esteem. Easter Monday, 1871."

In returning thanks for this compliment Mr. Burrows said that, although he was not "unaccustomed to public speaking," he was so taken with surprise that he could not express himself as he could then wish; the opening of his heart closed his mouth. Nothing in the world could have given him more pleasure than such a recognition from the branch of the service to which he had the honour to belong. He thanked them heartily for their elegant present, which had been given to him quite unexpectedly; and he trusted that ere long government would give that organisation to the volunteer medical force which was so much needed.

**Out-patient Hospital Reform.**

A MEETING is to be held in the rooms of the Royal Medical and Chirurgical Society, Berners street, to-morrow, Thursday, the 20th, Sir William Fergusson, Bart., F.R.S., in the Chair, to receive the Report of the Committee which was appointed last year to inquire into the out-patient hospital administration of the metropolis, with the view to its reform.

**Surgeons and Surgeons-Major.**

It may not be generally known to the officers of the Army Medical Department that the clause in the Royal Warrant granting the rank of surgeon-major after twenty years' full-pay service, does not carry any increase of pay with it. It is true that the Warrant of 1866 granted pay and rank together, and that under its regulations the sur-
geons-major now serving are drawing the pay of their rank; but the United Service Gazette points out that the Warrant issued last December makes no provision for anything but rank, and understands that in the few cases that have arisen since the Warrant was promulgated, the officers have been informed that they cannot claim the pay of, although they may style themselves, surgeons-major, until they are actually promoted to the rank.

Propagation of Small-pox.
At a meeting of the Hampstead Vestry, held last week, a report was received from the Medical Officer of Health, in which he urged the necessity of the attention of householders and letters of apartments, being called to the penalties to which they render themselves liable, by letting any apartment or house where any contagious disease has existed, until proper disinfection has taken place. The Vestry resolved to incorporate the 39th clause of the Sanitary Act, 1866 (bearing on this subject), in a notice to be circulated throughout the parish.

The Registrar-General has published his Annual Summary of the Births, Deaths, and Causes of Death in London and other large cities during 1870; from which we collect the following interesting figures:

The population of London within the police area, extending over a circle having its centre at Charing Cross and a radius of 15 miles, is estimated at 2,753,763.

Including the metropolis, the 29 great cities of the kingdom, with an estimated population of 7,216,325 souls, stand on 333 square miles. In them, 182,819 persons died, and 253,910 children were born. The birth rate was 360, the death-rate 25.3 per 1,000 in the year.

Fifty more cities of England, having populations ranging between 25,000 and 150,000, but averaging 52,000, experienced the lower death rate of 23.8 in 1,000.

The mortality in the 70 cities of the kingdom was at the rate of 24.9 in 1,000.

The mortality in the rest of the kingdom was at the rate of 22.1.

For the year, the mortality was low in Portsmouth, Wolverhampton, Birmingham, Hull, and Sunderland; in these places it ranged from 201 in Sunderland to 21.8 in Hull and Wolverhampton.

The mortality was highest in Leeds, 282; Glasgow, 293; Bristol, 29.9; and Liverpool, 31.1.

The ruling epidemic was scarlet fever. London and Liverpool were great sufferers. Diarrhoea was fatal, and so was fever. Then to violence many deaths were referred; in Birmingham 402, Liverpool 700, London 2,576. Liverpool is the first, Birmingham second, London third, in the rank of danger from violent death of one kind or another.

The mean rate of mortality for 31 years is 24.34, and the mortality in 1870 is a little below this; it is 24.12. The effect of the drainage of the low South districts has reduced the annual rate of mortality in the three decades, since 1840, in the following progression of improvement: 26.6, 24.4, 23.2.

The small-pox still ravages London; it destroyed 25,061 lives in the 31 years, 1840-70. The annual deaths averaged 808. The lowest number of deaths in any one year was 154 in 1867; the highest number was 2,012 in the year 1863. In eleven of the years the deaths exceeded 1,000, in thirteen they were below 600; thus they fluctuated to the extent of one-fourth every two or three years. The seasons do not affect the mortality of the epidemic to any great extent; thus, the weekly mean number of deaths was 10; the weekly deaths in the winter quarter were 17, in the summer quarter, 14. The mortality is highest in winter, lowest in summer; it is at the average in spring and autumn.

The Royal Institution Lectures.
The following are the lecture arrangements after Easter:—


Prof. Tyndall, L.L.D., F.R.S.—Eight lectures “On Sound,” on Thursdays, April 30 to June 8.

Joseph Norman Lockyer, Esq., F.R.S.—Eight lectures “On the Instruments used in Modern Astronomy,” on Saturdays, April 22 to June 10.

Suspected Copper Poisoning.
An inquest on the body of Sarah Rogers, wife of a hatter, was held last week. The deceased died from the effects of an irritant poison, but how this poison was taken has not yet transpired. Professor Crace-Calvert deposed that in the stomach he found a small quantity of brown fluid, and the inner coating of the stomach was highly inflamed. The intestines were also inflamed, and contained a small quantity of brown fluid. He looked in vain for oxalic acid, arsenic, baryta, antimony, lead, tin, &c, and at last for copper, being the poison most likely to be used. After much careful analysis he found a small quantity of copper in the stomach, a large quantity in the intestines, and also some in the liver. From the statement that the deceased vomited and was violently purged previous to death, that only a small quantity of salts of copper are requisite to produce death, and that the same is easily removed from the system by purging, he thought it not to be wondered at that he only found a small quantity of copper in the stomach.

Mortality of Soldiers in India.
That a process of acclimatization takes place in Europeans during the earlier period of their residence in India, and that the death-rate among them is consequently higher during that period than subsequently, is a fact too well established to admit of any doubt, and is fully borne out by the mortuary statistics of European troops in that country. The United Service Gazette notices that the statistical officer to the inspector-general of hospitals with the British forces has drawn attention to an important deduction from this fact in connection with the short-service Act. It appears from statistics that for the first
six years of service the ratio of deaths is 43:31 per thousand, while for the first twelve years it is only 31:93. Taking into account permanent invalidation, as well as deaths, the periods for the disappearance of a thousand men under the two systems would be eleven and a half and sixteen years respectively.

The Cholera in Russia.

A letter from the St. Petersburgh Correspondent of the Standard says—

"The number of cases of cholera is decreasing. The average of new cases from the 17th to the 22nd of March (leaving the 21st out of the calculation, the report of which day has not appeared in the public prints) was 105, of cures 59, and of deaths 43. The report of the 24th shows a decided improvement. It is, however, to be apprehended that the excesses in which the lower classes always indulge at the end of Lent will again fill the hospitals. The more rigorously the Russians fast during the penitential season, the more freely do they feast when it is over. They begin on their return from midnight mass on Easter-eve, and there is invariably a great deal of illness during the holidays. We must, therefore, not be surprised to see a considerable increase in the number of victims carried off by cholera next week. Efforts have been made to induce the lower orders to leave off fasting, but I fear only with partial success. To encourage them, dinners have been organised on a very cheap scale, and they can now have a good wholesome meal of soup, meat, and bread for from two to three pence. While the cholera is diminishing in town it is spreading into the country. It has appeared along the principal railways and at Cronstadt, but the cases have not been numerous."

The Invalid’s Guide.

Mr. B. Squier wrote last week too late for our issue to ask whether we had not made a mistake about this publication, as he could hear nothing about it. Our remarks were not made till after its free distribution, as described in our first article, and we are glad to say that nearly all whose names were used have now repudiated the publication.

We beg to acknowledge the congratulatory letters of numerous correspondents on our conduct in this matter.

The great Sulphur Cure again.

In a pamphlet by Dr. Dewar, entitled “Rheumatism and Rheumatic Gout treated on Antiseptic Principles,” published by Messrs. Edmonston and Douglas, we find that the “great sulphur cure” has been applied in a manner we should scarcely have anticipated. Dr. Dewar, after five years’ use of sulphurous acid in many ways, comes forward with a proposal to treat rheumatism and rheumatic gout by the topical application of the liquid acid. He gives it at the same time internally, as he thinks the accepted belief as to the morbid element of these diseases is, that it lies in the digestive organs and is probably a ferment. Eight cases are related, some of which are, however, cases of neuralgia, not rheumatism. They do not impress us very deeply. We all know the difficulty of judging from briefly related cases, and the very different effect of seeing them. In announcing Dr. Dewar’s method of treatment we enable our readers to try it.

A portion of the second part of the “Report of the Sanitary Commission” has been printed.

Medical Colleges.

The medical student who, last session, pleaded guilty to three indictments charging him with stealing a case of dissecting instruments and medical books, the property of other students in the University College Hospital, was brought up for judgment last week.

The judge said it was a very painful duty imposed upon him to pass sentence on a young man like the prisoner, who was studying for an honourable profession, the members of which were admitted with universal confidence into every house and every family. He regretted that arrangements, such as existed in the universities, were not made for placing the medical students under control and discipline, instead of exposing them to all the temptations of great cities. It would be a great public benefit if some steps could be taken to place these young men under such regulations as should prevent them from being out at all hours of the night and being mixed up with all sorts of misconduct. As a warning to others, he sentenced him to be imprisoned and kept to hard labour for three months.

The string thus touched by the judge will, we earnestly trust, vibrate long and loudly in the ears of some who the welfare of the medical student more particularly concerns. Without doubt, the ill repute which the name of medical student used to bear in the vulgar mind is, to a great extent, the offspring of the absence of supervision which the judge deplores, and the number of young men engaged in the study of medicine is assuredly sufficient to make their care and their morality worthy of special arrangements. It is a great fault in the existing medicos-educational system, that the teaching body abandons its pupil the moment he leaves its class room.

St. Pancras.

In a letter to the daily papers a medical officer of St. Pancras, thus applies a scorpion lash to the shoulders of the eccentric fathers who cried and blubbered, i.e., they perpetrated a last blunder, and with the wicked purpose too of diverting public attention from the little game then on the boards.

"To answer to a short, though important, paragraph which appeared yesterday, attributing the spread of small-pox in St. Pancras to the neglect of the medical officers to isolate the cases, I may mention that the neglect does not lie at our door, but the non-isolating is caused by circumstances over which we have no control. My simplest explanation will be to state the process of getting a patient to the hospital, which is the only means of isolation, where the family all live (as most of them do) in one room. The friends first have to go for an order, waiting about sometimes an hour or more amongst a crowd of applicants, thereby spreading the contagion far and wide; they then bring the order to the medical officer, he attends and sees the case, writes a certificate of the disease, and recommends immediate removal; this certificate is taken to the relief office, where, most likely, another delay occurs. The relieving officer then has to send either to the workhouse or small-pox Hospital to inquire if there is a vacancy; if there is, he fills up a form given by the hospital authorities, and this has to be taken to the medical officer to be signed; the relieving officer then orders a proper conveyance from the workhouse to take the patient to the hospital, and after all this, I have had the case returned, the vacancy in the hospital having suddenly been filled up. The duties of the medical officer do not end here; he has to send a post card daily both to the medical officer of health and to the vaccination officer, apprising them of every fresh case, and once a week to Dr. Bridges, the Medical Inspect-
tor of the Poor-law Board, in addition to entering the case weekly in the medical relief book. Another important matter, which took place at the same meeting of the guardians, you did not comment upon; namely the appointment of one public vaccinator for St. Pancras, with a population of over 200,000, and an area of twenty miles in circumference, in place of the eight medical officers who have hitherto acted in that capacity, and this at the time when seventy-one cases of small-pox occurred during the week. Comment on my part is unnecessary.

A New Scripture Reading.

A contemporary writing about the "Geneva Cross" says, "Men are apt to declare in their haste very much what David declared of his generation, that all conventions are failures and snares." We advise our contemporary to forward a copy of his last issue with a reference to the passage in which David said this to the Revision Committee.

Inebriates.

Dr. Dalrymple's bill is again being discussed. Those whose painful duty it often is to advise respecting those who seem unable to overcome their passion for drink know well the many difficulties with which they have to contend. It is a question deserving most serious attention. On the one hand there are cases of so-called "dipsomania" that seem to render the patient incompetent to control his property or to perform his duties. On the other, there is no doubt danger in subjecting to the disqualifications of lunacy large numbers of drunkards. There is too great a tendency in many quarters to ask for an act of Parliament to entitle every knot. But, although we object to over-legislation, we are ready to have this question fairly discussed.

Health of Dublin for the Last Month.

Births.—In the Dublin Registration District, the number of births registered during the quarter ended on Saturday, April 1st, 1871, amounted to 2,445, being equal to an annual ratio of 1 in 32 in every 1,000 of the population. There were registered in London during the same period an annual ratio of 1 in 27, or 38 in every 1,000; in Glasgow, 1 in 24, or 41 per 1,000; and in Edinburgh, 1 in 26, or 38 in every 1,000.

Deaths.—The number of deaths registered in the Dublin Registration District during the quarter amounted to 1 in 31, or 33 in every 1,000 of the population. The number of deaths registered in London during the same period was equal to an annual ratio of 1 in 27; in Glasgow, 1 in 27; and in Edinburgh, 1 in 34.

Diseases.—The deaths from bronchitis amounted to 549, or 1 in every 47 of the total deaths. In the corresponding quarter of last year the deaths from bronchitis were 67 less than in the past quarter. Pneumonia or inflammation of the lungs caused 80 deaths, against 42 in the first quarter of 1870. 241 persons fell victims to phthisis or pulmonary consumption; of all the deaths registered, 1 in every 107 was referred to this disease. The assigned cause of death in 103 instances was convulsions, the proportion to the total deaths being 1 in every 158. Fever caused 111 deaths, viz.—37 typhus, 49 typhoid or enteric, and 25 simple continued fever. Whooping-cough proved fatal in 121 instances, measles in 15, croup in 21, and diphtheria in 5. 98 persons died from scarlet fever.

Erysipelas caused 14 deaths. Two women died in Corkstreet Hospital from small-pox. One of them came from London labouring under the disease. One had not been vaccinated, and in the other case there was "no vaccination mark." Heart disease was the cause of 63 deaths, and aneurism of 6. 37 deaths were ascribed to liver disease, 6 to jaundice, and 7 to hepatitis, or inflammation of the liver. 12 deaths were referred to nephritis or Bright's disease, 2 to diabetes, 1 to cystitis or inflammation of the bladder, and 22 to kidney disease unspecified. 62 deaths resulted from violence, viz.: 55 accidental, 3 homicidal, and 4 suicidal.

Pyrexia and its Treatment at King's College Hospital.

Professor Wood has lately had under his care, in conjunction with Dr. Beale, two cases of Pyrexia—one of the cases is now well and discharged. The treatment consisted of carbolizing the patient—First, by means of keeping the body in a carbolized atmosphere, employing small muslin bags filled with McDougall's powder, placed in the bed, and keeping the bed clothes raised by means of a cradle; and secondly, by the internal administration of sulphia-carbolate of iron. The second case is also doing well. As Professor Wood is now making other observations and experiments in connection with the treatment of pyrexia, we shall hereafter revert more fully to the matter. The subject is one of such great importance that we feel, even at this early stage, justified in giving prominent notice to it—in the hope that other hospital surgeons will try the treatment, and if their experiments confirm those of Professor Wood, we may be able hereafter to combat that great obstacle to surgical success—Pyrexia.

London Great Northern Hospital.

This hospital is striving to meet the wants of the large district it is intended ultimately to serve. At present its number of beds is under fifty. It is intended, as soon as possible, to increase the number of beds to a hundred and fifty, and it will not be until two-thirds of that number have been provided that the institution can be said to be on a satisfactory footing.

The Colonial Office and the Treatment of Leprosy.

The Evening Standard of last Saturday gives the following information. In the hint at the conclusion we quite agree.

"A dispatch was sent to certain of the colonies last December touching the alleged discovery of a new and successful method of treating leprosy. It stated that in the year 1868 the Governor of Trinidad, having been informed that a certain Dr. Beauprythy, practising in Venezuela, had discovered a cure for leprosy, dispatched Dr. Bakewell to Venezuela for the purpose of investigating the same. The result was that, although it is admitted that the disease, in its more aggravated forms and stages, will not yield to Dr. Beauprythy's treatment, and although it has yet to be proved that the earlier stages of the disease a single course of treatment has effected a permanent cure, the lapse of time not having been sufficient in any case to determine the permanency of the result, yet sufficient evidence has been adduced to raise the question whether a method has not been discovered, which, if early applied, and repeated from time to time, where necessary, may not keep under, if not eradicate
the disease. Lord Kimberley, therefore, sanctioned the appointment of a gentleman, and the College of Physicians selected Dr. Gavin Milroy, to visit the countries in which the remedies are being tried, for the purpose of his forming an opinion on the value of the lauded plan of treating leprosy. The dispatch further states that the government concurs with the College of Physicians in the belief ‘that the governments of those countries in which leprosy prevails will recognise the obligation of affording all reasonable support to the investigation of remedies for the disease.’ Accordingly, several governments have been asked whether they will pay the expenses of the projected inquiry between them, and the visit of Dr. Milroy has been delayed pending their answer. It is proposed that Antigua, Bahamas, Sierra Leone, and St. Kitt’s should each pay one-seventieth part; Barbadoes, three-seventieths; Stuarts and Trinidad, four-seventieths each; British Guiana, six-seventieths; Jamaica, nine-seventieths; the Cape and Mauritius, twelve-seventieths each; and Ceylon, sixteen-seventieths of the expense, which will include five guineas a day to the Commissioner, whose appointment will be for six months at first. It seems to us that if the inquiry were likely to turn out a valuable one, the Colonial Office might very well have found the necessary money for its conduct in a somewhat more expeditious manner.

RINDERFEST is spreading rapidly in France and Belgium, in defiance of the measures which have been adopted for its eradication.

Staff Surgeon-Major Cogan who had served long and well in the army died on the 14th ult. of liver disease, for which he left India last January.

Surgeon Wyatt has returned from Paris where he was delayed by indisposition. Dr. Gordon, C.B., Deputy-Inspector-General of Hospitals, as our readers are aware, has now been in England some time.

Mrs. Martha Bliss Pugh bequeaths £500 to the Margate Infirmary, and £100 each to St. Thomas’s Hospital, London Fever Hospital, Samaritan Hospital, and the Royal Medical Benevolent College.

A Gentleman who has often liberally contributed to the funds of the Derbyshire General Infirmary, has announced his intention of presenting it with £2,000 as an Easter offering, so soon as a suitable investment can be found for the money.

On Tuesday week, twenty-nine gentlemen passed their primary examinations in anatomy and physiology. Seven candidates having failed to acquit themselves to the satisfaction of the Court of Examiners, were referred to their anatomical and physiological studies for three months.

Last week the Marchioness of Ailesbury laid the foundation stone of a new hospital which is to be erected in Savernake Forest, rather more than a mile from the town of Marlborough. Some five years ago a cottage hospital was opened near the site of the new building, the necessary expenses being defrayed by the Marquis of Ailesbury; and the movement proved so satisfactory and beneficial to the poor of the different parishes within the Marlborough district, that it was determined to build a permanent and commodious hospital. The estimated cost is £3,000, towards which about £3,750 have been promised.

It is not often that we, as medical journalists, have the satisfaction to chronicle the possession of large fortunes by members of our Profession. Last week the will of the late A. J. Nisbet Connell, M.D., was proven in London under £60,000 personalty; in it there are legacies of £500 each to the Royal Bucks Infirmary, and the New University Buildings, Glasgow.

The death of Dr. Owen Roberts, of St. Asaph, is announced. It occurred through a carriage accident in which the horse having run away, the vehicle was upset and the doctor thrown out. He fell on his head and fractured the base of the skull. He was in the 62nd year of his age and had never been married. He was buried in the Cathedral churchyard on the 23rd ult. with every mark of respect from the inhabitants who had known and esteemed him so long.

The Medical Society of the College of Physicians, Ireland, will hold its sixth meeting on Wednesday, 26th April, the meeting announced on the cards for April 19th, being unavoidably postponed. The following communications will be read:

Dr. Eames—‘On a case of Leucocytosis.’
Dr. Hayden—‘On Diaphragmatic Pleurisy.’
Dr. Grimsby—‘On a case simulating Typhoid Fever.’

The obstetric practitioners of our Profession in Ireland have received a very grateful compliment at the hands of the London Obstetrical Society, in the election of Dr. Kidd, President of the Dublin Society, to the Honorary Fellowship.

Dr. Kidd received this honour in conjunction with Dr. Keiller, of Edinburgh, and Dr. Tracy, of Melbourne. He is the fourth Irishman who has been selected. The predecessors of Dr. Kidd in this honour were—Dr. Beatty, Churchill and Mcintosh, of Dublin; Dr. Mathews, Duncan, of Edinburgh; Drs. Farre and West, of London; and Sir James Simpson. Outside the United Kingdom—Braun, of Vienna; Hall, of Montreal; Depaul, of Paris; Baron Dubois, of Paris; Faye, of Christiania; Hecker, of Munich; Hunberger, of St. Petersburgh; Lazarew, of Russia; Lazzati, of Milan; Martin, of Berlin; Pajot, of Paris; Rizzoli, of Bologna; Sasan, of Wurzburg; Marion Sims, of New York; Thomas, of Leyden; Vichow, of Berlin.

In a paper entitled “Vaccination and Sanitation,” which appears in a recent number of the Journal of Cutaneous Medicine, Dr. E. Haughton applies the actual cantry in the following fashion:

‘On the other hand, I do not wish to undervalue the protection which good vaccination undoubtedly confers; although I think the discontinuance of inoculation has much to do with our present comparative immunity from small-pox. Vaccination does not confer absolute protection, however often it may be submitted to—it is not free from risk of infection with other diseases. It is a disease itself (though a slight one); but it does confer more or less immunity from small-pox, because it is a modification of the same disease. It would be like slaying the slain, to attempt to prove over again any of the above statements. They have all been established on the most irrefutable authority, and by the most extended experience; and I shall not, therefore, wear your readers by any elaborate statistics on the subject; but I feel bound to protest against persons, who have a pecuniary interest
in extending the practice of vaccination, being allowed to keep up a perpetual agitation in the newspapers, by the insertion of paragraphs full of the most astounding exaggerations, and the most virulent abuse of all who differ from them in opinion upon an open scientific question. The result of this agitation is to prevent anything effectual from being done in the way of sanitary improvement, by using up the public moneys, and forcing public attention in a wrong direction; whilst under the names of isolation and quarantine the greatest inhumanity is practised towards those who unhappily contract the disease. Owing to the panic thus created, they wander about from hospital to hospital, being unable to find admission, until it shall please the authorities to open entirely new buildings for their reception: and this in the midst of a ‘protected’ population. It is true that small-pox is a loathsome and destructive disease; but the public are well aware of this fact, and it does not take many articles in the daily papers to produce the greatest alarm. Yet, even during the panic, the rich will not knowingly use the lymph which is provided by government, and whose use is enforced by fines and imprisonment amongst the families of the poor.

The latest medical swindle from the already extensive repertorium of Brother Jonathan, has been exposed by Dr. Frank Hamilton, in the American Medical Gazette.

A young lady consulted him on account of a paralysis of the ninth pair of nerves. She has been unable to articulate since she was three years of age. A short time since she received the following circular:

**Prof. J. R. Randolph, Pres’t. W. B. Taylor, Sec’y. UNION HOSPITAL OF NEW YORK CITY.**

**UNDER CONTROL OF AN EUROPEAN FACULTY.**

If a cure is not effected—by filling the affidavit on the back of this guaranty, and sending it to W. B. Taylor, New York City, the amount charged for medicine will be refunded.

**Dr. S. Holman,** Examining and Contracting Agent.

**Case No.** Treated at Am’t paid, dol’s.

The affidavit referred to reads thus:—

I do hereby certify that I have followed directions, Rules, and Regulations as prescribed by Dr. Holman, and a cure has not been effected in my case.

Subscribed and sworn to before me this day of 1870.

Justice of Peace.

On the blank portion of the sheet is written in a bold hand:—

Feb. 20, 1870.

**Miss**

Having Instituted careful Examination in your case & found it curable we will accept it under guaranty of care in five months.

Await order of Pres. J. R. Randolph.

**Dr. S. Holman.**

The young lady was induced to consult the man who calls himself Dr. Holman, mentioned in this circular, but finds no such hospital or persons in the city. Concerning the “Secretary,” the police records furnish some interesting biographical particulars. William B. Taylor, better known to the authorities as Isaac Robinson, was engaged some two years ago in earning an honest livelihood by conducting a “bogus” gift enterprise, under the firm name of “Harper Wilson, and Co.” In consequence of a strong prejudice entertained by narrow-minded persons against purely speculative pursuits, he was forced to abandon this business, and shortly afterwards entered into a more starkly mercantile traffic in counterfeit money. Here, too, he met with serious obstructions from the detective force, and retired from business for a while, living upon the private resources of an intimate friend of easy circumstances and virtue.

**SCOTLAND.**

**FEMALE STUDENTS AND THE EDINBURGH INFIRMARY.**—The scheme proposed by the Society for Promoting the Medical Education of Women, by which ladies could be admitted to clinical instruction in the Infirmary, has been rejected by a majority of the Managers. It was moved that a committee be appointed to consider whether the plan proposed could be carried out without injury to the interests of the Infirmary, or of the sick-poor. Rev. Dr. Nicholson, seconded by Dr. Wood, moved as an amendment that the Managers regard the present proposal as quite incomplete, and can consider no plan that does not embrace such a medical education as would warrant them to give the usual certificate of hospital attendance. On a vote being taken, seven voted for the motion, and nine for the amendment.

**EDINBURGH ROYAL MATERNITY HOSPITAL.**—The annual meeting of the directors of this Institution was held on the 10th, under the presidency of Lord Mackenzie. The annual report states that since the sanitary improvements recently effected by the directors, the death-rate has been reduced to a figure which the directors believe to be lower than in any other institution of the kind in the kingdom. From the re-opening of the hospital in October, 1863, down to the 31st December, 1870, there was only one death, showing a mortality of 1 in 293 mothers, and in the same period the death rate among infants was 1 in 6 births to 1 in 29.

**Glasgow Skin Disease Dispensary.**—The annual report of the directors of this Institution shows that the number of patients treated during the past year was 1,101. Forty-four students attended the lectures delivered at the dispensary. Since 1861, 10,813 patients have been gratuitously treated, medicine supplied, and all other expenses defrayed for the sum of £1,907.

**Aberdeen University Council.**—The half-yearly meeting was held on Wednesday, the 12th, when the report of the Committee appointed to consider what changes should be proposed in the Universities Act, gave in their report. The report states that the four Scottish Universities, although differing in points of detail, are agreed on the more important matters, and it anticipates that before next meeting a measure will have been adjusted having the support of all the University Councils. On the motion of Professor Struther, a committee was appointed to consider and report on the propriety of instituting medical bursaries.

**The Mortality Returns.**—74,067 deaths were registered in Scotland during the year 1870, being in the high proportion of 229 deaths in every ten thousand persons, or 2.29 per cent. The mean death-rate of the ten previous years was 2.23 deaths per cent, or 223 deaths in every ten thousand persons; so that the death-rate of the past year has been above the average; though 1,792 fewer deaths occurred than during the previous year, which was one of very high mortality. It may be remarked that, high as the death-rate in Scotland, it was considerably below that of England, which was in the proportion of 233 deaths in every ten thousand persons, or 2.23 per cent.—the mean of the ten previous years in England being 225 deaths per ten thousand persons, or 2.25 per cent. The several towns and districts of Scotland showed the usual striking differences in their mortality during the year. Thus, for every thousand persons in each of these districts, there were 29.1 deaths in the principal towns, 27.5 deaths in the large towns, 22.4 deaths in the small towns, but only 15.0 deaths in the rural districts; or, to put it in other words, one death for every 34 persons in the principal
tions, one death for every 36 persons in the large towns, one death for every 44 persons in the small towns, but only one death for every 55 persons in the rural districts. During the ten years 1858-1867, for every thousand persons in each of these districts there occurred annually 280 deaths in the large towns, 217 deaths in the small towns, and 173 deaths in the rural districts; or, in other words, one death in every 35 persons in the principal towns, one death in every 39 persons in the large towns, one death in every 46 persons in the small towns, but only one death for every 58 persons in the rural districts.

Correspondence.

THE VICE-PRESIDENCY OF THE IRISH COLLEGE OF SURGEONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your columns of to-day contain a letter signed "F.R.C.S.I. (resident in England)," proposing the name of Dr. R. W. Smith, as a fitting candidate for this professional distinction. I write to endorse this opinion. Dr. Smith has all the members on the roll of the Irish College who have not yet passed the chair, perhaps the most fitting by talents, character, and position, to fill this office. I, for one, will vote for him; and I feel assured that if his name is on the College list upon the day of election, few will pass it by.

Your obedient servant,
F.R.C.S.I. (resident in Ireland).

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I am anxious to address my brother Fellows through the medium of your journal, and hope I shall not be thought presumptuous in so doing. I do not wish, or is it requisite at present, to enter into the merits or demerits of aspiring candidates, either of those at present in the field or those who may be. I think the question of too much importance to our profession to make it a personal matter, and I am of opinion, which I trust is entertained by many others, that personal considerations should at once be put aside, and the contest be decided on the broad question: "Has the time again arrived when a compliment (I would say a well deserved compliment), is due to the Provincial surgeons of Ireland?" If so, I would then say, if any gentleman who puts himself forward as their representative is not by the majority of the Provincial Fellows thought to be "the right man in the right place," let him, as the Crown Counsel say to an objectionable juror, "stand aside," and let one more acceptable be named. Surely, it is not right towards Provincial surgeons that because they have adopted the hard work and little pay of the country practitioner, compared to the well paid and city life of the Metropolitan surgeons, that they, in consequence, were to be debarred from the only compliment their professional brethren can pay them. Let it not be for a moment imagined, I wish to disparage the Metropolitan surgeon; nothing is farther from my intention, for they are a credit to the Profession. As to Dr. Mapother himself, I would say, if it is determined to go on in the beaten track, no one would be more suitable for that high and honourable position than he would be, and if it is thought injudicious for a Provincial surgeon to be elected, and that one does not start as a candidate, I shall give him my vote in preference to any other. In my mind the question resolves itself into these two propositions: 1st. Is it time for the counties to be paid the same as the City? 2nd. If so, who should be he. Now, as by our charter I think the annual elections are made not by the choice of the majority of the Fellows of our College (as the provincial men from engagements, distance, and expense, are prevented from attending), but by the majority of the City practitioners, and perhaps a few within easy distance of Dublin, would it not be well if each Provincial Fellow, or perhaps the entire Fellows of our College, would sign a declaration, saying whether in his opinion the time has or has not arrived for the election of a Provincial Fellow to the Vice-President’s chair; if the majority is in the affirmative, then to say whom they would wish to be their representative, I am aware the charter gives the privilege to those who are present to ballot. Yet I am sure the City members of our profession would be the last to oppose the wishes, the well ascertained wishes, of their collective brethren. By this it would be shown that a change in the charter, so often and so energetically called for, is not so needed and that the law which puts the power to the absent Provincial to ballot, yet their City brothers are most willing to listen to their suggestion. I have not given my reason, or any reasons, whether a Provincial or City Fellow should be elected as our Vice-President, leaving it to my fellow to form his own opinion. Your obedient servant,
FRANCIS CLARKE, A.M., M.B. T.C.D., F.R.C.S.I.
Avon Lodge, Arnsagh.
April 13th, 1871.

VOLUNTARY LOCK HOSPITALS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In my humble opinion, the provision of hospital accommodation for sick persons is not a matter in which the State should interfere to any great extent; because, when this is the case, we find that hospitals are neither so well managed nor so useful, as when the zeal and devotion of the private citizen is stimulated to provide against the evils resulting from disease and death. I think that all who have walked the hospitals of Paris, and compared them with the far more cleanly and well managed London, will have given expression to my opinion. But some friends in the profession, for whose opinion I entertain great and unfeigned respect, say, that "venerable hospitals will never be maintained in this country by voluntary charity, because the "British Philistine" (to use the expression of a letterman of note) is entirely opposed to all schemes for making prostitutes at all comfortable, or extending the maxim of "love one another," so low down as that class. I cannot, like these friends, give up belief in our country folks to such a degree as this. It seems to me that no earnest appeal has, as yet, been made to the feelings of common humanity existing deep down in the hearts of all men, on the question of voluntary hospitals for venereal patients. I am quite ready to admit that the purism of celibate Catholic priests, and the asceticism of many of their imitators in the Protestant church, in this rather technical conflict, is quite opposed to censure of any infringement of the marriage code of this country, and that many "philistines" rather like to hear that venereal diseases are so rife, and syphilis such a terrible disease, in order to keep recusants from legal marriage in chock; but, at the same time, I know there is a vast amount of inhuman cruelty going on that inhuman creeds hold but little sway. To such persons, I feel assured the medical profession has only to appeal in future, in behalf of any form of human misery and disease, and it will not appeal in vain.

From Bristol, for instance, I have but this morning received a notification of the establishment of a voluntary lock hospital, as a consequence of the discussion recently held in that city on the Contagious Diseases Acts. The example of Bristol, I feel convinced, will be followed in London and elsewhere as soon as we can assure ourselves that there is a want for such hospitals. Give us but a little charity and more open discussions on the causes of prostitution and venereal diseases; and, I, for one, do not despair of the future of voluntary hospitals for patients with venereal diseases. This would take care of any State interference with the female subjects of Queen Victoria, or for any regulation of prostitution, such as that proposed in England, and alas, in New York, U. S., recently. For my part, I hold that the State should take no cognizance of the existence
of prostitution. The business of the State is to protect the citizen against violence, not to regulate the intercourse of the sexes, where no violence is attempted, and the prevention of children is not of the only excuses it has for interfering at all in marriage contracts. Protection of women over the age of sixteen is another name for subjection of all unmarried women to the hierarchy of the family, an idea now, I presume, exploded. Protection against violence by policemen in common with other citizens and husbands, alas, are the most frequent culprits in this respect. Let us, in future, admit women into the industrial business of society, so that their wages shall be adequate to their support without marriage (or worse, prostitution). I feel convinced, that there will be little cry here as to the necessity of having Government lock hospitals and "Government prostitutes" forsooth, for our unfortunate celibate army. At present, we have an almost irrevocable marriage, a body of 85,000 celibate soldiers, and such like inhuman institutions; and yet we expect to "reap fleg from thistles." I quite agree with Mr. Conway that an "earthward pilgermage" is wanted to change all of this.

Yours truly,

C. R. DRYSDALE, M.D., M.R.C.P.I., F.R.C.S.E.

THE FORCIBLE INTROSECTION OF WOMEN BY GOVERNMENT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I cannot conceive why your able correspondent, Mr. McDowell, should so deliberately and unnecessarily go out of his way in a useless effort to prop that nefarious system which, under the title of a Contagious Diseases Act, a few morbid philanthropists and a great many interested and misguided persons are seeking to force upon the people of this country. For my part I am proud of my profession, and should regret any sort of legislation that reduced any of us to the level of jailers, executioners of obscene and unjust laws, or agents of police spies, and entirely agree with my late distinguished teacher, Professor Miller, who remarks: 'This system of medical notice and disinfection is based upon the plea of sanitary advantage in reference to syphilis, and to this end the services of the medical profession are necessarily called into play. The medical man must be conjoined with the policeman in his degrading work.'

One particular instance, that of London recently, forced me a short time ago to see the whole affair was a shop transaction, and that the leaves and fishes to be obtained by the filthiest occupation the minds of man could conceive had blinded our profession to the real merits of the question. And that he is not alone in his opinion is evidenced by the following quotation from the Medical Times and Gazette of September 22nd, 1869: "There is nothing which would tend more to deprive medicine of the rank of a respectable calling, than the fact that practitioners should be found willing to lend themselves to the dishonest which are now re-established and carry on their trade. If the heads of the Profession ever desire an opportunity of protecting their members from discredit, here is one." I recently cut out the following from an influential daily paper: "Probably no better meaning men, or greater enemies of public liberty, are to be found, than in the ranks of the better class of the medical profession, a position frequently attained by those whose knowledge and ability outside the profession is almost necessarily restricted. Indeed, the limitations of their education produce a narrowness of intellect which blinds them to the limits of their own influence; hence, they would run riot in the British constitution, and think no more of making experiments on the body politic than they do of cutting open live animals in the supposed interests of science."

A Medical State despotism would be one of the darkest, most awful despotisms the world has ever seen; and yet this is exactly what Mr. Gladstone's Government, acting under the domination of a clique of interested, irresponsible experts, has been endeavouring to force and is still intent upon forcing, in various forms upon the people of this country, notwithstanding the fundamental laws, the constitution, and the guaranteed rights of British subjects.

Now, Sir, it is not pleasant to have such things said of us; it is still less agreeable to feel that they are true; and, worst of all, to know, in addition, that such regulations for which our profession is responsible, so far from diminishing disease result aggravate every evil they are intended to prevent.

Professor Miller says: "To recognise prostitution, and to regulate its practice is, disgrace it as you may, a fostering of that vice, and you must lay your account with a maintaining and enhancing of syphilis too. Such an attempt at the prevention of syphilis is not only a public scandal, but a practical blunder to boot, a mockery, delusion and a snare." In short, whatever renders vice apparently safe must increase its prevalence, and whatever increases its prevalence must and does increase disease. I have seen no evidence whatever to induce me to alter my opinion on this point, though I have carefully perused all the ad captandum vulgus fallacies which are so persistently paraded in the Lancet and other newspapers. I have never seen one of them that did not break down on impartial investigation, and the deliberate suppression of all rebutting testimony by the journals in question, is, of itself, sufficient to condemn their ex parte statements and statistics in toto.

Now, Sir, we must not forget that those persons who acquire venereal disease so deliberately; in fact, inculcate themselves, well aware of the risks they incur. It is hardly necessary to mention that considerably more than half of such cases are cases of gonorrhoea, which disease cannot on any pretence be considered a matter of State concern. We must also bear in mind that the great majority of syphilitic cases—9 out of 10 according to Acton; 8 out of 10 according to Foucher; 95 out of 100 according to Mr. Henry Lee—have simple local ulcers and abrasions which do not affect the constitution, and are really of less importance than gonorrhoea, while even those cases which are followed by secondary symptoms are, in the vast majority of cases, readily and permanently cured. It is all very well to bewail (with an ulterior object) the ravages of syphilis, but these facts are undeniable, and they show there is no raison d'être for any such arbitrary measures.

Much has been said about innocent wives, but if our paternal Government is anxious to protect the innocent wives of adulterous husbands and other people, it is only because of a misunderstanding. We have been forced to observe that object by pretending to disinfect public women for their use, as it is plain that the husbands could not have a greater inducement to go astray. Nor is it any argument to say that the evil does not stop with the wife, the sufferer. The case is far from calamitous and unfortunate; and a population of British men is not to be treated like babies totally unable to take care of themselves. Moreover, it is a fact that inherited syphilis (assuming that the symptoms attributed to that disease are correctly so ascribed, which I do not assume) which is hereditary (though not totally deny), does not affect one in 6,000 of the infant population we are so pathetically called upon to protect; and it is also true that a larger proportion is affected among those people who have permitted such foul despotisms to be forced upon them. I am afraid that if I lengthen this letter you will not insert it. I will therefore, if you will allow me, endeavour to show next week that there is more syphilis abroad in consequence of Contagious Diseases Acts than there ever has been in this country; that female prisoners confined in lock hospitals, who are supposed to have been examined in order to enable them to carry on their trade, and who very frequently have nothing with them, may look healthier and in finer condition than voluntary patients who have only applied because they are diseased without constituting any argument in favour of the Contagious Diseases Act, and that it is perfectly monstrous to ask for the destruction of women in order that they shall not actually suffering from venereal sores may indulge in intercourse, and infect their partners without any risk of aggravating their own maladies.

I am, Sir, your obedient servant,
C. DELL TAYLOR, M.D., F.R.C.S.E.

O B I T U A R Y.

DR. GOATE, OF COVENTRY.

Died at Coventry, on April 16th, 1871, James Edward Verling Goate, M.D. An intelligent, active, indefatigable practitioner, a good surgeon, and an able physician. On
resigning his post of Medical Officer to a large district in the Lедbury Union, he obtained the unusual distinction of receiving a Testimonial from the Board of Guardians in recognition of his assiduous attention to the poor. He obtained the esteem and confidence of his private and pauper patients alike, working day and night without ever taking a Sunday off—for few men have worked harder. Contracting typhus fever from a patient, he still worked on up to Sunday the 9th inst., took to his bed on Monday, became quite unconscious on Wednesday, and sank to his rest at 5 p.m., on Saturday, the 15th inst.

Medical News.

Royal College of Physicians of London.—At an extraordinary meeting of the College on Monday last, the 17th inst., the undermentioned gentlemen, having conformed to the by-laws and regulations, and passed the required examinations, were granted Licences to practise Physic, including therein the practice of Medicine, Surgery, and Midwifery:—Arthur M. Branfoot, Guy’s; Robert P. Clayton, Norton House, Broughton Lane, Manchester; Barnfield Dayman, 24 Jewin crescent, Aldersgate, E.C.; William Garrett, 70 Asylum road, London; John Foulsham, Andrew Hamilton, Whitley, Reading; John Sibley Hicks, 2 Erskine street, Liverpool; Donald W. C. Hood, Guy’s; William Eugene Jay, Willingham, S. Australis; T. Llewellyn Lloyd, The Infirmary, Burton-on-Trent; Francis Quincy Lowell, St. George’s; John F. Palmer, Bartlett’s street, S.W.; Joseph C. Peace, London; and the following Candidates, having passed in Medicine and Midwifery, will receive the College Licence on their obtaining Qualifications in Surgery, recognized by the College:—Henry Carden Noad, St. George’s; Henry Boston, 6 Dorset street, Stretford, Manchester.

Royal College of Surgeons of England.—Tuesday week the following candidates passed their primary examinations in anatomy and physiology:—Messrs. James F. Carlan, of St. Mary’s Hospital; James Smith, of the Newcastle-upon-Tyne College of Medicine; George Murphy, of the Birmingham School; H. H. Smith, of the Middlesex Hospital; Henry Hex and A. E. K. Stephens, of the Charing-cross Hospital; F. J. Smith, Edgar P. F. T. Paul, Herbert R. Taylor, Thomas Evans, F. J. M. Palmer, Walter M. Boase, John W. R. A. Donnan, George Snell, James S. Whittaker, and Alexander Wills, of Guy’s Hospital; William D. Haslam, Henry Coll, and Edmund Venning, of University College Hospital; Charles Bland, and J. A. Debbie, John Dinnon, and T. H. Hayden, of the London Hospital; Andrew Whiteman, of St. Bartholomew’s Hospital; A. V. Maybury and S. Taylor, of St. Thomas’s Hospital; George S. Secombe, of St. George’s Hospital; and Frederick Barrow, of King’s College. Seven other candidates were examined, but were not approved. On Wednesday, the following candidates passed their primary examination in anatomy and physiology:—Messrs. Charles Knott, Charles C. Goding, A. W. Emms, and E. A. Bevers, of Guy’s Hospital; Robert Kershaw, Samuel Welch, F. C. Poole, of the London Hospital; E. W. White, A. C. Hutchings, Ashley Gillingham, and Thomas H. E. Amoyt, of King’s College; George Cleftorn, St. Thomas’s Hospital; Herbert M. Ellis, of St. George’s Hospital; Herbert Page,
ADVERTISEMENTS.

BOOks, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Remarks on Diabetics. By Wm. Richardson, M.D. London: H. K. Lewis.


Clinical Surgical Report for 1870. By George Buchanan, M.D.

The Censor Enquired in Correspondence with Mr. Froude, M.A. By S. Jackson.


VACANCIES.

East Riding Lunatic Asylum Medical Superintendent. Salary £350 per annum, with furnished residence.
Halford Infirmary.—Physician. Election, April 28th.
Glenroy Union, Argyll.—Medical Officer. Salary £40, with house, Queen Charlotte's Lying-in-Hospital, London.—Medical Officer.
Manchester Royal Infirmary.—Junior House-Surgeon. Salary 80 gs.

APPOINTMENTS.

BRADLEY, J. K., L.R.C.P., Medical Officer for the Kilmany Dispensary District of the Callan Union, Co. Kilkenny.
Davis M.D., M.B.; House Surgeon to the Royal Westminster Ophthalmic Hospital.

MARRIAGES.

ROBERTS—HOGG.—On the 12th inst., at St. Mary's Church, Paddington, E. Humphrey Roberts, Staff-Surgeon Army Medical Department, to Isabella Maria Hope, widow of Capt. Travers Bridg. C.P., London.
RUSSELL—HALL.—On the 6th inst., at Rock Ferry, John Robson, M.B., to Janet, daughter of William Reid, Esq.

DEATHS.

GUTTHOE.—On the 13th inst., at Norwood, Hugh Guthrie, M.B., of the 5th inst., James McCord, M.D., of Belfort, Northerumberland.
REID.—On the 1st inst., at Melrose, Dr. Peter Reid, R.N., aged 78, Surgeon, to the 7th inst., J. C. Shepherd, M.R.C.S.E., of Amblese, Westmorland, aged 62.

Advertisements.

CHARING CROSS HOSPITAL, SCHOOL OF MEDICINE.

The SUMMER SESSION will commence on MONDAY, the 1st of MAY. The New School Buildings afford every convenience for study, and the Hospital accommodation has greatly augmented the means of clinical instruction.
Three resident medical officers are selected from among the Senior Students every six months. Fees, including matriculation, £74 11s., which may be paid in five instalments.
Further information may be obtained from the Dean at the Hospital. A. J. POLLOCK, M.D., Dean.

PRACTICAL COURSE ON DISEASES OF THE SKIN.

Dr. M'CALL AND HARRISON'S Practical Course "On Diseases of the Skin" (at the Dispensary for Skin Diseases, 63 John street, Glasgow) commences on the First Thursday of May, and will be continued until the end of July. For particulars, apply to JAMES GRAHAME, Hon. Sec.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

NOTICE IS HEREBY GIVEN, that on TUESDAY, the 2nd of MAY, at the hour of THREE o'clock, p.m., the President and Council will proceed, according to the provisions of the Supplemental Charter, to Elect for among the Fellows of the College Seven Examiners to Examine Candidates for Fellowship and Letters Testimonial.

The President will Examine to Candidates for the Diploma in Midwifery, and Three Examiners to Examine Students as to their proficiency in General Surgery. Candidates are requested to lodge their Applications with the Registrar of the College on or before FRIDAY, the 26th of APRIL.

By Order, JOHN BRENNEN, Registrar.

ST. GEORGE'S HOSPITAL MEDICAL SCHOOL.

The SUMMER SESSION commences on Monday, May 1st.

LECTURES.

Midwifery. Dr. JOHN CLARK.
Materia Medica. Dr. B. DICKINSON.
Practical Chemistry. Dr. A. J. H. E. MURPHY.
Botany. Mr. Child.
Medical Jurisprudence. Dr. W. W. V. E. WARBURTON.
Pathology. Dr. GEORGE W. OLIVER.
Ophthalmic Surgery. Dr. BRUDERICK CARTER.
General Surgery. Mr. VASSEY.

On the payment of a compounding fee of one hundred guineas a pupil becomes perpetual to the practice of the Physicians and Surgeons, and to all Lectures; to the examination for all Prizes and Exhibitions, and for the offices of House Physician, House Surgeon, and Medical or Surgical Registrar.

On the payment of forty guineas at the commencement of the first Summer Session, forty guineas at the commencement of the second Summer Session, and ten guineas for each additional year, a pupil will be admitted to the Hospital Practice and Lectures required for examination by the various Examining Bodies.

Candidates can enter to the Hospital Practice and Lectures separately or to any one course of Lectures.

The Hospital contains upwards of 200 beds. Clinical Lectures are delivered by the Physicians and Surgeons every week.

A MATERNITY DEPARTMENT, for the delivery of married lying-in women at their own homes, is established at the Hospital, and a ward is devoted to the reception of women suffering under diseases peculiar to the sex.

A Clinical Demonstration of Diseases of the Skin will be given by Dr. Barclay during the Summer Session.

Mr. Brodhurst will deliver a Course of Lectures, with practical demonstrations, on Ophthalmic Surgery.

OPHTHALMIC DEPARTMENT.—Wards are appropriated to the treatment of Diseases of the Eye, and out-patients are seen three times a week by Mr. Carter.

Mr. Rose will demonstrate on the dead subject the various Operations in Surgery.

Dr. Blundor will deliver a Course of Twelve Lectures on Anatomy. The following Prizes will be awarded at the termination of the Session:

Sir Charles Clarke's Prize for Good Conduct.
The Thompson Medal.
Dr. Acland's Clinical Prize in Medicine.
Sir Benjamin Brodie's Clinical Prize in Surgery.
The Henry Charles Clarke's Prizes in Anatomy.
A General Examination will be held at the end of the Session, and a Certificate of Proficiency given to each pupil who passes to the satisfaction of the Examiners, and the following Prizes to the highest distinguished viz.: —
A Prize of Ten Guineas to Pupils in their First Year.
A Prize of Ten Guineas to Pupils in their Second Year.
A Prize of Ten Guineas to Pupils in their Third Year.

Further information may be obtained from Dr. Barclay, the Treasurer, or from any of the Lecturers, at the Hospital.

ROYAL COLLEGE OF SURGEONS, SCHOOL OF SURGERY.

The SUMMER SESSION will commence on MONDAY, the 3rd of April, during which the following Courses will be delivered:

Anatomy. Dr. MUSCHIN.
Practical Chemistry. Dr. W. BARKER.
Medical Jurisprudence. Dr. DAVY.
Materia Medica, Pharmacology. Dr. BRANDON.
Midwifery. Dr. SAWYER.

Premia will be awarded at the close of the Season.

By Order, JOHN BRENNEN, Registrar.

ROYAL FREE HOSPITAL, GRAY'S-INN ROAD.

Practical instruction in Surgery to First-year Students, and Prizeships for Students after two years' professional education, both in accordance with the Regulations of the Royal College of Surgeons of England, may be obtained at this Hospital; also Vacancies for Clinical Clerks.

For particulars, apply at the Hospital to the Honorary Secretary of the Medical Staff daily at 10.30 a.m.

THE LONDON SURGICAL HOME FOR DISEASES AND ACCIDENTS OF WOMEN.

2 OSNBURGH PLACE, REGENCY PARK, N.W. Medical Practitioners are invited to attend Cliniques and Operations, by BAKERBrown, Esq., Surgeon of this Establishment. Cards of admission may be obtained of W. ROBERTS O'CONNOR, Esq., Resident House Surgeon.

DR. STEVENS' HOSPITAL AND MEDICAL COLLEGE.

The SUMMER SESSION, 1871, will commence on MONDAY, April 17th, and will include the following courses:

CLINICAL MEDICINE, CLINICAL SURGERY, MIDWIFERY, MATERIA MEDICA, BOTANY. JURISPRUDENCE, PRACTICAL CHEMISTRY, PATHOLOGY, AND OPERATIVE SURGERY.

E. HAMILTON, Hon. Sec.

120 Stephen's green.
ON THE ELIMINATION OF NITROGEN FROM THE HUMAN BODY.

AN ABSTRACT OF THE CROONIAN LECTURES
Delivered before the College of Physicians in March, 1871.

By E. A. Parkes, M.D., F.R.S.
Professor of Hygiene in the Army Medical School, Netley.

Within certain limits, the exit of nitrogen in healthy adults is governed by the entrance; in other words, the amount which passes out by the urine is regulated by the amount which passes in, and to a very small extent only by the muscular and nervous actions of the body itself. This cardinal fact, though perhaps dimly seen, was not fully recognised until the elaborate researches of Pettenkofer and Voit on dogs and men accumulated proof upon proof.

There are two cases in which the entrance and exit do not so closely correspond. One is when a very large amount of nitrogen is given; some may then be retained. In most men, however, a certain quantity of nitrogenous food can be digested: for example, when Ranke took 1,536 grms. (= 411 oz.) the rest emerged untouched.

If the excess of albuminous food consists of the eggs of fowls, it is a curious circumstance that, if absorbed, it is unassimilable; and, as in Hammond's experiments, the albumen may pass off by the urine without metamorphosis, just as it does when injected into the veins, as in Bernard's and Ch. Lehmann's experiments. In dogs, on the other hand, there is hardly a limit to the absorption of meat and subsequent elimination. But if a large quantity is given, the exit at last fails to keep pace with the entrance, and the body gains weight from accumulation. Even in men this may be the case, though it is not so marked.

In the second case, when the entrance of nitrogen is very greatly lessened, the body may give off more than it receives. This goes on for some time, and then at last entrance and exit balance. If the entrance of nitrogen is cut off altogether, the exit in very small quantities still goes on. Even in cases of starvation extending over three weeks, urea has been found in the urine. The quantity of nitrogen thus passing off, when there is no entrance, is small.

In studying the causes of the elimination of nitrogen, this important fact of the influence of entrance on exit must be constantly remembered. It gives us the first clue to the solution of the great problem of tissue-change. Of course it vitiates every experimental inquiry undertaken in ignorance or neglect of it. An immense amount of labour has been rendered useless by its discovery, and many experiments will have to be repeated. But it has physiologically a far deeper interest than at first appears. Let us consider the case a little more carefully. Why should the altering of nitrogen thus increase or lessen the egress? The nitrogenous substance is not a mere foreign substance entering the body, and, like a mineral, traversing it and quitting it by the readiest channel. Is it not concerned in all vital actions—and being, so how, is it that it should thus pass off so immediately, and apparently without producing any alteration in any function or organ?

The first attempt at explanation of this was so plausible that it commanded at one time almost universal adherence. It was, simply, that the supply of nitrogen in the food was habitually too great; that it was, in fact, mere surplusage; and that while one portion was used, another was oxidised in the blood and discharged without participation in any vital act.

But this doctrine of unprofitable or luxuriant consumption, as it was called in Germany, finds very few adherents. In the first place, what is surplusage and what is not? Let us suppose the body has been fed with a certain quantity of nitrogen and other food, so that its weight is constant, and reception and discharge are in equilibrium. Then cut off some of the nitrogen. At once the exit lessens to a corresponding extent, and it might be said that too
much had been previously given. But this is not so; for supply the nitrogen again. For some short time the exit does not now equal the entrance. Some of the nitrogen is retained in the body evidently to make up for the loss it has sustained.

Dr. Parkes then related some experiments to prove this, and argued that the facts must be explained by supposing that when the body is fed with a daily definite amount of nitrogen, and it receives and parts with the same amount, and is thus in equilibrum, the different nitrogenous tissues and fluids are all fed according to that standard. If such be the case, then a nitrogen diet for a short time, and then again fully supplied, these tissues and fluids turn to the previous condition of nitrogenous composition, which, as it were, the standard to which the body has been brought by regular feeding. But this making up for a lessened supply seems quite irreconcilable with the idea of surpluseage and with the doctrine of luxus consumption.

The conversion of albumen into urea then is not a merely oxidation, but is connected with the vital actions going on in the body. Then comes the question but with which of these actions?

Of the various tissues of the body, the muscular structure forms by far the largest, and, so to speak, the most active part. The heart and the involuntary muscles of respiration and digestion are constantly acting, and for many hours every day we exercise, and sometimes largely, our voluntary muscles. Moreover, there is a certain close chemical alliance with the albuminous substances of food, and are evidently fed by them. It seems at first sight reasonable to conclude that this is the tissue for which we must look for an explanation. But it does not appear that this is so. When different quantities of nitrogen are supplied, and a corresponding difference of exit occurs, there is no obvious reciprocal action of the part on the muscles. Dr. Parkes has foreseen the necessity of keeping the nitrogenous substances in the blood, by the voluntary muscles, and has kept them perfectly still for two days, so that all parts of the body act very slightly, and their hearts beat feebly; the entering nitrogen was eliminated as usual. He has kept them on strong exercise for two days, and scarcely any difference between the rest and exercise was perceptible. It is impossible, then, that changes in the condition of the muscles can be connected with the event in question.

While at one time it was supposed, chiefly on theoretical grounds, that the supply of nitrogen was directed to the muscles, and that their action furnished the bulk of the discharge, it is now almost universally believed that the action of a muscle causes little, and some observers think no change, in the elimination of nitrogen, either in the shape of urea or creatin.

As the muscular system fails us as the source of the urea which follows the increased entrance of nitrogen, shall we then look to the action of the nervous system, and suppose that when more nitrogen is given greater changes go on in the nervous system, leading to more rapid metamorphosis, and eventual elimination of nitrogen? That the action of the nervous system may be attended with such compounds as the albuminous substances, which compose it not only likely, but highly probable. One observer has even ventured to assign a definite amount of urea to mental work. But a consideration of the observations as yet published proves that an increased elimination of nitrogen from mental work, probable as it is, has not yet been proved, and must in any case be small. And it is seen that no action of the nervous system exist which is in any relation to the special point of entry and elimination of nitrogen.

What, then, remains which can be regarded as the seat of this rapid transmission of albumen into urea? The answer is ready, and seems probable. We have still to consider the immense glandular and cellular structures, which in some places are collected in masses, as in the liver, the spleen, the salivary glands, and pancreas, or the smaller aggregated glands; in another place are spread out in a membranous form, as on the surface of the intestines or the lungs, or are distributed through the body in the form of fat-cells or possibly connective-tissue cells; or are diffused in fluids, as in the blood. Into and from the cells of all these bodies an albuminous fluid is continually passing in and out from the blood, and again returning to it.

There is no cell which, more or less actively, is not engaged in thus receiving and parting with the plasma which comes to it in the blood. The extent of the exchange in closed spaces can be partly measured from the similar processes which go on on the covering of free surfaces. We know what great quantities of fluid pass into the gastro-intestinal tract, into the gall-bladder, probably into the bladder, and into the intestines. We know that this vast cellular circulation may reasonably look for the rapid and immense conversion of albumen into urea which we see going on in the body, and which we are certain is not produced by the immediate action of the muscles and nerves.

That in the gland-cells we must find the origin of urea; that proofs are furnished of uninterrupted passage in albumen and the coincident passage out of urea, and the certainty that no action either of the muscles or nerves, or any immediate oxidation in the serum of the blood, will account for this. We are forced, then, to look to the other structures of the body, and of these the only active structures are the vast series of gland-cells distributed through the bodies. But the proof does not end here. There is some evidence that these gland-cells are the secretaries respectively in mammalia and in birds and reptiles of the destruction of albuminates, are found in these cells.

Nearly thirty years ago in India Dr. Parkes examined the urine in a number of cases of hepatitis and hepatic abscesses; and while he found that in some instances there was abundance of urea, in others there was scarcely any, and in some it was connected with albumen, he concluded that looking further into this matter, it seemed to me that the cause of the difference was to be found in the amount of albumen in the blood. When this was excessive, so that the secreting substance of the liver was almost entirely destroyed, the amount of urea was greatly lessened, and in a degree proportioned to the extent to which the secretion was destroyed by the abscesses. On the contrary, when the liver was suppurating, the amount of suppurating cells was increased, and with no doubt very rapidly-secretory cells, the amount of urea, as well as of uric acid, seem to be increased.

Dr. Parkes lately had another opportunity of more accurately observing this point in a case of hepatic abscesses under the care of Dr. Maclean. An immense abscess occupied the whole of the right lobe, leaving only 10 grs. to the narrow margin of liver compressed by a tolerable thick cyst. The left lobe also contained at the time of death (three months and a half after examination) many abscesses; but some of these might have formed subsequent to examination. The liver was punctured with the exhausting syringe several times, and altogether more than 600 ounces of pus were drawn off; and it is certain that the liver was great increased.

After every operation he rallied wonderfully, and his appetite improved. During six days (three months and a half before his death, and when of course there was more secreting substance than later) the urine was collected carefully and analysed. The daily nitrogen of his food was not entirely determined by analysis, but was determined by calculation, at 1.79 grs. In six days he received 1,152 grs. of nitrogen. He passed by the urine, as determined by burning with soda-lime during the six days, 729 grs.; leaving 434 grs., or nearly 43 per cent, to be accounted for. He had no diarrhoea, and allowing him the healthy bowels-excretion of 25 grs. daily, which would really be only given by a much larger diet, in six days only 130 grs. would thus pass out; leaving still 481 grs. to be accounted for. He was also febrile (temperature 100° at night), which ought to have increased the urea. The retention of 210 grs. of nitrogen in six days shows either...
that the growing pus-cells appropriated nitrogen, or that the interruption to the proper action of the liver-cells hindered the formation of the urea. The latter seems more probable, because subsequently, after several operations, when the liver-cells and vessels would be much less compressed, and therefore for the time would be able to act, the urea increased in quantity considerably, though after each operation there was no doubt a still more rapid growth of pus-cells.

In cancer of the liver, when a great part of the liver is destroyed, the amount of urea is generally very small; but in most cases the diet is so much lessen'd that no inference can be yet drawn from the cases already recorded. There is, however, another disease which ordinarily involves the whole of the liver in destruction, namely, the acute yellow atrophy of Bokitansky. In this singular affection, like the somers under universal circumstances with a rapid atrophy or dissolution, the urea disappears from the urine, as has been shown by Freirichs and Murchison; albuminoid bodies such as leucine and tyrosine, take its place, and are also found largely in the liver, as if they marked the arrest or modification of the transformation of albumen.

Reasoning from the facts connected with this disease, Mr. Parkes, whose great judgment and knowledge no one will doubt, asserted three years ago—"From all these observation it clearly proceeds that withering and destruction of the liver-tissue is connected with an important diminution in the formation of urea." Dr. Parkes then passed in review the physiological evidence accumulated by Heynhsus, Stokvis, Melsiesz, Bullard, Freis, E. Cynon, Fonna, Blotta, Scherer, H. Ludwig, and Phraser, showing that the inference drawn from the comparison of the entering and outflowing of the blood-vessels in the facts of elimination during exercise—viz., that in the gland-cells that the albumen is transformed into urea,—has strong direct evidence in its favour, and that the liver stands in the first rank as an agent of this, and that the spleen and blood-cells, and perhaps other glandular bodies act in the same way, though naturally in a less marked degree; and further, that from the absence of urea in the muscles when the albuminous substance of the muscle needs repair, this is not done by the transformation into urea in situ, but that the physically altered albumen passes into the circulation, is inapt for further appropriation by muscles and nerves, and becomes the food or prey, so to speak, of the gland-cells in the liver and other parts.

The lecturer then proceeded to show the value of the facts thus lucidly set forth in practical medicine, and to offer some suggestions as to how these physiological facts may be expected to become useful in dietetic treatment.

On this subject he said—"The albuminous substances of the food are those which are chiefly concerned in growth and in repair; while the non-nitrogenous substances are especially, though not solely, concerned in the evolving of energy. How greatly growth is influenced by the supply of nitrogen, both for plants and animals, we have daily the most striking instances in agriculture, and in the breeding of animals for work or consumption. Work can be got out of fully-formed organs by the participation of the non-nitrogenous substances, the fats, and the carbo-hydrates; but no one can imagine that these by themselves can cause growth and development. As therefore the growth of plants and animals is so influenced by nitrogen, can we not turn this power to account, and starve or feed as we may desire certain organs or structures in the human body? Can we not consider the gland-cells as so many independent growths which we can either nourish or not, and thus influence, not merely their secrets, but their growth?"

At the Great Northern Hospital, on the 29th ult., Mr. Gay performed the operation of ligature of the subclavian artery under universal circumstances of interest. The patient did well until the fifteenth day, but was then carried off in three days by an acute attack of bronchitis.

**The Treatment of Eczema.**

**By J. L. Milton, M.R.C.S., Surgeon to St. John's Hospital for Skin Diseases.**

(Continued.)

2. Mercury, even in the doses recommended by Dr. Elliotson and MM. Cazenave and Schadel, never seemed either to arrest the progress or hasten the disappearance of eczema. Except where an aperient was required, or where it was necessary to stimulate or unload a sluggish liver, no great benefit resulted from its use, in whatever form it was employed. When given in purgative doses, and in some cases where it was pushed so far as to produce a decided action on the system, an aggravation of some of the symptoms took place. It seemed only useful as an adjunct; but employed for this purpose it was most valuable.

Calomel, mercury, and chalk, blue pill, bininid and bichloride were all at times most serviceable, the two latter as alternatives; the mode of giving them will be stated further on.

3. Sudorifics did not produce much effect in eczema, and according to my observations, are next to useless in almost every case of this kind, as, indeed, with few exceptions they are in skin diseases altogether, generally falling, I think, most completely where they are least requisite; that is to say, where the skin is dry and harsh. I have tried them all, or pretty nearly so—my observations being, however, principally confined to sulphur, antimony, guaiacum, spirit of nitric ether, and warm drinks internally, Turkish baths, vapour baths, and packing in a wet sheet externally—and failed with all, not only to do good, but even to induce free perspiration, which, however, was often frequently brought on by a medicine from which I should not have expected such a result—namely, the iodoide of potassium in tincture of bark. Five grains of this salt, given twice or thrice a day, in a teaspoonful of the tincture, often made the skin quite moist. But, however given, or for whatever purpose, it produced no beneficial influence on the eczema. Indeed, to give medicines simply to produce perspiration appears, so far as I have observed, simply equivalent to so much waste of time and money. The benefit they induce is rare and problematic; the mischief they do is abundant and palpable. Sir Henry Holland says,* that no more beneficial change has occurred in modern practice than the simple act of abandoning the system of trying to force perspiration; and, so far as eczema is concerned, I quite assent to his views.

Giving sudorifics is a practice founded on misconception. Men saw that sweating often accompanies the resolution of certain disorders such as typhus, ague, the exanthemata, &c., and therefore gave medicines to induce perspiration with a view of accelerating resolution in these and subsequently in other complaints. They forgot, however, to observe that pyrexical disorders are often thrown off without any particular outbreak of sweating; whereas, on the other hand, this may occur most profusely and yet not be followed by any relief, even in the exanthemata, while it is often attended by manifest aggravation of the symptoms in other cases. They called this treatment "Natural," but interpreted Nature and following their own theory. They looked upon a person in a fever as a disordered body, clogged and overloaded with peccant matter, to be drained as an engineer would drain off water from a morass, or evaporated as a chemist would get rid of superfluous fluid, by raising the temperature; for beyond material processes gross enough to be visible they could not go.

Mr. Nayler says* sulphur is useful in those cases where eczema is both acute and general, and when the urine is

* "Diseases of the Skin," P. 101.
The Medical Press and Circular.

ORIGINAL COMMUNICATIONS.

April 26, 1871. 1

 scanty and loaded with crystals of urate of soda. He gives a drachm of precipitated sulphur and bitartrate of soda, with fifteen grains of bicarbonate of potash, in a cup of milk every morning, half a grain of calomel and three grains of James's powder every night being added in severe cases. I have never tried these remedies exactly as given by Mr. Nayler, but I have used some so closely resembling them, such as the compound calomel pill at night and the phosphate and tartrate of potash, sulphate and exsiccated carbonate of soda in the day, that I can scarcely imagine there was any substantial difference, yet I was never able to satisfy myself that they possess any control whatever over eczema. Indeed, so far as my experience goes, I am rather disposed to agree with Dr. Frear, who says, 'The alkalies are not worthless for eczema.' However, as Mr. Nayler's work is very carefully and impartially written, and is evidently from the pen of a man who has paid great attention to his subject, perhaps the best plan will be for me, after indicating his views on the matter, to recommend the reader to consult the original work which I must gladly do. It possesses far more merit than some of the pretentious things about which so much fuss has been made.

4. Iodide of potassium proved inert except in cases complicated with rheumatism, and the same result attended the observations on iodine; but there was considerable difficulty in coming to any definite conclusion on the latter point, as the iodine was only given in scrofulous cases.

Having now eliminated those remedies which seem to exert no influence over the disease, or to be useful only as adjuncts, I pass to the consideration of those on which more reliance can be placed, and which will, given singly, produce a very decided effect on certain stages of eczema; but in order to bring all the conclusions arrived at into as compact a form as possible, I propose to lay down certain general rules, and append to them more full observations on the action of particular remedies in their proper places.

In eczema then, the remedies which succeeded best in my hands, and which as a rule appear to have been most useful in the hands of others are:—

1. A saline aperient containing magnesia preceded by a dose of mercury. In acute cases, as where the skin has become puffy, red and glazed; in the first stage of the ulcerative form; in sudden and severe relapses of chronic eczema, especially where the patient has been living too freely; at the commencement of treatment in almost every case when the tongue is coated; where the patient has been nauseated with toxics or arsenic; and lastly, when progress, after being satisfactory for some time, begins to flag, these remedies generally prove very serviceable. The reader may here note that the instances in which benefit flowed from this system were cases of cure by antiphlogistic treatment; to which, however, it may be replied, that, on the contrary, those medicines were never given to such an extent as to produce any depression or severe purging; that they were not aided by leeching, bleeding, or any other appendages; and that a good diet and wine were always ordered along with them.

Of all the aperients I have tried those containing magnesia seem to answer best. Henry's calcined magnesia is an excellent preparation; a teaspoonful taken in milk before breakfast will produce an action on the bowels which few other agents can effect. If, by any chance, the patient happen to be suffering from acidity, the beneficial action of the remedy is twofold. I know it may suit the tactics of mere theorists, or some anonymous critic in a weekly journal, who considers it infinitely better that a hundred persons should die under orthodox treatment than that one should be cured by such improper means—to denounce this preparation as a secret medicine—a cry which always ensures a certain amount of approbation. My answer is, that the cure of disease is the most important matter than their opinions. The efficacy of calcined magnesia is, however, very decidedly increased by the addition of a drug which is as unpleasant as it is valuable—the sulphate of magnesia. I know of nothing which effectually disguises its taste, or entirely protects the griping which is apt to follow the use of it in some persons; perhaps the compound tincture of cynamomum, tincture or essence of ginger and peppermint water are as useful in this way as anything. Peppermint lozenges, made with the real English oil, are also of service; but the high price of the oil, which is, I believe, about ten times as much as that of the French, renders them liable to adulteration. Many persons, too, object to the taste of peppermint as much as do to that of the sulphate. I always add the nitrate of potassa or a spirit of nitric ether, though I cannot say that I have in any way satisfied myself as to the value of either. A dose of a mixture of this kind before breakfast and dinner, or lunch, is generally sufficient. Its administration should, I think, always be accompanied by the use of a dose of mercury two or three times a week, in the form of calomel or mercury and chalk* in a powder for children, and for grown persons in pills. It is not necessary to carry these remedies to such an extent as to bring on any severe purging; about two loose stools a day will be quite sufficient. In the case of infants at the breast the mixture may be given to the mother, as it acts very gently and yet actively enough through the medium of the milk.

Except in some slight cases of eczema in children, in which forms these remedies often suffice of themselves, it is of very little service to continue them beyond two or three weeks, a period, however, which is generally long enough to admit of their doing a great deal of good; the tongue getting cleaner, the stools of a brighter colour, and the patient feeling altogether better under their influence.

2. An astringent, accompanied by an occasional aperient, or by an alterative. When the appetite is bad I would suggest the free use of a mineral acid, such as the nitric or nitro-muriatic, in tolerably large doses, in some bitter tincture or infusion. I believe drachms doses of tincture of calumba and ouzo are equal in the infusion of quassia are equal to anything yet discovered. Fresh made infusion of valerian, serpentaria, or carassilla answers very well when the patient is low and nervous.†

It is however to be borne in mind that these remedies do little more than improve the appetite and health, and that their control over the eczema is very limited.

*(To be continued.)

1 * I would suggest giving an astringent drug along with the mercury and chalk when it is prescribed and advisable.

B. Hydrarg. c. crystall. gr. xxii.:

Pulv. cinnam. comp. gr. xii., et divide in pulv. xii.

One of these powders may be given to an infant of almost any age to begin with; it will scarcely ever distress even the most delicate, and general it is prescribed for children approaching a year the dose must very soon be raised. Patients between one and three years old may commence with twice the dose. These powders may be taken in a little of anything, or simply laid on broken milk-butter. One should be taken at least two or three times a week.

1 B. Acid nitric dilut., 5ss.;

Syrup. aurant., 5ss.;

Infus. chris., 3ij. [Infus. valerian., 3ij.];

[quassia ad v.];

Capiat. echaque tertio;

2 B. Acid nitric dilut., 5ss.;

Hydrochloric acid, 3ij.;

Tinct. cinna., comp. 3ij.;

Calomel, 3v.;

Capiat. echaque tertio ex aquis cin. vulg. clin. vulg.
ON TINCTURE OF HYOSCYAMUS.

By M. Donovan, Esq.

Some years since I published, through the medium of the Medical Press, an account of trials made on myself and others, with a view to discover what dose of tincture of hyoscyamus should be given in order to produce its sedative effects. The experiment was made on several persons, beginning with a drachm dose, increasing it to six drachms, and in my own case to one ounce, of the tincture of the Dublin Pharmacopoeia. In no case were any effects observed beyond dryness of the throat and fauces. The experiments were made with tinctures prepared from the dried leaves of garden-grown plants, from wild plants collected in a mountainous district of North Wales, and from the same leaves dried and undried.

I was under the impression that some of the plants employed in making the tinctures on which I experimented were in the second year of their growth, but the trials now to be described have convinced me that none of them could have been more than one year old. At that time I was not acquainted with the means which I have since discovered of testing the age of the plant.

I satisfied myself by these experiments that tincture of hyoscyamus prepared, as I believe it generally is in this country, from leaves of one year's growth are all but powerless. I was strengthened in this opinion by finding that M. Hertz has given upwards of fifteen grains of the extract, most probably made from the plant in its first year, without any sensible effect.

Mr. Houlton had long before affirmed the inertness of the one year old plant, and the activity of that of two years' growth.

In order to come to some determination on the subject I adopted means of procuring a tincture certainly made from the latter, and from trials with it soon convinced myself that it was an article of very different value from a tincture of the one year old plant, and that all my former experiments must have been made with the latter, although I was led to believe that, in some of them, the plant of two years' growth had been used.

My first trial was on myself. I took one drachm, and for an hour or two felt no effect beyond dryness of the mouth. On a subsequent occasion I took two drachms, and in two hours had proof that I had taken a sufficient dosage. My sensations were indescribable: one was a feeling of uncertainty of my steps in walking, although they were really quite steady, and a slight sensation of giddiness. The following was at first what I had taken as full a dose as prudence would permit. To a lady who suffered from headache I gave, at her own request, one drachm of this tincture. In about two hours she felt so overcome by sleepiness that she could scarcely keep her eyes open; the headache was, however, greatly relieved. On another occasion she took a similar dose, and, being in bed, she soon fell into "a deep sleep," and, on awaking, found that the headache was almost gone. She complained of dryness of the fauces and throat, although on the first occasion she did not experience either of these effects. Some months after the same lady suffered from headache, and did not receive any benefit from a similar dose; nor did another person experience any relief from tootthache nor any other effect beyond slight dryness of the fauces, which is not very uncommon.

Convinced by the foregoing considerations that the medicinal properties of hyoscyamus reside exclusively in the plant of two years old, and that the plant of one year's growth is therefore useless, I sought to discover an easy test by which the age of the plant from which a given tincture had been prepared could be determined. The following was at first the advantage of simplicity: add a little of the tincture to a glass of water; if the mixture become slightly milky, the tincture was made from a two years' old plant; if it remain transparent, the plant was in its first year.

The British Pharmacopoeia gives no information as to what shall be the age of the hyoscyamus from which the tincture is to be made; it is, therefore, a matter of chance whether it will have any effect or be powerless. Given in the dose of twenty or thirty drops, as is sometimes done, it is hard to believe it can have any effect in either case.

12 Lower Leeson street.

Hospital Reports.

KINGS COLLEGE HOSPITAL.
Wednesday, March 8th.

Torticollis.—New Method of Operating.

(Under the care of Professor Wood.)

The operation for wry-neck, as practised by the generality of surgeons, is, as our readers are aware, by subcutaneous tenotomy of the origins of the affected sternocleidomastoideus. Professor Wood has, however, devised an operation which differs from the one now in vogue, and which the following case illustrates:

A little girl, twelve years old, who had been under the Professor's care for some months for this deformity, during which time she had undergone a course of tonics, especially the tincture of perchloride of iron—generous diet and hygiene—not improving, Professor Wood considered it advisable to operate upon the patient. Having been placed under chloroform, the Professor commenced the operation by making a small incision through the skin, and passing a director under the insertion of the muscle at the mastoid process, and divided the fibres with the tenotome.

Mr. Wood remarked on its completion that while performing the operation the muscle should be kept well on the stretch; and afterwards, when the patient is carried to bed, a pillow should be placed under the neck so as to allow the head to fall over somewhat.

This operation he considered quite as easy to perform as the one usually practised—while there was no danger of wounding the external jugular vein, an accident which had once occurred, and the case in consequence ended fatally. Again, he believed the spinal accessory nerve to be the cause of the deformity in many of these cases, and its division would materially affect the cure, as also might the division of the occipital nerve. Of course, in every case, it would be impossible to speak with certainty as to whether one or both these nerves would be divided, but he thought that as a rule the spinal accessory was, and in many cases the occipital, also. In the present case he thought it was possible to trace the wry-neck to the fact of the glandulae concrecentes having become enlarged, and settling up irritation of the spinal accessory nerve. This, no doubt, led to the girl leaning her head to one side which ultimately led to permanent contraction. When the nerve has been divided, it, after a time, reunites. There was no fear of wounding the occipital artery on account of its depth, nor the internal jugular vein.

Professor Wood said these cases would be more successful if care was taken to continue the use of the collar for some time. It was generally, however, left off too soon. Other cases, again, did not recover, as the disease was of cerebro-spinal origin. Many cases of wry-neck, the Professor believed were allied to chorea, and therefore that the nervous, rather than the muscular, system was at fault. In conclusion, Professor Wood stated that the operation for this deformity, which he had just performed, had been introduced to the Professor by himself, and the present case was the third of the kind on which he had operated.
by substituting division of the insertion of the sterno-mastoid muscle, in preference to its origin, and the measure of success that he attained in his two previous cases, led to the hope that the procedure would prove equally, if not more successful, than the older method.

MARCH 22nd.

Epithelioma of Tongue.—Removal.

The epitheliomatous growth was situated at the base of the tongue near its left side, and the method adopted by Professor Wood for its removal was as follows:—

The patient having been placed under chloroform, in the sitting posture, a ligature was passed through the apex of the tongue, which was then drawn well forward. A piston gag was employed to keep the mouth well open, and the lips were protected.

Professor Wood then passed a curved bistoury through the base of the tongue, and cut forwards and outwards, making a curved incision, he then made another at right angles to the tool, and removed the diseased part, which presented all the characteristics of epithelioma.

Mr. Wood remarked that he had never seen, or himself operated upon, such a case, in which there had been so little bleeding; one artery only was tied; this he attributed in a measure to the tongue being put on the stretch and compressing as it were the vessels.

To Sir William Fergusson was the credit due of introducing operations for the removal of large portions of the tongue with the knife; and it was his own impression that these operations might, comparatively speaking, be performed with advantage. Again, they would give the same results in these cases if the patient was placed on a chair. In the present case he feared to anticipate a favourable result, as the man had a cachectic appearance, still he would be greatly relieved, and would enjoy comfortable food. These cases to be successful should be operated upon early; if so, we might anticipate the same favourable results from it, as from early operation of cancer of the skin. After this operation the man for some days appeared to be progressing favourably, when, without any traceable cause, debility set in, and he gradually sunk. He had no symptoms whatever of pyemia.

Transactions of Societies.

DUBLIN OBSTETRICAL SOCIETY.

JANUARY 7, 1871.

VAGINAL FIBROUS TUMOUR.

Dr. John A. Byrne detailed the history of a very interesting case of this rather rare affection of the vagina, which he had lately removed from a lady who had been under his care. She was aged thirty-six, the mother of four children, and in every respect, with the exception of this, she enjoyed excellent health. She never had suffered from metrorrhagia, nor had she at any time miscarried. She came from the country in the autumn of 1868 to consult him, and on his making an examination, he discovered a tumour depending from the vulva, about an inch long and smooth, quite moveable, could be easily replaced in the vagina, prolapsed again when she coughed, or stood in the erect posture; it was not pediculated, but wrapped in a loose fold of the vaginal mucous membrane, and placed between the latter and a bed of cellular tissue, which separated it from the rectum, about an inch and a-half from the vulva. The cervix and os were quite above, and quite free from it. She had never remarked it until the previous pregnancy, when it prolapsed, and she began to suffer some inconvenience from it. It did not in any way interfere with the course of her labour. She became again pregnant, and came to town for advice, and was about five months pregnant when he saw her. He recommended her to wait until after her confinement, and then to come to town and have it removed, which advice she followed. On October 1st, the tumour was removed. The patient was placed on a table, as the operation for lithotomy. Chloroform was exhibited, but they were obliged to desist from it, on account of the very distressing sickness which followed its exhibition. The index finger of the left hand was inserted into the rectum, and the septum being in this manner made prominent, a V shaped incision was made, and the tumour dissected out of its bed. There was a good deal of hemorrhage, a few arteries were tied, and then three silver wire sutures were passed through the edges of the wound in the recto-vaginal septum. Three hemp sutures were passed through the peripheral portion of the incision, and in this manner prolapse of the posterior wall of the vagina was prevented. This was a circumstance which Dr. Kidd, who assisted, and he himself feared would occur upon the removal of the tumour from the septum. On her being placed in bed, in a few hours some hemorrhage took place, which weakened her. This was controlled by pledgets of cotton, saturated with solution of perchloride of iron. She progressed favourably, and on the sutures being removed, most pleasant was the news of the patient; she had taken place, both in the vaginal and perineal incisions. She went home to the country, and has since enjoyed the best of health, and suffers no inconvenience, and is delighted to have parted with her incumbrance, which was always a source of anxiety to her.

The Society met on Saturday evening, the 15th inst., at the College of Physicians. The chair was occupied by Dr. Kidd, President of the Society.

The President submitted a specimen of Ruptured Cyst.

He had not himself seen the patient, or been present at the post-mortem examination. She had been ill for three or four days, presenting the symptoms and appearances of extreme anemia. It was not at the time known that she was pregnant. On post-mortem examination a very large quantity of blood was found effused and lying in the pelvis, a tumour which, on examination, turned out to be the placenta with the fimbriated extremity of the Fallopian tube, with a fetus of about three months' development included therein.

Dr. Byrne remarked that this case corroborated the view that such conditions usually occurred in unmarriage cases, and that these cases of extra-uterine formation resulted from the arrest of the ovum in its passage to the uterus by some cause, such as a frict.

Dr. T. More Madden read a paper on fatal cases of sloughing of the uteri, and cases of sudden death after labour.

He observed that the causes of this lamentable accident were manifold; some cases appear to have occurred from the shock of difficult labour acting on one delicate and unwell constitution; others from thrombosis or embolism; others from fatal syncope; others from cardiac disease; in other cases, again, no cause whatever was disclosed by pathological investigation for the fatal issue. The most frequent cause of labour, according to Dr. More Madden, is thrombosis or embolism, or the separation of fibrine from the blood within the circulation. In the puerperal state, as during pregnancy, the blood contains a marked excess of fibrine, as well as of serum, and as well as a diminution of red globules. And moreover, during the puerperal state, the blood is otherwise altered from its normal condition by the admixture of the products of the physiological changes which are then going on in the uterus. Under these circumstances the formation of coagula may be prevented by anything that may alter the balance of the circulation, and this exciting cause may, in many of these cases, be found, said Dr. More Madden, in the vascular excitement of difficult parturition, when a small fibrinous coagulum may be forced from the right ventricle into the pulmonary artery, and there, by successive additions of fibrine, the calibre of the vessel is completely obstructed, and death necessarily ensues.

The cause of death in two of the cases narrated by Dr. More Madden is not, as far as he is aware, spoken of by any other writer. Dr. More Madden then proceeded to relate the particulars of five cases of sudden death which had come within his own observation. Four of these occurred in the Hospital with which he was himself connected (the Rotunda or Dublin Lying-in Hospital), and one occurred in private practice. One case was from sloughing of the uterus; one from the entrance of air into the uterine sinuses; two from
TRANSACTIONS OF SOCIETIES.

April 26, 1871. 353

At the first meeting Dr. W. G. Smith communicated a paper on the

MODERN ASPECTS OF THERAPEUTICS, BEING A THESIS FOR
THE DEGREE OF DOCTOR OF MEDICINE IN THE UNIVERSITY
OF DUBLIN.

After briefly pointing out the many evidences of a wide-
spread desire for a more careful study of therapeutics, a sketch
of the various forms of the method of presenting cases at our dispositions for
meeting disease, and of the gains derived from changes in our
theories as to the nature of disease. The important tributes
levied from chemistry and natural history were enumerated,
and some illustrations of the special uses of particular remedies
were given. The method adopted was use of 'practical' lists
from a room of crude drugs was recommended; and it was stated to
be probable that the differences often asserted to exist be-
tween the active principle and the original drug are much less
than is generally thought. Even in the case of a complex
substance like opium, which contains several toxic organic
bases, it would be quite possible, after proper investigation, to
combine these bases in a compound solution, so as to represent
perfectly the action of the crude opium. Organic chemistry
and physical science were shown to have exerted, and to be
likely to exert, still further influence on these lines.

Dr. Smith adverted to the labours of Bence Jones and
Dupré as the pioneers in this line of inquiry, followed up by
Broadbent, Richardson, Crum Brown, and Fraser in
this country, and by various distinguished observers abroad.
The progress of organic synthesis also was shown to have been
so rapid and, as it were, cumulative, that we may confidently
hope soon to see the alkaloids furnished to commerce by the
laboratory of the chemist. Even already, since this paper
was written, Schiff had announced the artificial formation of
conine. While thus the results of the study of physical
and chemical science, stress was laid on the
necessity for a better acquaintance with the curative powers
of the organism itself and with the real properties of drugs;
and, in conclusion, the value of, and imperative need of,
watchful clinical observation was emphasized, since clinical
searches and empirical decisions must eventually prove the	ouchstone of therapeutical theory.

MARCH 20th, 1871.

Dr. Hewitt read a paper on

THE PRESENT STATE OF THERAPEUTICS,
the objects of which were to show the unsatisfactory results
which have, as a rule, been obtained by the exclusively clinical
study of the actions of medicines, and by the neglect of in-
quiries into their physiological properties. He pointed out the
weakness of the general applicability of these 'practical' generalizations
which envelopes the treatment of many diseases,
directly opposite methods being frequently recommended by
both parties. He traced the failures and misconceptions in
therapeutics—1st, to the neglect of the study of the natural
course of diseases; and 2ndly, to the non-application of
the statistical method, in which cases which had nothing in
common but the name were compared, and suggested that in the
comparison of cases, rules may be framed which will exclude
those which have a manifest tendency to a natural cure.
He advocated the simplification of prescriptions to as few drugs
as possible, and the reliance on single remedies, in preference
to the combined action of drugs in cases where the physio-
logical action of either was doubtful. He then pointed the
necessity for a reconsideration of the physiological actions of
medicines, and for an extension of this field of work. He
showed the advantage to be gained by giving a more prac-
tical course of study to students of this branch of medicine,
and advocated the attachment to the present Lecturers on
medicines of demonstrators who would examine for the
pupils the action of medicines by means of physiological ex-
periments performed in various schools. He pointed out
some few examples of what had already been gained by science
by adopting the physiological action of a medicine as a guide
to its use in disease; and, in conclusion, he drew attention to
some reasons why the method had not found a more ready
acceptance, as far as the social habits of the community
permitted.

Dr. Grimshaw thought the communications were the most
important which had been submitted to the Society during
the Session. He thought it very interesting to observe that
both gentlemen had approached the subject from a
totally different direction they had aimed at like conclusions.
He considered that the confusion between materia medica and
therapeutics was a serious error, and that a division of labour in the subject would be a most practical result. He thought that the clinical method of testing medicine was, in some respects, difficult, and that many of the most valuable agents now in use would never have been discovered if we had nothing to depend on but experience. He did not think that Dr. Hughes Bennetts’s, or any other experiments on animals were valuable for more than an indication, as he could not admit any theory because the action of a medicine on a healthy dog and on a diseased man.

Dr. MacSwiney said that the deplorable state of the study of therapeutics was well recognised. The comparison of a prescription fifty years ago with that of a scientific physician at the present day would be a guarantee to the Profession that the papers read reflected only the feeling of the entire profession. He did not think that Dr. Hewitt’s condemnation of practical medicine as a means of investigating the action of drugs at all justified. He considered that much of what was now known was due to empirical medicine, and that the facts which had been arrived at by those means could hardly have been looked for from scientific investigation.

Dr. Burke dispelled the ignorance of students in matters of therapeutics.

Dr. HENRY KENNEDY could go so far as to say that it would be very dangerous to depend too much on our method of inquiry. He considered that one of the great difficulties of the subject was the multiplicity of medicines. Anyone acquainted with the therapeutic literature of the last century was aware that the drugs given were much larger than at present, and that most of the medicines were used in powder, a form which he considered the most active of all. He thought that all empirical investigations might be best conducted in chronic cases and not in acute ones, complicated as they were by acute symptoms and difficult conditions. He did not think that any strict rule could be laid down as to the action of any medicine which was liable to be materially varied by the condition of the patient altering even from day to day. He averred his great confidence in the use of drugs.

Dr. Jencken thought that the animals on which experiments had been made were not judiciously selected. He was personally aware that the greatest difference existed between dogs and sheep in the action of mercury, the former being almost insusceptible to its action, and the latter excessively liable to salivation.

Dr. JAMES LITTLE reminded the Society that there were other agents as worthy of attention as drugs. He noticed three instances—Firstly, the use of cold currents of air in typhus; secondly, the cold water bath; and, thirdly, the greasing of the skin in scarlatina. He pointed out that valuable results might be obtained by combinations of medicines when single agents proved quite inert.

Dr. WILLIAM SMITH thought that Dr. Little’s observations, as to the necessity for consideration of other agents than drugs, but he was well aware that he owed much in this direction to our predecessors in medicine. He had acted on a committee of fifteen of the most eminent and representative men in the Profession for the revision of the Pharmacopoeia, and the question was discussed as to whether sarsaparilla should be expunged altogether from the Pharmacopoeia, a majority of fourteen being in favour of its total expulsion. It should be borne in mind that the action of medicines was liable to vary with every change of condition of the patient.

Dr. Hewitt, in reply, repudiated the idea that he depreciated the value of clinical experience. He thought, however, that it was of the greatest importance that clinical investigation should start from some distinct ground, and should not be applied to cases at haphazard as it was frequently done. He did not think that casual variations of temperature in disease necessitated necessarily invalidate carefully made investigations. As to the best means of administering drugs, he considered that no form of preparation could be as reliable or certain as the juice of the plant itself.

Dr. WALTER SMITH said there were only three ways of making investigations—on healthy persons, diseased persons, and lower animals; the latter were specially valuable as an indication. Those on healthy persons were very undecided, and if the door was closed in the first direction investigation would be very difficult. He mentioned instances of gross ignorance in the existing system of prescribing.

PARIS DURING THE SIEGE.

The British Charitable Fund was instituted for the purpose of affording relief to English people residing in Paris and its environs, who, from the fact of their being foreigners or inhabitants of Paris, are unable to apply for charitable relief to the French authorities. In times past, it has been supported principally by the British residents and visitors in Paris. It has also received some assistance from annual sermons in some of the churches and the proceeds of an annual ball. In addition to the above mentioned sources of income, it also had an annual income of 1,440 francs from an investment in the French funds. This total income in general proved sufficient to support it, but in the early part of 1870, unusual circumstances occurred so as to render the pressure on the fund exceptionally severe. As there had been great slackness of trade in addition to the political disturbances throughout the winter of 1869-70, and there was unusual distress among the British population, while from the same cause there was an equally unusual decrease in the sources of the Fund and the subsequent declaration of war increased the embarrassment of the Society. In these difficulties, the committee placed a statement of their position before Lord Lyons (the Society’s Patron), and solicited his mediation on their behalf with the British Government. Mr. Herbert, the Secretary (pro temp.), had an interview with Lord Lyons, in which His Excellency stated, that he had forwarded the Society’s letter to the authorities at home, and presented the Society with a donation of 1,000 francs from his private purse, as an addition to his annual subscription.

Mementous events rapidly followed. The continued defeat of the French showed that a siege of Paris was very probable. Trade collapsed, and most foreigners retired from the fated city as rats run from a sinking ship. Before this crisis, the committee had urged departure to England on all whose means were likely to fail in the event of a siege. It had long been the practice of the Society to grant free passages to England to the British poor, and
from this and the circumstance of the Society’s appeal, the number of applicants for passages increased daily.

Since Paris was threatened with a siege, the committee had been enabled to send more than 1,000 persons to England, but many more poor yet remained to be sent.

At this crisis, the imminent need of enabling the Society to meet its claims, was made public by Lord Carnarvon and others in letters to the press, and in the communications of the Paris Special Correspondents to the daily press. In September, the following was the result of these appeals:—

In reply to the appeal of the Earl of Carnarvon... £990
Received in Paris... ... ... ... ... 300
Through the British Embassy... ... ... ... ... 100

£1,390

Notwithstanding these subsidies, it was feared that, as its usual sources were very seriously diminished in consequence of the war which was then daily drawing nearer to Paris the Society would, unless aided by subscriptions from England, be unable to respond to its claims with its usual liberality.

The principal part of the afore-mentioned sum, was necessarily devoted to its first objects, viz.: To defray the expenses of the journey from Paris to London, which, by the kindness of the railway companies, had formerly been accomplished at a very reduced rate, but in addition to this, the expediency of having a certain sum to be distributed among families requiring assistance on their arrival in London, was submitted to Lord Carnarvon, and his Lordship was requested to ask the Society of St. Georges, Hanover square, to co-operate with them, £200 being placed at their disposal in aiding such cases.

At the commencement of the siege, £569 12s. 10d. was at the disposal of the Society, in the hands of their London bankers, the £200 having been deducted.

Exclusive of children of less than four years of age, 925 British subjects were sent to London, at an expense of £732 5s. 10d. between July 1st, and September 16th.

After the commencement of the siege, one opportunity of leaving Paris was afforded to the British residents (in October) A certain number of persons assembled for departure in accordance with a prepared plan, but owing to informality in their papers, they were stopped by the Prussian outposts. Soon afterwards, however (in November), another occasion offered, and on November 26th, a successful start was finally made.

To such an opportunity the committee had been anxiously looking forward for a long time, but the number of persons they succeeded in sending away was only twenty-six in all.

They were sent at the sole expense of the Society, who gave to each traveller £4 for his journey, in addition to provisions, &c. After the investment the Society’s work was greatly increased, and was certain to go on increasing, as the number of British subjects in Paris in a state of actual or apparent destitution, was then found to be very much greater than had been anticipated, while at the same time, the prices of provisions were enormously increasing and some were not to be procured at any price. As a general rule, allowances of bread and other necessities together with small sums of money, but in special cases the entire relief was given in money.

As a general guide the following scale was agreed to, but it was frequently changed or modified:—

<table>
<thead>
<tr>
<th>To each individual weekly:</th>
<th>lbs.</th>
</tr>
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<tbody>
<tr>
<td>Liebig’s Extract of Meat</td>
<td>...</td>
</tr>
<tr>
<td>Rice</td>
<td>...</td>
</tr>
<tr>
<td>Bread</td>
<td>...</td>
</tr>
</tbody>
</table>

8 to 12

The pecuniary donation was generally regulated as follows:—

To an individual (weekly) ... ... ... ... ... ... ... ... ... ... 1
Families of 2 or 3 ... ... ... ... ... ... ... ... ... ... ... ... 2
" 4 " 5 ... ... ... ... ... ... ... ... ... ... ... ... ... ... 3
" 6 ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... 4
and further in proportion.

To supplement these means of relief—to assist those who had no means of preparing a warm meal at home, a soup-kitchen was instituted by Miss Morton, and soup (chiefly composed of extract of meat, and rice), was distributed three times weekly to between fifty and sixty applicants, who came with tickets. This soup-kitchen afterwards became a very great boon when fuel was not procurable and was continued until February, when the soup-kitchen was closed, and the administration of relief in kind also ceased when the stock in hand was exhausted.

During the last two months (particularly the last month), of the siege, chocolate was obliged to be substituted for extract of meat. From the 16th of January, also money was given instead of bread.

At this period Mr. Wallace presented the Society with large supplies of tapioca, sugar, saigo, and arrowroot, which he had purchased for about £400, and the principle of variety of diet was carried out.

One of the most embarrassing circumstances, was the impossibility of distributing fuel. In previous years the committee had been accustomed to give coal tickets, but as the price of coal advanced during the siege, the coal merchants refused to credit them. These were replaced by a fortnightly allowance of at first three and afterwards five francs.

No relief was given to those unable to establish their nationality, and this rule was strictly adhered to. By this rule Englishwomen with French husbands, as well as the children of such marriages were excluded, while again, Frenchwomen married to British subjects were admitted to the full benefits of the Society. The total number of applicants relieved from the end of August 1870, to the middle of February 1871, exclusive of those sent to England, was 1,603 persons.

On January 30th, the committee received a contribution of £1,500 from the English Government. Between August and December, 1870, 23,168 francs were contributed. Mr. Wallace also, in addition to the above donations dating from the first day of January, placed £400 a month at the disposal of the Society as long as the siege continued.

August 1870, the committee relieved 354 persons, and in September 428, exclusive of 925 sent to England. In October, 765 persons were relieved, of whom 340 were fresh applicants, and in November, there were 932 relieved, of whom 214 were fresh applicants, and in December, 1,215 persons were relieved, of whom 233 were fresh applicants. The total expenditure by the committee from August 1st to February 10th, was £132,980 fr. 90 c., leaving a balance in hand of 20,309 fr. 25 c.

After the capitulation, the supplies of food from the London Mansion House Fund were of great benefit.
Notes on Current Topics.

Police Espionage at Versailles and Contagious Diseases Acts.

We were condemned by one or two valued correspondents some time ago for giving currency to a story about a respectable woman being insulted through these Acts—indeed, to the police as a common prostitute. We were further told to look at France to see how unlikely that would be. We happened at the time to know that such a case did occur in France; but it is not our wish to push this question on evidence we could produce, and at a time when France is in such a disorganised state. A daily paper has, however, given a case which will be worth attention. The special correspondent of the Daily News writes:

"The wife of a commander, a woman of lady-like manners and quiet demeanour, was yesterday arrested in the Passage St. Pierre in the most brutal manner. A mouchard told a gendarme that he had heard her say to a young soldier, who turned out to be her husband's cousin, 'Ces pauvres Parisiens! que Dieu les protège!' in consequence of which she was followed, and in the most frequented part of the town seized by the arm and asked for her 'card.' I need scarcely explain what was implied by the question, or indicate more clearly the occupation the 'card' was to specify. Being a nervous person she lost all presence of mind, and instead of saying who she was, began to weep and wring her hands and tell the guardian of public morals that he was mistaken. On her way to the lock-up whither she was dragged, the soldier whom she was accused of trying to allure by her hands, saw her and went to her rescue. He was a young man of good family, and was allowed, on stating his name and position, to fetch the unhappy lady's husband, who at once obtained her release."

A Suspicious Case.

Medical jurists will have observed a paragraph in the daily newspapers under the above title, that to our surprise has not excited further attention. If the evidence reported were believed by the Coroner's jury, their verdict is as strange as the direction of that judicial functionary. No wonder the father of the child expressed dissatisfaction and talked of other proceedings. In our opinion inquiry should not be stopped in such a case which resembles in some particulars others that have been recorded. In support of this statement we need only cite some of the statements reported in the papers. The most surprising thing in the report is that the coroner talked of doing justice to the girl by examining witnesses brought by the parents of the child—as if the girl were the only one to whom justice should be done.

"On the 7th inst., Mr. Beer and his wife left home about half-past three in the afternoon to dine with some friends, leaving the deceased, aged fourteen months, and two other children in the care of a servant named Agnes Norman, who had then only been in his employ three days. About twelve at night he returned, and hearing violent screams went upstairs, and found one of the children lying on the floor at the side of the bed, undressed. He picked it up and then made search for the deceased, and found the body between the bedstead and the wall. Water was running from its mouth. It was quite dead and cold. When he left home it was in perfect health. Dr. Lees, 112 Walworth road, said he had made a post-mortem examination of the body, which was that of a fine healthy child. The face appeared to be very red, and on the lips he found two compressed marks. He was of opinion that the child died from suffocation, but he could not say in what manner. The father of the deceased said he had witnesses present who could give a history of the girl Norman. The coroner—Have you witnesses here who can say this girl has murdered your child? Mr. Beer—I am unable to say that; but I should like these persons examined. The coroner—I do not think I want to do anything to the girl if I examined them. Mr. Beer—If a verdict is given without, I shall think it very unfair. A detective sergeant said he had made inquiries relative to the girl Norman, and he found that several children had expired under circumstances similar to those in the case before the court. In one place an infant child, aged twelve months, was placed on a bed and was found dead. Soon after this three dogs, a cat, a parrot, a number of gold fish, and nearly a dozen fancy birds were found dead there. In another place she brought home a child which was in her charge in a state of insensibility, and said it had fallen out of her arms. The infant recovered, but within three weeks it was taken out again by her and brought home soon afterwards dead. In her next situation on one occasion a child, aged seven years, was awoken by a choking sensation, and stated to his father that she had placed her hand over his mouth and had given him money not to say anything about it. At this place several domestic animals died suddenly. At another situation where she was engaged a child was found insensible in bed, and when it recovered evinced great terror at the sight of the girl. In her next situation she locked a child up in a wardrobe, took it out, put it to bed, and it was found dead shortly afterwards."

"That the deceased died from suffocation accidentally caused," seems to us, we repeat, upon the evidence, a most unsatisfactory verdict.

Hydrophobia in Sheep.

It has been necessary to destroy a number of sheep during the last week, owing to their having been attacked with rabies, or hydrophobia. About a fortnight ago some sheep near Barnsley, were bitten by a dog, and two of them worried. Since then, symptoms of madness were manifested in several of them, such as frothing at the mouth, inability to swallow, and snapping at everything that came in their way. Mr. Smith, veterinary surgeon, was called in to see the sheep, and on Saturday last he ordered four of them to be destroyed, and on the Tuesday following two more. Incipient symptoms of the malady have appeared in some others, and it is to be feared that others will have to be destroyed.

Intemperance.

We extract the following from the Medical and Surgical Reporter, New York. The subject may well excite attention in our own country, where so many victims to intemperance are carried off daily; and when in this city of Dublin especially we find the intemperance movement so greatly on the increase, and observe the enormous expense which is gone to make gin-palaces more attractive and seductive, their number in Dublin is out of all proportion to the actual necessities of the public:

"Intemperance a disease."

"The time has come in the history of medicine when intemperance is beginning to be reckoned among the positive diseases which require the interposition of medical science and skill. A recent convention held in New York composed of Superintendents and Directors of Insane Asylums, have discussed in that volume the subject in man-
er which will claim the earnest attention of physicians who desire to be even with the advanced thought and literature of the Profession. In this convention were represented the institutions for the treatment of inebriety. Papers were read, which are a valuable addition to medical literature.

These papers were carefully considered and discussed, and the members of the convention were so impressed with the importance of more united and effective effort, that they agreed to organise for a more complete investigation of the subject, and for the development of methods of cure, as is shown by the following articles of their plan of organization:

1. The name of this Association shall be the American Association for the Cure of Inebriates.

2. Its object shall be to study the disease of inebriety, to discuss its proper treatment, and to endeavour to bring about a co-operative public sentiment and jurisprudence.

The following concise and comprehensive 'Declaration of Principles' illustrates the sentiment of the Convention.

It was unanimously adopted:

1. Intemperance is a disease.

2. It is curable in the same sense that other diseases are.

3. Its primary cause is a constitutional susceptibility to the alcoholic impression.

4. This constitutional tendency may be inherited or acquired.

5. Alcohol has its true place in the arts and sciences. It is valuable as a remedy, and like other remedies, may be abused. In excessive quantity it is a poison, and always acts as such when it produces inebriety.

6. All methods hitherto employed having proved insufficient for the cure of inebriates, the establishment of asylums for such a purpose is the great demand of the age.

7. Every large city should have its local or temporary home for inebriates, and every State, one or more asylums for the treatment and care of such persons.

8. The law should recognize intemperance as a disease, and provide other means for its management than fines, station-houses, and jails.

'We hail this movement as a step which is demanded by the civilization of the times, and anticipate from it important results. They have adopted a table of inquiries to be used in all the institutions, embracing important hygienic and physiological considerations, with a view of exhibiting, at the close of another year, a statistical record, which we think must be of great service to the cause of humanity.'

The institution at Media, near this city, reports about forty per cent. of the cases that have been under its care as discharged, cured, and usefully employed in their several occupations.'

**Venerable Diseases.**

We select the following as illustrating the practice at Philadelphia Hospital, as the subject has, lately occupied some attention in our columns. How far the dualists and unists will agree on the method adopted we cannot propose to say:

**Philadelphia Hospital.—Dr. Pancoast's Clinical Service.**—Reports by Dr. Townsend—Venerable. The next patient was a man with a large, soft chancre at the root of the penis, with accompanying suppurating bubo. The bubo was opened somewhat perpendicularly, so as to make good drainage; the chancre the lecturer touched freely with the chloride of zinc, ordering to be applied aromatic wine and tannin, and if any inflammation supervenes, to cover the penis with a solution of lead water and laudanum, giving the patient internally a pill of Hydrag. pulv. iod., gr. j.; pulv. opii, gr. f.; pulv. gum galac. inj., mix. Sig.—Three times a day, so as to just wet the gums gently, but not to salivate. When a pale line shows itself on the gums stop the mercury. The lecturer described briefly the three stages of syphilis, and said that when a patient comes to him with a hard chancre, and will permit it, he immediately cuts the chancre, if its situation will allow of the procedure. The chancre is then certainly removed, and he cautery the wound with chloride of zinc.

**Second Report of the State Board of Health of Massachusetts, 1871.**

The State which leads intellectually, and holds a high place commercially in America, has a most admirable sanitary organization which embraces all its cities and towns. The Chairman of the Board is Dr. Bowditch, whose writings we so well know on this side of the Atlantic, and many other high-class physicians give it their aid. The present Report deals with several novel subjects, such as trichina disease and charbon amongst cattle, use of milk from cows affected with "foot and mouth disease," and has besides a full account of the mortality and sickness of the chief cities. Nearly one half of the bulky volume is occupied by an account of an inquiry into the extent of intoxication in the principal countries of the globe. The correspondents in Great Britain were Mr. Motley, late Ambassador at London; Messrs. Webb and Russell from Dublin; and the venerable Dr. Christison from Edinburgh. We only find space for two paragraphs of the Report:

"It would seem that the Northern nations of Europe, more especially the inhabitants of the British Isles and their descendants, are far less common drunkards than among Northern Nations, but when that occurs is regarded with extreme aversion. It degrades its victims, in public estimation, in a far greater degree.

A curious physiological effect seems hinted at by some of our correspondents, viz., that among Northern nations the vice of drunkenness is much more frequently the cause of violence and crime than in more Southern climes. In the North, men seem to become savage, wild and boisterous. The drunkard in the North beats his wife, and stabs his friend, or breaks into his neighbour's house under the influence of liquor. In the South he treats home rather happy in his insanity, and without any strong tendency to violence, or theft, or murder. We may add as a fact also that in this climate the Northern European cannot drink with impunity even that amount of alcohol he has all his life used in Europe."

We hope to return to the Report on a future occasion; and meanwhile may state that the City of New York and the State of Massachusetts give forth the fullest and best Government documents on public health which appear in print.

**Small-pox in London.**

This epidemic is assuming more alarming proportions; two hundred and sixty-five people died from small-pox for the week ending April 16th, the highest weekly number yet registered being thirty-eight more than any previous week. Probably, however, part of this increase belonged to the previous week, the registration of which was interrupted by Good Friday. The highest number of deaths per week from small-pox prevailing in London during the various epidemics during the thirty-one years
1840-70, was 102, in the first week of 1840. One hundred and two deaths were recorded last week in eight hospitals, 55 of which occurred in the institution at Hampstead. After distributing these deaths in hospital among the districts from which the patients were admitted, it appears that 39 deaths from small-pox last week belonged to the West districts, 76 to the North, 18 to the Central, 57 to the East, and 84 to the South. The fatal cases showed, in each of these districts, an increase upon the previous week, which was largest in the North and West of London; the deaths were more numerous in Marylebone, Somer's-town, and Islington; and had increased in Westminster and Kensington. In the South the disease was most fatally prevalent in Southwark and Battersea; in the latter sub-district 12 fatal cases were again returned last week, in addition to one recorded in the Stockwell Hospital.

At present St. Pancras presents a higher rate of increase in the number of cases of small-pox than any other part of town. For years past the vaccination of this part of the Metropolis has been greatly neglected, and there is still a very general prejudice against the production of more than two small vesicles. Twenty-five per cent. of the children in the lower schools remain unvaccinated, whilst hundreds of others are insufficiently protected. The guardians appear to have felt the antivaccination influence to the extent of remaining indifferent on the subject. Only recently they have appointed inspectors, and are now fixing on the stations. When one public vaccinator is appointed instead of six, as has been the case, it cannot be expected that vaccination can be satisfactorily performed. The Vestry of St. Pancras have not been remarkable for their sanitary zeal; and as Mr. Mr. Chandler observed, we should like to know whether the bedding and clothes of infected persons are all properly disinfected as well as the abodes of the poor people. He said that he urged the importance of these matters on pecuniary grounds, as every orphan thrown upon the parish costs some £30 or £50 a year.

It was ascertained at the Metropolitan Asylums Board that no nurse or official at Hampstead or Islington has taken small-pox, as all had been re-vaccinated. The same remark applies to the hospitals at Liverpool. At Homerton a man entered upon his duties without having been reported to the medical officer, without re-vaccination, and, of course, has taken the disease slightly. A statement recently made by the anti-vaccinationists that one of the nurses at this hospital is suffering from small-pox is an error, as the nurse in question has been attacked with erysipelas.

All officers and servants engaged in the removal of small-pox patients, or in the administration of relief, should be re-vaccinated. Last week a man who had been engaged as an ambulance driver was taken ill as he had not been re-vaccinated.

At an early period it was suggested that the Metropolitan Asylums should set up some military field hospital marquees for the isolation of small-pox patients. It was poh-pooched. It was said that it would be impossible to put up a tent within the metropolitan area because it contravened the provisions of the Building Acts, and so the matter dropped, although it is said that the Government were ready to give every assistance to the scheme. But the application has at length been made for permission to erect hospital tents, and was at once cordially met by the Metropolitan Board of Works. It is even suggested that the tents may be put up in the grounds attached to the sick hospitals. We may venture to say that the managers might have long provided for the isolation of every case of small-pox in the Metropolis, by means of the Dreadnought and field hospitals.

We think that the concealment of small-pox is highly reprehensible, and that it should be made penal. During the epidemic several persons have not sent for medical attendance in order to prevent the removal of the patient to hospital, for the purpose of enabling the parent to carry on his trade or occupation. A laundress allowed her child to die without attendance, fearful to losing her work, forgetful that she was spreading the disease amongst her patrons; and such cases may be heard of everywhere.

Death under Mytheline.

At Charing Cross Hospital another death under bichloride of mytheline has occurred in a case of amputation of the finger. Mr. Canton gave evidence at the inquest which resulted in a verdict that the "deceased died from the effects of mytheline properly administered." Mr. Canton stated that at the post-mortem examination—

"There was not the slightest trace of any action of the mytheline on either the heart or brain, the organs mainly affected by chloroform when administered. The only way he could account for the man's death was, that being in a state of great nervous excitement at having to undergo the operation, the mytheline had acted upon the nervous system, producing instant death. He had known death to have resulted under an operation from the nervous excitement of the patient without chloroform having been inhaled. There was no doubt that the death of the deceased had been produced by the mytheline he had inhaled. The cases of death while under the influence of mytheline were extremely rare. In all probability the deceased would have survived the operation had it been performed without his inhaling the mytheline, which was administered at his own request. He never allowed mytheline to be administered to a patient about to undergo an operation unless with the patient's full consent after due deliberation.

The Vice-Presidency of the Royal College of Surgeons of Ireland.

Our columns to-day contain the announcement of another candidate for the Vice-Chair of the College for which Dr. Darby and Dr. Kirkpatrick had already declared their candidature. Dr. Mapother has been, during some years, a Member of the Council and Professor of Anatomy and Physiology in the College. He is also the Examiner in Surgery in the Queen's University and Surgeon to St. Vincent's Hospital. He had already addressed our readers representing to the Fellows of the College the inadvisability of placing in its highest office any of its members who had not acquired personal experience in its interests and its administration, and he declares in his letter of to-day that he becomes a candidate for the purpose of carrying out this principle.

We refrain even from indicating the probabilities of success of either candidate, being desirous of leaving the claims of each to the electors unbiased of any other consideration than their fitness for the office. It is our most anxious hope that this and no other quality will influence them, and we trust that no Fellow will give his vote with-
out duly considering the import of the selection which may be made. Before the Vice-President who shall now be chosen shall pass from the Presidential Chair it is more than probable that the medical legislation will have pronounced upon the life or death of the College and, without doubt, its chief officer will be in the position of exercising powerful influences for good or harm.

In any claimant, therefore, loyalty to the College ought to be the first quality. The Fellows who honour their Alma Mater ought to allow of no alloy in the metal of which their representative is made, for, assuredly, occasion will arise when his faithfulness to Collegiate as against University interests will be submitted to severe test. The abortive Medical Bill of last Session was defeated because it contained a clause of which the object was to do certain Universities a good turn and, if we hear the truth, any measure supported by Government will have some such proviso. It is for the Fellows to ensure that when the time comes their champion shall be devoted alone to the interests of the College.

The Irish Department of the "Medical Press."

We desire to inform our subscribers and advertiser that our connection with Messrs. Moffat and Co., of No. 6 D'Eller street, has ceased in consequence of the bankruptcy of that firm. We have to apologise for the occurrence of many irregularities which have recently occurred in the management of the Irish department of the Journal, and all arrangements have been made to ensure improved punctuality and accuracy in its administration to subscribers as usual; and until the Irish Offices of the Journal are opened, of which you will be duly informed, all payments are to be made, and communications directed to Mr. W. C. Hogan, 48 York street, Dublin.

Subscribers or Advertisers who have paid over any money to Moffat and Co. since the 1st of March will oblige by informing me, in order that they may be duly credited in the Books of the Journal.

Cholera Epidemic at Buenos Ayres.

When the mail steamer left, Buenos Ayres was in the midst of a great calamity. The city had again been visited by a fearful epidemic, second only in its ravages to the cholera of 1867. The mortality was chiefly amongst the stations of the natives, but in consequence of the cleanly habits of the English and German communities, and their better class of accommodation, the sickness amongst them had been trifling, as the death-list from the beginning showed barely twenty English names, and although large numbers had been attacked, more than three-fourths recovered. During the six days ending March 11, the death-rate was over 100 daily, but the weather had set in cooler, and it was hoped that the worst had passed. Business had almost been suspended. The Custom-house, banks, and several commercial houses had been working short hours. About 60,000 persons had left the town, but the doctors and clergymen of all denominations were doing their duty fearlessly, and six of them had fallen victims to the epidemic. Fortunately, it had not spread to the suburbs, or camp towns, and as it had abated when the steamer left, there is reason to hope that it would soon diminish. It was generally believed that the total disregard of proper sanitary arrangements is the cause of these constantly recurring epidemics.

Vaccination in Scotland.

Of the children whose births in Scotland were registered in the year 1869, and who survived until they could be vaccinated, 96,027 per cent. were successfully vaccinated, 9,935 per cent. had their vaccination postponed, 2,683 were found to be insusceptible, while 2,083 per cent. were lost sight of by the Registrars, from having removed from the district previous to being vaccinated, or being otherwise not accounted for. Dr. Stark remarks that it would tend greatly to reduce the proportion of this latter class, were the time shortened which the Act at present allows to elapse between the birth of the child and the enforcement of the vaccination under a penalty. At present the Act allows six months, which brings the child to the teething period, when vaccination does not easily succeed, and requires often to be postponed. The migratory habits of the parents of those who escape vaccination altogether, make them most dangerous to the community. Ever since the epidemic of 1863-4, the mortality from small-pox in Scotland has declined, so that it was as near as possible extinct in 1868, seeing that only fifteen deaths therefrom occurred. Although it manifested the strongest tendency to break out as an epidemic in 1870, the successful working of the Vaccination Act appears to have almost entirely limited its ravages to those unprotected by vaccination; and although we cannot yet ascertain the exact numbers who fell victims to it during that year, we may with confidence assume that the deaths from small-pox in 1870 did not exceed 150, and will probably be found to have been little above 100.

Small-pox in the Coldstream Guards.

At Dublin a bad case of small-pox occurred in the second Battalion, Coldstream Guards, immediately after its arrival in Dublin. It will be remembered that the battalion was reported to be infected with this terrible epidemic previous to its departure from London.

Election of Examiners at the Royal College of Surgeons in Ireland.

A meeting of the Fellows will be held on Tuesday, the 2nd of May, at three o'clock, pursuant to the provisions of the Supplemental Charter, to witness the Election of seven Examiners to examine Candidates for Fellowship and Letters Testimonial; three Examiners to examine Candidates for the Diploma in Midwifery; and three Examiners to examine Students as to their proficiency in General Education.

The Secretaryship of the Dublin Hospital Commission.

We regret to learn that failing health has compelled Mr. Denis Phelan to resign this office, which he has long filled with much benefit to the public service. Mr. Phelan has not wasted the opportunities at his disposal, but has from time to time contributed to the Medical Press and Circular, and to other journals, statistical facts of much value and interest.

The salary attached to the office is £150 a year, and as its occupancy does not interfere with private practice, it is probable that a spirited competition for the succession will occur. The appointment is strictly Governmental, and, therefore, political influence will not doubt carry the
day. We hear already the names of Dr. Thomas More Madden, Assistant-physician to the Rotunda Hospital, and Dr. Walsh, Surgeon to Jervis-street Hospital, mentioned as probable candidates.


The duty of this Board is to disburse an annual Parliamentary grant to certain Dublin Hospitals, and the allocation of this grant is, and always has been, most one-sided, unfair, and partial. It is rumoured that an effort will be made before Mr. Phelan's office is filled up, to re-adjust the distribution of these funds, and to reform the Board, and we heartily trust the attempt may succeed.


It is not often that we devote much space to Parliamentary Intelligence, as the daily papers usually provide such full reports. The condition of the Ambulance Department is, however, so strictly within the province of a medical journal, that our readers will be glad to find that we are able to lay before them a special short-hand report of the Debate so ably brought up in the House of Commons by the hon. member for Colchester, one of the little band of medical members of which the Profession may well feel proud. The Budget has demanded so much space from our contemporaries, that they have been obliged to curtail their reports of this Ambulance Debate, so much as to be of little use to Professional readers, and our medical contemporaries have not touched the question. We are, therefore, particularly gratified that we took measures to obtain a complete report of this debate, and we advise all our readers to peruse attentively Dr. Brewer's speech. He mentioned that there were altogether 309,000 French soldiers in the Crimea. Out of these 7,000 were killed on the field of battle, and 61,000 were sick. It appeared that wounded soldiers were left for forty-eight hours on the field of battle, and that days passed by before they could be removed into hospitals. If the ambulances had been better trained and provided, much suffering and many deaths might have been prevented. He hoped the Government would devise a skeleton scheme of ambulances which might be developed and applied in time of war.

It seems to us that the proposal to prepare in time of peace for the emergencies that must arise during war is particularly desirable in every branch of the medical department, and we rejoice that Dr. Brewer's speech elicited from the Government a distinct admission of the importance of the subject.

It is on questions like these that the voices of medical members ought to be heard. Colchester possesses in Dr. Brewer a zealous representative of which she may well be proud, and in him the Medical Profession cannot fail to recognise a leader of the small band of medical members that we should rejoice to see largely re-inforced.

Mr. Barce has refused to sanction the application of the Local Board at Wimbledon to convert a portion of Wimbledon common into a sewage farm.

There will be no examination in August next for admission into the Indian Medical Service.

It is said that Dr. Adam Sedgwick, for fifty-three years Woodwardian Professor at the University of Cambridge, and who has been for many years very energetic in his endeavours to promote the study of physical science in that University, is about to resign the active duties in connection with that chair.

We learn with regret that it has been officially reported that small-pox has broken out amongst the troops at Malta, although not at present to any very alarming extent. At the last accounts the epidemic continues to spread, and there was a talk, when the last mail left, should it not abate speedily, of delaying the return of the ships of the flying squadron.

The Adulteration Bill stood for Committee on Tuesday 25th (yesterday). Dr. Brewer gave notice of his intention to move a clause vesting the appointment of analysts for London in the Metropolitan Board of Works, instead of in the vestries and district boards. When we consider that these latter boards are chiefly constituted of tradesmen, it is plainly necessary to the effective working of the Adulteration Bill that the analysts should be appointed by superior authorities.

We are glad to learn that the Right Hon. R. Gurney, presiding judge at the Old Bailey, has stopped the case against Dr. Defries, and ordered his acquittal. His colleagues have extended him their sympathy and support. We think that it is rather uncalled for a jury to order the conviction of a medical man, in opposition to the coroner who said there could be no conviction, and we hope that in future Bethnal Green juries will be more careful.

What are we coming to? On Saturday our esteemed contemporary, the Lancet, contained the following announcement: "On the 12th inst., at St. Stephen's, Shepherd's Bush, Louisa F. Lundy, M.R.C.S.E., to Margaret Caroline, daughter of Robert Miller, Esq." Certainly, women have made very rapid strides of late, both in and out of the ranks of the Profession; but even our liberal minds, at which some of our friends quibble, are perfectly non-plussed by this announcement. The idea of Louisa, because she is a M.R.C.S.E., being allowed the privilege of marrying Margaret Caroline, is simply dreadful. After this, who will object to medicine as a profession for women.

The Scientific American, in a recent issue, gives particulars of a new system of treatment of various diseases now obtaining some degree of popularity in the United States. It is known as the "Lifting Cure," which, as its name implies, is a lifting exercise, very light at first, if the patient be much debilitated, and very gradually increased with the improvement in health and strength of the patient. The great point seems to be to secure longitudinal pressure upon the spinal column without shock. The apparatus employed is therefore so constructed as to prevent the weight being lifted all at once, the full exertion being only applied at the end of the lift, and the power exerted being gradually increased from the first beginning of the effort till
the weight is raised, when the effort is sustained, uniformly for a few seconds, in holding the weight suspended, and then gradually diminished to the end. The patient then rests for a short time, alternately lifting and resting until the exercise is completed. Thus, neither shock nor sudden strain is possible, no matter how great the exertion may be. Several rival machines have been introduced to meet this new demand.

Dr. Joyce, of Rovendine, writes to a contemporary respecting the ravages of preventable diseases in his locality, the opposition to sanitary reform by some local authorities and of the indifference of others. He comments upon the brisk effervescence of the Whitehall officials, and, of their as speedy subsidence into supineness, and remarks lastly upon the recurrence of diptheria amongst those doomed to inhabit these pestilent abodes. We think that the conduct of the Board of Guardians and the Vestry is extremely reprehensible for not doing something to arrest the ravages of preventable disease. Their conduct throws some light upon their fitness to discharge the duties the Royal Sanitary Commission would impose upon them. The poor are the most immediate sufferers from insanitary conditions, and they ought to be protected against the ignorance of small tradesmen and farmers, just as chimney boys and factory children have been protected from their employers. And the proper constitution of the local boards of health will be more important since no professional politician, eligible as a Minister of Health, can be expected to balance the lives ofcottagers against party exigencies.

SCOTLAND.

UNIVERSITY OF EDINBURGH.—The ceremony of capping the graduates in arts took place on Thursday. Several honorary degrees in divinity and law were also conferred. The half-yearly meeting of the General Council was held on the 15th. Among other matters brought before the Council was the report of the committee on the constitution of the Court of Curators, which recommended that two additional members be appointed to the Curatorial Court by the University Council. The report was adopted, and it was agreed to request the University Court to take measures for carrying the resolution into effect. A report by the committee on the question of increasing the influence and representation of the General Council in the constitution of the Scottish Universities was recommitted.

MEDICAL EDUCATION OF WOMEN.—A meeting of the Society for securing a complete medical education for women in Edinburgh was held on the 10th. Professor Masson gave in a report relative to the proceedings of the acting committee, and stated that negotiations were in progress with the directors of the Leith Hospital, the Sick Children's Hospital, and Chalmers Hospital, with the view of obtaining clinical instruction for women at these institutions.

The Committee for Securing a Complete Medical Education to Women in Edinburgh, issued last week a remonstrance and protest stating that the Managers of the Infirmary held out hopes of admission for ladies to their wards, provided that this could be done without prejudice to the male students, or to the patients themselves. To meet this view there was submitted to the Managers, on the part of the Acting Committee, a plan of separate instruction and access to wards, suggested by Professor Bennet. Instead, however, of bestowing any consideration on this plan, or so much as taking the judgment of a committee of their own body regarding it, the Managers at once refused the application of the Acting Committee, and that upon the plea of the insufficiency of the plan in respect of qualification for the diploma. Having studiously met the former requirement of the Managers, the Committee feel aggrieved by having their just expectations eluded and baffled; the more because this new plea of insufficiency for qualification is one with which the Managers of the Infirmary cannot profess that they have much concern in their official capacity—the University authorities being the proper judges in that matter. If the Royal Infirmary refuses to entertain what they consider their just claims, the Committee express a determination to seek encouragement elsewhere.

Literature.

STRICITURE OF THE URETHRA.*

The great importance of stricture of the male urethra, and its alarming frequency in modern times, have made the study of means for alleviating the disease quite a passion in many of the ablest men of this century, and numerous ingenious inventions have, from time to time, been essayed, and enjoyed a shorter or longer lived reputation for rapidly and permanently putting an end to this most dangerous and tormenting infirmity. Of late years, the invention of Mr. Holt, of Westminster Hospital, London, has gained that surgeon much reputation in the treatment of the disease, although there cannot be any doubt that his dilator is the very instrument used by Perrévè many years ago in Paris. Mr. J. D. Hill, the able, conscientious, and the most industrious surgeon of the Royal Free Hospital of London, has recently added to the fame of Mr. Holt's operation, by relating the history of 120 cases of stricture thus treated. The ordinary method of dilating strictures being certainly tedious, so that patients often cannot spare the time necessary for completing a cure, if Holt's operation were as safe as it is immediate, it would leave nothing to desire.

Mr. Hill divides strictures into single, multiple, complicated, and cartilaginous or indoluble. By simple stricture he means a limited contraction of any part of the urethra from the triangular ligament to the meatus urinarius, whether from disease or injury, generally in the form of a membranous fold or stricture forming across the canal. Nearly one half of the cases met with in practice consist of simple single stricture, and all of these, according to Mr. Hill, may be submitted to Holt's operation. The stricture, in sixty-nine cases of single stricture, was—in five on the membranous part; in forty near the bulb; in ten, in the spongy portion near the bulb; in two it was two inches from the meatus; and in three and three-quarters of an inch or more. The causes of most of the cases of stricture was, of course, gonorrhoea long protracted. In those strictures near the orifice a chancroid had been the cause, in some cases leaving contraction behind. The youngest patient operated on was aged twenty-two, the oldest seventy-seven years of age; and all were operated on shortly after entering the Royal Free Hospital.

Multiple stricture means where two or three contractions exist between the triangular ligament and the meatus. Mr. Hill has submitted thirty-one cases of such

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stricture to Holt's operation, twelve of which were triple, and nineteen double strictures. Reported and neglected goiter are the origin of all of these. In cases like this the first stricture is usually seated in the spongy portion of the urethra, about two inches from the meatus; the second about half way between this and the bulb, and the third about the bulbomembranous junction. The character of the first and second is usually nodular, and the third is usually fusiform, varying from one-third to three-quarters of an inch in length. The apexes are usually in the centre. The nodules vary in size from that of a pea to a marble; whereas the fusiform deposits varies from a No. 12 catheter to a thumb in thickness. Such strictures have sometimes a history of from twenty to thirty years' duration.

The complication of such strictures is numerous. Haematuria, from bladder disease, false passages, albuminuria, cystitis, prostatic disease, fistula in perineum, ane and post sceptical fistulas, perineal fistula, local eczema, penial cancer, and, at long intervals, incontinence of urine, and fistula in ano may all be mentioned. In some such cases a preliminary treatment is used by Mr. Hill, before using Holt's dilator, such as washing out of the bladder by means of a lotion composed of twenty drops of strong nitric acid in a pint of water, to which half an ounce of liquor opii sedatives is added.

The cases cited by Mr. Hill in his admirable pamphlet are divided by him into four groups: those which permitted a No. 1 catheter to pass, nearly half the number; those which permitted a No. 2 catheter, one-quarter of the number; and those which permitted no catheter, however small, to pass, about one-eighth of the number. From various causes, local, constitutional, accidental or social, gradual dilatation had accomplished little for these cases. The patients were all systematically prepared for Holt's operation. Spasm is got rid of as much as possible, since in cases of stricture of the urethra there is sometimes spasm of Külatter's muscles from the orifice downwards, so as to offer as great an obstacle to the passage of a small as of a large catheter. Hot baths every night, with rest in bed, and occasional purges with full doses of iron and opium, with low diet, prepare such cases for the operation for a week or two; when there is inflammation of the stricture with adhesions, urine and albuminous urine and vesical catarrh, it is advisable to prepare the patient by giving doses of bicarbonate, and tartar of potash are useful.

As soon as Holt's instrument is passed into the bladder, the point of the tube selected is placed on the point of the wire between the blades, and thrust as quickly as possible onwards to the end, so as to split the stricture; after this has been done, a catheter is passed, and the patient put to bed, where he is kept on an unstimulating diet, and on the third day has a No. 11 catheter passed. Of 120 patients operated on by Mr. J. D. Hill, by Holt's method, 118 were recovered, and of these 118 all, except one, could have No. 11 passed before leaving the wards. These attended as out-patients for catheterism, at first twice a week, then once a fortnight, and then once a month, after which they were instructed how to pass an instrument once a month. Chloroform is scarcely ever required (only once in 120 cases) in the operation, which is not painful and usually almost bloodless. Of the two deaths mentioned in the 120 cases treated by Mr. J. D. Hill, one he says might have been accelerated by the operation, the other was independent of it, and the ordinary treatment had failed in both of these cases. The first case which proved fatal, was that of a weakly man, age forty-two, with a most unyielding stricture in the membranous urethra, but which would not admit a catheter larger than No. 1. Five days after the splitting of the stricture rigors supervened, and the patient sank on the seventeenth day of pyemic pneumonia. The other patient died of fever, according to Mr. Hill, coincident with, not a consequence of, the operation.

Taking these facts into account, Mr. J. D. Hill thinks that Holt's operation is the most satisfactory method of treating any form of organic urethral stricture which is amenable to dilatation, and that with careful attention to preliminary treatment, there is no more risk in its employment than in ordinary dilatation. He affirms that the rate of mortality is probably less than in gradual dilatation, when it is considered that a certain proportion of patients die from extravasation of urine, and from complications following ordinary catheterism.

With regard to the twenty cases of cartilaginous undilatable stricture, spoken of in Mr. J. D. Hill's pamphlet, in each case either no instrument could be passed through the structure, or when passed, it was only after serious symptoms ensued. The deposit in these cases was generally situated and extended from the sponge to the membranous portions of the urethra, and was generally felt beneath the skin of the perineum and scrotum. Nine out of twenty cases were caused by external injury, six to abscesses after clap, and five to clap. The disease had been present from fifteen to thirty years. Such cases are prepared for operation by rest in bed, hot baths, purges, and draughts of infusion of buchu, containing nitric acid with ten drops of tincture of opium. In some cases, Syme's operation can be performed; in others, it is impossible to pass any instrument through such a stricture (five out of twenty), in which cases a free incision in the middle line is made, and the silver catheter afterwards passed into the urethra behind, which in all cases is found dilated. This Mr. Hill describes as "the bold mesial incision carried through the stricture from the point of a catheter in front to the sound urethra behind." Mr. Hill remarks that all the twenty cases treated by him recovered and were cured, as far as stricture cases are curable. When perineal fistula followed, the patients were directed to draw off their urine three times a day. The operation was practicable, and the wound generally granulates over the catheter in five or six weeks. One operation does not militate against another, in case of relapse, either when Holt's operation or the last mentioned operation is performed. We cannot leave Mr. J. D. Hill's most satisfactory pamphlet without expressing the gratitude we have felt to the accomplished author and surgeon for the laborious and careful work he has bestowed in compiling the information and conclusions concerning the best mode of treatment of the most important of all diseases coming under the notice of the surgeon, organic urethral stricture, and that we think no surgeon should neglect to peruse and carefully to study this admirable essay.

Mr. W. F. Teevan, of London, has already acquired for himself no small repute as a skilful operator for stone in the bladder, and in the treatment of organic stricture. At the Medical Society of London, March 6, 1871, he asserts that the treatment of stricture may be summed up in a few words—1. Gradual dilatation whenever practicable; 2. Incision wherever desirable; 3. External urethroctomy whenever necessary. We thus see that Mr. Teevan and Mr. J. D. Hill are completely divided as to the question of Holt's process. In the first place, Mr. Teevan asserts that stricture should be recognised much earlier than it usually is, by means of the bull's eye, through which he divides strictures into sub-pubic, penile, and orificial. The most usual seat being the triangular ligament. Eighty per cent. of strictures are, says Mr. Teevan, situated in the sub-pubic region. They are of two kinds, one "tunnel," and the other sharp well-defined rings. Nearly all sub-pubic strictures are, he says, tunnel strictures. The average length of the urethra in the male is 7", and nearly all sub-pubic strictures are about 5½" from the meatus. The sub-pubic urethra, he says, is so large in health that it will admit the little finger without rupturing, so that very large bougies must be passed, before a cure is effected. Whatever form of treatment be used for stricture, gradual dilatation is always required, either after or before it. The French elastic bougies are his favourites.

(To be continued.)
SPECIAL REPORT ON THE AMBULANCE SYSTEM, BROUGHT FORWARD BY DR. BREWER, MEMBER FOR COLCHESTER.

On the vote of £248,300 for the army medical establishments, Dr. Brewer called attention to the necessity of preparing the ambulance department of the army in time of peace, so as not to be taken unprepared when war came upon them. The report of Dr. Hammond in reference to the American war, and our own experience in the Crimea, as well as the experience of the more recent war between France and Prussia, revealed a shocking state of things in regard to the neglect of the ambulance department. He (Dr. Brewer) then went on to remark that Dr. Hammond, Surgeon-General of the Northern American Army, appeared to acquire in, as not unreasonable nor to be gainsaid, that it is impossible for any Government to provide all needful aid and do all needful acts for the disabled after a severe engagement. He (Dr. Brewer) passed over such an admission, and he felt the Committee and the country would most unwillingly accept it; but, at any rate, this would not be allowed to cover neglects which foresight and drill could have supplied. A paucity of medical men could be remedied by supplemental aid from without even when the emergency rose suddenly. Supplies of all kind might be had in profusion at a very short notice; but the defects which were remediless, when the time of action came, were those attributable to a neglect of drill discipline, and long and special training of the associated part of co-operation between the several departments of the medical corps, which was the sure precursor of misadventure and disaster. It was no insignificant part of efficiency in the responsible medical staff to acquire a skilful apprehension of the whereabouts of the field tents might be most conveniently pitched, so that, on the one hand they did not interfere with, or hamper, the action or the strategic movements of the army, and on the other hand, to be within useful distance. The division of the infanty men; the prompt management of the litters—horse and hand; the efficient, but not obtrusive, following the company or division to which they were attached; the removing the wounded in action so as not to crowd and jostle the combatants; and, above all, the celerity and completeness which leaves no room, and gives no provocation or opportunity to the wounded to fall out and crowd the retreating litter; the subsequent removal of the wounded to the field and to the regimental hospital tents in the rear, where the graver operations are performed; the orderly and systematic attendance of the infirmary and other non-combatant men on their several officers, at their several points of duty—all constitute services, the performance of which the operation and safety of the army depends, and which have been and never will be satisfactorily discharged without special and habitual training. Undoubtedly, the duties detailed were only a part—perhaps, a minor part—of the labours which fell on the medical staff in active service. To take the best and widest known example. The total of French troops in the Crimea was, in round numbers, 300,000; of whom 7,500 were killed in action, leaving 61,500 for the deaths from wounds subsequently and the ravages of fever. It was found that in Königgrätz, Solferino, Inkermann, Alma, Antietam, and the Potomac, one in five of the wounded were left dead on the field; and although the relation of the wounded to the whole force engaged—and even to the sick under treatment—varied very greatly, yet the relation of those mortally struck or left dead on the field to those who were objects for relief and treatment from wounds did not greatly vary, but remained pretty uniformly the relation stated. He thought the Committee would agree with him that each division of medical service in time of active duty demanded orderly and intelligent obedience, and such as could not be depended on without previous training and special skill. Experience showed that a neglect of such special training was marked by deficiencies in active and vigilant traversing of the ambulance corps of the field after the action and during the succeeding night, when its services were most demanded. He had, in 1866, seen men sent out into the great field hospitals, in which they lay for hours on the field, and whose wounds had been entended for a period of ten days—wounds which were not mortal except for such neglect. He had remarked, over and over again, that an amount of needless suffering and loss of life resulted from exposure and neglect on the field, which could be attributed only to the want of systematic activity and co-ordination in the various divisions of the ambulance department displaying itself after severe engagements. Dr. Hammond—to whom he had alluded—spoke of two brothers lying wounded side by side in the afternoon of the day of the battle of the Antietam Creek, both vainly striving through the long hours of that weary night to stop the blood which flowed from an open wound, and which, in spite of the efforts of both, flowed on till death and death's current. In vain the men—their speed in turning the long-for appearance of the ambulance party—none ever appeared in sight; and a wound capable of easy treatment proved fatal, and sufferings utterly needless resulted simply from the neglect which unskilfulness in their duties and want of training in the ambulance department occasioned. No incidents struck a medical man more painfully than the deaths from hemorrhage from wounds. The Surgeon-General of the German Army reported that a British officer in the Army of the Potomac, who had lost his leg from a cannon-shot, had had the knowledge and presence of mind to bind his sash so tightly round the stump as to arrest the flow of blood, and to remain many hours on the field without fatal consequences till the ambulance party arrived. And this led him (Dr. Brewer) to hope that a practice adopted by the Germans might be considered by their own authorities. In the German soldier's knapsack were to be found a good bandage and fold of lint compressible into a very small compass, but which were not only a convenience for his treatment by the surgeon in the event of the man being wounded, but which even the man himself might be easily taught to apply in the event of long neglect on the field, and prevent the consequences alluded. The last suggestion he would press on the Government, and on the consideration of his right hon. and gallant friend (Sir Henry Storks) the Controller-General, was, that as it was not to be expected a full complement of medical officers and their men could be retained in time of profound peace, yet that a skeleton of a perfect ambulance corps should be organized, trained, disciplined, and specially trained for their duties; and that in any review these men should not, as now, be called on to "fall in" merely, but should be subjected to inspection in their special and several duties, and their drill and accuracy animadverted upon no less punctually and authoritatively than the combatants expect and receive on those occasions; and it is not to be feared that this orderly training in time of peace will produce anything but beneficial results when the special services are demanded in times of emergency and active campaigning.

Sir H. Storks said the Secretary of War had not neglected the subject to which the hon. gentleman had called attention, which was important not only on the ground of humanity, but also in reference to the discipline of the army. A committee was appointed to inquire into the question of ambulances, and he would state some of the results. It appeared that at the Battle of Königgrätz the percentage of wounded in the Prussian army was 470, and in the Austrian army 928; that at the Battle of Magenta the percentage of wounded French was 67, and of Austrians 705; that at the Battle of Waterloo the
number of wounded in the British force was 17:76; that during the late civil war in America the number of wounded and killed in the Battle of Cowpens was 1251, at Charleston 18:22, at Gettysburg 11:68, and at Wilderness 19:29; while the reports respecting the Confederate armies gave much larger proportions. The mean of all this was 15:70 per cent. of the whole strength. The Committee thought they could not fix upon a smaller percentage than 16 as the possible number that would have to be provided for after an action. In some of the terrible engagements around Spotsylvania in August last the proportion of wounded greatly exceeded that. The number of ambulances to be provided must be in proportion to the strength in the field. The Government intended to train a certain number of men for hospital duties and for looking after the wounded on the field of battle, thereby removing the pretext for soldiers leaving the ranks or skulking from their duties (hear, hear). About 850 men would be trained as members of the hospital corps.

In reply to Mr. Lusk, Lord Bury, Mr. M. Chambers, and Colonel North,

SIR H. STOKES said that the inspectors-general had important duties to perform, all the medical arrangements of the various districts being under their control. The Director-General of the Army Medical Department was specially charged with the duty of seeing that the medicines were of the best quality, and that they were all procured from the Apothecaries' Hall. The question of stoppages of pay was under consideration. As regarded Netley, Colonel now General, Wilbraham, the late Governor-Commandant, having retired, an officer of inferior rank, Colonel Gordon, was appointed to succeed him at a lower salary.

Mr. CANDWELL said it having been found that the having only one officer did not work well the Government were obliged to restore a second officer.

Correspondence.

LADY MEDICAL STUDENTS AND THE EDINBURGH INFIRMARY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Though I regret that the discussion of a subject of large social interest should end by assuming a personal aspect, I must request space in your columns to correct some of the misrepresentations and misstatements of Dr. Naismith's letter.

The doctor says "I do not deny" his statement as to the absence of the nurses from indelicate operations in Edinburgh. Now, I beg with all humility to assure him, that I was in no wise tempted to do anything so audacious. I have no personal knowledge of the arrangements for operation there, and therefore was, and am, quite willing to accept his authority for them.

As to the relevancy or irrelevancy of the contrast which I noticed between the duties of nurses in times past and now, which seems to have proved "delightful" to the doctor, I might plead in explanation, if not in extenuation, of having said what he seems to think so absurdly imperious and illogical, that I am growing old and rather "perquere," and have therefore a natural preference for the past, especially when I do not consider the change an improvement. Besides, it can scarcely be necessary to remind the denizen of an Edinburgh so philosophical as Edinburgh, that it is impossible to entertain a concept of what things are, without the inevitable suggestion of what they were but now are not, when the difference or contrast is within the sphere of knowledge and memory. I may add that I am "stupid enough" not to see any inherent or necessary incompatibility between the use of chloroform and the services of a female nurse at operations.

I did not offer "the ungentlemanship of the students" as the "only explanation" of the position of the nurses directly accepted those positions as part of the precautions considered necessary for the preservation of the nurse's delicacy. I did, indeed, suggest as an additional reason for the observance of these precautions, the possible presence—characterised by the hypothetical particle "if"—"of many, or indeed any," of those enthusiastic for female propriety and delicacy who had elsewhere given such striking proofs of their zeal. Neither did I cast the stigma of what they called outside the Infirmary on the "enthusiasts." At the commencement of my letter, I limited the opponents of the lady students by using the word "certain." I also knew that there were some who had nobly severed themselves from the suspicion of all complicity with such an outrage, and have been denounced for the proceedings of a common profession, from Dr. Naismith, that only "a small minority" have so disgraced themselves. I, and others who think with me on these subjects, must, however, acknowledge an obligation to Dr. Naismith for having rescued us from the hazy and undefined false alibi to which we have been so long treated respecting the delicacy or indiscretion of female ministrations to the sick of the opposite sex. The doctor has now furnished us with the very "element" which we may consider as a definite rule, or standard, on such subjects. It appears, then, that a woman must without reproach, render any service, however "indelicate," to a sick man, provided she does so, as the Germans say, "Un ter vire augen." But the fife must begin with a second male—or query female—spectator, seeing that with half a dozen dozen she lay in the hands of such a com-punction," I suppose, being seen while employed in such an indelicate and degrading office. Well, Sir, I am no doubt old fashioned and provincial in my notions, but to me it does appear that such refinements and discriminations dwindle to mere words in presence of the gross necessities which disease and suffering impose on both patients and attendants; even whilst I recognised the frequent "uncomeliness" of the duties and offices which form part of these necessities.

I remain, Sir, your obedient servant,

JOHN ELLIOTT, A.M., M.B.

Waterford, 27th March, 1871.

"THE CONTAGIOUS DISEASES ACTS—PRO AND CON."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I don't think the promoters of the Contagious Diseases Acts at all appreciate the position and arguments of their opponents. We are called religious fanatics, sentimentalists, and weak-minded men, who prefer an effete moral code to the happiness and vigour of the human race. Now, Sir, although there is no doubt whatever that the advocates of the Contagious Diseases Acts violate the first principles of morality, they are directly and bitterly opposed to the religious feelings of the community and outrage the best sentiments of our nature, still, the scientific opponents of these measures, need not base their opposition on any of these grounds; we oppose them principally on the four following reasons:—

1. That they are unconstitutional. We conceive that Parliament has altogether exceeded its constitutional power in secretly legalising such atrocious violations of the person as are perpetrated under these Acts. If we are told that the State has a right to legislate for the prevention of disease, we reply that the State has a right to interfere only when danger threatens a considerable portion of the community, against which care and prudence will not suffice for protection. Now, it cannot be alleged that care and prudence will not protect a man from venereal disease. The man, in the commission of an immoral act, deliberately and voluntarily (well knowing the risk he incurs), inculcates himself with a venereal malady, we say it is no business of governments to attempt to protect him from the consequences of his own folly. Moreover, the State has no right to prevent a man from robbing, when the population of his civil rights, to place a number of poor, but respectable, women under the ban of a low legalised espionage, to subject suspected girls to the grossest indecencies at the hands of government surgeons, and to tell them and their families people, purely, simply and entirely, in order that the fornicator may have a good article for his money. The argument that women make a trade of their persons and that government has a right to regulate trades, completely fails to the ground for the following reasons. But there can be no trade without a buyer and a seller; if the act is wrong both parties
are to blame, and to select the woman and leave the man untouched, is not only hastily but altogether unjust and unreasonable. Dr. Lyon Playfair endeavoured to get over this difficulty in the House, by calling attention to the fact, that trade regulations as to adulteration, &c., usually applied to sellers and not to buyers, but this position cannot be a tenet even in the case of notorious prostitutes, because there is this peculiarity in the trade in question, which does not obtain in any other, and that is, the buyer is as much a poiser to the seller, besides the law is not limited to prostitutes or women who may on any pretence be said to make a trade of their persons, but he and the whole family of interpretation of terms originating with the police and sanctioned by those whose duty it is to know better, has been applied to numbers of girls merely suspected of incontinence by policemen, girls engaged in industries occupations and living at home with parents, whose houses and bedrooms are invaded by these degraded wretches with the object of forcing them into an indistinguishable crowd of utterly depraved common prostitutes. Now, I want to know what difference there is between a girl suspected of incontinence, and a man suspected of incontinence. In fact, the whole proceeding is simply a taking advantage of a woman's weakness, which is not only not manly, but involves everything of which a true man should be most deeply ashamed. Mind I don't say this filthy law should be maintained and extended to men, I am merely pointing out its gross injustice and inequality between the sexes—not to be justified. It is an argument to say that the evil we seek to control does not stop with the first sufferers because that is the case with every misled and unfortunate. If a man wilfully injures his health in any way, his wife and children necessarily participate in his misfortune, just as if he surrendered his property, they suffer from poverty, and we cannot permit a population of Britons to be treated like babies who are totally unable to take care of themselves, in fact, nothing would more surely defeat its object and aggravate the evil. The assertion that innocent proceeding is simply a taking advantage of the most unresisting of persons for the use of their adulterous husbands, is an illustration of my meaning, for here, although the professed sufferer is an entirely false one, it is clearly the strongest inducement for them to practise fornication and, consequently, to contract disease. The same observation holds good with reference to the innocent children who are syphilised in countries where such laws are in force to a greater extent than in our own, in fact, Mr. Jonathan Hutchinson (as he has discovered the signs of inherited syphilis no one will question his authority), says that those who know least about these inherited affections, knows also that they do not affect one in 5,000 of the innocent children we are so pathetically called upon to protect. In fact, Sir, the whole thing is a crime and a blunder, there is no necessity for any legislation on the subject. The means proposed, instead of diminishing disease both physical and moral, and other means entirely useless and in full accord with the free spirit of British institutions would not only suffice, but accomplish infinitely more than vain and aggravating efforts at police control.

I am, Sir, your obedient servant,

THOMAS WORTH, M.R.C.S.
Park row, Nottingham, April 16th, 1871.
SYRUP OF PHOSPHATE OF IRON AND OTHER SYRUPS CONTAINING PHOSPHORIC ACID.

Mr. Michael Carpenter contributes to the *Pharmaceutical Journal*, of March 25, some formulae, he says:—The necessity of keeping the syrup of iron, B.P. recently prepared induced him to try a few experiments with a stronger acid, and to devise a shorter process than that of the B.P.

**SYRUP OF PHOSPHATE OF IRON.**

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phosphate of Iron</td>
<td>96 grs.</td>
</tr>
<tr>
<td>Water</td>
<td>9 fl. drms.</td>
</tr>
<tr>
<td>Syrup Phosphoric Acid, sp. gr. 1’500</td>
<td>7 fl. drms.</td>
</tr>
<tr>
<td>Syrup</td>
<td>10 fl. oz.</td>
</tr>
</tbody>
</table>

Rub the phosphate of iron with the water in a glass mortar, add the phosphoric acid and filter the mixture into the syrup.

As thus prepared, it contains the same proportion of iron about 2 minims less of the dilute acid (22 instead of 27), and rather more sugar than when prepared according to the "Pharmacopoeia."

The phosphate of iron is made by the B.P. process, and dried at a temperature not exceeding 100° F. The specimens he has met with are not readily soluble in the acid. This want of solubility is, he believes, due to the length of time they have been kept before sale.

He has obtained the best results with phosphate only a few days old, and finds it advantageous to make as much as is required frequently.

Syrup phosphoric acid of sp. gr. 1’500 may now be obtained by any manufacturing chemist, and according to Dr. Watts’s table, contains about 50 per cent. of P, O. It is made by the action of nitric acid on phosphorus, the excess of acid being driven off in a platinum vessel.

**SYRUP OF PHOSPHATE OF MANGANESE.**

May be prepared in a similar manner with the following ingredients:

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phosphate of Manganese</td>
<td>96 grs.</td>
</tr>
<tr>
<td>Water</td>
<td>9 fl. drms.</td>
</tr>
<tr>
<td>Syrup Phosphoric Acid, sp. gr. 1’500</td>
<td>7 fl. drms.</td>
</tr>
<tr>
<td>Syrup</td>
<td>10 fl. oz.</td>
</tr>
</tbody>
</table>

Strength—1 grain phosphate of manganese and acid equal to about 25 minims of the dilute phosphoric acid in each fluid drachm.

The phosphate of manganese is made in the same manner as the phosphate of iron, substituting sulphate of manganese for the ferrous sulphate.

**SYRUP OF PHOSPHATE OF IRON WITH MANGANESE.**

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phosphate of Iron</td>
<td>72 grs.</td>
</tr>
<tr>
<td>Phosphate of Manganese</td>
<td>48 grs.</td>
</tr>
<tr>
<td>Water</td>
<td>8 fl. drms.</td>
</tr>
<tr>
<td>Syrup Phosphoric Acid</td>
<td>8 fl. drms.</td>
</tr>
<tr>
<td>Syrup</td>
<td>10 fl. oz.</td>
</tr>
</tbody>
</table>

Rub the powders with the water, add the acid and filter into the syrup.

* Each fluid drachm contains ½ grain phosphate of iron, ½ grain phosphate of manganese and acid equal to about 30 minims of the dilute phosphoric acid, B.P.*

**SYRUP OF PHOSPHATE OF IRON AND LIME.**

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take of Phosphate of Lime</td>
<td>96 grs.</td>
</tr>
<tr>
<td>Phosphate of Lime</td>
<td>192 grs.</td>
</tr>
<tr>
<td>Water</td>
<td>18 fl. drms.</td>
</tr>
<tr>
<td>Syrup Phosphoric Acid, sp. gr. 1’500</td>
<td>8 fl. drms.</td>
</tr>
<tr>
<td>Syrup</td>
<td>10 fl. oz.</td>
</tr>
</tbody>
</table>

Mix the powders with the water in a glass mortar, add the acid and filter into the syrup.

* Each fluid drachm contains 1 grain of phosphate of iron, 2 grains of phosphate of lime, and an amount of acid equal to about 30 minims of the dilute phosphoric acid, B.P.*

The phosphate of lime is made by precipitation from solutions of chloride of calcium and phosphate of soda, and dried at 100° F, and should not be kept too long before use.

That made from bone ash, as the "Pharmacopoeia" directs, is much less readily soluble.

**SYRUP OF PHOSPHATE OF ZINC.**

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phosphate of Zinc</td>
<td>192 grs.</td>
</tr>
<tr>
<td>Water</td>
<td>11 fl. drms.</td>
</tr>
<tr>
<td>Syrup Phosphoric Acid, sp. gr. 1’500</td>
<td>5 fl. drms.</td>
</tr>
<tr>
<td>Syrup</td>
<td>10 fl. oz.</td>
</tr>
</tbody>
</table>

Rub the phosphate with the water, add the acid and filter into the syrup.

* Each fluid drachm contains 2 grains of zinc phosphate and about 18 minims of dilute phosphoric acid.

**SYRUP OF PHOSPHATE OF QUININE.**

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take of Phosphate of Quinina*</td>
<td>96 grs.</td>
</tr>
<tr>
<td>Water</td>
<td>132 fl. drms.</td>
</tr>
<tr>
<td>Syrup Phosphoric Acid, sp. gr. 1’500</td>
<td>21 fl. drms.</td>
</tr>
<tr>
<td>Syrup</td>
<td>10 fl. oz.</td>
</tr>
</tbody>
</table>

Mix the acid with the water, add the quina and filter into the syrup.

* Each fluid drachm contains 1 grain of phosphate of quinina and acid equal to about 10 minims of the dilute phosphoric acid.

**SYRUP OF PHOSPHATE OF IRON WITH QUININE.**

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take of Phosphate of Iron</td>
<td>192 grs.</td>
</tr>
<tr>
<td>Phosphate of Quinina*</td>
<td>96 grs.</td>
</tr>
<tr>
<td>Water</td>
<td>7 fl. drms.</td>
</tr>
<tr>
<td>Syrup Phosphoric Acid, sp. gr. 1’500</td>
<td>9 fl. drms.</td>
</tr>
<tr>
<td>Syrup</td>
<td>1 fl. oz.</td>
</tr>
</tbody>
</table>

Rub the powders with the water, add the acid and filter into the syrup.

* Each fluid drachm contains 1 grain of phosphate of quinina and 2 grains of phosphate of iron.

**SYRUP OF PHOSPHATE OF IRON, QUININE AND STRYCHNINE.**

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take of Phosphate of Iron</td>
<td>192 grs.</td>
</tr>
<tr>
<td>Phosphate of Quinina*</td>
<td>96 grs.</td>
</tr>
<tr>
<td>Strychnia (in crystals)</td>
<td>3 grs.</td>
</tr>
<tr>
<td>Water</td>
<td>7 fl. drms.</td>
</tr>
<tr>
<td>Syrup Phosphoric Acid, sp. gr. 1’500</td>
<td>9 fl. drms.</td>
</tr>
<tr>
<td>Syrup</td>
<td>10 fl. oz.</td>
</tr>
</tbody>
</table>

Rub the phosphate of iron with 5 drachms of the water in a glass mortar, dissolve the strychnia and quina in the acid, previously mixed with the remaining 2 drachms of water, mix and filter into the syrup.

* Each fluid drachm contains 2 grains of phosphate of iron, 1 grain of phosphate of quinina and 1-32d part of a grain of strychnine.

**SYRUP OF PHOSPHATE OF IRON AND STRYCHNINE.**

May be prepared in the same manner as the last, omitting the phosphate of quinina.

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 18th inst., viz.:

- Fritchard, Richard Henry, L.S.A., Treboreagh, Somerset
- Batchelor, Ferdinand Campion, L.R.C.P. Edin.
- Coomber, Francis, Enniskilens
- Turner, Wm. Mulholland, L.S.A., King’s road, B.W.
- Boreham, William Todman, L.R.C.P. Edin., Canstl.
- Richard, David Charles, Carnmarthen
- Addy, Bournemouth, Southport
- Maybey, Horace Mansell, Frielmur, Surrey
- Smith, George John Malcolm, Edinburgh
- Richardson, Thomas, Ripley, near Derby
- Brown, David, M.D. Queen’s, Kingston, Canada
- Chaldey, Francis H. Oakley, Kingtonland
- *Pritchard, Richard Henry, L.S.A., Treboreagh, Somerset
- Batchelor, Ferdinand Campion, L.R.C.P. Edin.
- Coomber, Francis, Enniskilens
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- Batchelor, Ferdinand Campion, L.R.C.P. Edin.
- Coomber, Francis, Enniskilens
- Turner, Wm. Mulholland, L.S.A., King’s road, B.W.
- Boreham, William Todman, L.R.C.P. Edin., Canstl.
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- Addy, Bournemouth, Southport
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- Richardson, Thomas, Ripley, near Derby
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- *Pritchard, Richard Henry, L.S.A., Treboreagh, Somerset
- Batchelor, Ferdinand Campion, L.R.C.P. Edin.
- Coomber, Francis, Enniskilens

* The same weight of quinina, prepared by precipitating an accedated solution of the diaphurate by solution of ammonia, collecting, washing and drying at 100° F, may be used in the absence of the phosphate of quinina.
GLEANINGS.

Sibles, Edward Marsh, Chippenham, St. George's Hospital. Flaccicrner, George Elie, Marlton, University College.
Rose, William S.A., High Tormes, King's College.
Holmes, Robert Andrew King, M.D., Q.U.I., Croagh, Tyrone, Dublin School.
Stamford, William, L.S.A., Swindon, Wilts, Middlesex Hospital.
Drew, William Thomas, L.S.A., Bow-on-the-Wold, St. Mary's Hos-

Blyth, Lewis Gwyr Meas, L.R.C.P., Edinburgh, of Weston-super-

Medical Commission to the Hedges.—The Ottoman govern-
ment has sent, according to custom, a medical commission to the Hedges to superintend the execution of sanitary measures during the season of the Muggulins prumigrins travelling to the holy cities. The body is to land at Djeddah, and then proceed to Mecca and Medina to organise ambulances and hospitals, which will also be stationed at that port, and also at Confinda and Soakak, to examine pilgrims on their return homeward, and to detain those affected by contagious diseases.

Gleanings.

Radical Cure of Hernia.

Dr. C. F. Gay, M.D., surgeon to the Buffalo General Hos-

sputh the needle armed with the seton through the scrotum, through the superior column of the ring, and out through the integuments. Tying the ends of the seton it was allowed to move until the tenth day. After removing it, the silver wire was twisted a little more tightly and clipped short so that it disappeared from view beneath the integuments. There were no constitutional symptoms after the operation, but considerable pain accompanied the local inflammation. I operated by this method because I believed the wire ligature alone sufficient to effect a radical cure; that the wire alone would not cause any local inflammation, but would act only mechanically to hold the columns of the ring in apposition; therefore the set was put on in order to excite local inflammation sufficient to agglutinate the parts permanently together. The patient left the hospital, and was discharged by Dr. Board-

Saponified Cod-Liver Oil.

From the American Practitioner.

PROF. VAN DEN CORPUT, of Brussels, recently published a paper directing attention to the great advantages to be derived from the use of cod-liver oil saponified by lime in the treatment of phthisis. The principal advantages claimed by Dr. Corput for this preparation are its solid form and its slight and not disagreeable taste; its consequent easier ingestion and assimilation, and its freedom from tendency to produce the diarrhoea so often caused by cod-liver oil as generally given.

The author's formula for the soap is: one hundred parts of pure cod-liver oil are saponified into a pilular consistence by means of hydrated lime, and then aromatized by one part of burnt almond or anise oil. The mass is divided into boluses of five or six grains each, sugar-coated, and covered, if desired, by ethereal tincture of tolu. Of these two are a dose, taken from three to five times a day. Given early in phthisis, Dr. Corput claims that it often retards the progress of the affection, and sometimes leads to cure.

The soap as prepared above has been found by physicians of this city exceedingly offensive. The specimen that the writer has seen are simply disgusting. On inquiry made of one of our leading pharmacistists, C. Lewis Diehl, as to the probable cause of this nauseous odour of the compound, he received the accompanying note, the publication of which may give some of our readers from disappointment in the preparation of Dr. Van den Corput's pills:

Louisville, February 15th, 1871.

Editors American Practitioner:

The process of Prof. Van den Corput for pills of cod-liver oil is not available for general use, because he only indicates the composition of the pills instead of giving a working formula. The saponification of cod-liver oil by means of lime is effected by boiling the oil with milk of lime for an hour or two, according to circumstances. By using just sufficient or an excess of lime, perfect saponification results, and a hard, brittle, and insoluble soap is formed. As Prof. Van den Corput speaks of saponifying the oil to a pilular consistence, it is evident he intends partial saponification; and, accepting this view, I attempted the preparation of the pills. Pure cod-liver oil, nearly odorless and tasteless as the best oils in our markets are found, was boiled with lime to 24 times its weight of lime, in form of dilute milk of lime, for nearly two hours. When cool, the partially saponified oil floated upon the surface of the watery liquid, and had acquired about the consistency of lard. Evidently this consistency was not that required, and more lime was added, and by saponification, and boiling the mixture, gave plain indication of the formation of products of decomposition, among them propylamine, which, in their character gave sufficient reason for discarding the process from a pharmacologic point of view. Whether the therapeutic value of cod-liver oil is thereby affected must be determined by the physician.

Very respectfully,

C. Lewis Diehl.
NOTICES TO CORRESPONDENTS.

CORRESPONDENTS requiring a reply in this column, are particularly requested to prefix the name of their correspondent, and also to avoid the practice of signing themselves "Reader," "Subscriber," etc. Much confusion will be spared by attention to this request.

TO OUR SUBSCRIBERS.—Gentlemen who have not paid their subscription for last year are respectfully reminded of the omission. The Publishers have always been pleased to extend the term of our publications for a few years previously, which, in too many instances, remain unpaid, notwithstanding frequent applications for settlement.


CONFERENCES.—TUESDAY, MAY 2nd, 8 p.m. ORDINARY.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.


VACANCIES.

WANTED, Dr., Medical Officer to Shropshire, Co. Oswestry. Salary £100 with furnished residence. WANTED, House-Surgeon. Salary £120 with furnished residence. Southwark General Hospital.—Physician Honorary, also House-Surgeon. Salary £100, with board, and Dispenser, Salary £50, with board. Northland.—Medical Officer for No. 1 District. Salary £25, with fees.

APPOINTMENTS.


DEATHS.


OFFERS UNUSUAL ADVANTAGES.

F OR the Insertion of announcements, from its extensive and largely increasing circulation in each of the three divisions of the United Kingdom and the Colonies. Being also supplied to the principal Libraries, etc., it will be found a most valuable medium for Advertisements of Books, Vacancies and Appointments, Sales and Transfers of Practises, Surgical Instruments, Chemicals, and Trades generally.

The scale of charges is as follows:

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When advertisements are for specific insertions, a very considerable reduction from the above scale is made.

ADVERTISEMENTS for Insertion in this Journal must be at the Office, on the DAY before they are to appear.

COMPETENT ASSISTANTS provided without expense to principals. No Gentlemen recommended whose antecedents have not been inquired into.

CARLOW UNION.

HEAD NURSE WANTED for the BAGENAUSTOWN HOSPITAL.

The BOARD OF GUARDIANS of the above Union will, on THURSDAY, the 20th day of APRIL, next, proceed to appoint a properly-qualified Nurse to fill the vacant situation at the above-named Hospital, at a Salary of Twelve Pounds per Annum, with rations and apartments. The qualifications of the candidate will be required on the day of election. The appointment will be by ballot, and the ballot box to be opened at Twelve o'clock, noon, on the above-mentioned day.

By Order,

EDWARD L. JAMESON, Clerk of the Union.

Workhouse, Carlow, 20th March, 1871.

DISPENSARY.—A GENTLEMAN, about to resign, would treat with a party as Successor on easy terms.—Address, M.D., 57 Mount Pleasant Square, Dublin.

INDIAN MEDICAL SERVICE.

NOTICE is hereby given, that no examination for appointment to the Indian Medical Service will be held in August, 1871.

T. T. PEARL, Major General, Military Secretary.

INDIA OFFICE, 17th April, 1871.

THE LONDON SURGICAL HOME FOR DISEASES AND ACCIDENTS OF WOMEN.

2 ONSABBURGH PLACE, REGENT'S PARK, N.W.

Medical Practitioners are invited to attend Clinics and Operations, by Mr. BAKER BROWN, office of Assistant Surgeon to the Bride's Hospital. Cards of admission may be obtained of W. ROBERTS O'CONNOR, Esq., Resident House Surgeon.
Original Communications.

ON SYPHILITIC INOCULATION
WITH REFERENCE TO THE PRODUCTION OF THE SPECIFIC PUSTULE.

By Mr. Morgan, Surgeon to Mercer's, and to the Westmoreland Lock Hospital, Dublin; Professor of Surgical and Descriptive Anatomy; R.C.S.I. &c.

Mr. H. Lee in some remarks on this subject, quoted from his lectures in the Medical Press, April 19th, has alluded to observations which have been made and published by me in Dublin, as to the production of certain chancreous or sores, simple in character, from the secretions or discharge, of contaminated patients on patients also human.

The question is one of interest—as the observations and direct investigations I have made tend to show that the chancre or soft sore is but a descendant from the chancre or hard sore, and is not a distinct poison, but can be produced from the discharge of a constitutionally infected person, and more especially from one form which is an obvious and fertile source—the vaginal secretion of an infected female.

Mr. Lee says, alluding to my testings:—

"It will be said it is the soft sore which has been produced in the experiments alluded to. Now, to explain this, two circumstances must be borne in mind: First, in certain states of constitution in syphilitic subjects, a pustule and subsequent sore is produced with great facility. Here is the drawing of a well-developed pustule in a syphilitic subject, produced by the inoculation of some pus from a case of excision of the knee-joint in a child. The second point to which I advert, and which has a more direct bearing upon the experiments in question, is that inoculations may no doubt be performed occasionally on syphilitic patients which will not present the characters of either of the forms of disease which I have described. I have inoculated and succeeded in inoculating syphilitic patients from the secretions of indurated sores, but the ulcers produced have not presented the sharp ulcerated border of the local suppuring sore, nor have they been accompanied by the adhesive form of inflammation of true syphilis."

As to the first point—it may readily be admitted that the inoculation of pus produced a pustule in a syphilitic patient, but—Was it a specific pustule? Was it the same as a pustule the result of specific inoculation? Did it differ for instance from the pustule of a poisoned wound? Was it not susceptible to the specific action of the poisons in the wound? If it is not susceptible to the specific action of the poisons, then we have not the specific action which is the chief point of the specific pustule.

The question, therefore, is whether the syphilitic pustule is not susceptible to the specific action of the poisons, or whether it is not the specific action, or whether it is not the specific action. If it is not the specific action, then we have no positive proof of the specific action, and 2. If it is not the specific action, then we have no positive proof of the specific action.
is also to be specially borne in mind, on the patient's own person—illustrating the well-known argument of those who hold to the existence of two poisons—that the produced case is a true auto-inoculable character of the chancre or simple affection.

The case of Hunter is referred to by Mr. Lee, as an evidence of the power of the gonorrhoea "of a syphilitic subject," to give, as it did Mr. Hunter, an indurated sore; this I do not consider a very unreasonable suggestion, and that matter was derived from a syphilitic male who may have had a sore in existence, or been syphilitic. The gonorrhoeal or syphilitic female constitutionally affects, and not locally affected, however, I have found to produce the soft simple sore, with its characteristic pustule, when inoculated on syphilitic subjects (as they alone were suited for such a test). To this it has been objected by Mr. Lee, that "the experiments have all been performed on patients whose systems were already affected by syphillis," and that the same difficulty would attend as if experimentally "with cow-pox on those who already had the disease." But, unfortunately, the theory of the dualists is carried out by the virus got from this source, it is auto-inoculable. The gonorrhoea of a syphilitic male should have been inert on Hunter a second time, or on anyone "already affected with syphillis," but the inoculation of the vaginal discharge of a syphilitic woman is auto-inoculable, and is preceded by the characteristic and highly reproducible pustule which attends the inoculation of a soft sore produced by direct inoculation from another soft sore—of from a sore the product originally of artificial inoculation with a syphilitic vaginal discharge. The appearances and conduct of both sores are identical—the one a descendant in a direct line from a vaginal discharge, the other the descendant of a chancre or soft sore.

The following tests which I carefully performed prove abundantly the auto-inoculability of this discharge, and its general inoculability on other syphilitic patients, and proves that the ordinary sore or chancre, with its characteristic of inoculability, and auto-inoculability, and pustular development, may be the direct product of contamination by a secondary discharge.

July 6, 1870.—A strong, fresh-looking girl of twenty-three, had been admitted to hospital on two occasions:—First, on June 1, 1868—for several soft sores; secondly, on October, 1868; and a coughing phagedenic ulcer appeared, the sores followed by papules, vesicles, pustules, and finally by ecchymatous spots here and there over the body: the phagedenic ulceration was most acute, and was cured by the use of escharotic and local applications.

She remained without further symptoms till about ten days before admission, when she got a discharge with some pain and tenderness, and a sore formed of a secondary character, at the cicatrix of the former sore near the nates; the stains left by the eczema are still very evident; also a wound of the arm, made about six weeks ago, presents a deep coppery stain, indicative of a latent taint.

On careful examination with the speculum, no ulcer whatever is to be seen, but there is a purulent vaginal discharge.

Inoculated with this on herself, on July 7, producing, by the 11th, a well-marked pustule, becoming a sore shortly afterwards.

July 7, I inoculated No. 1,075, and at the time suffering from a vigorous chancroid, and produced a perfect pustule and small chancre.

This case is very interesting, as there was no rash, and the secretion from the sore could not possibly be mingled with the vaginal discharge. The sore had not the character of a primary either in appearance or secretion, and the patient might otherwise have been looked on as a specimen of rude health, but as evidenced by the stains, and the disappearance of the sore, evidencing the origin of the chancre, or one occurring within two months, together with the re-opening of the original eczema, the venereal taint was, though latent, still as active as ever.

It is suggested that such a testing as this is but "a different form of the experiment. Hunter performed on himself," but there is no evidence that the source of Hunter's virus was a constitutional secretion. I confess I think it is widerly different as to result and form:

1. No indurated sore was produced.
2. The secretion or gonorrhoea of constitutionally infected women was used.
3. These were undoubtedly syphilitic patients.
4. The recipients were all undoubtedly syphilitic.
5. Inoculations and also auto-inoculations were performed.
6. Inoculations of sores were re-inoculated in many cases.
7. I have arranged in a tabular form a few of these cases.

The result narrows the question to this: either these inoculations would have produced chancroids or soft sores on the individual herself, or on an infected male; and be capable, at the same time, of producing (as Mr. Lee remarks in Hunter's case) an indurated sore on an astute person; or else this is the true origin of the chancre.

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Inoculation of the Vaginal Discharge of No. 1,904.

Produced chancroid on No. 1,118, on June 2nd, which produced chancre on No. 1,118, on June 9, on No. 1,006.

Inoculation of the Vaginal Discharge of No. 985.

Produced chancroid on No. 1,950, on June 3, on No. 1,006.

Inoculation of the Vaginal Discharge of No. 1,130.

Produced chancroid on No. 1,130, on June 15, on No. 1,159.

Inoculation of the Vaginal Discharge of No. 1,158.

Produced chancroid on No. 1,158, on June 27, on No. 1,167.

Inoculation of the Vaginal Discharge of No. 1,173.

Produced chancroid on No. 1,173, on July 6, on No. 1,112.

Inoculation of the Vaginal Discharge of No. 1,140.

Produced chancroid on No. 1,140, on July 6, on No. 1,112.

Inoculation of the Vaginal Discharge of No. 1,220.

Produced chancroid on No. 1,220, on July 6, on No. 1,159.
No. 1,118 proves the power of this source to become the head of a series, or a chancreid, if not a truly syphilitic "scolex."

No. 988 proves the auto-inoculability of the auto-inoculated sore itself.

The remainder show the auto-inoculability and re-inoculability of this contagion source.

Mr. Lee remarks, as before quoted, that, "in certain states of the constitution in syphilitic subjects a pustule and sore is produced with great facility." Now, in the abovenoted cases, twenty-eight of them taken throughout the wards and in various stages, some having been before inoculated, and others not, the pustule and sore were always similar, and, in some series (for instance, No. 1,220), the results were not as active perhaps, but were as marked as in No. 1,156. "The certain state" I found a uniform one, and the only cases where there were inferior developments were those that had been previously inoculated. This is a very remarkable fact, and it would be an interesting addition to our knowledge if we were acquainted with, or could prove, "the certain state" where this pustule is easily produced, if, indeed, such a state absolutely exists. Hence the inoculated pustule and sore, or the possibility of specific pustular sores, or the possibility of specific pustular sores occurring in syphilitic patients from contamination or accidental inoculation with any form of genital pus (as with the pus from the knee-joint above referred to); but this occurrence I must look on simply as an accident, until it is proved that the resulting sore was specifically re-inoculable and auto-inoculable.

Allusion is made to the co-existence of the two forms of sores, and that the super-occurrence of the virus of the simple sore may overcome the appearances of the sore characterized by "adhesive action" around it; and when artificial inoculation is performed from this, the "characteristic simple sore with the sharp edge was produced." Mr. Lee says that it is the secretion of the superadded simple sore virus, which is alone transmittable; but he mentions elsewhere that when he had irritated the sore characterized by adhesive action (or the hard sore) by savine, &c., and thus procured pus, he then could inoculate successfully. It is surely reasonable to conclude that the pus-producing virus will have acted just as the savine did and gave the fertilizing secretion, the cells of which seen, by Rollet's experiment (of filtering the pus, and then heating it) to carry the morbid element, perhaps in the shape of "microzoans," such as have been described in the vaccine fluid. The remarks of Sperino where a lancet, which had been charged with chancreid pus and left to dry for seven months, and thus had thoroughly disturbed the constitution of the pus-cell, and yet produced inoculation, proves that the morbid atoms do not consist of the perfect pus-cell, although filtration of them checks contagion—they must exist independently of the pus-cell, but have some relation to them not as yet determined. The mixed sore is a pleasant half-way house on the road to the syphilitic Pannus, but that the virus of induration and adhesive inflammation and of ulceration and supportive action should co-exist seems contrary to our practical observation.

With regard to this question, it is said that, "supposing it to have been an induced sore, upon which another secretion was inoculated, it would be the latter only which would be communicated by inoculation," though one sore is characteristically auto-inoculable, and the other, as soon as it furnishes pus, is also admitted to be so, it is said that it was the superadded secretion which is alone inoculable. Under such circumstances, it is, I think, very problematical as to which poison would furnish the inoculable secretion, and there can be little doubt as to the infecting operation of such a sore, if communicated. What its aspect would have been, or under what form re-inoculations or auto-inoculations appeared, if tested, is not shown, but would be interesting. The cases of inoculation on healthy subjects occurring in the thumb and also on the breast, and illustrated lately in this Journal, were undoubtedly from congenital patches, yet the primitive lesion was of the nature of the chancreid or soft pus-secreting sore, and yet was followed by secondary affections. The vast majority of sores occurring in female patients in the Lock Hospital here, are pus-secreting and chancreid in appearance, yet are almost invariably followed by constitutional signs of various forms. I have auto-inoculated such sores frequently, I have opened the superaddition of pus, and I have auto- and re-inoculated from the vaginal discharge of such patients, and produced true inoculative pustules and chancreid inoculable sores, the patients themselves offering, at the same time, intense syphilitic phenomena; this is, no doubt, not conformable with the dual theory, but it is a substantial fact, and the records of the Hospital ample corroboration of the statement.

Mr. Lee lays down as a rule that, "if from any depressing influence, &c., the primary affection has ulcerated to any extent or suppurated for any length of time, then the secondary affection will have a tendency to do the same." The cases above alluded to suppurated freely, but the great majority of them had no ulcerative secondaryaries, and every day we see pearly suppuration of the face, and, one exchanging with the other, as it appears to me, quite irrespective of the appearance of the primary. I hope to recur to the matter at a future period, I wish at present to draw attention to it as a startling enunciation.

I have no doubt but that the great source of the chancreid or soft sore in men is from secondary syphilitic phenomena, the vaginal discharging being the most copious, and the most obvious, is capable of auto-inoculation and of re-inoculation in an indefinite and intensifying series, and though the sore may, and very frequently does, exhaust itself in mere local phenomena, it may, at the same time, carry with it sufficient of its parent virus to contaminate constitutionally. It is impossible that females suffering from soft sores, which speculatively become intensely painful and intolerable, could permit coitus, whereas how large a percentage of the male population suffer from soft sores is too well known to practitioners; some other source must exist in the female than the direct effect of a local or soft sore communicating by contact.

At the present moment I have in hospital a patient whose entire penis has been carried away by ulceration, with the only sore he ever had, and he is now thoroughly broke down with constitutional symptoms; a young man of twenty-one, covered with stasis, the result of a sore and suppurating bubo of two years ago; a boy of sixteen, with sore and suppurating bubo still unhealed, having secondary rash and pains; a boy of seventeen, with a large, soft sore, equalling a crown piece, yet with well-marked indurated glands. On the other hand, very many cases will escape the tendency of recurrence to the original source, however constant; just as we see in Nature from the most luxuriant apple grafted on the "crab," the seeds will produce "crabs," but the graft will produce grafts of equal, if not improved quality; nevertheless, the tendency of recurrence to the parent source will persistently show itself in the seed if sown, and the "crab" will again develop itself.

ON THE ELIMINATION OF NITROGEN FROM THE HUMAN BODY.

AN ABSTRACT OF THE CREONIAN LECTURES
Delivered before the College of Physicians in March, 1871.

BY E. A. PARKES, M.D., F.R.S.,
Professor of Hygiene in the Army Medical School, Netley.

WHEN we consider the way in which the repair of the different structures of the body is carried on we may see, it occurs to me, that there are three broad modes of action. Take first the voluntary muscles and the nerves. No one can doubt that their nutrition, growth and power of repair are regulated (no doubt with certain nervous control) by the...
will—uses a voluntary muscle; diuretic wastes it. With exercise it becomes bulkier and more powerful, therefore more nutritious; with rest, smaller, and less rich in nitrogen. This elementary fact, which we all acknowledge, is pregnant with meaning. While all will admit that in some way the growth and repair of voluntary muscles are correlated with exercise, it is not easy to say how this is brought about. The usual notion is that a muscle is used up in work, and that in the rest after exercise the wasted muscle not only repairs the structure it had lost, but even increases in bulk; but this is hardly consistent with the fact that it loses little during exercise, and that, when long continued, rest has the effect contrary to that assigned to it, and causes waste. From considering the phenomena of elimination of nitrogen in rest and exercise, it seemed to me that it is during the exercise itself, perhaps in the constantly recurring relaxations which rapidly alternate with the contractions of each fibre, that the muscle appropriates albinous substances and increases in bulk; while, when complete rest succeeds, it commences to gradually waste, and, if kept at rest, would at length completely dwindle away. But many more experiments are necessary before this view can be affirmed; and, whether it be true or not, the grand fact remains, that exercise, within certain limits, brings about in some way an accession of nitrogenous constituents to muscle.

So with the volitional nerves: the more exercise, so much the greater power of the function. That is the best-nourished nerve which is most able to transmit the nervous currents. We see this even with the mind, and can notice how even genius, poetry, and imagination fall under the influence of the so-called prosaic laws of nutrition. It is, then, the will acting through the nerves which plays so great a part over the organs of volition, and thus by use regulates the appropriation of their food. But there are other ramifications from the influence of the volition, and nutrition is also directly dependent on the nerves. When we see how the action of the heart is regulated—how the involuntary muscles of respiration, the intestinal muscular fibres, and some, at any rate, of the organs, the like the salivary glands, are governed in function by the nervous supply—are excited by this nerve or restrained by that,—we cannot doubt that here also the nervous power directly regulates the accessions of nutrition.

But there is a third set of nutritive actions on the body, which are certainly much less influenced by the nerves. The nerves may modify the flow of blood and the supply of food, and also in some more obscure way affect them, but the great cellular elements are also fitted with an independent power of nourishing themselves. The volitional and the non-volitional nervous currents act on them indirectly. All they need is that nourishment should be brought to and should bathe them, and then they take up what they can, and grow and thrive in proportion to the richness and suitability of their food. The old experiments of Hunter on transplantation of parts abundantly prove this. Lately, a new operation, a triumph of surgical science, takes a few living cells from the skin, separates them from nerves and blood currents, and places them on the surface of the face. All they need is that nourishment should be brought to and should bathe them, and then they take up what they can, and grow and thrive in proportion to the richness and suitability of their food. The great author of the cellular theory could hardly desire a better illustration of his grand doctrine. Doubtless the liver and spleen cells, and all the blood cells, which the liver be at all makes to them enable to appropriate and to form into the cells, and the wonderfull life-power which they bear in them enable to appropriate and to form into their own image. The great author of the cellular theory could hardly desire a better illustration of his grand doctrine. Doubtless the liver and spleen cells, and all the blood cells, which the liver is made to furnish to the blood, are nourished in the same way: the food is brought to them, and they flourish in proportion to its nutritiousness and its accessibility.

Lately for an experiment, I cut off all nitrogen from the food, and fed a man for five days on fat and starch only. The voluntary muscles when kept in action retained their full power—whatever nitrogen they required they still got; and on the fourth day the man did an extremely hard day's work, which was equal to 720 tons lifted one foot. The voluntary muscles, excited by the will, could therefore produce as much force as ever, although starved of nitrogen; but it was otherwise with the involuntary muscles. The heart began to suffer in nutrition, and its power was reduced, as shown by the sphygmograph, nearly one-half.

I draw the conclusion from this experiment, that if the nitrogen is cut off, and the voluntary muscles are kept in their usual action, they do not fail, but that the power of the heart may be thus reduced if it be desired to do so. In other words, the food the heart requires is attracted from it by some potent actions. Here, then, we possess a clue of affecting the action of the heart, if it be needed.

Then may it not be that the involuntary muscles, whose nutrition is regulated by their nerves, may in like manner, as long as the nerves maintain their structure, have a priority, so to speak, in the power of obtaining nutrition, over the various cellular elements whose growth is independent of the nerves? Although I do not see how to bring this to experimental proof, it seems probable that if a nerve causes an involuntary muscle to contract, that muscle will take the nitrogen it requires, and will be nourished when a cell which merely takes what comes to it would not be.

Would it not be possible, therefore, to starve an over-growing part? That the heart may be thus starved I cannot from the observation of the fate of the cells of an irritated liver, or the proliferating cells of a mucous membrane, be thus starved? But can we not go beyond this?

In overfeeding we have the simple explanation of many enlarged livers; and in starvation from nitrogen possess the readiest and simplest cure. Is it possible that the cells of a carcinomatous tumour could be thus starved? and that the cells of an irritated liver, or the proliferating cells of a mucous membrane, be thus starved? But can we not go beyond this?

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A few years ago many diseases were treated by total starvation. Our present feeling is strongly against such a plan. We now advise and use, and often beneficially, what are called sustaining and restorative measures. But are these really based in every case upon scientific knowledge? May we not in some cases both sustain and starve? That is to say, can we not feed the body with fats and starches, from which heat and motion may be formed, and yet starve it for a time by holding back the chief material of growth—the nitrogen without which growth is impossible?

Certainly it seems to me that we have in this a therapeutic power which must, in certain cases, do us great service. But how is it to be used? There is no danger in health in lessening, or even entirely withholding, the supply of nitrogen for two, three, or even four days according to strength, provided an ample supply of fats and starches is given. If the voluntary muscles are kept in action, they and the involuntary muscles will use up the store and will leave less for the various abnormal cell elements. In disease some caution would be necessary.

The action of the heart, and the condition of the circulation will give sure guidance for the supply of nitrogen from time to time, and by alternate exercise and rest of the voluntary muscles we can direct more or less nutrition to the different tissues. Complete deprivation of nitrogen for as long a time as the heart will bear it without becoming too feeble; the re-supply of nitrogen to an extent sufficient to keep up the circulation; the exercise of the voluntary muscles and the nervous system in as great a degree as may be prudent with condition of the circulation,—such seem the lessons for the dietetic treatment of new growths elucidated by our present knowledge of the uses of nitrogen in the body, and the manner in which it is used by the different organs and structures.

But it may be that if we succeed in checking growth, as I believe we should do, we should merely retard, but not overcome the evil. When nitrogen was again supplied, as it must be, the cancer cells would perhaps again exert their marvellous force, and commence anew to grow, and to replace the lost tissues of their food? It may be so; there is even reason to fear it will be so; but experience only can show if we have thus forged a weapon which may aid us in this conflict with disease; or whether we have been simply imagining a vain thing, and blindly trying to build on the shifting sand.

The effect of deprivation of nitrogen in lessening the area is quite certain; but what effect has it upon uric acid?—and how far may it be useful as a treatment of those gouty affections which appear to be characterised by excess of formation? At present I can only say that complete deprivation of nitrogen does not take away all uric acid; it still exists in the urine, though of course, like the area, in greatly lessened absolute quantity. I draw the conclusion from this, that the view is correct which looks on the uric acid, not as an anterior stage of urea, but as having an independent origin in some cells which are specially endowed with the power to form it. Whether these cells could be starved by the deprivation of nitrogen, is a point which could soon be settled by experiments in confirmed gouty subjects.

CLINICAL LECTURES ON VARIOUS SUBJECTS, CHIEFLY RENAL,
Delivered during the Session 1870-71, AT THE WESTMINSTER HOSPITAL.

By W. R. EASHAM, M.D., Physician to the Hospital.

DIABETES.—Though physiology has obtained considerable insight into the source and formation of sugar or glucose in the organism, yet the pathology of diabetes is still far from settled. No final or undeniable explanation has been offered which satisfactorily accounts for the large amount of sugar daily formed and passing through the kidneys in a case of diabetes. It is not the error or disorder of a single organ or of any one function which will explain this deviation or exaggeration from the processes of health. The vice or error is probably in many organs and many functions. It may be instructive to draw your attention to the leading hypotheses which seek to account for the excessive amount of sugar formed.

In studying the symptoms of diabetes you must not overlook the physiological fact that sugar or glucose is in small proportion a natural production in the organism; and that it exists not only in the liver in health, but that it is formed out of every article of farinaceous or amylaceous food, and that a small quantity exists even in our nitrogenous food. So that in healthy sugar is always being formed; but it is only in a transitional state; passing out from the liver by the hepatic veins, it enters the respiratory circulation, where it is rapidly and completely oxidised, and converted into carbonic acid and water; and thus adding to the sources of vital heat, it disappears from the organism almost as soon as formed.

As far as our present knowledge enables us to judge, diabetes is an error of function rather than an organic disease. The organic diseases with which it is occasionally associated are accidental complications rather than essentials to its existence. Tubercle and cataract and carbuncle are all too far from being present in every case, although not unfrequently accompanying it.

The excess of sugar passing through the kidneys in diabetes may be accounted for in three ways—first, by the suppression of the gluco-genetic function of the liver, or, secondly, by a defect in the gastric digestive system by which the farina of the food, having been converted into glucose by the salivary and bacular and pancreatic secretions, suffers no further change in the ultimate processes of assimilation, but is excreted with the urine as sugar. These views lead up naturally to the supposition that an error in the respiratory function by which the glucose circulating through the lungs is not further oxidised and converted into carbonic acid and water. But it may be that the sugar is formed in such abundance, or in such excess, that the capacity of the respiratory apparatus is not equal to the task of the conversion of so large a supply as is cast upon it.

There are five predominant theories which endeavour to trace or account for the excess of sugar formed in diabetes. First, Boucharat's theory. The amylaceous or starch elements of our food are converted into sugar by several animal products, The saliva, the pancreatic secretion, the gastric fluid rendered alkaline (having lost its property of dissolving flesh), continues capable of converting starch into glucose. He considers the sugar of diabetes to be principally, if not entirely, formed from the farinaceous series of foods. He thinks diabetic persons digest these articles of food differently from healthy persons.

Secondly, Claude Bernard's discovery of the sugar-forming function of the liver has led to the opinion that diabetes consists in an over-activity of this function, and there are many who, following these views, consider the liver as the chief, if not the only, organ at fault. But this over-activity of the gluco-genetic function of the liver is supposed to arise from some undue excitation of the great sympathetic system of nerves.

Thirdly, a general and irritative state of the nervous system being a frequent, if not a constant, symptom in diabetes, and as Claude Bernard records that irritation of the ganglionic centre in the medulla oblongata exercises a special influence over the functions and actions of the liver, and, moreover, as Flourens has shown, that irritation of the floor of the fourth
ventricle led to the presence of sugar in the urine of the animal operated on, it has been conceived that the nervous centres are remotely the cause of this singular disturbance in the functions of the organism.

Fourthly. It has been held by some that a defective respiratory process, by not consuming the elements of sugar in the lungs, might account for the accumulation of sugar and in the blood and its presence in the urine. M. Reynoso affirms that in almost all cases in which the function of respiration is impeded, sugar appears in the urine. Patients under the influence of ether or chloroform, in the advanced stage of tubercle, in pleurisy, in asthma, hysteria, and epilepsy, in experiments on animals prevented from breathing freely, sugar was universally present in the urine.

Fifthly. The importance, the absolute necessity for the presence of certain alkaline salts in the blood, without which the further metamorphosis of many excrementitious substances would be incompletely, is well known. M. Mialh has proved by the analysis of the blood in diabetic patients, that it is deficient in these alkaline salts; he states that the farina of our food is converted with equal activity into sugar and in diabetes. But in health the sugar is decomposed or burnt off by the presence of these alkaline salts by the agency of the oxygen in the lungs; but in diabetes the decomposition does not take place, owing to the deficiency of these important constituents, and the sugar undergoing no further metamorphosis, passes off as such through the kidneys.

Such are the prevailing theories or doctrines explaining the cause or tracing the source of the sugar in diabetes. It is absolutely necessary that you should be familiar with these doctrines, for without such knowledge the treatment of diabetes will be incomprehensible to you. The several plans of treatment are based on one or other of these views; and the object for which, or the therapeutic value of any remedy employed, must be referred to one or other of the theories just enumerated.

It is practically of importance in the management of a case of diabetes to ascertain what is the relative amount of the sugar derived from the food, and what formed irrespective of the ingesta. You should know that the amount of sugar is always augmented after a meal. The sugar should then be estimated by analysis of the urine passed from one to two hours after the principal meal; and also by an analysis of the morning urine, or that passed after fasting from eight to ten hours. From the first specimen of urine, you may ascertain the sugar derived directly from the food; from the second analysis the amount of sugar will represent the exaggeration of the liver function. The practical deduction from which will be, that diet or the abstinence from farinaceous foods will, in a great degree, moderate the proportion of sugar after a meal, but will exercise a very limited influence over the amount representing the sugar derived from the liver, to control or moderate which will require the use of medicinal agents, the action of which will be explained hereafter.

The case which I select to illustrate these general remarks on the disease is that of a woman, S. D., sixty-four years of age, the mother of eight children, six of whom, however, were stillborn. Two are grown up and living. She was married with her general health up to within the last twelvemonth, although up all her life. The first indications of failing health appear to have been a general physical debility or incapacity for bodily exertion, associated with a very rapid loss of flesh, intense thirst, and a desire for food, which no quantity seemed to satisfy. On her admission the following symptoms were most worthy of note: There was a great amount of emaciation, the skin being everywhere parched, dry and flaked; not a trace of subcutaneous fat could anywhere be felt. The tongue was moist. The bowels were very sluggish, the dejections being hard, dry, and pill-like. The breath was aromatic. The pulse was small and frequent, with occasional intermissions. The perceptions of sense were typical. The sight was occasionally obscured by musci volitantes; there were no indications of cataract. The sense of smell was not affected. That of taste was, however, disordered by the sense of constant sweetness, which provoked thirst, and tainted everything she ate. The cutaneous sensibility was the seat of irritation about the vulva and meatus urinæ. The chest was free from any symptom of tubercle or pulmonary disease. It is true the disease has been from fourteen to sixteen pints daily. It was nearly colourless, but notwithstanding had a specific gravity of 1034. The copper test gave marked evidence of sugar, and the fermentation test proved that it contained nearly thirty grains of sugar to the ounce of urine. She was at once placed on the diabetic diet, excluding as far as possible farinaceous articles, and supplying vegetables from the cruciferous family supplemented with a large amount of animal food.

The medicinal treatment should in the commencement be governed a good deal by the complications which may attend the case. If there be much irritability and restlessness in the nervous system the treatment by opium in large and repeated doses should be at once commenced. If pulmonary symptoms give ground for the suspicion of tubercle, cod-liver oil and ferruginous preparations should be given. In the case under consideration the symptoms were those derived from the accumulation of sugar—the emaciation, the thirst, and the craving appetite, the essentials to the diabetic state. It was a case which seemed to promise benefit from what is sometimes called the alkaline plan of treatment, but which might be more correctly designated as the ammoniaco-saline system. It is based on the views already explained of the existence of a deficiency of those salts in the blood. The saline mixture is composed of carbonate of ammonia, ten grains; phosphate of ammonia, ten grains; the bicarbonate of soda, ten grains. These salts, dissolved in an ounce of water with a few drops of the tincture of ginger, are given three times a day, in a state of effervescence, with a tablespoonful or more of fresh lemon juice. Such a medicine is very grateful to the patient; it relieves thirst, and usually, in a short time, mitigates the morbid appetite. The clinical report states, ten days after this treatment had been continued, that the thirst and appetite were much diminished. The tongue was moist. The glutinous sticky feeling of the mouth was gone. She stated she felt more energy in her; loss of that physical feebleness which she formerly suffered. By the end of the third week the urine was reduced in quantity, about eight pints in the twenty-four hours.

The remedy was continued for a further period, and at the end of the sixth week, the amount of sugar per ounce was reduced to six grains. The daily amount of urine was estimated as from six to eight pints. The tongue was moist, the thirst by no means urgent. The dejections were no longer hard and pellet-like, but soft and pulpeous, and, moreover, the patient had more than once felt some moisture on the skin, which had not occurred for many months. The result was very favourable; in the third week of that month the thirst and morbid appetite was stated to be much diminished; the urine had decreased to no more than four pints in the twenty-four hours, but the amount of sugar remained the same. I think you may trace all these favourable symptoms to the agency of the ammoniacal saline which has been taken without intermission from her admission into the hospital. I think the disease has been cured, but the disorder has been brought within such limits that the more distressing symptoms have disappeared. Before she leaves the hospital the remedy she has taken so long will be discontinued, and after a few days interval, the urine well examined for quantity of sugar present, and observations made to ascertain if the effects of the treatment have been permanent or temporary. The result of these observations will be mentioned to you at the next lecture.
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LONDON HOSPITAL.

(Under the care of Mr. RIVINGTON.)

TWO FATAL CASES OF INJURY TO THE HEAD.

CASE I.—Compound Fracture of Frontal Bone; Excessive effusion of Blood between the Dura Mater and the Skull; Trephining; Removal of Blood Clot; Death.-On Friday, the 17th of February, 1871, at 6.30 p.m., Henry B.—, aged twenty, workman at a neighbouring brewery, came to the London Hospital. A large piece of wood had fallen on his head from a lift fifty feet high as he was passing under it. When he was brought to the hospital he was quite sensible; indeed, he walked in supported by two men, and when in the ward objected to his shirt being torn as it was taken off. A longitudinal wound was found in the scalp, five or six inches in length, extending over part of the right parietal bone and the right half of the frontal bone, encroaching on the forehead. At the bottom the piece of the depressed bone could be felt of a lozenge shape, about two inches long. It was wedged in on both sides. Soon after his admission, the patient was seen by Mr. Rivington, who had him taken up stairs to once to the operating theatre. Chloroform was given and the depressed portion of bone was elevated by the use of Hey's saw and forceps. As he continued insensible after he should have recovered from the chloroform, and as his breathing was convulsive, and accompanied with occasional stertor, Mr. Hutchinson, who happened to be at the hospital, was consulted as to the propriety of further operative interference. At this time the right pupil was dilated and fixed, and the left contracted. The patient was insensible, and appeared to be in a state of general paralysis. Mr. Hutchinson gave it as his opinion that one of the branches of the middle meningeal artery had been ruptured, and that blood had been poured out between the dura mater and the skull, as the man had come sensible, and had gradually become insensible. The state of the pupil on the right side was probably due to the pressure of the blood on the third nerve in the wall of the cavernous. This diagnosis was fully confirmed by the result of the further operative measures then undertaken. The portion of bone which had been elevated, was taken away by Mr. Rivington, and the opening enlarged. With the finger introduced between the dura mater and the bone, the edge of a large blood clot could be detected. The trephine was therefore applied lower down on the right side, and was inserted. This result was due to the compression of the brain, the membranes tympani being entire. The latter could be explained by the blowing from the nose, which had been present. Blood had been poured into the tympanum, and had thence found its way down the Eustachian tube into the nose. When the petrous bone was turned upside down, blood exuded from the fissure across the superior surface.

The brain was very little bruised, so far as the naked eye could detect contusion. The posterior branch of the middle meningeal artery was torn as well as the anterior.

The foregoing case was a very good example of the symptoms produced by effusion of blood on one side combined with fractured base of the skull. The next case may be contrasted with it, being one in which there was very extensive contusion of brain on the side opposite to the part struck.

John R.—, aged twenty-seven, was struck on the back of the head by the same piece of wood, which injured Henry B., his fellow workman at the brewery. He was brought into the hospital at the same time. He was insensible, and continued nearly insensible till he died, but he could be roused to a certain extent, by talking loudly to him. There was a wound on the right side of the head, over the upper part of the occipital bone; it did not reach to the bone. Hemiplegia was absent, but there seemed some tendency to facial paralysis on the left side. The pupils acted after exposure to light for a minute or two.

On Sunday, the 19th, the patient had the right pupil dilated, and apparently immovable, and the left contracted, but on re-examination, a few minutes later it was seen that the right pupil had contracted like the other. The patient was very restless, and had occasional twitchings of the limbs. There was complete unaniient rigidity of muscles. He died on the following day.

The absence of bleeding from the ear and nose, or effusion of blood under the conjunctiva, and the absence of watery discharge from the ear, were noted as indications that there was no fracture of the base of the skull either in the anterior or middle fossae. It was considered that the symptoms indicated bruising of brain.

At the post-mortem examination, a fracture was found running through the right side of the occipital bone, from the point corresponding to the external wound to the occipital foramen. There was extensive effusion of blood underneath the arachnoid, in the sulci on the left half of the brain, and there was great bruising of the left posterior and middle lobes of the brain on the under surface. The left middle lobe was in a pulpy condition.

METROPOLITAN FREE HOSPITAL.

(Under the care of Dr. C. R. DRYSDALE.)

ANNE DUNN came to Dr. Drysdale, when two months old, about twelve months ago, with dry eruption on buttocks, inflammation of eye (iritis), snuffles, &c. Treated by one grain of iodide of potassium, t. d., the child got well, and now, 21st April, 1871, is stout and quite well; although she was attacked with small-pox and suffered severely from it, when of the age of ten months, in consequence of the mother having been advised by some neighbours not to allow the child to be vaccinated. Dr. C. R. Drysdale is greatly pleased with the treatment of syphilitic children by means of iodide of potassium in grain doses. He has not seen many cases do so well, with other remedies, as he has with this; does not say that there may not be cases in which this may not be used, but sometimes have found none but to the age of eight or ten.

Hutchinson’s cases of pegged teeth are certainly very uncommon in the children of rich syphilitic patients.

A case occurred under Dr. C. Drysdale’s care of eczema of thighs in a child, aged seven, very extensive. Dr. Drysdale prescribed the following lotion—liquoris potasse, three drachms; water, three ounces. This cured the eruption in a few days, which had resisted other treatment for a month. Dr. Drysdale is of opinion that the use of
a very strong solution of caustic potash is often very beneficial as a local application in eczema. It was recommended by Hebra, he thinks, first. In the case of a girl, aged twelve, affected with chronic eczema of one thumb, the application locally of a lotion, containing one drachm of caustic potash in two draughts of water, always cured the affection for a time. A strong solution of nitrate of silver, two draughts to the ounce, with some alcohol in it, is also useful in some cases of eczema; and even blistering with the liquor eisipaticus of the B.P. is to be tried in obstinate cases of eczema maauna.

SANITARY MISINFORMATION.

"It is well known that Paris has no main sewers, the sewage being conveyed by forcing pumps and hoes into large tubs which are emptied at some distance from the capital." It is, on the contrary, notorious that Paris has the finest main sewers of any city in the world. These and all the Parisian street sewers, however, differ from those of English towns—in receiving only liquid sewage matters and no solid night soil. It is the latter which, after being allowed to gravitate in huge underground cemented tanks, is pumped into tubs, and from them emptied at an establishment situate outside Paris and called the dépôt eure. During the siege, the usual amount of sewage removed fell off one-half, and the other, of course, remained in the houses." The proper version of this statement is that, owing to the scarcity of conveyance, occasioned by the investment, an undue accumulation of solid sewage matters took place in the underground tanks.

"The inhabitants of the French capital have the bad habit of throwing into the streets, in the evening, the house refuse, to be carted away in the morning. This practice was stopped during the siege, and carts, as in London, went round for the dust." The Parisian system of clearing away daily the house refuse is evidently not a bad but a good one. The change produced by the investment, in so far as it was an assimilation to the London custom of retaining this refuse for considerable periods on the premises, was what was bad.

THE SEWAGE QUESTION.

SPECIAL REPORT.

(Prepared expressly for the Medical Press.)

No. XXVI.

COMMERCIAL AND AGRICULTURAL VALUE OF SEWAGE AND NIGHT-SOIL.

The great fallacy which is everywhere present in the theoretical estimate of the value of sewage is, that its constituents are supposed to be isolated in a solid and portable form, as is the case with guano, superphosphate, and ammoniacal manures. In fact, the almost invariable remark is that, if extracted and dried, the manure elements of sewage, &c., would be worth so and so, but this is the whole difficulty, and it is by disregarding it that such enormous discrepancies in the real and theoretical values of sewage and night-soil exist. The dry, solid matter of urine is estimated at £18 1s. 1d. a ton; those of fresh feces at £5 17s. 7d. a ton; and the dry matter of the excreta (solid and liquid) of a mixed population at £14 16s. 4d. a ton. In this manner, and from these data, an estimate is formed of the yearly value of the excreta of an average individual, and it ranges from 6s. 6d. a head, to 20s. Mr. Latham computes it at from 6s. 6d. to 8s. 6d. per head per annum of the general population, and at 10s. 6d. for an adult; Dr. Anderson, of Glasgow, at 8s. (viz., 6s. 6d. for the urine, and 1s. 6d. for the foaces). The Royal Commissioners on Sewage (Mr. Lawes and Mr. Way) value it at 8s. 5d.; Dr. Hofmann and Mr. Witt at 11s. 3d. (10s. 6d. for the urine, and 1s. 6d. for the foaces). Dr. Hawksley at 10s.; and Dr. Thudichum at 20s. per head, per annum (10s. 3d. being for the urine, and the rest for the foaces); and with regard to sewage, the estimate ranges from 1d. to 2d. per ton of 220 gallons. And, again, when compared with other forms of manure, the agricultural value of sewage and night-soil has been variously computed. Maire and Marct, for example, say that 1 lb. of human excrement is equal in fertilizing power to 13 lbs. of horse-dung, or 6 lbs. of cow-dung. Mr. Menci considers that the excreta (liquid and solid) of each person are of the same manorial value, per annum, as the droppings of one sheep, and Mr. Bailey Denton considers them to be equal to a load of good farm-yard manure, and to be worth 6s. Dr. Voeleker states that the annual secrections of one average person is about equal to 75 lbs. of Peruvian guano, which will yield about 32 bushels of grain, worth £1. Boussingault says that the excreta of an adult man (for a year) contains enough nitrogen (1641 lbs.) to furnish the nitrogen of 800 lbs. of wheat, rye, or oats, or 800 lbs. of barley, of the value of £3.

With regard to sewage, Liebig says that 828 tons of London sewage contains as much ammonia as a ton of Peruvian guano, but that it is deficient in phosphoric acid, and requires superphosphate to bring it up to a proper manurial standard. The Commissioners appointed to enquire into the best means of distributing the sewage of towns, say, from an average of ninety-three analyses of Rugby sewage, during the years 1861, 1862, and 1863, that 1,000 tons of it contain the nitrogen of the mixed excrements of between seventeen and eighteen persons of both sexes, at all ages, for a year; and that they are equal to between eleven and twelve cwt. of Peruvian guano. Dr. Hofmann and Dr. Frankland are of opinion that 1,250 tons of London sewage contain an amount of fertilizing matter which, if extracted and dried, would exactly correspond with the amount found in one ton of Peruvian guano; and Liebig says that experiments made in six different parts of Saxony have shown that each cwt. of Peruvian guano produces, when properly put upon the land, 150 lbs. of wheat, 400 lbs. of potatoes, and 280 lbs. of clover more than the land would produce without it.

From such estimates as these, regardless of the quantity of worthless matter in sewage, the most extravagant notions have been entertained of its value, as that the sewage of this metropolis is worth from one and a-half to ten millions, sterling, annually. Messrs. Hofmann and Witt, for example, estimate it at £3,796, daily, or £1,285,500, annually. Mr. Menci puts it down at two millions, and upwards; and Mr. Brady and Lord Robert Montague, the two Chairman of the Parliamentary Committees, appointed to enquire into the utilization of the sewage of towns, report it to be equal in manurial value to 212,542 tons of Peruvian guano, which at £13 12s. 6d. per ton, is worth £2,800,372. But these are the dreams of enthusiasts, although, perhaps, they may be made in-
telligible to more practical men by the following table, which represents the composition and estimated value of the solid matters of sewage and night-soil in their natural state, and also when brought into a dry and portable condition, like reasonably good manure; supposing they have lost nothing by frying, and that ammonia is worth 7d. a lb.; soluble phosphoric acid, 4d. a lb.; insoluble acid, 2d. a lb.; and potash, 3d. a lb., which are very nearly the present market values of these substances in a concentrated form:

<table>
<thead>
<tr>
<th>Constituents</th>
<th>Nitrogen</th>
<th>Phosphoric Acid</th>
<th>Potash</th>
<th>Value per ton</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recent faeces</td>
<td>124·98 lbs</td>
<td>113·67 lbs</td>
<td>40·40 lbs</td>
<td>£ 5 17 7</td>
</tr>
<tr>
<td>Dried faeces</td>
<td>112·63 lbs</td>
<td>121·08 lbs</td>
<td>38·17 lbs</td>
<td>£ 5 9 6</td>
</tr>
<tr>
<td>Fresh sewage</td>
<td>147·67 lbs</td>
<td>82·08 lbs</td>
<td>40·29 lbs</td>
<td>£ 6 3 2</td>
</tr>
<tr>
<td>Dried sewage</td>
<td>40·10 lbs</td>
<td>24·42 lbs</td>
<td>65·32 lbs</td>
<td>£ 2 9 7</td>
</tr>
<tr>
<td>Do. do. do.</td>
<td>28·67 lbs</td>
<td>35·16 lbs</td>
<td>60·88 lbs</td>
<td>£ 2 1 5</td>
</tr>
</tbody>
</table>

The plain inference from this is that the agricultural value of these materials is greater when they are in a recent or fresh state than when they are consolidated by any process of drying; and that if sewage is to be profitably utilised it must be employed in a liquid form. The great difficulty, however, is the utilisation of it at all times, in all seasons, and with every description of soil. Water alone, under some circumstances, as in the dry warm climates of Egypt, China, Persia, Piedmont, Lombardy, and elsewhere, has been successfully used for irrigation purposes for ages, and has given fertility to districts that would otherwise have been barren. Even in this climate the judicious use of water at the right time has been found profitable; for, as Bacon says, "it maketh an excellent improvement for both corn and grass, profiting them much;" but it must be used in proper times and with proper soils. The same is the case with sewage, which undoubtedly has a somewhat higher manurial value than water. "I would give," says Mr. Lawes, "2d. a ton for the sewage of London delivered in such quantities and at such times as I required it, but I would not give a halfpenny a ton for it if I were obliged to take it all the year round, and have to pay the expense of sub-piping and carriage through the farm." This, in fact, is the great difficulty of the question; for there is no description of soil, and no variety of crop that will receive sewage profitably at all times. In the frost of winter, and during the heavy rains of spring and autumn, the land is impenetrable to sewage, and it flows away unchanged to the nearest water courses. During the maturity and ripening of a crop also the use of sewage is always inadmissible. According to Mr. Lawes, the application of sewage, all the year round, as it should be applied to meet the sanitary demands of the case, is wholly unsuited for arable land; but if a person can apply it to-day and not to-morrow, just as he pleases, he may use it for all crops. Professor Way holds to the same opinion; for he says, "if the farmer is bound to take large quantities of sewage at all times, he would soon decline to take it at all. He could not do it in times of rain like June, July, or October (1862)." Evidence to the like effect has been given by Mr. Congreve, who managed one of the sewage farms at Rugby, and who found, after eleven years' experience, that the thing was often unmanageable. "If I had a farm," he says, "in the neighbourhood of London, I would take sewage if I were at liberty to have it when it suited my purpose, and I would apply it over a very limited area at a certain time of the year; but if I were compelled to take it at all times I should refuse it altogether." Mr. Mechi, the champion of sewage irrigation, is evidently of the same opinion; for he says he would rather not be
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regulated as to the time of applying it, but would use it when he wanted it. This is the way in which it is dealt with at Worthing, at Birmingham, at Edinburgh, at Carlisle, and some other places where the parties know what they are about; and this was so strongly impressed on the parliamentary committee of 1862, that they say in their report on the subject, "that it is desirable that those using sewage should have a full control over it, so that they may apply it when and in what quantities they may require," and they quote the evidence of Mr. Lawes, Mr. Way, Mr. Tregelles, Mr. Samuel Christy Miller, Mr. McCann, and Mr. Miles in proof of it. In point of fact, almost every witness who appeared before the two committees spoke of the great difficulty of managing a sewage farm so as to get rid of the sewage at all times.

A good deal of difference of opinion exists as to the proper time for using sewage. Mr. Mechi applies it to pasture land from the 1st of May to the 20th of June; and when cattle are feeding on the land he uses it at all times during active vegetation. The Earl of Essex puts it upon meadow land for hay from October to January or longer, and in summer time he uses it after each crop of Italian rye grass. At the Craigentinny meadows the land is drenched with sewage directly after each cutting. Mr. Tregelles uses it for pasture land in winter and for root crops in summer—turning it upon swedes when they are as big as marbles, and upon mangolds while they are growing. There is, however, no fixed rule in the matter—the farmer being guided by the season, and the actual wants of the crop as regards drought, &c., the returns being always most profitable in dry weather.

There is the same difference of opinion respecting the mode of applying the sewage. Mr. Smith, of Deanebank, Mr. Edwin Chadwick, Mr. Mechi, Mr. Telfer, and Mr. Kennedy were for irrigation by means of the hose and jet; and this is still recommended by many persons. It was the plan which the Select Committee of the House of Commons on the Sewage of Towns thought most advantageous; for in their final report and analysis of evidence (1862), they say that the evidence proves "that by the hose and jet sewage may be much more economically applied than by open carriers." This no doubt is the best way to effect the purification of sewage and the utilisation of all its manure constituents, but the plan has never been commercially successful. "If," says Professor Way, "you ask me how I am to make, regardless of cost, the manurial ingredients of the sewage into the greatest amount of produce of any kind, then I would put it on with pipes and hose in small quantities, almost as I would in garden cultivation—as if I were watering it with watering-pots, but it would never pay to do it. With hose and jet you would never get the quantities on that it would pay you to put it on. This is abundantly proved by practice, for no where, except for fancy use, is the hose and jet system employed. It was tried at Rugby by Mr. Walker, Mr. Congreve, and Mr. Campbell, and was at last abandoned; and the same was the case at the farms of Mr. Telfer and Mr. Kennedy. It has come, therefore, to this, that sewage, when it is used at all, is distributed upon the land by open carriers, and made to flow in large volumes upon the surface of the ground. At Mr. Hope's farm at Romford, where the sewage is most judiciously treated, it is first pumped to the top of an engine, and then conveyed by sheet iron troughs to about the centre of the farm, where the conduits branch off in all directions—there being output at short intervals, which can be opened by a plug so as to let out the sewage upon the land. At Carlisle the sewage is distributed upon pasture land by means of moveable troughs; but generally it is run through open gutters or carriers, which are dammed up at certain points so as to make the sewage overflow and flood the land.

But, however the process is conducted, it requires a thorough change in the whole system of farming, and must revolutionize the common mode of working; and the land must be specially prepared to receive it. It must be levelled, and drained, and put in order, so that the sewage shall flow successively over different portions of ground, and shall not pass away without undergoing the needful purification. And all this, as Mr. Lawes observes, is quite a special mode of farming, being totally different from the ordinary farming operations of the country. It might be said, indeed, that it is retrograding to the old times when the farmer put the weakest sort of compost upon his land, using only the dung of his working animals, and the refuse of his fields for manure; but the experience of the last thirty years has shown him that all this was wrong, and that to keep pace with the competitive progress of free trade, he must fertilise his land with the richest manures. Guano was imported in 1833, and superphosphate, at the suggestion of Liebig, was manufactured in 1841. These, with other forms of rich portable manures, have for twenty years been growing more and more into favour on account of their profitable results; and now, instead of using the old fashioned stable dung of his working animals, he manufactures manures of the richest quality by feeding stock under cover on cake, pulse, and cereals—showing that there is direct relation between the food of the cattle and their ordure. Here is a Table constructed by Mr. Lawes, of Rothampstead, which shows the estimated value of the manure from a ton of different kinds of fodder.

**VALUE OF THE MANURE FROM A TON OF THE FOOD.**

<table>
<thead>
<tr>
<th>Description of Food</th>
<th>£  s. d.</th>
<th>Description of Food</th>
<th>£  s. d.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decorticated cotton cake</td>
<td>6 10 0</td>
<td>Indian corn</td>
<td>1 11 6</td>
</tr>
<tr>
<td>Rape cake</td>
<td>4 18 0</td>
<td>Malt</td>
<td>1 11 6</td>
</tr>
<tr>
<td>Linseed cake</td>
<td>4 12 0</td>
<td>Barley</td>
<td>1 9 6</td>
</tr>
<tr>
<td>Malt dust</td>
<td>4 5 0</td>
<td>Clover hay</td>
<td>2 5 0</td>
</tr>
<tr>
<td>Lentils</td>
<td>3 17 0</td>
<td>Meadow hay</td>
<td>1 10 0</td>
</tr>
<tr>
<td>Linseed</td>
<td>3 13 0</td>
<td>Oat straw</td>
<td>0 13 6</td>
</tr>
<tr>
<td>Tares</td>
<td>3 13 6</td>
<td>Barley straw</td>
<td>0 12 6</td>
</tr>
<tr>
<td>Beans</td>
<td>3 13 6</td>
<td>Wheat straw</td>
<td>0 10 6</td>
</tr>
<tr>
<td>Peas</td>
<td>3 2 6</td>
<td>Potatoes</td>
<td>0 7 6</td>
</tr>
<tr>
<td>Locust beans</td>
<td>1 2 6</td>
<td>Mangelos</td>
<td>0 5 0</td>
</tr>
<tr>
<td>Oats</td>
<td>1 14 6</td>
<td>Swedish turnips</td>
<td>0 4 3</td>
</tr>
<tr>
<td>Wheat</td>
<td>1 13 0</td>
<td>Common do</td>
<td>0 4 0</td>
</tr>
</tbody>
</table>

Carrots

The richer descriptions of farm-yard manure obtained by feeding horned stock under cover on chaff, roots, corn, oil-cake, pulse, &c., mixed with the manure of the corn and bean-fed horses and well-fattened pigs, constitute, with such portable manures as guano, superphosphate, and the salts of ammonia and potash, the fertilising agents which have revolutionized the practice of British farmers; and it is hardly likely that, with such experience of the value of rich composts they will adopt the suggestion of flooding their lands with the miserably weak sewage of towns.
LEADING ARTICLES.

May 3, 1871.

LEGISLATIVE VICTIMISATION.

We learn with a great deal of satisfaction that the amendments to Lord O'Hagan's Lunacy Bill, which Sir Dominic Corrigan had given notice to move in Committee, have been accepted by the noble lord, and the clauses to which Sir Dominic Corrigan on the part of the Profession took so just an exception, have been modified accordingly.

The fact that the intervention of Sir Dominic Corrigan has become necessary to prevent, at the eleventh hour, the perpetration of a bungle or an injustice to the Profession, forcibly illustrates the necessity for unyielding vigilance as regards any legislation which may possibly involve the interests of the Profession. Anyone who knows Lord O'Hagan's character will find it hard to charge him with spite to medical men; but Bill framers are wont to be rough and ready in the drafting of the detail clauses of their measures, and to think or care very little whether individual injustice is done so long as the mischief is not detected too soon, and so long as the Bill can be squeezed through the House without serious opposition. In this measure Lord O'Hagan would have confused the authority to give certificates of Lunacy on any one calling himself a doctor, and the gist of Sir Dominic Corrigan's amendment is to ensure that none but the registered practitioner's certificate shall be legal.

Is it not incredible that the power of incarceration in the worst sort of prison should have been thoughtlessly proposed to be given to persons from whom the State has no guarantee whatever?

But we can hardly look so calmly or put so lenient an interpretation either upon the existing law as regards medical certificates, or that which Lord O'Hagan had introduced into his Bill. Those of our readers who are connected with the Poor-law have a too frequent acquaintance with the 10th clause of the Act of 1867, which obliges them on the requisition of the nearest magistrates, to examine any lunatic brought before them and testify to his state without receiving a shilling for doing so. It can hardly be supposed that this atrocious imposition of unremitting labour could have escaped Lord O'Hagan's notice, and yet we find that not only did he permit it to remain—a disgrace to legislative justice—but he added to it a clause which we venture to say he would, had it been proposed in reference to practitioners in the law, have scouted with indignation.

He desired to compel the medical practitioners to transmit by post to the office of the Registrar, within one week of the examination and the signing of the certificate, a report setting forth in full the certificate so signed by him, his own name, profession, and residence, the name, residence, and profession of the alleged lunatic, the name, residence and description of the persons by whom he was employed or requested to make such certificate, the purpose for which it was given by him, the place of examination of the alleged lunatic, the nature of the alleged lunacy, the witnesses who supplied evidence as to the conduct, &c., of the alleged lunatic, and all other circumstances and particulars.

Not only was no payment provided for this labour, for the exercise of the necessary skill, or for the responsibility entailed, but the medical practitioners were made liable to a penalty on the one hand of £10 if he omitted to furnish the report, and, on the other, of a possible action for
NOTES ON CURRENT TOPICS.
May 3, 1871.

An Epidemic of Kine-pox—The Age of Jenner Returning.

Our valued contemporary, the Pacific Medical and Surgical Journal, makes the following important announcement in its April number:

"Quite a sensation has been produced very recently in professional circles in San Francisco, by the discovery that an epidemic of kine-pox has broken out among the cattle on the dairy ranches of Marin County, the disease extending to the hands of milkers, as in the days of Jenner. A portion of the virus in the form of crusts has been procured and used for vaccination, producing what is beyond a doubt the true vaccine disease. Several of our physicians, especially Drs. McMillan and Trask, have conducted these experiments. Perhaps it is too soon to make full report on the subject. In another month, however, we shall be prepared, from personal observation, and from the testimony of the gentlemen above named and other experimenters, to give our readers a complete account of the outbreak of the disease among the cattle, and its character when transferred to the human system. Although we are not among those who believe that vaccinia has lost anything of its virtue by transmission in the human system,
NOTES ON CURRENT TOPICS.

May 3, 1871.

A New Test for Hysteria.

A FRENCH work just issued by Dr. Chairon, Chief Medical Officer to the Vesinet Asylum, entitled "Clinical Studies on Hysteria," announces the discovery by him of a new pathognomonic sign of hysteria, which, should it be confirmed by experience, will prove to be a valuable contribution to medicine. Since Dr. Chairon has become connected with the Institution, he has passed under view 26,000 female patients, amongst whom were a great many cases of hysteria. He says that he has ascertained that in every one of them the commencement of the affection has been marked by a special sign—insensibility of the epiglottis.

The determination of this symptom, which is constantly present, is very simple. It is sufficient to introduce gently the finger into the mouth so as not to frighten the patient, and place it on the base of the tongue. It will be found that the epiglottis may be touched, displaced and scratched with the nail without producing the least regurgitation. When this system exists there will be found invariably a congestion of one or both ovaries, usually of the left.

Singlar as this proposition is, the author proceeds to prove its exactitude, and has, with that object, quoted a great number of cases collected at Vesinet.

Cholera in Russia.

The Presse Medicale Belge informs us that cholera has broken out again in St. Petersburg. The form of the epidemic has, as yet, been exceptionally virulent, and the victims have been chiefly in the upper classes. The deaths during March have been 42 per day.

Medical Centralisation.

Hor upon the heels of Lord O'Hagan's attempt to vic- timise the medical Profession we have another Government attempt to carry out the same policy, as regards Ireland, which will require energetic action on the part of medical men.

The Rating and Local Government Bill, which was set down for its second reading last Monday, is stated not to apply, except as to certain clauses, to Ireland.

Under its powers is provided a Central Management Board, with illimitable little places and jobs in which the proverbial "Dowb" can be "taken care of." This Board is appointed by the 31st Clause, which is one of those which does apply to Ireland, and consequently if the Bill should become law, the whole administration of public health in Ireland will be centralised in London.

The Bill does not provide any local machinery for carrying out its provisions in Ireland or Scotland, but gives the Central Board, established by the 31st and succeeding clauses, controlling power over the authorities in those parts of the United Kingdom. Neither of these countries were considered by the Sanitary Commission, although the Public Health Systems are most faulty, and it is therefore unwise to legislate for them without full information. If inquiries into the causes of any outbreak of disease were called for in Edinburgh, Glasgow, or Dublin, surely they would be more effectually conducted by Dr. Christison, Professor Gairdner, Professor Cameron, or Dr. Mapother, than by any assistant from the Local Government Board in London. No medical qualification whatever, much less a Diploma in State Medicine, is insisted on for

Phosphorus.

At a late meeting of the Clinical Society, Dr. Broad- bent read a lengthy paper "On Phosphorus as a remedy in Skin Diseases," in which he suggested that if the action of remedies and poisons on the human organism is due to their chemical properties, substances allied chemically ought to have an analogous physiological and therapeutical influence, or the diversity in their action ought to be explicable on chemical grounds; in other words, chemical groups should form therapeutical groups.

The question, then, is—Given a distinct and well ascer- tained physiological or therapeutic effect, can results in any way similar be obtained from the chemical allies of the body producing it? The group of which phosphorus is the head chemically, and of which arsenic is the chief representative in therapeutics, affords an opportunity for the application of this test. Its four members, phos- phorus, arsenic, antimony, and bismuth, stand in the order named in regard to equivalent numbers, physical properties, and chemical energy; and their compounds with other elementary bodies form analogous series. Ex- cluding bismuth, which, from its feeble affinities and ten- dency to form insoluble compounds, may be considered inert, there is in the mode of action of phosphorus, arsenic, and antimony, as poisons, and in the tissue-changes they induce, a parallelism as remarkable as that of the chemical properties of these bodies, both in the energy and in the character of the physiological effects.

The opportunity for bringing out further therapeutical parallelism is furnished by the well-known curative action of arsenic in certain classes of skin disease, such as some forms of eczema and psoriasis. Dr. Broadbent took cases of this kind, and instead of arsenic exhibited phosphorus. Two grains were dissolved in oil, and from three to seven drops of the solution given, usually in mucilage, three times a day after meals. Six cases of eczema were re- lieved, in all but one of which the phosphorus was de- cidedly beneficial. The object of Dr. Broadbent's commu- nication was not to bring forward a new remedy for skin diseases, but to exhibit one more analogy between phosphorus and arsenic. If phosphorus were as man- ageable and as little disagreeable as arsenic, it would probably, according to his experience, be found superior in efficacy.

Mr. R. Gurney's bill for the appointment of public prosecutors passed the second reading on Wednesday night.

New Mode of Glass Cutting.

At a pharmaceutical meeting in Philadelphia (Journal of Pharmacy), Dr. Bridges exhibited a specimen of marked glass, cut by a new process, in which sand is blown with great force against the glass, certain portions of which are protected by wire of different shape, or by gauge or lace, the figure of which is kept on the smooth glass surface, while the meshes are etched by the attrition of the sand. Wherever the sand strikes, the impression resembles ground glass. This process will probably super- sede ground glass in many of its uses.

subject, yet it would be highly satisfactory to have a renewal of the supply of virus from a spontaneous development of the disease in the rare form of an epidemic."
any of the inspectorships, or other offices which it establishes.

When it is considered that the Commission, on whose report this Bill is founded, are utterly innocent of Irish sanitation—that it did not examine a single Irish witness, or receive a line of evidence respecting Ireland, and had, except that Dr. Stokes was the solitary Irish delegate, nothing whatever to say to Ireland or anything Irish, it appears to us to be a stretch even of the elasticity of governmental audacity to involve Irish interests and administration in its provision.

The Examiningships of the Irish College.
The election of Examiners in the Royal College of Surgeons in Ireland took place, as provided by the Charter, yesterday, the first Tuesday in May. There was no contest against any of the out-going examiners, and the following gentlemen were consequently re-elected:—Dr. Fleming, Consulting Surgeon to Stevens’s Hospital; Mr. Stapleton, Surgeon to Jervis street Hospital; Dr. Richard-son, Surgeon to the Adelaide Hospital; Dr. Tufnell, Surgeon to the City of Dublin Hospital; Dr. O’Grady, Surgeon to Mercer’s Hospital; Dr. Stokes, and Dr. John Barker.

The method of election is peculiar: on the day specified the Councillors are required to attend, and in the presence of the Fellows, seven of whom are chosen by lot, and sworn under a most stringent oath to elect the most suitable candidate. They then retire and confer together, and, on their return, their decision is announced by the President.

University College Hospital.
Last week the anniversary festival of this Institution took place. Professor Parkes, the chairman, gave a sketch of the history of the Institution. The annual expenditure averages about £9,000, while the reliable income does not exceed £5,000. By the sacrifice of investments, about £3,000 of debt has been paid off within the past year, leaving a mortgage on the building of £3,000, in addition to unsecured debts to the amount of about £4,000.

Indian Medical Service.
It is announced that no examination for appointment to the Indian Medical Service will be held in August, 1871.

YELLOW fever has broken out in Buenos Ayres.

The Adulteration Bill is postponed to May 23rd.

Mr. Paget has resigned the surgeoey to St. Bartholo-mew’s Hospital.

There are several portraits of medical men in the exhibition of the Royal Academy this year.

It has been resolved to build a small infirmary in connection with Penzance Dispensary.

The Worcester guardians have forbidden the aged pauper, who has been in the habit of doing so, from giving medical orders.

We learn that Dr. Arthur Jacob has presented to the Royal College of Surgeons in Ireland, such portion of his library of Medicine, Surgery, and Anatomy as the Council may consider it desirable to add to its collection.

Three cases of trichinosis have occurred in England. Dr. Cobbold found the pork full of trichiniae. Dr. Dickinson, of Workington, Cumberland, suspected the origin of the symptoms, and submitted the pork to Dr. Cobbold.

A VACANCY is about to occur in the office of Physician-Acoucheur at St. Mary’s Hospital, Paddington. Candidates must be Fellows or Members of one of the Colleges of Physicians of the United Kingdom.

The experiment of using military tents for convalescent small-pox patients is about to be tried at Stockwell. There are now proposals before the committee of the hospital for taking fresh sites for the erection of larger tents.

An inquest has been held at Manchester upon the bodies of three children who were accidentally poisoned by the administration of carbolic acid for a cough mixture.

A SELECT committee of the House of Commons has been nominated to inquire into the operation of the Poor-law in Scotland, and to report upon the amendments necessary for its better administration.

It is understood that the General Medical Council will not, in all probability, hold its annual meeting this year earlier than July. It follows, of course, if this report be true, that the Council does not propose to occupy itself with the Medical Reform measures which are before the House.

On reference to our advertising columns it will be seen that the authorities of the new St. Thomas’ Hospital intend materially to enlarge the medical and surgical staff of that Institution. A physician, two assistant-physicians, one surgeon, and two assistant-surgeons are the appointments announced, for which there will doubtless be a keen competition. We hope the best men will win.

Dr. Rumsey has resigned his seat in the General Medical Council. The vacancy will have to be filled by the Privy Council. We hope that the seat will be offered to some able medical reformer. At such a time as this it is of the highest importance that some one who has studied the constitution of the Council should be called to take part in the proceedings. If this appointment be not well made the Privy Council will forfeit the confidence of the Profession.

The subject for 1872 of the Collegial Triennial prize of the Royal College of Surgeons will be “On the Structure and Functions of the Medulla Oblongata, including the Connexion with the Central Nerve Roots.”

The subject for the Jacksonian prize for the same year will be “On the Diseases of the Nose, including the Sinuses connected with it, and their Treatment.”
DR. BRUSHFIELD, medical superintendent to the Surrey County Asylum at Brookwood, in his report of last year remarks on the annoyance arising through the defective nature of the patient's certificates on admission. He says that the particulars ought to be properly supplied by the relieving officer, and urges a new form of certificate.

The keeper of the Surrey County Asylum at Wandsworth, William Cooper, has been committed for trial by Mr. Ingham on the following charge. He placed a lunatic, set. sixty-five, into a bath, and turned the hot water tap on behind him. The result was extensive scalds on the back, left arm, and ankles, and finally death by bronchitis. His defence was that he acted thoughtlessly.

A very sensible precaution has been adopted by some owners of fishing snags on the Eastern Coast, for the purpose of preventing the dissemination of small-pox. Each vessel, with its crew, is anchored off the coast for seven days; if sickness appears, the craft is put back to land, and medical treatment obtained; on the other hand, should no disease show itself, the crews are allowed to proceed on their voyage.

DR. THOMAS CARROLL, of Cincinnatti, died in that city on the 13th of March, at the age of seventy-seven years, having practised medicine fifty years. He was a member of the Society of Friends, and a native of Ireland, but came to America when a child. His career in the profession as a scholar, a writer, and a practitioner, has been long and honourable, and his demise has called forth extraordinary encomiums on his character, both as a citizen and a physician.—Pacific Medical and Surgical Journal.

MR. JOSHUA FIELDEN, one of the members for the Eastern division of the West Riding of Yorkshire, has given notice in the House of Commons that he intends to move for a return of the number of inquests held by coroners in England and Wales on the deaths of persons from the bites of mad dogs, in the five years ended the 18th of April, 1871; of the number of persons who have died from the bites of mad dogs on whose bodies no inquests have been held, so far as can be ascertained by the superintendents of police, for the same period; and, of the number of persons, horses, cattle, sheep, and other animals that have been bitten by mad dogs in the same period, so far as can be ascertained by the superintendents of police, the returns distinguishing counties and boroughs and the metropolis.

The Committee of the Society for the Suppression of Vice declare that the public are not aware of the extent to which the abominable trade in obscene prints, photographs, and licentious publications is carried on, principally through the post, payment being made in stamps. The evil (corrupting as it does, the youth of both sexes), but for the single-handed exertions of this Society would have spread to an alarming extent. It has only been by a series of successful, but very expensive prosecutions, such as neither Government, the local authorities, nor private individuals will undertake, that the Society has succeeded in keeping the trade within bounds, and maintained some degree of decency in the country.

It is well-known to many that this trade in vicious literature is most profitable, and if only to render it less so the prosecutions undertaken may have somewhat lessened it. Glad should we be to see any abatement of the evil.

At a crowded meeting of the Royal Medical and Chirurgical Society of London, on April 25th, Mr. Jonathan Hutchinson brought forward a series of cases in which no less than ten adults out of twelve who had been re-vaccinated from a syphilitic infant had become affected in about three weeks after the vaccine vesicle came to its maturity, with indurated chancre.

Mr. Henry Lee observed that it was of great importance that the Profession should make up its mind that syphilis could be communicated by vaccination, if carelessly performed.

Mr. De Meric complained of the scepticism of the Profession with regard to the possibility of such contamination taking place.

Dr. C. R. Drysdale said he had published a case of similar history in 1853, and mentioned that in one case a syphilitic infant under his care was sent to be vaccinated, with written instructions that no matter was to be taken from it. The vaccinators at the hospital believed so little in the danger that they laughed at his writing and vaccinated some children from this infant.

Mr. Brudenell Carter complained of the lymph forwarded by the Privy Council.

Mr. Simon thought that ten days old lymph was dangerous. The debate was adjourned.

OUT-PATIENT HOSPITAL REFORM.

A meeting took place on Thursday at the rooms of the Medico-Chirurgical Society, to consider the question of out-patient reform. The chair was taken by Sir W. Fergusson, upwards of sixty gentlemen being present.

Sir W. Fergusson opened the proceedings by a short speech, in which he stated that the meeting was convened to receive the report of a Committee appointed at a similar meeting, held on the 24th March, 1870, to investigate the working of the out-patient departments as at present constituted, in order to draw up suggestions for reform. Four separate reports had been presented by sub-committees on general hospitals, dispensaries, and the Poor-law medical service, which contained a mass of interesting information and several useful suggestions. He said the subject was of deep importance to all classes, and went on to say that the Profession were ready to give time and skill, but that other resources were required, and that the rich were called upon to supply them; and he considered by stating that we should continue to sustain the Committee by affording them necessary pecuniary assistance.

The following resolutions were adopted—

1.—"That an improved administration of Poor-law medical relief, in accordance with the Metropolitan Poor Act of 1867, is essential to the reform of the out-patient administration of the metropolis."

2.—"That in the furtherance of the above resolution, and in order to limit the pauperising tendency of the present
system of gratuitous relief at hospitals and dispensaries, all free dispensaries should be under the control of the Poor-law authorities, so that a proper system of inquiry may be instituted previous to the administration of gratuitous medical relief."

3.—"That, in order to encourage a feeling of self-respect among the working classes, and that they may secure for themselves during health the necessary medical attendance in sickness, it is desirable that the system of provident dispensaries should be largely extended, both by the conversion of the present free dispensaries, and by the foundation of others.

4.—"That, for the reasons given in the preceding resolution, and in order to improve the clinical teaching of the out-patient department of the general and special hospitals, it is very desirable that the present unrestricted system of gratuitous relief at those institutions be curtailed, partly by the selection of cases possessing special clinical interest, and partly by the exclusion of those who on social grounds are not entitled to gratuitous medical advice."

5.—"That the governors of hospitals ought in all cases to provide some honorarium for the staff of the out-patient department."

6.—"That a committee be appointed to memorialise the President of the Poor-law Board, the Governors of the various Metropolitan Medical Charities, and the Society for Organising Charitable Relief, to assist in carrying the foregoing resolutions into effect, and to take such other steps as they may think requisite."

The Committee was appointed with power to add to their number.

The thanks of the meeting were recorded to the Chairman for presiding, and to the Medico-Chirurgical Society for the use of their rooms.

It is rather surprising that a larger attendance was not secured as 700 or 800 invitations were sent out.

Literature.

GUY'S HOSPITAL REPORTS.*

The first article on which our eyes happen to light, on opening the "Guy's Hospital Reports" for the present year, is by Dr. Moxon, "On the Nature of Atheroma in the Arteries, with a Description of a Remarkable Case of Arteritis."

"Nothing," says the author, "is more common, and nothing of more serious importance, than arterial disease, but as yet the relation of inflammation to arteries is one of the least satisfactory chapters in our present pathology."

Atheroma is not to be viewed as merely a form of degeneration. "Atheroma is in continuity with arteritis, and graduates from a condition in which no inflammatory results can be known, into one in which inflammation is unmistakably present."

It seems that while most English pathologists make a sharp distinction between arteritis and atheroma, on the Continent opposite views obtain. Thus, Niemeyer speaks of chronic inflammation of arteries resulting in atheroma of those vessels. Virchow, too, considers that atheromatous lesions are in effect chronic arterial disease. Billroth, of Vienna, holds similar views.

The tendency of strain on the blood-vessels to induce arteritis, atheroma, and aneurysm is very ably proved. Mr. Myers is quoted as having ascertained that while soldiers and sailors are in about equal numbers affected with syphilis, yet soldiers are far more often affected with aneurysm, in consequence of strain on the vessels of the chest by tightness of dress. Atheroma is very rarely seen in the pulmonary artery; but when this vessel is subjected to strain from hypertrophy of the right heart in consequence of chronic bronchitis, then it is not uncommon, in Dr. Moxon's experience, to find atheroma in the coats of this artery. Further, it is noticed that the earliest appearances of atheroma occur at points where the strain upon the arterial coats is greatest.

The case on which Dr. Moxon's observations are mainly founded, and where the inflammatory nature of the arterial disease is conclusively shown in the aorta from which the drawings are taken, was a man under the care of Dr. Habershon, having an aortic aneurism simulating spinal disease. Dr. Habershon gives a full account of the case at page 399 of the Reports, where it forms the first in a series of cases illustrating some obscure forms of abdominal disease.

The paper by Dr. Wilks, "On some Cases of General Paralysis," calls attention, among other things, to the cause of the atrophy and wasting observed in some paralysed limbs. It is well-known that, in one case, a limb may remain perfectly flaccid and preserve its plumpness, whereas in another case, muscles contained in the same limb may undergo atrophy. The late Dr. Todd sought to explain this by certain changes going on in the brain itself, but lately the true cause of these atrophic changes has been found by Charcot to be due to a chronic inflammation and induration going on in the nerves themselves. Paralysis of the mind and body is usually found by Dr. Wilks to be associated with alteration of structure in the brain, often a manifest wasting, and it was also observed that when the brain was shrivelled and wasted after death, there had been symptoms of diminished nerve power, both bodily and mentally during life; the cause of the symptoms being sometimes a blow or shock, as, for example, in a railway collision; at other times excesses in the use of alcohol, or slow poisoning by lead or mercury, would lead to the development of these symptoms of general paralysis.

These cases of general paralysis, if associated with delusions, and a "monomanie des grands ore," are of the kind so often seen in asylums, and then classified as cases of general paralysis of the insane. But that this "dementia paralytica" will come on without any delusions, and in various degrees, as a disease not rare in the practice of general physicians, is a point to which we have already called attention, and which is illustrated by some well-selected cases. Space forbids us to do more than simply notice the short articles on "Atheritis Pericardii," and on "Valvular Diseases of the Heart," by Dr. Wilks, and we pass to Dr. Hilton Fagge's article on the "Murmurs Attendant upon Mitral Contraction."

Here we have records of a large number of cases of cardiac disease, in which the pre-systolic, or "auricular systolic murmur," described by Dr. Gairdner, in 1861, was heard. Dr. Fagge says, what we suspect others may have felt, though they may not have said it, that in many cases where a pre-systolic murmur is present, the first sound of the heart may often be mistaken for the second sound, since it is very clear, sharp, and ringing. To guard against this error, the finger must be applied to the carotid artery, and the pulse felt there; to feel the radial at the wrist is fallacious. The cases applied to the paper show that the pre-systolic murmur was of value as a diagnostic sign of contracted mitral orifice in six cases, though a large number of (forty) cases are noted where the mitral orifice was found constricted after death, and yet no pre-systolic murmur was remarked during life.

The summary of questions in reference to the clinical history of contraction of the mitral orifice towards the close of Fagge's elaborate paper are worthy of careful perusal. With respect to causation, it seems rare in the experience of Dr. Fagge and Dr. Moxon to find history of antecedent rheumatic fever.

The symptoms usually come on slowly, as if the mitral orifice was gradually narrowed by some chronic inflam-
matory process. The pulse in most of the cases observed presented small variation from what was normal, and is, therefore, of no value diagnostically. The bearing of the facts detailed on that physiological theory which ascribes the first sound of the heart entirely to the tension of the aortic-valve, is not forgotten by Dr. Pagge. He observes that while on the one hand the heart may be small and thin, and almost immovable, the first sound to be peculiarly short, sharp, and clear; on the other hand, we observe the aortic systole, when no valve is stretched, to give rise to a sound scarcely differing at all from the natural first sound, (see Case II., p. 273). "Are not these facts almost conclusive in favour of the view that the tension of the ventricular wall is at least as much concerned as the tension of the valve in the formation of the first sound ?"

Dr. J. J. Phillips gives a list of cases of puerperal convulsions, treated without bleeding; and, observes, as the result of an undoubted experience, a preference to chloroform over bleeding, only drawing blood when the lungs are congested as a preparative step to the administration of chloroform. Just now, when the tendency in some quarters of the Profession appears to be reverting back to this, as we have thought obsolete, practice of free bleeding, this paper, from so good an observer and practical physician as Dr. Phillips, is very opportune. The tendency of free bleeding, in puerperal convulsions, appears to be the same as in acute diseases—that is, to precipitate to complications and to retard convalescence.

The "Reports" are rich in valuable surgical experience. The clinical records of Mr. Cooper Foster are models of conciseness, and the variety of the cases recorded makes them interesting to all surgeons. A similar group of miscellaneous surgical cases is also contributed by Mr. Poland. While Mr. Birkett and Mr. Durham select one remarkable case each for an ample report, Mr. Birkett, giving an account of a case of exostosis of the frontal bone growing into the cranial cavity, and Mr. Durham a case of deformity of the lower jaw, resulting from sloughing of the cheek after fever, remedied by operation. Both of these cases are illustrated by excellent plates.

Among other matters, new in a measure, and ably treated, is Mr. M'Kean's "On Retro-Peritoneal Hernia," by Dr. Pye Smith. In a remarkable case of this form of hernia, met with by Dr. Ridge, in 1854, Mr. Hilton operated, and on opening the abdomen, a coil of intestine was found to have slipped through an aperture in the mesentery, at the point where the jejunum becomes comparatively free from the spine. Relief followed the operation, but the patient died of exhaustion.

Mr. Poland's ample paper "On the Treatment of Subclavian Aneurism," occupies several pages at the commencement of the "Reports," a large number of cases under the hands of various operators are recorded, and the report will be concluded in the next volume of the "Guy's Reports."

Other papers by Dr. Braxton Hicks, Dr. J. C. Steele, and Mr. Macaulay will be read with interest, and are, in every respect, worthy of their well-known talented authors. Dr. Steele tells us, at the commencement of his statistical account of patients treated in Guy's Hospital, that this charity treated last year 80,638 patients, of whom 6,164 were resident in the Hospital.

Thus we see that while the opportunities of observation at Guy's are immense, they are, as the volume of the "Reports" amply testifies, turned to excellent account by the members of the Hospital Staff in promoting and stimulating the growth of medical knowledge.

GOUT AND RHEUMATISM.*

Dr. Hood offers us the fruits of long experience in practice, in contradistinction to the discussion of the theories that have long clustered round his subject. There is a great difference between treating diseases and treating patients, and Dr. Hood remarks at the outset, "that the sick man is a most important factor in the problems we have to deal with. A book thus brought forward deserves attention in these days, when empirical therapeutics is once again taught in high places, and, although we are not prepared to endorse the experience of the author, on many points, we are glad for the subject to be freely discussed.

Dr. Hood condemns colchicum; and attributes to it grave evils—the chief being, that though it may relieve the pain at the time, it assures us all that the disease is on the wane, so that the remedy is worse than the disease. In defence of this doctrine, he appeals to those who have attended patients for years—not to those who see them once or twice occasionally. We have known medical men who have taken a frequent dose of colchicum during several years, and who had never suffered from it. We are, therefore, not quite ready to join in Dr. Hood's condemnation. As to its employment in rheumatism, that is altogether another affair. We do not prescribe it in that disease, nor do we know any leading physicians who do. The confusion of gout and rheumatism is to be deprecated, if it leads to such practice.

Although he deprecates the use of colchicum, the author says, "there can be no question that the more quickly we are able to stamp out a gouty paroxysm, the better it will be in every respect for the patient."

To do this, Dr. Hood trusts to a free action of the bowels, by medicines that stimulate the liver, followed by salines for the fevers, and anodynes if needed.

The liver indeed, seems with Dr. Hood, to play a very important part in gout, and though he has carefully pondered the recent experiments on mercury, he is evidently not convinced of the value of this remedy, and therefore he will not dispense with its use, as a specific for hepatic torpidity, &c. In fact, Dr. Hood's experience is emphatically in favour of mercury, and of the old notions about it.

Among external applications, he has found whiskey very effective for reducing the swelling, as well as relieving the pain. As we have not had much benefit from other topical remedies, we shall, some day try, at Dr. Hood's recommendation, the effect of whiskey.

Gout in people who have had several attacks, is to be treated in the same way, but care is to be taken against debilitating. Common salines may do this, so our author gives liq. ammon. aceti., with hyoscy., and spir. ether. nit., with excess of ammonia, by addition of sp. am. arom., or with chloric ether.

After the fever has subsided, iodide or bromide of potassium with ammonia, will be useful. Even then the bowels must be attended to, and chologogue purgatives preferred. In fact, our author does not deny that colchicum is efficacious, but he seems to think that all its benefit is due to its effect on the bowels and the liver. The latter organ he maintains is more easily affected by other medicines—notably by mercurials. We very much doubt whether the idea that the liver is really at fault, is founded on any general acceptance. The theory, however, may be unsatisfactory, and yet the practice founded on it, or rather that of which it is proposed as an explanation may yield very excellent results, and such seems to be the case from what we read in the book under notice.

ATLAS OF PORTRAITS OF SKIN DISEASES, 10th FASCICULUS.*

This plate that constitute this Fasciculus of the Sydenham Atlas are instructive and highly creditable to the Society under whose charge they are issued. They form with the preceding plates of the series valuable aid to the practitioner and the student of dermatology.


** Atlas of Portraits of Skin Diseases, 10th Fasciculus, published by the Sydenham Society.
CORRESPONDENCE.

May 8, 1870.

The Medico Press and Circular.

Plate 27 presents two fair illustrations of scabies, one a child’s hand attacked with ordinary pustular itch, a disease that is common enough, and yet singular to say, often mistaken, and as might be expected erroneously treated. The other, the hand and forearm of an adult in which acute inflammatory oedema has supervened on neglected itch, these are well drawn and characteristic, though like all coloured plates, perhaps rather over-charged with colouring. The example of "P. "Grevorum, the greatest of all the various species of porrigo," an affection of some interest, as it has been proposed to give it the rank of a peculiar specific disease; in the present state of our knowledge it is better to consider it an extreme instance of aggravated neglected ordinary scabies until additional proof is given of its claims to special recognition. We are fortunately that examples of such exceptional severity are seldom if ever met in this country.

Plate 28 affords a drawing of "gyrate syphilitic psoriasis" on the face of a child. This eruption would be difficult to recognise unless the patient presented some more characteristic features than are depicted by the artist, or unless the diagnosis were assisted by a correct history of his antecedents. Nothing is easier for a trained observer than to recognise scaly syphilitic eruption on the adult; it is not always such a simple task on the skin of a child, though it is rare in young children, an example recently occurred to the Reviewer when a little girl, aged about eight years, became covered with small spots of disseminated psoriasis over the entire body of such colour and aspect that the suspicion of its specific nature was at once excited, yet the most thorough investigation failed to establish the slightest grounds for such an imputation, and the child recovered under simple ferro-arsenical treatment.

The second illustration on the plate termed "Contiguous porrigo after Vaccination" would open up a wide field for criticism and remark, but, perhaps, it will be preferable to recommend the student of cutaneous disease to consider it in the light of one of these questions in dermatology that require further investigation. The name "porrigo," however, is objectionable, being so loosely applied by the earlier writers on skin diseases to different eruptions, especially of the scalp.

Plate 29 affords drawings of the appearances presented in "tubercular and anesthetic leprosy, the true elephantiasis Greccorum." The horrid aspect of a sufferer from this disease is sufficient to explain the repugnance with which it is regarded, and we earnestly hope that "lepers' hospitals" in our land may, in all future time, remain traditional in the past.

In conclusion, we repeat our gratification in recording the success with which these illustrations of skin disease continue to be published by the Sydenham Society, they are a boon to the Profession, affording, at a cheap rate, good and reliable plates of cutaneous disease to all who value them.

REPORTS ON THE PROGRESS OF PRACTICAL AND SCIENTIFIC MEDICINE IN DIFFERENT PARTS OF THE WORLD.—VOL. II.*

Last year we had much pleasure in introducing the first volume of Dr. Dobell's "Reports" to our readers, and now we are happy to tell them that the scheme is so far successful, that the second volume, in our judgment, fully equals the first. Indeed, in some points it has been to us, personally, more interesting. We recognised at first the undertaking as a task of far from difficult kind, and we almost fancied he was scarcely aware of some of the rocks ahead. However, we congratulate him on what he has accomplished, and are quite ready to recognise the propriety of some of the modes he has adopted to overcome them. For instance, in the matter of arrangement nothing could be more difficult than methodising a series of independent contributions from all parts of the world, some of which might be very late in reaching the editor. Accordingly, we are not surprised to find Dr. Dobell has been driven to print the several contributions to some extent in the order in which he received them.

In these days it is an advantage to find a series of well-digested "Reports on the Progress of Scientific Medicine in Different Parts of the World." Our own pages, and those of our weekly contemporaries, furnish plenty of valuable pabulum, and when bound into volumes are useful for reference; but something more than this is required as an annual compendium, and that something is supplied by Dr. Dobell's valuable "Reports." We think he deserves the cordial thanks of reading men for adding to their libraries these volumes.

They are infinitely superior to half-yearly selected reprints, although no doubt these last have their uses; but fact, prostitutes, in order a narrative of the disgusting collaborators in different parts of the world, and each gives a report of the progress of medicine in his own country. Thus we get a series of first-rate essays from men of high standing and literary ability, who review what passes in their own literature during the year. This is naturally of more value than such an account as could be given by the pen of any single man, or the united pens of several of one country. In the present volume, the instance, China, Turkey, Java, Australia, New Zealand, California, India, and other distant parts, are each represented by a report. Not only distant parts, but other countries close at home lend their aid, and Great Britain naturally enough has a large space allotted to it.

It is very interesting to read the Report from France, contributed by M. Viesca, who amidst the din of war and horrors of famine, redeemed his promise to send a Report, and shows that if French generals are not what they were, the soldiers of science are in France as energetic, as capable, and as undaunted as ever. Italian medical science is reported by Dr. Sammut, in a very interesting paper, and Portugal is represented by Dr. Brandt; Macau, of Calcutta, reports on India. Dr. Hjalmar contributes one of the most interesting papers of all, that on Iceland. Dr. Carroll, of New York, sends much good material, with an apology for its imperfection, on account of his having been laid aside by illness. We are very glad to hear that our learned conférences is recovered, and to assure him that his Report, though it may not satisfy him, will be accepted with thanks by the British public, and that we shall look with pleasure for his next year's Report, knowing as well that he has the ability and the opportunity to furnish an invaluable précis of a year's medical work in the United States.

We cannot now specify more, but in future numbers may have the opportunity of referring to some of the individual essays. We have only to repeat our opinion that Dr. Dobell deserves the thanks of the Profession for such a splendid and original Year-book of Medicine.

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Correspondence.

THE CONTAGIOUS DISEASES' ACTS CONSIDERED IN THEIR MEDICAL AND GENERAL ASPECTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—When enrolled myself as a student at the École de Médecine, in Paris, some years ago, I was struck—lat, by the subject subjection of all classes of women; 2ndly, by the remarkable impulse given to fornication by the pretended protection afforded by the medical examination of supposed prostitutes; and, thirdly, by the great prevalence and exceptional severity of venereal diseases. To a Medical audience I perhaps need not say much about the subjection of women— they call that sentimental—but it is very real for all that; in fact, prostitutes, in order to avoid the danger of surgical intervention to which they are subjected, become clandestine prostitutes, pretend to be engaged in industrial occupations,
and disguise themselves so like respectable women that it is almost impossible to distinguish them. The result is that no woman is quite safe, and that the most zealous efforts of the police to arrest them fail of their object. In the absence of information, the frequent exposure of women themselves to the attacks of spies and informers, none dare move out without protectors, and a system of espionage and terrorism is established disgraceful to any civilized or uncivilized community.

The result is the same in this country. A warm favourer of the French, who has been in a subject of prostitution, over a certain time ago that the system had its inconveniences, for which his children have to go to a party he could send his maid-servant for them, now he has to go himself. I need not say much as to the increase of fornication under the regulation system; it is only, as in the case of other Frenchmen, that the increase is more exact and more easy to be perceived, of course you increase its importance.

Mr. Acton tells us that the French brothele are crowded on examination days from presumed extra security, and my own experience entirely confirms this observation. The great argument amongst the French, and especially amongst the Frenchwomen, in Paris is that there is no certain means of preventing their escape, for they are in a manner the government's sworn servants. They are always quite safe, in heaven's image, till they are caught in the meshes of the government. The notion is that the government cannot prevent this escape, and the women are quite free, or at least secure, till they are caught. The combined efforts of the government are in vain, and the women are quite secure, till they are caught.

He got his information from the War Ministry. He gives a quantity of tables; but the most conclusive, I find, is that where he exhibits twenty-four cities, and gives the number of the venereal cases some years before, and some years after, the comparison is not in any respect as near as amongst other rates. He has, in his opinion, overestimated the benefit of the regulation system. He cites a figure, the establishment of 1,756 cases amongst 15,913 soldiers yearly; after the introduction, 2,211 in 16,510—i.e., before, 11.2 per cent. after, 13.5 per cent. And these are official figures. Things have no better effect when they are official; it seems there is less fear of detection and therefore greater incivility; and moreover, while the number of public brothels and public women diminishes through fear of the police, it seems that the number of clandestine women is doubled.

From the returns of the venereal disease in the French army it appears that since the introduction of the Acts among the Arab population, for the alleged benefit of French soldiers, disease amongst these men increased, until in a comparatively short space it had actually doubled. More than one-sixth of the men were non-effective from these diseases. The Editor of the Medical Times and Gazette, who quotes the report, remarks: "We recognise in the spread of disease, in spite of preventive measures, one of the strongest proofs of the inefficiency of measures of repression." The same report shows, that in the same period, the number of the soldiers who were transferred to the French troops who were quartered in Rome, it is a remarkable fact, that there the French Contagious Diseases Act was not allowed to be put in operation, all such measures being very properly denounced by the Papal See.

The following is extracted from the last "Report on the Sanitary Administration of the Punjab," furnished to the government by A. C. de Renzy, Esq., B. A., Surgeon and Sanitary Commissioner:—"The results of the measures that have been taken for the last four or five years for the prevention of venereal diseases in India, afford us great reason for congratulation. Half a lac of rupees at least was spent in 1865, in this Presidency with this result, that the admissions were twenty-nine per 1,000 men more numerous than in 1867. In the last five years, a sum probably little short of five lacs has been spent on the prevention of venereal, and after all, there is nowhere any substantial signs of improvement in the condition of the troops as regards venereal diseases, for twenty years ago, these maladies were not more prevalent than they are now. It is also a noteworthy circumstance, that Landour, Dacca, and Nonshera, places where the preventive measures have been the most effectively carried out, have yet established, the smallest rates of venereal admissions.

In Bengal, in 1867, the number of admissions per 1,000 was 100; in 1868, under the operation of this law, it rose to 1000; but in 1867, out of 35,764 soldiers, 5,764 were admitted, for venereal disease, and the number of cases was only 15,500, the admissions were not less than 6,262. The same observation is true of the other Presidencies, and the Editor of the Indian Public Opinion, November 15th, 1870, says:—"The plea for saddling the ratepayers with any expense for this fancy, no one can sustain, on the ground that it has been done to prevent the evil, and the measure would be at least effectual in checking disease, whereas it has, in fact, proved a most notorious failure."

M. Lecour, Commissaire Interrogateur, and Chef de Bureau a la Prefecture de Police, whose duty it is to superintend all the papers and confidential letters in Paris, upon the importance of their effect in the limitation of disease, says:—"All these results prove that prostitution is increasing, and that it is now more dangerous than ever to the public health. Has the action of the police then relaxed? No, on the contrary, the measure has been more strictly enforced, the police are more actively employed, and the number of arrests has increased. The evil is a
University College Hospital.—On Wednesday evening, the anniversary festival of this institution took place at Wills's room, and was attended by about 100 gentlemen. Professor Edmund A. Parke, M.D., F.R.C.S., presided, and was supported by Sir Robert Goldsmith, M.P., the Hon. Col. G. E. Pearson, Sir R. Alcock, G.C.B., Sir W. Jenner, Sir Louis Mallet, Mr. Quain, and many other leading friends and members of the hospital staff. After the usual loyal and national toasts, the chairman proposed "Success to the Hospital." In doing so he referred to the history of the institution, which, he said, dated from 1833. It had been established to relieve the poor and destitute, and to maintain schools for the instruction of the children of the poor. He added, that, with the exception of a short period of about thirty years, it has, he remarked, during that period received 45,000 in-patients, and 450,000 out-patients; while the numbers benefited in the last year were 1,639 and 28,786 respectively. The annual expenditure averages about 70,000, while the annual income does not exceed 45,000. By the sacrifice of investments, about £3,000 of debt has been paid off within the past year, leaving a mortgage on the building of £5,000 in addition to unsecured debts to the amount of about £24,000. The hospital includes a department called the hebdomadal, which is devoted to the gratification of insane patients. During the year 6,000 dinners have been given to poor adult patients, and 1,000 gallons of milk to poor children. In enforcing the claims of the hospital to public support, and alluding to the probability of its enlargement, the chairman said he should see some means for increasing the funds, both temporary and permanent—a remark which was responded to by loud sympathetic cheers. The Secretary, Mr. H. J. Kelly, announced subscriptions amounting in the aggregate to nearly £1,000.

Dr. Croft and the Naples Expedition of 1871.—Their Royal Highnesses the Prince Hohenzollern and Princess Marguerite, members of the Royal Commission, have directed their congratulations to be given to Dr. J. McGregor Croft, M.R.C.P., for his valuable and scientific discovery of the fish tail rudder, exhibited by models at the Neapolitan Exhibition.

University of London.—At a meeting of the Senate of the University of London, on Wednesday, the 26th ult., the following gentlemen were elected examiners for the medical degrees during the ensuing year:—In Medicine: Dr. Bristowe and Dr. Russell Reynolds. In Surgery: Prof. John Birkett and John Marshall. In Anatomy: Prof. John Wood and G. V. Thomas. In Physiology: Dr. Henry Power. In Obstetric Medicine: Dr. Barnes and Prof. Graily Hewitt. In Materia Medica: Prof. Fraser and Prof. Garrod. In Forensic Medicine: Dr. Headlam Greenhow and Dr. Thomas Stevenson.

Our Beef Steaks in Danger.—In corroboration of Dr. Croft's new and striking views about the dangers arising from irrigation sewage, a report has been received from Dr. Howlett, of Bombay, stating that he had ordered fourteen cows to be destroyed on account of their flesh being infected with the mor, or, more scientifically, a parasite called cystan. which a unfortunate part of the animal which produces our favourite rump steaks. Nearly all the cattle were in excellent condition, and showed no signs of disease. We trust that no time will be lost or pains spared by our scientific men in exploring this subject. It is said that a dose of bread which would really poison him out of hand, but we would like to see the courageous physician who would deliberately consume half a grain of sulphate of copper every day of his life; and yet this is what thousands seem to do in the South of London, without being aware of it. —Food Journal.

Poisoned Bread.—Out of twenty samples examined, only three were positively genuine, while sixteen were contaminated with an actual poison; and this is what is everywhere called the death of life. It is said that the poison is put into a dose of bread which would really poison him out of hand, but we would like to see the courageous physician who would deliberately consume half a grain of sulphate of copper every day of his life; and yet this is what thousands seem to do in the South of London, without being aware of it. —Food Journal.

The Metropolitan Asylums Board and the Small-pox Epidemic.—On Saturday there was a full attendance of the members of the Metropolitan District Asylums Board at the fortnightly meeting of that body hold in the court room of the Metropolitan Board of Works at Spring gardens. A communication was read from Dr. Bridges, Medical Inspector of the Poor-law Board, showing the vast increase that has taken place in the epidemic during the latter periods. During the week ending April 22nd, the number of new cases reported was 515, and in the week ending that day, 29th April, the number of new cases reported was 588. Dr. Bridges added that from the information which he had been able to derive
upon the subject he regretted he was led to express a belief that they had not yet seen the end of the epidemic. A communication was also received from the Lords of the Admiralty, officially stating, that they had been pleased to grant the use of another ship of war in the Thames, to be fitted up as a convalescent hospital for small-pox patients.

**NOTICES TO CORRESPONDENTS.**

**CANDIDATE OF POTASSIA.**

In a recent number of the Journal de Chimie Medicale, M. Delpeche calls attention to the defects of the ordinary preparations of curd-casein, the active principle of which, or cantharidin, varying the presence of fatty or oily substances sometimes causing the absorption of a dangerous poison, and the resin or turpentine employed in the composition of the plaster being an unnecessary irritant. In place of this he recommends the plaster, which consists of a compound of curd-casein—has no odour, and possesses a vesicant action in a high degree. He recommends, as the best formula for the plaster, gelatine, 20 parts; water, ten parts; alcohol, ten parts; cantharidin of potash, 0.20 parts; glycercine, 0.10 part. This plaster should be equally spread on thin guta-percha, a definite quantity being present in each square inch.—*New York Medical Record.***

**MEDICAL PAPERS AND CIRCULARS.**

**IRISH DEPARTMENT.**

Subscriptions and Advertisers are respectfully informed that the Irish Offices of the Journal, removed from 6 D'Olier street to consequence of the disconnection of Messrs. and Co. from the Journal, have been opened at No. 33, Westmoreland street, Dublin. All communications and communications addressed to Mr. W. A. Clark at this address will receive immediate attention. Editorial communications should be directed to Dr. A. H. Jacob, Ely Place, to whom Cheques and Post-office Orders are to be made payable.

Dr. Roan Carmichael—Chlor hydrate can be obtained from any reagent house on condition of sending a few samples, which we have on hand. We believe many samples, that there is very little adulterated chloral in the market.

**AMERICAN EDITORS.**—The following clipping from an American contemporary may be taken as a fair specimen of the compliments indulged in. Replying to adverse criticism in a New York opponent the editor mataphsically says: "These were the words of a wise philosopher, as far as you go, and we gladly recommend you to those readers whose mental stockpots cannot yet digest strong food, or who have become incapable from injudicious aliment; but your limits are by far too contracted by bigotry, intolerance, prejudice, and pharisaical godliness to suit the demands of the world. We are free from the care and anxiety of the custom and prejudice, and boldly stand out for truth, and which accord to everybody what they claim for themselves. It may also do you a service to remind you that everybody does not agree, even with his own soul, imperfectly approved by any. Forder this well, and do not be unrepresentable."

**A NEW TUBE CLEANER.**

Our attention has been drawn to a very simple contrivance for cleaning glass tubes of exceedingly fine bore, which consists of microscopical tubes, catheters, &c. It consists of a long piece of flexible woven wire, at the end of which is fastened about an inch length of India-rubber, so that when the wire end is drawn through the two ends of the India-rubber coil closely to the interior of the tube, effectually removed any remaining 0.05 parts, other opposing objects. For infant's bottles, or those used in hospitals there will be found very useful, as cards soon load in the tubes, and quickly turn food subsequently passed out and unnoticeable. We are happy to draw the attention of our readers to this contrivance, as it might otherwise remain to them unknown, for the simple reason, that its introducers, Messrs. Mary and John Rogers, London, are unable to make it known to the profession by the ordinary method of advertising, on account of its excessively low price of one penny retail, or about eight shillings per gross.

**BOOKS, Pamphlets, and Medical Journals Received.**


**M E E T I N G S O F T H E L O N D O N S O C I E T Y S.**

**Ophthalm.—This Evening 8 p.m. Dr. Wiltsire, "On Tetanus after Operation." Dr. Playfair, "On a Case of Sudden Death after Delivery."

Royal Microscopical.—8 p.m. Dr. Maddox, "On the Structure of Lepidopteryan scales as bearing on the Structure of Lepidopteryan curvatura. Mr. B. T. Lowes, "On the Foot of Dytiscus margin."

**HASTHAW.—THURSDAY, May 14th, 7 P.M. Special Council Meeting: 8 P.M. Mr. Berkeley Hill "On the Treatment of Surgical Inflammation by Counter-irritation."

**ROYAL INSTITUTION.—Saturday, May 6th, 3 p.m. Mr. Lockyer, "On the Instruments used in Modern Astronomy."

**VACANCIES.**

St. Thomas's Hospital, London.—Physician and two Assistant Physicians. Surgeon and two Assistant Surgeons. For the King's Privy Purse, late Mr. D. Morgan, to St. Mary's Hospital, London.—Physician Assistant. Honorary. Gaspot Hospital.—House-Surgeon. Salary £100, with board. Ripon Dispensary.—House-Surgeon, Salary £250, with residence.

Littlemore Lunatic Asylum.—Assistant Medical Officer. Salary £100, with board and residence.

Narbrough Union.—Medical Officer. Salary £35, with extra fees. Royal Kent Dispensary.—Medical Officer. Salary £150, with residence.

**Medical Inspector.—Assistant House-Surgeon. Salary £35, with board. Liverpool Royal Institution.—Demonstrator of Physiology in the School.**

**APPOINTMENTS.**

Buckley, Mr. A., Medical Officer and Public Vaccinator for District No. 6 of the Post-Office Union, Yorkshire:

Bowles, W. H., M.D., Resident Midwifery Assistant at St. Bartholomew's Hospital.


Kennerley, J. B., M.D., L.R.C.P., L.R.C.S., Resident Assistant to the Royal Irish Constabulary, Clough.

Kippen, W., Hospital-Surgeon to the Metropolitan Free Hospital.

Lettington, S. H., Assistant Medical Officer, to be Resident Medical Officer to the Central London District—school, Harrow.

Lloyd, J., L.R.C.P., L.R.C.S., Assistant Medical Officer, to the Royal Free Hospital, Mill Hill, G. M. R.C.S., L.R.C.P., Assistant Medical Officer, Female Department, Medico-Chirurgical Lancashire Asylum, Dr. Findley, C. M., L.R.C.S., Assistant Medical Officer, to the Roehole Infirmary and Dispensary.

**STUDY,—The First Reading of the Act for the Establishment of the Royal Hospital for Sick Children, Edinburgh.**

Thomas, O. D., M.R.C.S., Assistant Surgeon in the 2nd Battalion of Monmouth Militia.

Topsell, J. H., M.B., House-Surgeon to the Devon Hospital.


**BIRTH.**

Leary.—On April 16th, in Southport, the wife of Thomas Leary, Esq., L.R.C.S.I., and L.R.C.P., and L.M., Castletown, of a son.

**Marriage.**

Hunt—Chalm.—On the 28th ult., at St. Luke's Church, Westbourne park, W., Frith, daughter of Mr. and Mrs. Margaret, to Edmund Mary, youngest daughter of the late Frederick Augustus Clute, of Fowey, Cornwall.

Knox—Ward.—On the 25th ult., at the Parish Church, Clapham, Alexander A. H., Knight—: W. —J. Ward, eldest son of the late Captain Ward, Esq., Clapham Common.

Leckie—Cook.—On the 20th ult., at Olyphant Church, Pontypool, John Lindsay Leckie, late of H.M.'s Indian Navy, to Sara, only daughter of Dr. Wm. Cooke, of Pontypool.

Woodward—Lloyd.—On the 25th ult., at the Infirmary, Altrincham park, London W., Wm. Adamson, M.D., to Elizabeth Mary, youngest daughter of the late T. Lloyd, Esq., of Tremerre, Cheshire.

**Deaths.**

Bourne.—On the 12th ult., R. C. Bourne, L.R.C.S., of Nottingham, formerly Surgeon 3rd Dragoon Guards, aged 42.


Harr periods the 24th ult., James Mackay, M.D., of Bury St. Edmunds, Surgeon to the Suffolk General Hospital.

**Advertisements.**

**APOTHECARY'S HALL, BLACKFRIARS,**

**The next EXAMINATION in ARTS will be held at the HALL on FRIDAY and SATURDAY, SEPTEMBER 29th and 30th. A Syllabus of the Subjects for Examination may be had on application.**

**An Examination in Arts will again be held in the month of JANUARY 1574.**

R. H. ROBERTSON, Secretary to the Board.

**PRIZES IN BOTANY.**

The next EXAMINATION in the Society of APOTHECARY'S ANNUAL PRIZES IN BOTANY will be held at the Hall of the Society on Wednesday, the 21st of June next, at 1 P.M. The Prizes consist of a Gold Medal, and a Silver Medal, and a Book. Gentlemen will be eligible as candidates for competition who are in attendance on the Second Summer Session of the Medical Society. Candidates must send a written notice to the office of the Notice or before the 1st of June.

By order of the Court of Assistants.

Apothecaries' Hall, London, 1574.
ST. THOMAS’S HOSPITAL.—It being intended to increase the Staff of the Hospital by the appointment of a PHYSICIAN, TWO ASSISTANT-SURGEONS, a PHYSICIAN, and TWO ASSISTANT-SURGEONS, the Grand Committee will be prepared to receive applications on the following terms.

All applications are to be addressed to this Office under cover to FRANCIS HICKS, Esq., the Treasurer, from whom all information respecting the appointments may be obtained.

By Order,

ALFRED TRITTON,

Treasurer’s Clerk.

13 St. Thomas’s street, S.E., 26th April, 1871.

INDIAN MEDICAL SERVICE.

NOTICE is hereby given, that no examination for appointment to the Indian Medical Service will be held in August, 1871.

By Order,

T. T. PEARS, Major General, Military Secretary.

INDIA Office, 17th April, 1871.

ROYAL ORTHOPÆDIC HOSPITAL FOR FOOT, SPINAL, and other DEFECTIVES, 315 Oxford street, W. Mr. T. M. Chalfen will deliver a Course of Lectures on “The Nature and Treatment of Deformities,” at this Hospital, commencing Tuesday, May 9th, at Half-past Two o’clock, and continuing every succeeding Tuesday at the same hour, until completed. Legally qualified practitioners are invited to attend. Tickets may be obtained from the Secretary at the Hospital.

Pupils are admitted to witness the Practice of the Hospital on the following terms: For six months, £3 3s.; for twelve months, £5 5s.; perpetually, £10 10s.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

NOTICE IS HEREBY GIVEN, that on TUESDAY, the 2nd of MAY next, at the hour of Three o’clock, p.m., the President and Council will proceed, according to the provisions of the Supplementary Charter, to Elect from among the Fellows of the College, Seven Examiners to examine Candidates for Fellowship and Letters Examinanda.

Three Examiners to examine Candidates for the Diploma in Midwifery Education.

And Three Examiners to examine Students as to their proficiency in General Education.

Candidates are requested to lodge their Applications with the Registrar of the College on or before Friday, the 25th of APRIL, by Order.

JOHN BRENNEN, Registrar.

ROYAL COLLEGE OF SURGEONS SCHOOL OF SURGERY.

The SUMMER SESSION, 1871, will commence on Monday, the 3rd of April, during which the following Courses will be delivered:

Botany.......................... Dr. Murchin.
Pathology......................... Dr. W. Barker.
Medical Jurisprudence........... Dr. Davy.
Material Medicine................ Mr. MacMama.
Midwifery........................ Dr. Sawyer.

Premiaums will be awarded at the close of the Session.

By Order, JOHN BRENNEN, Registrar.

25th March, 1871.

DR. STEVENS’ HOSPITAL AND MEDICAL COLLEGE.

The SUMMER SESSION, 1871, will commence on MONDAY, April 17th, and will include the following Courses:

CLINICAL MEDICINE, CLINICAL SURGERY, MIDWIFERY, MATERNAL MEDICINE, OBSTETRICS, MEDICAL ESSAYS, PRACTICAL CHEMISTRY, PATHOLOGY, AND OPERATIVE SURGERY.

E. HAMILTON, Hon. Sec.
120 Stephen’s green.

ROTUNDA IS LYING IN HOSPITAL, DUBLIN.

Consulting Physician—Alfred Hudson, M.D., F.R.C.P.I.
Consulting Surgeon—Robert Adams, M.D., F.R.C.S.I.
Assistant Physician—John Adams, M.D., F.R.C.P.I.
Assistant Surgeon—Dr. W. H. J. Pollard, M.R.C.S., L.R.C.P. I.
Assistant Surgeon—T. J. Strickland.

This Hospital, the largest Chartered Clinical School of Midwifery in the British Dominions, contains on a hundred and thirty beds, twenty-five of which are appropriated to the Diseases of Females.

An Obstetrical Museum, containing upwards of five hundred Preparations, and a Library, is attached to the Hospital.

Clinical Instruction in Midwifery, and the Diseases of Women and Infants, is given during the day.

The Pupils are Privileged to attend the Cow-Pock Institution, Eckstein-street, and York-street.

The Hospital is recognised by the Royal College of Surgeons in Ireland, London, and Edinburgh; the King and Queen’s College of Physicians; the Apothecaries’ Hall of Dublin and of London; and the Army and Navy Medical Boards, and all the other Licensing Bodies.

The Diploma from this Hospital is recognised by the Poor-law Commissioners as a qualification in Midwifery for all Hospitals and Dispensaries under their control in Ireland.

The Intern Pupils, of whom there is only a limited number, have each a separate bed-room, with the use of a sitting-room.

Two Courses of Lectures are given yearly—the first commencing early in November, the second early in May.

Applications are to be made to the Master, Dr. J. HORNBLIDGE, at the Hospital, Rutland-square.

CARMICHAEL SCHOOL OF MEDICINE, NORTH BRUNSWICK STREET.

THE SUMMER SESSION 1871.

Will commence on WEDNESDAY, APRIL 19, 1871.

Practical Chemistry—Dr. Corbet—Tuesday, Thursday, and Saturday, Twelve o’clock. Dr. FRAZER—Monday, Wednesday and Friday, Two to One o’clock.

Medical Jurisprudence—Dr. O’REILLY—Monday, Wednesday, and Friday, One to Two o’clock.

Institution—Dr. BAILEY—Tuesday, Thursday, and Saturday, One to Two o’clock.

For each of the above Courses, £3 3s.

CARMICHAEL MEDALS AND PRIZES.

Will be awarded in each of the SUMMER CLASSES.

For particular apply to Dr. Corbet, Registrar, 30 Lower Baggot street, or at the School.

THE LONDON SURGICAL HOME FOR DISEASES AND ACCIDENTS OF WOMEN.

2 OSNABURGH PLACE, REGENT’S PARK, N.W.

Medical Practitioners are engaged in the Management of the Operations, by Mr. BAKER BROWN, every Thursday, at Two o’clock. Cards of admission may be obtained of W. ROBERTS O’CONNOR, Esq., Resident House Surgeon.

PRIVATE RETREAT FOR THE UPPER AND MIDDLE CLASSES OF BOTH SEXES, MENTALLY AFFLICTED, TUE BROOK VILLA, NERIE RIVER, LIVERPOOL.

Further information may be obtained on application to Dr. H. OWEN.


CHURCH STRETTON PRIVATE ASYLUMS.

For the UPPER AND MIDDLE CLASSES of BOTH SEXES, are situated among the Shropshire Hills, Twelve Miles from Shrewsbury, on the Road to Oswestry.

For particulars apply to Mr. H. WYLD, Esq., Stretton House, for Gentlemen; or Mrs. BAKewell, the Grove, for Ladies.

Vide page 1016 in the Medical Directories for 1867.

RAVENSDALE MILL STORE, 40 WELLINGTON QUAY, DUBLIN, 9d. Opposite the Metey Bridge.

Families who require GENUINE FIRST CLASS GOODS.

Will not be disappointed in sending their orders through the above Store.

IRISH, FRENCH, AND SPANISH FLAVOURS.

PURE WHITE WHEATMEAL, AND SCOTCH GROUND OATMEAL.

SUPERIOR CAROLINA, PATINA, AND BROKEN RICE.

PLAIN AND FANCY BISCUITS.

PURE BISCUIT POWDER FOR INFANTS’ FOOD, Highly recommended.

PRIME LOT OF FEEDING.

9d. Oats, 1d. Flour, &c.

RUTTER’S PATENT LETTERS PATENT.

WHITE’S MOC-MAIN LEVER TRUSS.

Is allowed by upwards of 500 Medical gentlemen to be the most effective inunction in the curative treatment of Hernia.

The use of a steel spring for each side of the Truss, is here avoided; a soft bandage being worn round the body, while the requisite resisting power is supplied by the MOB-MAIN PAD and PATENT LEVER, fitting with so much ease and closeness that it cannot be detected, and may be worn during sleep. A descriptive circular may be had and the Truss (which cannot fail to fit) forwarded by post, on the circumference of the body two inches below the hips being sent to the MANUFACTURER.

JOHN WHITE, 52 Euston Road, London.

Single Truss, 10s., 2s., 6d., 7s., and 8s. 6d. Postage, 1s. Double Truss, 1s., 6d., 2s., 4d., and 5s. 6d. Postage, 1s. 1d.

UMBILICAL TRUSS, 4d. and 5s. 6d. Postage, 1s. 1d.

ELASTIC Stockings, KNEE-CAPS, &c., for Varicose Veins, Weakness, and Swelling of the Legs, £4 6s. 6d., £5. 5d., and 10s. 6d. each. Postage, 1s. 1d.

Prices 4s. 6d., 7s. 6d., 10s. 6d., and 1s. 1d. each. Postage, 1s. 1d.

JOHN WHITE, Tenby Place, Lytham, near Blackpool, Lancashire.

The usual discount to the Professor.

FOR Varicose Veins and Weakness.

SUGAR-ELASTIC Stockings and KNEE-CAPS, pervious, light in texture, and extensible, yielding an efficient and unvarying support, under any temperature of body, rendering Lacing or Bandaging likewise, a very low-priced article for Hospitals and Lying-in Houses.

ABDOMINAL SUPPORTING BELTS, those for Ladies’ use, before and after accouchement, are admirably adapted for giving additional support to the abdomen in cases of Lactation.

LATERITES—A point hitherto little attended to

Instructions for measurement and prices on application.

POPE AND PLANT, WATERFALL-PLAINE, PALL-MALL, LONDON.

The Profession, Trade, and Hospitals Supplied.
Original Communications.

TWO CASES OF AMPUTATION OF THE THIGH AT PUNA STATION, IN BENGAL.

By William Colles, M.D., F.R.C.S.I., &c., Bath.

They were both, with large water-colour drawings of the diseases for which I operated, fully entered in my Dispensary Half-Yearly Reports for 1858-9, and sent to the Director-General of the Medical Department at Calcutta, in whose office, I have no doubt, they are still preserved. I should not have deemed them worthy of appearing in print, had not my commentary on them included remarks of importance to entitle them to that distinction.

The subject of amputation in the first example was a native female, who had elephantiasis of the leg and malignant ulceration of the greater portion of the corresponding foot, which made me dread its recurrence. I ventured, however, to remove the limb, and the stump healed without a single bad symptom. Case No. 1 requires but this brief record.

The disease in Case No. 2 was senile gangrene. A man, aged about sixty, came to me at the dispensary. On examination I found the great toe of his left foot had, in the course of eighteen months, been destroyed. He had not had any complaint, until the gangrene, at the close of that period, spontaneously healed. He then enjoyed the months' immunity from disease, when it attacked the great toe of the right foot which he entrusted to the care of native quack doctors, who I believe to be the very worst practitioners in the universe. The number of eyes they destroy by putting powdered sulphate of copper into them is amazing.) In the hands of these rascals the progress of the gangrene was accelerated to such a degree that, in fourteen months, it had carried away the entire foot, together with the flesh of the lower half of the leg, leaving the tibia and fibula projecting in a blackened state. Where the bones projected the gangrene had been arrested, but on the external aspect of the limb, and extending to the knee-joint, there existed a rough scab so loosely attached, that it came off entirely when I attempted gently to remove a portion of it. Underneath there appeared a rough, gelatinous, and amorphous surface of a dirty grey colour, evidently the disease in question. It gave rise to considerable pain, preventing sleep at night to such a degree as induced the applicant to request me, as a favour, to cut off his leg. I was quite aware that the profection were nearly unanimous in condemning amputation in such cases; a consideration which, under any other circumstances, would have at once led me to a decided and peremptory refusal. However, living as I did in the jungle of Bengal, and remote from all sources of blame, I determined on following out my own judgment. I had long acquired a habit of estimating the opinion of individuals, and looking at my patient I thought that he had strength sufficient to bear him safely through the operation, so having ascertained by pressure in Scarpa's space that the femoral artery was quite soft, I desired my interpreter to tell the man I would amputate his thigh on the next morning, and I did so. I never saw a case of amputation get well more rapidly, although I had to deal with as disobedient a patient as was ever attended by a surgeon. Your readers may not be inclined to dispute this assertion when I inform them that, on the third day after the operation, the man got unaided out of bed, and continued this practice the remainder of the time he was under my care. The dietary of the Dispensary Hospital included little more than rice, milk and fish; but when suppuration from the wounds fairly established, I allowed him ad libitum to eat of chicken. How this individual passed his time I never cared to enquire, but believe that he had a couple of pillows carried for him to the verandah where, being comfortably seated, he enjoyed the smoke from his "hubble-bubble," and the "gup" (gossip) of his neighbours. However, the stump healed favourably, but (although I had left an unusual amount of skin and soft parts to cover the bone) the constant action of the muscles rendered its form slightly conical. In short, at the close of six weeks,
I dismissed him perfectly cured. He had had sound sleep while he was in hospital, and went home looking remarkably well. He had no recurrence of the gangrene during two years which elapsed previous to my departure from India.

And now comes the serious question: how did it occur that I had so easily succeeded where better surgeons had failed? I never could "lay the flatteringunction to my soul" that it was owing to any merit of mine. I had performed the operation with but a moderate amount of skill. Was it owing to the flesh of the natives healing more quickly than ours? Certain it is that my success was not amply shown by the following example: Soon after my arrival at Purna, I attended a European gentleman who had been seized by a tiger at the outer portion of the right thigh and endeavoured to carry him away, but the gentleman proved too heavy, and he let go his hold, leaving his victim to friends who had him borne by natives to the hospital house of a wealthy indigo-planter, where I attended him. The bite of the tiger was fortunately resisted by the fascia lata, otherwise the other textures would have given way and the morsel been fairly bitten off. However, a fearfully lacerated wound had been inflicted on one side only by two fangs, but both fangs and teeth had fairly torn through the skin and sunk deep into the muscles on the other side, producing a gash nearly large enough to admit my clenched hand, yet this severe wound in a man of disease was entirely healed with a rapidity which astonished me. Like difficulties presented themselves to every theory and formed the solution of my enquiry, when I read in Mr. Gay's Presidential Address, which appeared in your Journal, a statement which I believe has fairly explained it. He condemns the practice of urging patients after severe surgical operations, often without reference to special circumstances, to swallow as much beef-tea, generally with brandy or port wine, or as many eggs in their unboiled case and unnatural affiliation with the same liquids, as they can be got to take.

"The condition of the system usually resulting from this practice as indicated by a dry, black tongue, a brick dust and sallow countenance, a feeble and oft-faltering or intermittent heart, and a drain from the bowels which quarts of chalk mixture are ineffectual to relieve, is of all conditions most unfavourable to the successful issue of such cases."

As a plain-spoken man of a practical turn of mind, I may be permitted to add a few remarks to the eloquent appeal of Mr. Gay. It appears evident to me that a man who has had his thigh amputated in consequence of a severe injury, when suppuration is satisfactorily established in the stump, may be regarded as a person in health; with a healthy stomach, and a healthy wound discharging healthy pus, and constitutes a case which should as little as possible be interfered with by the surgeon. "Medicinal" surgery must, under such circumstances, be mischievous. Lady Bountifuls, and inquisitive friends, who assumed they knew "better than the doctor," were constantly "urging" patients to neglect or set aside the restrictions recommended by their medical attendants, and to "keep up their strength" by copious potations of vinous and spirituous liquors; but it seems at the present time that the study of operation, and the recommendation and authority to the nuisances which preceded them, and this combination must give rise in many instances to effects most detestable to persons afflicted with disease.

In a case of amputation for injury such as I have described, I feel perfectly assured that by far the greater portion of the surgeon's duties should be limited to recommending his patient, while confined to his bedroom, to abstain from consuming the "comforting and invigorating" drink; to give up all relaxing or venereal regimens, to let him eat roast beef, but avoid plum-pudding; to prefer digestible mutton to indigestible pork; to allow himself jellies, but prohibit pasture and preserves; to eat cooked, but not uncooked vegetables, pickles inclusive; in short, to eat small quantities, at brief intervals, of just so much food as Nature and his stomach required, but no more. This treatment aided occasionally by visits from his associates would conduct more to the successful issue of the operation than any "stimulating treatment" man could recommend.

I am inclined to think that the regimen advocated with such distinguished ability by Mr. Gay were strictly adhered to, I would not hesitate to give my assent to the removal of a limb affected with senile gangrene, provided that its upper portion were healthy and its main artery free from ossification. I would do so because not only the immediate spreading of the disease would be thereby arrested, but a small loss of one part had been mitigated by the use of the knife." My idea on the subject is of such a fanciful nature that I shall only venture to enunciate it interrogatively. "May not the circulatory organs which are inadequate to fulfill their functions in a man unnaimed, suffice to do so in what 'Dick the Apprentice' calls a 'remnant of mortality'? For my own part I believe it. It is an opinion which, truth to say, I am ashamed of, but it is the best my poor brain can fabricate, and I shall be glad to give it up when any better may be suggested.

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DARWIN'S "STRUGGLE FOR EXISTENCE," SEEN IN THE PHENOMENA OF DISEASE AND DEATH.

BY CHARLES R. DARTS, M.D., M.R.C.P.L., Etc., Physician to the North London Hospital for Consumption, &c.

The favourite writer on "Logic and Metaphysics" of this country at present, Mr. Alexander Bain, in an essay on "Happiness" says truly that prime requisite of happiness, health, is very imperfectly secured in the lowest grades, even of respectable citizenship. The public registers have demonstrated that mortality and disease diminish as every rise in the scale of wealth. And the voluminous author of the treatise on "Hygiene," M. Lévy, only re-echoes this sentiment, when he says, "It is too true that the duration of life is by no means equal in the different classes of society. Some there which attain, on an average, seventy years of age; and others which do not go beyond forty-five." Lombard, of Geneva, asserts that easy circumstances add 7-5 years; and poverty subtracts 2-5 years; from the mean length of life; and M. D'Espine, in the Annales D'Hygiène, 1830, showed that tubercular diseases occasioned sixty-eight deaths per 1,000 among the rich, and more than 230 in 1,000 among the poor. The writer of these lines is fully pursuaded of the truth of this latter statement from his long experience as physician to a Metropolitan Hospital for Consumption and Diseases of the Chest. Villermé, the great writer on "Hygiene," of Paris, showed long ago, in one of his essays that, in the second quarter of Paris, where non-taxod lodgings formed only 0-07 of the whole number, the mortality was 1 in 62 inhabitants; whilst, in the 12th quarter, where 0-38 of the apartments were untaxed, t.e., where the people were the poorest, the deaths were 1 in 45. The infantile mortality of our large towns, too, is one of the forms in which the struggle for existence shews itself. Thus, 132 children out of 1,000 under the age of five, die annually in Liverpool : 68 in Islington, London, and only 33 in 1,000 in healthy country districts. Nor do we wonder at this, when we hear that, even in Marylebone parish, Lon- don, there were recently nineteen houses in one court, in which eighty-nine families crowded together, comprising 330 persons, and where a "man, his wife and four poor children" are found in this gutter, in a room, eight feet square, with a small opening for a 'window, but no glass." Dr. Tripe, of Hackney, men- tioned one evening that, if the New Act against over-crowding were carried out, 10,000 persons would be forced to sleep in the streets of Whitechapel, London.

A few years ago, there was perhaps some difficulty in
understanding how it was that such things could exist in the "wealthiest country in the world," but the writings of Mr. Malthus and his followers, especially James, and J. S. Mill, followed by the lucid description of the law of natural selection by Mr. C. Darwin, have made all well-read persons familiar with the idea that there has always existed a terrible struggle for existence, even among the members of our own race, to which the most unlucky have ever been doomed, and which has increased in proportion to the size of the human race.

To say the Ricardo, Whately, Chalmers, J. B. Say, Villermé, Traill, Huxley, Cairnes, A. Bain, and Joseph Garnier all take the Malthusian law as an axiom, and as an explanation of the above phenomena, is to say that no scientific physician has a right to remain ignorant of the importance of the question any longer. For, to try to prevent rickets, tubercles, scrofula, and typhus, without lessening overcrowding and poverty, is the part of an empiric, not of a scientific practitioner of the art of Hygiene. Future ages, doubtless, will be astounded at the crude philosophy which passes current, even in 1871, among the medical profession in such questions; and this renders it necessary to explain usque ad nauseam the first principles of the law of population once more, since it is yet contested. Mr. Malthus, during a fellowship at Oriel College, Oxford, and Professor of Humanity, in the University of Edinburgh, the censuses of the United States, made at the time he first wrote (at the very end of the last century), thought that no one would long contest the point, that, when human beings are not prevented from increasing in number by any obstacle, they have a tendency to go on doubling in number in less than a generation, or about twenty-five years. Chalmers, indeed, and other others believed that the population would increase in a geometrical ratio, and in a period of fifteen years, if food were abundant. In our time, the various censuses of the United States have abundantly illustrated this Law of Population, the discovery of the immortal discoverer, Malthus. Statistics now give us nine official decennial censuses of the States, including much more than twice the Malthusian period of twenty-five years, between 1790 and 1870. In 1790, the States were free and independent, and on dividing officially to these official documents, the progress has been as follows. In round numbers, the population of the United States was, in 1782, 2,389,000; in 1790, 3,929,000; in 1800, 5,305,000; in 1810, 7,239,000; in 1820, 9,638,000; in 1830, 12,866,000; in 1840, 17,062,000; in 1850, 22,506,000. Now, if we divide the cypher of 1840, by that of 1870, we find that the population is more than quadrupled in fifty years, and that number has been doubled since about 1800 and 1801. If we compare periods of twenty years only, the populations nearly doubled between 1800 and 1820; and Mr. Place, in a work entitled "Illustrations and Proofs," London, 1822, has shown that up to 1784, war and different circumstance were obstacles to immigration into the States, and took from them more than Europe sent. The French Revolution sent some emigrants to America, but that movement was soon interrupted by the war of 1805, and since that date, up till the peace in 1812, Europe sent but few emigrants to the States. In 1794, Mr. Cooper estimated the immigrants into the United States, as 10,000; and, in 1806, Mr. Bodget said that, according to the registers, the number of immigrants had not averaged 4,000 for ten years. And Dr. Seybert (vide Article on Population, "Encyclop. Brit."), arrives at the conclusion, that the number of 6,000 immigrants annually into the United States from 1790 to 1815, which Mr. Place gives for the United States from 1790 to 1818, cannot be admitted. Hence, by comparing the figures of 1790 and 1815, we can understand that the population of the States more than doubled in twenty-five years, without counting immigrants and their families; but merely through the innate power of fecundity of the race, when food is easily obtained.

"It is very evident that, if the inhabitants of, say, Great Britain were as favourably situated as to the means of obtaining food, as the population of the United States, from 1790 to 1815, this country might see its population of, say, 30,000,000 doubled in the next twenty-five years; and then again doubled over and over again. Did we live in California, or in the Western States of the Union, it would, therefore, be perfectly irrational for healthy parents to trouble themselves about the difficulties of obtaining food, &c., for a large family; but, for all that, it is none the less true, that the classes which habitually produce large families in Europe, usually are apt to fall down to account of the increase of mortality, struck by the law of nature, which is, as we have seen above, lowered by all kinds of privations, causing infantile deaths, typhus, consumption, &c. And, yet, some thoughtless persons raise an outcry against the provident habits of the French peasantry, who, according to M. Maurice Block, as quoted by Mrs. Grote in her "Collected Papers," in many parts of France, "habitually limit their families to two children," because they will not consent to bred down to the level of the English farm labourer, or Irish cottier. As if it were not far more noble and more highly moral to prevent death and human misery by proportioning the size of the family to the means the parents have of finding clothing, and educating them, than to trust, as it is said, "to Providence," or to chance expatriation from home and country, as a last refuge against starvation, as is still done to such an extent in the United States, by the followers of the dictum of Mr. J. S. Mill, in his "Principles of Political Economy," that, "little advance can be expected in morality, until the producing of large families is regarded in the same light as drunkenness or any other physical excess," as a rule of faith, rather than the dogma of the Church of Rome, which enjoins on its priesthood (according to J. Garnier), to represent to all penitents, before driving them to absorption, that they must consider that the number of children they may have is, "le plus damnable de pechés mortels." Fortunately, common sense in France closes the ears of these penitents to such silly teaching; for the rate of increase of the French population is the slowest in Europe. Thus, at the census of 1851, the rate of annual increase shown was only 0.8 per cent., in five years, or 0.21 annually; and in the census of 1856, 0.14 annually; so that, as M. Lavoisier says, "population has almost ceased to increase in France." Even this slow increase was wholly the effect of a diminution of deaths; the number of births not increasing at all, while the proportion of births to the population is constantly diminishing. This slow rate of increase had produced, before the devastating Franco-German war, a notable improvement in the general condition of the French labouring class, whereas, in England, we are all in chronic low spirits, by reason of the increase of population that has taken place. It is, indeed, quite fashionable at present to deplore the position of our pauperised classes, at the same time, however, that many denounce all hard-hearted Malthusians, "as if," to use the words of Mr. J. S. Mill. ("Pol. Econ.," Book ii, Chap. xii), "it were not a thousand times more hard-hearted to tell human beings that they may not call into existence swarms of creatures, who are sure to be miserable, and to be lazy."
gerous practices (spoken of by M. Tardieu, of Paris, and others), among so many of native American Ladies. The French are, however, said to have far less infanticide, or abortion, than exists either in England or the States, so that we may congratulate that able nation on having solved the difficulty of equalling *moulas to meat*, in a far more innocent manner, than the Americans of New York or Boston; and our late baby-farming atrocities, with our 150,000 paupers in London, alone may make us all, ere long, vain to regard the prudent habits of our French neighbours with approval, instead of with ignorant aver- sion and superstitious disgust.

**MAMMARY NEURALGIA.**


Of all forms of neuralgia, I believe one of the least frequent is that invading the nerves of the mammary. So rare in fact that I have only met three such cases, two of which were symptomatic of uterine derangement as well, and did not yield to treatment until that organ's healthy functions were restored, so that it would be difficult to pronounce them two cases of mammary neuralgia; but that whose history I shall presently narrate was, in my opinion, essentially a true case.

Miss B., aged thirty-two years, of delicate appearance, sought my advice on the 25th of August for a violent pain situated in the left breast. Upon entering into a history of her case I found all the functions of the body in a normal state—uterine secretions healthy and most regular—but discovered that she had frequently suffered from facial neuralgia, and on one occasion from a severe attack of lumbago. My attention was concentrated upon the mammary gland in the hope of finding a tender spot, as she was upon her first visit free from pain. She told me the paroxysms of pain began at eleven o'clock in the forenoon, and continued unremittingly until four in the evening, when the pain left quite suddenly as it had invaded her. I tried to attribute some functional causes for this pain, but was unsuccessful in discovering any. I placed her on a simple saline mixture with a full dose of quinine every morning at eleven o'clock; an extract of belladonna to be smeared over the most painful part of breast, a warm poultice outside all with a piece of silk paper intervening. She returned to me after a few days' perseverance, with the remedies, unrelieved. The woman appeared really ill. The pulse was quick and weak, and the tongue coated with that characteristic white fur of anxiety and sleeplessness. The pain now sprung from between her shoulders, distributed itself through the breast, and remained for five hours—so severe and constant that she could only sit pressing the breast to her side. There was nothing of the hysterical tempera-

ment about my patient, who, on the other hand, appeared a most sensible and intelligent woman. Making no head-

way, I prescribed a mixture, from which I had previously obtained good results in nervous affections, composed of the tincture of the perchoride of iron, strychnine, liquid morphia, and spirits of chloroform, but it availed nothing. The catamenia set in during the illness, but, contrary to my expectations, they produced no influence either in con-
	rolling or subduing the seizures. There was nothing to be

seen wrong about the breast, nothing unusual to be felt, when free from pain the woman was well. I still continued the applications, and went so far as to inject morphia under the skin which certainly afforded temporary relief, but when its effects passed off the woman was worse than before. Nine days had thus passed. No advance was being made. On the other hand the poor sufferer was becoming weaker, thereupon, acting on the recommendation of Dr. Chapman's teachings, I applied ice to the spine by means of a pig's bladder. It produced a most tranquillising effect at once, and the third day after its persistent use, the neuralgia was fairly overcome, and but for the weakness consequent upon so much suffering the woman was comparatively well. The same patient has since been under my care for facial neuralgia.

**HINTS HOW TO MAKE VACCINATION MORE EFFICACIOUS.**

By Robert Hanslip Sears, M.R.C.S.E.

The vaccinator is bound to provide, to the best of his knowledge, pure and fresh lymph; to ascertain that his patient's health, constitution considered, is good; age suitable, &c.; and on the eighth day he requires ocular demonstration of the full success of the operation—viz., a typical vesicle. As to the changes occurring on the second or fifth or intervening days, he is entirely ignorant of them, so he can only certify as to the successful issue of his vaccination by the result as seen on the eighth day. How important then that he should witness the fruit of such changes, uninfluenced by adverse circumstances. The difficulty lies in this—the parent has to guard against friction or injury for several days, otherwise the inflammatory action must be considerably modified, the quality of the matter altered, the vesicle unduly hastened, and the supply of store lymph interrupted. Indeed, until all possible causes of friction are removed, one cannot expect that the vesicle should truly reach perfec-

tion, and that the pain attendant on vaccination should be reduced to a minimum. To take adverse incidents against the formation of "well characterised uninjured vesicles" in their order—

1.—The scars and the irregularities of the arrange-
	ments of an infant's dress.

2.—The restlessness produced by the fever and itching,
	the topping from side to side, jerking the arm about,
	&c.

3.—Various accidental occurrences.

4.—In many cases a child is expected! to be carried above a mile on one arm! !

With these evils at work, no wonder we occasionally have an excavation where a vesicle should exist, swelling of the axillary glands, and constitutional disturbances with an ugly arm. The age that I have found most favourable for vaccination is between the second and third months. Does puncturing the vesicle tend to increase inflammation? When the areola shows early a inclination to become inflamed the passage of an irritant matter proves a further source of irritation. In these cases, be-
	fore puncturing the vesicles, it may be advisable to paint the parts just below with flexible collodion, and to order the mother to occasionally apply cotton wool to any super-

fluous matter.

Again, too close proximity of the punctures in extensive vaccination sores may prove a source of unnecessary aggra-

vation. Regarding capillary tubes, I should wish to re-

iterate, that, if not properly sealed at the extremities by heat, are not altogether without danger to the operator, as in blowing through them cracks or abrasions of the mouth may become infected thereby. I have known an abscess produced from such cause, but as the patient had been several times re-vaccinated, could not prove any specific vesicle resulting therefrom. I prefer to seal the tube, and then knows at which end the tube has been charged. In secondary vaccination we are familiar with the intolerable titillation produced by the slightest friction of the cloths. Could not this, and the causes above enumerated, be relieved, and in some instances obviated, by wearing a light and porous shield, or temporary sleeve, over the affected arm? Without doubt, a suitable vac-

cination shield, or temporary vaccination sleeve, would prove alike a boon to vaccinator and to vaccinated.
ON THE ELIMINATION OF NITROGEN FROM THE HUMAN BODY.

AN ABSTRACT OF THE CROONIAN LECTURES
Delivered before the College of Physicians in March, 1871.

By E. A. PARKES, M.D., F.R.S.,
Professor of Hygiene in the Army Medical School, Netley.

Having considered the question of withholding nitrogen in certain diseases, Professor Parkes next proceeded to show that the articles of a healthy diet, when taken in usual quantity, do not interfere with the action of nitrogenous aliment, but rather that nitrogenous food, by influencing especially the absorption of oxygen, has a greater effect upon them than they have upon it.

Then, again, the alternations in meteorological conditions, such as the temperature and weight of the air, the amount of moisture, &c., appear to me to have no appreciable effect in such a climate as this, where the changes are moderate.

In health the constancy of the outflow of nitrogen in relation to its inflow is, under all common conditions, quite marvellous, when periods of six or eight days are taken. This being the case, it is certainly very surprising, when we pass from the healthy to diseases, to find ourselves in the presence of an order of facts entirely different. In many diseases the regularity between entrance and exit is lost; there is, so to speak, a complete dislocation, and the exit can no longer be predicted from the entrance. This is especially the case with the febrile affections.

The increased excretion of urea and uric acid in pyrexia, and the occasional retention of these excretory products, apparently from insufficient transformation, and their subsequent elimination, have now become familiar facts in pathology, and have been illustrated by analysis in almost all febrile affections.

During all fevers there is progressive emaciation and loss of weight, which affects all parts, but especially the muscles and nerves. The extent and rapidity with which this may occur are well illustrated in one of Hupper's cases. In a severe case of pneumonia the amounts of nitrogen going in and passing out were determined, and the degree of pnemonic consolidation estimated closely. From these data it was calculated that in five days 21 per cent. of the muscular tissue was destroyed; and as this is supposed to constitute usually 45 per cent. of the whole body, it follows that more than 9 per cent., or one-eleventh parts, of the whole body was destroyed and discharged in five days.

Feeding largely with fat and starch will sometimes hinder the disappearance of fat; but feeding with nitrogen does not prevent, or only to a slight extent, the diminution of the nitrogenous tissues. That the voluntary muscular system is early affected is shown by the very great weakness which is so marked a feature in the first stage of all severe fevers, by the indisposition to move, and by the way in which the muscles soon lose consistence and become flaccid. These familiar facts are explained by the discovery of Zenker that in enteric fever the muscles undergo a sort of granular and waxy transformation which destroys their structure for the time; and that this condition is not peculiar to this fever has been proved by the discovery of Buchanan, who found the muscles of cattle-plague stricken animals similarly affected, and also by the observations of nearly all the writers on the pathology of muscles, although his interpretation of the process is in one or two points somewhat different. That the involuntary muscles are also affected in the same way may be concluded from the weak action of the heart which so soon occurs, and from the constipation which is so common, and which implies loss of contractive power of the muscular fibres of the intestines. That the nutrition of the nervous system must be influenced in a way somewhat similar is proved by the marked nervous symptoms which indicate a sort of paralytic condition of almost all nerves, and by the way in which not only the special senses but the powers of the mind are weakened at the close of all severe fevers. And that an analogous condition affects other parts can be witnessed in the skin, where we see the nutrition of the hair, the epidermis, and the nails damaged; and that this is connected especially with the state of fever, and not with the mere weakness left after it, is evidenced by the way in which, in relapsing or recurrent fever for example, the colors, marks on the nails coincide with the attacks of pyrexia, and not with the almost apyretic periods between them.

We have thus clear evidence of profound alteration in nutrition of these nitrogenous parts, which is widely different from the state produced in them by mere starvation or disease; for then they slowly waste, but do not rapidly disintegrate. The general result is a continued loss of weight of all these parts until the abnormal temperature begins to fall.

Dr. Parkes then turned to the post-mortem appearances, to show that while in the course of pyrexia the muscular and nervous tissues are not fed, but are disintegrating, the spleen, liver, and often other glands are even over-fed.

He then passed to another order of facts. During the course of the various fevers there is, as a rule, an increased elimination of nitrogen; by means of which, in persons who have been very badly nourished for some time beforehand, and who have therefore very small and flaccid muscles, and no doubt have also an ill-nourished nervous system, and who become attacked with a fever, the increase in the urea is inconceivable, and sometimes does not occur. But in such a person is febrile heat unattended as ordinarily by increased nitrogenous elimination? Clearly because no food is taken, and there is little supply to be obtained from the already wasted muscles and nerves.

It is to be gathered from this that in health the urea does not come from the muscles and nerves, except indirectly and in an inconceivable degree. The greater part of the urea comes directly from the conversion of the albumen of the blood in the glandular organs. In febrile diseases, when food is not taken, the urea must still be made from the albumen of the blood; but this albumen is first converted from the nitrogenous structures of the body; and it seems quite obvious that the muscles and nerves furnish the greater part. We may, therefore, conclude that in disease, as in health, the urea is formed by the liver, spleen, &c., from materials furnished by disintegrating muscles and nerves. Here we have an explanation of the excess of urea in pyrexia, and of the fact that that excess is most marked in the early days, when the symptoms are severe and the quantity of the albumen and the developed muscles. This explanation throws light also on the condition of the liver and spleen as contrasted with the muscles, and it enables us to connect the healthy and diseased processes together in a way impossible before. We are also able to explain, perhaps, why in the same fever one person's spleen and liver suffer more than others. The prior condition of the muscular system and the rate of the excretion of the urine have a great deal to do with the quantity of the albumen into the circulation in a given time, may explain it, as the glands would therefore be called on to do more work. Then, perhaps, we see in this way how some of the dangers of fevers arise. We are accustomed to think favourably of a case in which the eliminating organs are acting freely. But suppose that a liver or spleen gets overtasked, that the cells begin to disintegrate, and the conversion of disintegrated albumen into urea can no longer occur. Why then half-changed albuminoid matters are retained in the blood and get deposited in organs,
giving rise to secondary disorders, and producing those various complications which we know to be so dangerous.

Many who are the common albuminuria of fevers arise in
this way? When the great limbs have more work thrown
on them than they can do, albumen may begin to emerge
from the kidneys, just as the excess of the albumen of the
egg will.

It seems clear that the repair and decay of the voluntary
muscles is regulated (under certain nervous control) by the
of the deposits. As we have already observed, when exercise
it grows, is nourished, and is fit for its work; if we do
not exercise it, it becomes flaccid and soft, ill-fed, and
eventually disappears. These are facts, whatever may be
the exact mode and time when nitrogenous addition or
substraction is made. Now, in pyrexia the volitional
power over the muscles is lessened. The muscular
incapacity is one of the earliest signs, so early that it can
hardly depend on nutritional damage to the muscle; it
must be owing to some paralytic condition of the nerves.
This, then, may be one cause of wasting of the muscles;
but it cannot be the only one. In pyrexia the muscles
waste much more rapidly, much more thoroughly, and prob-
able in a different manner from what occurs in mere dis-
use. There must be some second condition still more
potent than the first. It seems probable that this also is to
be found in tension of the nerves. The physi-
ologist must investigate by electricity the effect of
the exact conditions which underlie this rapid disintegra-
ction; whether it is simple paralysis of the inhibitory
nerves, or some special irritation leading to dissolution
of the fibres. In addition, however, to wasting of the mus-
cles and nerves, which produces most of the urea and uric
acid in pyrexia, we must admit that there is wasting of other
albuminous tissues. The serum of the blood is
poorer in albumen at the end of fevers; normal
structures are thinner, and some glands are smaller.
Whether this is simply from deficiency of supply of food
—i.e., is merely from inanition—or whether there is active
wasting from greater demands being made by organs on
the store of albumen, is not certain. Then, again, more
red globules are destroyed than in health, and there is
some evidence of change in their composition. So that
the explanation now given of the muscular diminution,
though it explains much, does not include all the condi-
tions which make up this complex state of fever.

It is difficult to avoid connecting the increased uric acid
in pyrexia with the frequent tendency to enlarged and con-
gested spleen; and, if so, it may turn out that, while in
health the liver produces relatively more urea than uric
acid, the reverse is the case with the spleen.

Increased tissue change is the most obvious process, or,
so to speak, parent of febrile heat. And in these rapid
molecular changes in the muscles, in the splitting up of
albumen, and probably growth of cells which occur in the
liver, we have, it seems to me, a realier means of account-
ning for febrile heat than in other ways.

The lecturer then proceeded to ask—Can we fortell,
from our present knowledge of the chemistry of fever, what
would be the effects of the liver fasting? Our present
knowledge is sufficiently precise for this, and practice
alone can rightly guide us. Still some suggestions present
themselves. There is in fever a waste of albuminous tis-
ues; it would, therefore, at first sight appear an indica-
tion to feed those tissues with nitrogenous food. But it
may be questioned whether they can be fed. Can disintegra-
tion of the liver tissue or voluntary muscle which is in a
state of food be regarded as any form of nourishment to it?
Some of Hupprert's observations indicate that it
cannot be, and that the nitrogen is eliminated without
being used by the wasting parts. And if so, what becomes
of that albuminous food? It must be disposed of by the
glomerular elements, and add to the work already thrown
on those organs. May it not be that, in the height of
pyrexia, partial abstinence from nitrogen should be the
rule, while the succeeding period of apyrexia is that in
which it should be given, when the body retains it, and
thus makes up the standard it had lost? It was with
great reserve that Dr. Parkes stated this, but he believed
he was expressing what experience, that the almost exclusively albuminous
food, sometimes given in fevers is not so useful in sustaining
strength as is supposed, and that if it were not for the loss of
appetite, which limits the supply, we should perceive
more clearly the bad effects. He thought that the vast
deposits of urates which in some cases mark the end of
fevers might be really caused by excessive animal food,
and he had actually seen gouty attacks brought on by that
very sort of feeding.

On the other hand, in fevers the fat of the body disap-
ppears. A supply of fat to meet this is seldom attempted
in practice, and yet there is no doubt that if digestible fats
are given to fever patients the degree of emaciation is
much less, and at the end of the fever the body seems
more speedily to recover itself. Yet fats are often con-
sidered hurtful, and are sometimes excluded from fever
diet, so that, with the large supply of animal food, the
patients are brought almost into a state of Bantingism.

Why should not cod-liver oil, which is so useful in sub-
acute and even in acute febrile phthisis, or other fats, as
butter, be used in all febrile cases when the stomach can
bear them? And another argument for the use of fat
with nitrogenous food is given by the experiments of Voit,
which indicate that fat aids the formation of the organ-
isms, and so lessens the albuminuria. The starches and sugars are generally given in fevers, and it
cannot be doubted that this is right, though probably
the amount usually given is far too small. We know that
febrile heat will not be increased by any aminents of this
class; and it seems probable that the carbo-hydrates fur-
nish force for the heart and other muscles to convert.
The excellent effect of milk and whey, when taken largely,
in preventing emaciation is an argument for taking these
treatments. In convalescence, the addition of fats and carbo-hydrates to the albuminous food is even more necessary; for a man
may be even starved on a highly nitrogenous diet without
them. The albumen is converted into urea without
nourishing the muscular and nervous tissues.

An eminent physician desired for his epitaph the words,
"He fed fevers." His pride in his treatment was legiti-
mate; but it may be still a question with what they should be fed.

It is next shown that in diabetes the nitrogenous tissues
are broken down, and the albumen passing into the circu-
lation and into the liver is, like the food coming from the
alimentary canal, transformed into urea. Pettenkofer and
Voit, consider the essence of diabetes to be, not the sugar
making, but the peculiar condition of the nervo
ous organs which tends to disintegration. And they even
suppose there may be a disease rightly called diabetes,
but without any excess of sugar. And in this, they curiously
enough, approach to the idea of Prout, who thought a ureal
might precede a saccharine diabetes.

The implication of the albuminous structures in diabetes
is clinically shown by the very early and great muscular
and nervous languor: it is an implicatio
a non est levis, nor the test of the above statement probably.

In this influence of the nerves, and the consequent increased
destruction and nitrogenous elimination, there is a curious
parallel between pyrexia and diabetes, though in many
other respects they are so dissimilar.

If we admit, this, we have in diabetes there is
increased nutrition of tissues without abnormal heat, is
there not a doubt thrown on the statement that the in-
creased metamorphosis and the abnormal heat of fever
stand in a near relation to each other? In reply, it must
be remembered that in diabetes conditions are present
which are absent in fever, and which may tend to reduce
temperature. There is a much less absorption of oxygen as
proved by Pettenkofer and Voit, a complete want, or
nearly so, of oxidation of sugar, and an immense outflow
of warm urine, which may also compensate for the dry
skin. There are heat-reducing causes in operation which must mask the effect of the increased metamorphosis, and may even slightly reduce the temperature below the normal standard. Besides, metamorphosis is very slow and very slight compared to fever, and a great part of the pneumonia of diabetes is merely wasting from inanition; the body cannot be nourished, and is always in a state of starvation. After all, the increased elimination of nitrogen, independent of food, appears to be only about thirty grains a day, which is infinitely below the enormous elimination of fevers. A curious fact is, that if, in diabetes, fever from any cause supervenes, as from the introduction of the specific poison of enteric fever, the urine shows the slightest augmentation from the urine; its oxidation is then again possible, and in some way the condition is removed which in diabetes prevented the destruction of the sugar. Here then, instead of an analogy, there would seem to be an essential difference between diabetes and pyrexia.

It has long been an opinion, drawn from physiological doctrines, that in diseases attended with great muscular exertion there must be an increased muscular tissue change, and consequent nitrogenous elimination. But late experiments on exercise, showing little change when the muscles are acting, and, according to some, an increased efflux afterwards, have certainly shaken our belief that in diseases with muscular contractions there must be an increase of urea.

Tetanus and chorea were considered by the lecturer in reference to this point, and this valuable course of lectures was brought to a conclusion in the following words:—

It has been possible, by a consideration of the respective amounts of entrance and exit of nitrogen, and of the clinical phenomena which accompany variations in exit in disease, to answer to some extent the question where the nitrogenous substances which pass in as animal or vegetable albumen take on the forms under which they appear when they emerge from the body. How imperfect the answer is I need not say. But I think we have reason to hope that up to this point we have planted our steps pretty surely. We can assert with some confidence that it is not the great nitrogenous structure of the muscles and nerves, and perhaps not the nitrogenous framework of membranes and cells, which at once produce by their action urea and uric acid. These nitrogenous structures, when they are growing in youth, or when they are repairing during or after action in maturity, are able to attract albumen from the store in the blood, and thus increase in bulk to replace what had become effete. And in this way we can account for the fact that the composition of muscles, and no doubt also of nerves, is greatly influenced by the nature of the nitrogenous substance brought to them in the food, and that their composition, in fact, is, within certain limits, that of the albuminoid substance they attract. Then, when, during or after use, a portion of the stable albumen of these organs loses its stability, and passes, we may suppose, into some different physical state, like that described by Hermann, in the muscles, it becomes unfit for the functions of the muscles or nerves; it can no longer contrast or feel or transmit nervous currents. It is detached and passes into the blood, and becomes then the food of other parts. Then it is appropriated by the cellular organs—perhaps in part nourishes their framework or furnishes their peculiar secretion, in part converts into urea, acid, and probably carbo-hydrates. The former are eliminated by the kidneys; the latter are then oxidised in the organs or blood, and appear as carbo-acid.

In youth, when the various tissues are growing, the power of attraction of the organs for albumen is greater than that of separation; when that mysterious power of growth, which is so wonderfully all over in the animal and the comparative stability of completed growth ensues, the powers of attraction and separation balance; and, when age begins, the power of attraction—i.e., of repair—is gradually lost. But it seems evident that though the whole body is subject to this change, some parts undergo it earlier than others. The organs which are at all times more independent of the nerves—such as the isolated or aggregated cells—retain their powers of action longest; and we find in many old people, whose mode of life has not damaged their nutrition, that the liver, the spleen, or other glands retain size and action when muscles, nerves, and membranes, it may be, have largely wasted. This would seem to imply that the first failure of nutrition—viz., the loss of the power of attraction—is owing to commencing lessewing of action on the part of the nerves; and we shrewdly discern that it may in future be possible to trace back the nutritive decline of many parts to gradual change in nervous supply.

The theory that the disintegrated albuminous products carried by the blood from the muscles and nerves, and the nitrogenous framework of organs generally, serve as food for other parts—viz., the glands—explains some of the phenomena of starvation. The flow of urine to the last, the formation of urea, and even of uric acid, and the formation of bile, often of good quality and quantity, till near the end, are explicable because food is still furnished, by the decay of other parts, for the ureal and bile making parts of the body. And these parts, retaining their structure and powers, are capable of proper action when food is again given, and thus, as it were, retain the power of vitality longer than the more highly formed nervous and muscular parts.

In many of these matters we see a great parallelism between the phenomena of healthy nutrition and the nutrition of disease, and can better appreciate by what close links physiology and pathology are bound. And, seeing this, it certainly ought to encourage us to hope that before long we shall comprehend much better the intricacies of healthy and diseased nutrition, and shall know how to apportion the supply of food to the various necessities. And in this way, though we may be as little able to explain the intimate nature of the process as the electrician can understand the subtle power he can evoke and can so wonderfully control, we shall yet know sufficient to become still more practically useful to our fellow men, and to make still better application of our knowledge to one of the highest uses to which knowledge can be put—viz., the mitigation of suffering and the relief of man's estate.

**Hospital Reports.**

**LONDON HOSPITAL.**

(Under the care of Mr. RIVINGTON.)

CASE 3.—Depressed fracture of the Skull; Convulsion; Bleeding from the Ear; Recovery.—Alfred W., at twelve, was admitted into the London Hospital on Saturday, March 18th, 1871. He fell from a pile of wood about eight feet high and struck his head behind and above his left eye. When brought to the hospital the boy was insensible, and blood flowed from the left ear. As he was coming he was sick, and he vomited in the receiving room. The pupils were contracted, the surface cold, and the pulse 28. An hour afterwards he was still bleeding from the ear, his pupils were dilated, and he was quite sensible. There was no paralysis, but there was much pain in the head and ear.

March 19th.—His ear bled up to 5 a.m. this morning. He had only half-an-hour's sleep in the night. His pulse has risen to 64; temperature, 99°.

March 20th.—Since last night he has had a buzzing noise in the left ear. His headache has left him.

He was seen by Mr. Rivington who, on examining his head, found a considerable depression of bone above and behind his ear. When his hair was removed, the depression was seen to be about two and a half inches in diameter.
and a quarter of an inch in depth, and to occupy a situation corresponding to the lower part and posterior inferior angle of the auricular bone, and part of the squamous portion of the temporal bone. There was no wound, and the depression had not existed before the accident. His ear was syringed out and subsequently examined; no perforation of the membrane could be detected nor any breach of surface in the meatus. The air entered the tympanum with a hiss, and on using Politzer's method of inflation. Pulse, 112; temperature, 100 4.

The patient was kept in the hospital till Monday, April 3rd, when he was discharged. He was entirely free from headache, but the hearing on the left side was not so good as on the other.

Remarks.—As there were no symptoms of compression, it was considered unjustifiable to elevate the depressed portion with much care, and the10 tubes were allowed to remain in the ear which had been tolerably profuse could not be ascertained; as the membrane was entire it must have come from the meatus, and it is not improbable that a very small fissure existed communicating with the lateral sinus.

Several cases of bleeding from the ear after falls and blows on the head have been recently in the hospital, and illustrate the fact that little reliance can be placed on this symptom as a sign of fracture of the base of the skull unless it be contended that fractures of a limited nature take place implicating little more than the petrous portion of the temporal bone. The bleeding in these cases is sometimes profuse, and great difficulty exists in ascertaining its exact source. In the two following cases this symptom was present.

Case 4.—Thomas F., twenty-three, was admitted into the London Hospital on June 11, 1870. He had been out to a Music Hall with some friends, and after being there some time expressed himself as being drunk, and was very quarrelsome. He left his friends on bad terms, proceeded two miles, and then fell backwards on the pavement. The friends picked him up, and he fell again. Blood in large quantities came from his left ear. At the time of admission he was conscious, drunk, and quarrelsome. He was sick on being raised. Blood was issuing from the left ear, and he spat up a small quantity. There were contusions over the left malar bone, the left mastoid process, and the right parietal eminence. The pupils were normal, but bleeding of the right had been. In large quantities came from the ear, but whether arterial or venous was not observed.

On the morning of the 12th he was sick, and vomited a thick fluid like bile, mixed with clots of blood. He had pain in the forehead, a flushed face, full and strong pulse, irregular and sighing respiration, and a temperature of 100 3. He answered questions rationally. The bleeding ceased during the day. The next morning he was again sick, and continued in a drowsy state. There was no paralysis. The patient did well, and was discharged in a few days.

Remarks.—As the bleeding was so profuse it was considered inexpedient to attempt to ascertain the presence or absence of a rent in the membrana tympani by washing out the meatus while the bleeding continued, or to disturb the clots afterwards. When the ear was washed out at a later period, it was too late to determine the point, as wounds of the membranae heal readily and quickly. In the next case the ear was examined as soon as the patient could bear it.

Case 5.—J. A., thirty-one, was at work on a barge and fell down into the hold. He was admitted the same day, March 15th, 1871. He was very cold, with dilated pupils, and he vomited very soon after he came in, the vomit consisting of the contents of the stomach, which were mixed with blood. There was slight bleeding from the nose, and considerable bleeding from the ear. The left side of the skull was much contused, and a wound could not be seen on that side. When the ear was syringed out, a few days afterwards, a large quantity of mangled blood and wax came from the meatus. Air could not be made to pass through the Eustachian tube, and the membrane appeared to be opaque. No perforation could be effected. It was thought by Mr. Rivington that the blood had come from the tympanum (the membrane of course having been ruptured), and that the Eustachian tube had been occluded by blood coagulating in it. Subsequently a discharge of pus took place and continued for some days. This was treated by syringing and mild astringent lotions, combined with an effort to clear the Eustachian tube, which seemed completely occluded. Under this treatment the hearing has improved, but the case is still under observation in the aural department.

In the following case the symptoms were partly those of "encephalitis," as it is called, and partly those of irradiation of the brain.

Case 6.—Osborn B., thirty-two, was admitted on March 16th, 1871. He was on a ladder, and suddenly turning giddily fell a distance of ten or twelve feet to the ground. He had been drinking previously to the accident. On admission he was quite insensible, and struggled violently, requiring two or three persons to hold him. His face was flushed, his skin hot, his pulse, though slow, was full and strong. The eyes were suffused, and the pupils were closely contracted.

At five p.m., when seen by Mr. Rivington, the patient was throwing himself about and making loud indistinct sounds. He held his head from side to side, shut his eyes, and showed his teeth. He kept lifting up his head and letting it fall again. He was obliged to be held by an attendant, and to have his arms confined to the bed. If left at liberty he precipitated himself, head forwards, on to the floor. At this time he was in a profuse perspiration and raving like a maniac. He was ordered to be bled, and 50 dr. of blood were taken by the house-surgeon, and he was given a mixture of chloral and the hydrate of carbon in the stomach. He was quieter after the bleeding.

At twelve, being still very restless, he had an enema of tinct. digitalis (1/3), and ice was applied to the head. Temperature, 98 4; respiration, 30; pulse, 112; pupils equal.

On the 17th, at two p.m., he was much quieter, and to the surgeon's question, "Are you better?" replied, "Not much. I am still not that I should be." At nine p.m. he recognised his wife and spoke to her.

At ten p.m. the patient was again very violent, struggling and shouting. An enema of hydrate of chloral was administered, a draught and a half in six ounces of water. Ten minutes afterwards he fell asleep, and slept for two hours. Throughout the night he slept on and off, waking occasionally and swearing.

On the 18th, although restless, he was quieter and rational, but suffered from an exacerbation in the evening.

At a quarter to eleven p.m. he was shouting out, swearing, and did not recognise those around him. Temperature, 99 6; respiration, 22; pulse, 94. Chloral repeated.

Passed a restless night.

On the 19th the patient was more rational, but occasionally became partially unconscious, and shouted out a few words. When being asked by the surgeon if he was in pain said he was not, and could not say why he shouted out.

From this time he continued to improve. He had hitherto been kept very quiet with ice to the head, a diet of milk and beef-tea, occasional doses of chloral diet, and purgatives. He was now anxious for solid food, and no further symptoms of interest occurred, except that he passed during convalescence some blood with his water.
VACCINATION AND RE-VACCINATION.

The unabated confidence of the Profession in vaccination has been well illustrated in every discussion that has taken place, and in spite of the fanatical opponents of protection the general public accepts without hesitation the principles so well laid down in the article in the *Times* last week.

Professional confidence has been now amply shown. The Surgical Society of Ireland in its proceedings has confirmed all that we and others had stated, and the recent London meeting to hear Dr. Seaton's paper on the lessons to be learned from the present epidemic, was the occasion of forcible argument and the statement of some new facts.

For instance, Dr. Seaton was able to produce statistics from Holland—supplied to him by Dr. Ballot, of Rotterdam, and obtained from official sources. These show that in Holland, where compulsion is not the practice, vaccination is neglected until the school age, with the results exhibited in the following table:

<table>
<thead>
<tr>
<th>Week ending</th>
<th>Rotterdam (pop. 1,156,217)</th>
<th>Haarlem (pop. 81,929)</th>
<th>Utrecht (pop. 68,429)</th>
<th>Amsterdam (pop. 36,024)</th>
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<tr>
<td>January 7</td>
<td>30</td>
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<td>97</td>
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<td>12</td>
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<td>February 4</td>
<td>62</td>
<td>118</td>
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<td>22</td>
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<td>25</td>
<td>96</td>
<td>68</td>
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</table>

The mortality from small-pox in London (pop. considerably above 2,300,000) for the same period was 2,710.

It is admitted that the Act of 1853 practically failed, and that of 1867 has not yet been in operation long enough to enable us to ascertain how many children, whose births have been registered, have not been vaccinated. We know, however, that there has been neglect, for in London, between October 1st, 1870, and April 5th, 1871, no less than 1,344 children under five years of age have died of small-pox. This fact becomes the more convincing of the conclusion named if we bear in mind these other facts. At Highgate Small-pox Hospital only 7 per cent. of the vaccinated cases died, but 35 per cent. of the unvaccinated. During the present epidemic, Dr. Seaton calculates the mortality in those attacked at 7 to 9 per cent. of the vaccinated, and from 35 to 40 per cent. of the unvaccinated.

At the Hampstead Asylum the mortality of the vaccinated has been 7 per cent., while of the unvaccinated it has reached 40 per cent. With regard to re-vaccination, Dr. Seaton urged it as the best way of repairing any deficiency in primary vaccination, and at the same time of extinguishing the susceptibility to small-pox that may arise in an uncertain portion of the well vaccinated. The sheet anchor is good infantile results, and after puberty careful re-vaccination so as to obtain evidence that the lymph is absorbed. In the debate on Dr. Seaton's paper it was generally admitted that re-vaccination was desirable, although it was stated that "sore arms" were more common than after primary vaccination. Dr. Williams mentioned a circumstance worth recording here. He had seen an epidemic in a village. On vaccinating all the children the disease attacked persons who had passed the age of puberty. These were re-vaccinated, and then the epidemic was extinguished. This shows some foundation for a very common belief. That the imperfectly vaccinated, or those in whom time may be supposed to have diminished the effect, are susceptible to small-pox, but only in a minor degree. The way to get rid of that remnant of susceptibility is, undoubtedly, careful re-vaccination. The family attendant should bring the question before all his patients at all times, and not wait till an outbreak of small-pox produces a panic.

VACCINO-SYPHILIS.

We earnestly invite attention to the important debate at the Royal Medical and Chirurgical Society on Mr. Hutchinson's cases. It is of the first importance that such cases should be thoroughly sifted, and we think that Mr. Hutchinson was right to bring them forward before such a society. Of all the terrors that have been held over the heads of a credulous public by the vaccino-phobics, this is the most telling, and it is but right that it should be thoroughly investigated.

The discussion at the Paris Academy of Medicine seems to have produced little effect in England, although in France it may very well have operated to discourage vaccination, and so contributed to increase the mortality in the present epidemic of small-pox. We are not among those who have hastily given credence to the alleged dangers of vaccination, and in this scepticism we are glad to have found ourselves at one with our leading contemporaries. We waded most carefully through the French debates, and were by no means convinced of any danger.
It is, however, coming close home when a syphilographer of Mr. Hutchinson's standing vouches for a series of cases such as those he related, and the Society will fail in its duty to the Profession and the public if it fails to set in operation an exhaustive inquiry.

We go a long way with the writer of the leading article in the Lancet last Saturday. Still we cannot but feel that on a question like this the experience of practical surgeons who have attained the highest position in the Profession cannot be set aside by an unknown critic. It is certainly within the province of the journalist to sift as much as possible the evidence in such cases, but our contemporary will no doubt admit that such evidence cannot be ignored, and whenever it comes to a question of opinion greater weight will be attached to the statements of eminent men whose names are everywhere honourably known, than to the most able but anonymous criticism. When Mr. Hutchinson and Mr. Henry Lee assure us of the existence of vaccino-syphilis, there is certainly a case for inquiry, and that in the most public manner.

Of course, it was right that the name of the practitioner should not be made public, but perhaps he himself would not object to two other Fellows of the Society investigating with Mr. Hutchinson and himself the cases related. Here, however, we may be met with the remark, too late—and it does seem somewhat strange that as soon as the conclusion was arrived at respecting their origin they were not exhibited to other authorities. We note, too, the absence of constitutional symptoms, and we are not prepared—we believe the generality of authorities are not prepared—to admit as certainly syphilitic any local sore that is not followed by distinct constitutional signs. Should the cases pass on to this stage there will be much more to be said; should they not exhibit any such symptoms, we think a most important link in the chain will be wanting. But even in the worst event it would appear that the danger is of the slightest; that with a clean lancet, and using only lymph, carefully avoiding the admixture of blood, then danger is removed. We are glad to know that English practitioners not only adopt these precautions but are very careful not to take lymph at all from suspected sources.

It is no doubt a wholesome prejudice of the public to object to lymph from unknown persons. The only legitimate way of meeting the objection is to multiply, not diminish, the number of vaccinators. Each practitioner knows the medical history of his own patients, and can avoid any danger. This shows that the centralising policy as to vaccination is not a wise one, and assuredly it is the most certain way of diminishing public faith in Jenner's great discovery.

and, when speaking of Jenner and his communications to the Fellows on the subject of vaccination, the orator observed how the very same questions were raised then as are at present occupying the minds of those who are engaged in matters connected with vaccination. Thus, the old minute books of the Medical Society tell how much was said for or against re-vaccination, how it was questioned as to whether vaccine lymph might be diluted or not, whether it was possible for certain constitutional diseases to be conveyed from individual to individual in the vaccine lymph.

Passing to other matters, Dr. Cholmeley quoted a paper read by one of the Fellows of the Society, many years ago, on the curative powers of carbonate of ammonia in scarlet fever. Soon after a Fellow was found to have read a paper on the valuable effects of blood-letting in this disease. A paper on diseases met with in prisons, by Dr. Lettsom, was read early in the present century, and was composed by the author after attending Lord George Gordon when he died of fever in Newgate prison.

In concluding, the author remarked on the ups and downs of life that the Society had encountered during the ninety-eight years of its existence, and he warmly congratulated the Fellows on its present prosperous and healthy condition now that it was approaching its centenary. "Floreat semper," said the orator, as he concluded his excellent oration amid the hearty applause of the numerous Fellows and visitors, who listened throughout with marked attention.

The President, on this occasion, presented the silver medal of the Society to Mr. J. Wickham Barnes, who, for two years, had filled the office of Secretary, and hardly once been absent from his seat of office during the whole period. A well-attended conversation followed the oration. A new double ophthalmoscope was shown by Mr. Brudenell Carter, as well as some very valuable specimens of Japanese enamel work. Dr. Brunton showed a beautifully-made coloured cast of vaccine vesicles on the arm. Dr. Crisp had some models and drawings illustrating the anatomy and some of the diseases of the lower animals. A very perfect exercising couch was shown by Mr. Gustav Ernst, and the large variety of surgical and other instruments shown by Messrs. Krohne and Lessman, Arnold, Matthews Brothers, Hawksley, Pratt, &c., received well-marked attention.

Mr. Squire exhibited some of Dr. Richardson's new organic bromides, and Messrs. Young and Postans had some novel preparations of pepinica porci, in a granular effervescent form with bismuth.

Dr. Haden kindly lent one of Mrs. Seymour Haden's celebrated etchings, and there was also a fine collection of photographs of Medical men and others by Mr. Swacker and Messrs. Barraud and Jerrard.

The microscopes of Mr. Ross were not wanting, and seemed to have lost nothing of their attractiveness.

The Increase of Small-pox in London.

On Saturday week a meeting of the Metropolitan Asylums' managers was held. Dr. Brewer, M.P., in the chair.

Dr. Bridges, the Poor-law Board Inspector, submitted his report on the small-pox in London, on returns for the two weeks ending the 22nd of April. Both weeks, he observed, showed a great increase on the numbers a month
ago. During the week ending the 1st of April, the number of new cases was 515; during the week ending the 22nd of April, it was 688. He regretted to say that his information during the current week led him to the belief that we had not yet seen the worst. He included a return from the parishes showing the numbers of cases in the two weeks, that ending the 10th and 22nd of April respectively.

Mr. Charrington presented a report of the Homerton committee. During the past fortnight 219 fresh cases had been received. Of these, 193 had died, 683 had been discharged cured, and 385 remained under treatment. The mortality had been 13.94 on the whole number.

Mr. Shaw Stewart presented the report of the Stockwell Hospitals. During the past fortnight 333 fresh cases had been received into the two hospitals. The mortality had been 13.87 per cent.

Sir James Hamilton then reported that the fittings of the Dreadnought had been carried out, and that the ship would be ready at once for patients. The Admiralty had been solicited to lend another ship; and the Chairman stated that the application would be complied with.

Dr. Bridges said it was clearly proved that the necessity for providing additional accommodation had already arisen, for there was no doubt about there being 2,500 cases of small-pox among the cases that came under the Poor-law. There was, therefore, the greatest necessity for providing more accommodation, and he did not go beyond his duty when he said that in thus expressing himself he was expressing the views of the President of the Poor-law Board.

The Hampstead Committee stated that the pressure during the last fortnight had been so great that it had been necessary to refuse male patients. The hospitals at Hampstead and Islington now held 784 patients, and the Committee called attention to the medical officer’s report, showing that 85 cases were children under ten years of age, 46 of whom were unvaccinated. This pointed, the Committee said, to the necessity for some more stringent measures to enforce vaccination.

A College of Science for Yorkshire.

At the annual meeting of the Yorkshire Board of Education, held at Leeds, Lord F. Cavendish, M.P., advocated the necessity of establishing a college of science, to which both manufacturers and artizans could send their sons to learn the laws which regulated the materials it would be their future business to deal with.

A New Medical School in Manchester.

Miss Brackenbury, of Manchester, has signified her intention to give £10,000 for the establishment of a medical school in connection with the Owens College, being £5,000 for the erection of suitable buildings, and £5,000 by way of endowment for the support of the department. It is suggested that, as the father of Miss Brackenbury was in the Medical profession, it would be a graceful recognition for the governors to endow a Brackenbury professorship.

Medical Greenwich Hospital Pensions.

The Greenwich Hospital pension for Inspector-General of Hospitals and Fleets, of £100 a year, created by an Order in Council, of March 24th last, has been awarded to Dr. Peter Leonard, Inspector of Hospitals and Fleets; and the two Greenwich Hospital pensions for retired staff-surgeons and surgeons, of £50 a year each, created by an Order in Council of March 24 last, have been awarded respectively to Drs. John Dunlop, and A. C. Macleod, Deputy-Inspectors of Hospitals and Fleets. Mr. John Tarn, surgeon, R.N., has been awarded the pension of £50 per annum vacated by the late Dr. John Sloan, R.N.

Louise Lateau.

The paper by Dr. G. E. Day, formerly professor at the University of St. Andrews, in the April number of Macmillan’s Magazine has given rise to some discussion, and many popular but erroneous impressions. As to the explanations current we may remark that the most natural is that suggested by the case that occurred in St. George’s Hospital in 1858, and has since been frequently talked over among London medical men.

The young woman declared that there had been oozing of blood at intervals for a couple of years. The surface where this was alleged to take place, on careful examination, seemed to be covered with minute perforation. Mr. Henry Lee, under whose care she came, quietly orders the part to be covered with sheet lead, secured by starch bandage. His shrewd suspicion was verified at next visit, for, on removing the lead, it was seen to be perforated with holes, just such as a needle would produce. Asked how this happened, the girl had no reply to give, and was discharged from the hospital as an impostor. Dr. Leefbore, who has been fixing a leather glove on Louise Lateau, and still finds blood under it, should try Mr. Lee’s plan. Leather may be pricked through and the hole closes up, but, if lead be employed, the hole remains as a witness.

The Election of Examiners at the Royal College of Surgeons of Ireland.

We reported briefly last week the re-election of the Courts of Examiners which had held office in the College during the preceding year. Only two new candidates offered themselves for the Surgical Court, Dr. Gogart and Dr. Walsh of Jervis street Hospital, neither of whom were elected.

A change was effected in the Midwifery Court by the retirement of Dr. G. H. Kidd, President of the Dublin Obstetrical Society, whose place was taken by Dr. William Roe, Assistant-Physician to the Coome Hospital.

For the Examinership on General Education there was greater competition. Dr. Thomas Byrne, ex-Surgeon of the Lock Hospital, Dr. Murray, and Dr. Edmund Nugent, the outgoing Examiners, asked for re-election; and their seats were contested by Dr. Isaac Ashe, Dr. Charles Moore, and Mr. Trail, F.T.C.D.

The previous Examiners were, however, retained in office.

In our note of last week the name of Mr. Edward Stoker was inadvertently printed Stokes.
Vaccination in St. Pancras.

One of the many consequences naturally following the absurd appointment of a "model vaccinator" for the entire extent of the vast parish of St. Pancras, has just arisen. The medical officers who, until recently, performed vaccine duties, have applied to the executive guardians for an equivalent proportionate to the sums the "model" plan has nipped from their niggardly stipends. Surely the taxpayers of the parish have good reason to be dissatisfied, and why they have not ere now arisen en masse to protest against a scheme, which not only increases their burthen, but is sure to work ineffectually, to load the parish with unvaccinated poor, and, as a consequence, continue to be a fruitful plague-spot, really seems incomprehensible.

Small-pox in India.

Mr. De Renzy, sanitary commissioner in the Punjab, writing to The Times, some time since, makes the following statements, which seem to us so forcible as to be worth reproducing at the present time.

"As many persons in England have doubts as to the value of vaccination, it may be useful to bring to notice the loss of life by small-pox which occurs annually in the Punjab, a country which is as yet practically unprotected by vaccination. In that province, with a population of 18,000,000, the deaths from small-pox are never less than 29,000 a year. In 1869 they numbered 53,195. Contrast these terrible totals with the small-pox mortality of England, in which, with its population of 21,000,000, the average of small-pox deaths does not now exceed 5,000 a year, though previous to the introduction of vaccination it was quite as high as it is now in the Punjab.

"But it is not merely in the saving of life that the benefits of vaccination consist. The amount of physical disfigurement caused by small-pox in the Punjab is enormous. Any person walking through the streets of a Punjab city is struck by the immense proportion of persons blind of one or both eyes—a calamity caused in 99 cases out of 100 by small-pox.

"Europeans who, as a rule, are tolerably well protected by vaccination, suffer very little though they live in the midst of never-ending epidemic, and natives have everywhere remarked the immunity of Europeans from the injuries to the eyes and other disfigurements to which they are themselves so subject.

"In the Punjab few persons reach adult life without having had an attack of small-pox, and become disfigured or disabled by it in some way. Here, thanks to vaccination, imperfectly administered as it is, small-pox epidemics have become so rare that a few hundred deaths from the disease make a great sensation through the length and breadth of the land, and even unvaccinated persons have a good chance of getting through life without being exposed to the risk of infection."

Tests for Blood Stains.

The Journal of Applied Chemistry says that Mr. Gunning has discovered that acetate of zinc will completely precipitate the colouring matter of blood from solutions. The flocculent precipitate must be washed by decantation, left to evaporate and dry on a watch glass, and if blood was present the microscope will reveal delicate and beautiful hemin crystals. The test has been tried by different persons and always with entire success. The blood stains can be dissolved in a variety of agents; for example, ether, oxalic acid, alcohol, gallic acid and potash, and the acetate of zinc produces precipitates even in extremely dilute solutions, as, for example, when a person has washed his bloody hands in a pail of water, as the solution is perfectly colourless.

Prizes in Botany.

The next examination for the London Society of Apothecaries' annual prizes in Botany will be held on the 21st of June. The prizes consist of a gold medal and a silver medal and a book.

The Vaccination Committee.

At the meeting of the Select Committee on vaccination, Dr. Marson, surgeon to the Small-pox Hospital, and Dr. Wood, member of the Royal College of Physicians, Edinburgh, having given evidence in favour of vaccination, Sir William Jenner was called. He stated that in the course of his professional career he had had very large opportunities of obtaining information respecting small-pox and vaccination. No evil effects from vaccination had ever come under his notice, nor had he known any serious illness to result from it, either in his public or private practice. In early life the protection afforded was nearly complete. He was himself the father of six children, and should consider himself wanting in his duty had he neglected to have them vaccinated. He had had the responsibility, as medical attendant to the Queen, of advising Her Majesty and the Prince of Wales to be vaccinated. Compulsory vaccination was, in his opinion, most desirable.

Memorial of the Late Sir James Y. Simpson, Bart.

A Meeting of the London committee was held recently for the purpose of conferring with members of the Edinburgh committee regarding the progress of this movement. In the course of the proceedings it was stated that through the exertions of Dr. Storer, of Boston, an influential organisation had been formed in America, and that the movement had been so favourably received that the friends in that country anticipate they will be able materially to aid the committees in London and Edinburgh.

Guy's Hospital conversation is announced for May 31.

Mr. John Lambert, Poor-law Inspector, has been gazetted Civil Companion of the Order of the Bath.

It is stated that Ceylon gives promise of becoming a great quinine producing country.

Several candidates have already been announced for the new appointments at St. Thomas's Hospital.

Dr. Parkes has been very largely supported for the Senate of London University, and we hope to see him in that position.

The attendant who caused the death of a lunatic by turning on the hot water in his bath, has been condemned to one month's imprisonment!
INSPECTOR-GENERAL LAWSON will, this evening (Wednesday), read a paper at the Epidemiological Society on "Cholera in Ships at Sea."

Three Greenwich Hospital pensions have been granted. The recipients are—Inspector-General Leonard and Surgeons Dunlop and Macleroy.

At St. Mary's Hospital a vacancy is declared by the retirement of Dr. Tyler Smith, and several other vacancies will shortly occur.

The annual dinner of Officers in Her Majesty's Army, Navy, and Indian Medical Services, will take place in London, at Willis's Rooms, on the 26th inst.

In an able letter to the Times the Treasurer of Guy's Hospital argues that Governors are only trustees of a fund, and that the patients belong to the class that is exempt from income-tax, so that the funds ought to be exempt.

The annual dinner of the officers of Her Majesty's Army and Navy and Indian Medical services will take place on Friday, 26th inst., at Willis's Rooms. The Director-General of the Medical Department of the Navy will preside.

The annual general meeting of the members of the London-Pharmaceutical Society will be held on the 17th day of May.

The annual conversazione of the society will be held at the South Kensington Museum, on the evening of the same day.

The Council of the Odontological Society of Great Britain offers for competition a gold medal of twenty guineas for the best original essay "On the Histological Structure of the Human Teeth." The conditions of competition and date of receiving essays will be found on reference to our advertising column.

The series of entertainments which usually precede the expiration of the term of office of the Council of the Royal College of Surgeons in Ireland, and the election of their successors, have commenced.

The President of the College, Dr. Albert Walsh, entertained the Examiners and Professors last week. The "College Club," which is comprised of those who hold, or have held, office either as Councillors, Professors, or Examiners, dined in the Albert Hall of the College on Saturday last, the chair being occupied by the President. The attendance was so large that some difficulty was experienced in providing accommodation.

The President entertained the Council at dinner on yesterday evening, and the banquet given by the outgoing members to their Chairman will shortly take place. The President of the Irish Medical Association has applied to the Council for leave to hold the annual dinner on the first Monday in June in the College.

The Medical Press and Circular.

SCOTLAND.

History in the chemistry class-room. At the College of Surgeons, Dr. Keiller, in the opening lecture to his course on midwifery, discussed at considerable length the question of female medical education, treating the subject with the characteristic practical sense for which he is distinguished.

EDINBURGH INFIRMARY.—There are at present a few cases of enteric fever in hospital, but since the 25th of March no case of typhus has been admitted. Small-pox does not seem to be on the increase. There have been in all eight cases admitted, five of which were imported, and the remaining three were infected in the hospital from those first admitted. The almost perfect system of vaccination in Edinburgh renders an epidemic of the disease highly improbable.

LADY STUDENTS IN EDINBURGH.—The female students have been disappointed in their application to the directors of the Leith Hospital for admission to pursue their clinical studies in that institution. The directors have unanimously adopted the report of the medical committee, "That it is inexpedient to alter the present arrangement of the hospital, or to convert it into a medical and surgical hospital for the clinical instruction of ladies." In order to adapt the hospital for the purpose, thirty additional beds would have been necessary, an arrangement which circumstances rendered inexpedient.

Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

APRIL 3RD, 1871.

DR. ANDREW CLARK, President, in the Chair.

ANOMALOUS CASES OF SMALL-POX, MEASLES, ETC.

Dr. Brunton narrated anomalous cases occurring in his practice,-small-pox following measles, small-pox following scarlatina, and scarlatina following varicella. The first case was that of a woman in the sixth month of her second pregnancy. On the 15th of March she experienced a rigor, became febrile, and out of sorts. Two days after the author saw her, a reddish rash had appeared on the forehead, limbs, and abdomen, where the rash was confluent, punctuated, and slightly popular. The eruption of measles then became distinct; but in the course of three days became fainter, and, in addition, the eruption of small-pox in the popular stage succeeded, became vesicular, the vesicles changing into pustules, and the eruption was disappearing fast on the 21st, when the patient was doing well. He thought that in this case the symptoms were quite distinct, firstly, as regards the measles, and secondly, as regards modulated small-pox. The next case was from the notes of Dr. Hay, S. H., aged forty-one, in the fifth month of her seventh pregnancy, was seized with rigors, followed by headache and pains in the limbs on the 18th of August last. The next day had sore throat, and was covered with a profuse scarlatiniform eruption. On the 20th, labour set in, and abortion followed; 21st. In the evening vomiting came on, and lasted until the morning of the 22nd. The rash disappeared, and an exaggerated form of measles was apparent, but of a darker colour, on the 23rd. Was completely covered with small-pox pustules, and death ensued on the 24th. In this case the abortion followed the onset of the small-pox fever. The patient did well until the vomiting set in—the forerunner of the small-pox. The scarlet eruption faded on the fourth day; then followed the roseolous rash; next, the eruption of small-pox; and on the sixth day of illness death occurred. Abortion in small-pox is usually met with in severe cases, is synchronous with the eruption, on the following day, and, in milder cases, later on in the disease. In this case, abortion took place three full days before the eruption of small-pox; and on the second after the onset of scarlatina. Third case: P. F., aged four. The eruption of varicella came out on the 22nd March, and four days after, when the author saw him, the skin was covered from head to foot with scarlatinal eruption, very distinct, co-existent with the vari-
colossal eruption. April 3rd: Eruption of scarlatinine gone; desquamation has commenced; varicellous scales still on parts of the body; doing well. The author thought that John Hunter's statement, "that two acute diseases cannot coexist," had been disproved by Mr. Marson, and the above strengthened his opinion.

In the discussion that followed, Dr. Edwards Crisp, Dr. Ross, Dr. Broadbent, Dr. Tilbury Fox, and Mr. Rogers-Harrison took part, the President remarking at the conclusion that it was reasonable to suppose that two acute diseases could not coexist; further facts must be sought, and the procession and order of the events occurring in a case carefully tabulated.

**PERI-BRONCHIAL FIBROSIS.**

The President, in introducing this case, said,—We hear much said in praise of modern medicine and surgery, and of their triumphs; but we are not perfect in consequence of the presence of vagueness and strong dislike to precision. Phthisis, up to a recent time, was thought to be ulcerative destruction of deposits in the lung. There were different kinds of phthisis, viz., that due to the presence of tubercles, giving rise to tuberculosis phthisis; ulceration may take place; pulmonary emaciation may happen (pneumonic form of phthisis); also a fibroid excitation, giving rise to fibroid phthisis. The symptoms are so much alike, that it has been difficult to recognise and define a case in life; but they are as distinct clinically as pathologically. The cases are at times complex, there being a pneumonic inflammation present with the different kinds of deposits. The patient, a young man, aged about nineteen years, suffered fourteen months ago from an attack of pleuro-pneumonia; he was very ill, had cough, fever in the side, a high temperature, and expectoration. He never fully recovered, but for a month or two seemed well, and suffered from an attack of bronchitis, which, on admission, was found to be general; there was wheezing all over the chest, mucopurulent expectoration, and some fever. On percussion, there was solidification of the left lung in front; the dulness increased, and there was considerable bronchophony. The bronchophony increased, and a mass of lung aereal tissue were found, showing the presence of a small cavity, which is quiescent and gives no trouble. The consolidation and cavity have followed the pleuro-pneumonia, the corpucular stuff, after the subsidence of the bronchitis, has exuded mucous, the fibrous exudate, on the part of the lung returned to health. There is now no evidence of a change going on, but consolidation and contraction. The prognosis in these cases was favourable. Cases under advantageous circumstances went on for eighteen or twenty years or more. The case was such, and unusual, it comprised not one, but three, and a small excavation was present: that side of the chest was contracting, the vocal thrill and the bronchophony were diminishing, and the boy appeared in perfect health.

An interesting discussion followed.

**THE ESTIMATION AND DETECTION OF SUGAR IN DIABETIC URINE.**

Dr. MEYNETT TAYLOR observed,—The first circumstance that attracts notice is the ordinarily high specific gravity of diabetic urine; yet some specimens loaded with sugar have almost a normal specific gravity. This was difficult of explanation, unless solids may be present in liquids in different molecular states. Ordinary urinometers are not to be trusted, some being very inaccurate. The fifteenth portion of cornstarch ceriseous is not to be regarded as any proof of the existence of sugar. No less than three kinds of fungi are to be found in diabetic urine, and all three without a trace of sugar. With reference to the different kinds of fungi found in the urine, and their growth on agar—1st, Aspergillus nigricans; 2nd, a variety resembling Monile; 3rd, one differing from both these, and remarkable in several particulars. Passing to the chemical tests, the author remarked that if carbonic acid was to be collected for the purpose of estimating the quantity of sugar, it was best that the gas should be collected by a certain other way; and if great accuracy is required, he suggested allowing the carbonic acid to pass into Baryta's water, the precipitate being weighed as a sulphate.

Dr. Roberts, of Manchester, had suggested taking the specific gravity both before and after fermentation, and from this estimating the amount of sugar present. The test gave very variable results; at one time very accurate, at another very inaccurate results had been obtained. II.—The copper test was valuable, although there were some bodies that interfered with its action; and as a quantitative test Dr. Tidy had very little opinion of it, as it was sometimes thrown off, and other times used up, he could not say why. III.—Moore's test. The dark colour due to mallassic acid, produced when diabetic urine was boiled with potash solution. A series of solutions were placed on the table containing different but known quantities of sugar, but in each the same quantity of silikate. They ranged from 0·25 gr. of sugar to 2·9 gr., and the difference of tint was perfectly marked. Dr. Tidy proposed this, an adaptation of Vogel's, method for estimating sugar. The method of working was as follows:—A potash solution, containing 1 gr. of potash to every septim (7 gr.) of water, having been made, take 10 seoptims of the urine, add 10 seoptims of the solution; boil for one minute, dilute with distillated water in a 4 oz. vial, similar to those used for the test solutions, and then compare with the test solutions labelled as containing known quantities, until the exact tint is found. The small quantity of urine employed does not colour the water so as to interfere with the test. If any precipitate is produced by boiling, it must be filtered. If the tint was more than that indicated by 2 gr. standard bottle, it must be halved and diluted. The experiment made gave:

- 12·5 gr. in 10 seoptims 17·86 per 1,000 gr. of urine,
- 12·5 gr. in 3 seoptims 20 per 3·5 per oz.

Dr. Tidy proposes to get rid of the trouble of the standard solutions by using gelatine coloured of different tints as standards for comparison.

**ROYAL MEDICAL AND CHIRURGICAL SOCIETY**

**TUESDAY, APRIL 11TH, 1871.**

Mr. CURLING, F.R.S., President, in the Chair.

Dr. HYDE SALTER communicated

A CASE OF RETROGRADE LABIO-GLOSSO-LARYNGEAL PARALYSIS.

By ALEXANDER SILVER, M.D.,
Senior Assistant-Physician to Charing-Cross Hospital.

The patient, W. G., was a man aged fifty-three, by trade a carriage smith, twice married, and temperate. He had been generally healthy, but in his history there were certain facts pointing to syphilitic infection. He had previously been an in-patient at the Middlesex Hospital for incomplete right hemiplegia and facial palsy, with paresis of vocal and intelligibleness of speech. He was gradually recovering, when he was again seized and brought to Charing-cross Hospital, where he was seen by Dr. Silver. On the morning of Jan. 5th he was able to swallow his breakfast and to speak indistinctly. By noon on the same day he could neither speak nor swallow; the right corner of his mouth was drawn downwards, and an abundant tenacious saliva flowed from it.

When admitted, his right eyelid drooped, and his mouth was dragged over to the right side; his lips were thick and blubber-like, and from the depressed corner of his mouth there was an abundance of thick viscid saliva. He could not close his mouth, even imperfectly; he could not protrude his tongue beyond his teeth. There was some degree of paralysis of the soft palate, for his respiration was snorting; but food or drink did not regurgitate through his nose. His intelligence was imperfect; and a cough and rush of air through the open powerless larynx could be heard. He had complete command over his limbs; he could lift both legs off the bed, and smartly withdrew either when its sole was tickled. His senses were perfect, but dull. His bowels were obstinate, and contained a great deal of common percolated over olive oil than any other way; and if great accuracy is required, he suggested allowing the carbonic acid to pass into Baryta's water, the precipitate being weighed as a sulphate.

For a time he was fed solely by the stomach-pump. Notwithstanding the quick pulse and rapid respiration, his temperature was not elevated. It was diagnosed as a cerebral affection, the seat of which was mostly abdominal, but there was slight action of the intercostal muscles. Expiratory power was most deficient.

From the period of his admission up to the present time the patient has continued to improve in every respect. As to treatment, lodde of potassium was given in scropul doses.
THE SURGICAL SOCIETY OF IRELAND.

Friday Evening, April 21st.

The President of the College, Dr. Albert J. Walsh, in the Chair.

Coup.

Mr. H. G. Crolly said the first specimen exhibited was the membrane cast off in group during the life of the patient. The child was four years and two months old, and was admitted to hospital under his care on Tuesday last. It had been suffering from the previous Sunday night with all the symptoms of diphtheria, and on admission there was an urgent necessity. The child was covered with a cold, clammy sweat, and profuse breathing, rapid pulse, and was almost on the point of death. The treatment adopted was to restore her, and he gave her an emetic of eight grains of sulphate of zinc. It acted, but the child was apparently dying, and a second dose was given. The child pointed to her mouth, and the nurse inserting her fingers, seized and pulled up the membrane, which they saw in the bottle. The child said, "Look at the maggot, I am quite well!" The false membrane when he (Dr. Crolly) saw it, looked like the wetted finger of a glove. Knowing that exacerbation of the disease was likely to set in, he did not relax in his treatment of the case. That night the child got worse, and the next morning better, and so the symptoms went on till eight o'clock last evening, when she died, apparently of exhaustion. On making a post-mortem examination, assisted by his colleague, Dr. Hewitt, he found the lungs emphysematous, with considerable congestion of the back of the lung, partly no doubt due to gravitation. In the heart was a large clot, which was adherent, and which extended into the pulmonary artery. There was also a clot in the left auricle and auricularis. The patient, he thought, had perished, and in the larynx he found the remains of the false membrane. It extended to the bifurcation of the trachea, and was more marked, in the region of the larynx than in the trachea. As the specimen cast off during life was rare, he thought it well to lay it before the Society.

SYPTHILIC ULCERATION OF LARYNX AND TRACHEA—LIVER.

Professor Morgan said the specimens which he now brought under the notice of the Society, presented two features, one was the deposition of guanummatous material in the liver, and the other was the ulceration of the larynx which was affected with syphilis about eighteen or twenty years ago. He suffered from some early constitutional symptoms at that time, but he had been before death from eight to ten years free from any symptoms of syphilis. He was at Doublay for a considerable number of years. His health broke down, and he came back to this county and sickened. He suffered from extraordinary and exciting pains in the back, became suddenly paralysed of one leg, and then of the other. Under large doses of iodide of potassium, along with counter irritation, he regained the use of his paralysed legs, and the power of controlling his urine and feces, which he had previously lost. He went over to England, and about eight months afterwards symptoms of bronchitis, as they were then looked upon, made their appearance. He was examined by Mr. Paget, who reported he could find no organ in his body diseased. He suffered from the ulceration of the larynx without assignable cause, and finally a node formed on the clavicle, and another on the head, and he had constitutional symptoms. He was completely broken down, and superadded to the laryngeal symptoms, were spasmodic attacks which became exceedingly alarming in the mouth, and it was ascertained by a very peculiar feature in the case, they found in the gland just outside the recurrent laryngeal nerve, a yellowish material, of the same description as that which existed in the liver. The trachea was considerably narrowed, the constriction being caused by the pressure of enlarged glands above the bifurcation, and the cartilages here were entirely eroded, and it would appear that it was not until this erosion had taken place that the narrowing of the tube ensued. The ulceration extended into the bronchus. One kidney was congested. On the surface of the liver there were some...
slight elevations, and on cutting into the liver these were found to be small deposits of a yellowish friable material, apparently of a ganmataous nature. The case was particularly interesting, from the fact that for ten years the patient did not exhibit any symptoms that was latent in the system. He got married, and his wife had two miscarriages, but there was no evidence of her having suffered from constitutional taint, and until his health broke down by intermittent fever, he had not the slightest symptom of syphilis.

Death from a Large Piece of Meat Impacted in Pharynx.

Professor Morgan exhibited a piece of meat weighing over two ounces, which had been removed from the throat of a wretched man, who was brought to Mercer’s Hospital that day. This, relatively speaking, enormous piece of meat was found firmly embedded in the man’s throat, and had caused suffocation by its pressure on the larynx.

Rupture of Intestine.

Mr. H. C. Croly exhibited an example of rupture of the intestine. The patient from whom it was removed had been the subject of double scrotal hernia for many years. He was in the habit of wearing a badly-fitting truss. At the left side the hernia came down, and the man was said to have received a kick on the left side of the scrotum, and immediately exclaimed that he was killed. He had all the symptoms of rupture in his left side. This was thought to have been caused by the other side, and the abdomen was distended. The hernia had been reduced at the right side before he came in, and there was a slight protrusion in the left groin, which he did not meddle with. The man died some hours after admission. On making a post-mortem examination he found the small intestines protruded in a place corresponding exactly with the sac of the hernia. The opening, through which he now passed a pen, allowed a quantity of the contents to be extravasated into the peritoneum. There was a thickened condition of the omen. Though but forty-eight hours had elapsed from his receiving the injury until he died, he had marked peritonitis.

Tubercular Meningitis.

Dr. Hewitt said this morbid specimen is one of tubercular meningitis, which has proved rarely described in the order in which the post-mortem examination was made.

The calvarium was morbidly adherent along the back part of the longitudinal sinus. The opposed surfaces of the arachnoid sac were covered with a CSL product, which could be removed with a scalpel.

The entire surface of the brain was a rose-coloured appearance, from intense vascular injection of the pia mater, and a few spots of lymph were found on the summit of the cerebral hemispheres.

The arachnoid on the opposite side of the longitudinal sinus was adherent immediately above the corpus callosum, and towards the posterior end of the fissure were a few tubercles, grey and milary. The sides of the hemispheres presented at first sight nothing abnormal, but increased vascularisation; however, on stripping down the pia mater from the brain, numerous tubercles were discovered which had been completely concealed between the convolutions of the tempo-sphenoidal lobe.

On puncturing the median sub-arachnoid spaces, about two ounces of a colourless transparent fluid escaped. This space, and also the sylvian fissures, were completely filled up with coagulated lymph, but no tubercles could be found in either situation.

The ventricles were dilated and full of serum; the brain substance was of normal consistence, it weighed forty-four and a-half ounces, being about four ounces above the average of a female child of nine years of age, and it looked abnormally large.

A number of scrofulous glands, and a piece of carious bone had been removed about eighteen months previously by Mr. Croly.

The Adjourned Debate on Re-Vaccination will be reported in our next Number.

A Modified Operation for Varioceole.

Dr. Dubrueil proposes (Ball 06, de Théou.) a modification of Vidal’s operation of twisting the veins by means of silver wires in varioceole (nirolmente), by which he thinks that clots are formed and danger of phlebitis avoided. He proceeds in the following manner. Instead of using two silver wires, as Vidal directs, he uses one of considerable strength, and another, much thinner, of platinum. These being passed so as to enclose the veins, he makes the usual twist; then he places the two ends of the suture in the clamp of Gréne’s pile, as near as possible to the integument, and the wire being heated, centazes the veins. Then he fixes the ends of the wires in the usual manner. M. Dubrueil uses one platinum wire in preference to silver, as the former requires less of the battery than the latter, and he finds the battery is not so difficult in heating the wire, as it is heated in blood. M. Dubrueil reports the case of a young man who was thus treated for a varicocele, and states that the pain was not greater than in the ordinary operation. At the end of eight days the wire was withdrawn, and the cure was effected in three weeks.—American Medical Gazette.

A Vehicle for the Internal Administration of Chloroform.

By G. W. Murdock, M. D., Cold Spring, N. Y.

The want has been felt by many physicians of a good vehicle for the internal administration of chloroform. Several formulae have been devised to meet this, but none, that I have seen, do so perfectly. Some are of difficult preparation; others are not efficacious either in strength or duration, and all contain too little chloroform for convenience.

I have lately been using a solution of chloroform in glycerine, which answers the purpose so completely as to leave little to be desired. By a little care in rubbing it up, one part of the solution is bulked by bulk and dissolved in three of glycerine. This solution is perfectly clear, is bland to the taste, and has but a slight odour of chloroform.

As glycerine is acceptable to almost every stomach, it admits of a wide range of application. It can be taken readily as it is, or can be diluted with water to any extent, without disturbing the alimentary canal. Curiously enough, the addition of water immediately increases the smell of chloroform without any precipitation of it. In preparing it, it is best to take one part of chloroform with two parts glycerine, add the chloroform very slowly, and rub up carefully. Then put it in a bottle, and let it stand twenty-four hours. A little chloroform will have deposited at the bottom. Separate this, and rub it up with the third part of glycerine, then mix it with the rest, and the solution is complete. No further separation will take place.

Six ounces of glycerine with two of chloroform will give seven fluid ounces of the solution, so that each fluidounce contains about seventeen M. of chloroform.

From the faint odour of the prepared solution I judge that the glycerine protects it almost entirely from evaporation, although some slight loss may occur while preparing it, which I think will not take allowance.

I have used only Squibb’s chloroform and pure article of glycerine, and cannot say how inferior grades may answer.

Having used it in a large variety of cases with entire satisfaction, I can confidently recommend it to others.—American Journal of Pharmacy.

Fracture of Neck of Femur, with Inverted Foot. By A. S. Hudson, M. D., Stockton, Cal.

Some years ago, while I was teaching medicine in the Iowa University, a man was brought to the infirmary of that institution, disabled. He was not fleshy, but compact and muscular. Over-hardened by intoxication, he had fallen down a flight of stairs.

In the position of the fracture, the left foot was found lying across the right instep, the toe strongly inverted, knee slightly bent, and the leg immovably fixed on the hip, with little or no shortening. The first diagnostic thought was a fracture of the neck of the femur; but the position and direction of the limb, and its well-ascertained pain, made me conclude it was a dislocation. But, then, where was the head of the bone? None could tell. It could not be found. However, in profound uncertainty, we resolved to make an effort to reduce a suspected dislocation.

The patient under chloroform, and the pulleys well applied, firm traction was made; whereas the limb straightened, with extra freedom of motion, and disclosed unmistakable crepitus, with a tendency to eversion of the toe. The difficulty was solved. It was now plainly a case of fracture of the neck of the femur, with fragments. The impression simu- lated certain features of dislocation, and concealed decisive evidence of fracture.
Literature.

THE FUNCTIONS AND DISORDERS OF THE REPRODUCTIVE ORGANS.

There can be little doubt that the positive spirit of inquiry, which has proved so beneficial in the sciences of astronomy, mathematics, and chemistry, will, ere long, tend to prevail in the study of medicine and social science. The appearance of a number of works on the diseases of the Reproductive Organs of the Male, and also of the female, is the best indication of the approaching divorce of physiology from metaphysics and theology. Not that we need, by any means, suppose that this wholesome disinterestedness has already arrived. The work of Mr. Acton, for instance, before us, full as it is of admirable remarks on the functional diseases of the male generative organs, yet bears unmistakable evidence of the author being anything but emancipated from the & priori views of the dogmatists and theologians. It is, too, a somewhat curious fact that, whilst the diseases of women have long received most exhaustive discussion in the various obstetrical and gynaecological societies of the old and new world, the functional diseases of males have hardly ever been discussed in any society of medicine. Of course, or, perhaps we may add, Germany. If we might hazard a conjecture as to the cause of this reticence, we should be inclined to suppose that men are un- able, in this question, to be sufficiently detached by emotions to discuss the subject objectively enough for the demands of science. To Mr. Acton is due the pre-eminent merit among all English authors, in this somewhat puritanical field, of having written openly and voluminously upon topics, which have so terrified the majority of his professional brethren as to make their opinions on such points next to valueless, in most cases, however able they may have been proved to be in matters requiring surgical operations, or knowledge of the natural history of non-sexual diseases. It is well known, to all who are aware of the changes which are going on in modern schools of thought, that there is silently growing up in our midst a class of men who acknowledge as the heads of their church such names as Bentham, James, and John Mill. and Bain, and refuse to be guided by the dogmatic morality of the Churches of former ages. Mr. Acton, in the work before us, shows however that he had probably made up his mind upon many subjects in sexual morality before he was at all likely to have been influenced by the views of Mr. J. S. Mill, and others, as to the chief point in sexual morality being the non-production of large families, Mr. Mill, who deserves eternal honour for the stand he has taken on this unpopular question, asserts, however, that the advice can be expected in infancy until the production of a large family is looked upon in the same light as drunkenness, or any other physical excess," whereas Mr. Acton shows his theological tendencies by quoting, on several occasions, the dogmatic assertion that it is the chief aim of man to "increase and multiply and replenish the earth;" and also exhibits a like tendency to the worship of the ascetic theology of the Roman Catholic Church in his remarks on the overweening apparent respect for abstinence. In page 58, for instance, of the work before us, he thus speaks:—"Under the age of twenty-five I have no scruple in enjoining perfect continence. The sightless adagio boy should be hidden to work, righteously and purely, and win his wife before he can hope to taste any of the happiness or benefits of married life."

Now, in these two quotations from Mr. Acton's work, we have the rem主任 of his philosophy in regard to the subject. Marriage, in his view of matters, is the European marriage of the day. Mr. Acton does not seem to understand that the physiologist has nothing whatever to do with questions of society, or ethics. The laws of physiology (a most detestably ambiguous term) are quite heterogeneous with those which govern the relations of human beings living in an industrial community, and Mr. Acton, in our opinion, gives up the high position of the medical man irretrievably, when he consents to be taught by the Catholic priest or the British Philistine what are the physiological requirements of the human body. It is plaidly, for instance, most instructive to read Huxley's dogmatical morals to be told that the amount of continence, which takes place in this country and elsewhere, among already peopled countries, is very much opposed to the health, and consequently to the true happiness of mankind. And it is also very uncomfortable for some of those in high places to be told, that the production of large families is not only not a meritorious action, but that it is one of the most immoral actions of which a citizen of a crowded European country can be guilty. But, then, science has nothing to do with the likings and dislikes of any class of persons; and occupies itself solely with tendencies and laws of Nature, and cannot demean itself so far as to endeavour to make Nature square with the dicta of any priesthood. We have made these preliminary remarks, because, without these, we cannot expect, so far as we can judge, to find any admirably constructed work is, to us, by far the least satisfactory of all of his interesting writings; and why we believe that his teachings in this work will fail to be followed by many of the rising positive schools of instructed medical men. For instance, among others, we would point to the views of Mr. W. Teevan as more theoretically in unison with science than those of Mr. Acton, because that author seems to us to understand that the main doctrines of morality in the male sex do not reside, as Mr. Acton would seem to think, so much in late unions and continence up to the age of twenty-five, as in attention to the laws of physiology and science. Physiology, beware of theology!

Mr. Acton divides his subject into four divisions:—childhood, youth, adult age, and advanced life. With regard to the remarks made on the functions in childhood, every medical man will derive the greatest benefit from his reading this part of the book, and, as we shall see, it is most dangerous, for, in a letter to Mr. Acton from a gentleman, the following passage occurs:—"I used to see it (masturbation) at a large private school I was at; and, alas, it was known and taught even at a little one, of boys all below ten years old, where I was before that." This is a most important revelation, and ought to be widely known by all masters of boys' schools, who should, in every way, endeavour to win the confidence of their scholars, and dissuade them from the practice of this most dangerous vice, by means of kindly warnings more than by threats.

In his chapter on Continence in Youth, Mr. Acton seems to lean to the asceticism which has been so much in vogue in the Christian Churches of Europe, especially since the date of the Marriage Code instituted by the Emperor Justinian. In the days of ancient Rome, human beings are said to have been the greatest facility, we find, in the writings of Horace and others, a want of that idea of the supreme splendour of continence since so apparent in the lives and writings of the Saints in the Middle Ages. Those who desire to know what an extent the ugly ideal of purity from the supposed contamination of sexual intercourse was carried by some of the sects of the Middle Ages, should consult the writings of Mr. Lockey, who, in his "History of European Morals," is very full, on this most important topic. Mr. Alexander Bain, in his work on the "Emotions and the Will," has shown the meaning of this silly asceticism to consist in the love of power, one of the strongest passions in the breast of uncultivated human beings. Mr. Acton, being of this ascetic school of late years (for in

the early edition of one of his works he used, if we remember aright, to admit that marriage was the natural cure of most of the common-place cases of spermatorrhoea, has naturally enough, stumbled on the pamphlet of the head of that dismal school of this day, Mr. Acton. This writer, whose pamphlet on the "Relation of Physiology to Sexual Morals," has been on more than one occasion held up as a "guide, philosopher, and friend" to medical men, by the able editor of one of our rather violent contemporaries, thinks that seminal emissions are quite "God's provision that the unmarried man should not be harmed by perfect chastity." Of course, when Mr. Acton quotes this passage, page 29, he does so with medical reservations; but we are sorry to see such a deeply-respected member of our Profession in any way endorsing the crude opinions of the anti-vice-cinatar and ascetic late Professor of Latin of University College, London. Surely, if he must have an authority, there were abundance of them in the ranks of the Profession, without having recourse to such as he. It seems that this gentleman, Mr. Newman, too, has "learned the advantages of vegetarianism only late in life," as a means, forsooth, of taking away the appetite of sex. Oh! Mr. Acton, why quote such trashy moralists, who know nothing of the body! It is you who should dictate to them, not to you to them! Again, in page 38, Mr. Acton gives a long quotation from the works of a Catholic priest as to the extreme value of perfect life-long chastity. Does Mr. Acton not remember well how often Lallemand was consulted by Catholic priests for nocturnal emissions, which destroyed their bodily health and mental powers? Such are the results of celibacy in very many cases; and we have no hesitation in saying that the celibacy of the priesthood of the Church of Rome is entirely opposed to all true morality, which indeed must be based on physiology, psychology, and utility.

Mr. Acton, of course, is far too able a man to remain logical in this matter for more than a page or two at a time. Thus, in page 55, he says, "I am bound to admit that in practice, we meet with a large number of young men, of middle age, and even of old age, but of delicate constitution, who cannot remain continent without being subject to frequent nocturnal emissions. When this is the case, the sufferer may be intellectually in a worse plight than if he were married, and so occasionally indulged in sexual intercourse. In these exceptional cases it is not true that celibacy is the state best adapted to intellectual excellence." And yet Mr. Acton recommends marriage, as the best, and, because we have no hesitation in saying that a good number of men, if they took Mr. Acton's advice, and acted on it, would, in such cases, end in a lunatic asylum, solely by cause of those emissions, which Mr. Acton admits so frequently to exist. It is not fair in our learned author, either, to put his antagonist on the horns of the dilemma of prostitution, or the cohabitation with a woman of the lower classes. As before observed, there are questions relating to Smith's "Ordinary Marriage," and therefore topics of social science, and not really of physiology. Mr. Acton's point is, whether perfect celibacy before twenty-five is safe for males in general? He answers, yes! We say no.

In page 61, indeed, Mr. Acton quotes with disapproving the following views of an able anonymous writer, the author of "The Elements of Social Science"—"To have offspring is not to be regarded as a luxury, but as a great primary necessary of health and happiness, of which every man should be fair enough to own the necessity of sexual intercourse to the health and virtue of both man and woman is the most fundamental error in medical and moral philosophy." And yet in page 73, he shows from Ritchie, Esqurillo, and other writers on insanity, how frequent a cause of mania and imbecility is the deprivation of these very pleasures he believes to be of such little account, which bring on the habits of masturbation so commonly met with in both sexes of lunatics, as to make Esquirilo say—"La Masturbation, ce fléau de l'espèce humaine est, plus souvent qu'on ne pense, cause de folie, surtout chez les riches." All those who wish to understand the symptoms of this common cause of insanity should read Dr. Ritchie's treatise, "Acton," and also Dr. Young's "Moral Philosophy." And also Mr. Baker Brown's pamphlet on masturbation in women. Dr. Copland is well known, in company with Sir B. Brodie, Sir W. Jenner, and Mr. Holmes Coote, to have enlarged on this dangerous result of late marriages, or the celibacy up to the age of twenty-five, spoken of by our respected author in his work.

In page 56, Mr. Acton gives some advice to Celoros in search of a wife, more of Acton, and then, Dr. Young Mou; and also Mr. Baker Brown's pamphlet on masturbation in women. Dr. Copland is well known, in company with Sir B. Brodie, Sir W. Jenner, and Mr. Holmes Coote, to have enlarged on this dangerous result of late marriages, or the celibacy up to the age of twenty-five, spoken of by our respected author in his work.

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Mr. Acton here quotes from the pamphlet of Professor Newman on this point, with approbation, the following—

"An intimate friend of mine, who must be near fifty, now tells me that in his youth he consulted an eminent London physician, who, though the ailment had no relation to the sexual system, volunteered to say that it was bad for him to remain chaste; and in reply to some exclamation of surprise, explained 'that he must judge for himself, as the case did not belong to the physician; but that a man must not expect to be in health, if he neglected to exercise a natural function.' If Mr. Acton takes the side of the patient against the physician spoken of, we can only say, tant pis for Mr. Acton's philosophy and for the health of some of Mr. Acton's patients. As to treatment of impotence, among drugs, Mr. Acton speaks with some favour of cantharides and of phosphoric acid. Strychine, also, he considers, to be a good tonic and he much approves of electricity, occasionally applied under the direction of a medical man. Bands worn promiscuously round the neck, &c., are worse than useless; they are often injurious. This, also, we can readily endorse.

On the head of premature ejaculation, we do not think our author sufficiently full; since all opinions of any experts will be somewhat variable. Consequently this is recognised as one of the features of impotence, or commencing enfeeblement of the generative powers. Perhaps, the best way of overcoming this is to advise the patient to sleep all night with his wife before accomplishing the act. As to the matter of nocturnal emissions, Mr. Acton speaks, in the first place, of the power which persons possess of controlling their dreams, and he has some really admirable hints as to the necessity of taking no heavy meal, and not much fluid into the stomach near the time of going to bed. Also, he wisely cautions patients to rise, before the second sleep comes on, and if more sleep is needed, to take it in the day time. A catheter passed once or twice a week may suffice in simple cases to allay the irritability of the urethra. When this fails, as it occasionally does, he generally has recourse to cauterisation, and few cases fail to yield to this treatment, which is attended with little or no pain. "Cauterisation," he says, "gives the permanent relief that nothing else will, and I have never yet had cause to regret using it." We are glad to hear this, as Lallemand's porte caustique was, as everyone of experience knows, often a most dangerous instrument to use, often causing stricture of the urethra. Of course, Mr. Acton admits what all are too well aware of, that "even cauterisation will not, in every instance, effect a cure. As diarrhoæases, Mr. Acton is certain that, in large number of cases, semen does form a part of the emitted discharge, and thinks that a considerable number of that class of patients who are constantly ailing, rather than ill, are often suffering from loss of semen in the day time. This we also endorse.

The chief bulk of the two drochans of seminal fluid, which is excreted in congress (he says) comes from the seminal vesicles, and, for this purpose, he wishes the urine fluid is constantly being secreted, and passes into these reservoirs. We were surprised to see no mention made of unfruitfulness in the male arising from double orchitis. This is so common as to have been met with by all careful observers of experience.

In page 193, Mr. Acton speaks of what has been denominated conjugal onanism, and of a work by Dr. Bergeret, entitled "Des Fraudes dans l'accomplissement des Fonctions Generatrices," where the author "gives a very succinct account of how it is, that Pretence is determinate (and carry out) that they shall have only one, or at most two children. M. Bergeret mentions that the practice of limiting the family is not confined to the poor; the system also holds good among the upper classes in France. In a discussion which took place a few years ago in the French Academy, it was publicly admitted that the arrest in the progressive augmentation of the population in France did virtually depend on the means the nation took to check its increase by frauds genitiques. Mr. Acton "is far from attributing, with the author of the treatise, so many of the local ill-consequences which he traces in the female to the means pursued;" still, he "raises a warning voice against either married or unmarried persons giving themselves up to unjustified sexual excitement." Here, again, we must complain of the superficial nature of the criticism of Mr. Acton. He must know well enough by this time, that the question of large or small families is one of the most important in hygiene, seeing that poverty is the most fruitful source of disease. Yut, probably in case the Philistines should disapprove, he gives up the question, and thereby strengthens the hands of the retrograde party. For this he cannot expect to be praised by us. Let us hope that in his next edition, he will take heart of grace and 'speak out.'

With regard to the way in which Mr. Acton performs cauterisation of the urethra, it is thus described (page 216). He employs a syringe made of stout glass, and with it injects a ten-grain-to-the-ounce solution of nitrate of silver. The instrument is passed down the urethra, the patient standing against the wall. Within half-an-hour the patient may return home. Relaxes do not often take place after this treatment, and he never employs any other plan. His instrument is obtainable at Ferguson's, Guilseap street, London. Tea, coffee, and tobacco, he looks on as so many poisons for persons suffering from nervous depression from emissions. In page 293, Mr. Acton quotes from a letter of the late Sir B. Brodie to a patient who consulted him, "You must not expect to be free from nocturnal emissions until you are married," without any comments.

The last part of Mr. Acton's work—viz., that in which he speaks of advanced life, is quite satisfactory. He quotes Cicero's reputed reply to the query whether he still indulged in the pleasures of love, "Iheaven forbid, I have forewarned, as I would a savage and ferocious monster." Old men do not, indeed, seem to be without spermatozoids, but it is probable that they are wanting in the other conditions requisite for fecundation.

Professed breeders of animals, he says, refuse to rear the produce of old sires or dams. The children of old men, too are "difficult to rear." In another part of his work he quotes a letter, in which an old man stated that he was plagued with nocturnal emissions, although over the years of life. In the pages of De la Parize, have mainly contributed to this chapter. In taking leave, with regret, of the pages of Mr. Acton's work, we cannot help saying to our readers that this is one of the works which it is almost the duty of medical men to study. So much time has been lost in this branch of the healing art, that it believes all who are at this moment occupied in the noble task of curing the ills of their fellows, to come to definite conclusions upon the things fit to be done to male patients suffering from seminal weakness, and in few medical works, that we are acquainted with, are there more material for coming to a conclusion than in Mr. Acton's work, which, in conclusion, we hope may pass through several future editions, both to the profit of the author and the advancement of medical science.

STRICITURA OF THE URETHRA.

(Continued from page 302.)

Mr. W. F. Tresvan seems almost entirely to set his face against Holt's dilator, which, he says, was first introduced in Paris and there condemned, as it also is now in London by Sir W. Ferguson, Mr. Smith, Mr. Coulson, &c. His objections to it are its mortality, and retention of urine after it; and he asserts that post-mortem examinations after Holt's operation have showed rupture of the mucous membrane. The bougie à boule was first invented by
Sir C. Bell, and is simply used for diagnosis, and will detect stricture in its earliest phase, so that in cases of gleet it should always be used. The olivary bougie and the filiform bougie are also much prized by Mr. Teevan for gradual dilatation, and it is the safest treatment, for of 1,000 cases treated there had been one death, and all could be operated on out-patients. The bougie olivarium, according to Mr. Teevan, furnishes proof sufficiently and the patient is hardly aware of it. It is necessary to pass one every three or four months, even after apparent cure, and dilatation should be conducted up to the highest size the urethra will take.

Dr. C. O. Aspray's pamphlet on the use of the screw dilator is very interesting. He also thinks that fibro plastic material is often deposited during the acute inflammation of gonorrhoea, and he recommends that the treatment of this class of cases should be by means of antiphlogistics and soothing remedies, and that during gleet a soft olivary catheter should occasionally be passed. Injections, when they increase the discharges, should be abandoned, and he prefers sulphate of zinc injections for this reason. According to Mr. Aspray, self-abuse is sometimes a cause of stricture of the urethra. Many patients suffering from "old gleet," are cases of stricture, and the bougie a boule ought to be useless in their treatment. The principle of the dilator should always be treated first, and the meatus should be made larger than natural. In 1866, Mr. Aspray invented his screw dilator, which he affirms will dilate from No. 1 up to No. 6 or 9, or 12, quicker than any instrument yet produced. As soon as No. 1 can be passed, dilatation can be commenced without withdrawing the instrument. In one of the cases cited by the author (No. 6) gradual dilatation up to No. 12 had been employed eight months previously. The cure took fifty-two days to effect, out of which he was in the hospital fifty-one days. With the use of the dilator a No. 10 was passed in twelve days, and the patient was never in bed a single day.

In trying to come to a conclusion, as to the merits of Holt's operation, we must not forget the number of cases of stricture of the urethra which produce fatal results from extravasation of urine among the working classes who are so careless of their health, and whose time is so little at their own command. If Mr. Teevan and those who justly speak of the occasional dangers resulting from the use of Holt's dilator, would but consider that the long process required for gradual dilatation is too long to be carried out by working men, who thus rush to their doom, we cannot help thinking that he might be less thoroughly opposed to what seems to us from the results given by Mr. Holt. If Mr. Hill, when successful, a most wonderful operation; but the question is evidently, as yet, a debated one. Dr. W. Stokes of Dublin* agrees with Mr. Teevan in opposing Holt's operation, and says that fatal cases occur, the urethra being ruptured.

That writer considers that he may state what he believes to be the principles which should guide the surgeon in the treatment of urethral stricture. First, that all cases in which it is possible to introduce a catheter or bougie, should be treated by the method of gradual dilatation, as, in skilful hands, it is the safest, and most likely to succeed. And thirdly, that strictures that are impermeable to any catheters or bougies should be treated by external urethrotomy. The larger the experience he has had of the treatment of urethral strictures the more convinced is he that these are the principles which should guide the surgeon in treating the disease, and that all surgical practice and its results of being accused to be misled by the dictatorial assumption of some who claim for other methods unvarying success and universal applicability, will ultimately accept them.

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the apparatus and the three weeks' rest, allowing the paralysed muscles to regain their tone? The lad could not say; for the situation was not a very satisfactory one, and I was still in too much pain, and it was tied up at once. I believe my diagnosis was right, and my prescription scientifically correct, but I do not know whether it would cure the deformity so quickly, if at all. I have read over the paragraph on "Talipes Valgus" in Erichsen's "Surgery" (2nd edition). He was nothing about treating it as a lusation; but why should it not be? and if the peroneal tendons should be much contracted (in my patient's case they were but little so, if at all), would not they yield or snap in forcible reduction, and thus answer as well as tenons? so do says Mr. Barrett.

The point I wish to be informed on, when next I meet each case I believe they are rare, what treatment or procedure should I institute? if that of prompt reduction, will it find it easy or difficult, and what apparatus should I apply to prevent relapse? Surely, the lights of our Profession might occasionally deign to answer the queries of us poor provincial surgeons or physicians, as the case may be, when we seek information not to be found in our usual text-books. I may mention while on this subject that there is a famous bonesetter in London, who is at a few miles from who earns, I am told, close to £200 a year by his practice. May he prosper say I. The public are quite competent to judge if a bone has been well set, or a dislocation reduced. Long experience must make one skilful in what is little more than a mechanical art. I would hinder no one from doing good. Of course, bonesetters are incomparably more incorrect than compound fractures or compound dislocations, and should be punished if they undertake such, and that mischief ensues. But all simple fractures or luxations they treat as successfully, or perhaps more so than average country practitioners, many of whom, though clever men, their departments of our art, have lost all experience in this particular branch, which is relegated to the bonesetter.

The latter, I believe, however, in order to please his patient, or get a fee, often pretend to cure a dislocation where only a strain existed. Deplorable charitability, to be sure. We never do it as a rule, but when we have to do it with diplomatised medicines I and occasionally very seldom mistakes a diseased joint for the result of accident, injudiciously manipulating the same. But view them how you will, as good citizens (is that what M. Leon Lefort would call them), or poachers, or our preservers, one may take a lesson from them. "Fas est ab hoste dociatur." I am, Sir, yours faithfully,

FRANCIS M. LUTHER, M.D.

Cappoquin, April 27, 1871.

Medico.

Royal College of Surgeons of England.—At a meeting of the Court of Examiners, on the 2nd inst., the following candidates passed the required examinations for the diplomas, and were duly admitted members of the College, viz.:—

Parsons, Joshua Frederick, L.S.A., Frncs, Somersetshire.

Parker, George Henry, L.S.A., Northampton.

Todmorden, William, Todmorden, Lancashire.

Williamson, William, Cefn y Coed, South Wales.

Hall, Geoffrey Craythorn, Portsmouth.

Langridge, Edward John, Buckland.

Thompson, William, Todmorden, Lancashire.


Bald, William Alexander, Exeter.


Hart, Henry, Yorks, near Liverpool.

Risow, Edward John, Buckland.

Pope, Harry Campbell, Frng. Herts.

Moore, Edward William, Greaves-on-the Road, Chiswick.

Bentley, McDonald, A. L., Birmingham.

Thompson, William, Cefn y Coed, Somerset.

Ray, William Wilson, Middleton.

Williams, Henry, L.S.A., Gloucester.

Maboterley, Frederick Herbert, Exeter.

Gilles, Peter Brome, Staunton-on-Wye.

Lang, Frank, L.S.A., Biote Newington.

Rich, Richard, Middlesex Hospital.

Fenner, Orlando Reeves, Somerset.

Parsons, Francis J. C., Bridgewater.

Prizes for 1872: The council of the College of Surgeons have announced that the subject for the collegiate triennial prize to be awarded in 1872, is "The Structure and Functions of the Medulla Oblongata, including the Connections of the Central Nerve Roots." The value of this prize is fifty guineas.

The subject for the Jacksonian prize of the value of twenty guineas, to be awarded the same year, is "The Diseases of the Central Nerve System, including the Sinuses connected with it, and their Treatment."

Apothecaries' Hall of London.—At a court of examiners held on the 4th inst., the following gentlemen having passed the necessary examination, were admitted licentiates of the Society of Apothecaries, viz.:—Messrs. John Philip Allwood, of Stafford; Henry Herbert Cookerton, of Islington; Alfred Langridge, of Leeds; Henry John Coon, of Wicklow; Edward McDonald, of Tring; George John Scales, of Merton, Tyudvil; and Arthur Wals, of Poole, Cornwall. And at the same court: Messrs. Edward Theodore Burton, of the Ledwich School of Medicine, Dublin; and Josiah John Sarjant, of the London Hospital, passed the primary professional examination.

Vaccination.—Dr. Hearne has addressed the following statement to the inhabitants of Somerset. Having had to explain to many persons by what signs to know cow-pox may be distinguished from that which is spurious, I will briefly enumerate them. 1. On the third day from the insertion of the lymph the wound appears red and slightly raised. 2. On the fifth day the skin is elevated into a pearl covered vesicle, containing a thin and perfectly transparent fluid in the same quantity. The shape of the vesicle circular, or oval, according to the mode of making the incision. 3. On the eighth day the vesicle is in its greatest perfection, its margin turgid, and sensibly elevated above the surrounding skin. In colour the vesicle is bright red, and becomes at times brown or black, and at length passes into a black scab. 4. At the ninth day the same vesicle is of a chocolatey shade, or brown; and at length, by the eighteenth and twenty-first day it passes off, leaving behind it a well defined cicatrix of small size, circular, and marked with radiations and indentations. Unless the stages I have described have been fairly marked the vaccination can have exercised no protective influence. But that blood diseases are frequently produced by the action of impure lymph there cannot be a question. I take this opportunity of informing my fellow townsman that circumstances have driven me to write to the Poor-law Board, London; a step taken after much anxious thought consequent on the crowding of our poor house with small-pox cases, in addition to receiving several cases having reference to irregularities in connection with the mode of carrying out the system of public vaccination in Southampton. Both vital questions—but even my friend, the Mayor, alike uniformed with his neighbours, on this particular question was not impressed with the necessity of these two points to form a correct opinion of the success, or failure, of the operation, are required to report themselves at the public stations in case of failure, whilst their non-appearance may be accepted as a proof of success! A more grievous blunder could not be professed. That a community should be persuaded that they have taken advantage of a protective influence and then discover that they have been simply deluded is worse than a blunder. Some medical men confuse their patients by stating that they have protected them by a modified cow-pox—now, neither Jenner, nor any authority of eminence, ever recommended it, and if at all it has been briefly tried, is exercising the slightest protective power. I am further convinced that the hiring of a host of vaccination stations is an extravagant waste of the public funds, which should be at once repudiated. "When several are vaccinated from the same vials, the same vaccination is received," is the doctrine first in order. A medical man has recently boasted that he charged 300 points from a single arm! Re-vaccination in the Prussian army—40,000 have been annually re-vaccinated—only two-fifths of the cases were reported as successful.—Wood's "Practice of Medicine."

Mortality Wounded in Paris.—A correspondent of a contemporary writes:—Dr. Decazes, who is taking a leading part in the attendance on the sick and wounded at the Prussian ambulances in the Avenue d'Eylau, draws attention, in the French and the Verite, to the fearful mortality among the wounded. Hardly any of the patients who have to undergo
an operation survive it. Dr. Decaisne ascribes this to the state of debility to which most of these poor devils have reduced themselves through hard drinking. Ever since the war broke out the consumption of radiant spirits has more than trebled in Paris, although the population has diminished in even a greater ratio, and alcoholism, and blood-poisoning consequent upon it, is, according to Dr. Decaisne, one of the chief causes of the extensive mortality which prevails among the defenders of the Commune. Under these circumstances a mere drink would do him a whole deal more harm to his bed, almost invariably proves fatal. Intoxication, moral, political, and physical, seems the present bane of France — for there are people in all countries, and especially in France, who will get drunk on other things besides alcohol.

Dr. Livingstone.—In the House of Lords on Friday, Earl Granville will acquaint him that he had great pleasure to inform the House, that official dispatches had been received that day at the Foreign Office from Dr. Kirk, the acting British consul at Zanzibar, containing information of the safety of Dr. Livingstone up to October last. Dr. Livingstone was then at Mankoko, waiting the supplies which had been dispatched to him. Meanwhile his immediate wants had been supplied by the Arabs.

City of London Truss Society.—The number of patients relieved during the month of April, was 699, to whom 705 instruments were supplied.

Fatal Accident to a Surgeon and his Wife.—On Saturday afternoon, Mr. Firth, M.R.C.S., of Macclesfield, were driving in an open carriage accompanied by his wife, daughter, and a young female nurse to London, when a horse, the long-time reative on descending Hill street, and started off at a furious gallop, Mr. Firth entirely losing control over it. The animal ran against some iron posts in Park green, and the violence was such that the posts were uprooted. The vehicle was smashed, and the occupants pitched with frightful force into the road, the carriage overturning upon them, all four being unconscious when taken up. They were taken to the residence of Mr. Firth's partner (Mr. Fernie) close by, and three or four professional friends were speedily in attendance. Mr. and Mrs. Firth were found to be suffering from severe concussion of the brain, besides contused wounds about the temples. They never recovered consciousness. Mrs. Firth died about noon, and Mr. Firth at eight o'clock in the evening. The young ladies are greatly shaken, but are in no immediate danger. The sad accident has caused a great gloom in the town. The deceased has been in practice thirty or forty years, and was very highly respected.

Small-pox.—At a meeting of the Metropolitan Board of Works on Friday last, Dr. Brewer, M.P., after calling the attention of the board to the deplorable increase of small-pox in the metropolis, moved a resolution empowering the Metropolitan District Asylum Board to erect temporary wooden huts at South-end, Hampstead, for the accommodation of convalescent cases. These buildings would be erected 700 feet from any dwelling house. Mr. Healy seconded, and Mr. Shaw supported the motion, which was agreed to unanimously.

NOTICES TO CORRESPONDENTS.

Correspondents requiring a reply in this column, are particularly requested to impress upon a friend or some trustworthy person of their own acquaintance, that the solicitation by them of a correspondent is only a request, and not a command. They are, therefore, requested to avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this request.

To our Subscribers.—Gentlemen who have not paid their subscriptions are respectfully reminded of the omission. The Publisher would also be much pleased to receive arrears of subscriptions due for several years previously, which, having to pay floating expenses, remain unpaid, and would therefore be grateful for the fullest information, with a view to their recovery, which may be disposed of by their arrangement to be sold by auction.

Dr. Sarsen.—Certainly.

Dr. O'meara.— grandparents, and will have early attention.

P. E. R.—It is unfortunately a rule in the Post-office with which we are compelled to comply.

Dr. Johnson.—As soon as the Societies' Meetings are over.

MEETINGS OF THE LONDON SOCIETIES.

Epidemiological.—This evening, 8 P.M., Inspector-General Lawson, "On Cholera in Ships."

ROYAL INSTITUTION.—Thursday, May 11th, 6 P.M., Prof. Tyndall, "On Sound."

CLINICAL SOCIETY OF LONDON.—Friday, May 25th, 8 P.M., Mr. Cooper Foulkes, "On a Case of Chorea Generalis Operated Upon by Mr. Buzzard."

On a Case of Corvosa-Brachial Neuralgia treated by the Constant Current." Mr. J. W. Haward, "On Cases of Distention of the Antrum of Highmore." Dr. Sabine, "On a Case of Syphilitic Tri-geminal Neuralgia, with Loss of Small and Taste, and Paraalysis of Ocular Muscles."

ROYAL INSTRUCTOR.—Saturday, May 19th, 5 P.M., Mr. Lockyer, "On Instruments used in Modern Astronomy."

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.


VACANCIES.

St. Thomas's Hospital, London.—Physician and Assistant-Physician, a Surgeon and two Assistant-Surgeons.—Applications to be sent in to St. Thomas's Hospital.

Royal Asylum of St. Anne's Society, Streatham.—Medical Officer.


Cumberland Infirmary.—House-Surgeon. Election 7th June. Worcester County Lunatic Asylum.—Assistant Medical Officer, Salary £210, with board and residence.

APPOINTMENTS.

Brooks, G. C., L.S.A., Resident Assistant to King's College Hospital.


Gardner, M. J., Surgeon's Assistant, Royal Infirmary, Aberdeen.

Gittens, T. J., M.R.C.S.E., Surgeon Superintendent to the Leta and Coronal Coal Mining and Copper Establishment at Lota, Chili.

Goodall, David H., M.R.C.S., Honorary Assistant-Surgeon to St. Mary's Hospital, for the 'Fever Hospital's' for Infectious Diseases.

Grady, J. W., L.R.C.P.I., Medical Officer for the County Dispensary District No. 2 of the Oughterard Union, Co. Galway.

MacKintosh, J. K., M.R.C.S.E., Medical Officer, Public Vaccinator, &c., for the Ballina-leenese District of the Casterles Union.

McPherson, D., L.R.C.S.E., Medical Officer and Public Vaccinator for the Parish of Lochgroin, Co. Ross and Cromarty.

Mickle, W., F.R.C.S.E., M.R.C.S., Assistant Medical Officer to the Yorksire Uninematic Asylum, Mickleover.

Parsons, F. J. C., House-Physician to King's College Hospital.

Parker, W. M., M.D., L.R.C.P.I., Assistant Medical Officer to the Lunatic Asylum at Chichester.

Taylor, A. C. M., Medical Officer for Bingham Union, Notts.

Vizetelly, T. H., M.B., House-Surgeon to the Asylum for the Insane, Nun's Nest, and Lunatic Asylum, Wirral.

Waller, W. H., M.D., Medical Officer to the Darlington Union.

Williams, W. T., Resident Surgeon to the Soto Low Hospital.

Marriages.

Baird—Fearon.—On the 26th ult., at St. Paul's, Carlisle, James T. Baird, M.B., C.M., &c., of Congleton, Cheshire, to Frances Hall Fearon, eldest daughter of the late J. C. Fearon, Esq., C.E., of Gilerux, Cumberland.


Wilson—Ryan.—On the 14th ult., at St. Peter's Church, Dublin, Dr. Thomas Wilson, Surgeon, of Alton, Hampshire, eldest son of Geo. Wilson, Esq., of Coldenamary, S.B., to Amabel Sarah Ryan, second daughter of J. Ryan, M.D., F.R.C.S.E., of Upper Lesson street, Dublin.


Deaths.

Birch.—On the 26th ult., at Bristol, De Burgh Birch, M.D., late Madras Medical Service.


Malthev.—On the 24th ult., at Rock Villa, Millwall, Manchester, John Malthev, Surgeon, aged 30.

Morris.—On the 24th ult., J. T. Morris, M.D., of Deddington, Oxfordshire, aged 88.

O'Donnell.—At Kilrush, Co. Clare, Thomas Bood D'Oonnell, J. L.K.P.I., M.R.C.S.

Street.—On the 8th of Feb., on board H.M.'s Ship "Melville," at Hong Kong, H. C. Stewart, M.R.C.S.

Original Communications.

THE SCOPE OF MEDICAL JURISPRUDENCE:

PART OF A LECTURE INTRODUCTORY TO THE COURSE ON FORENSIC MEDICINE.*

DELIVERED AT THE LONDON HOSPITAL MEDICAL COLLEGE.

By M. Prosser James, M.D., M.R.C.P., &c.,
Lecturer on Materia Medica (formerly on Medical Jurisprudence) in the College.

After some preliminary observations, chiefly interesting to the students of his College, Dr. Prosser James said:—

I shall do my best to render the subject of the course as simple as possible, and to place the whole before you in such a light as to clear it of all those little impediments, which too often hinder the pursuit of science by discouraging at the outset those who, with a little help, would speedily surmount these difficulties, and find their progress afterwards steady and pleasant. To give you that help will be one of my first cares, for it is manifestly impossible for any lecturer to do the student's proper work for him. He must work with the pupil, not as his guide in the early part of the course, but to give him a friendly aid in getting up the first ascents, for the pleasure of finding afterwards a companion in his climbing, when mutual help and mutual pleasure will be called into play.

And this will be our best way of arriving at results satisfactory to all; for knowledge thus acquired is ready to use for any purpose. I do not forget, gentlemen, that there is one special goal before you which you must be desirous of reaching—ability to practice your profession with credit to yourself, and benefit to your patients. And though the department of medical jurisprudence is in some sense, a subsidiary one, yet it may easily happen that early in your career your position may be made or marred by your more or less thorough acquaintance with its principles. In the meantime we cannot forget the minor division in the race—the first goal you have to reach. To you, indeed, this smaller race for a qualification to practice will, at times, assume the importance of the larger one. As the time draws near, in the excitement of winning the preliminary contest for your diploma, you may be excused for forgetting for a moment the still longer and more important struggle that then only commences.

It is then of importance to you that your work here should contribute to the passing of the necessary examinations, and therefore we will keep in mind throughout the course this necessity. Now, I believe this is to be done best by laying such a broad foundation that you may go on building upon it gradually but continually, so that the examinations over, the diplomas acquired, and perhaps a prize or two as well, you shall start in the greater race of life with such a store of knowledge, and such an acquaintance with broad principles, as shall enable you whenever called upon, so to classify facts and reason upon them, as to accomplish all that can be expected of you. This, depend upon it, will serve far better than all the cramming in the world, not only for present but future purposes. This is the way to make yourselves informed at all points, to cultivate all the noblest faculties, and thus, while making you better practitioners, making you also better citizens and—better men. Let this, therefore, be our aim in these lectures. Give me your attention for this purpose, and I will spare no effort to simplify the subject, to help you over every preliminary difficulty, and prepare you to look to Colleges, Halls, and Universities without fear, to meet their Examining Boards with confidence, and do credit to your teachers here, and be yourself a credit to your profession hereafter. Let there be this confidence between us, this mutual assurance of our full interest in these objects, and half the preliminary difficulties will vanish at the prospect of our determination to vanquish.

* This lecture has been in hand some time, and is now published as opportunity, at the opening of the Summer Session, although the lecturer has left the chair of Jurisprudence for that of Materia Medica and Therapeutics.—Ed. M. F.
The subject of Medical Jurisprudence is a broad one, and its responsibilities are large. It is broad, inasmuch in some way or other it touches on nearly every branch of the healing art: all the branches of study that have occupied your attention may be called into use in relation to forensic medicine. The responsibilities that may be laid upon you as a medical jurist are heavy, inasmuch as upon your opinions may be hung the fate of guilt or not guilty in crimes of deepest dye, and to you society may look to justify the infliction of the deepest penalties, or save it from the horror of mistaken judicial murder. You may be summoned the very day you set out in practice to visit the dead or dying—this suicide, victim to his own violence, or the victim to the murderous propensity of another. Nay, as happened to me, while yet a student, you may be sent for by some friend in a hurry to witness in a case of suicide or murder.

But, besides these, other crimes must fall under your notice, and, apart from crime altogether, you will have to investigate many an obscure cause of death or disease. The most difficult questions of prognosis may be placed before you in reference to injuries—the most curious class of intimacy involving the succession of large estates—or the most singular and deplorable events of vida praxis—may demand defence at your hands, or you yourselves may become the sufferers in such proceedings. With such variety, such responsibility, such important consequences dependent upon you as medical witnesses, it will be superfluous for me to urge upon you a careful consideration of the grounds of your evidence, and the careful preparation you have proceeded with the division of the subject I have made, with a view of laying them before you in as simple a manner as possible.

Forensic Medicine, Legal Medicine, State Medicine, or Medical Jurisprudence is the branch of medical practice which teaches the application of all varieties of medical knowledge to Law and Government. It therefore includes every department of medicine that may be matter of judicial inquiry, and its limits are no less than those of medicine and law combined. It takes in subjects which relate to the very foundations of Government, and upon the right application of some of its principles depend some of the most important regulations of society. Without it, the social fabric would be a baseless structure, and security, peace, and comfort, unknown blessings. From the earliest moments of infancy—nay, before the forms are molded and the embryo begins to make every stage of life, on the death bed, and beyond the grave, in so far as testamentary documents can act, the principles of medical jurisprudence bear upon mankind, and in all these stages of any one's existence its professors may be called upon to collect, classify, arrange a series of facts and deduce therefrom opinions for the guidance of Courts. Here then is an instance in which it has been stated by every English gentleman should possess, may be of service to you in the prosecution of your professional studies. Here in a wider sphere we see how all the laws and customs that regulate every human society are brought into immediate relation with the art of healing. And if, as we well may, we include in this study the science of State medicine which relate to the preservation of the public health, and the prevention of disease, we are brought into the presence of the highest kind of politics, and as this last subject leads us not only to such questions as hygiene, vaccination, epidemics, and so forth, but brings us face to face with the evils that originate much of disease, such as dirt, squat, poverty, vice in a thousand forms, drunkenness, prostitution, and the venereal disease, and find the subject spreading before us as physical disease leads to moral degeneration, until we trench upon the domain of the philanthropist and theologian, and find that verily as medical men we have duties, responsibilities, and sympathies with every phase of life, and represent in our studies the combined efforts of all earnest workers for the good of their fellow creatures.

In alluding to this subject, I will not lose sight of our immediate object, but could scarcely refrain from the desire to point out how, as students of Nature, we are but fellow workers with all. Our studies, often called peculiar, have their relations to all others, and are intimately blended with the noblest aspirations of the human intellect. So true it is that in the world of mind as in the world of matter, all true knowledge seems to point to one general law, as if the correlation of the forces might be a term applied beyond the domain of physics.

Thus it is that in seeking one thing we may often fall upon another, as if one central light absorbed all others. And so as things most unlike shed their lights upon each other, we find that, in a wider sense than our own poet dreamed of,

"One touch of Nature makes the whole world kin."

But these speculations must not detain us too long. Having once pointed out the scope of our studies and their great interest let us at once descend to a consideration of its simplest elements and pin ourselves down to some of its first dry details.

Forensic medicine has been divided in many ways to render its study easier. If I deviate from some of the more common classifications in some points it will only be with a view of simplifying: And when this is done we shall adhere with a certain degree of closeness to the received divisions in order to make the common text-books of authors in your reading.

As soon as ever you get into practice you may be summoned hastily to a case of importance in a medico-legal point of view. Let us take that call, and so give a certain air of clinical instruction to our lecture. Arrived, you may find your patient dead or alive. Even this at once suggests a division of the whole subject into those cases in which the medical man is called in after death, and those in which he is employed in life. It is not my

I think desirable to cumber your minds with names, though it has been proposed to divide forensic medicine into the thanatological and biological departments from the two Greek words for death (θάνατος), and life (μία). Yet this division is, to a certain extent, very natural and very convenient. Moreover, it has this recommendation about it, that for the student it is a great point of indifferent.

By taking the case of death first it is not that either division is in my view less important, but involving frequently points of momentous consequences, I hope thereby to secure your deeper attention at first, and so get you at an earlier stage more thoroughly interested in the subject, and, perhaps, by so doing, I may partly make up for my own shortcomings. Then there is a division between the two of which wounds and injuries are most prominent.

It seems, however, necessary to say a few words on cases in which the patient may be seen alive but in a dying condition, because, in that case, your duties as a medical jurist will be complicated by your duties as an ordinary citizen. You may even see the fatal blow struck, or in any other way be an ordinary witness, but in any case your professional knowledge will also be brought to bear on the case. It will, therefore, be your duty to carefully observe every circumstance that may tend to throw light on the case, and in doing so, remember that very slight circumstances may afterwards come to be of the utmost importance. The fortune, position, character, happiness, the life or death of a fellow being may depend upon your evidence or your prudence. Foremost of all circumstances will be indications of violence, and this applies whether the patient is in life or death. In forming this opinion, do not forget that you may, unless fully prepared for it, be imposed upon by designing people. There is a vast difference between actual and alleged violence; so there is between proved or palpable and merely suspected violence. You should, therefore, in any case, note everything which
may possibly assist you in forming a judgment on such points as these. It is not every accusation that is just—much less proved; while it is as much your duty to shun erroneous accusations as to confute the guilty with facts.

In intimate connection with the points I have named, is the subject of dying declarations. A person in articulo mortis may make to you, or in your hearing, a declaration involving an accusation of crime. Now, it is not your duty to cultivate such confidences. When performing the beneficent duties of your profession, you are not required to play the spy nor to go beyond the end and aim of the medical art, the relief of suffering, or the effort to save life.

If a statement of this kind be made, it is mostly recommended to write it down at the time. In doing so use the very words of the person. Do not make any suggestion—even the most distant. Above all in no case offer any opinion or any comment. By so doing, you exercise influence over a dying man’s statement, or run the risk of misrepresenting it. It is no business of yours to explain his meaning, therefore, draw no inferences. You ought, however, to satisfy yourself that the patient considers himself dying, and is of sound mind. Indeed, it used to be said that the patient must have lost all hope, but I see not how it could be proved that any human being had abandoned all hope. Some ray of that light will penetrate the darkest clouds, and for ought we know, may shed a mild beam over half the death-beds of the race.

“Hope dwells eternal in the human breast.”

At any rate, you should ascertain as far as you can whether your patient believes he is dying.

Supposing this to be the case, as soon as a declaration charging another with crime has been made, it will be better to communicate at once with a magistrate. He will attend and take down the statement in a proper form. You will thereby relieve yourself of an onerous and unpleasant responsibility. After a patient dies you will have to make the post-mortem examination. You may be summoned before the coroner to give evidence. You may have to draw up a full report of the case and then you will be cross-examined on the trial.

Now, all these points we shall duly consider and the conduct required, but, meantime, as we have arrived at death and as this department is thus as it were commenced, we may, with advantage, consider the various kinds of death which will give rise to medico-legal investigation.

Now to do this properly—to make clear to yourself your course of action, you must be prepared with full information as to the ordinary causes of death for a person may die suddenly without any crime having been perpetrated. Death from natural causes then will be our first sub-division to distinguish it from the unnatural, or those involving crime in some form. To put it in a clinical form. Called to a case you must ask yourself the cause of death, and should, therefore, bring your pathologic knowledge to the task of replying. In a case of this kind you say—is this a natural death? or a violent one—from homicide, suicide, or accident?

Well, death takes place, as you have heard from other lecturers in various ways. One person dies of coma, another of syncope, a third of asphyxia. These several modes of death apply equally to death from crime, and by their aid we shall classify some of the cases we have to treat upon. Thus, the term asphyxia, brings together drowning, hanging, strangling, suffocating, and poisons, and such deaths, and by using this classification we shall considerably diminish our work; and so of coma and syncope.

According to the manner in which death occurs the post-mortem appearances may differ. In a sense we all “die for want of breath,” according to the proverb, yet the first act of dying may arise in the brain, or lungs, or heart, and accordingly a person is said to die by this or that method. Yet the heart is generally last to die, for it will continue to beat after respiration has ceased.

When the heart stops beating for a very brief period the person is dead; not so rapidly with respiration and brain life. This brings us to the signs of death. Is this person dead? may be a very important question. What are ordinarily called the signs of death are—1. Expiration of respiration; 2. Cessation of circulation; 3. Rigidity; 4. Cooling of the body; 5. Chemical decomposition.

[These were each separately discussed, and the lecturer resumed.]

Having thus gone into the several modes of death, we may at once proceed to a consideration of those instances in which call for legal investigation, the thanatological section of medical jurisprudence. First among these as leaving occasionally few indications without the aid of chemistry and as most likely to be confounded with disease is, the effects of poison. But this subject is almost a separate science. At any rate, in this College, there is a separate Professor of Toxicology, and I may pass it over in silence.

Let us then begin with asphyxia and we get a large division, including death from drowning, hanging, strangling, suffocating, suffocation, and poisonous gases.

Now go to another mode of death (cerebral or spinal? )—lightning, electricity, heat, cold, starvation. These are so similar in some respects, that they may be considered together.

If we go to syncope what do we find? Death from fear, from hiccoughs, externally or internally, and so on. This naturally leads us to speak of wounds and other injuries in themselves, and as they may be fatal or only more or less dangerous, they must be considered in every possible manner. Their appearance, situation, &c., the weapons by which they are produced, the stains of blood and so on will all come in here. And so we shall also approach the second grand division, but before doing so, shall have to devote some consideration to infanticide, inasmuch as it may occur in any of the above ways, but it is so important in itself and in its relation to other cases, as to demand a separate notice. This is closely allied to criminal abortion, which naturally introduces to our notice pregnancy, and so almost before being aware of it, we are landed in the biological or the non-fatal part of the subject.

Now nearly rape, legitimacy, and so forth are allied to pregnancy, it would be superfluous to say, and the same is true of all the sexual relations. After them, we must consider important in itself, these matters of practice that may occur are of great importance, whether in reference to surgical operations, the use of chloroform, or other anesthetics or to midwifery. The whole of the subject of professional responsibility is involved in too great obscurity.

Lastly, we have not touched on the subject of insanity, one of immense importance, involving momentous questions, and which will require several lectures to discuss its relative importance.

[The several subjects were then recapitulated, and the whole exhibited in a series of tables, illustrating their connection with each other.]

**Hospital Reports.**

**LONDON HOSPITAL.**

(Under the care of Mr. RIVINGTON.)

**Cases of Hernia.**

**Strangulated Inguinal Hernia on the left side—Nine Hours Strangulation.—Sac Opened.—Recovery.**

**Case 9.**—Nathan A., forty-one, admitted on March 20, 1871. For years has been the subject of a double inguinal hernia, for which he has worn a truss. He was operated on by Mr. Cooper a few months previously for strangulation of the rupture on the left side. He recovered well, and wore a truss. On the morning of the 20th, during a
fit of coughing, when the truss was not adjusted, the bowel came down, causing him severe pain and vomiting.

On admission, at half past two p.m., he vomited several times a fluid resembling dark turbid coffee. He had symptoms of collapse or shock, feeble pulse, cold surface, and anxiety of face. Taxis failing, Mr. Rivington operated at five p.m. The hernial protrusion was large, filling the scrotum and distending the inguinal canal. The testis was distinct below the rupture. The line of Mr. Couper's previous incision, the scar of which was just visible, was followed. All the layers usually met with were more or less adherent to each other, and could not be satisfactorily demonstrated. The fascia propria was indistinguishable as a separate layer, and adherent to the sac. The external ring was reached, and the intercolumnner bands divided, but the hernia continued irreducible. The sac was opened and a couple of feet of intestine protruded through the enlarged opening. The neck of the sac was then carefully divided from the inside (the intestines being kept out of the way of the knife), and, together with the neck, some fibres outside it. The operator could not feel the epigastric artery pulsating, and the hernia was considered to be of the oblique variety. The intestine was congested, and having been carefully examined, was found perfectly sound and with a polished surface. It was mopped over with weak carbolic acid lotion (1 in 40) and returned into the abdomen. The wound was closed with wire sutures, and had the appearance of eight bandages applied. There was no bleeding.

Before the wound was closed, the operator drew the testicile upwards, but it seemed to lie outside the sac, and not to project into it. The epididymis could not be demonstrated. Hence it was concluded that the hernia was not “congenital.”

The patient recovered “excellently well,” with scarcely a symptom, and only a slight discharge from the wound. He left the hospital about fourteen days afterwards.

**MATER MISERICORDIÆ HOSPITAL.**

*Acute Double Pneumonia.*

(under the care of Dr. Hayden.—Reported by Mr. Robert Curran, Resident Pupil.)

John Duff, se. twenty-six, a coal porter, was admitted into the Mater Misericordiae Hospital on the 13th April, 1871.

He was a strong, muscular man, and enjoyed good health till the 10th April, when he went to a race and caught cold by sitting some time on the damp ground. On the 12th April he was seized with rigors, headache, dizziness of sight and vomiting, followed by acute pain in the left side. At the same time he began to cough, the spueta being tinged with blood, and viscid. Feeling worse on the following day he applied for admission at the hospital.

On admission, he complained very much of severe pain in the left side; the cough, which was very troublesome, was accompanied with copious expectoration, tinged with blood; the pulse was strong, 120 per minute; increase of temperature and vomiting. On examination, there was found slight dulness with faint crepitus at the base of the left lung, and partial absence of respiratory sound; higher up the respiration was normal.

He was wet cupped to the extent of about 3½ oz. on the left side at seat of pain, and calomel in half-grain doses every hour, was prescribed.

On the 14th April he was better. The pain was relieved by the cupping for some hours, but it returned this morning; has taken about twelve powders; crepitus with increased dulness in the left side; poultice to be applied, and powders to be continued.

April 15th.—Slightly under the influence of mercury; increase of crepitus, with absence of respiratory sound at base of left lung; bellows free; tongue coated; pulse 120; no vomiting; did not sleep much last night; complained of pain in the right side; powders to be stopped.

April 16th.—Crepitus has extended still higher in the left side; and is of a coarse character, crepitus also heard at base of right lung; pulse, 120. To be wet cupped to about 3½ oz. on each side, and afterwards to be poulticed; had a better night; guns slightly sore.

April 17th.—Pain in the right side completely gone, but complains of stitch in left side. Four ounces of blood to be taken from left side at seat of pain; quinine in two grain doses ordered.

April 18th.—Very much better; had a good night; pulse, 100; tongue clean; no pain whatever; the wet cupping was followed by cessation of pain on the left side; crepitus still audible, but not extending. Quinine to be continued; wine to 3½ oz. ordered.

April 19th.—Continues better; free from pain; very little dulness on left side; crepitus faint; bellows free; slight diarrhoea which was stopped with a few doses of chalk mixture.

April 20th.—Had a chop for dinner, which he took with a good appetite; pulse, 84; no pain; no diarrhoea; slept well.

Was allowed to be up on the 24th, and left hospital on the following day.

The entire duration of this case was thirteen days, from the date of rigor to that of discharge. It affords a good example of acute double pneumonia, and of the success of the modified depletory plan of treatment, conjured with the rapid administration of calomel in minute doses, after the method of Dr. Law. It is, moreover, worthy of remark, that quinine seemed to act most beneficially after depletion and gentle mercurial action, pain entirely ceasing, and the pulse falling by twenty beats within twenty-four hours after its administration.

**Transactions of Societies.**

**MEDICAL SOCIETY OF LONDON.**

*4th July, 1871.*

**DR. ANDREW CLARK, President, in the Chair.**

Mr. Thos. Bond showed an interesting specimen of urinary calculus that occurred in the practice of his uncle, Dr. Hearne, of Southampton, who, although unconnected with any hospital, has operated with much success, having had only one death in thirteen cases. The stone in question, a large oxalate of lime calculus, was removed from a man, aged forty. The usual lateral operation was performed. The incision into the prostate being small (only the width of a medium sized knife); the opening being gradually dilated with the finger till the scoop, which is peculiar in being bent backwards, could be introduced by its side. The stone was easily caught between the scoop and the finger and extracted. The interesting points connected with the case were—1. The size of the stone, 3½ ounces; 2. The fact that the man was able to do his work up to a few weeks previous to the operation, with such a stone in his bladder for years; 3. In its being a large oxalate acid calculus covered with lithic acid or a urate; 4. The form of the scoop used.

The President remarked the late John Crighton, of Dundee, had performed in his time more operations for stone than any other man, and had great success. His patients were seldom confined to bed. The scoop was used by him, and he also had a very long finger. Oxalates and urates often occurred together in the urine; the stone in the case before the Society was formed of oxalate of lime and urate of soda.
PLURTIC TISSUE WITH FEPID EJEKTORATION.

DR. THOROGOOD related some interesting cases of this disease as follows:

Case 1 was that of a woman, aged forty, who had been ill five weeks, and when seen at the end of that time there was dulness at the lower part of the right chest, orthopnoeic twinges in the neck, and a small friction sound at the right base, 80, and there was considerable debility. During the last week the cough had increased, the expectation had a rusty appearance, and was very offensive. Bark and sulphuric acid were administered, and the case was considered to be one of subpleural abscess, which, by extending, might cause pneumothorax. The disease was then kept under observation. The following day the patient died. Ten days later with her regular attendant, the late Dr. Gregson, of Rotherhithe, and it was then seen that three days previously she had been in a state of complete collapse and prostration, during which time a most copious expectoration of pus had taken place; from this date gradual recovery set in, and when examined twelve months ago, some amount of dulness at right base and bronchial respiration were then the only molarb sounds noted.

Case 2 was that of a man who was in the Victoria Park Hospital. There was great debility and wasting, and most offensive expectoration and dulness of the left side, and cavernous breathing at some points. The heart was not displaced. The case was thought to be one of cavities of the left lung full of offensive pus, but a post-mortem showed the lungs to be quite full; and an extensive adhesion fixed the heart in its normal position, which by preventing its displacement rendered the diagnosis obscure.

Case 3 was that of a man employed in business, who consulted the author in consequence of a cough attended with a pinkish colouration of the sputum, so exceedingly offensive as to render it impossible to approach him. He said he had been coughing of late. His pulse was 104; breath short; tongue furred. Examination of the chest disclosed some dulness at the right base, extending almost up to the level of the nipple; nothing remarkable noticed in the abdomen. He had had but one illness, the matter was thick, and mixed with a few cripitations, while at the base crepitation was very marked. A few days later this man had two or three attacks of fever without pyrexia. Under the influence of the inhalation of carbolic acid vapour the factor of the expectoration totally disappeared, and by taking opiates at night and creosote mixture in the day time, the man mended so much as to pass from observation, the breathing at the right base having much improved; this was about the close of August. In October, he had a return of the symptom, and at this period the author was called in to see him at home (January 22nd, 1871.), together with his regular attendant. He was in bed lying on his back, and said that on the Thursday previous as he was walking he felt intense sudden pain in the side. Examination showed great dulness at the right base, and a tinkling drop was heard after he had moved his side over to his back. A few days later he died, and, opening the thorax, foetid gas escaped, and from the right thorax the author removed a chamber vessel quite full of dark coloured matter of intense factor; the right lung was found pressed back against the spine, as a thin feathery skin perfectly useless, and a sac containing pus appeared to have existed at about its lower lobe; the other lung was purple and congested. Dr. Thorogood drew attention to the presence of a very foetid expectoration in these cases as a symptom of great prominence and to the importance of recognising their real character. He alluded to the frequency of cases in which pleuritic effusion was mentioned, but the real case when the presence of incessant vomiting, followed by convulsions, drew the attention of some most competent observers entirely to the brain, while the post-mortem showed subsequently that this organ was quite healthy, and that the case was a well marked example of pleuritic effusion, accompanied with effusion and copious deposit of lymph over the pleural surface of the diaphragm.

In the discussion that followed Dr. Day, Dr. Simms, Dr. Hughes Powell, Dr. Willsire, Mr. De Meric, and Mr. Bruce, alluded to the case of Dr. Thorogood for his interesting cases, said that—'"He did not see any difficulty in diagnosing pleuritic effusion in the adult, if due regard were paid to the displacement of organs, and the usual signs of pleurisy; the dulness was of consequence, and especially the fact that it was movable, depending upon the position of the patient."
contrasted, the average of persons vaccinated, who afterwards took small-pox, was 8 per cent., and where there was repeated exposure, the average rose to 12 per cent. Dr. Seaton stated that in Her Majesty's ship, Octavia, small-pox broke out in 1866. The first case occurred at the end of February, on the 17th of March it was over, and it affected 100 of the 27th (eleven days) 164 persons were affected by the disease. There were 610 officers and men, of whom 589 had been vaccinated, and 21 had not. Of the vaccinated, 147, or 24·9 per cent., were affected with the variola poison; 86 of them, that is, 60 per cent., took the small-pox without any operation, but still sufficiently diffused to be identified with the variolous infection; and 62, or 10·5 per cent., had the eruption. The unprotected men were all affected. These facts proved the liability to take small-pox even on the part of those vaccinated, and so long as they were in sound health. He had established that a certain proportion of those who had been vaccinated were liable to take small-pox on exposure to the variolous poison. The next point was, whether we had any means of knowing at what time this liability would commence. It had been shown that the greatest liability to small-pox existed during the early period of life. Dr. Biggby had published a return of the ages at which 523 persons who had never been vaccinated or inoculated, took small-pox, and it appeared that 88 per cent. took the disease between the third and tenth years of their age; and of 1,005 who had been vaccinated, 37 per cent. had been recorded by Dr. Biggby, Dr. Gregory, and Dr. Mohi, whose observations (Dr. Kidd) had tabulated, 135, or 15 per cent. only, had taken it at the end of their tenth year, and it was not until the end of the twenty-fourth year that the vaccinated had, in any proportion, or to any extent, been affected. As to the vaccine vaccination, of this year he found that 911 of the 1,005, or 90·1 per cent., had taken the disease. Of the 823 cases of small-pox mentioned by Dr. Biggby, 460, or more than one-half, occurred between the ages of three and ten, and in the second table 548, or more than one-half, occurred between sixteen and twenty-five. From these facts it appeared that all the unprotected who take small-pox, with the exception of 12 per cent., will have had it before the end of their tenth year; but of those who have been vaccinated, only 15 per cent. will have suffered at their tenth year, and they will have had it, if then, before their twelfth year. If they be on a par with the unvaccinated. This showed that vaccination was almost a perfect protection up to ten years of age, when it begins to wear out, and thenceforward becomes less efficient, proving, he thought, that re-vaccination ought to be performed in the second year. Again, he thought they could prove the wearing out of the vaccine influence in another way. If they studied the vaccine disease, they found that it ran through a certain series of stages, which might be called incubation, development, manifestation, convalescence, and recovery. Where vaccination was not resisted, it remained without apparent effect till about the fifth day. This was the stage of incubation, and was the most important. All the subsequent stages were but the outward manifestations of changes wrought in the system during this stage. Bouquet proved this by a series of experiments, in which he excised or destroyed with caustic, the vesicle at its commencement, and by re-vaccinations and inoculations, proved that the system was protected as completely as if the vesicle had run its full course. Still earlier in the history of vaccination, we have to assume something to this place of ten vaccinations—a mode of deciding whether the vaccine disease has produced constitutional effects or not. These test vaccinations were performed in this way. On the fifth or sixth day, or as soon as the vesicle made its appearance, matter was taken from it, and the patient was re-vaccinated in another place, and it was found that the second vaccination made such rapid progress that it overtook the primary one, and the two ran through their further stages together. Now, let us consider these facts established by Bryce. The germs inserted with the virus wound the blood so modified by the effect of the primary vaccination, and the slow degeneration of the virus could not act at once. But if the second vaccination instead of being performed on the fifth day be not performed till some years had elapsed, then again there would be a stage of incubation, and the length of it would afford a measure of the degree in which the primary vaccination had passed off. Dr. John Thompson, the author of the treatise "On Inflammation," observed so long ago as 1822, that the difference between primary small-pox, and modified or secondary, or as he called it, varioloid, was the shortness of the stage of incubation and development in the latter. The same thing had been observed in the present epidemic. Dr. Moore told them on the last night, that the average duration of the disease in the vaccinated was twenty-four days, and in those not vaccinated, thirty-five days. Both of these facts had other bearings. He thought that variola occurring after vaccination, on these forms according to the length of time that had elapsed from the vaccination, and the effects of re-vaccination, might also be said to divide into three in proportion to the interval. His (Dr. Kid's) own experience amply confirmed this view. When the interval was three weeks, he proved the stage of incubation and the stage of the vaccination was so short as to be virtually absent. In twenty-four or forty-eight hours vesicles would be found at the puncture. If the influence of the primary vaccination be worn out, the stage of incubation might in time, come to be as long as in the unvaccinated. He thought, frequently, that he could entertain no doubt of it, and he would read the notes of two cases that afforded a very striking instance of it. On the 25th of February last, he vaccinated a lady, nineteen years of age. She had been twice vaccinated and at seven years of age. She had known the vaccination in February last was therefore her third vaccination. There was a vesicle and areola formed on the 28th. On the 2nd of March, there was a crust formed, and the areola was beginning to fade; and on the 6th of March, the crust was dry and the areola gone. He had vaccinated the lady a week ago, when twenty-one. She had been vaccinated in infancy and never re-vaccinated until the 25th of February last. On the 28th of February, there was a papule but no vesicle, while on the same day, her sister had a vesicle formed and an areola surrounding it. On the 2nd of March, there was a crust and a vesicle, and on the same day, had a crust formed and the areola was beginning to fade. On the 6th, the elder sister had a full vesicle and a crust forming in the centre and the areola beginning to fade, and on same day, the other sister had a dry crust and the areola completely gone. He thought these facts showed the gradual wearing out of the vaccine influence in the elder sister. She had not been vaccinated since infancy, and the period of incubation and development extended to nine days, while in the case of the younger sister who had been re-vaccinated when seven years of age, the period of incubation and development was but five days. The gradual wearing out of the vaccine influence was thus demonstrated by the prolongations of the stage of incubations, and they might he thought, lay it down as an axiom, that a long stage of incubation showed an unprotected state of the system, and a short one the reverse, and that therefore, if the disease was properly performed it should be repeated. In conclusion, he had no hesitation in stating his convictions, that all persons should be re-vaccinated at about the tenth year of age, and that it was wise to have it done again at a later age, under circumstances of the same nature, as when young children. Dr. Price said he had been in the profession sixty-seven years, and had attended a great many of the public during that period. He had been informed by the late Dr. Labatt, that he considered the chances against vaccination only as one in 500. He had subsequently the same assurance from the late Dr. Ferguson, that the chance of infection after proper vaccination was one in 500. He had been attending the citizens of Dublin since 1811, and had vaccinated upwards of 3,000 persons. He took care to see the arm on the 4th day, the 9th day, and the 12th day, and to assure himself that the vaccination was properly done and had gone through all its stages. Now he never had the least intimation of one of his patients taking small-pox. They knew very well that the cow-pox was not properly administered to some persons, and he believed that no man could give a certificate that the vaccination had been properly administered, without having seen the arm on the 4th, the 8th, and the 12th day. His opinion was, that any person who had been properly vaccinated would never take small-pox. He had never seen a case of small-pox occurring in an individual who had had vaccination, and he did not believe that the rejection of re-vaccination, because of any disapproval of vaccination. If he had a patient who had been vaccinated, but was not sure that the vaccine disease had been properly administered, he would rather run the chance of his taking small-pox than re-vaccinate, for there was no case in which he re-vaccinated an adult that he did not make a favorable result. The other day he re-vaccinated a gentleman, and his wife who had just returned from France. He used the best lymph he could get. One of them was covered after the 8th day with an eruption like nettle rash, and the skin...
peeled off his arm, and both were not well for within a month. In other cases where he re-vaccinated adults he had always found something untoward. Therefore, from what he had heard from Dr. Ferguson and Labatt, and from what he had experienced himself, he said cow-pox was a decided prophylactic against small-pox, and even better than small-pox itself, for those lesions that occurred on the surface of the skin had healed without any scar four times. For the reasons he stated he definitely disapproved of re-vaccination.

Dr. MAPOTHER said he wished to mention some physiological reasons in favour of re-vaccination. When the infant is vaccinated there is an abundant discharge of the zymotic matter on which the vaccine lymph and all other zymotic poisons act in the blood. This the vaccine lymph may exhaust, but surely for many years afterwards, while the thymus and supra-renal capsules are increasing, a fresh supply of the former is required to be produced. By this operation and, because of the extending tissue-change between infancy and puberty, the immunity must die out, so much new material being unprotected. The amount of fermentable matter in the blood of the pregnant and parturient woman explains the awful mortality of any zymotic at that period, and the fatality of small-pox among Negroes and North American Indians indicates that their blood has not been exhausted by other contagious diseases, and that therefore they have more to ferment when small-pox is introduced. In town-bred children so many zymotics seize them, that all fermentable matter becomes exhausted, and when I have occasion, I have re-vaccinated eleven persons, and in nine it has been fully taken. In one lady, over sixty, as complete a circle of poxes with a rose blush around it occurred as in any baby I have ever seen. The waste of tissue throwing back the albuminous and zymotic matter of the blood, so the vaccine poison would find soil in the blood of a very old person. Of the twenty cases of small-pox which have occurred during the past two months, half were imported, and there has not been the slightest tendency to spread. For this we have to thank the efforts of Dr. Jenner. So far as I can learn, not one of the patients was re-vaccinated, and of the three deaths all were unvaccinated persons.

Dr. WHARTON (Vice-President of the College), said the opinion of Dr. Price should carry extreme weight on the subject of re-vaccination, and he was entirely in accord with him as regards the risks that attended the operation; and it had been serious consequences from re-vaccination very sore arms, sometimes abscesses, diffuse inflammation which ended fatally, as mentioned by Dr. Churchill; and within the last few days he met a gentleman who informed him his brother had been vaccinated, and re-vaccinated the same week, but he did not positively that his death was in consequence of the operation. Mr. Tufnell read a very elaborate and important paper with respect to the experience of Army Surgeons in re-vaccination. Out of one thousand men vaccinated, not one had been re-vaccinated and he had suffered from sore arms. The statistics read by Mr. Tufnell showed that in soldiers, who were picked men, healthy, and kept under constant observation, re-vaccination could be performed with a remarkable degree of immunity, but in the half of the cases, those not vaccinated by the legal practice. Dr. Atthill said that in St. George's Hospital a certain number of patients were attacked with small-pox, and that when the remaining patients were re-vaccinated, none were afterwards attacked with variola. It should first have been shown whether those persons who had small-pox were vaccinable; and in fact the same rule would apply to this operation as to any other. Mr. Robinson mentioned that all the nurses in the small-pox hospitals were re-vaccinated, and none of them got the disease; but he (Dr. Wharton) could not say that proved anything in the case of re-vaccination. The outbreak of small-pox at Hampstead was regarded by some as favourable to re-vaccination; but he (Dr. Wharton) considered the report he had read, wanting in particulars, as to the proofs of the efficacy of primary vaccination, he could not at present accept the report. He considered, particularly as he could not satisfy himself as to the precise meaning to be attached to the term vaccination. Dr. Price's observations reflected light upon an observation of Dr. McClinstock, as to the experience of Jenner. Dr. Jenner tried to inoculate a person whom he had vaccinated fifty years previously, and he could not succeed. Dr. Kidd had called into question the observations of Drs. Beatty and Churchill, whose experience was verified by that of Dr. Price; and replied by saying that Dr. Patton had vaccinated persons, and yet some of these individuals had been afterwards attacked by small-pox. Dr. Kidd, however, had omitted to mention whether there really was, or was not, a good mark on the arms of those persons. With regard to the difficulty of ascertaining whether the patient had been properly vaccinated, or not, he said re-vaccination had been practised in those cases, where there was no difficulty in deciding; and if there was a genuine mark on the arm, he (Dr. Wharton) would say they ought not to re-vaccinate. Dr. Croly alluded to the circumstances in which there was a popular notion or belief that there was danger of vaccinal attacks after the patient had been vaccinated. That belief was not confined to the humble, but prevailed even among the upper classes. He (Dr. Wharton) took the liberty of saying that there should be an express opinion pronounced with regard to that popular notion, that there was no importance to be attached to it, as in some there might be a great difficulty in obtaining vaccine matter.

Mr. CROLY said what he deprecated was the taking away of too much lymph.

Dr. RAWSON MAGNANMA said that when he suggested this discussion, he drew attention to two points—first, whether re-vaccination was necessary; and next, whether its performance was unattended with danger? He entertained a very strong opinion that a person having once been thoroughly and properly vaccinated, required no re-vaccination for his protection, whereas hundreds of cases have been originated in England—a country where vaccination had not been so thoroughly carried out as it had been in Ireland. It was one of the greatest blessings that had attended the working of the Poor-law system in Ireland that the vaccination of the Poor-law system in Ireland that the vaccination of practically every person in the country. It was only in the County of Tipperary that there were any cases. Dr. Wharton is a Poor-law Medical Officer, and knew the efficient manner in which the system had been worked. The argument used in favour of re-vaccination was, that if a person who had been vaccinated afterwards contracted small-pox, it was a proof that the vaccine matter had not been properly disposed of. Now, when he was a medical student, he saw a negro deeply pitted with small-pox, and bearing on his arm a good vaccination mark. The man was so deeply pitted that he could scarcely believe he had been vaccinated, much less that he had suffered many years previously from small-pox. This was done to the part of some persons to the disease. He had seen individuals with second attacks of scarlatina and meases—diseases one attack of which was supposed to confer immunity from subsequent attacks. His friend, Dr. Jameson, had mentioned to him a case of scarlatina, in which the small-pox, who had been vaccinated, and afterwards contracted small-pox a second time, and died of it. He therefore believed there was a peculiar receptivity on the part of some persons to certain diseases, and that it was impossible to protect them from a second attack. He did not think arguments brought forward on the other side of the Channel. In England, as he had already stated, vaccination was not carried out as efficiently as it was here. He trusted the time would come when that would not be the case. The small-pox epidemic broke out, and those persons who had not been vaccinated caught the disease. Then they proceeded to vaccinate after the appearance of the epidemic, and the argument they used was post hoc, propter hoc—that a number of persons had been re-vaccinated and the disease subsided. The fact was that the receptivity of, or the predisposition to, the disease, was a much more powerful cause of contagion than re-vaccination. There was a tendency to the disease got it early. It was stated that cholera in its invasion was always most fatal, and became less fatal after some time. The fact was that cholera killed off those who had a peculiar susceptibility to the disease. This was the case with small-pox also, so that when the disease appeared as an epidemic those who would have been attacked in spite of vaccination were attacked, whereas those who had no peculiar susceptibility to the disease, and were secured by vaccination, escaped. He believed vaccination was a protection to persons of a sufficient degree of reliability, or that those persons who had once had typhus fever it was exceedingly unlikely he would have it again—if he had scarlatina it was exceedingly unlikely he would be again attacked by the disease; and why should there be an exception in favour of small-pox, or in the case of those protected by vaccination. The exception he thought proved the rule. He certainly had been compelled to re-vaccinate by persons coming to him and insisting upon it being done. He had re-vaccinated many per-
sions, and not one of their arms was well within one month after he introduced the vaccine matter. He had seen some serious inflammation of the arm resulting from re-vaccination.

Mr. Morgan said the point to ascertain was whether re-vaccination conferred any additional protection to that which the individual had obtained by primary vaccination! He would mention as bearing on that question the particulars of a case which he had observed in his own observation. The patients were well known, and there could be no doubt as to the history. One of them was vaccinated in 1829 by Dr. Buxton, and was re-vaccinated in Paris in 1843 by Dr. Higgins, and all the rest of the family were vaccinated at the same time. He attended the brother along with him (Mr. Morgan), and he also suffered from a very smart attack of small-pox.

Dr. Jameson did not consider re-vaccination at all necessary in cases where it was clear that vaccination was originally properly performed. He did not think that in such cases any amount of re-vaccination would give additional security to the patient. He had in his mind's eye a remarkable case bearing on this point. He had observed a case of small-pox, and the man's death had been re-vaccinated, she said herself, thirty times. This was probably an exaggeration, but at all events she had been many times re-vaccinated, and three months ago she had been re-vaccinated again; yet on Friday week that lady was attacked with small-pox, and was laboring under the disease. He, Dr. Jameson, was attending a family on one occasion, and the gentleman asked him to look at his servant who was unwell. He found the man deeply pitted with small-pox, and said to the gentleman—"Were it not that he is vaccinated, this is undoubtedly the small-pox." He suggested that the man should be sent to hospital, and be admitted him into Mercer’s, where he had a severe attack of small-pox. The gentleman had five children, who were vaccinated, and none of them took the disease, nor did the husband or wife; and if these individuals had not been vaccinated, some of them would certainly have taken it. The servant was attacked twelve months afterwards with small-pox, brought into Mercer’s Hospital, and died. That vaccination gave a certain immunity from small-pox, but no man would deny, but he did not think it was the slightest protection against the disease if the individual had a predisposition to it.

Dr. Henry Kennedy, on rising, said—It seems to me in discussing this question that there are two or three general principles of which we should never lose sight; the first is, that vaccination cannot be considered a safeguard from the small-pox; no matter how perfectly the operation is performed, and succeeds, there is ample evidence to satisfy any reasonable mind that it is not infallible. Even this evening Dr. Kidd adduced full proof of this. The second point is, that vaccination, in my opinion, is no more than an experiment, for that is, the very great diversity which exists as to the receptiveness of small-pox, or indeed any other zymotic poison. At one end of the chain, if I may so speak, there are constitutions so susceptible, that they will take the poison again and again, and at the other end, there are such as cannot receive the poison at all; and this goes so far, as is well known, that there are even infants on whom vaccination cannot be made to take effect. Between these two extremes there is every possible variety of constitution. The third point is, that epidemics, small-pox excepted, in turn, the same. It is obvious, Dr. Kennedy went on to say, that the present epidemic in London is of great severity. For the mortality, amongst even those to whom the disease is not very fatal, reaches the high figure of 9 per cent.; whilst amongst those not vaccinated it is above 10 per cent., and was due to the form the disease assumed. Being what is known as the hemorrhagic, of which I have seen cases fatal from the bleeding occurring from even the surface of the body. I believe all these points should be kept in view in considering the necessity for re-vaccination. And, now, what are the results when this measure is adopted? Why, that in those where primary vaccination has been thoroughly done, about seventy in every hundred show no sign; the remaining thirty either taking it as if they were yet infants, or at least showing marked symptoms, which might or might not cause death. If we would here, too, draw attention to a recent paper, stating that the same hundred persons had been vaccinated yearly for ten consecutive years; and the result had been that at the last year, but one out of the entire number showed any signs of infection. Dr. Price said, that the late Dr. Labatt considered the last place I would allude to the way some gentlemen spoke of the results of re-vaccination, as if nothing unpleasant could follow. This is not my experience; for I have seen very unpleasant effects follow, and in one case, a near connection of town, a lady very nearly lost her life; and this reminds me that females are apt to suffer much more than males, a point which I believe no previous speaker alluded to, and which affords a marked contrast between the results of what may be called private and military practice. And, now, the conclusions I would draw from what has preceded, may be stated as follows:

1.—That no matter how perfectly primary vaccination is performed, and completes its stages, it is not an absolute safeguard against the invasion of small-pox; which disease, however, it much modifies, and, very generally, ameliorates.

2.—That in the second year of vaccination runs its course, as if it were primary, this does not prove that the effects of the primary had died out; but only that the re-vaccination had been performed in a constitution susceptible to the poison, and that such constitution would, very probably, be open to the invasion of small-pox.

3.—That the primary vaccination, if properly performed, and completed, it would seem as if art need not be further employed, unless under circumstances which otherwise must be considered very exceptional.

4.—That re-vaccination is frequently followed, and more frequently in females, by unpleasant results.

Dr. Leeper said he had re-vaccinated 100 persons, and in three of these there were females, seven resembling rheumatic fever supervened.

Dr. Pollock said, within the last six weeks, re-vaccinated at least 100 persons, and with the exception of two cases he had not had one untoward symptom. In one case there was great inflammation of the arm, spreading down to the elbow, which passed off without any serious consequences. In the second case, after the pustule dried off, there was a slight blush of erythema. In most of those that re-vaccinated, it took well, but he noticed that although the vesicle formed there was not that pure lymph which he was accustomed to see in young children in primary vaccination. There were three or four ladies among the persons he re-vaccinated who had marks on their arms in which he could almost sink a shilling. Their average age was from twenty to thirty years, and they were the re-vaccinated were the most considered as to whether re-vaccination was advisable or not.

Dr. Hewitt stated that the week before last a child died in Bagot street Hospital, from the effects of primary vaccination.

Dr. Charles Frederick Moore replied.—The necessity for re-vaccination has been shown by several speakers this evening at the previous meeting. Dr. Hewitt has just recorded a case, in which fatal results were succeeded, if not caused, by primary vaccination. Dr. Trayer some years since, in a large experience, met with a single case which ended also with fatal termination. I am of opinion that these cases are due to the nature of the preparation and to the mode of vaccination. It has been suggested to me, that of the 100 medical gentlemen here on the former occasion and of the large number here to night, who were not present at that time, not one has ever met with a case of re-vaccination that terminated fatally. It has been thought advisable to vary the good preparation to be about 1 in 500. Recent experience has, however, shown a much

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larger susceptibility than that, and both circumstances point to re-vaccination as the only test and protection in all cases. Mr. Bell, in February 1870, observed as small-tumour on the outer and surface of the ulna. The arm had previously been injured by a fall, in January of this year, Dr. Bell was consulted. The tumour was then the size of a large orange, and several smaller tumours were embedded in the substance of the bone under the skin, and was nowhere adherent, nor were the glands at all affected. The patient was greatly emaciated, and had severe pain in the arm, he was also suffering from a double pleurisy, and complained much of a pain in the seventh and eighth ribs external to the right nipple, limited in extent, and alternating with the pain felt in the tumour. Dr. Dogbie saw the man a few days after, and formed the opinion that no evidence existed that the chest affection was due to the presence of cancerous or tubercular disease, and as the disease in the elbow was rapidly undermining health and strength, he recommended amputation as necessary for the preservation of life. The arm was thus amputated, and about three inches below the shoulder-joint, and the patient did not seem to suffer much from the operation. The localised pain in the chest still continued, and the general appearance of the man did not improve. On the 25th of February, a thick, white, adherent membrane, diphtheritic in appearance, was observed on the gravity of the wound, but there were no throat symptoms. Shortly afterwards, other members of the family were seized with diphtheria. On the 6th March, paralytic symptoms showed themselves, and the man died exhausted on the 24th, no post-mortem examination was allowed. They difficulty was to determine •
whether the paralysis was due to diphtheria, or was the result of secondary deposit internally. No evidence of secondary deposit existed. The microscopic appearances of the tumour, especially the characteristic of osseous cancer as described by Mr. Paget.

Mr. Annandale said the case was one of great interest and rarity as to the seat of the disease, as osseous cancer was usually met with in the lower end of the femur. He regretted no morbid tissue could be obtained, but notwithstanding the absence of mediastinal dulness he was inclined to believe that the pulmonary lesion was an extension of the disease. The absence of glandular involvement was interesting, but this was sometimes seen in cases where internal organs were spared and the breast affected.

Dr. Arbuthnot Robertson said the pulmonary symptoms might have been due to secondary cancer, while the absence of glandular affections would account for the glands in the mediastinum being uninvolved. It would be interesting to know, as bearing upon the nature of the paralytic symptoms, whether vision was impaired, as this condition was usually met with in the paralysis following diphtheria when the power of accommodation was paralysed. If this symptom were absent, he would be inclined to think the paralysis was due to an implication of the optic nerve.

Dr. Craig and Dr. Gillespie made remarks.

Dr. Bell in replying said, that the condition of the man's vision had not been noticed.

Dr. Gillespie, P.R.C.S., then read his paper on a case of unrecorded dislocation of the humerus, of seven weeks' duration: death under chloroform.

The patient, a strong muscular man, had fallen down a stair and dislocated his arm, seven weeks previous to his admission to the Royal Infirmary. On admission, attempts at reduction were made under chloroform, but as these proved fruitless, it was resolved to make another attempt by surgical means. For this purpose, chloroform was again administered, and, as on the former occasions, a large amount required to be given to overcome muscular action. Two ineffectual attempts at reduction had been made, and preparations for a third were in progress, when the breathing of the patient, who had been calm, but slow, suddenly became shallow and almost imperceptible, and immediately he ceased to inspire, the pulse also stopping. Every effort, including galvanism was made to restore animation, but without effect. The post-mortem examination disclosed fatty degeneration of the heart, right side fleshy, and diseased lungs. The ligament of the shoulder showed dislocation of humerus into axilla and under coracoid process, the great tuberosity, and part of the bone at its base, were separated by fracture from the head of the bone, the capsular ligament, and had been ruptured and partly healed, but so contracted as to produce a mechanical obstruction to the return of the head of the bone, the long head of the biceps was also dislocated from the bicipital groove. Dr. Gillespie agreed with the late Professor Syme, who taught that in long standing dislocations the capsule would at reduces, and if unsuccessful, he considered it useless to make any further effort.

Mr. Annandale said that the case suggested two points of practical interest, the first was whether we were justified in continuing to use chloroform when such fatal accidents occurred in the hands of the most skilful administrators! An intelligent American surgeon had told him, that in America not one fatal case had followed the use of ether, although it had been most extensively employed in that country. He thought surgeons here ought to try it, and he intended to use it in his own practice. The second point was the nature of the dislocation as complicated with fracture as to render its reduction impossible, suggesting the necessity of caution in attempting to reduce long standing dislocations, especially if caused by much violence.

Dr. Robertson said the great objection to the administration of anaesthetics, was their tendency to produce vomiting, and he thought ether was more likely to do so than chloroform. To obviate this tendency, he was in the habit of giving to patients in the opthalmic wards of the infirmary 3ij. of brandy shortly before operating, and this had been attended with good results.

Professor Simpson thought the use of chloroform in cardiac cases was doubtful, and that the pre-administration of alcohol in cases where the heart's action was feeble might be useful. The safest way was to give chloroform rapidly so as to induce anaesthesia in a few seconds, this plan was followed by Sir J. Simpson, and Dr. Murray, of Newcastle, always employed it. The recent reports of the Gynaecological Society of Boston, showed that several fatal cases had followed the use of ether by American obstetricians, there was no fatal case on record following the use of chloroform in parturition.

Dr. G. W. Dalhousie believed that the more rapidly a patient was brought under the influence of chloroform, there was less danger of poisonous saturation, but it was not efficient for death. There could be no doubt, that chloroform had frequently been given with safety to patients with fatty hearts whose symptoms did not indicate the existence of the disease. He had himself frequently given it to persons apparently lying from cardiac asthmas, and for the relief of cardiac pain associated with valvular disease, in such cases he believed there was no special danger from the presence of the disease. The case just read was a confirmation of Dr. Richardson's opinion, that in a weakened and dilated right side of the heart, chloroform was especially dangerous. Whether ether had been as largely employed as chloroform, a comparison of results might not be so advantageous to ether as they seemed now. He thought it should be used to produce anaesthesia.

Dr. Gillespie in reply said, that Professor Syme had ceased using ether from the time required to give it, and the great sickness it induced. He had not found brandy of use in preventing sickness in great operations requiring time for their performance.

Dr. J. Fraser said that the interrupted current usually employed in cases of arrested heart's action, rendered the arrest permanent, while as had been shown by Onimus and Legros, if the constant current passed from below upwards was employed the heart's action was restored, although arrested for one or two minutes. Claude Bernard had shown that the subcutaneous injection of morphia previous to giving chloroform, prevented sickness, and rendered less chloroform necessary.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 17, 1871.

LONDON PAUPERISM.

Mr. Smith's motion in the House of Commons on the 5th inst. on the "Operation of the Poor-law within the Metropolis," gave rise to a series of statements of the greatest interest to the Profession.

It is not often that we are able to listen to parliamentary debates, nor can we frequently give them the prominence of our leading columns. The discussion, however,
of pauperism is of the utmost interest to the Profession; and it is a matter for congratulation that a medical member of the House should have made such an impression as was produced by Dr. Brewer's speech. All our readers, whether they agree with, or differ from, him, will be glad to know the exact ground occupied by one of their representatives, and we have therefore much pleasure in stating it.

Dr. Brewer opened his speech by observing that the complexity of the subject before the House would have prevented his taking part in the debate had not a lifelong experience in the practical operation of the Poor-law in the metropolis led him to a definite conviction that the Poor-law had failed to grapple with the pauperism of the country, or to produce any sensible effect in diminishing its amount or preventing its extension among the people. The real difficulty of the whole question lay in the fact that while the material prosperity of the country had of late years greatly increased, pauperism had not abated so as in any way to indicate that pauperism bore any definite relation to the means the nation possessed of producing and accumulating wealth. Take the imports and exports of the year 1869, as given in the statistical abstract of 1870, the former amounting to £295,400,000, and the latter the exports to £190,000,000, whereas, in 1860, the imports were £210,500,000, and the exports £135,890,000, in round numbers, or well nigh £55,000,000 more of the value of imports, and above £54,000,000 more of the value of exports. Whilst the income of the country is under-estimated at £879,000,000, as might be learned partly from the return moved for by his hon. friend the member for Manchester (Sir T. Bazeley), and partly by the estimates of gentlemen who might be deemed experts in these calculations. The estimate in respect of lands being given for the year ending 1870, as £133,478,000; that in respect of occupation of lands, £37,447,700; professions and trades and railway returns, £161,594,000; and from public offices, £82,110,858. The estimate of incomes under £200 a year is given at only £120,000,000, and the manual wages at £370,000,000. The figures adduced, undoubtedly raised the amount of the national income very considerably above the estimate given and accepted by the House in a late debate, and indicated an increase which might be reasonably expected to mark an era of material prosperity; but the pauperism of the year 1869 had shown no decrease in comparison with former years taken in quinquennial average, but a very large increase. There was something then the country had to deal with which the Poor-law had not reached, and that was the spirit of pauperism. There was something to be taught that the Poor-law had not attempted to impart to the humbler classes,—namely, a distaste for a state of dependence. The way in which the difficulty must be grappled with was by picking out from the general mass of paupers those who were on the sick-list, those who were mentally incapable, temporarily disabled or incapable from age, whether from one or the other extreme. Up to that point the Poor-law had advanced. These eliminated, a rendeum would be left, and what to be done with it? He was prepared with a solution. We should educate our pauper classes in habits of industry and progress; and that was to be done, not by the application of the workhouse test, as at present, but by making our workhouses instrumental to the employment of paupers in useful and profitable labour, and thus training them in habits of foresight and discipline. The course he proposed was not deterrent but educational. He had no faith in the deterrent course,—in the attempt to disgust the dependent poor by the offensiveness and uselessness of the task imposed. The sullen temper induced by the workhouse test as such was repulsive to the better instincts of the man, and tended to harden in him the spirit of pauperism. It lacked the stimulus of hope, the conviction of usefulness, which the sight and interest of progress fostered; it was essentially repellent and paralyzing. The two main objections to the useful employment of the dependent poor were,—first, the competition thereby offered to the self-supporting labouring classes; and the second was the fear lest dependence, robbed of its deterrent character, should be fostered. Neither objection appeared to him valid. Work capable of competing with free labour would soon produce a conviction of its worth in the producer, and generate emulation and foster a spirit of independence incompatible with the spirit of pauperism, and the restraint, discipline, and habits of control which the carrying out of the system of reproductive labour would necessitate, whilst it weakened the habits of thriftlessness and intemperance which lay at the root of pauperism, would render the restraint, companionship, and taint of pauperism distasteful, or even intolerable. He was convinced that for the adult able-bodied pauper labour was the most important element in education. It was, perhaps, the only true and reliable means of education; but we must supply profitable occupations if we intended really to educate our paupers, for there was no education in employment which was not profitable and useful.

VACCINO-SYPHILIS—II.

We have very great pleasure in announcing that, as we advised should be the case, the Royal Medical and Chirurgical Society has agreed that the cases related by Mr. Hutchinson, and some additional ones mentioned by Mr. Warren Tay, shall be thoroughly investigated by a committee. As, however, the Profession is impatient, we cannot do better than follow up our last article with some notes on the adjourned meeting.

Mr. Henry Lee, who had moved the adjournment, made, in resuming the debate, a carefully prepared statement. He admitted he had only seen three cases in which a chancre had appeared to be communicated by vaccination. The first of these, a drawing of which was shown, occurred in 1863, and the appearances presented nine weeks after vaccination, bear some resemblance to one of the drawings in Mr. Hutchinson's series of cases. In this case there was a circumscribed induration and a puckered margin. But as the case left to itself was not followed by any secondary symptoms, at least, as far as he knew, Mr. Lee did not regard this as a case of syphilitic inoculation. Another case occurred after re-vaccination, not long ago: a somewhat triangular sore was here left. Three weeks afterwards this was surrounded by a well-defined circumscribed induration. There was very little, if any secretion from the surface, and altogether it presented very much the same appearance as an undoubted specific ulceration on the breast, such as that represented in a drawing shown to the society. In this case again the ulcer healed and the induration disappeared without any specific treat-
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ment, and as far as is known no constitutional symptoms followed. So here again he (Mr. Lee) regarded this as resulting from the inoculation of vaccine lymph, and not from the syphilitic poison. The third case was that shown by Mr. Thos. Smith, at another society, and here the history was complete. There was a circular sore, surrounded by some, although not much, induration; there was an enlarged gland under the clavicle, and there was sore throat and eruption of the skin. The appearance of the ulcer in this case was somewhat peculiar. It was considerably more raised in the centre than at the circumference. He (Mr. Lee) did not consider that this condition at all militated against this having been a genuine chance. It was not in fact very unusual to find chances on the skin presenting this appearance. Drawings were shown of specific ulcers on the face and breast which presented this "fungoid" shape.

In Mr. Hutchinson's series of cases the axillary glands were enlarged in all. In Mr. Smith's case they were not enlarged. This again, was quite in accordance with what had been observed in other instances. In the Rivalta series of cases, out of forty-two the axillary glands were mentioned as enlarged in fourteen only, or exactly one-third of the cases. It must also be recollected that many of these children were much out of health, and that, therefore, even in the fourteen, the glands in the axilla might have been enlarged from other than specific causes.

The fact, that in some cases the axillary glands swell, and in some they do not, is dependent, in fact, upon the situation of the inoculations.

At the last meeting of the society something like a sentiment of commiseration had been expressed in reference to the gentleman in whose practice the cases before the society had occurred; with regard to that sentiment he (Mr. Lee) had no sympathy whatever. It would probably be hereafter acknowledged that there was no one in England who had contributed so much to render vaccination safe for the patient, and safe, as far as the reputation of the medical man was concerned, as the gentleman who had the moral courage and the honesty to allow these cases to be made public. Some day he (Mr. Lee) hoped to have the pleasure of knowing that gentleman's name, as he was sure it must always be associated, as far as the present subject was concerned, with the esteem, regard and respect of the whole Profession.

From this time forward no medical man ought ever to have the suspicion attached to him of having communicated syphilis by vaccination, unless a chance were produced at the seat of inoculation. He knew that such accusations were very seldom made openly, but he knew also that it was very common for mothers and friends to say that a child had never been healthy since it was vaccinated. Those mothers and friends, we may depend upon it, recollected who the medical man was who had performed, and often recollected it to his prejudice. A proper consideration of this series of cases would also make vaccination in future much safer than it had formerly, for the person vaccinated. The circumstances under which vaccination was safe would now be reconsidered, and some rules he (Mr. Lee) hoped would be agreed on for the guidance of the Profession at large. Until this was done, and until it was fairly and fully acknowledged that accidents might take place, no one could be accused of mal-practice for not avoiding those accidents. To do so would be as if the government held a captain of a vessel responsible for striking upon a hidden rock which they refused to recognise in their charts. The danger should be allowed and openly and honestly stated, and this would probably be all that would be required in order that it might be avoided.

There were inconveniences connected with vaccination other than the consequence of a specific animal poison, and Mr. Hutchinson's paper must necessarily direct attention to these as well as the graver forms of disease. Those who had seen much of re-vaccination during the last few months, would allow that inflamed arms were not very uncommon; and he (Mr. Lee) thought it would be allowed that when vaccine lymph became scarce, tubes or lancets or points were sometimes pressed upon the exhausted vesicles in order to obtain an additional supply; when this occurred, as so well pointed out by Mr. Lemon on a previous evening, inflammatory exudation corpuscles, probably the white corpuscles of the blood in a state of transition, growing, subdividing, multiplying, partaking of the life, and also perhaps of the diseases of the patient in whom they were formed, might be transferred to another individual.

Under such circumstances there would be little difficulty in connecting the diseased actions in the person vaccinated with the diseased germs of the vaccinifer and the simple obvious mode of preventing such an occurrence was, that the vaccinater should take the lymph only and not the exudation cells at the base of the vesicle.

He (Mr. Lee) would place this rule as the first to be observed, inasmuch as it can always be acted upon. Provided no attempt is made to take too much lymph from a single vesicle, this rule may always and under all circumstances be followed, and would, if it stood alone, be sufficient to ensure safe vaccination. In saying this he (Mr. Lee) would take for granted that no one would vaccinate with any but a clean instrument.

In the second place he (Mr. Lee) would place the condition of the child from whom the vaccine lymph is taken. Hundreds of persons no doubt were constantly vaccinated from syphilitic children without any bad effects following. This depended, in a great measure, upon the care with which the operation was performed in England in accordance with the past rule that he had mentioned. But occasionally even from syphilitic children it must have happened that the exudation corpuscles were taken and inoculated together with the lymph. Yet, in comparatively how few instances had any specific effects followed. This was to be explained by another fact of which he (Mr. Lee) had now no doubt. The secretions from the mucous membranes of syphilitic patients were not always or even generally inoculable, but if taken just at the time or just before an eruption broke out, they were inoculable. The same might be said with regard to the blood of syphilitic patients; and, again, the same with regard to the blood taken by mistake in vaccination. In all these cases, the secretion from a mucous surface or the blood, either in its natural condition or undergoing the changes which it does at the base of the vaccine vesicle, had an activity, as far as syphilitic inoculation is concerned, which it does not ordinarily possess. If this were so, the practical question at once suggests itself:—How are we to know when this increased activity is about to develop itself? Now, it is not easy always to say when syphilis is latent in a child, and it would be considered often an ungracious task for a medical man to enquire too closely into the evidence necessary to determine the point.
It was now well-known that vaccination developed latent syphilis; therefore, if a syphilitic child were vaccinated, the very conditions were present which would tend to increase or develop the unusual activity of the syphilitic poison of which he had spoken. We thus arrive by scientific induction at two great rules with regard to vaccination quite in accordance with those which, by a much shorter process, would be dictated by common sense if not by common feeling. First, that in taking lymph from a vesicle, the medical man had no right to meddle with the inflamed and tender skin which has produced the lymph; and, secondly, in order to make assurance doubly sure, that lymph for the purpose of vaccination should not be taken from any patient in whom there was any excitement of the system other than that which may be due to the vaccination.

Notes on Current Topics.

The Sanitary Condition of Oxford.

A REPORT has recently been prepared by Dr. Buchanan upon the sanitary state of Oxford, which deserves attention. The deaths during the year 1870 amounted to about 396 per thousand. Measles, scarlet fever, enteric fever, and infantile diarrhea were very prevalent, and diarrhea was seriously epidemic during the twelfth month. Dr. Buchanan discovered a very polluted state of the soil and the water supply, as well as defective sewerage and house accommodation, and an entire absence in the past of any systematic medical supervision of sanitary measures; for Oxford, it appears, until a month or two since, has possessed no medical officer of health. It appears "that the total height of artificial impediment to the natural drainage action of the river is about fourteen feet, and to a corresponding extent the soil of Oxford kept wet," while the soil is polluted to a high degree by sewage matter soaking into it. As regards the drainage, matters remain much as they were in 1865, when, out of 100,622 feet of streets, only 57,685 were "drained," and all the drains do not receive sewage. Then, as regards the water supply, we find that it is in part derived from the Corporation Waterworks and in part from wells. About one-third of the houses are supplied from the former source, which is liable to be contaminated, there being "incessant soakage" into the gravel in which the reservoir is dug "from a multitude of unbricked cesspools and heaps of surface filth. Within thirty feet of the water reservoirs there is one row of privies with such cesspools." Private wells are numerous, and as the gravel is nowhere more than twenty feet thick, "as it forms the bed of streams that receive all manner of filth, and as numerous cesspools remain in the town, such wells must commonly receive excremental products, and many of them must receive excrement in a hardly altered condition." In fact, the water is unfit to be drunk. The Pall Mall Gazette says that various proposals have been made for satisfactorily disposing of the sewage, but until the beginning of the present year all have been set aside. The conveyance of the sewage a mile and a half away, and there disposing of it subsequently, has at length been decided upon, but nothing has been done in reference to the subsoil drainage. The want of a medical officer of health is exemplified in a striking manner by the neglect of sanitary precautions in dealing with the past epidemic of scarlatina.

Death from Chloral.

Dr. Bruce, resident surgeon in the Dundee Infirmary, died on Monday week from an overdose of chloral. On Friday, the 5th, he complained to Mr. Moon, his colleague, of a swollen figure, caused, as he feared, at a sectio cadaveria. The swelling increased, and he took a dose of chloral hydrate to deaden the pain. This remedy he resorted to at intervals, until Monday morning, when he seems to have taken an extra quantity. Shortly thereafter he saw Mr. Moon in the parlour, and still complained of the swelling and pain. Mr. Moon desired an attendant to apply a poultice, and proceeded round the wards. On his return he found Dr. Bruce dead. Messrs. Beggs and Allan, who were then in the infirmary, assisted Mr. Moon in his efforts to restoring Dr. Bruce, but in vain. The deceased gentleman had graduated last year, and held his post in the infirmary for only three weeks. He was but twenty-seven years of age, and born in Dundee, where he was much respected.

Society for the Relief of Widows and Orphans of Medical Men.

The annual meeting of the Society was held on Friday, April 28th, at 53 Berners street. It appears that out of 4,000 Medical men eligible as members, only about 400 availed themselves of the advantages offered by the Society. The secretary read a statement of the affairs of the Society for the year 1870, from which it appeared that £2,811 10s. had been distributed in grants, the expenses being £255 10s., an increase of grants by £106 10s. on those of the year before. The receipts of the year amounted to £3,153 3s. 9d., an increase only of £19 10s. 2d. on those of 1869. The balance of available receipts over expenditure was only £11. Seven new members had been elected, nine had died, and five resigned, leaving a total of 429. Three widows and five children had been added to the list of recipients of grants; six widows and children had died or became ineligible. At the end of the year fifty-five widows and fifty children were on the books of the Society.

Royal College of Physicians, London.

Dr. Aaland will deliver a lecture at the College on Friday, June 2nd, taking as his subject, "National Health." Dr. Guy will lecture on the following days: June 7th, 9th, and 14th, on "War in its Sanitary Aspects, with special reference to the period from 1793 to 1815."

A Testimony in Favour of Female Medical Students.

Dr. Keiller, in opening his summer course of lectures at Surgeon's Hall, Edinburgh, last week, strongly advocated the admission of women to the Medical Profession, or rather to that department of the Profession for which their sex specially qualifies them. He incidentally bore the following testimony to the ability of Miss Garrett, now Mrs. Garrett Anderson: "I do not hesitate to say that Miss Elizabeth Garrett was the most apt pupil I ever had. While attending my female class at the Royal Maternity Hospital, and receiving my instructions in midwifery and the diseases of women and children, Miss Garrett begged of me to allow her to compete in the written examination of my male class at the College of Surgeons, not that she wished or expected to carry off a
NOTES ON CURRENT TOPICS.

The London Hospital for Sick Children.

The nineteenth annual meeting of this charity was held last week. The annual festival last year was honoured by the presence of his Royal Highness the Prince of Wales, and the amount collected on that occasion was upwards of £5,000. That sum had been invested, and raised the funds available for rebuilding the hospital.

The Hospital for Diseases of the Chest.

The fifty-seventh anniversary festival of this the oldest hospital of the kind in Europe was held last week. In giving "Prosperity to the Hospital," the chairman referred to its foundation in 1814 by a member of the royal family. No less than 22,000 persons died in London of consumption, but that figure by no means represented the number of persons who suffered from the malady. Its expenditure could not be brought lower than £2,500 a year; and yet the annual subscriptions do not amount to more than £850 a-year. The secretary announced a list of donations exceeding £1,600. Her Majesty sent a contribution of £50.

The German Hospital, Dalston.

The twenty-sixth anniversary dinner of this institution took place last week, under the presidency of Prince Christian of Schleswig-Holstein. It is estimated that of the number of foreigners living in the metropolis no less than six-sevenths, or upwards of 30,000, are natives of Germany, and these Germans chiefly belong to the humbler classes of society, a large proportion of them being poor mechanics and craftsmen, or hard-working labourers employed as sugar-bakers, skin-dressers, skin-dyers, and in other occupations injurious to health. The hospital at Dalston, where Germans are associated together, is therefore a very valuable charity, and the importance of the work it is doing may be judged from the facts that during last year the number of in-patients was 1,024 (of whom 240 were cases of accident almost exclusively English), and the out-patients at the hospital and dispensaries numbered 14,184. The subscriptions at the table amounted to £4,050.

Vaccination.

The committee appointed to inquire into vaccination have given the vaccino-phobias their full swing, examined all their witnesses, and merely called three or four gentlemen to rebuff them. True, the three or four called on the side of reason are of such standing that in the opinion of the Profession any one of them will receive more respect than all their opponents put together. Nevertheless, we should not be surprised to see prejudice prevail, and reason be set aside. The public is so easily alarmed, statesmen care so little about questions of public health, that we are at the mercy, as it were, of ignorant fanatics, who by their continual loud screams inspire others with terror. In the present state of education, we fear greatly there is nothing for it but to submit to the ignorant. What a weight of responsibility do these few alarmists incur, who have done, and are doing, so much to vindicate the right of small-pox to devastate the land that gave birth to Jenner.

Medical Officers of Health.

The Food Journal says that want of such officers under the present régime is often sorely felt, but nothing short of a compulsory clause in an Act of Parliament can insure their general appointment. The reasons urged against them are serious and sometimes comical. Expense we can understand; but what can be said of Town Commissioners in a fashionable watering place, who decided against an officer of health on the ground that his appointment would frighten a fickle and fashionable public, and induce them to search for health and pleasure, where disease is allowed free course, and sickness is never named?

Mrs. Gladstone's Small-pox Hospital.

The management of Mrs. Gladstone's hospital for small-pox cases at Upper Clapton has been again brought under notice of the magistrates. It may be remembered that on the 23rd ult., a deputation consisting of nine householders and inhabitants waited upon the same magistrate to solicit his assistance in procuring the suppression or removal of the hospital. They said that the institution was managed in such a manner as to extend the area of the disease rather than check its advance. Four days afterwards, Mr. Clarke, one of the solicitors to the institution, gave a categorical denial to the allegations of the deputation. Last week several gentlemen attended again before the magistrate to make statements in opposition to the contradiction. Mr. Whiter said on the contrary, there were twenty-one houses abutting on the hospital, which, again, was only fifteen feet from the pathway. The nurses who attended the patients were in the habit of going to St. Matthias Church, and mixing with the congregation. Before the opening of the hospital a meeting was held, and a petition against its establishment was presented to Mrs. Gladstone. It was, however, to no purpose. The institution was not for the good of the afflicted poor of the East end, but for those who would pay a guinea a week and upwards, and who could then have one or more rooms, their own doctor, their own minister, or what they liked. It was thought very hard that persons should be brought down from the West-end to get cured of their ailment at the East-end to the danger of the inhabitants. The latter were determined to do all they could to make the matter public, because it was of public importance. Mr. Newton thought that the deputation were quite right, and he regretted his inability to assist them.

Health of Glasgow.

The Medical Officer reports that in the fortnight the deaths were 602, which, as compared with the preceding fortnight, is a decrease of 35. The cases of fever reported during the fortnight were 293. The rapid rate of decline in the epidemic has not been maintained during the last two weeks, and the cases are 187 in excess of the number at this time last year, when only 106 (chiefly typhus),
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were recorded. The deaths from small-pox were 13, only 7 of which took place in hospital, once more leading to the inference that many of the most severe cases of small-pox must be treated at home.

The Epidemic of Small-pox in London.
The mortality continues to rise, the numbers being 265, 276, 261, and 288 during the last four weeks, the highest weekly number that has been touched during the present epidemic being the last, almost three times as high as the largest number returned in London in any week of the several epidemics, or outbreaks, that occurred during the 31 years 1840-70. In nine permanent and temporary hospitals for the disease 74 deaths were recorded last week, of which 36, 35, and 8 occurred respectively in the institutions at Hampstead, Stockwell and Homerton. Thirty deaths from small-pox last week belonged to the West group of districts, 81 to the North, 18 to the Central, 51 to the East, and 108 to the South. The fatal cases declined last week in the Central districts, but increased in each of the other groups. The highest death-rate from small-pox was shown in Somers Town, Bethnal-green, Mile-end Old Town, Southwark, Newington, Clapham and Battersea; in the latter sub-district, of 31 deaths 14 were referred to small-pox.

Devon and Exeter Benevolent Medical Society.

From the report in the Exeter and Plymouth Gazette, we find this association in a flourishing condition. This is so seldom the case with our medical societies, that we are very glad to record that the invested stock in Consols now amounts to £2,087 8s. 2d. Dr. Sapniter pointed out that they had now annually accruing to them £200 a-year from dividends, and annual subscriptions amounting to £50 or £60, so that they had really about £120 a-year available for annuities. In the course of their existence they had assisted for some years a widow, for a couple of years they assisted another who died an annuitant, and they also assisted through an apprenticeship the son of one of their members. He would call their attention to the fact that this was not a charity. They called it a benevolent fund, but really and truly all who were in adversity and had been subscribers were entitled to its advantages, so that really there was no humiliation in it. Another advantage pointed out by Dr. Sapniter and that we greatly commend is, that there is no canvassing in obtaining the advantages. All members have the same claim to have their case heard. There is no humiliation and expense in obtaining the grants. A lady who had canvassed the Medical Benevolent College told him that it cost her £30 a-year for canvassing, besides the harass and the cost to her friends. That he thought was a serious drawback to any benevolent society. In this Society the applicant was not put to a penny expense. He wished he could see members of the profession in the country more generally join it. It was one of the best insurances for those who might fall in temporary or permanent difficulties. He saw no reason why any member of the profession could not contribute a guinea a-year to the Society.

The Pope is said to be suffering from "ascending paralysis."

The Ex-Emperor Napoleon.
His Ex-Imperial Majesty who has for some weeks past, been suffering from an acute attack of rheumatic gout, has now so far recovered, as to be able to take walking exercise. This will set at rest the rumours his non-appearance in public has given rise, many having attributed it to what was "certainly a fact" that he had left secretly for Paris, and others, that he had gone to Berlin to treat with the Emperor of Germany with the view to his re-installation upon the throne of France.

Detection of Blood-Stains.
On Saturday last, Dr. Lethoby gave some important evidence on this subject in the case that is known as the Etham murder. He was able to pronounce certain stains on the prisoner’s clothes to be blood-stains. He had no doubt they were the blood of a mammal, but it was impossible to say they were human blood. In view of the interest excited by this case, we may observe that the most delicate of all tests for blood is the new spectroscope method. This has been applied by Dr. Lethoby, whose admirable article on the subject in the London Hospital Reports, Vol. III., is the only complete authority on this particular method of examining supposed blood-stains. We propose next week to return to the subject, and to re-produce a portion of Dr. Lethoby’s paper.

New Books in Medicine, Surgery, and Science.
The book lists for the month of May contain few announcements of any importance. Within the last month the following works have issued:

Aucto: On the Functions and Disorders of the Reproductive Organs, considered in their Physiological, Social, and Moral Relations. 5th edition, price 12s. Dewar: On Rheumatism and Rheumatic Gout Treated on Antiseptic Principles, 8vo. price 1s. 6d. Mac Cormac: Recollections of an Ambulance Surgeon, price 7s. 6d. Naphyes: On the Transmissions of Life. Counsels on the Nature and Hygiene of the Masculine Function, price 12s. Oliver: Plain Facts on Vaccination, price 1s. 6d. Richardson: Remarks on Diabetes, especially with Reference to Treatment, price 4s. 6d. Scudder: On Specific Medication and Specific Medicines, price 12s. 6d. Ward: Outline Facts of Chemistry, price 2s.

The following books are announced as about to appear:


In the works devoted to the collateral sciences, we have:

Vaccination.

The handbill issued by Dr. Hearne, at Southampton, has given rise to some discussion in the local papers. The following extracts from a letter of Dr. Hearne’s will show the position of the controversy there.

In reply to Dr. Aldridge, he says:

“...He has asserted that the description I have given is applicable only to a first vaccination, which is an unfortunate misconception.

The medical authorities he has referred to, he has either misunderstood, or has misquoted; for he has described the results of a re-vaccination in a large number of cases as assuming the form of a popular elevation (a pimple), with a little redness, and asserts that this is called successful vaccination by Ceeley (?), Marson, Gregory, and Sexton. I have read the opinions of the authorities named, with one exception, and have some of them now before me, but can sanction no such interpretation of their writings.

“A pimple has never before been described as cow-pox. I have witnessed many cases of re-vaccination which presented nothing more than pimples as the result of the operation, though, in some few, unhealthy inflammations and ulcerations have disturbed the general health for more than weeks—the one being as good a protective against small-pox as the other.

“...Dr. Jenner wrote, that ‘Vaccination once performed will protect for ever from small-pox.’ In fact, all written in favour of re-vaccination is mainly consequent on defective primary vaccination.

“...Dr. Simon, Medical Officer of Health to the Privy Council, but not to the College of Physicians, London, as described by Dr. Aldridge, has issued a paper on the subject. ‘A child once properly vaccinated is practically secured against infection.’

“The assuming writer then ventured to compare the description of the progress of cow-pox with the stages of consumption or cancer. He could not have been more unhappy in his comparison; for whilst genuine cow-pox runs the most regular course of any disease known, none can be mentioned as more erratic, in every respect, than the diseases he has named, which admit of contrast, not of comparison. Indeed, that has ever been recognised by even the uninformed.

“I have simply to inform those whose interests I felt it my duty to protect, that I have not sought to disparage any particular medical man; that in my public capacity I have been required to make certain representations which facts appeared to support, and that I have discharged that duty, and shall persist in doing so, to the best of my ability.

“If Dr. Aldridge’s pimple theory can be regarded as successful re-vaccination, there is not much left to dispute about. The interest connected with the re-vaccinations, and the results of 40,000 Prussian soldiers, for some years annually, must be thrown aside as unworthy of consideration; but, nevertheless, I will repeat for the information of rational people that the Prussians are highly practical; that in two-fifths of their cases the results were regular; in one-fifth irregular (pimples?), whilst in the other two-fifths there was no effect whatever!

“The cursory glance I could obtain of the Southampton Medical Books, appeared to demonstrate that up to the 18th of April, the re-vaccinations were, with scarcely an exception, charged as successful.

“Another serious question has arisen, who is responsible for the removal of patients, when in a dying state, from their own homes to the small-pox hospitals?”

At the Vaccination Committee Mr. Jonathan Hutchinson expressed his unabated confidence in the efficacy of vaccination, and spoke of the danger of inoculating syphilis a “minimally” slight.

Anasthetics.

Our readers know that many of our American brethren much prefer ether to chloroform, and assert it to be much safer. Unhappily, we can no longer say that bichloride of mercury is not as dangerous as other anaesthetics—at any rate we find it can kill rapidly. Nitrous oxide seems to gain in favour. An interesting discussion is going on in the British Journal of Dental Science, and we are glad to see that gentlemen engaged in dental practice are writing freely their experience and opinions on the anesthetics most adapted for their purposes.

Royal College of Surgeons of England.

We are glad to learn that Mr. Critchett is to be brought forward at the next election as a candidate for the Council. It would be well for ophthalmology to be represented by so distinguished a cultivator of that branch of surgery, and yet one who, as surgeon and lecturer at the London Hospital, has taught with a success that has endeared him to his pupils. Mr. George Critchett, is, too, a name synonymous with all that is upright and liberal-minded. We hope he will place his views on collegiate matters and medical politics generally distinctly before the Fellows.

Vaccination Compulsory on Doctors.

LORD SALISBURY, with characteristic quixotism, thinks that to enforce vaccination the fine should be laid on the doctor instead of on the parent. We might as well propose to fine his lordship for any infringement of the law by his tenantry.

Hereditary legislators are not necessarily gifted with a high sense of justice, and if such nonsense is rampant in the House of Peers, how can we expect ignorant anti-vaccinators to be more logical.

It is reported that Bamberger will succeed the late lamented Oppolzer.

JOHN LAMBERT, Esq., Poor-law Inspector, has been gazetted Civil Companion of the Order of the Bath.

We regret to learn the death of Deputy-Inspector General Dr. Telfer, a retired medical officer of the army, in charge of the military prison at Gosport.

The coronership of the southern division of the county of Wexford is vacant. We hope the electors will appoint a medical coroner. Dr. C. J. Denny is a candidate.

At Cambridge, Dr. Michael Foster, the Trinity Proctor in Physiology, is giving a course of lectures “On the Elements of Embryology.”

Her Majesty the Queen has been graciously pleased to intimate that she will open the new St. Thomas’s Hospital towards the end of June.

Yellow fever in the Brazils is proving fatal to 700 victims per day, among them being the eminent physician, Dr. Toque Perez.

The Metropolitan Water Bill has not yet been withdrawn, but will probably follow others into the limbo of lost measures.
A bust and scholarship in memory of Oppolzer are proposed to be inaugurated in Vienna. What more natural? Subscriptions may be sent to Dr. Kraus, at the office of the Allgem. Wien Medicin Zeitung.

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Dr. Burney Yeo succeeds Dr. Sanderson at the Brompton Hospital. He is a good man, but the mode of appointment is such that the Profession cares less for the hospital than it otherwise would.

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Another public meeting has been held on behalf of the funds of St. George's Hospital. The public ought not to forget that the charity needs every support, although it is situated in one of the richest localities in the metropolis.

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Dr. Parkes has been elected to a seat on the Senate of London University by the large majority of 250, i.e., he has come out at the head of the three names to be submitted to her Majesty by that university.

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A public meeting will be held to-morrow in London to adopt measures for the relief of the great distress existing at Buenos Ayres, in consequence of the ravages which the epidemic of yellow fever is working amongst the population.

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Dr. Hitchman presided over a meeting of the Medical-Psychological Association at the Royal Infirmary of Manchester lately, when Dr. B. Tuke advocated a more accurate post-mortem examination of the brains of those who died in our asylums.

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The withdrawal of the Local Taxation Bill involves the loss of the clauses designed to carry out the recommendations of the Sanitary Commission. These clauses were, however, so imperfect, that we hardly know whether to regret the incident or not.

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The officers of Her Majesty's Army, Navy, and Indian Medical Service hold their annual dinner at William's Rooms on Friday, the 26th inst. The chair will be taken by the Director-General of the Navy Medical Department.

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An inquiry has lately been held at Kidderminster by Mr. Holland, the House-office inspector, as to the state of the burial grounds in the borough. Offensive smells from the churchyard of St. Mary's were frequently experienced at the neighbouring infirmary. The churchyard will, probably, be closed.

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Mr. T. M. Balfour and Mr. T. H. Carpenter (son of Dr. Carpenter, Registrar of the University of London), have been elected to foundation scholarships for Natural Science at Trinity College, Cambridge; Mr. Clough has been elected to an exhibition for Natural Science at St. John's College, Cambridge.

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The Army Blue Book has just appeared, and contains the usual mass of information that makes it so valuable. There are reports on the health of our troops in the various parts in which they were serving during the year.

Besides the "Appendix," it seems, if possible, richer than ever, and contains some very valuable papers to which we shall have occasion to refer in future numbers. The "Report on Hygiene," by Dr. Parkes, opens the "Appendix."

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Inspector-General Lawson's paper at the Epidemiological Society "On Cholera in Vessels at Sea," read this day week, was full of carefully arranged details, illustrated by excellent maps, showing the origin and progress of the disease in various transports at different stages of the voyages made by them. In analysing the occurrences set forth in his paper, Inspector-General Lawson pointed out their bearing upon the views published by him in "Pandemic Waves." The discussion was postponed until the next meeting of the Society.

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According to the quarterly report of the Registrar-General, in the United Kingdom the births of 280,306 children, and the deaths of 184,880 persons of both sexes, were registered in the three months ending on March 31. The natural increase of population was thus 95,426. The births were numerous, but stationary. The deaths in the first quarter of the year have decreased both in town and country, as compared with the corresponding quarter of last year. Scarlet fever declined, and had it not been for a virulent outbreak of small-pox in London and Liverpool the public health would have shown still more decisive marks of improvement.

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SCOTLAND.

Lady Medical Students at Edinburgh.—In last issue, it was stated that the directors of the Leith Hospital had declined to allow female students to prosecute their clinical studies there, since then the directors of the Royal Sick Children's Hospital have had the admission of ladies to that hospital under discussion, and from the great practical difficulties which stand in the way, it was almost unanimously resolved, that such admission for the present at least, could not be granted.

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On the Corrective Influence of Bromide of Potassium on Opium.

In an article in the American Journal of the Medical Sciences for April, 1870 (p. 365), Dr. Da Costa, Physician to the Pennsylvania Hospital, &c., called attention to the influence bromide of potassium exerts on the unpleasant effects produced by opium. In the new number of the same journal he gives some cases which led him to form this opinion, and to examine more particularly into the combined action of these valuable agents. He says:

"The first case in which I fairly studied the subject was under my charge about two years ago. A lady affected with a most painful enteric malady, and of very susceptible nervous system, was often attacked with seizures of abdominal pain of most severe character. Yet she generally bore them until they exhausted themselves without taking any remedy, or with such slight help as remedies, excepting opium, afforded, rather than subject herself to the distress this medicine caused. It was not fancy on her part; for when at times, on account of the exacerbating character of the pain, she was obliged to resort to opium—usually black drop, which, of all preparations, produced the least disturbance—I have stood by her bedside and myself witnessed the effects of the anodyne. There was relief, certainly, of the abdominal distress, but also itching or tingling sensations all over the body, amounting to positive pain; then numbness more or less extended, usually accompanied by a sense of sinking, and a faintness most severe and constant, and uninfluenced, or with difficulty relieved by stimulants. Complete unconsciousness did not occur, or only existed for a minute or two, when she thought she slept, though a slight movement instantly awoke her; but to use her own expression, she was 'alive nowhere except the head and heart.'
BROMIDE OF POTASSIUM.

May 17, 1871.

Perhaps the best statement of the result from giving the bromide is afforded by still further quoting my observant and accomplished patient in an extract from a note from her: ‘I have been sending my thoughts back to the time when opium was my horror, and severe pain as easy to bear as its effects. If the pain was relieved, the faintness would return after twelve, fifteen, or even twenty-four hours from the time of taking the opium. Now, on taking twenty grains of bromide, I have felt the effects of a dose of the watery extract, and again about two hours afterwards, I am pretty secure.’ From the first time in which, when giving her the bromide, its influence in preventing the unpleasant consequences of opium was noticed until the present the bromide has not failed us once. On morphia it has least influence, and morphia and codeine also has affected her the worst. Still it has an influence, and four doses keep her tolerably comfortable.

“A case as striking, though not one in which the observation has been as often repeated, is that of an old lady subject to attacks of diarrhoea, and in whom all opiates, even paregoric, produced faintness, marked, though not so marked as in the preceding instance, but much more decided headache and nausea. By taking forty grains of bromide, in twenty grain doses, beginning about three hours before she takes opium, she bears perfectly well two doses of the antispasmodicum.

“Of another case I transcribe the record, as kindly kept for me at the Hospital by my resident physician, Dr. James C. Wilson. It reads thus :

"Annie C., Irish, aged thirty-five, a domestic, widow. Admitted into the Pennsylvania Hospital, Feb. 5th, 1871, suffering from headache, with impaired digestion, which, however, is not associated with any manifest organic disease; was placed upon tinct. ferri chloridi, gtt. xx, t. d., and good diet.

"Feb. 12th.—Complains of sleeplessness; states that she was awake all night. This report was corroborated by the night nurse. Was ordered i. qsi. morphi sulph. 5IJ. at bedtime.

"13th.—Passed a sleepless night. After taking the morphia she experienced a feeling of great weakness; felt dizzy and confused; described herself as ‘seeing all kinds of strange things.’ She had headache as these phenomena passed away, with dryness of the throat and great restlessness, which lasted until morning. On rising she had intense nausea and vomiting, which continued until noon. 2 p.m., given potassii bromid. gra. xx. 8 p.m., i. qsi. morphi sulph. 5IJ, as last night. Slight nausea and vomiting. Pulse 80; respiration 20, temperature 98°.

"14th. a.m.—Pulse 103, respiration 24, temperature 98°. States that she slept very well, and feels in every respect quite as well as usual. No dizziness nor headache; no nausea nor vomiting followed the administration of the morphia.

"15th. a.m.—Pulse 80, respiration 20, temperature 95°.

"15th. a.m.—Pulse 75, respiration 20, temperature 95°. Had taken no medicine, except the tinct. of chloroide of iron, since the evening of 13th inst. She again complains of sleep- ing poorly. Last night she did not fall asleep until towards morning. 8 p.m., given tinct. opii deodorat. gtt. xxv. Pulse 85; respiration 20, temperature 95°.

"16th. a.m.—Pulse 75, respiration 20, temperature 95°. She stated that after taking the medicine last night she felt weak and faint, was dizzy, and fancied that she saw curious and grotesque objects; had no pain in her head, but was restless, and kept turning about, though she felt no headache. Had a feeling of faintness and nausea on rising, but no vomiting. 6 p.m., took potassii bromid. gra. xx; 9 p.m., tinct. opii deo- dorat. gtt. xxv.

"20th.—Fell asleep about midnight, and slept well till morning; much relieved; no feeling of faintness; no confusion or headache after taking the opiate. Had no nausea, vomiting, or faintness on rising.

"I will briefly cite one more case, which was very re- cently under my observation:—

"A young lady, in whom opium produced most de- cided faint- ness and nausea, was attacked with muscular tetanus, and took laudanum at night to relieve her discomfort. She sent for me the next morning, and I found her with dry throat, giddy, and weak. Prescribing the bromide, partly to counteract the effect of the opium, partly for other reasons, she was enabled to take the opiate without the least inconve- nience; and, when a few days afterwards I found that she had been resorting with impunity to an opiate of either Dover’s powder or laudanum, every night, I ascertained that, by a misunderstanding of orders, she had continued to take the bromide mixture, in addition to the prescription of acetate of potassa and colchicum, which I had directed to replace it.

"I might continue to multiply this narrative of cases, but it will not make the subject any clearer. I shall rather investigate the result, in some special directions, of giving the two remedies. The bromide does not destroy either the anoody or the hypnotic effects of the opiate; on the contrary, it rather heightens both, and more particularly the latter. To quote again from the letter of my first patient—‘The more bromide I take the sooner do I get sleep after a dose of opium. Two doses of bromide (twenty grains each) are not usually enough to counteract the exciting effects, and procure sleep, and five or six hours from the time of taking.’ The faintness from opium is the phenomenon most markedly prevented; next in the readiness of being influenced stand the headache, vertigo, and nausea, then the itching of the surface, and dry mouth.

"The bromide has seemed to me to act best when it is given some hours before the opium, and forty to sixty grains—generally forty grains—prove sufficient. But it also has an action, sometimes, however, markedly less, even combined with or used in addition to morphia. Con- sequences have accrued from this, the bromide will miti- gate their severity. Even the cutaneous itching is favour- ably influenced, and I have known repeated doses most decidedly affect the faintness. When morphia is used hypodermically, it is then most necessary to give the bro- mide some time in advance, and it may take larger doses to accomplish the purpose. At least it has so seemed to me—though I have not often tested this, since most of the observations were made in persons who took opium by the mouth.

"Now, though I think that the corrective influence of the bromide on opium holds good as a general truth, we meet at times with exceptions. Dr. Wallace, to whom I had mentioned the matter, told me that while he had in several instances obtained the most gratifying results, he had failed in one; and Dr. James C. Wilson has taken notes for me of a patient in the Pennsylvania Hospital whom one of my women patients was attending. Her complaints were of confusion, dizziness, and dull throbbing, frontal headache, nausea, and vomiting in the morning were caused by one drachm of the solution of sulphate of morphia. The addition of the same amount of spirits of chloroform obviated the unpleasant results, though it finally failed; and sixty grains of the bromide did not prevent one-fourth of a grain from producing the dis- orderly consequences.

"But these exceptions are not, I believe, numerous, and the bromide does not often disappoint. Of course, in investigating its value with reference to the questions here discussed, we have to test it on those with whom opium really disagrees, and not on such who merely say that it does; for, from some reason or the other, many persons seem to think it a point of honour to make this state- ment, though it is of such persons nine are quite able to bear the anoody as readily, and to de- serve as much advantage from it, as the rest of mankind with whom it professedly does not disagree. Yet, con- sidering the number of therapeutic applications of the invaluable drug, and the fact that we may be prevented from using it in instances in which its employment might be of the greatest moment, because to use it seems im- possible until it will be of service to be able to control its direction, and the remarks here made will, I trust, prove to represent the full truth. Moreover, they may be looked upon as a contribution towards a most interesting and comparatively neglected part of therapeutics, what may be called the corrective influence of one drug over the other; corrective in obviating its bad results, while not interfering with, but rather heightening, the good ones."
The Sick Lion.

"JEAMES" THE LESS—the flunky medical—chronicled last week in the Lancet with proper authoritative pomposity "As who should say, I am Sir Oracle, and when I open my mouth let no dog bark," the rheumatismal twinges of the ex-Emperor. The delicate compliment is not lost on the Emperor's doctor, who graciously confesses a Legion of Honour this week on the diplomatic Jeames.

The Lancet has a letter, not a vulgar common-place English epistle, but a distinguished French billet doux, which "authoritatively confirms" its stupendous revelations.

The doctor thanks the Lancet for "l'interêt qu'il témoigne pour son illustre client." Graceful acknowledgement! Happy Lancet! 

The Emperor, mirabile dictu, "has suffered from rheumatismal pains." More wonderful still—"hopes soon to see the end of them"—"walked out in the park at Camden place"—and, acme of delight—"se trouve très bien." Is there any other important scientific fact the Lancet can offer its readers?

The breathless public awaits the next pronouncement of "the leading medical journal."

The Qualification in State Medicine University.

The examination for this degree will commence on the 12th of June. It is announced that value will be attached to the various subjects of examination in the following proportion:

Medical Jurisprudence ............ 25 marks
Chemistry ................................ 15 "
Meteorology ................................ 15 "
Vital Statistics ........................... 15 "
Morbid Anatomy .......................... 10 "
Law ........................................... 10 "
Engineering ................................ 10 "

Total 100

Lectures at the London College of Surgeons.

The lectures at the Royal College of Surgeons of England will be resumed on the 20th instant, by Professor Birchett, who will deliver on that day, and on the succeeding Wednesdays, Fridays, and Mondays, six Lectures on the "Nature and Treatment of New Growths," in continuation of his course last year.

Mr. J. W. Hulke, F.L.S., will also deliver, on Monday, Wednesday, and Friday, the 12th, 14th, and 16th of June next, three Lectures on the "Minute Anatomy of the Eye," in continuation of his course of the last two years.

The lectures will commence at four o'clock precisely each day.

Death of Dr. Hildige, of Dublin.

We announce with much regret the death of Dr. Hildige, of Dublin, which occurred on Saturday night last, under peculiarly painful circumstances. Dr. Hildige had been for some time in very delicate health, suffering, as we understand, from very severe paroxysmal pains about the epigastrium, for which he was in the habit of making use of powerful local sedatives. On Saturday night he retired to bed in his usual health, and was found dead by the servant on Sunday morning.

Dr. Hildige's practice was altogether ophthalmic and aural. He was a Fellow of the Royal College of Surgeons, and a corresponding member of several foreign societies.

Contagious Diseases Acts.

In the House of Commons on Thursday last, Sir J. Elphinstone asked the hon. member for Cambridge whether he meant to bring on his motion on this subject, which stood for Tuesday, the 16th. Mr. W. Fowler said he had been informed that the report of the Commission on that question would very shortly be issued, and he had acceded to a representation made to him that it would be advisable not to proceed with his motion on the 16th. He reserved to himself, however, the right of bringing it on should the presentation of the report of the Commissioners be delayed.

The Irish Lunacy Regulation Bill.

The important amendments made by the Committee in Lord O'Hagan's Bill, were set down for consideration in the Lords on Tuesday last.

The Army Medical Department.

Mr. Staunton intends moving an address for a return of the officers of the Army (Medical Department) who are now employed in the office of the Director-General, specifying name, rank, capacity in which employed, and periods from which, and to which they have been so employed, and copy of orders or letters which prescribe assigned periods for the employment of military offices at War Office or Horse Guards.

Quarters, Fuel, and Light, for Army Medical Officers.

1. The Secretary of State has approved of the annexed schedule regulating the extent of accommodation to be allotted to officers in public quarters, both at home and abroad, the number of rooms for which issues of fuel and light are provided for home service, and the commuted allowance in lieu thereof. 2. Although the accompanying scale will be adhered to as a rule, officers will be subject to circumstances arising out of the exigencies of the public service, whereby it may become necessary for them to occupy quarters of less extent, and draw consequently smaller allowances than those provided for in the scale.

3. The number of rations of fuel and light to be issued at home stations is laid down in Clause 20, Army Circulars, 1871:—Inspector-General, hospitals, after 3 years; number of rooms to be allotted, 7 personal, 2 for servants; fuel and light to be provided for 6 rooms; commuted allowance in lieu of fuel and light, in winter, 7s. per diem, summer, 5s. Inspector-General, hospital, under 3 years; 6 rooms personal, 2 for servants; 5 for fuel; commuted allowance, 2s. 6d. and 1s. 6d. Deputy Inspector-General, hospitals, under 5 years; 5 rooms personal, 1 for servants; 4 for fuel; commuted allowance, 2s. 6d. and 1s. 6d. Deputy Inspector-General, hospitals, under 5 years; Surgeon-major; 5 rooms personal, 1 for servants; 4 for fuel; commuted allowance, 2s. and 1s. 6d. Surgeon not attached to a regiment; 4 rooms personal, 1 for servants; 3 for fuel; commuted allowance, 1s. 6d. and 1s. Assist-Surg, 6 years' service, not attached to a regiment; Apothecary, after 15 years; 3 rooms personal, 1 for servants;
Death of two Indian Medical Officers.

We regret to announce the death of two surgeons of the Bombay Army, Dr. Kingstone, and Dr. McConnell. Surg. H. C. Kingstone, B.A., M.B., officiating Deputy Assay Master, of the Bombay Mint, entered the service in February 1856, and was an officer of considerable attainments and well-known ability. He died calmly, whilst sleeping, on the evening of Friday, March 31st, of consumption. He was in his 42nd year. Surg. R. C. McConnell died at the sanitarium in the marine lines on Saturday morning, April 1st. He entered the service on the same day as Surg. Kingstone, and they stood together on the list. Dr. McConnell had seen service both in Persia and Abyssinia, and was much liked by a large circle of friends. These two officers entered the service on the same day, and, strange coincidence, were buried on the same day in the Sweeney cemetery, the same firing party giving them their last salute.

Fifteen men of science have been elected for the honour of F.R.S., quattuor para para faiumis. Only four doctors—Dr. Bud, Mr. John Wood, Dr. Quain, and Mr. Callender are the fortunate quartetto.

The Seventh Meeting of the Dublin Obstetrical Society was held in the Dublin College of Physicians, on Saturday last, when the following communications were read:—1. Dr. Gogarty, "On a Case of Menorrhagia depending on Intramural Tumour." 2. Dr. Byrne, "To exhibit 1st. "A Substance expelled before Labour." 2nd. "Membranes retained after Delivery." 3. Dr. Atthill, "On the Treatment of some Forms of Menorrhagia."

There exists a good deal of excitement, and alarming rumours are in circulation in the neighbourhood of Perth, in regard to the death of Sir Wm. D. Steuart, of Grandtully. Those had their origin, in all probability, in the circumstance that two post-mortem examinations have been made, and the burial interdicted. The first examination of the body was made by Drs. Absolon and Buist, of Perth, on the night before the funeral—at the instance of the heir of entail. The result of the examination, it is believed, showed that Sir William died of heart disease. The burial next day was interdicted, but with consent of parties concerned, a partial interment was made near the original spot marked out for burial. Subsequently the legal advisers of Mr. Padwick, London, the purchaser of considerable properties from Sir William, caused a post-mortem examination to be made on Monday last, by Professor Spence and Dr. Gillespie, Edinburgh. The result of this examination has not transpired.

Importations of Diseased Animals.—The Privy Council return for the month of April, published in the Gazette, gives the unusually large number of 958 diseased animals imported. Nearly 900 of these were sheep, and were brought in nearly equal numbers to London and Newcastle-upon-Tyne.

The Approaching Election of the Council of the College of Surgeons of Ireland.

Dr. Robert McDonnell has announced himself as a candidate for a seat on the Council, for which honour Dr. Minchin and Dr. Shannon had already declared their intention to compete. Dr. Robert McDonnell is son of Dr. John McDonnell, Medical Poor-law Commissioner, is Surgeon to Dr. Stevens' Hospital, enjoys a very high reputation as a scientific surgeon, and has achieved the rare distinction of a Fellowship of the Royal Society. His medico-political views are already known to the Fellows as liberal and progressive. He will, no doubt, receive powerful support at the hands of the party of reform. Dr. McDonnell's qualifications are quoted in the "Medical Directory" as follows:


Medical News.


St. Mark's Hospital for Fistula, &c.—At a special meeting of the governors of this institution, held at the London Tavern, the Right Hon. the Lord Mayor, the president, in the chair, D. H. Goodall, Esq., M.R.C.S.E., was unanimously elected one of the honorary assistant-surgeons.
NOTICES TO CORRESPONDENTS.

May 17, 1871. 483

Loss of Infant life.—In the House of Commons on Friday, Mr. Charley rose to move for a select committee to inquire as to the best means of preventing the destruction of the lives of infants put out to nurse for hire by their parents. A bill had been brought forward by a number of gentlemen interested in this subject, in regard to which the President of the Poor-law Board made some suggestions which were incorporated in the measure. Her Majesty’s government then promised to take the matter up, but ultimately requested him (Mr. Charley) to introduce the question in the House of St. George. Failing the general agreement, he would repeat the motion for a select committee.

In various parishes illegitimate children perished at the rate of 48, 53, 57, 93, and 90 per cent. respectively, two-thirds of whom were put out. In France generally the mortality was from 60 to 90 per cent. In the favourite colour of the Poor-law officer; when it would reward the motion for a select committee. In various parishes illegitimate children perished at the rate of 48, 53, 57, 93, and 90 per cent. respectively, two-thirds of whom were put out. In France generally the mortality was from 60 to 90 per cent. In the favourite colour of the Poor-law officer; when it would reward the motion for a select committee. In various parishes illegitimate children perished at the rate of 48, 53, 57, 93, and 90 per cent. respectively, two-thirds of whom were put out. In France generally the mortality was from 60 to 90 per cent. In the favourite colour of the Poor-law officer; when it would reward the motion for a select committee.

Mr. Brunton said that the committee had correctly stated what had taken place in regard to this question, and the attention of the government had been carefully directed. It was, however, a subject most fit for inquiry. It was possible that the terrible punishment that overtook one unhappy woman might check the practices which caused so much loss of life. But until the cause of the high mortality amongst children amounted to from 60 to 90 per cent. fully justified inquiry. He thought that the question was one that called for consideration and inquiry, and he should consent to the appointment of a committee. The motion was agreed to without a division.

Printers’ Orphan Asylum Fund.—We understand that this sum is most urgently needed on behalf of this charity. Five children, the necessitous orphans of deserving printers, have been elected by the subscribers, and placed in a comfortable home at Leytonstone, at an expense of £140 per annum. To defray this outlay, and, if possible, to extend its usefulness, this special appeal to the benevolent is now made. Subscriptions, entailing to votes, thanks received and acknowledged by any member of the council, the secretary, or the collector (Mr. C. Pope), at the offices of the Corporation, Gray’s Inn Chambers, High Holborn, London.

Hints on Tea Making.—There can be no doubt that our London waters are perfect for tea making. This was a subject of government enquiry in 1851. The commissioners reported that our London water of about 5 days’ hardness, after boiling, made as strong tea as water of 2.5 days, the flavour being superior in the former case, because, with the softer water, a slightly increased bitterness was detectable, owing to the solution of some of the bitter principles not dissolved in the boiling water. This practice, adopted by some frugal ladies of adding “just a pinch” of carbonate of soda to the tea, originates from a mistaken notion that depth of colour and beauty of flavour are synonymous terms. It is true that carbonate of soda makes the tea dark, but if you care for taste and flavour I should strongly advise banishing the carbonate of soda bottle from the tea table. —The Poult Journal.

Defects in our Cookery.—Good simple cookery is almost unknown amongst our poorer classes, whereas in France it is universally practised. Made dishes are not, as a rule, indulgible; in fact, the stomach will often gratefully receive the delicate, though appears to be a matter of the commonest sense at common fare. Our cookery in lodging-houses is detestable, and may be summed up in one word—grace. Our cookery in farm-houses may be stated in two words—boiled pork. In our middle classes very little skill is shown in the preparation of food, and amongst the poor none whatever.—The Poult Journal.

St. George’s Hospital.—A large and influentially attended public meeting was held last week at Willows’ rooms, King street, St. James’s, in support of the funds of St. George’s Hospital. The Marquis of Westminster occupied the chair, and was supported by the Duke of Argyll, the Earl of Shaftesbury, Earl of Beaconsfield, Lord Trasham, Lord Bessborough, the Marchioness of Westminster, Sir John Harington, Sir Henry and Lady Walpole, &c. The Earl of Shaftesbury moved the following resolution:—“That, notwithstanding the efforts recently made to increase the funds of St. George’s Hospital, this meeting regrets to hear that the annual expenditure will exceed the income by £2,000 per annum.” He said the income of the hospital was very far below what it ought to be, considering the wealthy locality in which it was situated and the large number of patients who received its benefits. Lord Penrhyn, in seconding the resolution, urged the subscriptions of a large number of annual subscriptions. The resolution was unanimously adopted. The Duke of Argyll moved the following resolution:—“That this meeting pledges itself to make known, to the best of its power and influence, the necessity for an increased support to the funds of St. George’s Hospital and to the public generally. Earl Cadogan seconded the resolution. He could speak from practical experience of the judicious economy with which the hospital authorities expended the funds entrusted to their care, Baron A. de Rothschild having supported the resolution, which was unanimously adopted. The proceedings closed with a vote of thanks to the speakers.

The House of Lords upon Vaccination.—On Friday, Lord Duckhurt asked if it was the intention of Her Majesty’s Government to propound any additional precautionary or remedial measures to check the spreading of small-pox in the metropolis.—Lord O’Marnore highly commended the efficiency of the Irish practice, and said that all objections had been removed by St. George’s—Channel. Lord Lyttelton, the author of the first Compulsory Vaccination Act, believed that nothing was necessary except to enforce the law, and he trusted that the government would never rest till they had put matters on a better footing.—The Earl of Kimberley stated what had been stated by his noble friend. He believed that one of the reasons of the non-success of the Vaccination Acts in England was largely owing to the existence of fanatical persons who had succeeded in persuading large numbers of ignorant and misguided parents to neglect vaccination. The Poor-law Board had been informed of vaccinators who were doing it illicitly, and he hoped that the report of the Commission would be urging the utmost of their power.—The Earl of Malmesbury urged the necessity of enforcing the law on the middle and higher as well as on the poorer classes.—Lord Portman urged the necessity of a better supply of lymph. —The Marquis of Salisbury said there was something more that might be done to enforce vaccination.—let the fine be laid on the doctor instead of on the parent.

NOTICES TO CORRESPONDENTS.

Dr. PARKER.—We have received your letter in reference to your inquiry. If you have any supply of the valuable institutions in which it has been tried, we shall be happy to submit them to our writers with a view to publish what may be thought desirable.

Dr. JONES.—We have not seen the pamphlet mentioned.

Dr. TUTTLE.—The communication has not been fully discussed in our columns. Please do not ask us to re-open it.

JOSEPH TAYLOR.—1. Forward the paper for examination by book-post. 2. The report will be published shortly. 3. The question is a medical one.

Dr. E. HAUGHTON, Keslington.—We shall be happy to look through your MS., and, if suitable, insert it in our columns. The title is rather a vague one, so that without seeing the copy, it is impossible to reply definitely.

TREATMENT OF HYSTERY.—Let us appear in our next.

SUPRA.—“Condyloid Amputation of the Thigh,” by Dr. Stokes, “Modification of千元’s Amputation,” by Dr. Wharton, in our next.

Dr. TUTTLE, Massey, Brighton.—The wood-cuts have been safely received; proof will be sent you in due course.

Journal, 1871, Vol. 20, p. 135. For the report of the Commission upon which there has been so much conflicting medical evidence, and which has appeared at our last political general election, as we were going to press, by a verdict in favour of the accused.

NOT AFRAID OF THE TRUTH.

To the Editor of the "Medical Press and Circular":

Sir,—A week or two ago I sent a few letters to the Editor of the British Medical Journal showing how the Contagious Diseases Acts had been abolished and that an increasing number of doctors had published a portion of my note, and in an editorial said the figures were fallacious. I then wrote to him and said nothing but good could come from a discussion, and I would be glad to have a corresponding week a reply to his editorial remarks. He then stated in “Answers to Correspondents” that “we should be glad to do so.” I then sent a full reply, and in “Answers to Correspondents” he said it would appear on the following week. This week I received a little more of the same and I would like to state that I am perfectly satisfied with the conduct which we have experienced from all papers, medical and lay, with the exception of the Med. Press and Circular. Will you publish the letter?

Nottingham,

CHARLES BELL TAYLOR, M.D.

[In accordance with our established principle to bear both sides of a question, and which Dr. Bell Taylor freely acknowledges, we shall be happy to publish the correspondence referred to, provided it can be comprized within moderate limits.—Ed. Med. Press and Circular]
ADVERTISEMENTS

VACCINO-SYPHILIS.

To the Editor of "The Medical Press and Circular."—

Sir,—I am engaged for the publicity you have given to my views in relation to vaccination, much has been said and written about re-vaccination, but scarcely anything about results—true the sincere medical men regard the opportunity of observing the effect must be regarded as worthless.

The last paragraph I wrote on Vaccino-syphilis in your last number which should be generally reproduced, is worth more than heaping of words on the subject.

Some years ago I vaccinated some twenty children with lymph from a public establishment, in every instance a troublesomebullous eruption was the result which occasioned much anxiety, and was cured only after weeks of treatment. The question is assuming large proportions here. So far as I can glean small-ox is on the increase, but efforts are made to suppress the truth. You shall hear more in a day or two.

Southampton, May 19th, 1851.

E. H. WARREN, M.B.

MEETINGS OF THE LONDON SOCIETIES.

ROYAL INSTITUTION.—Thursday, May 15th, 3 P.M. Prof. Tyndall, "On Sound.”

HARVARD.—4 P.M. Clinical Communications. Dr. E. Symes Thompson, "On a Case of Chronic Ulceration of Stomach with Perforation.”

ROYAL INSTITUTION.—Friday, May 16th, 9 P.M. Prof. Huxley, "On the Metaphysics of Sensation.”

ROYAL INSTITUTION.—Saturday, May 20th, 3 P.M. Mr. Locker, "On the Instruments used in Modern Astronomy.”

VACANCIES.

Dore Union, Hereford—Medical Officer. Salary £70, to include medicines.

Macclesfield Dispensary,—Resident House-Surgeon. Salary £100.

New Temporary Small-pox Hospital, St. Pancras, Middlesex—Medical Officer, who is to supply all drugs, &c., and to state terms on which he can undertake supplementary appointments.

Worcester County Lunatic Asylum,—Assistant Medical Officer. Salary £135.

Charing-crosse Hospital,—London Lying-in Hospital,—Surgeon Aconceleur.

University College Hospital,—Charing-cross Hospital,—Registrar. Salary £50 per annum.

General Dispensary, London,—Resident Medical Officer. Salary £200.

APPOINTMENTS.

BAYLIS, Mr. L. P., Resident Medical and Surgical Assistant at the General Hospital, Burgess Hill.

CHITTENDEN, C. P. B., L.E.C.P.E., Resident Medical Officer to Charing-crosse Hospital.

WELLS, F. R.C.S., Clinical Assistant at the Royal London Ophthalmic Hospital.

CRANTZ, J. J., M.B., Assistant-Physician to the Rotunda Lying-in Hospital.

GORDON, J. G., M.B., M.C., Junior House-Surgeon at the Royal Infirmary, Edinburgh.

MARTIN, H. C., House-Surgeon to the "Dreadnought" Steamer's Hospital, Greenwich.

NETTLEFORD, E., F.R.C.S., Curator to the Royal London Ophthalmic Hospital.

NIKOLAJEVA, P. A., M.D., a Physician to the Bradford Infirmary.

NOAKES, S. S., Resident Aconceleur to Charing-crosse Hospital.

RAVENHILL, F. B., M.R.C.S.E., House-Surgeon to the South Stafford General Hospital, Wolverhampton.

RAY, W. J., M.B., R.C.S., Resident House-Surgeon at the Westminster Hospital.

SLACK, W. G. F., Resident Surgical Officer to Charing-crosse Hospital.

STRANGE, A., M.D., Senior Assistant Medical Officer to the Female Hospital, St. Pancras, London, and General Hospital of the County Asylum, Colney Hatch.

TAY, W., F.R.C.S., Clinical Assistant at the Royal London Ophthalmic Hospital.

WEATHERALL, W. J., M.D., House-Physician to St. Bartholomew's Hospital.

WILLS, T. M., L.K.Q.C.P.E., Resident Medical Officer to the Biddle Hospital.

YE0, J. B., M.R.C.P.E., an Assistant-Physician to the Hospital for Consumption and Diseases of the Chest, Brompton.

Marriages.

CHAMBERLAIN,—On the 14th inst., at St. Clement's Church, London, James, the son of John Chamberlain, of Southwark, to Sarah, the beloved daughter of John Davenport, Surgeon, aged 35.

KELLY,—On the 1st inst., at St. Olave's Church, Southwark, Elizabeth, the beloved daughter of Robert Kelly, Surgeon, aged 35.

FICKER,—On the 7th inst., at Victoria terrace, Sheerness, Richard Ficker, M.D., aged 35.


Deaths.

EVANS,—On the 29th ult., Lewis Evans, of Dolgulhy, Llaneloweth.

DAVIES,—On the 26th inst., at Crugby House, Beyton, Sarah, the beloved wife of Charles Davenport, Surgeon, aged 55.

FICKER,—On the 7th inst., at Victoria terrace, Sheerness, Richard Ficker, M.D., aged 35.


The Medical Press and Circular.

ADVERTISEMENTS

May 17, 1851.

The Medical Press and Circular

OFFERS UNUSUAL ADVANTAGES

For the Insertion of announcements, from its extensive and largely increased circulation in each of the three divisions of the United Kingdom and the Colonies. Being also supplied to the Hospital Libraries, &c., it will be found a most valuable medium for Advertisements of Books, Medical Agents and Appointments, Sales and Transfers of Practises, Surgical Instruments, Chemicals, and Trades generally.

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AdVERTISEMENTS for Insertion in this Journal must be at the Office, on Saturday, by Two o’Clock.

ROYAL COLLEGE OF SURGEONS

OF LONDON.

THE SUMMER SESSION will commence on MONDAY, the 3rd of April, during which the following Courses will be delivered:—

Botany. Dr. MACKIN.

Pathology. Dr. W. BARRELL.

Medical Jurisprudence. Dr. DAVY.

Materia Medica. Dr. MACARABA.

Nostrums. Dr. SAWYER.

Tronilums will be awarded at the close of the Session.

By Order, JOHN BRENNEN, Registrar.

May 18th, 1851.

ROTUNDA LYING-IN HOSPITAL, DUBLIN.

Consulting-Physician,—Alfred Hudson, M.D., F.K. and Q.C.P.I


Assistant-Physicians,—T. M. Madden, L.K. and Q.C.P., &c.

Secretary,—J. G. Strickland, Esq.

This Hospital, the largest Chartered Clinical School of Midwifery in the British dominions, contains, on the hundred and thirty beds, twenty-five of which are appropriated to the Diseases of Females.

An Obstetrical Museum, containing upwards of a hundred Preparations, and a Library, are attached to the Hospital Clinical School in Midwifery, and the Diseases of Women and Infants, is given in eight lectures.

The Pupils are Privileged to attend the Cow-Pock Institution, Sackville-street, and York street.

The Lectures are recognised by the Royal College of Surgeons in Ireland, London, and Edinburgh; the King and Queen's College of Physicians; the Apothecaries' Hall of Dublin and of London; the Army and Navy Medical Boards; and all the other Licensing Bodies. The Diploma from this Hospital is recognised by the Poor-law Commissioners as a qualification in Midwifery for all Hospitals and Dispensaries under their control in Ireland.

The Intern Pupils, of whom there is only a limited number, have each a separate bedroom, with the use of a sitting-room.

Two Courses of Lectures are given yearly—the first commencing early in November, and the second early in April.

Applications to be made to the Master, Dr. Jones, at the Hospital, Rutland square.

PRACTICE.—For TRANSFER, an UNOPPOSED, easily WORKED, lucrative country practice (established by the present resident thirty years). The present party wishing to retire from active practice. Also a good twelve-roomed house, standing in its own grounds of two acres, with every convenience—Address, D. M. ROBBINS, Esq., Solicitor, Brixton. No agent need apply.

INDIA PALE ALE

And EDINBURGH ALE.

Of the finest quality, and in the highest state of perfection, may be obtained in ask and bottle from Johnsons and the principal Retailers in the Kingdom.

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KINAHAN'S LL WHISKY

This celebrated and most delicious old mellow spirit is the very CREAM OF IRISH WHISKIES, in quality unrivalled, perfectly pure, and more wholesome than the finest Coquac Brandy.

Note the words "KINAHAN'S LL WHISKY," on Seal, Label, and Cork Wholesale Depot: 6a Great Titchfield st., Oxford st., W.
Original Communications.

SUPRA-CONDYLID AMPUTATION OF THE THIGH.

By William Stokes, M.D., Surgeon to Richmond Surgical Hospital, &c., &c.

The mortality, after amputations of the thigh, ranges from 50 to 70 per cent., and the late American war fully bear out Mr. Syme’s statement. In that war there were, according to Dr. Oils, 1,507 thigh amputations performed, and of these 1,029 terminated fatally, giving 64 per cent. of deaths after this operation. In amputations at the knee, on the other hand, the results obtained are far more favourable. For example, in America Dr. Markoe has collected 164 cases, and of these there were 111 recoveries and 63 deaths, giving a percentage of 35.31 per cent. of deaths. Jager collected 37 cases in Germany, and of these there were 32 recoveries and 14 deaths, giving a percentage of mortality of 27.2%. Mr. Pollock has collected 49 cases, and of these there were 36 recoveries and 13 deaths, a percentage of 33.1-3rd, and, lastly, Mr. Cardin’s 31 cases gave 26 recoveries and only 5 deaths, a percentage of mortality of only 16.1.

Velpeau considered that the chief advantages of knee amputations over those of the thigh were that the weight of the body could be borne on the face of the stump, that the movements of the hip-joint were preserved to the patient after the artificial leg was applied, and the patient had not to walk as if the hip was sphyloid, as he must do when any prosthetic mechanical appliance is adjusted after the ordinary amputations of the thigh, as, in all such cases, the pressure must be borne, not on the face of the stump, but at the tuberosity of the ischium; and also, that the amount of shock to the patient is less than either after amputations of the lower third of the thigh, or upper third of the leg.

The advantages of Velpeau’s operation being fully established and acknowledged, it remained to determine whether his method exhausted all the advantages that could be obtained by operating in this situation in the manner recommended by him. Although the advantages are great, there are some obscure defects in his procedure. But others, I may mention the irregular surface of bone at the lower extremity of the stump, the liability of necrosis of the cartilages, the limited number of cases the operation is applicable to, the cicatrix being on the face of the stump. Accordingly, several modifications of his procedure have been suggested and practised, as, for example, Professor Syne’s amputation, an operation which appears to be identical with Hoin’s, the bone being divided through the condyles, and the flaps being a short anterior and a...
long posterior one, taken from the calf of the leg. This operation, the chief advantages of which over thigh amputations are, according to Professor Syme, the medullary canal being unopened, the impossibility of the formation of tubular aneurysma, the operation being further removed from the trunk, and being, therefore, less hazardous than thigh amputations, Mr. Syme subsequently abandoned in favour of the method of Mr. Carden. The particulars of this latter procedure it is needless for me to discuss, as its advantages as well as its disadvantages are doubtless known to all present. The chief of the latter being, in my opinion, the liability of sloughing of the anterior flap and detachment of the cartilage of the condyles, extending on to the front of the bone. It was probably to get rid of these defects that induced Signor Gritti to suggest leaving the patella in the anterior flap, and it is a modification of this latter procedure to which, in a paper on the operation which was read before the Royal Medico-Chirurgical Society of London last May, I have ventured to give the name of supra-condylodial amputation of the thigh, that I wish specially to draw attention to this evening. The chief differences between this operation and the Italian one are:

1. That the femur is divided above not through the condyles. The section is supra, not per-condylodial, the division being from half to three-quarters of an inch above the antero-superior edge of the cartilage of incrustation.

2. That the cartilaginous surface of the patella is in all cases to be removed.

3. That the flap is oval, not rectangular.

4. That there is a posterior flap fully one-third of the length of the anterior flap.

Now, what advantages are to be gained from the adoption of these steps in supra-condylodial amputation, and why should I claim advantages for this operation over those of Hoin, Velpeau, Syme, Carden, and Gritti? There can be no doubt that one great object to be gained in amputating in this situation is to preserve intact the functions of the quadriceps extensor cruris. This is not obtained in the amputations through and at the knee that I have already to make the preservation of the insertion of these muscles of any use, one thing must be obtained, and that is, ankylosis between the patella and femur. Now, in order to effect this, two things must be done; one is to remove the cartilaginous surface of the patella, and the other is to divide the femur sufficiently high up to enable you to place accurately together, and keep in that position, the two cut surfaces of the operation. This is done with this femur considerably above the condyles and removing the cartilaginous surface of the patella. But, it may be argued, if you divide the femur so high up you get rid of one of the chief advantages of the per-condylodial amputation of Professor Syme, and that is not opening the medullary canal. Now, this is not the case. Having made numerous sections of femora immediately above the condyles, I have determined that the bone can be divided much higher than can usually be accomplished without opening into the medullary canal. It can, in the great majority of cases, be made fully one-half or three-quarters of an inch above the antero-superior edge of the cartilage of incrustation. This preparation, which is one out of many such that I have made, proves the truth of this statement. Then, again, unless the articular surface of the patella is removed and the femur cannot reasonably be expected to excorilate, as has been done by Signor Gritti, it did not obviously attach much importance, for in only one out of three cases which were published in a paper on this operation, a precise of which was given in the Biennial Retrospect of the Sydenham Society for 1867-8, was the articular surface removed. But had it been removed in all three cases anchylosis could hardly have been hoped for, unless he had gone above and not through the bone. For, even if the hip beflexed, unless the hip joint is removed, the patella will certainly be drawn up on the anterior surface of the femur, and then there will be no point of fixation or standpoint for the extensors to act on.

So much for the importance of the high femoral section and the patellar side. As regards the third point, that the flap, namely, should be oval and not rectangular, I had been led to the conviction of the superiority of the former from having observed in two or three cases the tendency to the supervision of a sloughing process at the angles of the flap, and this, when it occurs, is obviously a matter of grave moment. The last point that I would urge in connection with this operation is the importance of having a posterior flap. This, I think, should be at least one-third of the length of the anterior flap. The obvious use of having this flap is to counteract the tendency which is observed in all thigh amputations of retraction of the posterior tissues. When this occurs to a great extent, the large flap is peculiar to ill result, and the healing of this will certainly greatly protract the convalescence of the patient.

I shall not take up the time of the society by dwelling on the particulars of the cases for which I have performed this operation. They have all, as far as the operation was concerned, terminated successfully, and these cases will give a fair idea of the shape and appearance of the stump which results. In the case of the patient whose operation I have just related, the operation, but long after the wound had completely healed, and when perfect anchylosis between the patella and the femur had taken place. The cause of his death was pulmonary phthisis. The operation has been also performed in the Leeds Infirmary, the operator having been Mr. Jessop, one of the surgeons of that far-famed institution. He has kindly sent me a photograph of the patient, which, had he been present, I am enabled to exhibit here this evening. In the letter which accompanied the photograph Mr. Jessop says, "a month ago I amputated a man's leg after the manner lately described by you under the title of 'supra-condylodial,' for necrosis of the entire shaft of the tibia consequent upon phagedena. You will be interested to know that the case has far exceeded my expectations; that in a fortnight after the operation the wound had healed with the exception of a small corner, and that the patient was up and going about the ward before the expiration of three weeks. He is now at the Convalescent Hospital, and already the patella has a firm hold upon the femur." In another letter, dated March 27, he says, "the stump is admirable; all who have seen it have been struck by its serviceable appearance." There are, Sir, two other points connected with this operation to which I would refer. One is that the anterior surface of the anterior flap is lined with synovial membrane, and does not present on its surface the obliquely divided open mouths of innumerable small arteries, veins, and lymphatics, and many of them with fenestrated openings in them. Nor are there the recently divided extremities of nerves and countless nerve filaments. This peculiarity of the supra-condylodial amputation must, I am convinced, diminish to a great extent the chances not only of subsequent exhaustive suppuration, but also of purulent absorption and shock. Lastly, if Professor Langebeck's suggestion to cover, in thigh amputations, namely, the cut surface of the femur with a periosteal curtain, and diminish thereby the chances of purulent absorption and osteomyelitis, be one of much value, the advantages of covering it with an osseous curtain, such as the periosteum, or the bone, is a Clandestine operation which may be mentioned—the stump being more useful for progression—the possibility of bearing pressure on the face of the stump—the patient not being obliged to walk as if he had anchylosis of the hip-joint—the operation being less
hazardous than amputation of the thigh, from its being further removed from the trunk. The shock being less, there being less chance of protracted suppuration from the anterior flap consisting, for the most part, of skin and fascia, impossibility of a conical stump resulting, and, lastly, diminished liability to the formation of tubular.sequestrum. The special advantages I claim for supra-condyloid amputations are those derived from preserving the normal attachments and functions of the quadriceps extensor crursi, the diminished chance of inflammation supervening from the vessels being divided at right angles to their continuity and not obliquely, the probable ad-

duction of the knee, and the diminution of the danger of the former immediately covered by the patella, and, lastly, the diminu-
tion of purulent absorption from the posterior sur-
face of the anterior flap being lined for the most part by synovial membrane. In truth, "supra-condyloid ampu-
tation" appears to me to possess all the advantages of both
the circular and flap amputations, and the defects of neither.
I trust I may not be considered as having spoken too dog-
matically about this operation from the results obtained
in only four cases. I should not have done so were it not that
the results obtained have been so very remarkable and
quite beyond all expectation.

MODIFICATION OF TEALE’S AMPUTATION.  *

BY JAMES H. WHARTON, M.D., F.R.C.S.I.,
Vice-President Royal College of Surgeons in Ireland.

MR. PRESIDENT,—In the Dublin Quarterly Journal of
Medical Science, for November, 1868, I drew attention to
what I considered a defect in Teale’s amputation. I al-
lowed to the sacrifice of bone which it involved, specially
with reference to the thigh. The fatality of such ampu-
tations is well-known, but I think it is not sufficiently
recognized that this fatality is an indirect ratio to the
amount of bone lost—that is, the higher the amputation
the greater the mortality. My friend, Mr. William
MacCormac, formerly surgeon to the Belfast General
Hospital, has in an admirable paper, published in the
Dublin Quarterly Journal for August, 1869, alluded to
this subject, and, as appears to me, has settled the matter
beyond dispute. To effect this economy of bone, I ventured
to propose that Teale’s posterior flap should be dispensed
with, and that the bone should be divided on a plan cor-
responding to what would, in his operation, have consti-
tuted the inferior border of the posterior flap, and that the
superior boundary of the anterior flap should be limited
by the same plan. The saving of bone thus effected would
be an exact measurement of Teale’s posterior flap. At
the time at which my original communication was pub-
lished, the operation had not, so far as I am aware, been
performed, except on the dead subject; nor was it until
I had felt satisfied in my own mind, at least, that the mo-
dification I proposed was worthy of being entertained, that
I ventured to attract publicly the notice of the surgical
profession to the object I had in view. In private, in-
deed, I have had, more lately, it has been advertised to, or

The paragraph to which I have referred called forth in
the next number of the British Medical Journal, dated
November 7th, 1868, a communication from Mr. T.
Fridgin Teale and Mr. T. R. Jessop, in which these
gentlemen discussed my proposal. The former objected to
the modification on the ground "that the posterior flap
being made as a rule of the powerful flexor muscles retracts
almost immediately to the point at which the bone is to
be seen through. If, however, the posterior tissues be
divided opposite the point selected for sawing through
the bone, they immediately retract to a point higher up, and
thus leave the posterior surface of the bone projecting
and denuded of soft tissues." From this extract it will
appear evident that to guard against retraction was the
object which Mr. Teale’s distinguished father had in view,
when he designed the formation of a posterior flap in his
mode of amputation. The latter, Mr. Jessop, formerly
House Surgeon to the Leeds Infirmary, condemned my
plan, and, indeed, in many cases, the cicatrice will be
made to adhere to the immediately subjacent bone; and, again, "that the stumps obtained will consist of cicatricial tissue adherent to bone." A further objection of Mr. Jessop’s consists in "the tendency of the end of the bone to protrude in cases of de-
layed repair, especially when the muscles retract to more
than an ordinary extent; the increased risk of pyromia, where
the open medullary canal is placed in the very spot of all
others, which pus is most likely to pass over, in making
its way through the depending line of incision." In my
reply to these communications which appeared in the same
journal, dated 21st November, 1868, I answered the ob-
jections as satisfactorily to myself as the nature of the case
admitted; that is, theoretically rather than practically,
because at that time the operation had not been performed
on living human subjects, and had, therefore, a theoretical
position, and have, to some extent, been provided with the
means of submitting to the Surgical Society of Ireland a
proof that a single flap, as proposed, on the anterior and
outer aspect of the limb, is not, or at least has not
been, attended with the disadvantage alluded to by Mr.
Teale, and predicted by Mr. Jessop. Before proceeding
further, I wish to guard myself against being supposed
to be interested for myself in Mr. Teale’s operation. I do not
think it necessary to make this statement, because Mr. Jessop
has so forcibly defended it, as if I had made any special
charge against it. The fact of suggesting an improvement
involves, I admit, that I do not consider the operation
perfect, or incapable of amendment. Were the question
one of its superiority, I would not hesitate to give my
opinion, but with that subject I have, at present, nothing
to do.

The objections to the plan which I ventured to propose
above, have been to my mind so thoroughly disposed of
by my friend and former colleague, Mr. Stokes, in his
paper on the subject, read before the Society, and pub-
lished in the Dublin Medical Journal, dated 21st April,
1869, that I need not intrude upon the time of the Society
by reproducing his observations; I need only remind the
Society that Mr. Stokes, who was the first surgeon to per-
form the operation, exhibited a cast of the stump, and
that its inspection met with all due approbation. The
patient himself was examined, and a very favourable
opinion pronounced upon the result. It was said, indeed,
that the stump lacked the movable cushion, upon which
Mr. Teale set so high a value, and that consequently there
was tension upon its extremity. I do not know whether
this want is of any special importance or not. I do not
believe that it is. It is a question whether, during last year
I had an opportunity of seeing a stump, the result of an
amputation of the thigh, performed by the late Mr. Porter,
according to the old circular method, in which a cuff of skin
was raised and tucked up on the limb to a height correspon-
ding to the site of the division of the bone, and which sub-
sequently was made to form the covering of the stump, a
protection which, according to Mr. Stokes, is a most
assured protection against infecting the stump. I think
was not the slightest intimation of pressure upon the end
of the bone. How far there will be absorption of the
structures at the termination of Mr. Teale’s stumps, I am
not in a position to declare; but I do know that the late
Mr. Hutton, whose name and high character are duly
appreciated by Irish surgeons, was of opinion that, ultimately
a degeneration of muscular structures took place, if such

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* Read before the Surgical Society of Ireland. The discussion will
be found on page 460.
were made to compose the free extremity of the stump. But granting, for argument's sake, that the amount of tension was even excessive, yet it must be borne in mind that there was an ulcers an affection always associated, according to my experience, with a deprived system, and that the disease had commenced eight years previously. Under such circumstances it was, indeed, a matter of surprise that the bone did not protrude, according to Mr. Jessop's expectation, an expectation which with some other operations, were it not for the precautions displayed by Mr. Stokes in the management of a case so embarrassing and unpromising. This case, Sir, I consider as a proof that the modification I have proposed is something more than a mere "dissecting-room operation," as designated by Mr. Jessop.

I may here remark that the patient upon whom Mr. Stokes operated, is at present engaged as a tide-waiter, I believe, on the quays, as I have been informed by Mr. Stokes.

The next example of this mode of operating to which I shall call attention, is also an amputation of the thigh through the upper third, "so as to saw the bone near the top of the medullary canal." And what is the testimony of the operator, Dr. Mapother, surgeon to St. Vincent's Hospital? I quote from his communication, as published in the Medical Press, dated July 20th, 1870—"The simplicity of the operation, and the adaptation of the flap round the bone to the inner and posterior aspects, where the joint might slip, and the sweep of the callus, were most satisfactory." I had, through the courtesy of Dr. Mapother, the satisfaction of witnessing this operation, the second of the kind performed; and even at the risk of laying myself open to an imputation of prejudice, presume to state that the description quoted above is not exaggerated. I regret that a cast of the stump is not forthcoming, but as the Society may have an operative section on the subject, Dr. Mapother, I am sure, will publish the case. Indeed, as Dr. Illingworth has obtained leave of absence from Dublin, am I in a position to state positively that the operation was performed in strict accordance with the modification proposed, a statement to which I cannot bind myself in his absence.

I shall not attempt to draw any conclusion at present from the foregoing examples, save that the great dread of retraction, of protrusion of bone, of adherent cicatrical tissue, and of pyoderma, which has been so happily realized, so far as the limited number of cases with which this operation has been performed, enables me to form an opinion. Indeed, that gentleman, in his excessive zeal, has forgotten that a certain amount of retraction is, as has been well remarked by Mr. Stokes, an advantage, because its tendency must be to keep the cicatricie away from all extremity of the bone, the end of which will thus be more surely the result. Indeed, Sir, to this, I add, that this communication is designedly incomplete, in order that the Society by the discussion which, I trust, will ensue, may be able to express its approval, or condemnation, of the modification brought under notice; and to convey my acknowledgments for the patience with which I have been listened to.

Note.—We are requested to publish the following in connection with this subject from Dr. Mapother to Dr. Wharton—

"DEAR MR. VICE-PRESIDENT,—I regret to hear to-day that the amputation question had been on last (when I was unavoidably absent), instead of next Friday. I briefly note on the other side what I have heard, and cases you may embody in any statistical or other report you are making. Faithfully yours.

13 Merrion square, North Dublin."

"Dr. Mapother had twice performed the single rectangular flap operation in St. Vincent's Hospital. Last July, in the first case, the spreading aneurism had destroyed the tarsal and tarsal space, yet by taking the single flap from in front, he was able to saw the femur below the medullary canal after cutting straight down above the injured soft parts. The second case was one of sarcoma of the tarsus, and as the upper part of the calcus was affected, while the astragalus was nearly safe, it was advantageous to amputate with a single flap taken from the anterior and outer part of the leg. This flap peeled up from the inter-osseous membrane, carrying the anterior tibial and anterior branch of the peroneal arteries safely in the mass, so there was no risk of splitting vessels as has been asserted."

"Good shapely stumps resulted in both cases."

Mr. Mapother, your case is still under treatment, and convalescence is well established. In Mr. Mapother's absence, I shall only remark that the subject of the operation was not calculated to raise much hope, in the mind of many. Judging whether we regard him on account of the nature of his ailment, cancer of the hand, or the advanced period of life, eighty years, to which he had attained. The last illustration to which I shall allude is also amputation of the forearm by Mr. Kelly, surgeon to Jervis Hospital, who kindly sent me the case for examination. The stump appeared to me to be perfect, although as Mr. Kelly is not present I rather hesitate to express myself as doing so definitely. I cannot but add another case of amputation of the thigh, performed by Dr. Illingworth, of the Royal Artillery, Fortobello Barracks. The limb was removed on account of popliteal aneurism, which had become diffused. Pressure had been in the first instance tried, not only without avail, but with positive detriment—sloughing having followed in more than one situation from the pressure of the instrument, a circumstance due to the unhealthy condition of the limb, and of the system of the patient who had been of very dissipated and dissolve habits. Through the kindness of Dr. Illingworth, I had an opportunity of visiting his patient, and at that time there was every prospect of recovery. I allude to this case rather parenthetically than otherwise because I am at this moment unaware of the exact admittance of the case. Indeed Dr. Illingworth has obtained leave of absence from Dublin, am I in a position to state positively that the operation was performed in strict accordance with the modification proposed, a statement to which I cannot bind myself in his absence.
The President said the Society was much indebted to Mr. Stokes for his interesting paper. From the statement he had made, the operation appeared to be a great improvement in surgery, and was one that would possibly be generally adopted whenever a case suitable for it arose.

Mr. H. G. Croly said, that for the comparison made between the rectangular flap amputation, and the supra-condyloid, he would not have spoken, for he had not amputated by the latter method. The first question that arose when comparing the two operations was, for what the amputation was to be performed. If it was for disease, the cases of disease were much more frequently required than amputations for injuries, and they all knew that disease of the knee-joint was that which most frequently required amputation of the thigh. In ninety-nine out of a hundred cases of diseased knee-joint, the disease was not so severe and the articular surfaces were sound, but the peristium for a hand's-breadth above the condyles was more or less affected. It appeared to him that in such a case the supra-condyloid operation was out of the question. According to Mr. Stokes's description of it, the operation must be performed immediately above the condyles, and the patella should be saved. Thus, in white swelling of the knee-joint it would not be available. At the same time he had no doubt that in cases of disease of the bones of the leg, the supra-condyloid operation would have advantages over other methods. There was some analogy between the supra-condyloid operation, and Pirigoff's, and it could not be possible to make the os-calcis. It was found, however, that in some of those cases the cut surfaces of the bones did not unite, and he should like to know whether this had occurred in any of the cases mentioned by Mr. Stokes. One of the advantages which Mr. Stokes claimed was that the joint was severed from the articular surfaces, and an artificial limb was born on the end of the stump, and not on the tuberosity of the ischiun. Now, it was well known that where the rectangular operation of Teale was performed, the weight would be borne on the end of the stump, and Mr. Teather Bing said that on no stump could pressure be made, except on those produced by Teale's amputation. Mr. Stokes also mentioned that in Teale's amputation sloughing of the angles of the flaps had taken place. Except on one occasion, when he amputated for a considerable smash caused by a railway accident, where both legs were so torn that he was glad to be able to make a stump in any way, he had had no such sloughing in the cases in which he had amputated by the rectangular-flap method. As to amputation for disease of the knee-joint by the rectangular mode, he had frequently made a long anterior flap, a hand's-breadth below the patella, taking the articular surface of the femur, and for the femoral articular surface, the joint was severed from the os-calcis. He was sure that the supra-condyloid operation would be found advantageous in some cases, but he did not think it would bear comparison with amputation of the thigh by other methods, for he did not think the operation could ever be carried out in such a manner as to disturb the femoral joint and the articular surfaces. Mr. Stokes said there were no vessels in the flap he brought down, neither were there vessels in Teale's operation, they had all the soft structures Mr. Stokes spoke of, and it was a matter of taste whether they removed the patella.

Mr. Wharton (Vice-President of the College) said it appeared to him that the great value of Mr. Stokes's operation rested on the comparison between Mr. Syme's operation at the knee, and the supra-condyloid method. Mr. Stokes proved the operation to the latter, and it might be applicable in other cases the latter might be applicable. This got rid of some of the objections raised by Mr. Croly, for Mr. Stokes did not lay down that this operation was applicable to those cases where there was extensive disease of the knee-joint. His argument was, that whereas Syme's operation was good, the supra-condyloid was better, in consequence of the articular surfaces produced being very like Pirigoff's operation through the os-calcis. He had seen the operation performed by Mr. Stokes. He thought at first that there would be great difficulty in sawing off the articular surface of the patellas, but the operation was performed by Mr. Stokes with the greatest possible neatness of a very fine saw. He took it that the operation applied to cases where there was extensive disease of the knee-joint as described by Mr. Jessop.

Mr. G. H. Porter regretted that he had not seen the operation described by Mr. Stokes performed, but thought the Society would agree with him that four successful operations was a large number, and justified the favourable account which had been given of this method of procedure. He did not think that Mr. Stokes wanted to run down, if he might
use the term, Mr. Teale's operation. On the contrary, he knew that Mr. Stokes had often performed it, but he also knew that (his Mr. Stokes) operations had great advantages in many cases. He (Mr. Porter) had often done Teale's operation and had a partiality for it, but he thought Mr. Stokes had shown them that in some respects his operation had great advantages over others. While speaking of the possibility of using a flap in Mr. Teale's operation which he had witnessed. He thought the bringing the patella up against the end of the bone was a great point in order to permit the artificial leg to be borne without any hurtful pressure. He also thought that the open method of operating, which had not been introduced in the anterior flap of Mr. Stokes' operation was a very important point.

Dr. Whitte said that one or two points struck him when he heard the operation first described by Mr. Stokes which had not been referred to by the previous speakers. A few weeks since he had the opportunity of getting a subject and trying this operation upon it. He had found, to his satisfaction, that he could cut in the bone and the parts came together after the operation. He found they could cut with perfect safety three-quarters of an inch above the cartilage of incrustation, and they required to go that height if they wanted to get a section of the femur to fit with a section of the patella. He found that he was able to go higher than three-quarters of an inch without opening into the medullary canal. If they looked at the section exhibited by Mr. Stokes, they would see that some of the opinions of Mr. Croly were not borne out by the operation performed. They would see an amount of disease in the end of the femur, and yet this operation of Mr. Stokes might be a successful one. At the present day he thought the surgeons of Dublin had got tired of excision of the knee-joint; it certainly was not so often performed now. It was seen, in such cases and not in such cases as he had seen operated on for diseases of the knee-joint the result had been invariably unsuccessful. In that class of cases where there was a doubt as to excision being successful, it was worth considering whether at that comparatively early stage of the disease, there was not the chance of Mr. Stokes' most desirable operation. He could fully endorse all that Mr. Wharton had said as to the ease with which the patella could be cut, and the beautiful manner in which the flap could be brought down and fitted into its place. He thought the points worth considering was, whether the operation would not be so much better if the surgeon was afraid of the long attendance required in excision of the joint and where he feared the disease had gone too far for success in that operation.

Dr. H. Kennedy asked Mr. Stokes to state the exact disease for which he operated in each case.

Dr. W. F. Stoker said that Mr. Croly had drawn a comparison between Pirogoff's operation and that described by Mr. Stokes. He had omitted, however, one important point. The union of osseous surfaces depended on the amount of blood that could reach them. He had seen in the cases where the patella received its supply almost entirely from the anterior surface, few if any of the vessels penetrate its tissue; whereas, in the case of the os calcis, most of the vessels enter the bone, so that by sawing off its anterior portion, it was deprived of its supply of blood. In doing this with the patella, they did not deprive it of its nutritive supply.

Mr. Stokes in reply expressed himself deeply gratified at the remarks which had fallen from the Vice-President, a gentleman for whom they all entertained so much respect. With regard to the comparison between Pirogoff's operation and his own, it was derived entirely from his experience of four cases, and in all of those cases there had been rapid union between the two bones, and Mr. Jessop mentioned that union took place very rapidly. With reference to the pressure of the artificial limb being borne on the bone, he had seen that when the stump after Mr. Teale's amputation, Mr. Croly quoted Mr. Hensley said this would be the case. Now he would read an extract from a letter which he had received from Mr. Bigg on that point: "You ask me in the first place whether I have, after the rectangular flap operation, found a more advantageous condition for the adjustment of an artificial limb than when anterior flap operation has been adopted. In reply, I am unabashedly of opinion that in all cases of thigh operation the weight of the patient's body when placed upon an artificial surface such as the socket of a false limb, must be borne by the tuberosity of the ischium and can never, under any circumstances whatever, be sustained for long on the surface of the stump." With reference to Mr. Porter's remarks, there was one which gratified him much—namely, that it would be an advantage not to have the open vessels exposed on the anterior flap. Mr. White thought the operation would be applicable to many cases. Mr. Wharton thought it a strumorous disease of the bone and operation which he had witnessed. He thought bringing the patella up against the end of the bone was a great point in order to permit the artificial leg to be borne without any hurtful pressure. He also thought that the open method of operating, which had not been introduced in the anterior flap of Mr. Stokes' operation was a very important point. In that class of cases where there was a doubt as to excision being successful, it was worth considering whether at that comparatively early stage of the disease, there was not the chance of Mr. Stokes' most desirable operation. He could fully endorse all that Mr. Wharton had said as to the ease with which the patella could be cut, and the beautiful manner in which the flap could be brought down and fitted into its place. He thought the points worth considering was, whether the operation would not be so much better if the surgeon was afraid of the long attendance required in excision of the joint and where he feared the disease had gone too far for success in that operation.

Mr. Wharton then read a paper on Modification of Teale's Amputation, which will be found at page 437.

Mr. G. H. Porter said, as his name had been mentioned, he regretted that the cast of the case on which he had operated was not on the table. The stump appeared to him to be almost perfect. He could bear testimony to the fact that the retraction was not very great. The quickness with which the operation could be performed might not be a very great advantage, but one thing was, that whatever method was used, the operation could be done in a somewhat shorter time than Mr. Teale's. The anterior flap came round and covered the bone quite well, and they must all admit that the fact of leaving a longer bone was a great advantage.
sion of the large nerulous a grunts causinruder shock to the nervous centres, there he thought Teale's operation had the advantage. Of Dr. Mapother's case of Wharton's modification of the thigh, he (Dr. O'Leary) could speak from practical observation. He (Dr. Mapother) having kindly placed the case in his care previous to leaving for the American continent; it was well-nigh impossible to secure a cast, for the stump undoubtedly; but there was very little difference between the position of the cicatrix in that case, and in cases where Teale's operation was performed by himself (Dr. O'Leary) in the same part of the thigh; the operation was simplified considerably; it was no longer needful to plaster the end of the femur, comfortable to the patient. In Teale's operation in the thigh I can speak with perfect confidence, instance one case after eight months, a soft moveable cushion protected the evidently rounded end of the femur so completely that the patient could place his thumb and index finger on it without any inconvenience or pain, a decided advantage in favour of Mr. Wharton's modification obtained in amputation of the leg and forearm. Mr. Croly had made him (Dr. O'Leary) a complete convert to Teale's method, and he had performed three operations by that method on the leg, and he expected next week to perform Mr. Wharton's modification of the operation which he thought offered some practical advantages. In Mr. Teale's operation he must confess he had experienced some difficulty working against time, with the least possible factor, in closing the short flap with the small hold it afforded, and with the tissues very much retracted, it had taken him several minutes to dissect up the posterior flap, and the doing so had always been a source of anxiety to him. In Mr. Wharton's operation, however, he had the place he cut into the bone, one cut suffices, as the dancer of injuring the posterior tibial artery during a tedious dissection and division of the inter-osseous membrane is completely avoided, and no time need be lost in bringing the flaps into apposition. Mr. Croly who, indeed, was a most sanguine and advocate of this mode of amputation in Dublin, had pointed out to him (Dr. O'Leary) the necessity of great care in dissecting up the long flap, carefully guarding against the risk of dividing at the moment the long flap is completed, the end of the tibial artery by which the anterior flap should be nourished, the result of such an accident being that the flap would slough. He would say, with great respect, to those who said the long flap in Teale's operation frequently sloughed, that, wherever this occurred, it probably is due to some fauce pas on the part of the surgeon, and not to any defect inherent in the operation itself. There is one practical suggestion I would make to perfect Wharton's operation—viz., immediately before dividing posteriorly to place the finger upon the skin corresponding to the centre of the posterior incision and tightly drawing the skin upwards, so that when the incision is made and the finger withdrawn, the two incisions are one to the line of incision and cover the muscular tissues completely, otherwise it presents a semi-lunar edge, the concavity of which looks towards the long flap and to bring them together, disadvantageous tenon becomes necessary.

Dr. Darby said he did not understand the observations of some of the gentlemen who had spoken as to what composed the flap. He had several times amputated below the knee, and occasionally amputated above it, but he had been in the habit of leaving no flap except skin and subcutaneous tissue. He did not quite understand the difficulty of dissecting up such flaps. A surgeon, who had much, must have regard to the case he is dealing with. All these operations which had been spoken of were very good if the disease were remote from the place of the proposed operation, or if the injury by accident occurred at a place which gave ample room; but they might be quite different, if the skin was too narrow, or if the circumstances of the case were such as to oblige it was necessary to leave a large mass of muscle to cover the end of the bone, and if he recollected aright the late Mr. Hutton pointed that out. He had several times operated and left no muscular flap at all, and he had been very successful so far as this point was concerned. He thought it would have been better to have a protrusion of bone. Two or three years ago he amputated below the knee, and three weeks afterwards when he went to see the gentleman, he found that he was out driving about the country. In that case there was no protrusion of bone, and the amputation was so high that it was a doubtful point whether he had been discreet in not taking it above the knee. However, the gentleman was now able to walk twenty miles a day without feeling fatigue. The artificial leg he observed, was lighter than the natural one and did not tire him. There was no pressure on the face of the stump. In the same manner he had in two or three cases amputated the thigh by the circular method, and there was no pressure on the face of the stump in those cases, and the patients were able to walk and earn their bread.

Mr. Wharton thought the value of the modification which he had adopted to the operation, that he had succeeded in accomplishing that end were very simple—namely, by means of the flap which protected the skin, and there was no difficulty. He never thought, but not think that the six cases he had noticed furnished an answer to many of the objections which had been raised against his proposal. In those cases the difficulties suggested had not taken place.

The meeting then adjourned until the following Friday evening.

MEDICAL ASSOCIATION OF KING AND QUEEN'S COLLEGE OF PHYSICIANS.

WEDNESDAY, APRIL 26TH.

CASE OF SIMULATED TYPHOID.

Dr. Grimsbaw read a report of, and exhibited specimens removed from a patient who died of symptoms simulating typhoid fever, with perforation of the bowel. The patient was admitted into Dr. Steven's Hospital on March 23rd, labouring under the symptoms of typhoid fever, diarrhoea (the discharges of the usual character of typhoid), pain and gurgling on pressure in the right iliac fossa, tongue with whitish fur and somewhat dusky, and, accordingly, was classed as typhoid. The patient was considered by the characteristic rose spots marks their appearance. Dr. Grimsbaw noted the case as one of typhoid fever. The patient died on the 27th of March, with the symptoms of perforation of the bowel. On post-mortem examination considerable peritoneum was discovered, fluid and faecal matter diffused, considerable enteritis in lower part of ilium and caecum, no ulceration of the solitary or agminate glands, and no special inflammation of these glands. Intense inflammation and ulceration of the lining membrane of the vermiform appendix, in which a small perforation was discovered, and a hard body, resembling in shape and size an orange pit, was impacted in the seat of the ulcer. This body, a portion of which Dr. Grimsbaw exhibited, proved on careful chemical and microscopic examination, to be a mass of phosphate of lime, with portions of vegetable matter scattered through it. The question arose as to whether this was a case of typhoid fever dying at an early stage, owing to the complication of a body in the vermiform appendix, or a case of mistaken diagnosis. Dr. Grimsbaw believed it was not a case of typhoid.

Dr. Kenedy and Duncan believed the case to be one of typhoid, complicated by the foreign body.

A Learned " Vet."—The following incident happened in the court room here [says Dr. Dan S. Burr, of Binghamton, N. Y.] the other day, and may be of interest to such of your readers as are students of comparative anatomy:—"The case in point is:—Mr. A, a gentleman in the city, had a colt, as a gelding, to Mr. B, which colt had but one testicle removed, the other remaining within the cavity of the abdomen. The veterinary surgeon who had castrated the animal was sworn, and on his cross examination, stated the following interesting features in the case:—"Mr. A stated to Mr. B, at the animal were various: witness! I don't know, but I can tell where the bellies of the veins are. Atty: Where are they? Witness: Close to the belly. Atty: Where is the scrotum? Witness: I am not quite certain, but I think that it is the thin covering it is upon. Atty: Have you ever made any examinations in the abominable region? Witness: No; of all my examinations have been made in the Broome County. Atty: That is sufficient."—N. Y. Medical Journal.
The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 24, 1871.

THE CONSTITUTION OF THE COUNCIL OF THE IRISH COLLEGE OF SURGEONS.

We insert unhesitatingly the Address of Dr. Denham, to the Fellows of the College which, emanating from the ex-master of the Rotundo Hospital and from a gentleman of such high character, would command attention even, if it did not, in view of Dr. Denham's candidature for the Council, assume the form of an election pronunciamento. We have desired to offer no opinion whatever, as to the merits or demerits of candidates, and have, therefore, hitherto noticed the coming election no further than to announce (as we do this week in regard to Dr. Denham), the candidature and qualifications of each claimant.

Dr. Denham makes, however, in his address certain statements which involve the general policy of the Council, and it would not be fair in us to allow such a manifesto to be placed in the hands of the Fellows without also putting them in possession of the answers which may be given to the complaints to which Dr. Denham has given expression.

That gentleman, in the first place, objects to the method by which the Fellowship is granted, and considers that that dignity "should be the reward of high professional character and gentlemanlike conduct rather than extra-professional knowledge." We understand this phrase to convey the usual and well-grounded opinion that Licentiates should be admitted to the Fellowship without examination and in respect to their rank and standing in the profession. We object to Dr. Denham's designating the Fellowship examination as "extra-professional" when, with the exception of comparative anatomy, its subjects are strictly surgical and practical, and we think it cannot fairly be said that it fails to test the surgical efficiency of the candidate; yet, nevertheless, we concur with him, and we believe a majority of the Council coincide in wishing that some power existed to dispense with the examination in the case of candidates of unquestioned character and rank. It was indeed, proposed, not long since, to reduce the examination in the case of such persons to a nominal standard by requiring from them only a thesis, but it was conclusively shown that the Council could not legally frame one form of test for the senior, and another for the junior candidate, and if they lowered the standard in one case, they must apply the same rule to all, nor could they legally introduce into the qualification the ballot or other test of popular estimation.

It is, we think, not proper to lay inaction in this matter at the door of the Council, and whenever the time comes that the reform can be prudently effected, we believe the Council will be the first to act.

We do not think the most ardent reformer will agree with Dr. Denham that to meet this difficulty or any other which has yet arisen, the College Charter ought, at the present juncture, to be surrendered to the Government.

A paraphrase of Dr. Denham's motto, Fiat justitia, ruat collegium would more accurately convey the probable result of such an act. Does Dr. Denham know that the withdrawal of all charters and the disestablishment of all colleges is, at this moment, seriously mooted and vehemently urged? and does he seriously mean to say that the Council ought to invite the Government to put its disdowndowment policy into action by delivering up to them the patent under which the College exists? This and other reforms must wait. A year or two will probably determine all charters, and then all advisable changes may be made, but it would be suicidal to subject the College to such an ordeal while the heat of revolution is still upon medical reformers. The proposition of Dr. Denham in reference to rotation-retirement of Council is one which commends itself to us and to the College. The right of individuals amongst the Fellows at large to seats on the Council is undisputed. The advantageous effect of changes in the constitution of any governing body is obvious, and, therefore, we entirely concur with Dr. Denham in his desire for a rotatory Council. But the method is difficult. A Councillor is not better or worse because he has been President or because he has been many years in office, on the contrary, if those facts afford any evidence at all, they go to show that he has interested himself in the College and is experienced in its working. We don't think, therefore, that long service or high office ought to determine the removal of a Councillor. We desire to maintain the present system not because it has had the effect of retaining individual Councillors in office, but because it gives the Fellows unrestrained power to effect a rotatory change if they see fit, and because it leaves to them the power of removing a mischievous—or useless—member unrestricted by any rule of rotation. Let Dr. Denham persuade the Fellows to ascertain what members of Council have devoted themselves with most industry to the duties of the College, which of them have advocated views and acts beneficial to it; which of them have professional rank to entitle them to an "ornamental" seat; which of them have reflected wholesome and beneficial opinions; which of them have taken an independent and liberal-minded line of action, and which of them have co-operated in obtructiveness, favouritism, or party policy.

If the Fellows will do this, and, above all things, if they will give force in themselves to the large-mindedness and freedom from personal interest which they expect from their representatives, then we shall see a more wholesome and practical method of rotation than any rigid and impossible rule such as Dr. Denman proposes.
VACCINO-SYPHILIS.—III.

As we have already reported, the Committee of the Royal Medical and Chirurgical Society acted in the way we urged, and therefore the question will be, we should hope, thoroughly and impartially considered. In the meantime, our readers naturally look for the opinions that have already been expressed; and we are happy to comply with the request of those subscribers who ask us for a digest of the discussion.

In our first article we expressed ourselves in terms which we are glad to find have given such wide-spread satisfaction. Last week we gave with great fulness the views of Mr. H. Lee, and we now propose to add a summary of the remarks of other speakers, so that our readers may be able to estimate for themselves the position of the question. To do this it is necessary to turn for a moment to the origin of the whole matter, as first stated by Mr. Hutchinson.

In February of this year, a medical man in London vaccinated thirteen adults from the arm of an infant four months old. The child at the time was apparently quite healthy. The vaccinated persons did not present themselves for inspection; but, so far as could be ascertained, the vesicles ran the usual course, and the scabs had fallen off at the end of three weeks. About a fortnight afterwards—that is to say, five weeks after the vaccination—sores appeared in the vaccinated parts in most of the persons. The circumstances came under the notice of Dr. Seaton, the Inspector of Vaccination, and he requested Mr. Hutchinson to investigate them, which was accordingly done during the present month. As to the infant vaccinifer, when Mr. Hutchinson first saw it, it appeared to be healthy; but, on a close examination, he found four or five condylomata about the anus. No indications of syphilis were present in the mother. The father, a Parisian National Guard, Mr. Hutchinson had been unable to see; the woman would not give his address, and he believed that the man was unwilling to submit to an examination. There could be no doubt that the child itself had not been rendered syphilitic by vaccination; its cicatrices were quite healthy, whereas, if syphilis had been introduced into it at the time of vaccination, they would have presented some of the appearances met with in the persons vaccinated from it. Subsequently to the time when the child was first seen by Mr. Hutchinson, it had fallen into a state of marasms, with commencing hydrocephalus. Mr. Hutchinson believed that the poison was conveyed by means of blood. Of the thirteen persons vaccinated, two, to whom the lymph taken from the child was first applied, had no syphilitic symptoms. The remaining eleven, when examined about two months after the vaccination, presented indurated sores on the sites of some of—not all—the cicatrices; this partial immunity Mr. Hutchinson regarded as evidence that the sympititic virus was contained in the effused blood, and not in the proper vaccine lymph—the difference arising from the accidental separation by transmission of the two fluids. He had treated all the patients with mercury internally, and the application of black wash; the induration in all had now disappeared, and the sores in most were now healed. None of them had presented any of the permanent syphilitic disorders of the skin, nor had their tonsils been affected; some of them had had transient roseola, and a few some lichenous spots. Perhaps, in course of time, further evidence of syphilitic infection might appear. Mr. Hutchinson believed that the cases showed that it was possible to vaccinate from a syphilitic subject without transmitting the disease, provided that the blood of the vaccinifer was not mixed with the lymph. The transmission of syphilis by vaccination was an extremely rare event in this country; so rare, that its occurrence could form no argument against the practice of vaccination.

Dr. Bakewell thought that the mixture of blood with the vaccine lymph was not the only way in which disease might be communicated by vaccination. The epidemic scales which were removed in the operation on the point of the lancet did not introduce syphilis. In many cases it also take place in the reverse direction to that under consideration; if the person about to be vaccinated were already syphilitic, the lancet used in making the punctures or scratches on his arm might, when applied to the vaccine vesicle, introduce the syphilitic virus; so that the vaccinifer might be, though healthy, made the medium of communicating disease.

Mr. Henry Lee said that the idea of the conveyance of syphilis by the epithelial scales was novel, but well deserving of attention. He had no doubt that the epidemics used in the process of skin-grafting might convey disease. Most professed to disbelieve the transmission of syphilis by vaccine matter; and the official reports contained this idea. Mr. Hutchinson had said that, if vaccine lymph only were taken from the arm of a syphilitic child, cows of and pox might be communicated to the vaccinated person. He (Mr. Lee) would go further, and say that if a child after being vaccinated contracted small-pox, and were taken in vaccinating from it to use the lymph of the vaccine vesicle only, cow-pox and not small-pox would be communicated. He had seen only three cases where syphilis was supposed to have been communicated by vaccination. With regard to the transmission of vaccine syphilis, he thought that the matter was sometimes exuded on the surface instead of being deposited in such a way as to constitute induration. The duration of the glands was a point of great interest; it was unusual for it to occur in the axillary glands.

Mr. de Méric had often told that the occurrence could not take place. The paper which had been read, however, would change the opinions of many incredulous persons. He thought that it would have been better if the communication had been delayed to give time to see whether any symptoms of constitutional syphilis appeared in the persons whose cases were described. That syphilis could be communicated by vaccination, had been proved on the continent. In one instance, in Brittany, thirty or forty children had contracted syphilis in consequence of being vaccinated; the children had been investigated by a Commission of the Academy of Medicine in Paris, who had ascertained beyond doubt that the transmission took place.

Mr. B. Carter thought that syphilis might be communicated without the obvious introduction of blood. It was a common practice in taking lymph from children's arms to wait for some minutes until the vesicles became red, and the matter then consisted of exudation, which might be capable of transmitting disease. When tubes were charged, they were sometimes partly filled, and contained clear vaccine lymph; in other instances, they contained a greater quantity, and their contents were turbid. In one instance in which he had applied to the National Vaccine Establishment for lymph, he had found the fluid in the tubes inert; and, on examination, had been led to the conclusion that it was syphilitic. Mr. Simon protested against Mr. Carter's remarks. Mr. de Méric's criticism was no doubt correct; in a hypercritical sense, it was true, the paper considered historically could not be regarded as quite conclusive, inasmuch as there was no record of secondary symptoms. He had heard comments on the general incredulity as to the transmission of syphilis by vaccination. No doubt there was a great deal of hesitation in believing this occurrence to be possible. In 1837, he had addressed a circular letter on this question to all the leading public practitioners;
and, almost without exception, the answers were that they had not seen anything which supported the idea that vaccination propagated syphilis. Among the exceptions was Mr. Hutchinson, who said that he had seen cases where he believed that syphilis had been conveyed by vaccination. In England, the instances in which there had been even an imputation of the transmission of syphilis by vaccination had been rare. In Austria, the lymph had been too rare to be analysed. But several unaided instances had occurred in Italy, France, and Germany. This difference, Mr. Simon believed, was to be explained by the fact that in England the lymph was taken on the eighth day, while in the Caucasus it was rarely formed; while on the continent vessels ten days old were often used for the supply. In the Rivolta case, and in one which occurred in Naples, the lymph was taken on the tenth day. At this period, the lymph had become mixed with migrating white corpuscles and other products of inflammation. He would suggest that the Society should express an opinion as to what was good or bad practice in vaccination.

At the adjourned meeting Mr. Henry Lee opened the debate. We last week gave a full account of his views.

It now, therefore, only remains to glance at the opinions expressed by the other speakers, and then leave the investigation to the Committee of the Society.

Mr. Cooper Forster said he thought that every surgeon would be justified in saying that a patient with secondary symptoms had syphilis. The existence of sores or enlarged glands was not enough. He had seen the sores on the arm in the cases referred to, and they were as unmistakable as any that he had ever seen on any part of the penis. The glands were enlarged in the axilla, and there was that peculiar hardness so often seen in the inguinal region when the sores were upon the penis. In none of the cases had sufficient time elapsed for the appearance of the more marked secondary symptoms. In such cases, probably, the secondary symptoms were to a certain extent masked. No one would be justified in saying that secondary eruptions all over the back, shoulders, or arms.

Dr. Anstie said he had long since arrived at the conclusion that there was no sore whatever, indurated or not, with any sort of margin, from the appearance of which any one would be justified in saying that it was syphilitic. By all means let the cases in question be proved syphilitic if they really were so, but in the present state of the matter, so far as regarded the appearance of the sores themselves, he maintained that there was no justification for saying that they were syphilitic. Such sores might have nothing to do with syphilis, and might only be the result of unusual irritation. Again, there was no kind of gland hardening in the neighbourhood of a sore that might not be equally produced by a non-specific or a specific sore. Unless this was admitted, a new maxim would have to be introduced into pathology, that all his experience of sores in the children of the poor would go for nothing. Of course it was another matter if there were secondary syphilitic symptoms. As Mr. Cooper Forster had stated, the eruption ought not to be expected to be so copious as in ordinary cases of syphilis, and probably the production of secondary symptoms would be sometimes delayed. He was most satisfactorily to know that a committee of investigation had been appointed, and he hoped that the committee would take into consideration the new cases mentioned by Mr. Tay. The committee should be instructed to watch the cases for a considerable time, and then to report upon them. It appeared to him that in one case only, or certainly not more than two, was there anything like a clear indication of secondary symptoms following a sore produced in that way, and when one remembered the infinite possibilities of deception, it was going very far to say, as Mr. Forster had done, that the sores were unmistakably syphilitic.

Dr. Althaus said he was surprised at the statement that had been made that a large crop of secondary syphilitic symptoms was not to be expected in such cases. He did not see why there might not be as large a crop of such symptoms in the cases in question as in cases of ordinary infection. He reminded the Society of the experiments made twenty years ago by Professor Waller, of Prague, the first person to prove that secondary syphilis might be inoculated by the blood of one syphilitic being transferred to the system of another. The experiments were conducted with the utmost care on a number of idiots. The secondary symptoms appeared exactly in the same succession, and in the same proportion as had been observed after ordinary infection. He looked upon the present cases with great doubt, and until he had seen something more decided he should continue to doubt the occurrence of vaccinal syphilis.

Mr. Hill said as a matter of everyday practice, certain sores were seen, and the patient was told by his medical man that he would have syphilis; but in such cases as those narrated, it was necessary to wait until the general disease was manifested. But could it be supposed that in eleven cases, and three others that once been ended, there was no occurrence of constitutional syphilis? He did not agree with Mr. Cooper Forster that these unfortunate persons would be likely to have a light course of syphilis. Medical men who were inoculated did not suffer lightly, but as severely as those who contracted the disease on the genital organs, and in the ordinary way. He should like to know what was the condition of the instrument used in the vaccination of the eleven patients. Was it possible that the sores of the adults was syphilitic before the application of the vaccine lymph, and did he act as a source of the syphilis?

Mr. Maunder said that, where a sore had not been tampered with, many surgeons would have no hesitation in pronouncing at once whether the patient would have secondary symptoms or not. He should have been glad to learn the nature of the primary lesion associated with the sores; because many persons recognised two varieties of the Hunterian chancre. There was the true cup-shaped chancre, resembling a split pea, and sometimes the size of a nut; and there was the other variety, first pointed out by Ricord, a thin layer of induration immediately underlying the base of the sore, and not easily recognised by the sense of touch. There was that condition of the glands associated with an indurated chancre, he had no hesitation in expressing a positive opinion that the patient would be the subject of secondary symptoms. He should also be glad to know whether the glands had been painless, and whether there was evidence of inflammatory action round about them. Unless there was evidence of some accidental irritation from inflammation within or round about the glands, gluing them to the skin, and that these glands were most invaluable as a means of diagnosis.

Mr. Barwell said the public did not care to consider the question whether an induration was thick or thin, or whether an eruption was slight or extensive; they considered any eruption under such circumstances to be a grave misfortune. Lymph taken from a patient was, when pure, probably innocuous, even if the patient were syphilitic. But who was to be sure that the lymph was pure? From turbid lymph and blood many diseases might be introduced. He had had many opportunities of seeing tubes in which the lymph was perfectly milky. But suppose a tube of lymph to appear perfectly pure, could it be ascertained that it contained no exudation-corpuscle? And
if ten persons were vaccinated from it, would not one of them receive it? The point about which they ought to be perfectly certain was the distinct recognition of the syphilitic vacciner as distinguished from the clean vacciner. Mr. Lee spoke of children who presented no appearance of syphilis. This had happened in his own practice, especially where the children were at the breast, and received through the lacteal secretion of the mother, little of potass, which would often give, rid of all sympathy in appearance, external to a very slight eruption. He did not know whether such a child would, if used as a vacciner, communicate syphilis; but he thought that some mechanical means might be employed to prevent the introduction into the tube of any material even as large as a white blood-corpuscle.

Mr. Simon moved "That it be referred to a committee to be appointed by the Council to report what are the precautions which a vaccinator can take against the possibility of communicating syphilis, and whether those precautions are such as to give full security to the public against any danger of such infection."

The President undertook that the matter should be brought before the Council, with whom the appointment of committees rested. Dr. Cooke suggested whether there was not something in the child itself which sometimes produced the disease, rather than the matter which was put into it. Children were vaccinated at a very early age, a month or six weeks, and the hereditary syphilis might not be developed for two or three months.

Dr. Ballard said that no one could now refuse to admit that there was really something in the view that syphilis might be communicated with vaccinia, and both out of the same pock. Mr. Hutchinson had suggested the probability that the syphilitic virus was communicated through the blood accidentally mixed with the lymph. This was the doctrine of the Lyons school. The difficulty in the case arose from the fact of its not having been clearly stated at what period in the vaccination of the thirteen persons the blood began to ooze. [Mr. Hutchinson stated it was not known.] It appeared that the first two cases were not syphilitic, but that the others were. It was not known whether the first two cases were not also vaccinated with bloody lymph, nor did the paper state the proportion of the vaccine vesicle at the time the lymph was taken. It was stated that the lymph was taken at the usual period, the eighth day; but the vaccine vesicle at that period did not always present precisely the same characteristics. Sometimes it was free altogether from areola, and in other cases it had a broad areola—a point, to his mind, of considerable importance. In the one case, the lymph taken would certainly be clear, and in the other it would almost as certainly contain inflammatory products and be opaque. Recently a surgeon called upon him bringing a tube of lymph, and asking to be vaccinated with it. The tube was perfectly clear, but on blowing the lymph out on a piece of glass he declined to use it, for it was quite opaque. In looking over the history of cases of syphilis, Mr. Hutchinson would help remarking the capriciousness with which syphillis followed vaccination from a syphilitic child, even where blood was mixed with the lymph. In this country, where millions of persons had been vaccinated, it could scarcely be imagined that bloody lymph had not been used in a great number of cases, and amongst those cases it could scarcely be conceivable that there were not a fair number of syphilitic cases. Mr. Hutchinson believed, the first case recorded in this country in which unmistakable syphilis followed the vaccine operation. The curious thing was that Mr. Hutchinson's cases should immediately follow. This, however, was what constantly happened with other diseases; a particular kind of aneurism, that had not perhaps been seen for years, would come into a hospital, and others of the same kind follow immediately after. Reference had been made to the inoculation of syphilis by means of syphilitic blood. In those cases the blood was taken from an adult. Three operations were performed, two of which failed, and only one, that upon Dr. Bargioni, succeeded. The probable cause of the failures was that the syphilitic virus in the blood was dead and effete. In the one case the blood was coagulated before it was used, in the other it had only allowed to become cold; in Dr. Bargioni's case it was warm. There was a case, not referred to by Mr. Hutchinson, in which Mr. Couch referred to the infection of infection was performed. Two children were vaccinated from a syphilitic vacciner; the first had no syphilis at all; the second had syphilis, but the chance followed only the vesicle on the spot last inoculated, and it appeared that in that case blood had been taken. Secondaries followed. In Dr. Bargioni's case the inoculation was performed by the use of a large quantity of blood. It was found by Mr. Waller that a little quantity of inoculating syphilitic blood in small quantities, and therefore in this case a large quantity of blood was employed; in Dr. Waller's cases also a large quantity of blood was used. It was a curious circumstance that there should be so much difficulty in inoculating syphilitic blood, and yet that the very minute quantity of blood which issued from a punctured vaccine vesicle should be capable of causing a chance. Possibly the syphilitic inflammatory irritations on accompanying the vaccine vesicle might impart some unusual contiguity to the virus issuing with the blood. Another reason might be found in the altered character imparted to the secretion of a chance by irritating the chance, by which means it became auto-inoculable. He would suggest whether the blood of a congenitally syphilitic child had not a more contagious power than the blood of a person secondarily affected from a primary chance. Mr. Startin said he believed that in thirty years he had seen about thirty cases of syphilis communicated by vaccination, and he had seen hundreds of cases of spurious vaccination, where contagious morocco had been inoculated instead of the vaccine matter, producing enlargement of the axillary glands, and pustular eruptions in various parts to the body.

Mr. Hutchinson said it would be a great satisfaction to him if the first series of cases proved to be not syphilitic; at the same time, he did not entertain a shadow of doubt upon the subject. With great respect to those who thought it difficult to appreciate the conditions of characteristic chance, he could not go all the way with them. In the present case the evidence was cumulative. If he had seen only one sore on the arm of a patient, he might have entertained a suspicion only; but when he saw thirty places all exactly alike—all presenting characters equally suspicious, and any one of which he should have identified as the cause of all probability an inoculating syphilitic virus—when he also found in nearly all the cases the characteristic glands in the axilla; when he found the disease yielding at once to mercurial treatment, he thought he was justified in arriving at the opinion he had expressed. Of course he would bring forward any evidence which the future might afford, and would present it with perfect candour. With regard to the committee, he would do everything to assist in arriving at the truth. Whether investigations there might be a little reticence, which he hoped would be attributed to its true cause. Two of his cases had undoubtedly syphilitic rash. It had been said that they had to be careful not to attribute to vaccination a syphilitic rash which might be due to a latent hereditary taint in the child. Of course that was a fallacy always to be guarded against; but here were two children, one four years of age, and the other was two years of age, who had presumably past the period at which a latent taint of hereditary syphilis could produce a secondary rash, and, of course, past the date at which it could produce tertiary symptoms. A practical corroboration was found in the condition of the vacciner. He admitted that the facts were not very obvious, nor could it be anticipated that they should be. No person would ever dream of vaccinating from a wretched, scule-looking child, covered with a
PROTECTION AGAINST POISONING IN ENGLAND.

The Council of the Pharmaceutical Society of England, has promulgated in the following form, its recommendations for precautions in the storing of poisons:

1. That in the keeping of poisons, each bottle, vessel, box, or package, containing a poison, be labelled with the name of the article, and also with some distinctive mark indicating that it contains poison.

2. Also that in the keeping of poisons, each poison be kept on one or other of the following systems, viz.:

(a) In a bottle or vessel tied over, capped, locked, or otherwise secured in a manner different from that in which bottles or vessels containing ordinary articles are secured in the same warehouse, shop, or dispensary; or

(b) In a bottle or vessel rendered distinguishable by touch from the bottles or vessels in which ordinary articles are kept in the same warehouse, shop, or dispensary; or

(c) In a bottle, vessel, box or package kept in a room or cupboard set apart for dangerous articles.

3. That all liniments, embrocations, and lotions containing poison be sent out in bottles rendered distinguishable by touch from ordinary medicine bottles, and that there also be affixed to each such bottle (in addition to the name of the article, and to any particular instructions for its use) a label giving notice that the contents of the bottle are not to be taken internally.

The Society, it will be remembered, was entrusted by Parliament with the duty of framing such precautionary regulations, and was invested with the necessary powers to make their decrees final. After "dodging" the question until the Privy Council was obliged to administer a hint, the Council issued its mandate that for the future no risk of accidental poisoning should be run. But the druggists did not want their free and easy style of poison-trading regulated or set in order, and they gave vent to a clamorous shout which, with one honourable exception—that of the President, Mr. Sandford—frightened the Council out of its propriety, and brought it to its knees.

Having humbly digested the leek, the Council escape from the indignity of having to withdraw the regulations by putting them forth as recommendations, and we accordingly find them published by the journal of the Society, with the word voluntary in italics, lest any druggist might suppose that they were really intended for adoption.

It is quite plain that Parliament has for the second time made a grievous mistake in confiding the enactment of unpleasant rules to an elective Council. It gave in 1858 to the Medical Council the power to do the same for licensing bodies as the Pharmaceutical Society has been asked to do for druggists, and we find the latter body, accordingly, falling back upon the "recommendation" rule, by which the Medical Council has for thirteen years shirked its duty. It may, perhaps, be salutary to remind the Pharmaceutical Council that, "like cause, like rule," the public may some years hence be driven to deal with them as it is about to do with the Medical Council, and to wipe out of existence themselves, and the "voluntary" trick under which they so complacently shelter themselves.

Notes on Current Topics.

Non-Vaccination.

Last week Dr. Lancaster held inquests on children who had died of small-pox and had not been vaccinated. These cases excited interest among the Medical Profession, and Mr. C. Claremont, the newly-appointed vaccinator-general for the district, was present. In one case, that of Louisa Tongs, an illegitimate child, two years and three months old, the mother of the deceased said the reason she did not take the child to be vaccinated was because she considered it was too delicate to be vaccinated. Mr. Hopton, surgeon, said it was well nourished, and not at all in an improper condition to be vaccinated. He would never certify in small-pox cases unless there had been vaccination without higher authority, and, therefore, he had left this case for an inquest. The sister to the mother of the child said she had had it from birth, and did not think it her duty to have it vaccinated. The coroner would like to know whether the guardians would be likely to prosecute in this case. Mr. Claremont thought it was doubtful, as the guardians, when they had done so before, were not supported by the magistrates, but defeated. The coroner considered it was much to be deplored. He should continue to hold these inquiries for the benefit of the public, no matter what opposition he met with, until prevented by high authority. The jury returned a verdict of "Death in small-pox, and strongly condemned the neglect of the mother and sister in not having the deceased vaccinated."

Whiskey v. Beer.

The Scotch Registrar-General defends the national beverage by a comparison of the proportion of deaths from liver disease in his country as compared with England. He says:—"It is a known fact that malt liquor has a greater tendency to produce deranged biliary action than diluted alcohol in its pure state. Beer in all its forms is the national drink in England, whiskey in Scotland, and the effect of these drinks seems to be reflected in the proportion of deaths from liver diseases in the two countries, for while Scotland had only the proportion of thirty-five
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deaths from all liver diseases in every hundred thousand of her population, the proportion in England was thirty-nine deaths in a like population; and these proportions are pretty constant in both countries year after year."

Art and the Albert Memorial. The tendency of the present age, undoubtedly, is to decry modern art, and to continually keep before the public the works of the "masters." We have been repeatedly reminded of their antiquity, of their value, of the greatness of their designs, and the unapproachable perfection in their execution. In fact, we are taught to regard the works of the masters as mirrors that reflect the good old time when the acme of sublimity in art had been reached—if it had! But that true art is not really dead, and that true modern artists are yet to be found in the flesh, and above the earth's surface, we fully believe, having, at the suggestion of the editor of the Art Journal visited the marble group—from the studio of Mr. John Lawlor—intended to typify "Engineering," and which has just been placed in the position it is to permanently occupy on the Albert Memorial, Hyde park.

The current month's number of the Art Journal gives a full page illustration of Mr. Lawlor's chaste creation, and in an accompanying letter-press article pronounces it "appropriate, elegant, simple, and intelligible, blending harmoniously the ideal and the realistic;" and states that "The central figure typifies science—she is the directing spirit of those who surround her. The foremost of these, and holding a mathematical instrument, and with his face turned towards the female, exemplifies the designer, unfolding his plan for her approval. In him the creative power is exhibited. The two other figures represent the labour grade; that on the right holds a cog-wheel typical of the mechanical craftsman; the stalwart 'navvy' on the left, with his furry cap, loose necktie, and trousers 'gartered' and tucked up, is the labourer, who, shovelling in hand, looks on, waiting the order to commence operations. We have applied the term 'elegant' to this group, and the character of the composition certainly justifies it. Each figure is graceful according to its order, and remarkably easy and truthful in its pose."

Hard Water for Tea Making. A water in the Food Journal says there can be no doubt that soft water extracts the colouring matters of tea. It makes it look stronger, and this suits the fancies, doubtless, of a people that love appearance and outside show. But the true tea lover soon discovers that the beautiful flavour of the tea leaf is obtained far more perfectly when a somewhat hard water is used for its preparation than when a soft water is employed. Coarse forms of extractive matter, marked by a very bitter taste, are in this way obtained from tea, which have the power of entirely destroying the aromatic principle, that delicate flavouring, with which consumers are so familiar. It is, however, true that too hard a water is as great a misfortune as too soft an one. There can be no doubt that our London waters are perfect for tea making. This was a subject of Government inquiry. Carbonate of soda makes the tea dark, but if you care for taste and flavour, I should strongly advise banishing the carbonate of soda bottle from the tea table. There is one point to be remembered, and that is, that the brewing process with a hard water is a rather more tedious one. Using three samples of water, one of 2°, another of 5°, and a third of 8° degrees of hardness, and after boiling and experimenting in each case with the same quality of tea, I should say that five minutes was long enough, in the first experiment with the soft water, for the tea "to draw," whilst at least a quarter of an hour is necessary with that of 5° degs, and about ten minutes with that of 8° degs.

Illegitimacy in Scotland. The vital statistics for 1868, just published by the Scotch Registrar-General, show that 9·8 per cent. of the births were illegitimate. This rate is much about the same as in former years, and, though high, it is not believed to be in excess of the rate in England, if due allowance be made for the greater number of births which are supposed to escape registration in that country, estimated by the Census Commissioners to amount to 36,950 annually. When compared with the rate which prevails in the continental states of which we have data, it is moderate. Of the children born during the year 59,222 were boys, and 56,292 girls, showing that 105·2 boys were born for every 100 girls. It is a somewhat remarkable fact that Scotland, unlike every other country, exhibits the peculiarity of having the proportion of boys in the illegitimate births higher than that of the legitimate.

Drug Copyrights in America. The confessions of trade "acuteness" which are sometimes to be found in the Chemist and Druggist are very naive, and often very startling. Its last number contains in the letter of its American correspondent an uncompromising assertion, that the forgery of the labels and trademarks of celebrated English and French manufacturers, and the putting forth by these means of filthy rubbish under their names, is in America universal and lucrative. The correspondent states unequivocally that many wholesale druggists of credit and reputation are avowedly engaged in this occupation, and that the trade in these forged labels is very extensive. The same journal contains a suggestive corollary to these facts in the following items of intelligence:—

Our income-tax lists exhibit a number of handsome incomes in the drug trade. Among them that of Mr. Kemp, which is put down at over £40,000 in 1870. Mr. Kemp is the proprietor of "Florida Water," as well as largely engaged in the import and export drug trade. The eminent and wealthy patent medicine proprietors, Messrs. Ayer and Co., of Lowell, Massachusetts, have lately purchased the "right, title, and goodwill" of "Hall's Sicilian Hair Renewer," for which they paid £20,000. This article is an entirely new one within six or seven years.

Relapsing Fever at Leeds. Dr. M. K. Robinson, Medical Officer of Health for the borough of Leeds, read a paper before the Epidemiological Society, on the 12th of April last, in which he showed that out of 361 cases of relapsing fever, it was ascertained that in 219 instances there had been previous communication with infected persons; and as there is always great difficulty in tracing the cases, he has no doubt many contagious sources escaped detection, and that the spread
of the epidemic was largely owing to its propagation by contagion.

He found further that in 261 instances privation existed, the indigence in many cases resulting, not from want of work, but from the absolute habits of themselves or their parents. Poor-law relief returns in such cases affording no guide. In 28 of the cases the drainage of the houses where they occurred was found defective, and in 26 other instances the ashpits and privies adjoin the houses.

Although, in one instance, typhus was associated in the same family with relapsing fever, typhus, and enteric fever in the borough of Leeds during the five years 1866-70, and in the different months of 1870:

Deaths from Relapsing Fever and from Typhus in the Borough of Leeds during the five years 1866-70.

<table>
<thead>
<tr>
<th>Year</th>
<th>Relapsing Fever</th>
<th>Typhus</th>
<th>Enteric Fever</th>
<th>Other forms of fever, and &quot;fever&quot; so stated simply</th>
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<tr>
<td>1866</td>
<td>...</td>
<td>407</td>
<td>73</td>
<td>10</td>
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<td>1867</td>
<td>...</td>
<td>221</td>
<td>31</td>
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<td>1868</td>
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<td>1870</td>
<td>13</td>
<td>131</td>
<td>152</td>
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Deaths from Relapsing Fever and from Typhus in the Borough of Leeds during the different months of 1870.

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<thead>
<tr>
<th>Month</th>
<th>Relapsing Fever</th>
<th>Typhus</th>
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<th>Other forms of fever, and &quot;fever&quot; so stated simply</th>
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Early Marriages and their Fruitfulness.

The proportion of legitimate children to each marriage was, in the year 1868, much larger in Scotland than in England, in Scotland giving a proportion of 476 children for every marriage, in England, 418 children to every marriage. The system of military conscription in France and Austria in particular, seriously interferes with early marriage, in the men throwing it to a later period of life. Of the men who married in Holland, Sweden, and Belgium, the proportions under twenty-five years of age were nearly alike, about 21.12 per cent. In Norway, where it might have been expected to have been the same as Sweden, the proportion was higher, 23.93 per cent. France and Austria, lying in the same parallels of latitude, and having nearly similar laws as to military conscription, have a still higher proportion, but proportions closely approximating, seeing that of the men who married about 28.75 per cent. were under twenty-five years of age. It is worthy of notice that not only at this, but at each several age, the proportion of men who married at an early age was closely alike in France and Austria.

Among the Anglo-Saxon race the proportion of men who married when under twenty-five years of age was very much higher than on the Continent. Thus, of the men who married in Massachusetts, 39.46 per cent., in Scotland, 41.32 per cent., and in England, 50.95 per cent. were under twenty-five years of age.

It is singular that in England, which has eighty-two marriages annually to every 10,000 persons (a proportion which closely corresponds with that in France, Austria, Belgium, Holland, and Norway), the proportion of men under twenty-five years of age who married annually was nearly 30 per cent. higher than in these countries. This striking fact of the earlier age of marriage of the men of the Anglo-Saxon race seems not to have been previously noticed by writers on vital statistics, and even they have always assumed it as a proved fact that the young men of the United States married at an earlier age than those of England, whereas the contrary is the case.

As women are not liable to military conscription, nor to be drafted into the navy or to merchant shipping, it might have been expected that the proportions in which they married at the several quinquennial periods of life would have been much more uniform than those of the men in the several countries of Europe and America. The proportions at different ages in which women marry in the several countries, vary as much as do those of the men, for while in Holland only 36.38 per cent. of the women were married under twenty-five, in New York, 72.89 per cent. were under that age.

In the countries inhabited by the Anglo-Saxon race, the proportion of women married under twenty-five was higher than in Europe; in Scotland, 58.43 per cent.; in England 63.33 per cent.; in Massachusetts, 65.78 per cent.; and in New York, 72.89 per cent.

The Influence of High Temperature on Female Maturity.

The statistics of the Scotch Registrar-General seems to throw light on another question relative to our race, viz., the influence of climate, and in particular of heat, in forwarding the age at which the female arrives at maturity, and the influence of cold in retarding that period. If we arranged the countries in the order of mean temperature, beginning with the coldest, they would arrange themselves in the order of Norway, Sweden, Holland, Belgium, Scotland, England; and, as nearly the same mean temperatures, France, Austria, Massachusetts, and New York. If we regard the comparative early maturity of the females in each of these countries to be represented by the proportion of marriages under twenty years of age, then t
women would arrive at maturity in these countries in the exact order as indicated by mean temperature, the maturity of the female being most retarded in the cold northern country of Sweden, and most forwarded in the warmer countries of France, Austria, Massachusetts, and New York. Thus, in Sweden only 48 per cent. of the women who married were under twenty years of age. In Scotland 129 per cent. of the women were under twenty years of age; while in England 1406 per cent. of the women were under twenty. The mean temperature of France, Austria, Massachusetts, and New York is considerably above that of England, and the proportion of women under twenty years who marry annually is accordingly considerably higher.

A Novel Nosology.

The Chemist and Druggist in its last issue publishes a very amusing selection from the Medical Investigator, a homoeopathic medical journal. It says:—

Without the slightest attempt to make a sensational extract, we clip an inch out of the middle of this sample chapter, merely premising that the sentences are supposed to name diseased symptoms, and the abbreviations, in italics, the medicines which are indicated.

Gnawing hunger: with empty sensation in stomach. 
Senega.

Greasy food: repugnance to. Carb. an.


Hasty eating, with inclination to hate everything around him. Plat.

Hering: longing for. Lit. ac.

Headache, from eating a little too much; hunger soon satisfied. Lyc.

Honey: longing for. Sabad.

Hot: cannot eat anything. Ferr.

Among the curiosities of this complete repertory we find a few other lines, which can hardly have been inserted by the author without a smile. For instance, "Eggs, longing for. Calf. C.," or, in English, the remedy for a desire for eggs is, not as we should have guessed, to provide one or more, but to give the patient an infinitesimal dose of op opoponax. That is asking for bread and getting a stone with a vengeance. "Aversion to bread" is to be cured by Hippo. M. The idea is evidently derived from recent French experiences. "Aversion to food in general" is to be attacked by the following broadside of physic:—Accon., Ant. c., Ars, Arq., Carbo an., Cham., Coc., Colch., Ipec., Mang., Nux v., Op., Petrol., Platina. A "longing for brandy and chalk" (!), which we should say is most undoubtedly a disease of the first magnitude, should be treated by Nux v.; and a "great desire for coal," by Cig. v. Ipecac is recommended, if a "desire for dainties" should manifest itself; and rhubarb is required whenever there is an "aversion to coffee if not well-sweetened."

Convolutions and Sponnmeat.

The Scotch Registrar-General, in his lately published returns for 1868, remarks:—Even the customs or habits of the peoples of each of the countries are reflected in the deaths. Thus, the English people are in the habit of stuffing their babies with sponnmeat almost from birth, while the Scotch, excepting in cases where the mother is delicate or the child is out nursing, wisely give nothing excepting the mother's milk till the child begins to cut its teeth. The English practice occasioned the death by convulsions of 23,186 children under one year of age during the year 1868 out of 796,588 births; in other words, caused one death from convulsions in every thirty-four of the children born during the year in England. In Scotland during the same year only 312 infants under one year of age fell victims to convulsions out of 115,514 children born during the year; in other words, one death from convulsions in every 370 born during the year.

The Enormity of our Small Vices.

The consumption of tobacco exhibits an unparalleled rapidity of increase and extension. In 1659, the United Kingdom received £20,000 lbs. of tobacco, and it is questionable whether even that amount was actually smoked; in 1857, suppressing intermediate returns, the amount had risen to nearly 33,000,000 lbs.; and in 1865, even this enormous total had doubled, being 66,000,000 lbs., an increase far in excess of that of population; and political economists may dwell thoughtfully on the fact that England now spends about as much per diem for tobacco as she does for bread! The Food Journal points out that, corn and cotton excepted, tobacco stands first in commercial importance. About 1858, nearly 6,000,000 acres were devoted to tobacco culture; the average crop being some 800 lbs. per acre, which at an uniform rate of only 2d. per lb., yielded a gross value of £37,000,000. The hop, on the contrary, which is a most representative English plant, and worth six times as much as tobacco per pound, only yielded a value of £4,000,000.

The Medical Council.

We are informed on authority that the General Medical Council will meet on the 4th July. It has also transpired that Dr. Sharpey has been reappointed by the Privy Council, his term of office having expired. No one would wish to see Dr. Sharpey out of the Council so long as he chooses to take a seat there; but it may well be questioned whether the Council is not in urgent need of new blood. It is commonly stated in professional circles that a fair proportion of the members themselves are desirous of seeing their ranks reinforced by a few active reformers. We should be glad to see any improvement. At present, the Council does not enjoy the confidence of either the profession or the public, and therefore meets under great disadvantage, and this at a time when Medical Reform seems in danger of being made a laughing-stock. The Council has had grand opportunities, but they have been lost. Is it possible even now to redeem its position? This is a question which naturally is being asked in all directions. There is also a talk of further amalgamation schemes, and possibly some plan or other may come up for discussion in July.

Medical Papyrus with Ancient Prescriptions.

A medical papyrus has been lately presented to the British Museum by the Royal Institution. It is about 7 ft. 6 in. long by 7 in. wide. It is unfortunately much mutilated, and has been considerably worm-eaten. The commencement is wanting, but its contents are a series of recipes or modes of cure for different maladies, unaccompanied by any diagnosis or account of the disease itself. The Pharmaceutical Journal describes the papyrus. It is written on both sides, and is a palimpsest, and on the endorsement is the commencement of a second series of cures for a malady, the nature of which is not known, but the remedy for which is said to have been miracu-
lonely found in an old book discovered in a hole in the wall of a certain temple by a priest. The book so found was written in the days of Cheops, the celebrated monarch of the 4th dynasty, and the builder of the great pyramid. The remedy for this malady consisted of incantations and prayers, and no drugs were employed. Other recipes are given for the eyes, both right and left. Amongst the drugs mentioned for some maladies are wax, fat, and incense. One remedy is for a stoppage of hemorrhage from the head and other parts of the body,—shavings or twigs of acacia, grains of a substance called kaspr, to be burnt, also milk, branches of olive, the hair of a cat, and honey. One prescription orders the chapter to be said, and the breast to be rubbed with drops of the water of an animal called tech-tech, some extract of a material called mato, and wax and honey mixed with a preparation called tart. Another mixture was a preparation of sycamore and lizards. Fig leaves, gum, and other medicinal matter were also employed, and eked out with prayers and adjurations, but the meanings of the names of many of the substances are as yet not interpreted. This papyrus has not, like that of Berlin, the quantities attached, but many of the recipes date from an early period, as that of Amonophis III. of the 18th dynasty. The papyrus is, however, very remarkable for its mention of these drugs at all, as some of the other medical ones known, as that of Leyden, have prayers and adjurations only.

Dr. Murphy.

There must be many hundreds to whom the name of Dr. Murphy is a household word. We have previously drawn attention to the fund being raised for the purpose of providing an annuity for the ex-Professor at University College, and we hope that it will be thoroughly successful. The fund will shortly be closed, and any who desire to make an offering in so good a cause may send their subscriptions to the Union Bank of London (Artygle street, W.). It is sad to see one who has filled such a position in need of the assistance of his brethren, but we know it will be freely given. We hope the public, too, will be asked to join in the subscription.

Contagious Diseases.

The Royal Commission has adjourned until June the 5th, after which the Report will have to be discussed, and agreed to, before Parliament can take up the subject. It is not possible to form an opinion as to what the report will recommend as the evidence before Royal Commissions is taken privately, and therefore the suggestions made by our contemporary can only be based upon their knowledge of what one or two witnesses may have said as to the tenour of their evidence and the impressions they formed. Such notions cannot but be very one-sided.

The Yellow Fever in Buenos Ayres.

As an important letter from Dr. Hardwick appeared in the Daily News last Thursday. The writer's experience and position as a medical officer of health entitle him to be heard, and we have much pleasure in extracting the principle portion of his communication.

The science of disinfection, says Dr. Hardwick, is a new one, and there has been much groping in the dark without that careful observation and collection of reliable data which can alone prove unerring guides to medical men. Dr. Angus Smith is probably our ablest authority on the subject, and in using the term colytic, instead of disinfectant, he aims at opening our eyes as to the precise action we must seek for in agents calculated to destroy microorganisms, and the dispersion of organic poisons. In a word, we must arrest action, arrest development and reproduction. Carbolic acid has been found of great service for this purpose; but my experience with regard to the use of this substance may be summed up under three heads:—1. Being a poison of the greatest activity, carbolic acid should not be distributed indiscriminately over a populous city. This objection holds good even with the once popular chloride of zinc. 2. I have found houses rendered almost uninhabitable owing to the persistent odour of carbolic acid when it had been used in sufficient quantity to be effective in disinfecting cesspools' and drains. 3. Obstacles arise in using carbolic acid for the disinfection of clothing, and it is mixed with sewage it destroys vegetation. In Buenos Ayres it would be most important at this time, to urge the people with disinfectant, to wash out with them, and to use an abundance in the cesspools, which contain the accumulations of years, and are favourable soils for the ready propagation of yellow fever poison. During the past year a very powerful and harmless agent of the colytic class, calculated to arrest all decomposition and effectually to check the diffusion of organic poisons, has come to light. We owe its introduction to be indebted to the sanitary committee of the city of Buenos Ayres, which has for years been a leading authority on contagion, viz., Professor Ganggee, and he communicated his observations on it to the Lancet last August. It is the chloride of aluminium, or, as Professor Ganggee calls it popularly, chloralum. I have used it in urinals, sewers, and gully-holes, and it is being largely employed to deodorise sewage. It is an active antiseptic, and yet in no way affects the value of the sewage if this has not been the case with carbolic acid. We are told that by using the ammonium it enhances the value of munare. Chloralum should be used in water carts, and can be freely employed in washing fever patients and disinfecting all their discharges. I have had some difficulty with it in clothing, from the fact that unless well washed out by pure water before soap is applied, the soap is rendered insoluble; but all trouble is removed by an abundance of fresh water and the rest of a little soda in steeping the disinfectant clothes. When contagion has fairly seized a town in bad sanitary condition, when tons of putrefying matter are evolving at all points the pestiferous germs, which the people are well prepared to absorb, the only means that can be suggested are to render everything inert for the time, and that this can be done with the disinfectant I deem it my duty to bring under your notice is unquestionable. I should have been tempted to enter at length into the subject of fever prevention, with especial reference to isolation and the removal of patients. The continued prevalence of small-pox demands that all publicity should be given to sanitary rules, which should be enforced for the effective protection of our people.

The Irish Benevolent Fund.

We learn with satisfaction that the council of the Royal Medical Benevolent Fund Society of Ireland will be able to present to the society a very satisfactory report, albeit very far short as indicating the prosperity which such a society deserves. We earnestly hope for better and more universal liberality. Last year Dr. Robert McDonnell set a noble example in pledging to the society an annual gift of £361 1s., his pension as medical officer of the Mountjoy Prison. An annuity of this amount represents a gift of about £700, and as an unsolicited and unexpected act of generosity deserves credit as much for its spontaneity as its liberality.
Local Government and Sanitary Reform.

In a letter to the Standard, Dr. Rumsey says, It is well that the curious changes in local authority, proposed by the Royal Sanitary Commission and by Mr. Goschen, in Parts IV. and V. of his Local Government Bill, are not to become law during the current session.

Legal provisions for disinfection, ambulances, and hospital or tent accommodation in contagious epidemics, might easily be enforced in emergencies by summary legal process without a revolution in the local government of the country. But, Dr. Rumsey says, no one well informed on matters of provincial administration could admit that every petty local or parochial authority, called in Mr. Goschen’s bill a “sanitary board,” having under it a population of 3,000 and upwards, ought to be compelled or even empowered to appoint one or more officers of health as proposed in the report of the Sanitary Commission (p. 175)—“Those who call for the immediate compulsory appointment of medical health officers by such authorities really do not know what they are about. I can conceive of no measure more confirmatory to local jobbery, more opposed to independent scientific inquiry, more obstructive of sanitary progress, or more ultimately injurious to the status of the medical officers themselves. The fact is, we are not yet prepared for the compulsory appointment of officers of health. Various important conditions and pre-requisites must first be settled. Authorities competent to select such officers are not yet in existence. I regret to find that the sanitary commission does not propose that any such authorities should be constituted.”

On the other hand, Dr. Rumsey maintains that Mr. Goschen’s bill contained two great principles which deserve vigorous support by all friends of administrative reform. 1. The establishment of a central board with comprehensive jurisdiction (and of certain defects in the bill, on this head, it is unnecessary for us to write at present). 2. The formation of proper county authorities. A good county board, elected partly by the justices and partly by parochial representatives, with the addition of a few selected members, he thinks, would be of incalculable benefit to the country. Numerous and highly important functions in aid of efficient and economical local government might be committed to boards of this wide jurisdiction. The vexed question of health officers would be immensely simplified. Many other desirable reforms facilitated. We should then possess in every county an instructed and comparatively independent authority for all higher purposes of administration.

Multiple Births in Scotland.

During the year 1,443 twin births and fifteen triplet births occurred, indicating that one in every seventy-nine mothers bore twins, and that one in every 7,602 mothers bore triplets.

Tardy Fruithfulness of Marriages.

In Scotland, in the year 1868, one woman had been twenty-seven years married before she bore her first child, two had been married twenty-eight years, one had been married twenty-nine years, one thirty and a-half years, one thirty-two years, one thirty-three and a-half years, and one did not bear her first child till thirty-seven years after the date of her marriage.

Density of Population in Scotland.

The Registrar-General for Scotland has issued his statistical report of births, deaths, and marriages for 1868, and the return, though tardy, amply attones for the delay by the value of the analyses and comparisons which it contains. On the question of density of population, the registrar says:—“The influence of density of population on the proportion of births is seen in the eight divisions into which Scotland is divided. Thus, in the north-west, where there are only twenty-three persons to a square mile, the births were 28.38 to every thousand persons; in the south, with sixty-six persons to a square mile, there were 31.20 births; in the north-east, with ninety-seven persons to a square mile, there were 33.95 births; in the east midland division, with 120 persons to a square mile, there were 35.14 births; in the south-west division, with 219 persons to a square mile, there were 38.14 births; while in the most densely populated south-western division, with 441 persons to a square mile, there were no fewer than 40.92 births.

London Bread and its Impurities.

Dr. Mutin gives, in the last issue of the Food Journal, the result of many analyses of London bread. During the month the Journal collectors have been at work in the west of London, and have purchased and forwarded twenty samples for examination. This has been carried through, and our metropolitan readers will be glad to see that the results are better than those given last month. Only two contained copper, and even then it has been either introduced with a more sparing hand or more equally distributed through the mass of bread. There is, however, a slight increase of alum, as six samples were so contaminated. Up to the present the total state of the bread examined is as follows:—Pure bread, 15; alumined bread, 11; coppered bread, 18.

Pathological Society.

The meetings have closed for the season. At the last meeting the report of the committee on Lardaceous disease was produced. This is the name recommended for adoption in the change that has received other names also. An increase of cholesterini and of chloride of sodium is said to be present while the affected organs are deficient in potash. It was long ago pointed out by Dr. Dickenson that deficiency of alkali was probably dependent on its removal from the blood by profuse suppuration, after which the disease is most frequently met with.

The new County Asylum at Macclesfield has been opened. Dr. Deas is Medical Superintendent.

Dr. Thorne Thorne has resigned the lectureship on psychology at St. Bartholomew’s Hospital.

Dr. Patch has been promoted to the full physiciery at Guy’s Hospital, and Dr. Pye-Smith has been appointed assistant-physician.

Sir John Herschel was interred last Friday in Westminster Abbey, in the presence of many scientific and literary celebrities.
SCOTLAND.

EDINBURGH.

Calmer's Hospital, for the Sick and Hurt.—The directors of this institution have declined to open the wards for the clinical instruction of the female medical students.

OLASPAG.

Death of Dr. A. Duxlop Anderson, F.R.C.S. Lon., F.F.P. and S., Glasgow.—It is with very great regret we record the death of this gentleman, which took place at his residence in Glasgow on the 13th inst. Dr. Anderson was in the 77th year of his age. After serving for some years as assistant surgeon in the 49th regiment, he settled in Glasgow in 1820, and speedily acquired an extensive practice. In 1833 he was appointed surgeon to the Royal Infirmary, and in 1837 he was elected physician to that institution. In 1853 he was elected President of the Faculty of Physicians and Surgeons, an office which he retained for three years, and a few months ago his portrait was placed in the Faculty Hall, in recognition of the services he had rendered the Corporation. Conscious of the increasing infirmities of age, he, last year, resolved to close his practitioner. In 1855 he was appointed Professor of Physic in the Andersonian University, choosing, for the sake of rest, to reside in Edinburgh during the winter months, and he had but recently returned to Glasgow for the summer, when he was seized with his fatal illness. Dr. Anderson was one of whom all men spoke well, and, unconsciously perhaps to himself, maintained for a period of forty years the dignity of the Profession in the West of Scotland, not only by his professional ability, but by his consistently honourable and christian character.

Dr. J. C. Douglas, Glasgow, has been appointed house-surgeon to the Greenock Infirmary.

Literature.

ON THE TEMPERATURE IN DISEASES.*

The significance of variation in the temperature as a symptom of the course of disease was fully recognised by Hippocrates and by many of the ancient writers, yet it was not till the early part of the seventeenth century that the thermometer was first applied by Santorius to the determination of temperature. Some important contributions were made during the eighteenth century to the nature and theory of animal heat, but the appearance of Currie's well-known work + at the close of the last century marked the first exact application of thermometry to therapeutics. During the first forty years of the present century the additions to our knowledge were but scanty, and to Andral is due the credit of clearly recognising and teaching the clinical value of medical thermometry. From time to time various physicians and physiologists devoted themselves to special features of animal temperature, but in 1850 the investigations of Traube and Bärensprung gave a new and vigorous impulse to this inquiry, and, since 1851, Wunderlich, induced by Traube's advocacy, has introduced the use of the thermometer into his clinics. The attention which Wunderlich has directed to this subject for the past twenty years will appear from the fact that the number of individual cases of disease in which the thermometer had been noted, amounted, in 1858, to nearly 25,000, and the number of separate temperature-readings to some millions. The thermometer was regularly employed at least twice daily; and in febrile patients from four to eight times a day, and even oftener, according to circumstances.

The present work is designed to give a connected and complete account of the practical results of this prolonged inquiry, and in the preface no fewer than seventeen reasons are enumerated, showing the paramount utility of thermometric knowledge to the Medical practitioner. Of these, besides the special diagnostic and prognostic value of thermometry, it is well to remember that the temperature cannot be feigned nor falsified, and hence may


+ Medical Reports on the Effects of Water, Cold and Warm, as a Remedy in Fever and other Diseases.
be often useful in distinguishing between a true and spurious disease.

The volume may be considered as divisible into two parts. The first eleven chapters treat of the science and art of Medical thermometry, and minute directions are given to ensure accuracy of observation. We do not think, however, that every busy practitioner will set so much value on the habit as to follow Wunderlich’s advice that, if he have not time or opportunity to make daily observations in acute diseases, "he had better not undertake the cases."

The general semiology of thermometry having been discussed, the twelfth chapter deals with the temperature in special diseases, and a very detailed account is given of the thermal variations in enteric fever and in pneumonia especially. Even some of the rarer affections, such as osteomyelitis, glanders, and trichinosis come in for a share of attention, and the whole chapter is a valuable mine of reference respecting the temperature in fevers and acute inflammatory affections.

The last chapter gives a short account of the effects of altered temperatures upon the system, and in the Appendix a very complete table of thermometric equivalents is furnished. The Centigrade scale is retained throughout the work, but in all cases the corresponding Fahrenheit term is placed side by side. Forty woodcuts and seven lithographic charts of the temperature in special diseases aid to the value of the text, and afford a graphic conception of the thermal phenomena of the most important diseases.

Since the thermometer is now in every one’s hands, it is a source of satisfaction that we have at length a treatise at once complete, reliable, and scientific on the principles and method of use of this instrument, and the Sydenham Society has done good service in presenting Wunderlich’s "Manual" in an English dress. So far as can be judged, in the absence of comparison with the original, Dr. Woodman has done his part well, and the translation, on the whole, reads smoothly, though the idea of uncertainty on the part of the translator is suggested by the frequent introduction of the German words and phrases in parentheses.

Correspondence.

THE MARQUIS OF SALISBURY AND VACCINATION.

To the Editor of the Medical Press and Circular.

Sir,—A copy of your paper of the 17th inst. has been sent me, in which it is stated that I have proposed to enforce vaccination by laying the fine on the doctor instead of the parent.

I shall be much obliged to you if you will correct this statement, as it is entirely without foundation.

I am, Sir, your obedient servant,

Salisbury.

[We are much pleased his lordship repudiates the idea attributed to him of "fining the doctor instead of the parent, in order to more effectually enforce vaccination." We had not the privilege of attending the discussion in the House of Lords, but gleaned our information from the Parliamentary Reports in the daily journals. In the Daily News of the 15th instant, on page 2, column 2, line 19 and following, we find—]

"The Marquis of Salisbury said there was something more that might be done to enforce vaccination—let the fine be laid on the doctor instead of the parent. (Laughter.)"

Being equally anxious to give space to the contradiction as to the report, which his lordship states "is entirely without foundation," we, at the same time, are particular to mention the basis upon which our comments were founded, and to state that if it is "entirely without foundation," we have no reason whatever to doubt his lordship’s word,—on contempo-

rarily ought never to have given currency in its Parliamentary Intelligence to a statement which is absolutely untrue, and calculated to bring the gentleman to whom it is attributed into ridicule.—Es. M. P. & C.]

VACCINATION AND RE-VACCINATION.

To the Editor of the Medical Press and Circular.

Sir,—Although it is agreed on all hands that cow-pock affords a protection against small-pox, yet, medical men are not unanimous as to the nature and extent of the protection, or the duration and permanency of the immunity, nor has the quality within certain periods, as seven years, or the age of puberty. Internal diseases, &c., &c., have been suggested, weaken or altogether remove from the constitution the vaccine defence, and leave it liable to future small-pox infection. To remedy this alleged defect, the practice of re-vaccination has been recommended, and the apparent success which has attended the re-vaccinations performed, would seem to prove the necessity of the precaution; but, it may be fairly asked—were the subjects of those experiments correctly vaccinated previously? and, if not, has their system been so far weakened by their infectious as to make their arms to be considered as sufficient proof of a returning susceptibility in the constitution to various infectious I think not; it is well known that vaccinated patients after resisting the strongest exposure to small-pox, have, on re-vaccination, exhibited perfect vaccine vesicles. If the protective influence of cow-pock gradually declines, and finally wears out, as has been asserted, we should find that the number of cases of small-pox after vaccination would increase with the distance of time from the period of vaccination, which, however, is not the opinion of those well qualified to judge. The re-vaccinators maintain that if, in a person who has been previously vaccinated, a re-insertion of vaccine lymph produces a well-marked vesicle, a proof is thereby obtained that the anti-vaccinial influence has worn out of the system, and that the individual is now equally liable to small-pox. The position I peremptorily deny. By a parity of reasoning we should conclude that vaccination succeeding in a person who has before had small-pox, is a proof of liability to a second attack of that disease. I also disapprove of using lymph after passing through several years, which has been used in re-vaccination. I have seen cases of small-pox imported into this district where vaccination has been extensively performed for nearly thirty-six years, and I can with strict truth state, that I never witnessed a single case of small-pox after vaccination. If vaccination lost its saving energy, and the protective powers of vaccination decreased, as in a few instances has been alleged, it must surely in this district where re-vaccination is not countenanced there were many favourable opportunities for the development of variola; but I am happy to state that all who have been vaccinated perfectly have resisted small-pox. I think I am justified in asserting that perfect vaccination is permanent in its influence, and sufficient proof has been shown that cow-pock protects the human constitution from the infection of small-pox, not merely for a few years, but for life, and that periodical re-vaccination is uncalled for. Before quitting this part of my subject, I would like to suggest that practitioners should review their early vaccinations; and whenever there is any doubt as to the correctness of the previous vaccination, to repeat the operation; but where no such doubt exists, I do not think re-vaccination necessary, and I apprehend the practice of systematic re-vaccination would prove injurious. Practitioners and parents would thereby be led to pay less attention to the first vaccination, under the impression that any irregularity would be rectified by the intended re-vaccination. This dependence upon a future operation would lead to imperfect vaccination and consequent failures. Then again, should we fail to produce the desired effect, who will be held responsible in such cases—we leave the person in a state of doubt and constant alarm.

It is of the greatest consequence to be particularly careful in the selection of vaccine lymph—a irregularity so slight perhaps as to be unnoticed by the individual who harvests the produce in the next transition a further irregularity, and thus vaccine vesicles, doubtful as to the extent of security they afford, are indefinitely propagated. A very proper question may be asked here—Is cow-pock in passing indefinitely through the hands of the community liable to suffer any change? If this be the case, the word of re-vaccination would lose much of its value, and the vaccine property, though every care be taken to preserve its integrity? This opinion of the failing efficiency in the vaccine is, as far as I know, unsupported by facts, inconsistent with the laws of morbid poisons, and opposed by a most respectable weight of evidence. I can find nothing to show that lymph will not suffer in quality by passing through subjects, and that every care be taken to preserve its purity in every successive transmission, and we shall not be under the necessity of seeking fresh supplies from the cow; and I prefer the produce of the origina
CORRESPONDENCE.

May 21, 1871.

To the Fellows of the Royal College of Surgeons, Ireland.

Gentlemen,—As we are soon to be called upon to listen to the annual report of the college and record our votes for the election of President, Vice-president and Council, allow me briefly to bring under your notice, a few changes which, in my mind, would greatly tend to advance the honour and the interest of our body.

I shall only touch upon three subjects at present, namely—

The Fellowship examination. The stereotyped characters of the Council, and the mode of election for vice-president. The Fellowship should, in my mind, be the award of high professional character and gentleman-like, rather than that of extra professional knowledge, conduct.

As matters now stand, licentiate may be professors or lecturers on any or all of the subjects required for the Fellowship examination, and consequently the instructors of the men preparing for such examination, and thus when those professors are about to become fellows, they may, and probably must have for their examiners their former pupils, the very men they had lately prepared for the same examination. Further, licentiate may not only be professors, but hospital surgeons of high standing. If in the army, they may attain to the highest honours and appointments, even to those of Inspectors-general. And yet such men if they wish to obtain our fellowship, must submit to a public examination and run the chance of being rejected by men, perhaps much their juniors, and far below them in professional standing.

With regard to the second subject alluded to, the permanent character of the council; it seems like the laws of the Medes and Persians, never to change, or if it does, the change is so slow and imperceptible that it escapes observation. We find them there for ten, twenty or thirty years, to the exclusion of youthful, vigorous and eminent practitioners. I blush to tell it, that surgeons of the highest celebrity and of European fame, have been excluded from that Council by party feeling or petty jealousy; need I mention the names of such men as Robert Smyth, Sir William Wilde, or John Hamilton.

The third and last point I would leave to direct attention to, is the mode of filling up the Vice-president's chair. At present, any fellow may come to the conclusion, that he is peculiarly and pre-eminently qualified for the situation, and that his name would tend dignity to the office. In offering himself as a candidate, he is actuated, of course, by a deep sense of duty, and a sole desire to promote the interests of the college. And now for the remedies we would propose.

First, as to the examination for Fellowship, if, as most of us admit, this examination has been from the first a mistake, and if, as we all know, many good men and true shrink from the ordeal, and keep aloof from us or join themselves to other bodies, rather than submit to such a test, then I say it is a duty we owe to them and to ourselves, to press for a change at any cost, any hazard, _fut justitia, rudo caelum_. In reply to this, it will be said by some of our old conservative friends, all very true. There is a great deal in what you say, but our hands are tied up by the charter; let us wait, and the time is not a time for change. It will be waiting for the river to flow by, the time for reform will never come, and our charter, if left to such men, will never be changed.

In regard to the second subject spoken of, namely, the all but life tenure of membership in the Council, I believe a very salutary and satisfactory change might be effected without altering the charter. Let the college in her collective capacity pass a resolution, or by-law, to the effect that it is expedient and desirable that, at least, two members of council should retire every year, say the outgoing president, and the member who has attended the fewest numbers of meetings of council. Or, if the college has not the power to pass such a resolution, or by-law, and I fear their power is very limited, then what would be better and more graceful still, let the Council come to an arrangement among themselves, that two of their number shall annually retire, such retiring members to be eligible for re-election after one year.

By some such arrangement the dignity of the Council would be elevated, and its usefulness greatly increased. It would no longer be looked upon with suspicion and distrust, as a secret conclave to which none but the chosen few have access.

On the third and last point, that relating to the Vice-presidency, I would suggest that no member of the body be allowed to offer himself as a candidate for the office, but
instead thereof, that two or more names be put forward, say one by the Council, and one by the College, at the annual meeting, such names alone to be eligible for election to the chair.

By this arrangement we would insure the appointment of men who would command the confidence of the public and the profession.

In all such matters our great aim and object should be not much to pay a compliment or confer a favour, but to choose the man who would best promote the interest of the body and uphold the dignity of the college, the chosen candidate conforming rather than receiving a compliment in the appointment.

The department of the profession with which I am more immediately connected has, I think, just reason to complain of the neglect attended with which it has been treated, both by the College and the Council. It will be conceded I think, that midwifery has contributed its fair proportion to the high position which the Dublin School of Medicine and Surgery justly holds in public estimation, and yet midwifery has now no representative man in the Council, nor has she had for many years. If we look to the College of Physicians, we find a very different state of things. There, every midwife of mark, has been called to the presidential chair, or placed in situations of honour and emolument. Among the Fellows of the College of Surgeons, we have, or have had, four ex-masters and several ex-assistant masters of the Rotundo Hospital, and yet so far as I know, not one of these men have ever been admitted to a seat on the Council, or raised to the Presidency of the College. The same statement may, I believe be made, respecting the medical staff of the Coombe Lying-in Hospital.

The importance of the subjects brought under consideration, must plead my apology for having trespassed so long on the time and patience of my fellow members. I feel assured that a large majority, both of the Fellows and Licentiates will agree with me, that the matters complained of are blots on the fair face of our college, grievances not imaginary, but real and substantial.

The remedies proposed may not be the most suitable, but if this letter suddenly conceived and hastily written be the means of directing attention to the subject, and inducing men of more talent and experience to give their minds to it, I feel assured it will lead to changes largely calculated to increase the influence and promote the usefulness of the Royal College of Surgeons, Ireland.

I am, Sir, yours &c.,

JOHN DENHAM, F.R.C.S.I.

Merion square, North, Dublin.

Medical News.

Royal College of Surgeons of England.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners on the 15th inst.—viz.:—


Atkinson, Alfred James, L.R.C.P.Ed. and L.S.A., Kew Green.

Greene, Thomas William, Macclesfield.

Horsford, Joseph Alphonse, Penzance.

Herries, Thomas, Eton, Buckinghamshire.

Iredell, Charles Lestringham, Maynooth, L.R.C.P.Ed. and L.S.A., Clifton.

Tayler, Gough, Brighton.

Nunn, Philip William, Gowlett, Caversham road, Newbury.


Tred, Thomas, London Town.

Waldo, Henry, M.B. Aberd., Clifton, Somerset.

Bath, Alexander Joseph King.


Bovill, Edward, James street, Buckinghan gate.


Walsh, Richard Thomas, Rochdale, Manchester School.

Of St. Bartholomew’s Hospital.

St. George’s Hospital, Bristol.

School of Guy’s Hospital.

Birmingham School.

Students of University College.

Smith, George Augustus Cooper Vernon, Paddington, St. Mary’s Hospital.

Drake Cecil, St. Ives, Cornwall, Charing-cross Hospital.

Joseph Hugh Thomas, Galston, Ayrshire, Dublin School.

Johnston, William Murray, Newcastle, New School.

The following obtained the diploma on the 17th inst.—viz.:—


Blaker, Walter Campbell, L.S.A., Crawley, Sussex.

John Henry, Upper Norwood.


Allen, Patrick Joseph, L.R.C.P. Ireland, Mullingar, Co. Westmeath.


King’s Coll.

Kendall, Walter Benger, Stratford-on-Avon.

Corry, Robert, H. B., Middlemore, Carlisle, St. Thomas Hospital.

Mayor, William Lewis, Highgate, London Hospital.

Horn, Ezekiel, L.R.C.P.Ed. Bradworthy, North Devon, Edinburgh School.

Long, John Miford, L.S.A., Stamford, University College.

Simon Arthur Charles, L.S.A., Jersey, St. Bartholomew’s Hospital.

Whittaker, William, M.C.V., M.D. Pennsylvania, Brook street, Grosvenor square.

Seventeen candidates having failed to acquit themselves to the satisfaction of the Court of Examiners, were referred to their hospital studies for six months.

An Ink Plant.—There is in New Granada a plant, Corynaria vulgaris, which supplies us with our common ink manufactures if it could be acclimatised in Europe. It is known under the name of the ink plant. Its juice, called chanchi, can be used in writing without any previous preparation. The letters traced with it are of a reddish colour at first, but turn to a deep black in a few hours. This juice also supplies steel pen and common ink. The qualities of the plant seem to have been discovered under the Spanish administration. Some writings, intended for the mother country, were wet through with sea water on the voyage; while the papers written with common ink were almost illegible, those with the juice of that plant were quite legible. There are several reasons given in consequence that this vegetable ink was to be used for all public documents. — Pull Moll Gazette.

Presentations at Her Majesty’s levee.—The following members of the Profession had the honour of presentation at Court on Saturday last:—Doctors: G. H. Porter, surgeon to the Queen in Ireland, M. Saine, R. H. Bakewell, Beaman, Francis, Hawkins, Minter, Norwood, Lockhart Robertson, Messieurs Prescott Hewitt, Gilborne, (surgeon major), A. P. Hicks, Harry Leach, Macnamara, Paget, Spencer Wells, and W. C. West.

Embzezzling in a Medical Partnership.—At the Marylebone police court recently, Mr. John Pattison, of 37 Gloucester place, appeared in an information for Embezzling money out of the pockets of two doctors, viz: Mr. Thomas Somerville Davey, charging him with embzezzling ten guineas and other monies, which he had received for, and on account of, a partnership to which the said Mr. Davey was a partner. Mr. Williams, the counsel for the prosecutor in opening the case stated, that the parties had been for some time practising together as surgeons in partnership. The defendant had, it appeared, been struck off the register of qualified medical practitioners by the Medical Council. The first witness called for the prosecution was Mr. Spencer Clarke, solicitor, of Whitechapel, Hants, who stated that he paid £57 15s., by check drawn to Dr. Pattison’s order for medical advice which his aunt, Miss Martha Parker, now deceased, received from the defendant in October and November, 1869. Mr. James Walters, of Wolverhampton, stated that his wife was taken ill in 1869. Dr. Pattison attended his wife and charged him a fee of £28 11s., which he paid in gold. After similar evidence from other witnesses, the further hearing was then adjourned until to-day.

The Morning Congou Tea.—Lord E. Cecil asked the Secretary of State for the Home Department whether his attention had not been drawn to a statement recently made by Dr. Dry and before the Commissioners of Sewers, to the effect that 600 half chests of so-called Morning Congou tea, described as composed of broken down and rotten leaves of tea and other plants mixed with earthy matter, and iron filings, had been sold by pretending they were being sold at the Commercial Sale. The answer stated, that during the last month and another, in view of a very similar sale having been the subject of legal proceedings last year, the right hon. gentleman, proposed to do anything towards the protection of the health and pockets of all classes
NOTICES TO CORRESPONDENTS.
May 17, 1877.

of her Majesty’s subjects, both by assisting to bring the present offenders to justice as well as by redeeming the assurance given by him that he would not session that he would remove the whole subject of adulteration his best consideration, in order to bring about an improvement of the existing law. (Hear, hear.) Mr. Bruce said he had not had time to make proper inquiry into the facts of the case, but, supposing them to be as represented, he thought the Department for Criminal Government should not be prosecuted by the solicitor to the Excise. The second part of the question would be best considered when they came with the report of the Royal Commissioners.

A new Cure for Rheumatism.—We wonder how many invaluable “cures” there are for “rheumatism,” just as we wonder how many diseases there are called “rheumatism,” because the doctors think of no other name for anything, and the last treatment for this mysterious complaint is to give the patient a teaspoonful of salt and water, and then to place a pinch of salt in each of his stockings. As no medicine is good for anything which will not overthrow at least two entirely different diseases, we are to announce that the salt and water and the salt in the stockings have been found equally efficacious in cases of fever and ague. The general principle seems to be that if salt will cure meat it will cure anything, and it is about as sensible as a great many medical principles now in vogue.—New York Tribune.

The Sanitary Condition of Germany.—Rumours have been circulated of Germany, and especially the towns on the Rhine, have been visited by infectious diseases in consequence of the war, the numerous hospitals, and the transport of sick and wounded. The Daily News has been requested to state, that investigations set on foot by the several German Governments have proved that these reports are entirely without foundation. According to Dr. Freirichs, the eminent physician of Berlin, the present sanitary condition of Prussia is satisfactory. There is no report of epidemic and other infectious diseases, and small-pox, which prevailed among the French armies, and in some places also among the civil population, has everywhere decreased. According to the same authority there can be no reason to fear infection from the railway carriages, as special ambulance trains, composed of good coaches, have always been used for the transport of the sick and wounded. In those quarters who have been disinfected after every occasion of using them. The results of investigations made by the Governments of Bavaria, Wurttemburg, Baden and Hesse, are equally satisfactory, as is testified by eminent medical authorities, such as Dr. von Scanzoni and Dr. von Bamberger, in Wurttemburg, Dr. von Habel, Dr. Elhmers, in Baden, Professor Friedrich in Heidelberg, and Professor Kussmaul in Freiburg.

NOTICES TO CORRESPONDENTS.
Dr. Bell Taylor’s letters in type are unavoidably crowded out with other matter from this source.

Balarat’s Clinical Lectures will be continued in our next. The subject being “Diabetes.”

M.D.—We will record a certain from a competent authority and let you know our next number.

Mr. T. E. Bunbury—Thanks.

Dr. Duguid.—In our next.

Dr. R. E. Dugaldson.—”On Subcutaneous Vision,” received.

Practical Obstetrics.” No. II. By Francis E. Clarke, B.A., M.B., &c., next week if possible.

M.D.—The writer you name has been dangerously ill with typhoid; he is progressing slowly from it now. The English Analytical Society of Blood.—The engraver having disappointed us with the wood-cuts, we are reluctantly compelled to hold over Dr. Leathes’ subject in this number.

TINCTURE OF HYOSCYAMUS.
To the Editor of “The Medical Press and Circular.”

Sir,—Referring to an article which appeared in a recent number of the Med. Press and Circular on “Tincture of Hyoscynum” by Mr. Donovan, we wish to point out that he is mistaken in the statement that “the British Pharmacopoeia” gives no information as to what constitutes the tincture of the hyoscynum from which the tincture is to be made.

The instructions of the “Pharmacopoeia” are as follows:—“Hyoscyamus Folia. The fresh leaves, with the branches to which they are attached of Hyoscynus Nigra, Linl., also the leaves separated from the branches, are collected, washed, and dried in the sun. The collected British biennial plants when about two-thirds of the flowers are expanded.” By which it is plain that as the biennial plants flowers only when two years old, it can only be plants of a year old that are to be collected in the preparation of the extract and tincture.

We cannot too earnestly supplement Mr. Donovan’s remarks as to the importance of using only the tincture and extract which are made from British biennial plants of the second year’s growth. A very large quantity of inferior and even hyoscynus leaf and extract, produced from the annual plant, is yearly introduced into this country from the Continent, and the fact that it is sold and dispersed throughout the country shows that some pharmacists of the United Kingdom do not follow the “Pharmacopoeia” so closely as they might. Yours very faithfully,

Sorrell, Son, and Demoll, Manufacturing Druggists, &c.

VACCINO-SPORTHILIS.
To the Editor of “The Medical Press and Circular.”

Sir,—I am not able to enter into details this week on the subject of small-pox and in reference to Southampton vaccination, although there are some of a peculiar character. I hope soon to relate them to you in full. To-day I have received information from the reports to me by the Registrar, who has at all times given me the fullest information on the sanitary condition of the town. The number of deaths from small-pox during the four weeks ending respectively:—

April 20th: 22
May 12th: 24
May 20th: 19

making 17 less during the fortnight ending May the 20th than that of the preceding fortnight. The number of cases in the public hospitals about the same (60) as at the end of last week, but those I have visited much milder.

I am, Sir, yours sincerely,

Southampton.
E. H. R. H. A. R. E. M. D.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.
Our Baths and Wells. By John Macpherson, M.D. London: Macmillan and Co. 8vo. 2s. 6d.


VACANCIES.
Queen’s Hospital, Birmingham. Resident Physician and Medical Tutor. Salary £100, with hospital allowance.

Selford Hospital, Manchester. House-Surgeon. Salary £150, with hospital allowance.

Salop Infirmary, Shrewsbury. Resident House-Surgeon. Salary £150.


Dental Hospital, London. Assistant Dental Surgeon. Salary £80.

London School of Tropical Medicine. Lecturer on Medical Dentistry.

Southampton Free Hospital, London. Physician for Out-patients.


Cape Copper Mines. Assistant Medical Officer. Passage out and home provided.

North Stafford Infirmary. Resident Medical Officer. Salary £50.

APPOINTMENTS.

Luton, Mr. Resident Medical Officer to the Norwich Dispensary.

Luty, M.C., Surgeon-Dentist to St. George’s Dispensary, London. M.R.C. S., F.R.C.S., Resident Medical Officer to the Royal Portmouth Hospital.

Matthews, J., L.R.C.P.Ed., Medical Officer to the Tullivin Dispensary (in liquidation) of the Pentonville Union, Co., Cavan.

Nicholson, W., M.D., L.R.C.P.Ed., has been appointed (temporarily) Assistant Medical Officer to the Stockwell Fever Hospital.

Philips, H. M., L.R.C.P.Ed., Medical Officer for the Catherham District of the Heaton Union, Oxfordshire.

Reyn, T., L.R.C.P.Ed., Physician’s Assistant, Resident Medical Officer, Manchester.

Roy, W. M., F.R.C.S.I., Examiner in Midwifery and Diseases of Women and Children to the Royal College of Surgeons in Ireland.

Thorn, B., M.B. C.U., House-Surgeon to the Essex Hospital.

Watling, J., W. H., M.R.C.S.E., Medical Officer for the Childwall District of the County Infirmary, Liverpool.

Wilson, T., L.R.C.P.Ed., Medical Officer for the Sutton and Cheam District of the Epsom Union, Surrey.

Young, W., L.R.C.P.Ed., Assistant Director of Dunston Asylum, has been appointed Lecturer on Psychological Medicine in the New- castle College, Durham University.

Wydem, E., L.R.C.P.Ed., Medical Officer for the Fonthill District of the Shaftesbury Union.

Marriage.

Stevenson—Evans.—On the 11th inst., at St. Mary’s, St. Neots, Wm. Stevenson, M.R.C.S.E., of Beverly, to Harriet Emma, daughter of John Jewels Evans, Esq.
On Spectrum Analysis of Blood-Stains.

By H. C. Sorby, F.R.S., &c.

The Lancet of last Saturday (May 30th, 1871, p. 693) contains an article on the above-named subject, the whole bearing of which is to the effect that this method cannot be relied upon in such inquiries. Now, I think myself entitled to express a very decided opinion on the subject. I have for some years devoted the greater part of my time to investigations by means of the spectrum-microscope, have examined many hundred different spectra, and seen those of the colouring matter of blood and of the various compounds derived from it, times without number, and all that I can say is that, as my experience has increased, so much more has increased my confidence in the recognition of blood by this method. Of course, an inexperienced observer could not be trusted, no more than anyone ignorant of chemistry could be relied on in detecting poisons. I must be pardoned for saying that I can only explain the remarks in the Lancet by supposing that the writer is not conversant with the subject; for how otherwise could he say that "no discovery has yet been made by means of these (absorption) spectra," when so much light has been thrown on the behaviour of blood in presence of oxygen and other gases; and when there have been discovered in some of the lower animals, other substances than haemoglobin, having similar properties, and supplying its place, besides some hundreds of different colouring matters in animals and plants, which could be studied in any other manner. Moreover, it appears to me that, if the writer ever saw the spectra of blood, it must have been under most unfavourable circumstances—he must have examined a bad preparation, with an unsuitable instrument, perhaps out of focus. I cannot otherwise understand how he could say that "all that is to be observed is a little dimness here and there in the spectrum. The dim spaces, which are not sharply bounded, have been dignified with the name of absorption bands." Now, I would undertake to show the writer in a few minutes, that the absorption-bands seen in the spectra of oxidised haemoglobin and deoxidised hematin, instead of being a mere dimness, are as black and distinct as could be desired. He would see that they are as well defined as if we had a piece of a rainbow on paper, and marked bands on it with the blackest ink. I willingly admit that, in the case of some substances, absorption-bands are indeed faint, or quite absent; but that fact, amongst many others, only serves to distinguish them still more certainly from blood.

My general conclusion is that it is the fault of the experimenter himself, if, except in a few special cases, he fail to recognize a blood-stain containing only the hundredth of a grain of blood, and if he do not easily recognise one that has been kept dry, even for a period of fifty years. For a description of the method to be employed in various cases, I refer to my paper on this subject in Guy's Hospital Reports, 3rd series, vol. xv., 1870, p. 374, and to Dr. Lethby's paper in the third volume of the London Hospital Reports.* Of course, I do not pretend to say that human blood can be thus distinguished from that of other animals, but I unhesitatingly say that we can distinguish blood from all other animal and vegetable colouring matters.

Surgical Notes from the Franco-Prussian War.


The great mortality following amputations during the late war on the Continent, has been noticed by many ambulance and military surgeons attached to both contending armies, and accounted for by them in various ways, viz: The prevalence of pyræmia where numbers of suppurating wounds are in close contact.—The shock to the system from the severe nature of the wound inflicted by the conical bullets.—The inferior accommodation in many

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* Dr. Lethby's paper, which we had previously announced, is post-poned until our next.
cases, and scarcity of medical comforts for the suffering soldier after operative interference, besides the general unhappiness produced by the absence of the injured limb, have various other hardships consequent on active military service during times of war. Much reason may be deduced from such observations, and to a certain extent their philosophy holds good. At the same time it must occur to any one who reads a statistical account of a number of mixed cases, that very favourable results are yielded by resection, as compared with amputation in different members; this has been the universal experience of all foreign troops, and, in consequence, contact with, as well as my confères in the Ambulance, and to such an extent has the idea gained ground, that amputation during the latter months of the war became less frequent as compared with the beginning in the proportion of one to two, and wherever it was possible to practice resection, even though the wound would appear larger, the laceration of parts considerable, and apparently marked by pus, the operation was preferred, and deemed to be more successful in its results than the greater loss of substance consequent upon removal of the limb. This was especially shown in secondary cases, and in bullet wounds of the head and neck of the humerus. I have frequently seen over three inches of the bone taken away, followed by a considerable amount of power in the arm, and the constitution of the patient not suffering noticeably. The statistics I refer to are collected from different towns I passed through, though imperfect in themselves and taken by the hospital officials with perhaps but little regard to accuracy, may serve in a small degree to illustrate what has been the experience of the war. The statistics taken from the hospitals at Chateaudun, where the Ambulance was located, I can alone vouch for being correct, as is evidenced by their corresponding with the official reports given in to the French Government of the wounded which have been accounted for there. It does not include those attended to at different scenes of action, where, from the pressure of work, it was impossible to note down the precise operations performed, or to know their subsequent history, in consequence of their being changed into other hands. In the General Hospital, Orleans, during the month of December, thirty-five amputations of all kinds were performed, of which but nine recovered. Of forty-eight resections, thirty succeeded. In the neighbourhood of Loigny, eighteen amputations were performed by military surgeons, four of these were at the hip-joint, and died within a few days; of the remainder, five recovered. Twenty-five resections were performed in the same locality by M. Beaunet, Professor of Military Surgery in the French army, nineteen of which succeeded, owing, perhaps, to the superior skill of the operator, for many of the cases were revealed to him, after the General Hospital, Chartres, during the same month of December, out of twenty amputations performed, but one case of removal of the forearm survived. I could get no better account of their resections than that they had many deaths, but most of them got on well. In the hospital of the Grand Hotel, Paris, they could only say that their amputations were nearly all fatal, but they spoke of their resections as having succeeded. In the hospital of the Foreigners, I was shown two cases of resection of the knee-joint and one of the hip almost completely cured. As may be supposed, the most fruitful cause of death in each locality was pyemia, marked, however, with a few peculiar symptoms which I have not before observed. After the usual rigors and hectic had passed over, the patient became bathed in the most profuse perspiration; the water would keep constantly dropping from his hair, and even the blankets covering him would sometimes become soaked. All the tissues surrounding the wound would soften down into a black mass, the blood would flow in a torrent, and a great abundance on the charpie dressing. Overcome by exhaustion the patient would at length sink, and after death the large pyemic abscesses would be discovered in his lungs.

The class of wounds most productive of this disease and least amenable to treatment, are bullet wounds of the tarsus and small bones of the foot. They are very frequent, and sometimes rather puzzling to deal with, for it is not always easy to say the amount of injury done, when to take such measures as to adopt when seen for the first or second time. If the wound be far back, or in close proximity with the ankle-joint, or if there be any evidence to show that the astragalus has suffered, it is rather a hopeless matter trying to save the foot; on the other hand, if the office of entrance and the aperture of exit of the ball be not large, and if there be no external sign of the injury done to give the patient an adequate idea of his danger, he may not be willing to submit to amputation, and from the cancellous structure of the bone in this neighbourhood, delays are dangerous, as the case becomes a secondary one, and pyemia will very likely set in. Inflammation may also extend itself and the joint being disorganised, thus precluding the possibility of performing a good "Syme." Sometimes after the battle of Drury I received four cases of this kind. From the way I have described the entrance of the wound, in one case the ball entered from behind, passed through the ankle-joint and came out anteriorly smashing up the tarsus. In another, the ball passed through the external malleolus obliquely downwards through the joint and came out about the instep. In a third, it entered a little in front of the ankle and passed out by the tendo-Achillis. In all the three there was much inflammation, suppuration following up the shanks of the tendons, and considerable suffering both night and day. Each of them I amputated below the tubercle of the tibia. The first case got pyemia and died on the third day. The second suffered considerably, from the crest of the tibia having accidentally protruded itself through the skin anteriorly, also from a large abscess about the stump. Eventually, however, the small crust of bone came away, and he recovered. The third got well without any bad symptoms whatever.

On returning home I met a young lieutenant of the Mobiles, with him the ball entered a little posterior to the spur of the fifth metatarsal bone, and came out directly under the tip of the internal malleolus. I considered this one a favourable case for Syme's operation, and according performed it. For some time he proceeded favourably, but unfortunately, during the third week after operation, when I looked forward to the case having a most successful issue, he got pyemia and died.

From time to time I have had several cases where the wound was not so directly connected with the ankle-joint, and where it was possible to extract the fragments without necessitating amputation. For instance, if the os calcis alone was the seat of injury, it is quite possible to excise that bone and leave the patient a useful foot, notwithstanding the fearful concussion of parts occasioned by the fall. I have known the bone be split up into small fragments, which I carefully removed with the assistance of a bone forceps, and afterwards kept the wound constantly sponged out with a solution of carbolic acid. In three weeks it had granulated up, and I left him doing well.

In another case, the ball passed across the foot through the cuneiform and cuboid bones without making any perforation of the skin, and yet it caused much suffering. In fact, I was shown that the fractured bones became locked in such a manner as not to admit the entrance of a probe; and it was impossible to say what direction the ball had taken, or what was the amount of injury done. In order to preserve the extensor tendons, I was obliged to make longitudinal incisions and retract the parts. It was only then I could perfectly understand the nature of the case, and what was required to be done. After much trouble and
unreserved use of the bone forceps, I succeeded in leaving the wound tolerably clear, though at the same time leaving a complete gap between the remaining parts of the tarsal bones. In about a fortnight after the operation, having each day kept the parts well sponged out with carbolic acid solution, the wound took on a healthy action; the foot became shorter, the incision more contracted, and two months after the receipt of the injury, when I last saw him, he had dispensed with his crutches, and was walking about as if nothing had happened.

(To be continued)

OBSERVATIONS ON THE CLIMATE OF SYDNEY, AUSTRALIA.*

BY W. WALTER J. CARROLL, L.R.C.S.I., &c.

In regard to our climate, and its influence on consumption, I think I did not put my views clearly before you. From experience I find that there is rather less consumption in Sydney than in Dublin pro rata. Further, that cases with phthisis well-marked do, on landing here from England, improve very much. Though this would be sufficient to make the reputation of any sanatorium in France or Italy, it does not equal the advantage which the same or similar cases derive from a lengthy sojourn on our Tablelands. The air on the chain of mountains which form our barrier range, which runs somewhat parallel to the East Coast, and at an average distance of 60 or 100 miles, is particularly dry, crisp, and invigorating. Persons who have time or means generally contrive for health or recreation to get a few weeks in this delightful climate every summer. Touching on this subject, I may notice the great benefit I have gained in cases of undoubted phthisis by the use of amenic. Another peculiarity of this climate is, when persons are resident here for sometime, they sink very quickly under acute diseases, and require very much more support by diet and alcohol than at home. In fact, it is rare to find true sphenetic disease. Of pneumonia, I never saw a case improve by depletion; whereas, in my practice in five years, I have not lost a single case. You will wonder, perhaps, when I tell you my first effort in cases of this disease is to cinchonise the patient. This may be done in twenty-four hours by giving 5 grs. quinine every third hour.

If you have never tried this means of treatment, I would wish you to select the very worst case you meet, and let me know your experience. My experience of this drug in very large doses is, that it reduces the pulse 30 or 40 beats in the minute after cinchonism is established; it relaxes the skin, the tongue cleans, expectoration is easy, and quickly becomes normal in colour and quantity. From the half of a lung being in a state of perfect peristalsis, and the expectoration a bright crimson, I sent the patient to work on the sixth day quite well.

Just at present I am unable to furnish you with a paper as desired; I hope, ere long, to have a little more leisure for a digest of my work. This is our pleasant season (October)—a time of transition—our short and very welcome spring. We will soon have the very hot weather, with the dreadful hot winds and sudden variations of temperature; in one hour the glass has shown a fall of 40° Fahr. Still, the climate is very salubrious. I am satisfied most of the diseases in Sydney are miniscule, and consequently, under good sanitary arrangements, might be much lessened. The municipal body have here, as all over the world, a great reliish for the vis inertia; as a consequence, a living is provided for the profession, and typhoid fever meets us everywhere. The mortality from this disease ought not to be great; I fear there are many in practice who do not understand it, or fail to recognise it, until it has produced some severe lesion.

* In a letter to Dr. Hayden, Dublin, and read at the Meeting of the Medical Society of the College of Physicians, May 17, 1871.

CLINICAL MEMORANDA.

BY JAMES MARTIN, F.R.C.S.I.

Mrs. D.—a farmer's wife, aged thirty-four years. I was sent for to see her, about midnight, February 17th, 1871. I found her sitting up in bed in a state of great alarm, and violent dyspepsia; anxious face; loud bronchial rales, and complaining of severe pain between the lowest points of the scapula. She stated that she was about seventeen months pregnant, and in her fourth pregnancy. The thing most remarkable had occurred during the three previous ones, but that two months ago her legs had become oedematous; that during the last month her respiration had been gradually getting more difficult, but was worse on this night than at any previous time. She complained of weight about the loins, and great sense of lassitude, with cramps occasionally in her legs.

Urinary沉tive pulse, 100—full and firm.

On examining the chest, I found that the bronchial tubes were free, and though the murmurs were loud and the dyspepsia so great, there was not sufficient congestion or effusion into the tubes to account for it. I then examined the urine, and found it so albuminous that the cough amounted to two-thirds. Under the microscope it was found full of tube casts and epithelial cells. I ordered mustard plasters between the shoulders and over the kidneys, a small dose of compound powders of jalap, and a mixture of the acetate of ammonia and citrate of potass.

I continued this treatment for three days, when finding that she was again attacked with paroxysms of dyspepsia, I applied two leeches over each kidney, followed by hot linseed poultices, and twenty-five grains of hydrate of chlorate at night.

On the 21st February she was much relieved by the leeching, and had good sleep after the chloral draught; could lie down all night. Pulse, 105, full and firm; urine still highly albuminous. Continue the poultices; to have six grains of iodide of potass every four hours; a draught containing twenty-five grains of hydrate of chlorate occasionally, and three leeches over each kidney.

She continued improving, but not quite free from dyspepsia, and her legs still greatly swelled, until March 5th, when she was prematurely confined. The labour went through naturally and easily, and the child, though delicate, lived for some weeks.

I continued the treatment steadily for three weeks, when I substituted the perchoride of iron for the iodide of potass. The urine became gradually normal; the dyspepsia left her, the swelling of the legs disappeared, and I saw her to-day, May 14th, perfectly recovered.

This case shows the advantage of ascertaining the state of renal congestion in an early stage, as in all probability had the treatment pursued been adopted, she would have had bad convulsions during her labour.

PHYSICAL EXERCISE.

BY HENRY MCCORMAC, M.D., L.R.C.S.,
Consulting Physician to the B.I.A. Hospital.

The Oxford and Cambridge Boat-race has come and gone, and the young men have gone back to College or gone home. I do not wish to appear cynical, but the display, at least, appears to me in excess of its dignity, as a mere racket of exhibition, boat-racing or other, as they did a few years since, when the Hammersmith Bridge gave way under the immense crowd that collected to see a clown in a tub drawn by some kind of birds; but why ought people needlessly to make an exhibition of themselves at all? It is all very right for the young men to row, and for people to look at them too, if they will; but let it only be done in the quiet,
unobtrusive, private fashion, now in one place and again in another, but not always on the Thames. A life with some excitement in it is very proper; but neither as means or end do I think boat-racing exactly the right basis for producing it, at least, on such a tremendous scale, and in such subjects.

I cannot imagine any sustained mental study or discipline at all compatible with such boat-racing and its pre-eminence, and a gymnastic exercise, involving such an expenditure of effort, at an age so early, can hardly be conducted and sustained without the risk of some, more or less, injurious after-consequences. I am myself an advocate for moderate gymnastic effort, as a means mostly, as an end only partly. I believe it is a consummate blunder to neglect the body, its health, and development; but I do not see anything in it needlessly to make a show of. The young men are sent to Oxford and Cambridge not precisely, I submit, to learn to row. Rowing, indeed, is capital, by the way; but not, as in this case at least, to become, for the moment certainly, the very aim and end of one's existence. It is needless here to cite or parody the language of the oar, but if one could dissect these young men's minds, the terms appropriate to boat-racing, to boats, and those engaged in boating, or concerned as actors or spectators, would certainly and necessarily be found there, almost their only thought. The pursuit, I conceive, is too costly, and the prize too small, for such an enormous expenditure. There is a misdirection of effort, to the extent, at least, to which, under the given circumstances, it is unavoidably carried, and there is the risk of other excesses quite as undesirable. In short, anything that interferes unduly with mental culture, after all, I believe, the real end and object of Oxford and Cambridge life, cannot, or at least ought not to, receive our unqualified commendation. I would gladly yield these noble young men of Oxford and the Cam my heartiest commendation, not for racing in boats, however, but for races in the sciences of mind. I would like to consider them as I would my children, and, like my children, rescue them from harm. Boating, as a form of manly effort, has my hearty commendation, but hardly to the extent of making it the end and aim of one's academic career. There is strain enough on the period of early adolescence, without consuming the energies of body and soul to such an extent on boat-racing. It was said among the Greeks of old that those who in youth had much excelled in the Olympic games never excelled in anything else subsequently. It is very well to feather one's oar, but not, as thus, to feather one's hat. And if our early years be given up to earn distinction in mere boat-racing, it will hardly be found very compatible with academic or, indeed, other distinction afterwards.

DESCRIPTION OF DR. CASANOVA'S TOCOLOGICAL FLEXIBLE FORCEPS.

By Dr. Tuthill Massy.

During one of my friendly or professional visits to the late Dr. Casanova he drew my attention to two woodcuts illustrative of his flexible forceps, which he felt anxious to bring before the profession in England. The illustrations were intended for a work in part printed, but not published. The chief part of these sheets, which were named A Compendium of Tocology, were worked into and published in his Contributions to Physiology and Medical Jurisprudence, which has had a very large sale on the other side of the Atlantic.

In the fifth chapter of the Compendium, "On Instrumental Labour," the flexible forceps is thus introduced—

"When medicines have failed, and the efforts of nature are insufficient to bring forth the child, instruments must necessarily be employed; e.g.,

"1st. When there are protracted unnatural presentations of the head:—2nd. When disproportion exists between the child's head and the passages, or when there is a deformity of the pelvis;—and 3rd. In cases of extra-uterine conception.

"In long-standing locked-head in the pelvic strait, the head is locked or impacted when it has advanced some distance into the pelvis, and cannot proceed further; and when it is immovable, except upwards in the cavity. Whenever the head becomes thus impacted, it acquires the form of a wedge, or like the key of an arch. In this case the flexible forceps should be applied as follows:

"The patient lying on her left side over the edge of the bed, or on her back, as circumstances may require, you should bend one of the branches of the instrument and hold the two extremities together with your right hand; the bent part, being pressed and guided by the left, will be introduced to the face of the child, or over the occuput, according to its position, that you may reach the inferior part of the chin, or that of the occiput. The head being thus seized, you will be able to extricate it by pulling towards you in the most favourable direction: should one branch be not sufficient, introduce the other on the opposite side of the former; and when you are assured that both branches are properly placed, you can move them in any direction you please, and perform the necessary rotations to extract it with safety. (See Plate I, fig. 1, and its corresponding numbers.)"
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You will succeed in bringing forth the infant without any injury to it or to the mother.

For more than twenty years I have been in the habit of using this kind of forceps exclusively, and the experience of that time has taught me to appreciate its utility from the successful results I have obtained with it. (See the description of the end of this work.)

This description has not been printed, but we have got a few sheets in manuscript by which our readers can fully comprehend the utility of this discovery. Dr. Casanova writes:

"Description of a Teological Flexible Forceps and a Flexible Cephalo-extractor, showing their use and application, with engravings.

For want of a better term I am compelled to retain the name of forceps, though forceps, literally speaking, means a pair of pincers or tongs, differing in every respect from the one which I am about to describe.

The first of these instruments (Plate I, Nos. 1 and 2) can be used in almost every case in which the common metallic forceps is generally employed to remove the head when locked in the pelvic strait.

The second (Plate II, fig. 2 and 3) has for its object to seize the head and to extract it when it has been separated from the trunk.

It is unnecessary for me to praise the utility and advantages that either of these instruments have over those previously invented for the same purposes, such as the horrible crotchet, hook, or fork; the lever, prop, or fulcrum, and the iron forceps or tongs, whose forms and dimensions have been considerably and successfully improved by accoucheurs of different nations. The successful results obtained in my practice, as well as in that of others, is a sufficient evidence in favour of the flexible forceps as to the easier application, and to the security and safety of its results, both to the mother and child, where no injury whatsoever can possibly be effected in the hands of a skilful operator.

It was quite accidentally that I became acquainted with this valuable discovery, and yet I cannot claim the merit of originality, for I have seen, since that time, a description of a similar one published by a Spanish physician, whose name I have not been able to ascertain, though I possess his memoir on the subject, which I have obtained without title-page. In this memoir I see that the first operation successfully performed with the flexible forceps, by its original inventor, was on the 13th of June, 1796, in Barcelona, capital of the province of Catalonia, Spain, where he treated many similar cases up to the year 1798.

"My discovery was as follows:—During a visit to a friend in the country, near the city of Manila, Philippine Islands, in 1830, I was requested to see a native woman of thirteen years of age, who had been several days in labour and unable to be exonerated from the child. On examination I found the head was locked in the passage, owing to the narrowness of the pelvic outlet, in the form of a wedge or like the key of an arch; that the position of the head was laterally on the right, with the face towards the pubis, and that from the weakness of the expulsive efforts of the uterus unaided nature was unable to effect the expulsion of the child. It was, then, absolutely necessary to employ mechanical means to assist nature; to effect which I made several manual attempts to remove that impediment, but all efforts were in vain. Being destitute of instruments, and too far from the reach of any, I took a piece of green rattan, the native name for a kind of reed or genus Ariadne, about three feet long, and reduced it to three-tenths of an inch in breadth and one-tenth in thickness. The natural flexibility of this material allowed me to bend it in different directions without breaking it. Having previously smoothed round its edges, and watching a favourable opportunity, I was able to introduce it into the passage and seize the head under the chin by its middle and inferior part; but its lateral position prevented me from making any rotary movement in order to bring it forward as much as it was required, the instrument having slipped several times from under the chin towards the throat. I was obliged to introduce another piece of rattan similar to the former, towards the opposite side of the former, seizing it round the occiput. Thus having the two pieces introduced and placed as above stated (see Plate I, Nos. 1 and 2), to my great astonishment I succeeded in removing the said impediment and bringing forth the child alive without the least injury to it or to the mother.

Since that time I have had several opportunities in which I have successfully employed the same method in similar cases, and also for extracting the head when separated from the trunk. Both instruments have improved in the material, the description of which is as follows:

"PLATE I.

"Fig. 1.—Represents the head seized with the double forceps, and the manner in which it is extricated from the pelvic strait.

"No. 1. A single forceps seizing the head round the middle and inferior part of the chin.

"No. 2. A do. do. seizing the head round the occiput.

"No. 3. A frontal safety check-band, to prevent the forceps from receding, and choking the infant.

"Each of these forceps is composed of a piece of whale-bone about three feet long, three-tenths of an inch in breadth, and one-tenth do. in thickness; of two silver rings at their extremities, well fastened, and the whole well polished."
The concluding meeting of this Society was held on Friday evening, May 5th.

Dr. Albert J. Walsh, President of the College, in the Chair.

The President expressed his regret that two gentlemen who had intended to bring forward papers were unable to attend. One of them, Mr. Croly, was prevented being present by the lamented death of his brother; the other was Mr. Tumul, who had been called away from town. Perhaps, under these circumstances, Mr. Stokes would favour the Society by mentioning the particulars of two interesting cases which had recently come under his observation.

Hernia.

Mr. Stokes said the two cases referred to came under his observation at the Richmond Hospital, and one was still there. Both were illustrative of the difficulties that sometimes attended the diagnosis of strangulated hernia. The first case was one that had been admitted to hospital ten days before. The patient, a female, aged thirty-five years, stated that three days before her admission she received a kick in the groin; that it was followed by the next day by a lump, which was somewhat larger at the time of her admission than when she first observed it. All the symptoms of strangulated hernia were present. There was constipation; continual vomiting and retching; nothing would stay on her stomach; there was great tenderness over the abdomen; and there was in the situation of the femoral ring a globular tumour, which had all the external appearance of femoral hernia. In fact, at first sight, no one would doubt that what was there was a case of strangulated hernia. But when the symptoms that accompanied it were considered, the only thing that made him doubt as to the nature of the case was the history which the woman gave—namely, that she came on after the injury she described. He was not alone in the diagnosis he made; and, indeed, it was illustrated by the President to the Society, by attending the case. He was of opinion that it was a strangulated hernia, and that Mr. Hamilton entertained a similar opinion. Mr. Adams, he thought, did not see the case. It was determined to cut down to the tumour; and, if it was strangulated hernia, to deal with it in that way. He made the usual incisions, and came down in a short time on what was nothing more or less than a large glandular tumour in a state of great inflammation. He removed, and the patient's symptoms subsided immediately, the wound healed, and the patient returned home perfectly well. The next case was one of true strangulated hernia. The patient, a female, was admitted into hospital three days previously. She stated that she had had hernia over sixteen years; that she never gave her any uneasiness; that she sometimes returned of itself; that when she woke in the morning she had gone back, but when she rose it came down again. About four days ago she said it was accompanied with a great deal of pain, did not go back, became hard and painful, and she had some sickness of the stomach. She applied to Dr. Torney, who put her under the influence of chloroform, and succeeded in returning the hernia. Shortly afterwards it came down again, and he made a second attempt to return it this time failing. He then sent her to the Richmond Hospital, and her condition when admitted was one of extreme prostration; there was continual vomiting of greenish matter from the mouth, and large quantities of indigestible food; and the knees were drawn up, the pulse was feeble, and her general state one of great exhaustion. The hernia was of enormous size, and this was an important point in the case, for large femoral hernia in females was rare. Every month, at the hospital, when distributing chloroform, they had an opportunity of seeing the patients' descriptions; but he had never seen such a large femoral hernia as was presented by this woman. The tumour was fully the size of an infant's head. They determined to have recourse to every expedient rather than lay open such a large tumour, and expose so great a surface of peritoneum; and, although the symptoms were of such extreme urgency, as would have induced many surgeons to operate early in such a case, it was thought better to defer operative proceedings until the effect of injections and warm baths had been tried. Purgative enemata and warm baths were given, and the patient recovered. The patient's intestines subsided, and the tumour, with the intestines, were returned to the abdomen, with the aid of chloroform, but without success. The next morning, however, on calling at the hospital, he was glad to learn that the patient had had a motion from her bowels. This made him determine to continue the enemata, and also to follow the advice given by Sir Ashton Cooper of giving purgatives by the mouth. They gave senna and sulphate of magnesia as purgative enemata, and also gave her the red mixture of the hospital, by the mouth. The moment she took the latter the vomiting completely ceased, and that day she had two more motions, in the evening, the bowels moved (in the morning the tumour was quite soft and flaccid: all the pains had completely subsided, and the patient's countenance had lost the anxious expression she had at first, and that day he was glad to find she was still improving. The bowels were now perfectly regular, and, although he had heard, he had no doubt it would eventually do what it was formerly in the habit of doing—namely, returning of itself without any taxis. If that occurred they would take every means in their power to prevent it coming down again. The particulars of the case were not all cases of hernia, and followed out the rule of Mr. Hey, of early operation in strangulated hernia. It showed that even where the symptoms of strangulation were extremely urgent, there were cases in which they were justified in deferring operation until less hazardous means had been had recourse to.

The President said the Society was much indebted to Mr. Stokes for having brought forward these important cases.
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The year ago he (the President) had a case similar to the last case mentioned. The tumour was larger than a child’s head, and, when first saw the patient, her symptoms were con- tinued for some days, and the body had not had a motion for four or five days, and extreme ten- derness over the tumour. The treatment adopted was purgative enemata, and purgatives by the mouth, and she got perfectly well. He was unable, however, to return the bowels, and it was done without success in his case, but feared he would be disappointed.

Professor Hargreave asked whether the tumour in the first case was in the ring. Mr. Stokes.—It was just over the ring, not in it.

Dr. Hargreave said that some years ago a woman was admitted to the City of Dublin Hospital with most urgent symptoms of strangulated hernia. Dr. Gogheghan was rather chary in operating; but on consultation it was determined to perform the operation, and he did so in the usual way, skilfully, and stringently. He cut down a small tumour that was just outside the femoral ring. He freed the structure, but the tumour could not be returned. He then laid it open, and it was found that it contained but a very small quantity of serum, and that it communicated with the cavity of the abdomen by a small opening. The case was deserving well, whether we had the operation. They were to Trinity College, the case of a lamplighter, who also had a tumour that went down to his knees. Should he like to know was cold applied to the tumour by Mr. Stokes? Mr. Stokes.—No.

Professor Hargreave said that in the City of Dublin Hospital they found that cold applied judiciously was a good application.

Mr. Wharton, V.P., said it must occur to every surgeon that there was extreme difficulty in deciding between a tumour in the groin and a hernia. It was a remarkable fact, illustrated by the first case mentioned by Mr. Stotes, there might be symptoms of hernia, and yet no hernia present. That tended to show that symptoms of hernia might depend on certain conditions not peculiar to hernia itself, and this was calculated to make the diagnosis of hernia not complete. In Mr. Stokes’s case, as soon as the gland was removed all the symptoms of hernia disappeared. With regard to the second case, it was very remarkable, because the great rule laid down with regard to femoral hernia was to operate early, and this case showed that there was scarcely anything positively true in surgery. Almost every case of the surgeon had to deal with was so considerable or so exception. The only rule that invariably held good was that when a man had a stricture he ought to have an instrument passed, or the stricture would return. Many surgeons would have operated almost at once in the second case; but the course Mr. Stokes had taken was attended with beneficial consequences, as it was found that there were some cases of femoral hernia in which it was not desirable to operate immediately. He should think, from the exhibition of purgatives by the mouth and purgative enemata, and the fact that the bowels had been acted upon, that the-strangulation was gone. He hoped Dr. Jameson would let the Society by giving the particulars of an interesting case which was under his care some years ago.

Dr. Jameson said the patient referred to, was an elderly woman, a nurse in Mercer’s Hospital. She was seized with symptoms of strangulated hernia, and on consulting a surgeon, a tumour was found in the groin in the femoral region. Various means were tried unsuccessfully, and it was then decided on consultation that he should cut down under the tumour, and relieve the hernia. He performed the operation in the usual way, and cut down upon the tumour, which, when opened, was found to be a walnut. He dissected it very carefully, and opened, as he thought, a sac, but it was merely some of the fascia. When he came down on the tumour, he thought it did not look like hernia, and he cut very cautiously into it, cutting fully above a quarter of an inch, and then he took it up and dissected round the back of it, and was very near dis- secting it out. They concluded that this was an inflamed gland, and that the symptoms of strangulation were caused by some internal constriction. The case went on from bad to worse, and the woman died. On a post-mortem examination, they found that there was a knuckle of intestine, about the size of a hazel nut, enclosed in the gland, and the incision which he had made, was not more than the thickness of a shilling from the gut, which was in a gangrenous state. It was one of those difficult cases sometimes met with in hernia.

Dr. Kirkpatrick remembered, when he was studying under the late Dr. Wilmot, a case where great acceleration of symptoms followed as a result of inflammation of the bowels, which, although the operation did not have the effect upon the ultimate result. It was the case of a woman who had constipation, and all the symptoms of hernia. There was a large protrusion at the umbilicus, but not much ten- sion. He asked Dr. Wilmot to see the patient, and was advised by him to cut down and see whether there was any constriction. The operation was performed accordingly, and they found no obstruction whatever. The wound was sewed up, and the woman put back to bed. The hernial symptoms subsided as far as the vomiting went, and after six weeks of constipation the woman came. They found on post-mortem examination, that there was an indurated stricture in the intes- tine some six inches from the anus, as broad as a goose egg. Dr. Benson said the case of Dr. Jameson suggested that in Mr. Stokes’s case there might have been a small knuckle of intestine which was pressed upon by the gland. The symptoms were so accurately those of strangulated hernia, and were so completely removed by the removal of the tumour that one could hardly conceive all that to occur, and yet no such thing as a hernial tumour could be there. In the case mentioned by Dr. Jameson, the little knuckle of intestine happened to be the internal ring of the gland, and was found afterwards, but it might have escaped in the operation performed by Mr. Stokes, as not as to have been observed. He merely suggested this that they might make a distinction between the symptoms of strangulated hernia, and those that arise from a tumour.

Mr. Stokes, in reply, said, with regard to the size of the tumour, as large herniae ordinarily go, the hernia he had described was not so very large; but what he thought remark- able was, in the first place, its being a femoral hernia, and in the second, its occurring in a woman. He had seen hernial disease, and were inguinal and scrotal herniae. The cases mentioned by Dr. Jameson, and Dr. Kirkpatrick were interesting as bearing a great resemblance to his, as regards the existence of glandular tumours in the situation of hernia. As regards his case, however, he differed from Dr. Benson. Where strangulated hernia existed, there was not any difficulty in recognising it when cut down upon, and had it existed in this case, he could not have failed to see it. The chief interest in his case was, that certain local inflammation gave rise to symptoms of strangulated hernia. They were aware that inflammation of the aperient colon occasionally gave rise to symptoms of strangulated hernia, and they knew that simple glandular inflammation would give rise to symptoms of strangulated hernia in a marked degree. Why this should be the case he could not undertake to say.

(To be continued.)

EPIDEMIOLOGICAL SOCIETY.

WEDNESDAY, May 10th, 1871.

Edward C. Seaton, M.D., President, in the Chair.

Inspector-General Lawson read a paper on cholera in ships at sea.

The author was of opinion that the concurrence of three classes of causes was necessary for the development of every epidemic. These were: (1) general causes, experienced over large portions of the earth’s surface at the same time, and usually alluded to as epidemic causes or influences; (2) causes connected with locality; (3) causes connected specifically with the inhabitants of certain localities. If the two latter classes were fully developed, intense disease might be excited under the influence of the general causes; while if they were less developed, notwithstanding the operation of the general causes, sporadic cases, or small groups only might result. The same was true of the inhabi-
might display a large amount of sickness. Mr. Lawson had investigated the nature of one of the general causes in connection with fever and cholera, and from its wave-like character and progressive motion, had denominated it a pandemic wave. These outbreaks each other every second year, and proceeded from south to north according to fixed law, so that their position could be indicated on the map for any given date. Their influence was experienced in England the sixth year after it had been manifested at the Cape of Good Hope; and, as regarded cholera, in a year with an odd number there would always be the same distance between the waves of the length of England and the Cape, and in a year with an even number the crests of two only. Ships proceeding from England to the Cape must pass through these waves, and, when circumstances were favourable for the manifestation of cholera in them, the disease should be intensified where their geographic position corresponded with that of the wave at the time. The tracks of four ships proceeding from England or Ireland, and one from Gibraltar, to the south, were given, while cholera existed on board; and these, with the attacks of the disease each day, were shown on charts, together with the estimated position of the waves at the time for each. Three of the ships left this country when cholera was prevailing on shore; the Apollo in 1849, and the Windsor Castle and Lord Warden in 1856. Each had one or more cases soon after sailing; the first had two distinct outbreaks during the voyage, the other two had each one, but the Windsor Castle had, in addition, a single fatal case when she had got far to the south-east of the Cape. The fourth vessel, the Jumna, started from England in 1857, when there was no cholera in this country, neither was there any at St. Vincent, one of the Cape Verde Islands, where she touched on her voyage, but four days after leaving the island one case of malignant cholera occurred, and numerous others of choleric diarrhoea, and these continued to crop up for ten days. In all these instances the ships' positions when these outbreaks commenced agreed very well with those assigned to the waves moving in the opposite direction. The ship from Gibraltar, the Renown, left after the epidemic of 1855 had declared itself there, and a case occurred on board the day before she sailed; an outbreak commenced when she was south of the Cape Verde Islands, under the same wave in which she was at Gibraltar, but it ceased after some days, and another commenced in 44° deg. S., soon after she reached the position of the following wave. Similar results were obtained from examining the progress of cholera in ships in the Indian Ocean. The Gertrude sailed from Calcutta in 1859, and sixteen days after leaving the land had a case of cholera, and in the next four days four others. Another outbreak commenced four days afterwards, when upwards of seven hundred miles from her last position, and two other cases occurred when she was south of Mauritius, where cholera was frequent at the time. The steam-ship Oriental left Bombay for Mauritius on June 29th, 1857, and put into Calcutta on July 6th; several deaths from cholera had occurred up to this time, and four more up to the 11th, after which it ceased. The Queen of the North left Bombay on January 22nd, 1854, and had some cases of diarrhoea, bilious cholera, and four of malignant cholera up to February 6th. On the 8th, when 5° 35' S., an outbreak commenced which, up to the 15th, produced thirty-seven cases of malignant cholera, of which twenty-four proved fatal. No case presented itself after the 15th. The Sisaimanan left Kurrachee on May 7th, 1856. She had one case of cholera on the 9th, one on the 10th, and a very decided outbreak of choleric diarrhoea on the 11th, which continued for some days, with three cases of cholera on the 11th, one on the 12th, and two on the 14th, after which it ceased. On the 11th, the vessel was in 14° 14' N. Another ship, the Durham, left Calcutta in 1859; ten days after leaving the land, when in 10 deg. N., a case of cholera occurred. Nine days afterwards, when she had just crossed the line, an outbreak commenced, which, in a few days produced nine cases, of which six died. In all these instances, the positions of the ships corresponded satisfactorily with those of the waves advancing in the opposite direction at the moment when they were manifest on board ship. The wave experienced by the Queen of the North in 5° 35' S. in 1854, was the same as that met by the Sisaimanan in 14° N. in 1855, and by the Renown in 44° deg. S. in the Atlantic in the same year; this, again, was encountered by the Windsor Castle and Lord Warden north of the Cape Verde Islands in 1860, and in 1867 the same wave overspread the North of Africa and South of Europe, causing a severe epidemic; and the increase of common cholera in this country in 1863 was connected with its onward progress.
4. The Fees to be paid by the candidates in respect of each examination.
5. The re-organisation of the Courts of Examiners, and the fees to be paid to them.

RE-ORGANISATION OF THE SESSIONAL EXAMINATIONS.
In reference to the re-organisation of Sessional Examinations, your committee make the following recommendations:—

1. That the Sessional Examinations essential for the granting of the Letters Testimonial shall be three instead of two, as at present, and that they shall be passed by the candidate within the following periods:—
   (a) The Primary Examination, at any examination after the termination of the Second Summer Session.
   (b) The Secondary, at any examination after the termination of the Third Summer Session.
   (c) The Pass or Practical Examination, at any examination after the termination of the Fourth Summer Session.

2. That examinations shall be held periodically, as hereinafter provided, and that any student who may produce the certificates required for each examination shall be at liberty to present himself in the subjects of his year at any such examination held subsequently to the completion of the term of study herein specified.

3. That each examination shall occupy two days, of which the first shall be devoted, in the Primary and Secondary Examinations, to the writing of answers to printed questions; and in the Pass Examination, to clinical examination and operative surgery; and the second day, in all cases, to vivas.

4. That for the written examination four hours shall be allowed to candidates on the first day,—two in the forenoon and two in the afternoon.

5. That the Vice Vice Examinations shall commence on the day following the written examinations, and shall be continued from day to day for two hours in the forenoon and two in the afternoon. The candidates shall be examined, as heretofore, in each hour, and that questions on at least two separate subjects shall be given to each candidate by each examiner.

Redistribution of Subjects of Education and Examination.
In reference to this subject your Committee beg to recommend that the subjects of examination and education be apportioned as follows:—

FOR THE PRIMARY EXAMINATION—
   a. Anatomy (bones, muscles, ligaments, chest, abdomen, urinary and genital organs).
   b. Physiology of digestion and of absorption.
   c. Chemistry (inorganic and physical, as applied to pharmacy and medicine).
   d. Materia Medica and Medical Botany (not including prescriptions or pharmacy).
   e. Principles of Surgery (inflammation and its consequences).

For this examination it is recommended that the candidate shall be required to produce the following certificates:—
   (a) Practical Anatomy, with demonstrations and dissections, two winter sessions; (b) Physiology, one course; (c) Theoretical Chemistry, one course; (d) Practical Chemistry, one course; (e) Materia Medica, one course; (f) Botany, one course; (g) Surgery, one course; (h) Eighteen months' Hospital attendance.

FOR THE SECONDARY EXAMINATION—
   a. Anatomy (Regional and Surgical).
   b. Physiology and Histology.
   c. Surgery, general and theoretical.
   d. Medicine, practical.

It is recommended also that the description of anatomical specimens, and of microscopic histological preparations shall form part of the written examination.

For this examination it is recommended that the candidate shall be required to produce the following certificates, in addition to those required for the Primary Examination:—
   (a) Physiology, two courses; (b) Practical Anatomy, one course; (c) Surgery, one course; (d) Practice of Medicine, one course; (e) Medical Jurisprudence, one course; (f) Nine months' Hospital attendance.

FOR THE FINAL OR PASS EXAMINATION—
   a. Clinical Examination.
   b. Surgical Operations.
   c. Surgical Appliances.
   d. Prescriptions.
   e. Medical Jurisprudence.

Clinical Examinations.
6. That the forenoon of the first day of the Pass Examination shall be devoted to Clinical Examination, and the afternoon to Operative Surgery.

7. That the candidates shall assemble in one of the rooms of the College, having been previously informed of the hour at which they are to attend by means of a note forwarded to their addresses through the post, and that at the conclusion of the examination the result shall be communicated to them in the same manner.

8. That the candidates shall attend at the College half an hour before the time fixed for the Clinical Examination, and that four candidates, previously selected by lot to attend each hospital, shall be then informed as to the hospital at which they are to be examined, and shall proceed thereto at once to meet their examinations.

9. That a member of the Council shall attend at each hospital with each examiner, and that each candidate shall be examined on a different case or cases, and for not less than a quarter of an hour.

Operative Surgery and Surgical Appliances.
10. That on the afternoon of the same day the examinations in Operative Surgery and Surgical Appliances shall take place, and that not less than two operations and three surgical appliances shall form the subjects of examination for each candidate.

Prescriptions and Medical Jurisprudence.
11. That the second day of the Pass Examination shall be devoted to the writing of prescriptions and to Medical Jurisprudence; and each candidate shall be examined for one hour, as at present.

12. That the attendance of Councillors on examinations shall be continued as at present.

Midwifery Examination.
13. That an Examination in Midwifery be held at the same time as the Pass Examination; the passing of which shall, however, not be compulsory on candidates for Letters Testimonial. But any candidate presenting himself for examination in that subject shall, if passed, receive the Midwifery Diploma without extra fee.

It is recommended that the candidate be required to produce the following certificates, in addition to those required for his two previous examinations—(a) Midwifery, one course; (b) Surgery, one course.

The Marks to be given by Examiners for the Answering of Candidates.
In reference to this subject, your Committee recommend that the maximum number of marks which it shall be possible for any candidate to receive at any examination shall be fixed at forty; (b) That he shall not be allowed to pass unless his aggregate marks amount to twenty-five; (c) That no examiner shall give a higher number than ten.

That a record of the Vice Vice Examination shall be kept by each examiner, in a form to be provided for the purpose, as below, of the subjects on which each candidate shall have been examined, the character of the answering on each subject, and the marks awarded to each candidate; and that these records shall be regularly filed, for reference in case of...
dispute, and shall not be open to inspection, except by order of the Council.

Royal College of Surgeons,

......day of...... 187

EXAMINER'S REPORT.

...... Examination in......

Name of Candidate. | 1st Quest'n. mark. | 2nd Quest'n. mark. | 3rd Quest'n. mark. | 4th Quest'n. mark. | Mark.
---|---|---|---|---|---
Smith, John | Nerves 4 | Eye 3 | Kneé-joint 2 | Sinuses of Brain 0 | 7
Wilson, Robert | Muscles of Pharynx 5 | Ligaments 0 | Stomach 2 | Brachial Flexus 3 | 8

Signed,...............

Examiner in......

Your Committee are of opinion that it is not at present advisable that the number of marks obtained by any candidate shall be made public; and they are further of opinion, that the passing or rejection of a candidate shall be decided solely by the marks he obtains, the total of which shall be communicated to him, if he requires them.

Fees to be paid by the Candidate in respect of each Examination.

In reference to this subject, your Committee recommend—

1. That each registered pupil shall be admitted to the Primary Examinations on payment of a fee of £5 5s.
2. That the fees for the Second and Final Examination shall be £5 5s. each, and that a fee of £5 5s. shall be paid, in addition, previous to the Final Examination for the Diploma.
3. Any rejected candidate seeking re-examination shall pay an additional fee for such examination of £2 2s.
4. That no fee shall be charged for the Midwifery Diploma to any candidate who may pass in Midwifery at his Final Examination, or the next following periodical examination.

Fees to be paid to the Examiners, and re-organisation of the Court.

In reference to this subject, your Committee make the following recommendations—

1. That, in accordance with the by-law of the 9th of March, 1853, the number of examiners for the Fellowship and Letters Testimonial, and for the Midwifery Diploma, shall be respectively seven and three, as at present.
2. That five examiners on the subjects already approved by the Council for each examination shall attend and conduct it, and that these five examiners alone shall receive the fee, as at present, for each examination of each candidate.
3. That, in compliance with By-law 18, page 65, the examiners in Preliminary Education shall in future be Fellows of the College.

Your Committee are of opinion that the dates of Sessional Examination, as at present held, are inconvenient, and they recommend that, for the future, the examinations shall commence on the second Tuesday in April and July, and the first Tuesday in December, subject to alterations in date, to be ordered by Council (in accordance with By-law 5, page 71), should occasion require.

NOTES ON CURRENT TOPICS.

The “Lancet” on Spectroscopy.

In answer to the flippant remarks of our contemporary, the Lancet, of the 20th inst., as to the value of the spectroscopic microscope in the discovery of blood-stains, we publish in another part of the current number of the Medical Press and Circular a paper by Mr. Sorby, F.R.S., on this important subject, he being the very highest authority on spectroscopy in this country; and we hope that, for the scientific reputation of the Lancet, the writer of the article in question will furnish some proof, if he can, of the unreliability of the spectroscope as a means of distinguishing blood, giving, if possible, a single instance of any substance that would be confounded with blood in the hands of a skilful operator.

New Asylum for Cheshire.

The new lunatic asylum for Cheshire, at Macclesfield, was opened for the reception of patients last week. The building has cost about £120,000, and covers an area of nine and a-half acres, and there are surrounding it some seventy acres of pleasure grounds and land for agricultural pursuits. It has been between three and four years in course of erection, and is calculated to accommodate 700 patients. The superintendent is Dr. Deas.

Indirect Murders of Children.

A remarkable statement has been made by Mr. T. H. Broughton, one of the surgeons of the Bradford Infirmary, at an inquest held at Bradford, on the body of a child which had died suddenly, and in which a verdict of “Died from natural causes” was returned, the jury being unanimously of opinion that medical assistance ought to have been obtained. In the course of his evidence Mr. Broughton remarked that there was no place in England where there were more indirect murders of children than in Bradford through the negligence of parents. The children, almost as soon as they were born, were mostly entered in sick clubs, then neglected, and if not murdered at least indirectly murdered. If every child were taken to a medical man when taken ill these inquiries might be saved.

Baby-farming.

The Select Committee on Baby-farming met for the first time last week. Present—Dr. Brewer, Mr. Charley, Sir Thomas Hesketh, Mr. W. Johnston, Mr. Keown, Mr. Kinnaid, Viscount Mahon, Dr. Lyon Playfair, Mr. Slater-Booth, Mr. R. Shaw, and Mr. Spencer Walpole. On the motion of Mr. Charley, who said that Mr. Winterbotham, on behalf of the Government, concurred in the choice, Mr. Spencer Walpole was elected chairman. The Committee met again on Monday, when Dr. Wiltshire, Sergeant Relf, and Superintendent Gurdon, were examined.

Vaccination.

"Pathologists," writing to the Times says that at present not only is there no security that every child born shall be vaccinated, but there is no security that the result of vaccination (if done) is seen and registered as successful or the reverse. To remedy this defect in carrying out the Vaccination Act there ought, he suggests, to be a public referee or inspector of vaccination for limited districts. To him, on the 7th or 8th day after vaccination of a child or adult by the public vaccinator, the child or adult operated on ought to be forthcoming (under some penalty for non-appearance). The inspector of vaccination ought then to judge as to the
success or the reverse of the operation, and enter the result in a formal register accordingly. Thus the separate registers (1) of the vaccinator, and (2) of the inspector ought to check each other by the names and dates, and so yield reliable data as to the efficiency of vaccination—data which we do not at present possess. The vaccine vesicle, “Pathologus” declares, is so characteristic that those experienced can classify the results as successful or as failures.

Opening of New St. Thomas’s Hospital by the Queen.

Preparations for the opening of this magnificent building by Her Majesty next month are now being made. All the masonry work was finished a month or so back and the scaffolding removed, and since then the internal finishing of the building has been proceeded with, and is now so far completed as to be ready for the beds. The grounds of the hospital have also been laid out most tastefully, and the terrace fronting the river planted with trees similar to those on the Embankment.

Companion to the Pharmacopeia.

Quickly upon the heels of its predecessor, the eighth edition of this marvellously complete and useful volume is now free of the press. The arrangement of matter has been, where possible improved, and under the several drugs, we notice many additions of non-official medicines not to be found in the preceding editions, thus considerably adding to the size of the work by several pages; although to remedy its constantly increasing bulkiness, the Author states in his preface that he has omitted many remarks and directions which he considers to be no longer necessary. We heartily congratulate Mr. Squire upon the perfection to which he has now brought this work, and the profession upon the possession of a book of reference which is unequalled in any other language. That it is appreciated by those for whom it is designed, cannot be more fairly demonstrated than by this demand for the eighth edition in so short a time.

The Irish Medical Association.

The Annual Meeting of the Irish Medical Association will take place on Monday, the 5th of June, at the Royal College of Surgeons, when the chair will be occupied by Dr. Darby, the outgoing president. We understand that the Report and resolutions to be submitted to the meeting contain much important matter, and a large meeting is expected.

The Association will dine together on the same evening at the Albert Hall of the College, which the Council has granted for the purpose.

The President has also invited the members to meet him at breakfast, and we trust his invitation, and the important nature of the work to be done, will induce a large and influential attendance.

Worcester again!

We have had occasion several times to comment on the Worcester Guardians and their ideas of medical duties. It now appears from a correspondence in the Worcester Chronicle, that a certain Mr. Stallard, after failing to substantiate any charge against Dr. Woodward before the guardians, has laid a formal complaint before the Poor-law Board. The Board has, however, completely exonerated the doctor, and we should hope that the snub official administered to the accuser, will suffice to protect the medical men of the district from reckless charges.

The Small-pox Epidemic.—Progress of the Epidemic.

There is no abatement of the small-pox epidemic in London. The sudden diminution of fresh cases which occurred in the week ending May 6th has not been maintained, and was probably due to obscure exceptional causes. In the week ending May 13th, the number of fresh cases rose from 480 to 599, and the returns for last week will considerably exceed 600. There were 267 fatal cases in London last week—265 being the weekly average for the last six weeks. In nine permanent and temporary small-pox hospitals 110 deaths were recorded last week, 16 occurring in the Western, 77 in the Northern, 20 in the Central, 51 in the Eastern, and 101 in the Southern district. Somers town, St. Pancras, Bethnal green, Mile-end Old Town, Southwark, Walworth, Lambeth, and Battersea were the places of highest mortality—Battersea during the last seven weeks having no fewer than 96 deaths. For the six weeks ending the 20th inst., 4 per 1,000 was the average death-rate for all London.

It is said that the Lords of the Admiralty have again offered to place the Ajax at the disposal of the Metropolitan Asylums Board, and have arranged that she shall not cost any large sum for moorings. The Poor-law Board have urged the managers to accept the offer, and to take steps for fitting her for convalescents, with the object specially of relieving the overcrowding at Stockwell and Hampstead. The hospital accommodation has been augmented by the addition of fifty beds on board the Dreadnought, the occupation of six tents at Hornsey, and the occupation of some new wooden huts at Hampstead. The cost of these huts is very low, about £5 per bed.

Death of Dr. Charles Armstrong, of Cork.

There have been few amongst the unperturbing provincial members of the profession in Ireland, whose death will be regarded with more heartfelt regret than that of Dr. Charles Armstrong, and the suddenness of the event lends to it additional regret. A conscientious and kindly worker amongst the poor—an upright and honourable friend—an uncompromising and ardent advocate of the best interests of his profession, it will be difficult, indeed, to replace him either in the sphere from which he has passed, or in the affections of his fellow men. The committee and members of the County and City of Cork Medical Protective Association, as a tribute of respect to the memory of their late valued secretary, Dr. Armstrong, attended in a body with crepes, and followed his remains to the grave. We express most heartfelt sorrow for his loss on the part of the Irish profession, and especially of the Poor-law Medical Officers.

Guy’s Hospital conversazione takes place this evening (Wednesday).
Machine-made Bread.

We have received a little pamphlet from a Mr. E. Steevens on the subject of "Machine-made Bread," and his Bread Making Machine. As the question of adulteration is again coming forward, we beg to offer a few remarks on the subject.

The Author, while admitting that his pamphlet is a trade advertisement, states that it is the result of twenty-five years' experience among the journeymen bakers. The Author's object he frankly states is, to introduce machine-made bread, and to emancipate the journeymen bakers. He also comments upon the open, shameless and wide-spread adulteration of bread. It is a strange misnomer to call bread the "Staff of Life," when it frequently contains so many injurious, nay, even deadly and poisonous ingredients.

We believe that Mr. E. Steevens has introduced a very valuable invention, and only hope that he will meet with the support he deserves. If it be only on the score of cleanliness, we should certainly prefer bread made by machinery, as we have a decided objection to dirty feet and hands in connection with our daily food. We think that it would also do the journeymen bakers good service by emancipating them from their present arduous, injurious, and often fatal toil.

"Purvis's" Quinine Biscuits.

We have received a sample tin of Purvis's Quinine Biscuits, and after a fair trial, we can only pronounce them to be a most pleasant and agreeable manner of administering quinine. Each biscuit contains nearly 1/2 gn of sulphate of quinine. By the admixture of different ingredients, the bitter flavour of quinine is almost completely disguised, and instead of a pungent bitter, it becomes an agreeable flavour. They provoke, and at the same time also satisfy hunger. They will be found useful in administering quinine to children, and we would commend them to travellers, as they will keep in all climates.

Metropolitan Water Supply.

Whatever may be said in favour of a pure source of supply for our drinking water, and constant service—and the readers of the Medical Press do not need to be told of the importance of these points—we are not surprised at the commotion caused by Mr. Kay Shuttleworth. That gentleman in moving his resolution in the House of Commons, last week, was, of course, protected by the privileges of the House, as all members necessarily and very properly are. But this very protection involves a duty towards others to be just at all times, and never under any circumstance to give utterance to unfounded personal imputations against individuals. The House is always jealous of its privileges, and we think this not only natural but right. At the same time we are happy to acknowledge that the House does not like those privileges to be made an engine for unjust attacks, or for improper personalities. We hardly know how to characterise Mr. Shuttleworth's imputation upon one of the foremost of our professional brethren, and one, too, whose reputation on the subject under consideration is second to that of no living authority.

It was, we consider, a very gross abuse of Parliamentary privilege, for Mr. Shuttleworth, without a tittle of evidence, to say that Dr. Letheby was the paid analyst of the water companies. We do not deny that some little-tattle may have reached Mr. Shuttleworth's ears to such effect; but then before giving it the authority of a speech in the House, he was, at least, bound to inquire; and, had he done so, he would have heard that this slander has long ago been denied by Dr. Letheby himself, who has stated that he never held any such appointment. To him it can be of little consequence, as he has long been far removed from the position in which even so injurious a statement could place him; but we think it our duty to notice it, as other men whose mark has been so evidently made upon the time might suffer much more, besides which it is a degradation of the privileges of the House to permit them to be made the means of hostile attacks upon the integrity of any one.

We trust that the matter having been pointed out will be sufficient to draw an ample apology from the offender, and to prevent ambitious M.P.'s from achieving ephemeral notoriety, by becoming the tools of those who degrade our representatives into retailers of calumny.

We call upon members of Parliament to uphold the integrity of their privileges, by discountenancing any further abuse of them.

Disinfection.

Dr. Purdon writes to the Standard in praise of the old disinfectant chloride of lime, which he thinks the best of all. He says the best way of employing it is to spread a little of the powder along the ledges at the top of every door in the house, outside the room. For a moderately-sized house two or three ounces of the powder will be sufficient, but the application must be renewed every third or fourth day. This should be done in the evening, and the next morning the whole atmosphere of the house will be found to have an odour resembling that of the sea; it need not be any stronger. When this odour is slightly perceptible it indicates that the disinfectant has been used in sufficient quantity. The chlorine given off is a heavy gas and falls to the ground. Hence, this manner of applying chloride of lime is much more effectual than when it is placed on or near the ground.

The late Dr. Armstrong, of Cork.

The following resolution of the Cork Medical Protective Association appears in our advertising columns this week:—

At a special meeting of the County and City of Cork Medical Protective Association held on the 27th May, 1871;

Dr. Harvey, President, in the Chair.

It was proposed by Dr. Bramish, V.P.

Seconded by Dr. Finn, and

Resolved unanimously—

"That in meeting to-day to perform the grateful, but melancholy duty of paying a small tribute to the memory of our valued Secretary, Dr. Armstrong, we feel that the loss which we have to lament is not confined to this Association which he has so long and so faithfully served, it will be felt—practically felt—by the entire Profession of Ireland. The benefits resulting from his unwearied and energetic exertions for the amelioration of the condition of his professional brethren—the Dispensary and Workhouse Medical Officers in particular—have, indeed, been signal, and such as to command the gratitude of very many; but those only who were personally familiar with his never slackening, unselfish devotion to the cause which he had so
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much at heart, can fully appreciate the blank which his death has left.

That this feeble, but sincere testimony to Dr. Armstrong's worth would be incomplete, if his labours in the cause of his brethren only, were to be recorded; the value of these, great as it was, was further supplemented by a constant charity, and a thoughtful unostentations kindness to the poor of his district, which made him universally beloved, and which has seldom, if ever, been surpassed in a Dispensary Medical Officer.

(Signed), J. R. HARVER, M.D., President.
W. H. HOLMES, Hon. Sec., Pro tem.

Neither Dr. Armstrong's fellow-members in the Association nor any of his profession could say more or less than is here expressed, but it would be poor encouragement to self-sacrifice such as his if his merits elicited only words. We learn with much satisfaction that a movement has arisen to erect to his memory a lasting testimony. It is intended that it shall take the form of a public monument, and it will give us much pleasure to take charge of, and forward the subscriptions of those of our readers who may permit us to do so.

Memorial Cottage Hospital.

The foundation-stone of a Cottage Hospital, to be erected at Shaftesbury as a memorial of the late Marquis of Westminster, was laid last week by the Dowager Marchioness, on a site given by her for the purpose.

Female Students of Medicine.

Eleven women are now studying medicine in Edinburgh, and several others are industriously preparing for the autumn examination in arts, when two more scholarships are to be offered for competition.

The Right of Election of Representatives on the Medical Council.

We understand that the Council of the Royal College of Surgeons of London has obtained from Sir James Carslake and Mr. Bevis a legal opinion to the effect that the right to elect a Representative on the Medical Council is vested in the Council and not in the Fellows.

The Impunity of Trade Fraud.

Although Mr. John Bright considers that it is a simple matter of business for a trader to defraud his customers by selling them articles which he knows are not what are paid for, we, nevertheless, differ from him in his view that this sort of legitimate trade is not fit subject for Government supervision. The importation of caterpillars' filth-rotten leaves and iron filings which last year was openly sold under the nose of the London Excise as "Maloo mixture" tea, has been again noticed by Dr. Leithley with about as much result as occurred on the former occasion. Six hundred half-cheats, or about 30,000 lbs., have already been put in circulation through the public markets, and is, doubtless, as we write, sickening the poor buyers, who have paid 3s. per lb. for "Mooring Congon," which cost the retailer, as the papers inform us, from 4d. to 6d. per lb.

If that be fair trading we say that it is nonsensical to say that Government interference is improper. As the Daily News wittily says:—

"A breakfast table, with 'Simpson' in the cream jug, alum and potato in the bread, lard in the butter, and a decoction of horse nails and willow leaves in the tea-pot, is not an appetizing display of viands, and yet we are coming to it. We might as well grow our tea at home if it is to consist of willow leaves. We have succeeded pretty well in manufacturing port wine without grapes, and champagne without wine; and it is strange if we cannot—having once got the hint from them—improve on the tea rogueries of the Heathen Chinese."

Royal Medical Benevolent College of England.

The annual general meeting was held last week. In the report the council expressed their pleasure at the fact that whilst the receipts of almost all the established charities of England were more or less affected last year by the war on the Continent, the college had suffered less from this cause than might have been anticipated. The report recommended the establishment of a class of pensioners receiving annuities of twenty guineas.

The Yellow Fever at Buenos Ayres.

The Anglo-Brazilian Times of the 22nd of April says:—"In Buenos Ayres, after the mortality had risen to over 700 a day, it had fallen to 300, according to the returns of the last dates; a very large proportion, however, to the small population of the city, reduced, it is said by emigration and death to one-fourth its normal state. As the disease confines itself within the city limits it is feared that it will prove endemic, and that it is due to the centuries of filth with which the well system of sewerage has saturated the soil of the site. The Junta Popular has nobly kept its post of honourable exertion, although several of its members died in the discharge of their self-imposed duties, which were the more arduous, as only ten doctors were left to care for over 12,000 sick. Subscription lists have been opened, and a committee has been appointed to solicit money, beds, and clothing for the thousands of poor fighting with poverty and disease in Buenos Ayres, or the homeless in the surrounding country. The sum of 50,000 milreis has already been forwarded, the committee of relief having advanced the money from their own pockets. The Argentine Minister has appealed to the Brazilian medical profession for volunteers to go to Buenos Ayres, and some 30 medical men have already volunteered. The terms offered are 4,000 milreis a month to doctors, and 2,000 milreis a month to students of the fifth and six years, with passages and all expenses paid, together with pensions of 400 milreis a year to widowed families."

The Vice-Chair of the Royal College of Surgeons of Ireland.

DR. DENHAM, of Merrion square, has informed the Fellows of the College of Surgeons of Ireland that he seeks their votes for a seat in the Council. Dr. Denham is a Doctor of Medicine of Edinboro' of the year 1831, a Licentiate and Fellow of the College of Surgeons, and a Licentiate of the College of Physicians. He preceded Dr. George Johnson as Master of the Rotondo Hospital.

The Council of the Royal College of Surgeons in Ireland will entertain the President at dinner on Saturday, the 3rd June, at the College, at seven o'clock.
A New Prodigy.
The eclipse of the Siamese twins—so far as the public care for such things—is complete. Mademosielle Milly and Christine are far more wonderful and have already been exhibited in London. These individuals are united behind by a broad band three inches in diameter—so short that the nates of the two press against each other. Some of us remember the children in 1854, when they were carefully examined by the late Dr. Ramsbotham, of the London Hospital, who found the connection between this pair of twins to resemble that of the Hungarian sisters who were exhibited in the last century in London. Lately these twins have been examined by Dr. Parcoast, of Philadelphia, and his description, allowing for age, closely resembles Dr. Ramsbotham's. These twins are not nearly so repulsive as some others that have been exhibited. It does, however, seem natural to inquire into the state of mind of creatures thus made a show of, and of the public that desires to see them. Medical men would do well to see for themselves the most remarkable curiosities of modern times. As to non-professionals, it is a question of taste.

Gymnastics.
The neglect of regulated physical exercise is much to be regretted, and we would here remark on the numerous well-furnished gymnasiums which are to be met with on the Continent, in France and Germany especially, compared with those which are to be found in our own country. Abroad, gymnastics are almost reduced to a science; in England and Britain generally they are too often neglected; and we would also call our readers' attention to the fact that most of our first-class gymnasiums are conducted by foreigners. We have had several opportunities of inspecting the well-conducted establishment of M. Bertrand, and the excellent way in which he trains his pupils by many and varied exercises calling into play the different muscles each in turn. Some of the exercises are well adapted to the prevention (or even cure) of spinal curvatures, and we have seen incipient cases of this condition, rapidly removed by M. Bertrand's careful and well designed method of treatment. Many are admirably well calculated to correct such bad habits, as round shoulders, &c., to generally develop the muscles of the thorax, and give a healthy, upright, and athletic frame in a short time.

The St. Pancras Bubble!
The authenticity of the following letter not having been denied by the person whose signature it bears—although many days have elapsed since its appearance in the Daily Telegraph—we are reluctantly compelled to believe in its genuineness. It shows what sad havoc may be made on her Majesty's English by a disease other than variola, and it shows, too, that a member of a royal college may be capable of making an insinuation which in others would be naturally attributed to ignorance or vulgarity.

To the Editor of "The Daily Telegraph."
Sir,—Will you allow me to trespass upon your valuable space, in order to reassure the public who may peruse the letter of Mr. Wickham Barnes, published in the Daily Telegraph of this day, on the subject of small-pox in St. Pancras?

Mr. Barnes is one of the district vaccinators displaced, with others, by the appointment of myself as vaccinator-general of the parish. It would be out of place for me to detail the arrangements taken in this parish to bring vaccination to the door of every family—arrangements which have been approved by the Privy Council, and which are, I humbly think, sufficient. I may, however, add, that one of my first duties on entering upon my labours as the vaccinator-general was to bring to the notice of the board of guardians the reports of the vaccination inspector, in which reports cases were entered as new which were of more than three weeks' standing, and others were entered that had been cured; and I did this in order that the board might learn, and through them the public, that the epidemic, bad enough of itself, had been much exaggerated.

I am happy to think that, notwithstanding the decrease in the number of vaccinators (probably in spite of them), the epidemic is not making way in this parish.—I am, Sir, your obedient servant,

The Southampton Fracas.
It is very strange, but unfortunately too true, that some social questions excite men who discuss them more than can be accounted for by the heat engendered by debate. Doctors are but men, and, accordingly, even they occasionally get hot, and so say and do things that in their cooler moments would make them laugh or blush. When we inserted some remarks and correspondence in the Press, respecting vaccination, at Southampton, we had no idea that a comic-tragic fracas was about to occur between two grave doctors, parties to the discussion; and that this would culminate in cross-summonses before the magistrate. So it has proved, and we are sorry. In one case, counsel pleaded that Dr. Hearne did not assault Dr. Aldridge intentionally, and Dr. Aldridge did not assault Dr. Hearne at all; but it was a squabble as to who should assert authority. We are willing to accept this solution, and only surprised that the squabble should have occurred. It seems to have arisen as to the right of one, as a guardian, to enter the vaccination room. Now, we would say this, that as a professional brother he should not be excluded, and, therefore, whether he came in the capacity of guardian, or not, ought not to have come into consideration.

We know that in some instances public vaccinators have not cordially welcomed other medical men in their stations—but we have always attributed this to want of taste, and we hope they are only exceptional in their want of courtesy.

As to our Southampton brethren, we approve with the suggestion made in Court to settle it over a bottle of champagne.

The sanitary state of Northampton is giving rise to some anxiety.

The next half-yearly examination for matriculation in the University of London will commence on Monday, the 26th of June.

In the House of Commons, on Friday, Mr. Dentinck gave notice that he intended to call attention, at the earliest moment, to the state of Medical Poor-law relief.

MESSRS. LONGMAN announce a new volume of Gleig's Series on "Animal Physiology." It has been written by Dr. Mapother at the request of the Chaplin-General, whose name the series bears.
A number of soda lakes have been discovered recently, twelve miles south of Denver, Colorado. The grounds comprise sixty acres, and the water and the soil together have nearly 38.1-0rd per cent. of sulphate of soda.

Several cases of the spread of small-pox by sending linen to be washed at a laundry without proper precaution have occurred in London. It is really too bad that people should thus thoughtlessly or recklessly endanger the lives of others.

The new Army Blue-Book contains a paper by Dr. Balfour, F.R.S., on the "Operation of the Contagious Diseases Acts," and one by Inspector-General Paynter, C.B., "On Intemperance in the Army as observed at Malta." The same vice as seen at Bermuda is reported on by Deputy Inspector-General Bowen.

We now hear that a bill will be introduced for the purpose of carrying out some of the recommendations of the Sanitary Commission. This is as it should be, for there are many points for legislation as to public health on which there is substantial agreement, and it would be a pity for them to be solely dependant on political matters or a party-feeling.

Attention is very properly being directed to the danger that arises from the shipping in the Thames not being within the district of a Medical Officer of Health. Much is done in the city, but the jurisdiction does not extend far enough. A case of small-pox was refused admission to the "Dreadnought" last week. What became of it?

Dr. G. E. Paget has done a noble act. He has exposed the so-called reform committee of the British Medical Association, and compelled that obstructive clique to swallow a bitter pill. In a letter to a contemporary motives were attributed to Dr. Paget and the distinguished men who resigned their offices with him about the reform bill of the committee in question. After many weary grimmaces a very grudging apology has been extorted. The distinguished president of the General Medical Council deserves hearty thanks for bringing to book those who so reluctantly express regret at their misrepresentations.

At a recent meeting of the general board of the governors of the Rotundo Lying-in Hospital, the following resolution was unanimously adopted, on the proposal of Dr. Johnston, supported by Dr. Denham:—"That the marked thanks of this board be given to Dr. Thomas More Madden for the great zeal and efficiency with which he discharged the duties of assistant physician to this hospital, as well as for his uniform kindness to the patients and the interest which he always evinced in the general welfare of the institution." Dr. Madden deserves our congratulations for having earned by his kindness, self-sacrifice, and ability, an expression of opinion for which there is almost no precedent on the books of the hospital.

In reply to a question, on Friday night, as to the abuse of public cabs for fever patients, Mr. Bruce said he had made inquiries, but had failed to obtain evidence of the practice referred to. Two private cabs, however, were used by the authorities of Marylebone workhouse for conveying persons who were suffering from fever, and also their clothes, and they were used only for that purpose. If such a practice as that referred to by Mr. Eykyn prevailed, it would be necessary to take measures to prevent it. Sufficient evidence had not been laid before him to justify him in departing so widely as was asked from the usual policy. When the sanitary laws were revised he would consider that point.

**SCOTLAND.**

**EDINBURGH.**

Female Medical Students.—Two scholarships are offered for competition to females studying medicine, to be decided at the Autumn Preliminary Examination in Arts. There are eleven ladies prosecuting their medical studies in Edinburgh.

**GLASGOW.**

Andersonian University.—Several bursaries of £50 each, tenable for three years, have been offered for the encouragement of the study of applied chemistry, to students attending this institution. It is proposed to found a chair for the study of applied physics, one individual having offered £2,000 towards the advancement of this object.

**HYDRATE OF CHLORAL.**

Dr. Leavitt, of Germantown, Pa., in the American Journal of Medical Science, records some cases of distressing singultus, which the physician has so frequently to contend with in cases of low fever and the general failing of vital power. Wearing and exhausting to the patient, and distressing to anxious friends, any pharmaceutical agent affording even temporary relief is hailed with eagerness, and most especially so after the well-worn changes have been rung unsuccessfully on musk, ether, the bromides, and the antispasmodics in general.

Mr. H., at sixty, after suffering for many years with an obscure disease, probably having its origin in the spinal cord, finally became so emaciated and debilitated so as to be confined to his bed, where, after the first few days of gradual decline, a distressing and obstinate hicoucch set in, producing rapid loss of strength, and proving of great annoyance to the patient. Sulphuric ether in capsules, bromide, of potassium and ammonium in solution, musk, camphor, &c., were all exhibited in turn, but failed to give any permanent relief, for they lost their controlling power after a few trials. The chloral hydrate was then used in five-grain doses in solution, and arrested almost immediately the singultus, and never afterwards failed to control the spasm in a most satisfactory manner, proving of the greatest comfort to the last remaining hours of the sick man. Two other cases of obstinate hicoucch, occurring subsequently in typhoid fever, were treated in the same manner, with the same pleasing result, the patients recovering finally.

The following case appeared in the same journal from the pen of Dr. Bauchamp, M.D., of Vermillionville, La.:

Case I. Delirium Tremens.—Was called to a stout, athletic man, oct. thirty, with incessant tremors, horror, and hallucinations; complete insomnia and loss of appetite. The sleeplessness had existed for nearly three days, and the mental disturbance was evidently on the increase. I ordered the following: R.—Chloral hydrat, 3ij.; sry. simp., 3ij.; aqua fontan, 3ij. One-fourth to be given at once in a glass of water, and to repeat every hour until
sleep, or at least quiet, was procured. Ordered some broth, of which he drank a small portion. After taking the second portion he became much quieter, and, after the lapse of half an hour, dropped into a sleep, which, although interrupted by muttered and frequent convulsive startings, lasted for three or four hours, when he awoke much quieter, voided his urine, and took a few efooonials of broth, after which a third portion was given, which soon sent him to sleep, which lasted for several hours. Upon my visit I found him quite rational and with some appetite, which he was permitted to satisfy; and with injunctions to be careful, and a light laxative, I discharged the case.

Case II. Insomnia accompanying Epilepsy.—A very intelligent gentleman, aged thirty-six, of full habit of body, a sufferer from epilepsy since his sixteenth year; and although confined to his room from the frequency and severity of his attacks, still able to perform his duties, to write and to make a harvest of his thoughts, and his digestion excellent. I was consulted principally for the troublesome and harassing symptom of sleeplessness. I advised the following: R.—Chloral hydrate, 3 gr.; aquea menth., 1/2; to be taken at bedtime, and to be repeated as needed. This was followed by prompt relief; and under the continued use of the medicine, with occasional doses of bromide of potassium, he has so far improved as to be able to go about his business in and out of doors, and in a very great measure enjoy the comforts of life.

Case III. Convulsions after labour.—Was called to visit a young and healthy lady two weeks after her first labour, who, twenty-four hours before, had been seized with some pain in right shoulder and neck. The pain affected the right side to the hip, gradually increased and extended to the whole right arm, which I found exquisitely tender; pulse full and soft, high fever, and tongue covered with white. Convulsive movements had been noticed before my visit, which I found confined to the afflicted side, accompanied with difficulty in speaking, although no impairment of the intellect; some tenderness over the hypogastrian region, and loss of appetite. The convulsive movements rapidly increased in severity, and, believing severe convulsions to be imminent, I ordered: R.—Chloral hydrate, 5 gr.; syn. simp., 3 gr. To be given at once; to be repeated, if necessary, and a pill of the following every four hours: R.—Hydrarg. chlor. mit. 3 gr.; pulv. ipecac., 3 gr.; extr. coni, 3 gr.—M, ft. pil. vi. The chloral had the effect of promptly arresting the nervous trouble, and it did for three or four days on the occurrence of the symptoms, and she was fully restored to health at the expiration of thirteen days.

Case IV. Mental excitement terminating in delirium, with no febrile excitement.—Called in consultation to a young man, aged twenty-one, very temperate, accustomed to a great deal of outdoor life, who had suffered from a mild attack of tertian intermittent while absent some distance from home, and, being exceedingly anxious to return, took, at the suggestion of some friend, a few doses of quinine in whisky, which arrested the paroxysms, but left his nervous system very much disturbed. This last toxic agent gradually increased quite suddenly, and, after ten days, he became delirious. When I saw him his skin was warm, but not above the healthy standard; pulse slightly accelerated in frequency; tongue slightly coated. No appetite, and a constant disposition to talk incoherently of his affairs, and some tendency to sleep; yet he recognised all who approached him. Finding some pufiness about the abdomen, and a tendency to diarrhoea, I advised the following: R.—Chloral hydrate, 5 gr.; pulv. ipecac., 6 gr.; pulv. Dovex, gr. x.; pulv. ekrax., gr. xv.; extr. hyoscyam., gr. viij.—M, ft. pil. vi. And to take the following at once: R.—Chloral hydrate, 3 gr.; syn. simp., 3 gr.; to be repeated at bedtime if quiet was not procured. The first dose of chloral produced nausea and vomiting, but its repetition was followed by quiet sleep and a great diminution of the cerebral trouble; and on the following day the other medicines were stopped, and under the use of the chloral alone he was rapidly and completely restored.

MALARIA.*

Mr. Oldham, who has had a good deal of experience, discusses the question What is Malaria? in a manner likely to attract the reader. He offers valuable criticisms on current views, and points out with great force their inadequacy to account for many phenomena of common occurrence. He tells us that, brought face to face with endemic malariacous disease in its ever-changing forms, he found it impossible, under any of the usual accepted theories, to account satisfactorily for many of the phenomena. He set himself, therefore, to find out something definite as to its nature and origin. After much careful inquiry, he says, "I arrived at the conclusion that malaria, as a specific poison, does not exist. Further, I became convinced that the diseases usually attributed to 'malarious influence' are caused by chill, or, in other words, by the sudden ab- straction of heat; and the more closely the circumstances connected with the development of these disorders were inquired into, the more firmly did this conviction become established."

It will not be expected that we should endorse this view. Indeed, we think it about as unsatisfactory as some others which our author condemns. Still, the work deserves serious consideration. It is full of suggestions, and if the author's theory is not so satisfactory as we could wish, he is far more successful in attacking the theories of others.

NOTES AND RECOLLECTIONS OF AN AMBULANCE SURGEON.†

Some of Mr. Mac Cormac's experiences have been already published, and have proved so valuable that they were thought worthy of reissue in a separate form. The present volume contains, moreover, much new matter, and is more admirably illustrated than any surgical work which we have seen. Mr. Edwards' heliotype process gives representations as accurate as photography, and at a price scarcely higher than that of woodcuts.

We will leave the statistical tables for careful study by the numerous readers which the work is sure to have, and merely illustrate the writer's style by a few extracts:—

The amputations of the leg were among our most successful, six of the perishing of eighteen primary amputation opera-

tions. Of the seventy cases of secondary amputation four died, making a total mortality of ten cases in twenty-five operations. The fatal case of amputation in the middle third was one where Teale's operation had been performed, and the flaps afterwards became gangrenous. It was the only instance in which recourse was had to this form of operation. The others were simply made by long anterior and short posterior cutaneous flaps, and a circular division of the muscular sub-
estance.

As might be anticipated the penetrating abdominal wounds were all fatal. Those in the spine were also very fatal, one man only who had been wounded very low in the lumbar spine recovered, so far as to be able to leave hospital. The four cases of wounds of the pelvis all recovered, as the abdominal cavity was not implicated.

When referring to fracture of the femur, it may be observed that all who suffered from it in the lower third perished. In the middle third the two survived after amputation in the upper third, and two after treatment for the fracture.

In the upper third, conservative treatment was most generally

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† "Notes and Recollections of an Ambulance Surgeon; being an account of Work done under the Red Cross during the Campaign of 1870." By W. Mac Cormac, F.R.C.S., Assistant-Surgeon to St. Thomas's Hospital, &c. London: Churchill.
NEW INVENTIONS.
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Pathology of Phthisis.

Dr. E. Aufrecht (Berlin, Klin. Wochenschr., vi., 9–11, 1870) summarises 100 cases of tuberculosis (in Lemnoe's sense of the word), with the post-mortem appearances. The lungs were affected in ninety-two of the cases, and alone affected in forty-eight. In none of these forty-eight cases was any trace of true tubercle found. For these cases, therefore, Aufrecht recommends the designation cheesy broncho-pneumonia, except in those instances where a whole lobe is affected at once. Beside these forty-eight, in two others there was ulceration of the larynx, and in fourteen ulceration of the bowel, but in none of the sixteen was tubercle found. In other twenty-four cases the broncho-pneumonia was associated with actual tubercles; viz., four times on the pleura, and four times on the peritoneal covering of the bowel, whilst in sixteen they were found in various organs; only seven times, however, in the lungs themselves. In the remaining four cases of the ninety-two, the lungs were affected with tubercle only; other organs, however, being simultaneously involved. The author concludes that "The disease of the apices or upper lobes of the lungs, whether for a longer or shorter time confined to these, and known under the name of phthisis, never begins with the formation of tubercles, but always in the form of broncho-pneumonic accumulations. In this form the affection can run its course from beginning to end, the cheesy broncho-pneumonia being only in the minority of cases complicated by tuberculosis."

New Inventions.

ARNOLD AND SON'S IMPROVED SURGICAL BAG (Registered), as Suggested by Mr. Barnard Holt.
Here is a more compact contrivance than any yet submitted to surgeons. The Bag contains every instrument in daily use or for any surgical emergency, and is extremely portable, is fitted with double spring locks, and is of a size not to offend the eye or be inconvenient to carry. The interior of the Bag is so arranged that any instrument can be at once selected without disturbing the rest. This is obtained by a succession of wire skeleton trays, upon which the different cases, &c., are placed. The sides or flaps are fitted with loops for catheters, lithotrites, forceps, &c., and are always in view.

No. 1 diagram shows the Surgical Bag, with its trays ready for the reception of cases, &c., and the two flaps fitted with their respective instruments. The trays are so arranged that they can, one or all, be taken out to suit the requirements of the surgeon.

No. 2 diagram shows the extreme portability of the Bag when closed. The external measurement is 18 inches long, 9 inches deep, and 5 inches wide. The following list will show that in this multum in parvo there is also everything that can be required in military or civil practice:

- A case containing two amputating knives, Butler's amputating saw, and catlin; a case containing three scalpels, two curved bistouries, a herinia knife, two lithotomy knives, two hare-lip or tenotomy knives, probe, sharp-pointed pair of scissors, pair of artery forceps or tenaculum, pair of spring forceps, aneurism needle, double hook, and herinia director; a case containing three cataract knives, Tyrrell's hook, four needles, silver curet and hook, Adam's eyelid retractor, set of Bowman's probes, Critchett's fine groove director, pair of cilia forceps, pair of iris forceps, and two pairs of scissors; case containing complete set of Holt's dilators, tonsil guillotine in case, ophthalmoscope and laryngoscope combined in case; a pocket case containing gun lance, Syme's knife, finger knife, scalpel, dressing forceps, pair of scissors, silver cautic case, silver female catheter, probe, director, needles, exploring trocar, &c.; a case containing hydrocele trocar, trocar for paracentesis, half-ounce glass syringe, with platinum point and small bottle; a case containing gum elastic catheters, Holt's india-rubber catheters, folding needle-case; a case for hare-lip pins, acupressure needles, probes, &c.; a hypodermic syringe in case, small chloroform bottle in wood case. On the two sides of the Bag are—two lithotomy, silver double channel catheter, three short-beaked sounds, prostate catheter, five silver catheters (1, 2, 3, 8, and 10), Pontean's curved trocar for puncturing the bladder, folding rectum speculum, vagina speculum, probang, clinical thermometer, polyphus forceps, epistaxis catheter, eczerauses, tooth forceps, trachotomy tubes, rectum bougies, lithotomy forceps, lithotomy spoons, lithotomy staffs, tourniquet, &c.

The instruments can, of course, be varied to suit the taste of the surgeon. The cost of Bag without the instruments is 3 guineas. Fitted up complete with all the above-named instruments of the best quality of Messrs. Arnold's make, the price is 50 guineas.

TENAX.
The use of picked oakum as a surgical dressing has now become an established practice, and those who have tried it extensively assure us that it is far superior to the old lint. American surgeons have adopted it to a large extent, and we have personally tried it with great success. Messrs. Southall, Son, and Dymond have written an article of a very superior kind, made by machinery, and called it Tenax. It is the best kind of oakum to be had; and the makers deserve full credit for perfecting the article.

We hope to find that Tenax will displace all commoner kinds of oakum for surgical dressings.
Correspondence.

"NOT AFRAID OF THE TRUTH."

TO THE EDITOR OF THE "BRITISH MEDICAL JOURNAL."

Sir,—A few weeks ago, I wrote in your Journal to some ad extempore statements as to the success of the Contagious Diseases Acts in a sanitary point of view published in the British Medical Journal, I wrote to the Editor of that paper, pointing out that, taking all the great stations, as demonstrated by Dr. Balfour's tables, there had been an aggregate increase of disease under the operation of these Acts in face of a great and most satisfactory decline for some years prior to their adoption. I gave the figures in full, and the Editor published them with a portion of my letter, appending a note with the remark that they were statistical fallacies, &c. I then wrote requesting permission to reply to his strictures, not wishing to have the trouble of writing without a chance of insertion, and knowing from experience that a reply from an opponent of the Acts would have small chance of publicity in a medical paper. The Editor courteously professed his willingness to publish my rejoinder, and I accordingly indited the enclosed letter. It was announced in the "Correspondent's column" as about to be published on the following week; but ten days after its reception the Editor made some trivial excuse for not keeping his promise, and, but for your kindness, I have no doubt that my letter would have been consigned to that limbo which has already received many thousands of protests against the most insipid piece of legislation that has ever been permitted to disgrace the statute book of this realm.

I am, Sir, your obedient servant,

C. BELL-TAYLOR, F.R.C.S.E.

TO THE EDITOR OF THE "BRITISH MEDICAL JOURNAL."

Sir,—I trust you will allow me to reply to your strictures upon my letter on page 403 of the British Medical Journal. I think you have misunderstood the last words of my letter, and been misled by the statements put forward by other writers. I will make my remarks as brief as possible.

First, however, let me notice your reference to the moral objections to the Acts. I think the constitutional object of the utmost importance. I think them of infinitely greater importance than any objections founded upon figures. The only reason I oppose the statements repeatedly made of the beneficial effects of the Acts in a sanitary point of view is, that those statements do not convey the truth; that the Acts have not been productive of the good they are represented to achieve. It may be a point of little consequence to the opponents of the Acts; but the advocates of the Acts evidently think it of great importance to them.

With regard to the closing words of my letter, there is no "fallacy" in them. Whatever the cause, there was a great and progressive diminution of disease at all the large stations prior to the enforcement of the Act. That decrease was immediately checked upon the application of the Act, and the rate of disease went up. Now, whether this would have occurred without the Act or not is a question the limits of this letter will not allow me to discuss; but if it would have occurred without the Act, the fact is patent that the enforcement of the Act did not prevent it.

The only fault that can be found with my figures is, that I have not combined all the stations according to the effective strength at each. That I was unable to do, because the legislative tables do not give the strength at each for the years before the Acts.

You speak of my bringing forward "statistical fallacies;" but, Sir, I think these are "statistical facts." It is a remarkable thing that the advocates of the Acts in no variable have recourse to figures privately supplied to them, when they have to answer those which opponents of the Acts deduce from published Parliamentary tables. Dr. Lyon Playfair did this when he attempted to answer Mr. MacLaren a few months since. You yourself do this when you quote Mr. Myers' unofficial contribution to the British Medical Journal against my letter. And Mr. Berkeley Hill does this in his table in the Statistical Journal, to which you refer. Now, I decline to accept these unofficial authorities, whose statements and conclusions I cannot verify, against the results I can myself deduce from the published Parliamentary tables.

From those documents I find that at the stations which had been two full years under the Act, there were in the second year more cases of disease among the soldiers than the first year. The total number of soldiers "protected" by the Acts in 1863 at the stations which were "protected" in 1867, was 15,503 against 15,050 in 1867. Out of the smaller number of men in 1868, there were 3,958 cases of venereal against 3,843 in 1867, or a percentage of 28.9 in 1868, against a percentage of 21.1 in 1867. This is a fact which cannot be denied, and yet explained away as connected with "fallacy." Whatever the cause might be, there was more actual disease among the men at those great stations the second year of the operation of the Act than the first. The last return presented to Parliament is based on a different system. It gives no means of comparing the total amount of disease at the stations in 1868 with the amount in previous years. It professes only the percentage of disease "contracted in the respective districts," a thing which must, in many cases, be a matter of mere guesswork. Yet, even thus, and with so great temptation and opportunity to mislead, the results in a few cases are absolutely indiscernible from its figures for the six great stations of Portsmouth, Devonport, Chatham, Sheerness, Woolwich, and Aldershot, is only a decrease of 18.8 per cent. in the cases contracted in the district. Were I to admit this result to be untenable, I should be justified in saying that the figures must have been expended in obtaining it was altogether out of proportion to the advantage gained. But this return abounds in blunders of calculation, which would disgrace a schoolboy. By comparing it with the statistics given in the Lords' and Commons' Committee reports, it would be found that, according to these statements, more men contracted venereal in the Sheerness district in 1867 than had it altogether! That at Woolwich a similar thing happened, and nine men more contracted venereal in 1867 in that district than were treated altogether! No wonder there were enormous fallings-off, according to this return, in the number of men who contracted disease in these districts the following year. At Aldershot, too, 1,717 men, out of a total of 1,526, are reported as contracting venereal in the district, a partial percentage of 27.80 out of a total percentage of 20.65. These are only samples of the disgraceful manner in which the Commissioners have the strength of this precious document that the statement has gone forth that disease has been diminished one-half among the men, and from 70 to 6 per cent. in one instance among the women.

Mr. Lane admits, in his reply to Mr. MacLaren, that this latter was a blunder, but he does not show what the true figures deducible from the return should be. He obtains other and later figures from the War Office, which I have no power of verifying or checking, and then says that, according to them, disease has diminished among the women at all the stations combined from 41.9 to 24.3 per cent. per quarter. This is marvellously more modest than the statement of Captain Harris in the return Mr. MacLaren exposed; but I must nevertheless decline to accept it on Mr. Lane's mere word. When the figures the War Office have supplied to him are compared with the Parliamentary Committee's figures, they do not come up to them. The same I will say, too, of Mr. Berkeley Hill's table, and of Mr. Myers' results. At present they are mere ex parte statements. Mr. Hill's table appears to be "arranged" (to use his own words in the Statistical Journal) from a table in the Committee, which table must have been supplemented by figures from the War Office. I am sure, Sir, you will grant that there is a vital difference between calculations which all can verify, and calculations which depend upon sources to which the public have no access, and which are rather deduced from the former sources, no wise man will build any conclusion of importance upon those put forward from the latter.

The figures I give you are indisputable; those which you have quoted against me are not yet in a position to be brought into court.

I am, Sir, faithfully yours,

C. BELL-TAYLOR, M.D., F.R.C.S.E.
ELECTION AT THE ROYAL COLLEGE OF SURGEONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As my letter originated the discussion permit me to make a few comments on Dr. Denham's able communication. Your leader must have convinced everyone that it would be highly impolitic to change our charter at present, and while distinguished licentiates of twenty years' standing should gain the Fellowship by election, surely, for junior self-reliant men there should be the way by a searching examination. Such are the methods in the London College, and some of her ablest men record with pride that they are Fellows by examination. Dr. Denham's suggestion that two Councillors should annually retire is an admirably one; but they should be selected by ballot from the seven members who had attended the least number of meetings, as thus there would be at least a chance of retaining men whose names do honour to our diplomas, yet whom pressing avocations prevent from being regular attendants. His plan for the nomination of Vice-President is equally just, and obtained in many similar institutions. With regard to obstetric practitioners, Dr. Denham errs somewhat, for since the date of the supplemental charter five obstetric officers of the smaller lying-in hospitals have been presidents, and with two exceptions every ex-master and every ex-assistant master of the Rotundo and Coombe Hospitals, who are Fellows, have been chosen examiners in midwifery. Moreover, there are at least three of these gentlemen who might seek a vacancy on the Council with certainty of success.

Now, let me answer a few objections made to my own candidature. 1st. Juniority.—My name immediately follows that of the actual President on the Council list. 2nd. That my holding an examiningship in another body, or political feeling would weaken my allegiance to the college. Since the termination of my apprenticeship to Professor Power, in 1854, I have held various offices in the college which have brought me into relationship with 1,700 pupils, and I assert that not one circumstance justifies the above insidious allegation. When I wrote my first letter I had no idea of seeking the Vice-Presidency, else I would not have said a word depreciatory of rival candidates, and for weeks I have expressed my willingness to retire in favour of a senior. I stood in defence of the principle that no one should at once reach the highest position, and as many Fellows only pledged their votes "provided no member of the Council came forward," I believe that that principle will not be departed from.

I am, &c.,
E. D. MAPOTHER.

18 Merrion Square, N.
May 27th.

DR. DRYSDALE AND THE "POPULATION" QUESTION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In a late issue of your paper, I see another effusion from Dr. Drysdale on the Population Question. Had Dr. Drysdale confined himself to merely ventilating his own fanciful theories regarding the laws that should govern the increase of population, &c., I should probably have taken no more trouble with his letters than usual; but when he displays his bigotry, even in a medical publication, by attacking the pure and scriptural doctrine of the Catholic Church, on his favourite topic, I cannot, as one of its members, permit his statements to pass without, at least, protesting against them as dangerous and materialistic. Let us put his theories into syllogistic form, and we will find them to run somewhat thus: Worldly happiness depends on wealth; wealth is incompatible with the normal tendency of populations to increase, or double themselves, according to Malthus, every twenty-five years, although regulated by natural and divine laws. Therefore, the logical sequence of Dr. Drysdale's reasoning is, that worldly or human happiness and wealth cannot exist without an infringement of natural and divine laws. Again, he is enthusiastic in his praise of what he calls the provident habits of the French people, whose many parts of France, "habitually limit their families to two children," and would strongly advise the people of these kingdoms to follow their example. He thinks future ages will be astounded at the crude philosophy of 1871, and no doubt they will, should, what he calls, the "common sense," which pervades among a small and irreligious section of the French people, and the absurd, impious, and detestable dictum of Mill, be in the ascendant. This unquestionably able man has sufficed his pages with the following: "Little advance can be expected in morality until the producing of large families is regarded in the same light as drunkenness, &c." Dr. Drysdale adopts this dictum as a rule of faith, rather than the "dogma of the Church of Rome," which he characterises as "silly teaching," because it is opposed to his mundane speculations and utilitarian views of some of our modern philanthropists. I suppose he would be equally opposed to the teaching of any other Christian church, on the same subject, that professors to take the Bible as its rule of faith. Truly, the people of these Islands have a right to be thankful that Mr. J. S. Mill has been relegated to privacy. Should his attempts at legislating in the British Senate be based on some of his own unfounded and eccentric speculations, I feel confident, now understanding Dr. Drysdale's prognostications, that the infallible teaching of the Church of Rome on this and every other question will prevail, and be willingly received by her faithful adherents in future ages, and throughout all time, when his letters, and even the dictum of Mr. J. S. Mill are buried in oblivion.

I am, Sir, yours very truly,

THE VALUE OF TAPPING IN DROPSY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Perhaps the following case might prove interesting to your readers:

The subject of it, Samuel Crea, when nine years old, in September, 1804, went with a friend to the Newtownards lead mines for gravel, and got caught in the tramway. He was severely hurt by the accident, and was put under the care of a surgeon, who treated him during three months. He then became a dispensary patient of mine, and remained under my care till the time of his death. He died on the 9th instant, aged twenty-eight years.

From the time of the accident until his death, a period of six years and eight months, he was tapped in all, one hundred and fifty-seven times: once by the surgeon who had him first in charge, four times by my locum tenens last summer, and one hundred and fifty-two times by me.

During the first years of his illness, he was tapped at irregular intervals; but for two years past he required tapping every fourteen days.

The cause of the dropsy was enlargement and induration of the liver, resulting from the lesion caused by the trucks. There was no portal through enlarged examination, and the growth was almost entirely arrested from the time of the accident. After the first month of his illness he was not confined to bed; he walked about until a fortnight before his death; at no time, for days, did he require to lie in bed for more than a day at a time.

For some years past he had a craving appetite for sugar, and he consumed considerable quantities of it. The fluid drawn off by the tapping was highly albuminous. Various means and medicines were used to restore him to health with little or no benefit; and, ultimately, the treatment was entirely abortive.

From its duration, and, as showing the value of tapping in prolonging life, in some conditions, the case seems to me to be worth publishing.

I am, your obedient servant,

D. JAMISON, M.D.

Newtownards, May 17th, 1871.
DR. HEARNE ON VACCINATION AND RE-VACCINATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Thanking you for the courteous reception you have accorded to the opinions I have ventured to offer, you will, I am sure, permit me to refer to the heading of the two last notes you have inserted from me, dated May 18th, and 20th, with the view of explaining that I did not think the facts I had adduced justified me in defining the disease Vaccino-syphilis, although, undoubtedly, the symptoms manifested were strongly indicative of blood-poisoning.

I may further add, in reference to the cases alluded to in your number of the 17th of May, that after the bursting of the blebs, in many instances, I had to contend with a delirium in eroded sores, usually circular in shape, with an appreciable thickening of the surrounding margin. They were treated by the internal administration of mild mercurials, with black-wash dressings, and, after some weeks, nitric acid, and potash. Iodide.

During the years which have elapsed, I have often spoken of the disagreeable occurrence to medical friends, and have ever since studiously avoided obtaining vaccine-ytum from a public establishment.

You will further permit me to direct your attention to a transcript in my own hand, which I shall be glad to see corrected, because my meaning has been rendered thereby somewhat obscure. What I believe you will find in the manuscript was, "that I am not able to enter into details this week on the subject of small-pox and Vaccination, as related to Southport, although there is some (details of a peculiar character)." What I then referred to, related to an outrageous assault, committed by Dr. Aldridge, the public vaccinator, because I thought proper, as a magistrate, and ex-officio guardian, to enter a public vaccination station, in consequence of the circulation of grave reports, relative to irregularities in connection with vaccination.

There are two vaccination stations under the control of the Guardians of the Poor. One in the dispensary department of the poor-house, the other, a couple of rooms rented by the guardians in the house of relieving officers. The Guardians appoint all officials, the public vaccinators included.

On the Monday preceding the assault, the Guardians held an adjourned meeting at the Poor-house, when the question of the individual right of a Guardian to visit the public vaccination stations was raised in consequence of reported irregularities, and that right was properly insisted on by the Board, without a dissentient, and assented to by Dr. Aldridge, the public vaccinator, whom the Board had requested to attend the Mayor, as President, at once expressed his opinion that an individual guardian had an unbounded right to attend the public vaccination stations. The Deputy-President endorsed that opinion, Mr. Purkess, another guardian, did the same. There was not a single dissentient, then what stronger confirmation of my right could have been adduced and yet, I for exercising it after an interval of two days, was assaulted.

The local papers I shall send you, will give you a fuller explanation of this painful and indecorous affair.

Deaths from small-pox during the week ending May 27th, twelve. The cases in the public hospitals about the same as reported by me last week, but for the most part, mild in character. I am afraid that this communication will reach you too late for this week's publication, but the few words in reference to correction, I hope to see inserted. Yours faithfully,

EDWIN HEARNE, M.B.

Southampton, May 27th.

Medical News.

Royal College of Surgeons of England.—At a Board of Examiners on the 21st inst., the following members of the college passed the required examinations and were admitted licentiates in midwifery, viz. :—Samuel Stickland, of Hawkhurst, Kent; Joseph O. Fice, of Bombay; John Allam Lyceot, of Scarborough; and Peter Broom Giles, of Stanton-on-Wye.

The London Sewage Question.—The Parliamentary Committee of the House of Commons which, during the past fortnight, has been engaged with the Bill presented by the Metropolitan Sewage and Essex Reclamation Company to the Queen pursuant to a Bill on the same subject, presented by the Metropolitan Board of Works, brought their protracted labours to a close. The Metropolitan Sewage and Essex Reclamation Company sought powers to Alter and limit their original plans. On their case being closed on Thursday, the future mode of working was left to be defined in the preamble, and the Bill was accordingly rejected. Mr. Rodwell, Q.C., then stated the case on the part of the Metropolitan Board of Works, which was an application by the Board asking for Parliamentary sanction to enable them to take over the works and the plant of the company, with the view of having the works carried out under their own immediate superintendence and control. The chairman announced that the preamble of the Bill was not proved, adding that the Committee were of opinion that it would not be equitable to allow the Metropolitan Board of Works to succeed in an application to Parliament which would involve the forfeiture of so large a sum as £25,000, on the part of the sewage company. The result is that, after an inquiry of between two and three weeks' duration, both parties remain in the position they occupied at the commencement of the inquiry.

"Fir Krampus."—Here's a prescription written by a New York "doctor," and which is sold as genuine by the Sun as genuine:—

B. Fir krampus; tinct. kamfiro, 40 grains; tinct. Iodoenium, a little; tinct. hot drops, a few drops; tinct. kyan peper, 5 cents worth. Klersform, a little, but not much, as it is a dangerous medicine.—Indiana Jour. of Medicine.

Pharmaceutical Society of Great Britain.—The annual conversations of this society was held last week at the South Kensington Museum, by permission of the Lords of the Committee. The Fourth Doctor—we understand the Medical and galleries were well filled by the members and their friends to the number of about 3,000, additional interest being given to the gathering from the fact that the South Court, with the gallery at the end, was for the first time thrown open in its entirety. The proceedings were occupied, during the evening, by the performance of a fine selection of music by the band of the Royal Grenadier Guards, under the direction of Mr. Dan Godfrey; and a concert by the Orpheus Glee Union. Amongst the visitors we noticed—Earl Bathurst, Lord de Lisle and Dudley, Sir Walter Stirling Bart., Sir G. Duncan Gibb, M.D., Sir John Bowring, Sir Charles Looce, M.D., Sir William Ferguson, Mr. Sandford, Mr. Davenport, Captain Stacpoole, M.P., Dr. J. A. Lush, M.P., Dr. Braxton Hicks, Dr. Semple, Mr. Caesar Hawkins, Dr. Fresser James, Dr. Liebreich, Dr. Tilsbury Fox, Mr. Weden Cooke, Mr. Dunn, and members of the profession. The arrangements made by the Council of the Society for the amusement of their visitors, appeared to give entire satisfaction.

Cancer Hospital, Brompton.—The twentieth annual meeting of this charity was held on Friday, at the Hospital, Brompton, Sir George Bowyer, Bart., M.P., in the chair. The Secretary, Mr. H. J. Jupp, read the report, which stated that the hospital had made steady progress and received an increased supply from the public. The receipts, including a handsome subscription from Barcouda Bursett Coutts, amounted to £10,962 8s. 1d.; while the total ordinary expenditure was £5,555 11s. 4d.; and the balance in hand, after paying for repairs and alterations, and the purchase of £2,000 stock, was £2,412 6s. 2d. During the last year 521 patients had been received into the hospital, of whom the larger number had been either cured or greatly relieved. Since the foundation of the hospital in 1851, no less than 9,236 patients had been treated more or less successfully.

Consumption Hospital, Brompton.—The annual meeting was held on Thursday at the hospital, Brompton; the Earl of Derby, president, in the chair. The report stated that 1,761 patients had been treated, of whom 894 had been discharged, many greatly benefited, 142 had died, and 203 remained in the hospital on the 31st of December, 11,544 new-out-patient cases had been prescribed for. The income from all sources had amounted to £17,122 14s. 6d. in the year, while the expenditure had been £11,874 12s. 6d. In the year, while the expenditure had been £11,874 12s. 6d. In
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had been decided, from the 1st of January last, only to admit persons as in-patients whose cases the medical board considered like that entitled to relief. The executive committee had made advances and passed upon the lists of those who were to be admitted in the hospital. The committee had recently received a donation of £2,000 from Richard Wallace, Esq., of Hortford House. As an enduring mark of appreciation of this munificent gift they had named a ward the "Wallace Ward." The committee were continuing their inquiries as to the advisability of establishing an auxiliary institution in connection with the hospital. The noble chairman moved the adoption of the report, which was agreed to nem. com. and a vote of thanks to the noble chairman closed the proceedings.

Deputation on Vaccination.—On Thursday, a deputation from the Metropolitan Asylums Board waited on the Right Hon. E. Forster, M.P., to represent to him the necessity of improving the administration of vaccination in the metropolis. Dr. Brewer stated that 5,674 children had been admitted to the small-pox hospitals under ten years of age, of whom 1,576 were unvaccinated. At Homerton, upwards of 40 per cent. of the children examined were unvaccinated. Of 4,069 vaccinated children 299 died, or 7:3 per cent.; whereas of the 1,576 unvaccinated children 588 died, or 37:4 per cent. It was also stated that 5:8 per cent. of the children in Marylebone were found unvaccinated. Mr. Forster stated that there was no law that could be universally enforced: but that he made the statement that there should be. It was stated in the report of the Vaccination Committee it would be proposed to make the appointment of a vaccination inspector compulsory, and he would have to keep the vaccination-registers. The Government would be glad to entertain any proposals which would ensure more complete and effective vaccination.

Apothecaries' Hall of London.—At a Court of Examiners held on the 18th instant, the following gentlemen having passed the necessary examinations were admitted licentiates of the Society of Apothecaries, viz.:—Messrs. Lionel Beach, of the Royal Infirmary, Margate; Frederick Howard Clarke, of Devonport; Thurston Forsaw, of Hemer, Derbyshire; Thomas William Jackson, of Lorient, France; Henry Hargit, of Erith; Lionel Lewis Powell, of Melton Mowbray; and Edward George Younger, of Blackheath Hill; and at the same court Messrs. Edward Lewis Archer, of St. Bartholomew's Hospital, and Hugh Fugh Jones Price, of the Manchester Royal Infirmary and Manchester Medical School of Medicine, were re-elected to the post of surgical examination:—The following were admitted licentiates on the 25th instant, viz.:—Messrs. Edward Theodore Burton, of Spring Hill, Birmingham; Charles Cogman, of London; Charles Hargit Johnson, of the Infirmary, Hull; Alfred Robinson, of St. Stephen's Town; Frederick Aulin Monks, of Hackney; Henry Drake Palmer, of Olney; and Abigail Wall, of Bayswater.

University of Glasgow.—Mr. Allan Walker, Scotland, was admitted on the 11th inst., to the degrees of M.B. and C.M.; and Mr. John Murray, Scotland, to the degree of M.B.

Royal Medical Benevolent College.—The annual general meeting of the governors of the college was held on Wednesday week, Mr. Henry Sterry, treasurer of the college, in the chair. There were present, Dr. Johnson, Dr. Carr, Dr. Muggrege, Dr. Pelce, Dr. Hogg, Dr. Ramsay; Messrs. P. Hird, J. J. France, H. Hancock, David Taylor, John Liddell, J. T. Mould, and George Stillwell. Mr. Robert Freeman, secretary of the institution, read the report, in which the council expressed their satisfaction with the proceedings of the college, and the fact that the electronic currents were being successfully applied, and the number of the students in the college as well as the number of those who had been vaccinated, haberd, or less affected last year by the war on the Continent, the college had suffered less from this cause than might have been anticipated. The annual subscriptions were very nearly up to the average, and the number received was rather better than the former year, though not quite so good as those of 1853. The report recommended the extension of the benefits derivable from the college by the establishment of a class of pensioners receiving annuities of 20 guineas. It also advocated a re-arrangement of the laws and by-laws of the college, in order to correct existing errors and to remove ambiguities; and also in order to provide power to deal with some difficulties which were not foreseen when the by-laws were originally drawn up. After referring to the scholastic department of the institution, the report went on to point out the various changes and improvements which had recently taken place in the college and the addition of new branches of education. The school continued quite full, and the health of the boys during the past year had been good. The balance sheet was taken as read; it showed a balance in hand of £361 9s 6d. up to 31st December, 1870. On the motion of Mr. Liddle, the report was adopted. The following ten members of the council retiring: viz., Mr. C. Hargit, Dr. Muggrege, Dr. Sieveking, Dr. C. Taylor, Dr. Westall, Messrs. G. T. Dale, C. M. Griffith, Henry Hancock, and Francis Webb. The cordial thanks of the governors were tendered to the treasurer, Mr. Henry Sterry, for the zeal and efficiency with which he had administered the affairs of the college during the past year. The present year's collection of fees was £2,000, and the following three auditors, the Rev. J. J. Smyth, Mr. Chas. W. Sles, and Mr. John R. F. Burnett, unanimously re-elected for the ensuing year. The usual vote of thanks to the chairman, treasurer, auditors, &c., closed the proceedings.

Glenings.

Oxygen Gas as a Remedy in Disease.

It has long been a matter of considerable surprise to us that more serious attempts have not been made by the physicians of our great London hospitals, to settle the vexed questions concerning the power of oxygen as a therapeutic agent. No doubt a good deal of discredit has been thrown on the medical use of oxygen by the unscientific (not to say unprofessional) manner in which its powers have been vaunted by more than one would-be Paracelsus of the present generation; but it certainly has not been more quaked than has medical electricity, and yet we find that respectable medical men are throwing over their prejudices against the latter agent, and acknowledging that they cannot do without it any longer.

Now that oxygen can be obtained pure, in portable form, and with convenient apparatus for its use, it seems to us a crying waste that our hospitals do not at once take up and try upon a large scale the question of its therapeutic powers.

Dr. Smith obtains oxygen from chlorate of potash, by simple heating in an apparatus which it is unnecessary to describe, as practitioners will certainly buy their oxygen ready made, unless they come to use it on a very large scale. As in the apparatus of Barth, the gas, being either in a bag or gasometer, is conveyed to the patient through a flexible tube terminating in a mouthpiece, which is either placed between the lips or at the orifice of one nostril. The quantity of the gas given will vary from one to two gallons daily, which is sufficient in some chronic cases, to 50 or 100 gallons, which may be required in urgent dyspepsia. In chronic cases it should be given from a very small orifice, so that the inhalation of four or five gallons will occupy fifteen to thirty minutes. Febrile patients should take the oxygen in the morning, or the evening, or repeated morning and evening, or less frequently as the case may demand. Some very striking results have followed when the interval was as great as three days. On the other hand, when respiration is much obstructed, it may be necessary to give the gas almost constantly, and but little diluted.

In regard to physiological action, Dr. Smith's (New York) experiments bring out one or two curious facts. He shows, for example, that the remarkable reddening of the tissues of animals which die from confinement in oxygen gas, is no true effect of oxygen as such, but only of oxygen plus the impurities of an atmosphere of carbonic and nitrogen gas which had breathed for a long time. This was done by providing, within the bell-glass under which the animal was confined, some solution of caustic potash, which might absorb the carbonic acid; the death of the animals was evidently retarded, and the reddening of the tissues was not produced. Dr. Smith thinks the red colour is produced by retention of carbonic acid in the tissues. (Is it not more probable that it is due to carbonic oxide, formed within the jar under ordinary circumstances, but not formed when provision is made for absorbing superfluous carbonic acid?) Further experiments showed that when only a small amount of oxygen was supplied, the animals exhibit no sign whatever of truly toxic effects, and that in particular the old theory of hyper-oxygenation of the blood must be entirely incorrect. Dr. Smith does not, however, accept the theory of Regnault and Reiss, according to which the inhalation of pure oxygen makes no difference with respiration: clinical and experimental facts are, he says, in decided opposition to this idea. He simply believes that the inhalation of oxygen, in appropriate circumstances, allows of
complete saturation of the blood to the physiological maximum — not beyond.

Another curious fact observed was, that the inhalation of a considerable quantity of oxygen, by a healthy person, is followed within a few moments by a temporary decrease of the carbonic acid exhaled; although the ultimate effect is a small increase, so small as to confirm the idea that the absorption of oxygen by the blood-corpse does not exceed physiological limits. Lastly, it be said, that Dr. Smith apparently makes out that not only urea, but urea itself is diminished by the inhalation of oxygen; and also that a striking diminution in the urinary colouring matter takes place, without any diminution of the specific gravity of the fluid. These are very important statements, that ought not to be left unconfirmed (or uncorrected), by physiologists for a single month.

It must at any rate be plain to any candid mind, remarks The Lancet, that oxygen is a real, though at present not very well understood, therapeutic power. It is the bitterest sarcasm on our respectable and conventional system of therapeutics that nothing like a concerted effort has yet been made, by competent and credible men in England, to settle what the true functions of so powerful a therapeutic weapon may be.

Mode of Action of Mercury.

In the (Berlin K. Wochenschr., vol. 35, 1870) there is a paper by Dr. E. Stern, and J. Müller, on this point. They found that 1 equivalent of common salt with 1 eq. of biocil, of mercury, form a double salt, in which the biocil. acts the part of an acid. A large amount of the chlorode of sodium (10 to 1 of sublimate) prevents the precipitation of albumen. The use of a finely-divided metallic mercury is shaken up with a concentrated solution of the chlorode of sodium at 35° C, a considerable amount of this double salt is formed. The authors suppose, therefore, that mercury enters the system in this form, even when used externally as mercury ointments, a belief which is confirmed by the clotting of sodium of the sweat. Stern has used this compound subcutaneously, in the form of a solution, containing 2—2½ p.c. of sublimate and 20—25 p.c. of chlorode of sodium. It caused only a slight burning, and never the formation of an abscesse. Given internally, in the absence of acid or saccharine food, it caused no digestive derangements, and slight salivation occurring in two cases was quickly removed by gorging with a weak solution of common salt, although the remedy was continued. By the use of this combination externally and internally syphilitic manifestations disappeared more rapidly than by any other method.

Removal of Pathological Fluids by Aspiration.

In (Schmidt's "Jahrbr., Oct. 1870) there is a summary of recent literature on this subject. In some cases the ordinary hypodermic syringe is used, whilst others used avalve apparatus like a pump but the elastic bag attached to the percutaneous needle. The method in its various modifications has been made use of in every variety of fluid accumulation; in hydrolece, abscesses, especially buboes; hydrothorax; hydropericardium; fluid in joints; and even in hydroceles and abscesses of the brain. The method may often be found useful for diagnostic purposes. The great advantages are the safety and almost painless character of the operation, and in some cases the prevention of any scar, whilst as regards diagnosis the fluid removed is quite pure.

NOTICES TO CORRESPONDENTS.

Mr. CHAS. WILLIAMS, Norwich.—Please state in what year the Biographical Sketch appeared in our columns.

Is-Type:—


**"Memoranda of the Practice depending on an Intracranial Tumour of the Anterior Wall, with Treatment."** By Dr. H. Gogarty, F.R.C.S.

**"Skin Grafting in Extensive Indolent Ulcers of both Legs at the Richmond Hospital."** Reported by Mr. Algrenon B. Vesey, Senior Resident. Pulp.

**"Dislocation of the Left Femur."—Ibid.**

**"On the Treatment of Acute Rheumatism."** By E. P. Sharkey, M.C., &c.

**Dr. DUNHAM'S Clinical Lectures "On Diabetes."** (Continuation).

**Practical Obstetrics."—No. IX.** By Francis E. Clarke, R.A.

**"On the Treatment of Eczema."** (Continuation). By Mr. Milton.

NOTICES TO CORRESPONDENTS.

May 31, 1871.

MEETINGS OF THE LONDON SOCIETIES.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND.—Wednesday, May 31st, 4 p.m. Prof. John Birckett, "On the Nature and Treatment of New Growths."**

**ROYAL LONDON OPHTHALMIC HOSPITAL, MOFFIELD.—Thursday, June 1st, 10 A.M. Operations.**

**ST. GEORGE'S HOSPITAL.—Operations.**

**UNIVERSITY COLLEGE HOSPITAL.—2 P.M. Operations.**

**ROYAL OPTHALMIC HOSPITAL.—2 P.M. Operations.**

**WEST LONDON HOSPITAL.—2 P.M. Operations.**

**ROYAL INSTITUTION.—2 P.M. Prof. Tuddenham, "On Sound."**

**ROYAL COLLEGE OF SURGEONS.—Friday, June 2nd, 4 P.M. Prof. John Birckett, "On the Nature and Treatment of New Growths."**

**ROYAL COLLEGE OF PHYSICIANS,—5 P.M. Dr. Ackland, "On National Economy."**

**ROYAL INSTITUTION.—Saturday, June 3rd, 3 P.M. Mr. Lockyer, "On Astronomy."**

**BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.**


APPOINTMENTS

ALLAN T., M.D., Medical Officer, &c., for the Islande Dispensary District of the West of England Union.

BROADENTH, L. G., M.D., has been re-appointed Medical Officer for the Lunatic Asylum of the Borough of the borough of Greenwich, London.

BIRCHILL, F. L., M.B., F.R.C.S.E., has been elected Surgeon-Acou- bacheur to the City of London Lying-in Hospital.

CASTROVIEJO, E., F.R.C.S.E., a Consulting Surgeon to the Gentle- dental Hospital of London.

JOLLY, R., F.R.C.S.E., Surgeon to the General Hospital, has been appointed Joint Demonstrator of Anatomy at Queen's College, Edinburgh.

MURPHY, W. W., M.D., F.R.C.S.E., Resident Medical Superintendent of the Gerry District Lunatic Asylum, Killarney.

SMITH, A., M.D., F.E.Q.C.P.I., has been re-appointed for a further period of seven years, King's Professor of Maternity and Pharmacy at the school of Physics, Trinity College, Dublin.

THOMPSON, G., L.R.C.P.L., F.R.C.S.E., Medical Superintendent of the Liverpool Lunatic Asylum, Wavertree.

Tennier, J. S., Medical Officer for District No. 5 of the Mansfield District.

WADE, A., M.R.C.S.E., Medical Officer for the Dissapay District of the Darley Union.

WAN, Dr. F., Consulting Physician to the Birmingham Dental Hospital.

WEST, J., F.R.C.S., Consulting Surgeon to the Birmingham Dental Hospital.

Marriages.

KIRKWOOD—POTTINGER.—On the 13th inst., at Tommau Church, Letrim, Thomas Moore Kirkwood, Army Medical Staff, to Annabella, only daughter of Maj.-Gen. Pottinger, C.B., of Mount Leek, Co. Leitrim.


Deaths.

ANDERSON.—On the 13th inst., Alice Dunlop Anderson, M.D., F.R.C.S.E., of the Liverpool Lying-in Hospital, Dundee.


HAWKINS.—On the 12th inst., Dr. W. B. Hawkins, M.R.C.S.E., of Boxley Heath, Kent, aged 35.

HEATON.—At Leck, Sarah, the wife of Dr. Heaton, aged 35.

PHELPS.—On the 13th inst., at Queen street, Liverpool, J. Orr, Surgeon, aged 76.

SCHRAG.—At Liverpool, C. S. G. Schrag, M.R.C.S.E., aged 56.
Original Communications.

THE PRESIDENT'S ADDRESS

AT THE

SURGICAL SOCIETY OF IRELAND,

Delivered at the concluding Meeting of the Society,

BY ALBERT J. WALSH, F.R.C.S.I.,
President of the Royal College of Surgeons in Ireland.

In my address at our first meeting of the present Session I took the opportunity of expressing the hope that during my year of Presidency the Surgical Society of Ireland should at least maintain the well-earned high position and reputation it has attained as well by the original character of its communications as by the tone, good-feeling, and manner in which its discussions are carried on, and it now, at this, our closing meeting of the Session, affords me no little gratification to be able to say with truth and thankfulness, that my hopeful wishes and anticipations have indeed been carried out to the fullest extent, for whether we consider the number and variety of the subjects brought under our notice—or the practical value and intrinsic merit of the various papers read before the Society, or the ingenuity and talent displayed in the different instruments shown to us, we have, on each and every side, the clearest evidence of our rapid progress in the science of surgery and its collateral pursuits, so that we may indeed safely affirm that no Session hitherto has produced more important or a greater variety of valuable contributions.

Time would not permit of my entering into anything like a detailed account of the numerous and important subjects that have been brought before the Society during the Session, and I cannot (however anxious to enter fully into some of them) do more than glance in the most superficial manner at a few of the most important and interesting.

By a wise arrangement of the Council of the Society recent morbid specimens with short explanatory observations take precedence at our meetings of more elaborate dissertations, and, in accordance with this rule, I will first notice those we have had the opportunity of seeing and examining, during the Session. Three most interesting "Cases of Amputated Hands," one exhibited by Mr. Wharton, our vice-president, and removed for a recent compound fracture and dislocation of the phalanges; another by Mr. Kelly, in which amputation was clearly rendered necessary by extensive disease of the carpus and lower end of the radius; and the third shown by Mr. R. Mayne for Professor MacNamara, a hand which had been much injured by an explosion of gunpowder. Other valuable post-mortem preparations were also exhibited, "An Intercostal Artery Divided and the Lung Wounded by the same Stab." The vertebrae of the unfortunate culprit who was accidentally decapitated while undergoing the sentence of hanging, shown by Dr. Minchin, whose explanation of the cause of the accident, displaying a great amount of research, was instructive and satisfactory. Mr. Fleming exhibited a larynx, showing how a piece of bone had become impacted in the rima dividing it into two equal spaces, a very singular accident, and occurring as it did in a child difficult to understand. Mr. Morgan also exhibited a good specimen of "Syphilitic Ulceration of the Larynx," and also a large piece of meat which was impacted in the oesophagus causing death; but among the many morbid appearances shown to us during the Session that exhibited by Dr. Hawtrey Benson was, perhaps, the most unique and valuable. The heart of a female in both ventricles of which were found large yellowish white fibrous clots, nearly filling the left ventricle, which passed through the valves into the corresponding arteries. These are the principal, if not all the morbid specimens brought before the Society during the Session, and I mention them together to show more particularly what I conceive to be one of the most important departments of the numerous branches of medical science which our Society affords such good opportunities of studying more fully. I allude to morbid anatomy, our knowledge of which, I believe, is little more than in its infancy, and which is of all branches of our science the most useful to the practitioner,
as well as interesting to the scientific enquirer, here it is that we learn the effects of the disorganisation of one vital part upon the whole system, and here we see the cause of the various symptoms of disease we had recognised and treated during life. But time will not permit my entering more fully upon this subject, and I must hasten to notice other matters among the most important of which, as also it is necessary that I pass over these pages in order, the "Duality of the Venereal Poisons" so ably brought before us by Professor Morgan at our first meeting, stands pre-eminent. The discussion upon this important subject occupied the greater part of three evenings, and so far from the interest in it flagging, members appeared more anxious to prolong their arguments pro and con as the debate advanced. This much vexed question was handled by the various speakers with an unusual amount of acumen, talent, learning, and research, and the report of their opinions, taken in short-hand by our reporter, forms a most valuable record. The practical experience of a portion of the members present caused them to dissent from some of the learned Professor's theories, and the deductions he drew from his experiments and the result of the debate appeared to be that further experience and renewed experiments are necessary to confirm his views. Great merit, however, is due to Professor Morgan, as well for the manner and readiness with which, when unexpectedly called upon to read his paper he made an extemporary statement of his views and the results of his experiments as for the paper itself, which he afterwards laid before the Society. The question is one of great importance, and upon which there is much difference of opinion among the medical profession, it is only by bringing as it were to the bar of public judgment of the profession at meetings such as these, the results of the practical experience and careful experimental enquiries of individuals, that we can hope ever to arrive at correct opinions.

The subject of "Strangulated Femoral Hernia," brought forward by Mr. Croly, gave rise to a reiteration of the dogmas of the doctrine held and strongly taught by the most experienced surgeons. That the earlier we operate in such cases when operation is really necessary, the more certain are we of success; but we all must admit that there are many cases in which, by the use of the taxis and other appropriate means, the necessity for operation has been avoided.

Some "Cases of Glossitis" which occurred in the practice of two members of our Society residing in the country, Dr. Barry of Kanturk, and Dr. Lepser of Roslevy, were read by Mr. Hickey, who, had we had more south of Ireland's attention to the subject, they were listened to with much interest, giving as they did, the successful result and almost immediate relief of that very painful and distressing disease by at once making free and deep incisions, but the cases themselves were interesting, and we are much indebted to these gentlemen for the trouble they have taken in forwarding them. There is, I have no doubt, a vast number of undefined cases in the country, the result of the practical experience of over a thousand dispensary and country practitioners, left unworkd and lost to the profession by those gentlemen who can plead neither ignorance nor incapacitv as their excuse, but who from carelessness or want of thought allow such opportunities of benefitting others to pass by; our thanks are, therefore, the more especially due to those who, from time to time, sends up their papers, and I hope that they will not be dissuaded from following the good example these gentlemen have set them.

But, perhaps, the most important discussion that has taken place during the Session was that, to which a paper of Mr. Moore, "On Vaccination and Re-Vaccination" gave rise to. The recent outbreak of small-pox in the sister country and its Metropolis having naturally excited particular interest in the subjects. Our meetings at which the discussion took place were honoured by the presence as visitors, of some of the most eminent physicians of the city, and no one hearing the several speakers upon this occasion could be otherwise than convinced of the large amount of information to be gained by a regular attendance at such meetings. The valuable experience and opinions of such men as Beatty, Churchill, Kennedy, McClintock, and others who took part in the discussion, would alone give the greatest value to our debate and mark the Session as one of unusual interest. But the most important fact to be exhibited in these meetings I conceive to be the fact that the profession is still most anxious and willing to assemble, not to dispute nor to support this or that theory, but simply to record their individual experience and by comparing notes to endeavour to arrive at some definite result by which our practice should be guided; to the junior practitioner and those whose professional avocations bring them but seldom in contact with cases of this kind, valuable contributions, and were it only the avocation of just allude to one fact which, to my mind, is most convincing, and worth all the theories and opinions put forward by authors, it was mentioned by Dr. Beaty that for upwards of forty years he had been vaccinating among his private patients on an average sixty children each year, and that during that long period, he had never known nor heard of one of them having had the small-pox—nevertheless he has not the least idea of how to do it. I cannot pass over this most interesting meeting and discussion without noticing how much it partook of the character of the meetings I still hope to see from time to time held in this city as the result of the union of the Medical, Surgical, Obstetrical, and other congenial Societies into one great scientific body, academy, or institution, call it what you will, to the formation of which I shall look in my opening address, and which I still have hopes of seeing accomplished.

At our last meeting Mr. Wm. Stokes read a valuable paper describing an operation of the thigh, which he called a "supra-condyloid," and exhibited one of the persons he so operated on, as well as some casts of the stumps of other patients. The stumps were examined by the members with much interest, and called for the general approbation of the meeting.

At the same meeting our Vice-President, Mr. Wharton, read a paper descriptive of a "Modification of Teale's Operation," which modification had been adopted by some of the members present who spoke in favour of it.

I have now, I believe, given a short résumé (taken from the books of our Society) of almost all the papers that have been brought before us during the Session, and I think it must be admitted that I have sufficient grounds for affirming as I have done at the commencement of my address, that no Session has hitherto produced a greater variety of valuable contributions, and that the members of the Society, so far as we still have the most undeniable evidence of the great usefulness of our Society in developing the talent and labour of our profession to such an extent. But we have greater and more valuable proofs of the good work our Society has achieved; I have said nothing of the opinions and discussions these papers have elicited, nor if my intention at this advanced period of our sessions, so, it is not necessary that I attach little value to discussion or that I conceive the papers themselves the most important that I omit the one and have spoken of the other, it is simply because I conceive that these debates are too instructive and too valuable to pass them over with any cursory remarks and to enter fully into them, or to do justice to the several speakers would be, although a most interesting still a very difficult task. Nevertheless, it will not prohibit the possibility of my undertaking. However, I regret this the less as we have a most admirable and trustworthy record both of the papers themselves of the discussions (taken in short-hand) in the Medical Press, our national paper, to which Irish surgery owes so much; here will be found faithfully recorded among others, the valuable discussion on the duality of venereal poison, and here the arguments brought forward by Dr. Evory Kennedy, Kidd, and some military medical officer and others in support of re-vaccination, with the speech...
ON SPECTRUM ANALYSIS, in relation to Chemistry, Pathology, and Medical Jurisprudence.*

BY H. LETHERY, M.B., M.A., Ph.D., &c.

The blood when examined for its spectrum under the action of different reagents, shows that the colouring matter is principally concerned in the phenomena of respiration; and the appearances of the spectra are so remarkable, that they become the means of discovering the presence of blood in very minute particles. Professor Stokes has been the first to notice this; and he ascertained that the colouring matter of the blood, when fresh, was very different from the haematin of Leecann; for it was soluble in water, and had the power of absorbing oxygen, and giving it out with great facility, and that the spectra in the two states of oxidation were very different. He, therefore, named the substance eruvin, distinguishing the bright red arterial or oxidised eruvin by the name of scarlet eruvin, and the purple or venous colour deoxidized eruvin by the name of purple eruvin.

His method of research was very simple, for he merely placed a weak solution of blood behind a slit, and looked at it with a prism. It is, however, better examined by putting it into a test tube, and holding it before the slit of Browning’s spectroscope (Fig. 3). When the blood is fresh, and the solution not too strong, the blue end of the spectrum is cut off, and two dark bands appear in the green, one close to Fraunhofer’s line (D), and the other, which is a little broader, but not so well defined, is nearer to the blue. This appearance is not affected by adding ammonia, or the carbonated alkalies to the blood; but it is more or less quickly changed by the caustic fixed alkalies, by acids, heat, alcohol, &c.; and then the two bands in the green either disappear entirely, or they move lower down into the blue, which becomes much more discernible; besides which, there is a dark band in the red. This he found was the spectrum of Leucan’s haematin, which had been formed by the action of acids, &c., on the eruvin of fresh blood.

Both of these colouring-matters are, however, susceptible of oxidation, and deoxidation, giving in each case a characteristic, but very different spectrum.

* Extracted from the Third Volume of the “Clinical Lectures and Reports, by the Medical and Surgical Staff of the London Hospital.”


Fresh blood, dissolved in water, and made alkaline with ammonia, gives the spectrum of scarlet or oxidised eruvin, with its two well-defined absorptive bands in the green; but if to this alkaline solution of the blood there is added a little protosulphate of iron, to which enough tartaric or citric acid has been added to prevent its precipitation by the carbonates, the blood becomes scarlet, or is oxidised by the protosulphate of iron, and the spectrum is changed to one with a single dark band in the green—the band being broader than either of the preceding, and occupying the place which was between them, as if the two bands had come together. This is the spectrum of purple or reduced eruvin; for, on allowing the solution to stand exposed to the air, it quickly absorbs fresh oxygen, and again becomes scarlet eruvin with its two absorptive bands. An additional quantity of the protosulphate will again reduce it, and so on for many times.

Professor Stokes has ascertained, beyond all question, that this change is not due to the spectral properties of the iron, but to changes in the colouring-matter itself; for, by using other deoxidising agents, as protochloride of tin, hydrolysulphate of ammonia, &c., the effects are the same, although they take place more slowly. Even blood itself, when it has been treated, worked up, or otherwise placed, must be excluded from the air, and has become slightly putrid, exhibits the same single dark band of deoxidation; but on exposure to the air it quickly absorbs oxygen, and shows the spectrum of scarlet eruvin. Professor Stokes infers from this that “the colouring-matter of blood, like indigo, is capable of existing in two states of oxidation, distinguishable by a difference of colour, and a fundamental difference in the action on the spectrum. It may be made to pass from the more to the less oxidised state by the action of suitable reducing agents, and recover its oxygen by absorption from the air.” The importance of these reactions, and of this conclusion, will be best seen when we apply them physiologically.

When a little acid, as acetic, tartaric, or citric, which does not give a precipitate with the colouring matter of the blood is added to it, the solution quickly changes from a red to a brownish red colour, and the spectrum is no longer like that of fresh blood; for the two bands in the green gradually disappear, or pass downwards into the blue, and there is a distinct band in the red. The change is evidently of a chemical nature, for nothing will restore the colouring matter to its original condition. The eruvin, in fact, is permanently changed into another substance—the haematin of Leecann. But this also, like eruvin, can exist in two states of oxidation, and give two characteristic spectra. The spectrum of the archetypal eruvin was already described; it exhibits a faint absorption-band in the red, and two in the green, or rather one in the green, about the position of the lowermost black band of scarlet eruvin, and another in the blue. By candle- or lamp-light, the last band is obscured in consequence of the comparatively small amount of blue in the light; but, by daylight it is very distinct; and if the strength of the solution is gradually decreased, until the red rays alone pass through it, the band in the blue is the last to go, whereas, with scarlet eruvin, the last colour to fade is the green between its two dark bands.

In order to see the spectrum of reduced haematin, it is necessary to obtain the colouring matter in a somewhat pure condition, because the addition of ammonia to the inure acid solution will render it turbid, and so obscure the field of view. The process to effect this is to acidulate a strong solution of blood, or blood-clots, with a little glacial acetic acid, or any acid; the latter two times its bulk of ether, and gently move about in a test tube until the ether dissolves the acid-colouring-matter, and flouts without frothing. This is to be poured off; and if it be at once examined, it will give the characteristic spectrum of oxidised haematin in a very marked manner. But for deoxidation, it must be washed with a little water to remove the excess of acid, when the colouring-matter separates, and forms a film or layer between the ether and
water. The latter is to be drawn off with a pipette or syphon, and the other with the colouring matter is to be treated with a slight excess of ammonia, in which the haematin dissolves. This gives a spectrum with a black band, obscurely divided into two at the line (D) of Fraunhofer. If to this is added a small quantity of the solution of proto-sulphate of iron with tartaric acid, it exhibits a spectrum with two dark and well-defined bands in the green, not much unlike the two bands of scarlet crurin, but placed lower down, and their relative widths are different from those of fresh blood, for the uppermost is the widest and best defined, instead of the lowest. On exposing the reduced haematin to air, it again absorbs oxygen and becomes the oxidised haematin. Professor Stokes names these also from their colour—brown haematin and red haematin.

These reactions are so delicate, and withal are so characteristic, that they may be used as the means of discovering the presence of a very minute quantity of blood; but to this end it is necessary that they should be used with microscopic appliances. This was first done by Mr. Sorby,

**Fig. 5.**

who put the solution of blood into very small cells or tubes, made out of barometer tubing, of one-eighth of an inch bore, cut into half-inch lengths, and cemented upon a slip of glass. The apparatus and the arrangement of it are shown in Fig. 5. The solution of blood is contained in the barometer tube (a), which is fastened upon the glass (b), and held in its place by the spring (c), in front of a narrow slit (d). All these are supported on a movable stand. In front of the tube (a) there is a lamp so placed that its light, when condensed by a properly placed condenser, passes through the solution of blood to the glass prism (e), and thence by the acromatic condenser (f), to the object-glass of the microscope (h), and so on to the eye; or if more convenient, the object may be placed upon the stage of the microscope at g, and examined by the light which has passed the prism. In both cases, however, the spectrum of the object is seen in the microscope, and the appearances are so well marked, that as little as the one-thousandth part of a grain of blood may, according to Mr. Sorby, be discovered by this means.

* Journal of Science, April 1865. P. 211.

But it was soon found by Mr. Sorby that it would be more convenient to have the prism in the eye-piece of the microscope, with such an arrangement that the object might be examined in the usual way by direct light; and although the difficulties of effecting this were very great, yet he overcame them at last; and with the assistance of the practical skill of Mr. Browning, the well known optician of the Minories, he constructed a spectroscope that can be used in the same way as the eye-piece of the microscope. Its form and arrangements are seen in Fig. 6, and it consists of prisms for direct vision, so arranged that the spectra of two objects can be seen in the field of view at the same time, one of the objects being placed upon the stage of the microscope, while the other is placed upon the stage of the spectroscope. In this way the spectra of an unknown object can be compared with that of a known, and the position of its absorption bands accurately determined. There is also an adjustment for altering the width of the slit, so as to obtain in every case the maximum effect; and when the slit is fully open, and the prisms are removed, the eye-piece may be used in the usual manner for finding and examining the substance. By this means the highest power of the microscope may be employed; and it is said that the characteristic spectrum of a single blood-disc may thus be obtained.

One of the principal facts elucidated by Mr. Sorby is that blood in drying and keeping in common atmospheres undergoes change. It acquires, as everyone knows, a brown colour; and this he finds is due to the presence of acid matter in the atmosphere, which converts scarlet crurin into a brown variety—having a characteristic spectrum. If recent blood, for example, is dissolved in water,

**Fig. 6.**

it gives the spectrum No. 2, Fig. 7, which is the spectrum of scarlet crurin, with the blue end darkened, and the two dark absorption bands just below Fraunhofer's line (D); but if the spot of blood has been exposed to the air, so as to become brown, its solution furnishes a spectrum like No. 3, in which the two bands in the green are much weakened, and another band appears in the red. If the exposure has been for a longer time, it looks like No. 4, when the red band is still stronger, and the two green ones still paler. A larger quantity of blood is also required to show these spectra; and if the solution is very
strong it only gives a dirty brown spectrum with a dark band in its centre.

The time necessary for these changes varies with the locality, and the circumstances under which the blood-spots have been kept. Exposed to the air at Burbage Moor, six miles from Sheffield, and one or two miles from any houses, he found that it took a week to produce any appreciable change; whereas, in the centre of the town of Sheffield, it occupied only a few hours. He further observed that when the blood-spots were kept in his own

house the rapidity of change was much affected by the combustion of gas; and hence he concluded it was due to the formation of some acid compound, probably sulphurous acid by the burning gas. He then found that, when the blood-spots upon a piece of linen were sealed up in a glass tube, in a perfectly dry state, it required two or three months to produce a change that would show the spectrum No. 3; but if it was sealed up wet it did not undergo any change. It would seem, therefore, that there are three forms of {\textit{crurin}}, namely the scarlet, the purple, and the brown, each of which gives its characteristic spectrum.

In all cases of medicolegal inquiry, the method of proceeding with the examination of blood-spots should be as follows:—If the blood-stain permits of the removal of the blood without admixture with the tissue or fabric upon which it rests, it is proper to detach a portion of it in this manner, and dissolve it in a single drop of water in a watch glass, and then to transfer it by means of a glass-tube drawn out to a fine point, to the cell made in the way already described, from a piece of barometer tube.* After which it is to be covered with a piece of thin microscopic glass, and allowed to stand in a horizontal position, for ten minutes or a quarter of an hour, until the suspended insoluble matter subsides, and leaves the solution clear, and fit for observation. It is then placed upon the stage of the microscope, and examined with a magnifying power of from half-an-inch to a-quarter, taking care that the top of the liquid is brought into focus. When this is done the prism of the spectroscope is put on, and the slit narrowed until the bands in the spectrum become distinct. If the blood is moderately fresh, it will show the spectrum No. 2, Fig. 7; but if it is not so fresh, it will look like No. 3 or No. 4, according to its age. On adding a little ammonia to the solution, the band in the red of No. 3 or No. 4, immediately disappears, and those in the green become strengthened, as in No. 5. A minute fragment of citric acid is now to be added, and stirred into the solution with a fine platinum wire. This will weaken the dark bands in the green, or even make them disappear altogether, if the acid has been

used in excess. Should this be the case, a little more ammonia must be used, and then a very small particle of the crystal of green protosulphate of iron, the cell being immediately covered with a piece of thin glass, and secured with gold size, so as to exclude the air. On turning the cell over and over for a few minutes, the protosulphate of iron will dissolve and decompose or reduce the {\textit{crurin}} to the purple—forming a pale red liquid, which will give the spectrum No. 6, with a single dark band in the green. The specimen may be thus preserved for many months.

A little of the solution of the blood may also be dried upon a piece of glass, when it will give the spectrum No. 2, No. 3, or No. 4, according to its freshness and hygroscopicity. If it be very fresh and dry, it will look like No. 2; but if it be changed into brown {\textit{crurin}} the two bands in the green will be much paler, and when it is breathed on, so as to make it a little damp, it will show the band in the red like No. 3, or No. 4; the dry spot may be thus preserved upon the glass for months without change, provided it is covered with a piece of thin glass, and secured with gold size, or Canada balsam.

If the blood be very old and has become changed into hematin, it will not dissolve in water without the presence of a vegetable acid; it is, therefore, to be treated with a drop of water acidulated with citric acid, and the solution transferred to the cell, and examined as before. Under this treatment whether the blood be new or old, it will be changed into hematin, and will give the spectrum No. 7, with its characteristic band in the red, another in the green, and if seen by daylight there will be one in the blue. On adding a little ammonia, so as to make it distinctly alkaline, and then a very small particle of protosulphate of iron, it will be reduced, and will give the spectrum No. 8, with its two bands in the green; as in the former case, the cell must be covered with a piece of thin glass, and secured with gold-size, to exclude the air, when it will keep for months unchanged.

It thus appears that a very minute particle of blood may be made to furnish its characteristic spectra; and when, in a medicolegal inquiry, these spectra are compared with the known spectra of blood, treated in exactly the same way as the suspected matter, the results are very conclusive. In fact there are no real fallacies to the test; for although many red solutions may produce stains upon clothing like blood stains, and may give spectra, which at first sight appear like one or other of the blood spectra, yet there are none which show all the characteristic appearances of the haematin spectra under the microscope. Few, indeed, if any, will stand the test of ammonia, which only brightens the absorption bands of blood, while it alters the appearance of other colours; and if there be any doubt in the matter, a little sulphite of potash will remove it, for this bleaches every colour which is likely to be confounded with blood. Among the reds which cut off the blue end of the spectrum, and exhibit black bands, that are more or less like that of blood, are cochineal, lac-dye, alkanet, madder-red, and munjeet dissolved in each case, in a solution of alum; but on comparing the spectra, side by side, with those of blood, it will be at once seen that the bands are not the same, either in their position or character. In the case of cochineal in alum, for example, which is so very like blood, that it might almost be mistaken for it, the two bands are nearly of the same length, whereas, in the frog blood, the former is always the widest; and the reverse is the case with alkanet in alum. Besides which, none of these colours will stand the action of ammonia. Even the gravy of roasted meat, if it be not from underdone meat, which is more or less modified {\textit{crurin}}, does not give the same spectra as blood; for although it sometimes shows a dark and sharply defined absorption band, a little below the {\textit{D}} line, it is always accompanied by the fact that, of course, the ammonia weakens it, and citric acid, with protosulphate of iron, produces no change in it, as it does with hematin. In fact, if the gravy is very dark coloured, and has been
strongly heated, it gives a spectrum, like No. 1, Fig. 7, without any absorption bands. There is, therefore, no colour, as yet examined, which can, when proper care be concentrated with blood. A few precautions, however, are always necessary to guard against possible sources of error, and to obtain the most satisfactory results.

In the first place, the solution in which the blood is examined should not be too strong for, if it is, it cuts off too much of the light, and the absorption bands merge into each other, and are not seen. On the other hand, if the solution is too weak, the bands are faint and are therefore not well marked. This, however, may be remedied by using a very narrow tubular cell, and thus increasing the depth of the liquid.

Secondly, the reagents, especially the citric acid and proto-sulphate of iron, should be employed in very minute quantity, as the haematin produced by the action of the acid on blood is not very soluble in a strong solution of citrate of ammonia, and will, therefore, be precipitated when the acid solution is neutralised, or rather supersaturated with ammonia; and the precipitate obtained by adding too much proto-sulphate of iron to the alkaline solution of blood, will obscure the field, and thus make the results unreliable.

Thirdly, it is necessary to throw the object a little out of focus, or there will be lines in the spectrum which are not due to the colouring-matter.

Fourthly, the width of the slit should be adjusted during the examination, so as to obtain the best effect, for, by narrowing the slit, the absorption-bands become more defined, and therefore more distinct.

It is well to note the differences in the spectra with daylight, and artificial light; for, as the latter contains more yellow rays than the former, there is a comparative feebleness of the blue end of the spectrum, and it is consequently shorter. In my opinion, the results are most satisfactory with artificial light, as the flame of a paraffin lamp, or of gas, and the Drawing, Fig. 7, represents the appearance under these circumstances.

The delicacy of the spectrum-test is very remarkable. Mr. Sorby says, in a communication to me, that the one-hundredth of a grain of liquid blood may readily be made to exhibit all the characteristic spectra—even so small a quantity as the one-five-hundredth or the one-thousandth of a grain of blood, may be discovered after a little practice, by using a tubular cell, the one-tenth of an inch in diameter, and an inch in length. When the blood-stain is upon white linen, a piece, not larger than the size of a square inch, is generally sufficient; for the inquiry, but all the more when a match is to be examined, and even a few grains may be seen with the same amount of material. If, for example, one part of blood will give the spectrum No. 8 (Fig. 7), it requires two parts to produce the spectrum No. 2, and about ten parts for the spectra Nos. 4, 5, 6, and 7. It follows, therefore, that the most satisfactory results are always obtained by dissolving the blood in a little water, acidulated with citric acid, and then supersaturating with ammonia, and reducing with a very little proto-sulphate of iron.

As examples of the delicacy of the test, and also of the time which may elapse after the blood has been drawn, before it loses its properties, the following may be quoted:—In the year 1849 I had occasion to make a medical investigation of some blood-stains upon linen, and the specimens which have been kept from that time down to the present, have been recently examined, both by Mr. Sorby and myself. The stains were of brown colour, and were quite insoluble in water—showing that the crurun of the blood had been completely changed into haematin; but on treating a piece of the stained linen, not larger than a quarter of an inch in diameter, with a weak solution of citric acid, the colour was completely dissolved, and there was obtained a pale yellow solution, which, in its acid condition, hardly showed a trace of the characteristic blood spectrum of oxidised hematin. When, however, it was made alkaline with ammonia, it exhibited the two faint bands in the green, which are characteristic of alkaline haematin; and on adding a minute fragment of proto-sulphate of iron, the spectrum of deoxidised haematin, with its double band, in the green, was well seen. A like result was obtained with another medico-legal specimen of blood, dated 1851, and with a portion of a similar specimen which I had had to examine, as in the case of the Ilford murder, in September, 1855, and of Mr. Briggs in July following, and the Plaistow murder in November of the same year,—in all of which cases the spectra are still very characteristic, although the blood, in every instance, is changed into the insoluble form of haematin. It thus appears that the characteristic properties of blood are not lost after a lapse of seventeen years, but that the spectra are still as distinct, and as well marked, as with blood of only a few months old.

Mr. Sorby has carefully inquired into the impediments to the action of the test, and he finds that some dyes, especially those which have been mordanted with alum, and certain astringent substances, as the tannin of leather, and many hard woods, as well as soap, alcohol, acids, and even the fine dust from the paper used for printing, will change the haematin, and so make it insoluble in water. It is possible, therefore, that these may offer impediments to the recognition of blood, especially if it be examined in a recent condition; but the difficulty is easily overcome by dissolving the blood in a little water, acidulated with citric acid, and then looking for the spectra of alkaline and reduced haematin. An experiment should also be made by throwing a little blood upon the questionable fabric, and after it has become thoroughly dry, examining it for its spectra, and thus determining what are the real effects of the dye or astringent matter upon it. In this way all possible sources of fallacy and impediment are removed; and if to these are added the microscopic and chemical characters of blood,—as the presence of blood-corpuscles or their fragments, the forming a red-coloured solution, which is not easily bleached by chlorine or sulphuric acid, but is coagulated by heat or nitric acid, the results are conclusive.

In a physiological point of view, these reactions of crurun, as studied by its different spectra—showing how greedily it absorbs oxygen, when exposed to the air, and how readily it gives it out again, under the influence of reducing agents, are especially interesting, for they throw a light on the probable function of the colouring-matter of the blood. They show that the pigment of the blood-corpuscles has not yet been studied, except in the form of Lecanu's haematin, which is undoubtedly an altered condition of it. Grave doubts have, for a long time, been entertained of the identity of this substance, with the colouring-matter of the blood as it exists in the red corpuscles. Lehmann expresses himself very strongly on this point, when he says, that, unfortunately, it is by no means certain whether it is a product of metamorphosis of the true colouring matter of the blood, or whether the haematin, prepared by us, only bears the same sort of relation to that which exists in the blood-corpuscles as coagulated albumen bears to that principle in its fluid state. We cannot isolate it in its soluble state from the globulin of the blood-corpuscles; hence we are only acquainted with it in its coagulated (and essentially modified) condition.* In the meantime, it is a dark brown substance, insoluble in water, but soluble in weak vegetable acids and in alcohol acidulated with sulphuric or nitric acid. These are the properties of the substance which gives the spectra of brown haematin, and it differs essentially from the crurun of fresh blood. All our notions, therefore, of the physiological nature of the colouring-matter of the blood as deduced from the present death is, therefore, most uncertain, if they are not actually founded in error. It is true that the constant occurrence of red pigment in the blood-corpuscles, and the change of it from purple to

red under the influence of atmospheric oxygen, and of red to purple in the systemic capillaries, where the blood parts with oxygen and takes in carbonic acid, are strong proofs of its taking an important part in the function of respiration, and in the metamorphosis of the tissues; but the precise way in which that change is effected could never be determined so long as there was any doubt of the exact relations of hematin to the true colouring-matter of the blood. The uncertainty, in fact, which pervaded the subject, is well expressed by Lehmann, when he says, that all sorts of conjectures have been hazarded respecting it, and that it is unnecessary to consider any hypothesis until it has been satisfactorily ascertained whether the hematin in question actually stands in the same relation to the true pigment of blood as coagulated and uncoagulated albumen; or whether artificially prepared hematin is altogether a product of decomposition or the actual pigment. If hematin has the same composition, as that we prepare artificially, and if the only difference be that it exists in a soluble form in the blood corpuscles, there is at once an end to all those very imaginative hypotheses which assume that the iron takes a great share in the process of respiration, and that it is the conveyer of oxygen to the blood.

(To be continued.)

THE TREATMENT OF ECZEMA.

By J. L. Milton, M.R.C.S.,
Surgeon to St. John's Hospital for Skin Diseases.

(Continued.)

3. A course of steel. When the discharge is profuse, when even in the dry form the disease has existed for a long time, and in all cases where improvement has come to a standstill, I would advise a course of steel; a remedy which, in my hands, has proved of more use against eczema in this stage, and under these circumstances than any other I have tried or seen tried.

Steel wine, carefully prepared, and given in doses of one or two drachms two or three times daily, will remove most cases of eczema during the first year or two of life. The wine should be procured from a really good chemist; I have tasted specimens of it so harsh and acid that I could not wonder at children disliking it. Some of them seemed to me compounds of rusty iron and the worse kinds of acid sherry. A very agreeable preparation is made by Messrs. Bell, of Oxford street. When children have passed this age, steed wine requires to be given in rather large doses to produce any effect, and therefore becomes rather an expensive medicine, especially in hospital practice. Here the saccharine carbonate may be substituted, two or three grains being given twice a day. Should its effect not correspond with the surgeon's expectations, I should recommend that the tincture of the muriate, in doses of five to fifteen minims three times a day sweetened, be given instead. In hospital practice the acid solution of iron, in doses of three to five minims in water, though not so pleasant, proves quite as useful as the tincture.

From puberty to the decline of life, I would most decidedly recommend the tincture of the sesqui-chloride, or the acid solution spoken of, in preference to any other preparations.* Indeed, I can safely say that I have seen no internal remedy influence the discharging stage of eczema, or eczema sicca of the hands so rapidly and effectually as these. When properly aided by aperients, ointments, and suitable food, nearly every case of eczema in the stages I have mentioned will be cured or relieved by a steady persistent use of them, as I have had the pleasure of demonstrating to several gentlemen at St. John's. There are, however, some precautions with respect to the mode of taking them which are of vital importance.

In the first place it is essential that the tincture should be prepared, not only according to the London Pharmacopoeia, but with such care as to ensure that no great amount of free acid is present, as this frequently preponderates to such an extent that the tincture is composed almost wholly of hydrochloric acid; it is retailed to patients at a price far above its real value. When properly made a drachm or more may be given at a time, whereas, half a drachm of the coarse acid tincture will set the teeth on edge and make the patient feel sick.

I have often known a patient who was taking the pure tincture with benefit turn quite ill after a dose of this stuff; severe vomiting has followed in several instances, and in one case where I was consulted, the patient was so sick and purged so violently from taking two drachms of the common tincture in divided doses, that his friends thought he had got English cholera. This kind of thing has now happened so often that I always beg of patients, if they run short of the genuine tincture, rather to do without it for a day or two or try to get it from any source they are not certain about. The tincture of the perchloride of the British Pharmacopoeia is a much inferior preparation. With whatever else it may be made the iron speedily precipitates, and as druggists do not like to send out a thick looking tincture, they pour off the clear fluid and make use of that only, rejecting the greatest part of the iron. But it is only too often not prepared with care. In making the solution of the perchloride, instead of evaporating this in a water-bath, the ingredients are simply mixed and the spirit added subsequently; an addition which is the signal for approaching precipitation to the metal. Indeed, I would, in every way, recommend the acid solution in preference, giving the spirit separately and in a more palatable form.

The tincture must be given in pretty large doses and for some time. It is of no use prescribing fifteen or twenty drops for two or three weeks, as well not give it at all. The patient, if an adult, should begin with half-drachm doses at least, and increase this amount as rapidly as ever he can to a full drachm, beyond which it is hardly ever requisite to go. The dose should be measured only in a minims glass; for, as a drachm is equivalent to quite a hundred and fifty drops, the surgeon who prescribes a certain number of drops is evidently not giving the quantity he wishes to do.

Now and then if the patient grows sick of the medicine or suffers from dyspepsia, loss of appetite, headache, &c., the steel may be given up for a day or two till these symptoms pass off, but so soon as they are gone it should be resumed. The constipation which often accompanies its use may be easily remedied by the occasional exhibition of a mild pill, which, however, should always contain aloes.* This symptom frequently passes off when the steel has been taken for a little time, and especially when the larger doses have been reached. I have so repeatedly noticed this, that I have been obliged to conclude that a small dose of steel constipates as readily as a large one, and that a going to and fro in this particular with respect to the patient begins with the medicine; whereas, the purging induced by the acid is in equal proportion to the quantity taken and comes on more slowly. The dyspepsia—the most frequent form of which is marked chiefly by coldness at the stomach, nausea, griping, and flatulence—is generally soon got over by leaving off the steel and giving some mild aromatic and antacid, such as carbonate of soda, along with compound tincture of cardamoms or aromatic confection, or

* Whenever he selected I would strongly advise the use at the same time one of the aperient pills already prescribed three or four times a week.

+ B. Fluviol Aloes et Myrrhis, S. j.

Divide in pilæ nitrum 1 val. ij. alternis meliboea, cuibus cardamomum et hyoscyamus pilæ already recommended.
the aromatic spirit of ammonia in some bitter infusion. * Should the appetite flag very much, the patient may give up the steel for a week or two and take the nitric or nitro-
uralic acid, as previously suggested, for a few days. In some cases it may be found that the patient cannot take either of these preparations of steel, in which case they may be abandoned in favour of the ethereal tincture or Griffith's mixture; but neither of these is equal to the former. Indeed, in my hands, the ethereal tincture proved perfectly useless. It is altogether a medicine not to be trusted to, and the quantity usually given (5 to 30
minims) is far too small. The first named dose would be about the right strength for quiet habits of a hys-
terical baby. I have never seen anything exert so much control over eczema as the acid solution and the tincture of the sesqui-chloride. At one time I believed that, pro-
vided steel were given in a soluble form which would sit lightly on the stomach, it did not much matter what pre-
paration was used; and I still believe that in the dis-
charging stage of eczema almost any preparation of steel percutaneously given will effect a certain amount of good; but I consider my observations warrant me in drawing the conclusion that those I have recommended are among the most potent we possess. I have frequently treated two similar cases of eczema—one with the acid solution and one with some other preparation. I have also, in such cases, given one patient the acid solution and one the nitro-muriatic or a saline. I have suspended the acid solution and given something else; and sometimes when a patient has returned with a fresh outbreak, I have tried this time to do without the solution, but always with the same result. Even in the dry furfuraceous state of the skin, with firm, thin adherent crusts, the solution of iron, properly seconded by aperients, often proves useful. I have seen lichen itself, which had improved under salines, develop into eczema under the influence of the biminiole of mercury and again improve directly the acid solution was given.

These preparations of steel, given in this way, and aided by an aperient, will cure a great many cases without any thing further being required; but in some cases the dry stage itself demands a particular course of treatment, and in others not only does improvement cease without any manifest cause while the patient is taking the steel with every possible precaution but an unmistakable relapse ensues. In the latter case the best plan seems to be to give up the steel altogether for a week or two, to purge the bowels well and then resume the steel in increased doses, by which means the surgeon can generally succeed in bringing up the disorder to the third or dry stage. The health almost always improves visibly under the use of these remedies; the skin grows clearer and the muscles become firmer, while the face frequently loses its dry-
ness. The patient is at that extent the careworn look it had acquired from long ill-
health.

4. A course of arsenic, aided occasionally by cod-liver oil and an alternative preparation of mercury. Arsenic properly given, that is to say, in just such doses as the pa-
tient can bear without being made unwell by them, will cure a great many, perhaps most, cases in the dry stage, in which alone it is useful for the purposes of eczema. It has always appeared to me inert or injurious; but when the skin is simply red and tender, with a quick reproduction of unhealthy cuticle or scales, it is often of great benefit. † Given alone in eczema before steel has been tried, and in the weeping stage, it makes the patient sick, lan-
guid, and weak, destroys the appetite, and purges the bowels. Should, however, the surgeon only see the pa-
tient first of all at this stage, and ascertain that he has not taken steel, then I would suggest that the patient should either go through a short course of the latter, or that this medicine should be combined with the arsenic; for though the statement may excite scepticism, I feel justified in saying that many patients bear arsenic decidedly much better after a course of steel. I have repeatedly observed that where patients could not tolerate even five minims doses of liquor arsenicalis without so much irritation of the stomach, nausea, vomiting, purging sometimes even followed by a very disagreeable result—peeling of the skin of the hands and feet—that the medicine had to be given up even at the risk of seeing the worst symptoms return; these doses, after a course of steel, excited no discomfort except in the conjunctivae and not much there. I believe, however, that this toleration of arsenic is quite artificial. After a respite of a few months I have seen the same quan-
tity of it produce the same disagreeable effects. *

One of the fashions or crazes of the day is, that of giving arsenic in every form of diseases of the skin. The extent to which this has grown of late years is almost incredible and is, perhaps, only known to the druggists who supply the material. A few years ago arsenic was scarcely em-
ployed at all internally, and was given with great caution or even withheld altogether in complaints like lepra which could scarcely be cured without it. Now-a-days, it is con-
stantly prescribed in every case that proves the least re-
fractory, and very often before any other medicine is used. Indeed, medical men often adduce as evidence of the ob-
stinate nature of a particular case, that the patient has taken a quantity of arsenic without its doing any good. Why, I don’t know, as certainly it never was recom-
mended in every disease of the skin, and especially in the weeping stage of eczema by those who are supposed to which never require arsenic, and many which only tolerate it at a certain stage. Among the latter is eczema. So long as ever there is a discharge of serum arsenic never does any good, and often does a great deal of harm by in-
ducing sickness, purging, headache, and general irritability. It is only of use when the dry stage has set in and is not always called for. Attention has often been directed to the injurious nature of such treatment as that of acute eczema with preparations of arsenic, but so far without result; indeed, the practice seems largely on the increase.

(To be continued)

ON THE TREATMENT OF ACUTE RHEU-
MATISM.

By E. P. Sharkey, M.B., Ballinasloe.

Among the revolutions which have occurred in therape-
utics, none is more remarkable than that which has taken place in the treatment of acute rheumatism. At that days the strictly antiphlogistic was urged as that which could alone ward off the perils by which a patient is beset whilst labouring under this disease; by this term I mean bleeding, both general and topical—purgatives and in the last resort, calomel and opium variously adminis-
tered. I well remember my revered preceptor, Dr. Stokes

* As a formula for giving arsenic in pills is sometimes useful I advise one:—

B Arsenic albi, gr. v.;
Pulv. piperis nigri, gr. ii.;
Dil. cinchona. fr., viii.
Ext. hyoscyami, 5 grs.;
Anthemis, 30. m., f. pil. iv.;
Capiat 1 ber. quotidie.

When it is considered necessary to add steel, 5 grs. of the magma of iron may be substituted for the extract of hyoscyamus; but I should not anticipate any great results from either iron or arsenic taken in this way.

† In the Dublin Quarterly Journal of Medical Science, May, 1879, there is a case by Dr. Benson and Smith, in which the patient's disease steadily increased under quinine, iron, minerals, &c. whereas, the use of arsenic was followed by immediate and lasting improvement.
laying it down as an axiom to the class that "calomel and opium were to be our sheet anchors in acute rheumatism." So also Latham, and other authors—and I for a long time acted upon their instructions. Of late years, however, I have found the treatment by hydroiodate of potash a very beneficial substitute. It has been long known that the chronic form of the complaint is very amenable to this remedy—so much so, that it has become a popular one. I was led to make trial of it in cases of the acute disease; and, in those in which I have tried it, with satisfactory results.

I did not in any instance observe any ptalanism produced, and it is no small advantage to avoid this unpleasant accompaniment of the mercurial plan. I also derived some assistance from the alkaline treatment. I used topside—

—a poultice containing an alkaline carbonate (soda was the salt I used) frequently procuring a mitigation of the pains in the joints.

I do not wish to be understood as asserting that in my opinion this remedy should, in all cases, supersede the energetic treatment which formerly was deemed indispensable. In those cases which I have recorded there was no cardinal affection of recent date—that is, connected with the then present attack—and I watched closely, and made daily explorations of the heart, and if any mischief had been there developed I should, unquestionably, not have rested content with the treatment I am now recommending. But such did not occur, and the cure did not occupy nearly as long a time as I have seen it occupy under the old plan, and certainly a much shorter time than the alkaline treatment which has been more recently so much lauded.

Case 1.—Sept. 17, 1868.—J. C., male, age thirty. Symptoms, fever; urine scanty, high coloured; deposit copious; duration, one week; wrists, fingers of one hand swollen and painful, also arm.

Treatment—Iod. potassii, 3 j in 8 oz mixture, 3 j ter die;
chlorodyne gtt., 30 hor. som.

Sept. 22.—Mixture repeated.
Sept. 27.—Ditto.
Oct. 1.—Convalescent.

Duration—Three weeks.

Treatment—Lasted two weeks, during which iod. potassii, 5 j took.

Oct. 9, 1868.—M. F., female, age twenty; attacked with acute symptoms; one week ill. Ordered mixture, with iod. potassii, 3 j; potass. chlor., 5 j in 8 oz mixture.

Oct. 16.—Convalescent.

Duration—Two weeks.

Treatment occupied one week, during which iod. potassii, 3 j taken.

Case 2.—May 6, 1868.—T. G., male, age thirty-five; febrile symptoms; pains general; no joint particularly affected.

Treatment—Pills of calomel and pil. coloc. 4, followed by solution of tartar emetic, Dover's powder, and soda poultices to the joints affected.

10th.—Mixture consisting of carb. magnesia, 5 j; magnesia sulph., 3 j; vini sem. colchici, 5 j, in 12 oz mixture.

13th.—Repetatium.

17th.—Omitted.

Convalescent.

This man was subsequently again attacked, and was more speedily relieved by iod. potassii, given as in the former cases.

Case 4.—Nov. 30, 1869.—E. K., age twenty (female); ill one week; fever high; several joints affected. Iod. potass. 3 j in 8 oz; sum., 3 j ter die.

Dec. 5.—Repetatium.

Dec. 8.—Omit. mixt.; sum. quin. sulph., gr. 1 t d.

Duration—Three weeks.

Quantity of iod. potass taken 3 j.

Case 5.—April 20, 1871.—T. M., age eighteen, male; ill one week; subject to similar attacks; fever high; pulse above 100; full; skin perspiring; urine red, highly acid; pains affecting arms, wrists, ankles, and loins—the latter very severely. A violent pain in heart region two days ago, accompanied by palpitation; relieved by a blister before taken him; heart's action strong, but unaccompanied by any abnormal sound.

Treatment—Iod. potassii, 5 j, in nine ounces water; 3 j. 3s. horis.

23rd.—Repr. mixture; pains less.

25th.—Improvement continues; perag.; bowels being confined, took two pills hyd. and pil. coloc. 6.

26th.—Improvement continues; pains removed; R. Sod. bicarb., 5 j, in water to a gr. 100; aqua, 3 j; R. solut. sumo. ut mixture.

29th.—Convalescent.

Duration—Fortnight.

Treatment—Iod. potassii, 5 j, given in the above time.

Case 6.—March 2, 1871.—Mr. L., age twenty-three; ill a week; subject to similar attacks; heart damaged by a former one, as indicated by a "soffe" and increased impetis (syphilitic). Symptoms—Fever; joints affected, wrists, elbows, knees, and ankles, accompanied by swelling. Ordered iod. potassii, 5 j; aqua, 5 j; solut. suff. cochl. 5 j, aq. ut mixture.

30th.—Repeat mixture and sum. pulv. Dor., gr. x. bo. s. 5 J.—Stomach irritable; perspires freely. To take effervescent draught of bicarb. soda.

11th.—Improved; repr. mixt. iod. kali; elbow being painful, a poultice, with bicarb. soda, was applied, with relief.

17th.—Improved, but still complains of pain; R iod. potassii, 5 j; tinct. aurant., 3 j; vini sem. colchici, 3 j; potass. colch., 5 j; aqua, 5 j; solut. suff. cochl. 5 j, aq. ut mixture.

25th.—Convalescent.

Duration—Thirty days.

Quantity of iod. kali taken, 7 j.

This case was the most tedious; but, if my memory serves me, less so than those submitted to the alkaline treatment, from time to time recorded in the Medical Press and other Journals. It will be observed that, though iod. potass. was the medicine principally relied on, some assistance was derived from the addition of colchicum and opium. A combination, I may remark, possessed of much efficacy in the chronic form of the complaint. The number of cases above recorded may seem, perhaps, too limited to have on them any particular line of practice. However, as they are the only ones of which I have taken a note as having been so treated, and as the remedy in each was capable of subduing the disease, without disagreeable sequelæ, I have brought them forward. I do not remember, in my necessarily limited reading, to have seen this application of the iodide alluded to; and, as in the last edition of "Macnamara's Nelligan," it is merely said to be useful in "articular rheumatism." I have thought it well to bring them forward to elicit from others the result of the trials (if any) that have been made.

**MENORRHAGIA OF SIX YEARS DURATION.**

**DEPENDING ON AN INTRAMURAL TUMOUR OF THE ANTERIOR WALL OF THE UTERUS, TREATED BY THE APPLICATION OF STRONG NITRIC ACID.—RECOVERY.**

By Henry J. Gogarty, F.R.C.S.I.

I saw a lady in April, 1870, aged forty-two, who was married at thirty-five, and enjoyed good health up to **...**
Hospital Reports.

RICHMOND SURGICAL HOSPITAL, DUBLIN.

Case 1.—Extensive Indolent Ulcers of both Legs of Three Years' standing.—Three Skin Grafting Operations performed on each Ulcer.—Cured in ten weeks and five days.

(Under Mr. Adams.)

(Reported by Agmon B. Vesey, Senior Resident Pupil.)

Lawrence Murphy, aet. thirty-five, labourer, was admitted January 3, 1871, into No. 3 Ward, Richmond Surgical Hospital, under the care of Mr. Adams, suffering from ulcers on both legs.

States, that three years ago he was severely kicked on both legs in a row, sloughs formed, and an ulcer on each leg was the consequence. Not being able to take care of himself, as his occupation was that of a poor labourer, he worked for a period of twelve months. At the end of this time the ulcers had increased in size considerably, and, to add to his misfortunes, he fell off a cart and had his legs bruised again. The ulceration now spread rapidly, and he was obliged to go into a workhouse in the country, where he has been living off and on for the last two years.

On Admission.—The right leg is the seat of a large indolent ulcer, principally confined to the outer and posterior parts of the limb; measuring 3½ inches in length and 6½ inches in breadth. The surface of the ulceration is of an ash colour and smooth; the edges are raised, and there does not seem to be any attempt towards healing. The ulcer on the left leg is of the same indolent kind, but is situated more on the inner side of the limb; it measures 6 inches by 3½. The patient was ordered to remain in bed, a lint being applied on each leg, and changed twice daily. The patient lost weight and drank. At the end of a week the surface of the ulcers had put on a more healthy appearance.

January 12.—I removed a small piece of integument about the size of a sixpence, with a scalpel, from the outer side of the leg. This was divided into two parts and placed on the ulcer on the right leg at equal distances, the space where they were placed having previously been excised. The transplanted portions were kept in their place by strips of adhesive plaster. Some wadding was now placed over the surface of the ulcer to absorb discharge and maintain warmth. A bandage was applied from the foot to below the knee.

January 16.—The wadding has been changed daily. To-day the strips of adhesive plaster were carefully removed. The two engrafted portions seem to be firmly attached to the ulcer, one of them is certainly increased in size. Lint spread with simple ointment and a bandage applied.

January 17.—The ulcer on the left leg was treated in a similar manner to the one on the right. Two pieces of skin were engrafted.

January 21.—Ulcer on left leg examined to-day. The two engrafted portions have taken.

February 15.—Since last report more than half of each ulcer has healed by the increasing of the transplanted portions of skin and for some days. Ungt. zine (iodine gr. j., glycerine 3±) have been applied, but no progress towards healing has been made for some days. A third transplantation was performed to-day on each remaining unhealed portion. On removing the adhesive plaster on the fourth day, the transplanted piece on the right leg came away, the piece on left leg adhered. A week subsequently the left leg was quite well, and on the 25th March the right leg was cured.

May 24.—Murphy's legs have remained perfectly sound till within the last fortnight, when a small tract of ulceration appeared over the crest of right tibia, measuring less than half an inch in length. This has been healed by engraving a small piece of skin and by strapping with plaster.

Case 2.—Dislocation of the left Femur on the Dorsum Pedis, in a child, aet. four years and four months, reduced by manipulation.

(Under Professor R. W. Smith.)

(Reported by Agmon B. Vesey.)

John Maguire, a healthy child, aet. four years and four months, was brought to the hospital at 8.30 p.m. on the evening of April 14th, 1871, being Mr. Smith's day for accidents.

History.—The child's mother states that at 5.30 p.m. (three hours previous) he fell out of bed on the left hip and thigh. He has not attempted to stand since, and has been crying with pain. He never received any injury to the hip before.

On examination, the limb is found to be from 11 to 1½ inches shorter than the right. The thigh is rotated inwards and slightly flexed on the pelvis. The foot is inverted, and when the boy is supported in the standing posture, the great toe rests on the instep of the sound limb. The thigh can be rotated inwards but not outwards, neither can it be extended to its full extent. The head of the bone can be felt on the dorsum of the ilium. The slightest movement gives him great pain.

Reduction.—The boy being placed on his back on a table, I bent the leg on the thigh, and the thigh on the pelvis abducted, and rotated the limb upwards, when the head of the bone slipped into the socket with a distinct snap, audible to Mr. Ovenden and Mr. Worthington who were assisting me. The shortening and all other deformity were found to have disappeared, the ankles were bandaged together, and a roller applied round the pelvis over the head of the bone. The child was taken home.
as his mother did not wish to leave him in the hospital. He suffered from retention of urine for twenty hours after the injury, which was relieved by hot fomentations over the bladder.

May 9.—It is now almost one month since the accident. The patient was seen to day, and he is found to have regained perfect use of the joint. He was kept in bed for a fortnight after the injury.

METROPOLITAN FREE HOSPITAL.

CASE I.—Eczema of Fore-arm and Left Hand, very severe and extensive, cured by constant use of cold water applications for a fortnight, night and day.

(under the care of Dr. C. R. Drysdale.)

May 19.—A. Davis, aged thirty-six, has suffered from aggravated eczema of the arm and left palm for four years. He attended at St. Bartholomew's Hospital for fifteen months, when ointment and lotion, with linseed meal poultices were used without any benefit. Attended at the London Hospital for thirteen months, and had somewhat similar treatment without any effect. Was ten months under the care of Mr. Warner, of the Metropolitan Free Hospital. Came to Dr. C. R. Drysdale about six months ago, excoriated patches on the posterior aspect of the fore-arm, and great inflammation of the palm of the hand. Numerous cracks were seen both in the arm and hand, and the parts were red, inflamed, and always slightly moist with pus and watery secretion. Dr. C. R. Drysdale tried the effect of equal parts of caustic potash and water locally, and also of nitrate of silver, a drachm to the ounce. These did some little good, but not much. He took iodide of potassium for a time and purges, and also Fowler's solution, but none of these accomplished much. Patient at last, of his own accord, tried the effect of cold fomentations. He pumped on the parts three or four times a day, and kept the limb wet by moistening it every hour of the day. This produced in a week a most admirable effect, and when seen on May 19, 1871, the parts were almost natural in their aspect, and neither red nor inflamed. Dr. Drysdale advises that the patient should wear wet lint, with India-rubber sheeting, and keep the part constantly moist. This case shows the value of this plan, long known to the readers of the works of Mr. Harvey. Dr. Drysdale has often succeeded in curing bad cases of eczema, in the lower extremities, by this simple remedy.

MÉDICAL SOCIETY OF LONDON.

Dr. Andrew Clark, President in the Chair.

MITRAL OBSTRUCTION OF THE HEART.

At a recent meeting, Dr. Douglas Powell, related some cases and exhibited two hearts, illustrating what he regarded as two recognizable varieties of obstructive mitral disease. The funnel and diaphragm variety, and the second diastolic murmur of a man whose heart was exhibited, who had died suddenly in the Brompton Hospital in September, 1869. The physical signs were an irregular intermittent pulse, increased cardiac dulness, a systolic apex murmur with no distinct pre-systolic bruit, and a slight diastolic murmur to the left of the esophageal cartilage. The patient had been a man of very active habits, he did very well in the hospital, but a very large appetite, and liberal diet with a fair amount of stimulants together with complete idleness, engendered in him a plethora, which hastened his death, which occurred suddenly shortly after taking a full breakfast. Post-mortem: The right cavities of the heart were found distended with blood (venous), the hypertrophied left ventricle was contracted, the mitral valve stretching across the mitral orifice as a rigid diaphragm, slightly convex towards the ventricle, and perforated by a slit like a button hole opening. The second case had been fully described in the Medical Times and Gazette, 6th April, and the heart was round, and the apex mural, the ventricle being of natural dimensions. The physical signs had been, regular pulse, rushing prolonged pre-systolic murmur at apex, not followed by any systolic bruit. The patient had died of cerebral embolism. Dr. Powell next referred to a case in the Horseferry Hospital, and Mr. Cotton's case, who kindly permitted him to bring it forward. He is a boy, aged six, with an uncertain history of rheumatism nine years ago, who has suffered from increasing shortness of breath and other cardiac symptoms for two years. The physical signs are brisk, regular pulse, rather quick pulse; apex beat in natural position accompanied and preceded by a well-marked thrill, pulsation also distinct at the esophageal cartilage. The first sound of the heart is sharp and ringing at the apex, and is closely followed by a second faint sound; there succeeds to this a period of asphyxia, prolonged by a short but distinct interval, a rough low-pitched murmur which passes near the left side of the spine and terminates immediately before the renewal of the first sound. This patient is doing well under hospital rest and treatment. After referring to two other illustrative cases in attendance for examination in the adjoining room, Dr. Powell went on, as regards the prognosis of these cases of the common form of obstructive mitral disease as necessarily more speedily fatal than the funnel variety, since it was usually complicated by regurgitation, which greatly increased the pulmonary congestion. It neutralised the increased power of the right ventricle. The tendency to sudden death from engorge ment, and consequent paralyse of the right ventricle would be the result, and should be carefully guarded against. It was forcibly illustrated in Case I. In the latter variety, a more favourable prognosis as to the duration of life could be given. The author regarded these cases as of congenital origin, and the thickening of the valve sometimes (not always) present as the result of long continued mechanical strain. The comparatively sudden development of symptoms, might be explained by the fact, that the equilibration of the circulation was maintained so long as the right ventricle continued to act with full vigour, but when it gave way, the equilibrium was suddenly disturbed, and the circulation was completely destroyed, the left heart a failure thus was impaired, and any dilatation from temporarily increased strain, as during an attack of bronchitis, rendered permanent. Such changes taking place at a comparatively late stage of the disease, were announced by those symptoms which performed a generally fatal ending of the disease. Referring to the question of treatment, Dr. Powell looked upon quietude both mental and bodily as of the first importance, an appropriate modification in diet and the amount of stimulants taken were particularly important, as a precautionary measure in those who suddenly desisted from active life.

Case I. was very instructive on this point, and the author believed venesection to be the most direct and powerful remedy in cases of threatened syncope from over loaded right heart. Dr. Davis is valuable in all cases of heart disease attended with frequent pulse, was particularly so in one mitral disease; he, for rendering the heart's action more deliberate, it gave time for the left ventricle to fill before it contracted.

Mr. Mauder made some remarks on

THE POSSIBILITY OF ALWAYS SECURING GOOD USE OF THE TRICIPS MUSCLE AFTER EXCISION OF THE ELBOW-JOINT.

He advocates the preservation uncut of those fibres of the triceps tendon, which, passing forwards between the point of insertion of the triceps and the extensor carpi ulnaris muscle are continuous with the fascia of the forearm. An upper incision was made on which he had, by a longitudinal incision, excised the elbow after his own method, preserving a stout band uniting the arm and forearm, and consisting of triceps muscle and tendon, triceps muscle after division of the fascia of the forearm. Out of four patients exhibited, two had been submitted to excision for compounds comminuted fracture, and two for strumous disease. Three of those patient possessed, to an unusual degree, the power of active extension by the triceps muscle. The fourth which had been operated upon in the usual way, did not possess
The general aspect of the disease makes it most liable to be confounded with typhus. From this it is distinguished by the mode of invasion, and the marked preponderance of active brain symptoms.

The etiology of this disease is closely allied to constitutional cachexia, chiefly of a tubercular nature, and to hereditary predisposition.

The prognosis is very unfavourable; but there are considerations, both of a clinical and pathological nature, that lead to the conclusion that it is not always fatal.

In treatment, although little can be done of a curative nature, there is a fact which is occasionally of the highest importance to remember. For business or family reasons it is often especially desirable to obtain a few hours of clear intelligence. This occurs in the remissions already referred to, and the practical point in question is this—that this remission may be often ensured in the early and middle stages of the disease by the exhibition of a small purgative, as a drop of croton oil, with or without a few grains of calomel. It has little influence on the general progress or ultimate issue of the disease, but the effect for the time is frequently marked and unquestionable.

**Tabular view of the contrasts between General and Partial Acute Idiopathic Cerebritis.**

1. **Complications.**
   - Described as inflammation of the brain substance alone, meningitis being uninfected.
   - Never confined to the brain substance alone. Meningitis, local or general, always present.

2. **Extent.**
   - Extending through the whole substance of the encephalon except the meninges.
   - Partial; generally a small patch, limited to a portion of one side; usually superficial.

3. **Period of life.**
   - Occurs usually between the ages of eight and thirty, never after thirty-five.
   - Barely, if ever, occurs before the age of forty.

4. **Mode of Invasion.**
   - By vomiting.
   - By fainting, or a very slight apoplecticiform seizure.

5. **Termination.**
   - Always in death.
   - Very fatal, but perhaps not so uniformly so as the "general" form.

6. **General symptoms: duration and progress.**
   - Symptoms most varied and severe. Progress never uniform but broken by remissions, sometimes so complete as to simulate perfect restoration to health. Duration from three to six weeks.

   - **Predromata.**
     - None.
     - Always present;—sometimes of a somatic, sometimes of a psychical order, or both.

   - **Paralysis.**
     - Generally none.
     - Some marked weakness, but variable and dubious.

   - **Convulsions.**
     - None, until very near the close.
     - Always present, at some, and generally at an early, period of the disease; persistent to the end.

   - **Coma.**
     - Only occurring at the close of life.
     - Occurs early, sometimes as the earliest symptom; departs and recurs irregularly.

   - **Delirium.**
     - Mild and inconstant.
     - More irritable and violent in character; often muttering; not constant.
After some remarks by Dr. Broadbent, Dr. Sutton asked Dr. Elam if he had made post-mortem examinations in all his cases of supposed idiopathic cerebritis, and if he examined the internal ears of the patients mentioned in his paper. Dr. Sutton remarked that pathologists generally considered that the removal of the brain to the head, or to the disease of the cranial bones, to disease of the ear, or to some pre-existing disease situated either in the brain or in other parts of the body, and that it was not an idiopathic affection.

Dr. Elam replied that he claimed no consideration for these cases, except such as arose from the fact that they were drawn from the life, and from death. Cases of a similar nature, about twelve or upwards, had been noted, in all of which remarkable intermissions had been observed; but in none to quite the same extent as in relating the cases, the absolute phenomena had been stated, and afterwards contrasted with those that were found described in our systematic treatises on affections of the brain. Hence arose the diagnostic marks that had been quoted as distinguishing between the affection under consideration, and the various forms of softening of the cerebral substance herebefore described. In reply to another question, Dr. Elam stated that he had not been in the habit of investigating the internal ear in these cases.

A paper was then communicated by the President, on a Case of Bony Ankylosis of the Knee-Joint Treated by Subcutaneous Section of the Bone.

By Louis Stromeyer Little, F.R.C.S.

The author in this paper gives an account of a case of bony ankylosis of the knee-joint in a child aged fourteen, in whom the limb was fixed at a right angle. The ankylosis was divided subcutaneously by means of a carpenter's chisel, and by an extending apparatus the limb was straightened as to allow the locomotion three weeks after the operation. The author discusses the plan of dividing the long bones by means of a saw for the cure of deformity, and concludes that for bony ankylosis of the knee-joint subcutaneous osteotomy by means of a saw is impracticable. The case is believed to be the first instance where subcutaneous osteotomy has been performed in this country for the relief of bony ankylosis of a large joint.

Mr. Carls Jackson expressed the opinion that excision of the knee-joint would be impracticable in a case of complete bony ankylosis.

The President.—That is to say, in a case where there was no joint to excise.

Mr. Carls Jackson.—Precisely.

Mr. Savory said that the success of the very interesting operation which had been described was no doubt due to the fact that, after the limb had been straightened, the knee-joint again became firmly ankylosed. Anything like useful motion of the joint in such cases was out of the question, and had the tibia remained moveable on the femur, it would only have allowed the occurrence of distortion, and the limb would have become proportionately useless. That threefold deformity, the result of long-continued disease of the knee-joint—extreme flexion, partial dislocation backward, and rotation outward of the leg upon the thigh—was one of which the permanent remedy was almost beyond the reach of any form of apparatus, and in many of these cases excision had been resorted to as the sole available means, for by this operation the limb is not only straightened, but the tibia is rendered immovable by becoming one with the femur.

The President, having assisted at the operation performed by Mr. Little, was able to bear testimony to the fidelity of the description of it in the paper, and to its success in restoring the useful limb. Had Mr. William Adams been present, the President would have inquired whether he had heard of Mr. Little's operation on the knee before performing, a year afterwards, a similar operation on the hip-joint.

Mr. Carls Jackson said he thought he might venture to say that Mr. Adams was acquainted with Mr. Little's operation.

The President thought then that the success of Mr. Little's case might have given Mr. Adams great encouragement and confidence in undertaking his operation. As Mr. Little was in a distant country, and as he (the President) had communicated the paper to the Society, he felt called on to support and vindicate Mr. Little's claim to originality in performing a subcutaneous operation on a completely ankylosed joint, for rectifying the position of the limb.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 7, 1871.

BAD COMPANY.

Seldon have the particulars of a case reached the public eye so creditable to the law, to our system of Government and the Medical profession, as the recent inquest on the body of Mrs. M'Geough, in Dublin, which, as there may be many texts for comment therein, we recapitulate.

Mrs. M'Geough died in the natural course of events, and after several months' illness, during which she was attended by a druggist, named Erson, to whom we shall have to refer more particularly presently. Immediately after her death, Erson produced a document, signed by the deceased woman, which charged her husband with brutality and violence to her, which he (Erson) considered hastened her death. This paper he brought in person to the husband, who apparently considered that an attempt to extort money under its influence was being made, and immediately placed the matter in his solicitors' hands. These gentlemen, therefore, called upon Erson, to state in writing, whether he considered an inquest necessary, an answer to which he refused to give. Accordingly an inquest was held, in which there were disclosed ample causes of death from disease, and a verdict was given to that effect, and to the effect that an inquest was quite necessary.

The only point in this narrative which needs consideration is the conduct of the druggist in receiving, obtaining, or extracting a culpable document from the dying woman, and forthwith taking it to the husband.

Whether or not, the object of this course were to extort money as was suggested, the proceeding is in itself utterly indefensible, and if the druggist were amenable to the opinion of the profession, could not be too emphatically repudiated and condemned. But it turns out that though this Erson describes himself in the witness-box as a "Doctor of Medicine, and Licentiate in Midwifery," he has no real qualification whatever. He practises under the shadow of a diploma from a Sham College in America, and a certificate from the Coombe Lying-in Hospital, and
his specialty has been the concoction of tooth-ache drops. Moreover, it appears that he compounded medicines without any Licence from the Apothecaries' Hall, and therefore against the law, and although on being brought to account by that body, he gave guarantees that he would not do so again, yet he confesses to have violated his promise, and returned to his illegal practices.

It is bad enough that a person of this stamp, should succeed in putting off his American degree upon the public as a legitimate qualification, but worse underly. Eson is an elected Poor-law Guardian, and save the mark! one of Her Majesty's Justices of the Peace, having been so created by the Conservative Government, in return for violent electioneering partisanship. When such a person—whose least demerit is that he sells pennyworths of pomatum and paraffin oil across the counter receives the dignity of J.P., for acting the firebrand, it is no wonder that Her Majesty's justiceship has taken the same relative rank as Her Majesty's knighthood. Shameless, indeed, are political jobbers who prostitute the service of the Crown and country to such uses.

Our own special business and interest in the matter lies in the connection which is said to have been maintained between members of our own profession and this druggist. The fact that similar fraternisation with an illegitimate practitioner has been this year brought under the notice of the Councill of the Royal College of Surgeons in Ireland, warns us that the time has come for candour and plain speaking. The names of Dr. Banks, President of the College of Physicians, Dr. Edward Hamilton, Councillor of the College of Surgeons, Dr. McClintock, Dr. Sawyer, Professor of Midwifery in the College of Surgeons, and Dr. Cameron, have served in the witness-box, to dignify the practice of this person. If they have thus been publicly used, it is plain that they have served amongst the public to give to this person the qualification which he lacks.

It is quite probable that some, or all of these gentlemen can, and will explain their connexion with Eson, but more than a fortnight has elapsed, and no repudiation has come from them.

We earnestly trust that even yet the silence will be broken. If it be not, there is a plain duty before the Irish profession to dissociate itself from the conjunction in which the public mind has placed them. Anecdotes of fraternisation with homeopaths, and other little reminiscences discreditable to the profession, are in many mouths outside the profession, and we can permit no personal friendships to identify us with a quackery with quackery, with which it has long been the boast of the Irish Surgeons that they have been untainted.

THE "LANCET" ON SPECTRUM ANALYSIS.

Considering the importance of the question raised by the Lancet, of the 20th ult., as to the entire reliability of the spectrum-microscope as a means of discovering bloodstains, and also considering the conclusive and satisfactory answer given in the affirmative of this question, by our esteemed correspondent, Mr. Sorby, F.R.S., who is admitted to be the highest authority on the subject, we had a right to expect that our contemporary would either have candidly acknowledged the error into which it had fallen through the inexperience of one of its staff, who had rashly ventured to deal with a subject beyond his practical capabilities, or that it would have accepted our challenge to furnish proof, if it could, of the unreliability of the microscope as a means of distinguishing blood, by giving, if possible, a single example of any substance that would be confounded with blood in the hands of a skilful operator. But, instead of this, it has endeavoured, in the Lancet of Saturday, June 3rd, to blink the real question, by hiding it in a cloud of sophistry and special pleading—saying in the most vague and general manner, that the spectra of coloured media are not so trustworthy as those of incandescent vapours; and that, although Mr. Sorby has, by the former method, discovered "some hundreds of different colouring matters in animals and plants which could not have been studied in any other manner," yet "it is still an open question whether these hundreds of different colouring matters are chemically distinct, and that we are quite in the dark as to their chemical structure"—as if the whole tendency and import of these investigations were not to show that spectrum analysis is far in advance of ordinary means of chemical research, and that it exhibits molecular and chemical changes of structure and composition, which the most refined processes of chemistry are alone incompetent to deal with. To take the subject of blood as an example, the microscope has demonstrated its behaviour in the presence of oxygen, and other gases, in a manner that no process of chemistry could have established; and with regard to a multitude of other colouring matters, it has not only proved their complex and conjugate nature, but it has also indicated to the chemist the line of research he must pursue to reach their proximate composition. It is, therefore, idle and flippant, in the extreme, to say, without proof, or example, that the microscope is untrustworthy.

As to the question immediately before us, it admits of no subterfuge; for the Editor of the Lancet is bound, either to acknowledge the serious error he has committed, or to make good his statement, by naming even a single thing, the spectra of which would be confounded with those of blood by a skilful operator. To this issue it has come, and we demand an answer, in the names of justice and science.

THE VACCINATION REPORT.

The Select Committee on Vaccination, after full consideration of the evidence presented in eight sittings, has agreed upon what the Daily News calls a "Milk and Water Report." The Document has been printed by all the newspapers, and we need not therefore give it verbatim, but can proceed to state some of its proposals. The Report sets out by admitting:

- That the cow-pox affords, if not an absolute, yet a very great protection against an attack of small-pox, and an almost absolute protection against death from that disease.
- That if the operation be performed with due regard to the health of the person vaccinated, and with proper precautions in obtaining and using the vaccine lymph, there need be no apprehension that vaccination will injure health or communicate any disease.
- That small-pox unchecked by vaccination is one of the most terrible and destructive of diseases, as regards the danger of infection, the proportion of deaths among those attacked, and the permanent injury to the survivors; and therefore
- That it is the duty of the State to endeavour to secure the careful vaccination of the whole population.
The Committee express a decided belief that even now we are saved from the pestilence that small-pox was in former times by the power of vaccination; and that the epidemic would not have reached its present height, except for the neglect of the great preventive that has grown up among the people. This is what all who have thought about the matter have long maintained; indeed, they predicted just such an outbreak as that from which the metropolis is at this moment suffering. As it is very difficult to enforce re-vaccination, it is the more important that every child should be protected by the operation being performed in infancy.

The Committee observe that there are three classes of children who, being, by the conduct of their parents, left unvaccinated, are themselves in great danger, and may become centres of infection to others.

1. There are the children who are utterly neglected by their parents.

2. There is the much larger number of children of parents who, while not denying their duty or desiring to disregard it, postpone its fulfilment, and who from carelessness or forgetfulness delay to protect their children until driven to the vaccine station by the panic fear of an epidemic.

3. There are the children of those parents, very few in proportion to the whole population, who assert that vaccination will do harm.

With regard to the first and second of these classes, there can hardly be any objection to the principle of a compulsory law, though there may be practical difficulties in its application; but, in dealing with the third class, it becomes necessary to weigh the claims of the parent to control, as he thinks fit, the medical treatment of an infant child, as against the duty of the State to protect the health of the community, and to save the child itself from a dreadful disease.

Here it is that the great difficulty arises, and the Committee propose to make a compromise, as the number of recalcitrants is, after all, few; this course will probably be adopted. The report by no means admits the right of parents to expose their children to the danger from which the State wishes to protect them, but only expresses doubt as to the gain of continuing a long contest with the fanatics who will perish in their folly, in spite of repeated fines, and even imprisonment. The public will, no doubt, sympathise with such people, where it does not agree with them. The idea of the right of men to hold by their opinions, even if erroneous, is strongly engrafted in the people, and the martyrdom of a few, might lead to the sacrifice of the law.

The Committee says:

In enactments of this nature, when the State, in attempting to fulfil the duty, finds it necessary to disregard the wish of the parent, it is most important to secure the support of public opinion; and as your Committee cannot recommend that a policeman should be empowered to take a baby from its mother to the vaccine station, a measure which could only be justified by an extreme necessity, they would recommend that whenever in any case two persons, or one full penalty, have been imposed upon a parent, the magistrate should not impose any further penalty in respect of the same child.

It has been suggested that the parent's declaration of belief that vaccination is injurious might be pleaded against any penalty; but your Committee believe that if the law were thus changed it would become a dead letter. Prosecutions would soon cease, and the children of the many apathetic and neglectful parents would be left un-vaccinated, as well as the children of the few opponents of vaccination.

Besides this, the Committee recommend improvement in registration, and the consolidation of the arrangements for vaccination in the hands of one authority, instead of its division as it now exists.

SCOTLAND.

EDINBURGH.

DR. THOMAS KEITH.—A number of Dr. Keith's friends, in admiration of his remarkable success in the operation of ovariotomy, and as an expression of their appreciation of the great sacrifices he has made in devoting himself to this branch of surgery, on Thursday last presented Mrs. Keith with a portrait of her husband and a service of plate. The presentation was made by Dr. Christie, who, in the course of his remarks, said that the late Professor Syme, in entrusting a friend to Dr. Keith's care, had said that at one time he had regarded ovariotomy like murder, "but I consider now that it has been brought by Dr. Keith within the range of legitimate surgery." We are glad to state that a ward in the Royal Infirmary has been given to Dr. Keith.

CRAIG v. JEX BLAKE.—This case, which was tried before Lord Mure and a jury, resulted in an unanimous verdict for the pursuer; damages, one farthing. The trial occupied two days.

GLASGOW.

We regret to record the death of Dr. James Watson, at the advanced age of eighty-three. Dr. Watson was well known as a consulting physician in Glasgow, and was for many years consulting physician to the Royal Infirmary and Fever Hospital. He contributed several interesting papers to the Edinburgh Medical Journal.

Notes on Current Topics.

Re-vaccination.

PRUSSIA is avowedly the country where regular re-vaccination is most generally practised, the law making the precaution obligatory on every person, and the authorities conscientiously watching over its performance. As a natural result, cases of small-pox are very rare. It has, however, been objected, there as here, that lymph is scarce. To make the most of such lymph as there is, Government has tried its application mixed with glycerine, and the result has been so successful as to lead to a public recommendation of the mixture to official vaccinating surgeons. The Pall Mall Gazette quotes the manner in which the glycerine lymph is prepared from the Reichsanzeiger:—The putules of a healthy vaccinated person are opened with a needle, and the effluent matter carefully removed by means of a lancet, the same instrument being gently applied to assist the efflux. The lymph is then best placed in the hollow of a water-glass, and there mixed with twice its quantity of chemically pure glycerine and as much distilled water. The liquids are thoroughly well mixed with a paintbrush. The mixture may be preserved for use in capillary tubes, or small medicine glasses. The lymph thus procured is considered equal in effect to pure lymph; care must, however, be taken to shake it before use. As the same quantity that now suffices for one is thus made to suffice for five, the discovery ought to be extremely useful in crowded cities like ours.
Protection from Poisoning.

The Council of the Pharmaceutical Society, as we pointed out last week, surrendered to the clamour raised by druggists against the adoption of precautions to protect the public from poisoning. Despite the protest of a single dissentent—Mr. Sandford, their President—they decided in withdrawing the rules which they had promulgated. They did not actually abrogate them but they followed the rules of the Medical Council and recommended the putting them forth to the pharmacists of England with the intimation that their adoption was voluntary—the italics being their own. We said last week that they had laid the foundation for government interference; but we did not expect that the action of the Privy Council would be as speedy as it has been. We are gratified to observe that the government are not disposed to allow the duties imposed on the Council by Parliament to be trifled with, as it has been by the Medical Council, and, accordingly, the following peremptory letter has been sent to the Pharmaceutical Society:

"Medical Department of the Privy Council, May 4th, 1871.

"Sir,—The Lords of Her Majesty's Council, observing that the Annual Meeting of the Pharmaceutical Society is to be held in the course of the present month, direct me to refer you to my letter of the 23rd December, 1870, and to say that they trust that such regulations will then be made (under the first section of the Pharmacy Act, 1868) in regard to the keeping, dispensing and selling of poisons, as will be sufficient to secure the safety of the public.

"Their Lordships think it right to apprise the Council of the Society that, should no such regulations be submitted for their approval after the approaching meeting, they will feel it their duty to endeavour to protect the public by proposing to Parliament further legislation.

"I am, Sir,

"Your obedient servant,

"John Simon.

"The Secretary to the Pharmaceutical Society, Bloomsbury Square."

The Council having received this slap in the face, passed it on to the continuance of members by a resolution.

Resolved—That the letter be read at the Annual General Meeting and that copies be distributed among the members present.

A very strong debate on the subject arose at the Annual Meeting. The Council produced a resolution drawn by their solicitor, which they desired that the Society should order them to issue the provisions for strong poisons, not as regulations, but as recommendations. In fact, they asked the Society to give them authority to set the Privy Council at defiance. Several amendments were moved, the first in favour of compulsory regulations, the second declared that the meeting was desirous of "protecting the public," but objected to the proposed method. The third pledged the Council to frame compulsory regulations, and the fourth left the matter untouched in their hands. This last being an ingenious and convenient way of shifting back the responsibility on the Council was pleasant to the society, and was accordingly adopted. The Council, therefore, can recommend or order as they think fit.

Chloromethyl.

A good deal of attention has lately been directed to the bichloride of methylene as an anaesthetic, and we have previously directed attention to the controversy that has been raised as to its merits in comparison with laughing gas and chloroform. A monthly contemporary passes in review, the discussion of the last five or six months in a lengthy article, from which we extract the following passage:

"The May number of the British Journal of Dental Science contains, besides other articles on the subject, some remarks on the controversy as to the merits of bichloride of methylene as an anaesthetic, by Mr. Richard Rendle, Surgical Registrar, Guy's Hospital, who says, having administered chloroform, ether, methyl chloride, bichloride of methylene, and nitrous oxide, to several hundreds of cases, and having notes of each taken at the time, I can confidently assert that the bichloride of methylene, given as I use it, is in all cases superior to chloroform; in the majority equal, and in a great number superior, to nitrous oxide. Having the necessary apparatus for giving either, I naturally select the one most suitable to each case—the one likely to give most satisfaction to patient and operator.

"Because I have found one after a fair trial the more frequently suitable, I do not immediately regard the other as a rival to be tolerated, but I..."
there is a small basis, to use the phrase employed by Mr. Bate, for his assertion that the results of the latter are vastly safer than the former.

Mr. Coleman adds:—"I have never witnessed any dangerous symptoms whilst administering the gas for surgical operations in which chloroform is usually employed; the reasons why it is not so suitable in such cases are—the difficulty of keeping up the anaesthesia evenly, the enormous expenditure of the agent, and the painful unpleasant sensations so rapidly as to feel almost of the mutilating of a wound, which would not be the case if chloroform were employed." He thinks a third death during the exhibition of bichloride of methane for a case in which nitrous oxide might have been readily employed, should convince the profession that the caution he uttered was not wholly groundless.

Puerperal Eclampsia.

The new number of the American Journal of the Medical Sciences, contains a very elaborate review of a number of works on this subject. The writer has evidently devoted his best powers to his essay, which deserves careful study. He sums up his conclusions in a series of propositions, which we the more willingly quote, as they have already appeared in a contemporary, but by some accident, apparently a printer's mistake, without any introduction to show their origin or design.

1. That convulsions are centric or eccentric.
2. That determination of blood to the head, although productive of a comatose state, is not the cause of convulsions.
3. That convulsions follow directly the loss of blood on stoppage of the circulation of the brain.
4. That the whole motor nervous tract is involved in the production of convulsions, and that other portions of the brain are not directly instrumental in producing them.
5. Convulsions are consequent to the abstraction of nutrition in the motor portion of the brain.
6. Anoxia predisposes to convulsions.
7. That anoxia is produced by albuminuria, and connected with this is dropsy.
8. That the blood in albuminuria and dropsy is deprived of its nutrient elements, and becomes hydropic.
9. That the constitution of the urine corresponds to the constitution of the blood, and the amount of urea in it is in accordance with that formed in the blood.
10. That neither urea nor carbonate of ammonia in the blood constitutes the cause of convulsions.
11. That in albuminuria the predominant symptoms are fever and coma.
12. That albuminuria is to be regarded in the same category of diseases as haemorrhage.
13. That from the constitution of the blood in pregnancy, and especially when its hydropic condition is increased by albuminuria, there is engendered an especial aptitude to the occurrence of convulsive attacks, which has been called convulsibility. This depends upon altered nutrition in the nervous centres.
14. That puerperal eclampsia and epilepsy are analogous affections.
15. That the mechanism of convulsions involves the production of syncope, which depends upon the suspension of the heart's action, and that this occurs through the instrumentality of reflex action, by shock, or by loss of blood.
16. That the carbonic acid of venous blood is not the origin of the cause of convulsions.
17. That the order of convulsive movements is progressive, from above downwards. Syncope and loss of consciousness constitute the first symptoms; secondly, convulsions begin in the muscles of the eyes and face, and then occur in those of the larynx, throat, chest, and extremities; thirdly, when laryngismus is complete asphyxia is produced, and the convulsions are suspended by coma.
18. That if air be gradually introduced into the veins of an animal, asphyxia is produced and no convulsions occur; but if introduced suddenly, so as to distend the right side of the heart and prevent its contractions, convulsions immediately follow. The same is the case with oxygen, carbonic acid, and other gases.
19. When air and other gases are introduced into the carotid arteries, in amount sufficient to produce pressure, apoplectic symptoms are the consequence. But if air or carbonic acid, in quantity capable of being absorbed by the blood, be introduced, its presence is tolerated by the brain.
20. That carbonic acid is irremovable, and positively stupefying when inhaled, hence asphyxia can be produced by it.
21. That when asphyxia is produced in the course of convulsions by the impediment to respiration, and the blood becomes completely venous in the lungs and circulation, it, in connection with the pressure induced by impeded respiration, terminates the attack by a species of narcotism. In this way convulsions are self-limited.

Medical Relief Under the Different Poor-law Systems.

Mr. Corrance, M.P., has been in Ireland, personally investigating the working of the Medical Charities Act. He has addressed the following letter to the Poor-law inspectors and dispensary physicians in Ireland.

You would much oblige me if you would kindly answer the following questions, and return them to me, at your earliest convenience:

1. Has the operation of the Medical Charities Act (Ireland) enabled the Guardians to enforce a system of in-door relief without undue hardship towards the indigent classes?
2. Has it led to a diminution of pauperism arising from sickness?
3. Has it exercised a controlling effect in diminishing the severity of epidemic outbreaks and the amount of zymotic disease?
4. Have the medical profession, acting as general practitioners, any just ground of complaint arising out of its operation?
5. What is the feeling of the medical profession generally in Ireland respecting it?
6. Has there been any appreciable falling off in poor relief expenditure in any district since it came into operation, the diminution of population in such district being taken into account?
7. Has it led to a better administration of the Poor-law?
8. Are there any, and if so, what are its principal defects?
9. Are you favourable to its operation, and would you recommend it for general adoption?

The Council of the London Poor-law Association has informed the members and the Poor-law Medical Service generally, that the hon. gentlemen will, as soon as practicable after Whitsuntide, move "That the present system of Medical Poor-law Relief is inadequate to the wants of the poorer classes, unsatisfactory in its results, and requires amendment. For this end it is expedient that the provisions of the Medical Charities Act (Ireland) and a dispensary system be adopted, with such further provisions as may render it especially applicable to the English system of poor relief."

The Dwelling of the Poor.

Lord Derby presided last Thursday at a public meeting held in Liverpool for the purpose of forming a company for the promotion of improved dwellings for the working classes of that town, either by the purchase and improvement of existing property or erecting new property at moderate rents on suitable sites, near the centres of labour. We take the following passage from the able report of the speech published by the Globe.

We have to ask ourselves, first, what are the causes of excessive disease and mortality? And next, how are we
to find a remedy? The causes, I think, are few and simple: overcrowding, drunkenness, and immorality; and, among a certain class, a want of a sufficiency of wholesome food. There is a kind of action and reaction in this matter. Crowded lodgings and poisoned air produce the craving for stimulants, and drunken habits keep the family from ever moving into a more respectable home. I hear many people say, "Oh improved education will set all that right." I am as warm a friend to popular education as any one, but I am not quite so sanguine. If a man is placed in a position where moderately pure air is unattainable, and self-respect almost impossible, it is not being able to read and write that will keep him out of the gin-shop (applause). It is well that the evil we have to fight against should be attacked from many points at once; but I believe that if it were possible that every man, woman, and child in Liverpool should have a clean, wholesome, and decent lodging, you would have struck a heavier blow at intemperance than could be struck by all the school boards and all the teetotal gatherings in England put together (cheers). Of course I don’t argue that, even under these conditions, the effect would be immediate. All changes where human habits and character are concerned are slow in operation. But that is a point of less practical importance, because, do what we may, we can only provide accommodation for comparatively few at a time, and by a kind of process of natural selection the model lodger would be the first to find out and to use the model lodging (hear, hear).

**Small-pox.**

The epidemic in London continues with unabated severity. In the last returns we find, ten deaths fewer than in the preceding week; the following figures show the weekly deaths in the last quarter: 213, 194, 185, 205, 192, 214, 265, 276, 261, 238, 232, 267, and 257. The greatest mortality was, therefore, in the week ending May 6th, when 298 persons died. During the same period, the mortality from all causes was: 1,591, 1,601, 1,576, 1,665, 1,564, 1,493, 1,722, 1,578, 1,493, 1,522, 1,341, 1,486, and 1,401.

**Preservation of Meat.**

The Food Committee of the Society of Arts met last week.

The Committee had before them, for comparison, specimens of tin meats sent from the Admiralty stores, supplied as follows:

- Melbourne Meat Preserving Company.—Boiled beef and boiled mutton.
- Rouen Company.
- Ballarat Company.

Meat preserved in the Deptford Victualling Yard.

"The Committee had before them a specimen of "compressed pea soup," stated to contain 20 per cent. of meat, and that one pound of the material will make twenty pints of good pea soup. It is also stated that it will keep good any length of time.

The Committee also had before them a specimen of preserved beef stew, stated to be so prepared as to keep sweet for any length of time.

A joint of meat preserved by Mr. Slaggett’s process (a second specimen), roasted ribs of beef, was tasted by the Committee.

The University of Perth lately celebrated the hundredth anniversary of its Faculty of Medicine.

**Medico-Journalistic Purism.**

When the prosecution of an obscure quack in London, almost a year ago, attracted public attention to the dissemination of pestilential emanations of this class of swindlers by the public papers, the indignation against periodicals who made trade by publishing their filthy falsehoods was aroused, and some in the highest rank of the daily papers shut their doors against such advertisements for the future. The medical journals were, of course, eloquent in their denunciations. They would have been horrified at the hint that if a good profit were to be made they might do the same themselves.

There are medico-educational quacks as well as obscene quacks, and we want to know whether a medical journal ought to aid the sale of mock medical degrees any more than a daily paper ought to propagate indecent frauds. We think not. It is certainly not the duty of a newspaper to investigate or guarantee the truthfulness of the advertisements which it publishes, but there is a point where the editor must intervene when either he has reason to know that the article advertised is dishonest or injurious to the public.

We think, therefore, that the Medical Times and Gazette acts inconsistently, and discredits its high character, when it inserts an advertisement of mock medical degrees. We perceive that its columns contain the invitation, with which the readers of the daily press are familiar, to rogues and ignoramuses to become doctors by degrees in Absentia. The Medical Times must know that a degree in Absentia is essentially a fraud on the public, and especially on the Medical Profession, and ought not to assist in its perpetration, even when paid for doing so.

A LAD of fourteen years of age died at Liverpool last week from hydrophobia caused by the bite of a cat.

The disinfection of the battle-field of Sedan has only just been completed.

A NEW and commodious Sea-side Convalescent Home was opened last Thursday by Earl Brownlow, at Mablethorpe, Lincolnshire.

PROFESSOR KARSTEN, of Vienna, has applied without success for permission to bear arms to protect himself from his discontented students.

The next election of candidates for admission into the Society for Relief of the Widows and Orphans of Medical men, will take place on the 12th July next. Forms of proposal must be made at least a week in advance.

The next examination of candidates for commissions in the Medical Department of Her Majesty’s Army will be held in London on 9th August next. Applications for admission to this examination should be made in writing, without delay, to the Director-General of the Army Medical Department, War Office.

TWENTY SEVEN candidates out of the sixty-eight examined at the London College of Surgeons on the 24th ult., failed to acquit themselves to the satisfaction of the Court of Examiners, and were, consequently rejected.
Fifteen deaths from measles occurred on board H.M.S. Indian troopship Euphrates, on her passage home, via the Suez Canal, with troops from India, and there were a large number of cases of measles on board when she arrived at Portsmouth last week.

The annual dinner of the medical officers of the Army, Navy, and Indian Service, took place at Willis's Rooms last week. The Director-General of the Medical Department of the Navy presided.

We are glad to hear that Dr. James Salmon, Inspector-General of Haslar Hospital, is to be permitted to retain the post he now holds for a further period of one year beyond the ordinary time, as a mark of recognition and appreciation for his good services.

An inquest has been held on the body of Mr. Russell Goldie, aged 34 years, the secretary and superintendent of St. George's Hospital, who was accidentally poisoned with prussic acid. It appeared from the evidence adduced that the deceased had been secretary to the hospital only within the last two or three weeks, and was in the habit of taking prussic acid to allay a certain pain from which he was suffering.

In consequence of the retirement of Mr. Paget from the staff of St. Bartholomew's Hospital, his friends and pupils propose to perpetuate his labours, which have done much to give that institution its world-wide reputation. For this purpose a fund has been opened in London, of which Dr. Black is treasurer. The amount of individual subscription is limited to two guineas.

A movement has been set on foot by some benevolent persons which we wish every success. Its object is twofold: the employment of gentlewomen in reducible circumstances as superintendents of the nursery in families of wealth and position, in lieu of the head nurses, so-called, now occupying such posts, and the carrying out of those nursery reforms which ignorant and unprincipled persons have perpetuated. Our space is too much occupied at present to give the details, furnished by a valued correspondent, we must refer our readers interested in the movement to the offices, 106 Brompton road, London.

Much discontent has arisen in Naval Medical circles, and much comment evoked in reference to the fact that, whilst four Army Medical Officers have received the Order of the Bath, not a single Naval Medical Officer appears on the list. The Naval Medical Director-General still remains without the C.B. or K.C.B.

An affront such as this commonly arises, either from gross carelessness, or intentional insult, and, in either case, is utterly indefensible. It is almost unnecessary to point out that the supreme Army Administration, its squabbles, its jealousies, its etiquette, its overbearing assumption of superiority, and its obstructiveness, have become a nuisance in the country. It is by a policy such as prompted the exclusion from honour of Naval Medical Officers that the Horse Guards and War Office have made themselves intolerable to the country.

Deputy Inspector-General of Army Hospitals, T. Guy, has been placed under orders to proceed to Ceylon, to relieve Deputy Inspector-General Trousdell, who returns to this country. The former gentleman was the chief of the medical officers who lent their services to the Society for the succour of the sick and wounded in the late Franco-German war, and whom the War-office authorities have hitherto steadily refused to pay for the period of their absence. A curious incident is related by the United Service Gazette, in connection with Dr. Trousdell. The telegram from the Horse Guards which ordered him from Bombay to Ceylon by some means changed it wording on the road to "from Bombay to London," and the consequence was, that Dr. Trousdell turned up at Whitehall when he should have been at Galie.

**GALVANISM IN THE TREATMENT OF DISEASE.**

The republication of a very interesting relie* on the Subject of Electricity, written by John Wesley, one hundred and twenty years since, furnishes us with a most fertile source of reference, and suggestions which derive a new interest in the light of the progress which the science has made since that period. It gives us firstly, an insight into the obstacles with which experimentalists of that time had to contend, by being compelled to conduct their investigations with the frictional machine—the only then known means of producing electricity. With such an instrument, and with so many natural obstacles, one cannot but admire the persevering application benevolents to motives alone could have prompted, with which the gifted author of this treatise and others connected with him at that time must have laboured. In the preface to the work before mentioned, Wesley administers a very severe rebuke to the medical profession of his time, a censure which is in our own day, reiterated in the most recently published work on the subject of Curative Electricity, by Drs. Beard and Rockwell, two great authorities in America, at page 110 of this latter work. the following passage occurs:

"Although many of these experimenters were outsiders from the profession, although they had no part nor lot in the realm of science, and although many of them were as devoid of conscience as of intellect, yet we should none the less eagerly seek for and accept whatever of truth they may have stumbled upon or discovered. In the history of science it has often been the fortune of the ignorant and the lowly to hit by chance on some great fact for which the wisdom of the ages has sought in vain. Especially has this been the case in Therapeutics. Truly says Dr. Stillé, 'Nearly every medicine has become a popular remedy before being adopted or even tried by physicians.'"

"Impartial history must, we think, record, that before Duchenne and Remak were known on either side of the Atlantic, before our most recent electro-therapeutists had commenced their practical labours or studies, there were in this land not a few empirics who, by some form of general or localized electrization, or both combined, or by methods various and inconsistent, and in spite of their own ignorance or vice, were achieving successes in the treatment of disease by electrization which in certain features even the most advanced physicians of our day have not yet surpassed more than a century since.

"If they did not belong to the choicest ranks of the profession, it is none the less true that the results which they secured were oftentimes more than the ablest leaders in science...

* Electricity made Plain and Useful." By John Wesley. 1792. London: Bailliere, Tindall, and Cox.

Correspondence.

June 1, 1871.

A LETTER OF INQUIRY ABOUT VACCINATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Mr. Simon moved,—"That it be referred to a committee to be appointed by the Council, to report what are the best precautions which a vaccinator can take against the possibility of communicating syphilis, and whether these precautions are such as to give full security to the public against any danger of such infection."

"Why not make the inquiry a broader one, and ascertain how to vaccinate in the safest, easiest, and simplest manner?" Seeing that each one is urged to be vaccinated twice, what a general necessity there is that all precautions should be carried out to their uttermost extent. Vaccino-syphilis is one of the absorbing questions of our medical journals; but if vaccinators, together with other practitioners in favour of medical education for ladies, I do submit that the case is almost gained; since the fancied self interest of a certain number among us can hardly be allowed to be a sufficient reason why ladies like Mrs. Garrett Anderson, and others, shall not be allowed to com- pete for the substantial rewards and honours of any profession. Allow me, in conclusion, to quote from Dr. Cheseby's pamphlet above alluded to. In page 14, he says:—

"It may, without detriment to the argument, as to the
mental and physical fitness of women to become doctors, be admitted that, while there are some departments of medicine more peculiarly adapted to their capacities and tastes, and in which they have proved themselves the equals of the most superior male practitioners—the field of obstetric medicine and surgery for instance—there are some other surgery in particular, in which they may not hope to become as efficient as men; though this cannot, by any means, serve as an argument to keep women from the profession of medicine, as the same rule applied to men (a vast majority of whom have no capabilities as surgeons), would give our professional ranks an undivisible tenacity. Any rule which will hold good for men, as a class, in the social affairs of life, will also hold good concerning women.

This is, I think, Sir, tenderly and well stated by Dr. Cheesney, and it is to be regretted that further time should be lost in making up our minds upon this important question. It is, I think, rather a pity, too, that London, the Metropolis of modern civilization, should let Edinburgh and Calcutta get the start of her in the medical education of women; and I therefore write these few lines in case it may be too soon possible to establish a London committee, as well as a Scotch one, for the admission of women to some of the hospitals of this gigantic city.

I remain, Sir, yours, &c.,

99 Southampton row, W.C.
29th May, 1871.

ACUTE ABSENCE IN GLOSSITIS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Let me add an observation of a rather unusual case of glossitis to those detailed in your last by Dr. Croly. It was one which I attended last summer, limited to the right side of the tongue, which I greatly avoid a pressed and marked by the teeth, and could hardly be kept in the mouth. On making the incision, expecting blood only to follow, I saw a copious gush of pus follow the stroke of the bistoury, and a good deal was spit out. The loss of blood was also considerable, and great relief followed.

I have not seen any mention of this accompaniment of glossitis hitherto.

Yours, &c.,

Sprackburn, Letterkenny, Isaac ASHIE.
March 1871.

THE ASSAULT AT SOUTHAMPTON.

HEARNE v. ALDRIDGE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I am much indebted for the early insertion of my letter of the 27th ult.; more especially as the colouring given in some of our local papers had produced a somewhat confused impression in reference to serious local irregularities, such as not even the well-trained mind of a medical editor could, on the spur of the moment, satisfactorily elucidate.

The kindly advice contained in your comments clearly implies that you have been induced to regard the affair as a doctor's fracas. Now, did it admit of such an interpretation, I should be ever ashamed of myself; but I feel confident that I shall be able to show that such an interpretation can not be maintained.

Even the verdict of the magistrates would seem to have been only partially comprehended by those not immediately concerned; for the charge of assault preferred against myself was so unfounded, so much in accord with the whole affair, so thoroughly unwarranted, that Dr. Aldridge's solicitor found it necessary to explain that it had been made simply to enable Dr. Aldridge to give his version; or, as I would say, to enable him to make his conduct appear less culpable, while not denying the reality; it produced the opposite effect.

Mr. Poock, Dr. Aldridge's solicitor, "said that he only wanted Dr. Aldridge's version of the affair before the public, as he should withdraw the summons against Dr. Hearne." This the last did not permit him to do; but the fact speaks for itself. A charge of assault having been preferred with the knowledge that no assault had been committed, in order that the person who had committed one might give a counter version.

My solicitor was not instructed to press for a substantial money penalty, but to seek a conviction on the merits of the case, which he obtained.

In the course of a few days I purpose drawing up a concise account of the whole affair, believing that it will prove of general interest.

You will hear with surprise that the further we proceed the more sense does the conduct of some of our brethren appear for whom we all utter our anxieties. It is informed that medical men have been denied access to the public small-pox wards by order of the Officer of Health for the town—a gentleman who has been performing his duties by deputy during many anxious weeks.

It remains to be seen whether the Southampton authorities will permit the duties of their officials to be discharged in secret. If so, it will have the effect of excluding a medical man who is a magistrate, and a guardian of the poor, from a rate-supported establishment by a rate-supported official! Some very stupid proceedings have been adopted, and then countermanded, which have naturally given rise to misrepresentations and exaggerations, such as at the present silly order is calculated to effect; but that it will be endorsed I cannot believe. However, it has had the effect of preventing my giving you further information in reference to the number of small-pox cases in the public wards—possibly the object desired.

Fortunately, the death-rate can be accurately given; last week I underrated it by two, the registrations having been effected after the hour the return was obtained. It should have been given fourteen instead of twelve.

This week, up to 4 o'clock, (Saturday), fifteen deaths from small-pox have been registered.

Whatever secrecy be attempted, the death-rate will form a tolerable guide as to the number of cases. That anything can be gained by making the public vaccination and small-pox wards exclusive is difficult to understand, as they are not the most agreeable places to visit. More soon.

Yours, faithfully,

Southampton,
EDWIN HEARNE, M.B.
June 3rd, 1871.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your impression of May 31st, you very properly congratulate Dr. Thomas More Madding upon a resolution passed by the governors of the Rotundo Lying-in Hospital, tendering the thanks of the Board of that body to him for his zeal, efficiency, &c., in the discharge of his duties during his tenure of office as ex-assistant in the institution.

I have no doubt, whatever, that Dr. Madding fully deserved the compliment, and has received in coming from other ex-assistants, have also received. I was, therefore, surprised to read your observations upon this interesting proceeding of the board—viz., that the resolution was "an expression of opinion for which there is almost no precedent on the books of the hospital"; and I should feel obliged by your favouring me with your authority for this statement.

I am, Sir, your obedient servant,

AN EX-ASSISTANT OF THE DUBLIN LYING-IN HOSPITAL.

[We have received a letter from Dr. Thomas More Madding to the same effect. Our authority for the statement was the Dublin Freeman's Journal.—Ed. M. P. & C.]

THE LATE MR. FIRTH.

This gentleman, whose death was so widely and deeply felt in Macclesfield and its neighbourhood, was interred in that town on the 10th ult., and was followed to the grave by a large number of the inhabitants of Macclesfield. He studied at University College, London, and made the acquaintance of Dr. Lankester. In 1836 he took L.S.A. and M.R.C.S. Before settling at Macclesfield he had assisted the late Mr. Bullock, of Congleton. He shortly entered into partnership with Mr. Fernie, and in 1851-2 acted as borough magistrate, and was for some years an alderman. He was honorary consulting surgeon to the Dispensary, Medical Officer to the Rainbow and Milton Branch of the Union, and late surgeon to the Lying-in Charity.
NOTICES TO CORRESPONDENTS.

The Annual Meeting of the Irish Medical Association.

The meeting, Meeting, and Dinner of the Association took place on Monday last. The length of the proceedings and the late hour at which they terminated precluded our publishing them this week. They will appear in extenso in our next.

Medical News.

ApotHEcaries' Hall of England.—At a Court of Examiners held on the 1st inst., the following gentlemen, having passed the necessary examinations, were admitted licentiates of the Society of Apothecaries, viz.:—Messrs. Alfred Thomas Corrie, of Plymouth; Frank Henry Hodges, of Birmingham; Henry Marmaduke Langdale, of East Heslhey; John Magrath, of East Grinstead; Frederick Thomas Majors, of Cheltenham; and Frederick George Passmore, of Brighton.

Quarantine Regulations as to Yellow Fever in English Ports.—The Privy Council have sent a circular to the various collectors of Customs in the United Kingdom, calling attention to the fact that, "whereas there is reason to apprehend that the yellow fever prevails in the West Indies and in parts of the continent of America, it is considered advisable that after the 20th May every vessel coming from, or having touched at any port or place in Cuba, or coming from or having touched at any port or place lying between longitude 35 and 60 degrees west of Greenwich, and between 4 and 40 degrees south latitude, shall come to an anchor at such place as may be from time to time be appointed by the Commissioners of Her Majesty's Customs, for the purpose of having the state of the health of the crew of such vessel ascertained, before such vessel shall be permitted to enter the port whereat she shall be bound for; and in the case of all vessels coming from the United States of America, and each and every port on the coast of the American continent and on the coast of the Pacific and the Bering sea, it is considered advisable that the port authorities at each and every such port shall have ascertained, and thereafter be subject to such lawful direction as may be made in that behalf by or under the direction of the Lords of the Privy Council."—The following official despatch has been received from her Majesty's Consul at Copenhagen, reporting that, in consequence of Asiatic cholera being no longer considered epidemic in St. Petersburg, the quarantine regulations of the 5th April last have been withdrawn, and vessels arriving from that port at Copenhagen are admitted to free pratique, and a copy of a notice of the Portuguese Government, declining the port of St. Petersburg to be infected with cholera morbus since the 5th ultimo, and all the ports of the Gulf of Finland to be suspected of the same disorder also from that date. 

The Committee of the House of Commons on Vaccination recommend that boards of guardians should be compelled to appoint officers to see that vaccination is properly carried out; that the present system of registration should be simplified; that sanitary responsibility should not be divided between the medical department and the Privy Council and the Poor-law Board; and that the bulk of the expenses consequent on the Vaccination Act should be charged on the Consolidated Fund.

NOTICES TO CORRESPONDENTS.

Worchester again.—We have peremptory demand from Mr. Stallard for the name of the writer of the article in our last number under the title of "A Case of Mode of Action." We are not in a position to give such information, whether we will ourselves undertake the responsibility of "an action for libel." Having again read carefully the local paper upon which our remarks were founded, we fail to see the mis-statements of which Mr. Stallard makes complaint. We have always open for correction our own mistakes, and never allow knowledge an error proved against us, but when our Correspondent threatens us with an action for libel unless we reveal the writer of the article in question, we tremulously inform him that it was written by the Editor of the English Department, who can be found, when wanted, at King William-street, Dublin, to the last word.

We have been obliged to postpone several Original Papers, Reviews, and other interesting matter.

Mr. T. Murray, L.R.C.P. — You were late with your application. The vacancy had been filled some days previously.

Dr. Bird, Cheltenham, Dr. Abbott, Brigg.—Probably miscarried.

Dr. B. — The event is delayed and unhealthy.

NOT AFRAD OF THE TRUTH—DE OMNIBUS.

To the Editor of "The Medical Press and Circular."

Sir,—As a medical observer of London medical literature I am sorry to say that I am constrained to agree with Dr. C. Bell Taylor that it is useless to strive as to the so-called Contagious Diseases Acts to procure hearing for more than one side of that miserable subject. Parliament is in dismay at the special pleading of a few men who care nothing apparently about the possible cruelty and cowardice of spies and informers, while their poor fellows suffer from the preaching of ignorant politicians, who prove everything like some one in Hudibras "By sines and tangles, and hacks and saucy jests."

If bread-and-butter wanted weight," everything by statistics. In London we are becoming under this system a city of medical detection, and not the least inviting character a medical man can have.

We receive from chloroform extras simply explained; we have the spectroscope as to blood-stains; syphils supposed to be communicated by vaccination; but they have become violent party questions; and if some of our publishers had their way they would make the undiscernible a party question, hence, the public smile at and distrust us; corone's juries disclose the plainest facts, or now that favourite blunder of politicians, the baby-farmers and their abettors. A Parliamentary Committee is acting as judge between the public and the speculator.

Truth prevails in the end as Cobden used to say, nothing else has any substance; but, unhappily, it takes a long time before it shall have its effect. Mr. Acland, at the Royal College of Physicians during the last week, has been expounding to us the great catholicity of medical and sanitary science and the grand future before the profession. Expounding, Banting, Comte, and Mathews in our great guides, and if our excellent friend Drysdale will not go into a session with Archibald Manning as a victim to an old breach of bread and butter, or whether we are afraid of the truth." Not so our narrow ex parte special pleading as to the Contagious Diseases Acts; while tale as to vacino-syphils or the spectroscope is quite a merit, pleading is quite a matter for the parliamontary who invade discussion, but take care never to print anything adverse, and then turn honest writers, who disagree with them, into ridiculous and clear accusers. Our correspondent, Sirmon, agree with Dr. C. Bell Taylor as every man of gentle training must do, to how medical and civil and other pedantry as to this miserable the Contagious Diseases Act.

I am, &c.,

CHARLES KIDD, M.D.

London, June 3rd.

In Type.—"On the Causes and Cure of Fractured Stricture." By Dr. Uniatiee, R.L.S.C., &c.

"Practical Obstetrics." No. II. By Francis E. Clarke, B.A.

"On Cellulitis of the Arms and the Contagious Diseases Acts." By C. B. Drysdale, M.D., F.R.C.P. 

Dr. Braham's, Clinical Lectures "On Diabetics." (Continuation). By W. Adams, F.R.C.S.

The Select Committee for the Prevention of Disease of the Neck of the Thigh-host. By the President, F.R.C.S.

Meetings of the London Societies.

Royal College of Surgeons of England.—Wednesday, June 7th, Dr. J. John Bird, K.B., "On the Nature and Treatment of New Growth."

Royal College of Physicians.—5 p.m. Dr. Gwy, "On War in its Domestic Aspects," with special reference to the period from 1793 to 1815.

Obstetrical Society of London.—23 p.m. Council Meeting.—3 p.m. Dr. Medows, "On Pelvic Haematoma." (adjourned discussion.) Dr. Titus, "On the Diagnosis of the Leukosthenic Varieties of Labour." (adjourned discussion.)

Royal Microscopical Society.—8 p.m.

Royal Institution.—Thursday, June 8th, 3 p.m. Prof. Tyndall, "On the Nature and Treatment of New Growth."

Royal College of Surgeons of England.—Friday, June 9th, 4 p.m. Prof. John Bird, "On the Nature and Treatment of New Growth."

Royal College of Physicians.—5 p.m. Dr. Gwy, "On War in its Domestic Aspects," with special reference to the period from 1793 to 1815.

Querky Microscopical Club.—8 p.m.

Royal Institution.—Saturday, June 10th, 3 p.m. Mr. Lockyer, "On the Nature of the Ear.

Royal Medical-Chirurgical Society.—Tuesday, June 27th 7 p.m. Ballot. 8 p.m. Ordinary."
APOTHECARIES' HALL, BLACKFRIARS.—

The next EXAMINATION in ARTS will be held at the HALL on FRIDAY and SATURDAY, 29th and 30th of June.

Syllabus of the Subjects for Examination may be had on application.

EXAMINATION in ARTS will again be held in the month of JANUARY, 1872.

R. H. ROBERTSON, Secretary to the Board.

ST. THOMAS'S HOSPITAL.—Applications for the appointment of PHYSICIAN, ASSISTANT-PHYSICIAN, SURGEON, or ASSISTANT-SURGEON, may be addressed, (under cover to FRANCIS HICKS, Esq., the Treasurer, from whom all information may be obtained) not later than the 8th June next.

By Order, ALFRED TRITTON, Treasurer's Clerk.

13 St. Thomas's street, E.E., 31st May, 1871.

ARMY MEDICAL DEPARTMENT.

25th May, 1871.

An Examination of Candidates for Commissions in the Medical Department of Her Majesty's Army, will be held in London, on 8th August next.

Candidates having the necessary qualifications to practise Medicine and Surgery, suitable to the present state of the Army, and who are not married, and not under twenty-one, nor above twenty-eight years of age, are eligible to attend. Applications for admission to this Examination, should be made in writing, without delay, to the Director-General of the Army Medical Department, War Office.

(Signed) F. G. LOGAN, Director-General.

SOCIETY FOR THE RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN. Founded 1788.

Incorporated by Royal Charter, 1864.

The Members are reminded that a Quarterly Court of Directors, will be held on the 12th July next, at which Candidates may be received into the Society. It is desirable that the forms of application should be filled up and forwarded to the Secretary, at least a week before the meeting. The Forms of Proposal may be obtained of the Secretary. The benefits of the Society are restricted to the families of deceased Members, of not less than two years standing. The Secretary attends at the Office every Wednesday and Friday, from four to five o'clock.

J. B. BLACKETT, Secretary.

53 Berners street, W., June 2nd, 1871.

WANTED, by a respectable Man, a Situation as Valet, and to take charge of an Invalid or elderly Gentleman. Good Testimonials. Address, A., 8, Kinerton street, Wilton place, London, W.

PRACTICE.—For TRANSFER, an UNOPPOSED, easily WORKED, lucrative country practice (established by the present owner), situated near Kingston upon Thames. The present party wishing to retire from active practice. Also a good twelve-roomed house standing in its own grounds of two acres, with every convenience. Address, D. M. ROBBES, Esq., Solicitor, Brigg. No agent need apply.

MEDICAL CLUB, SPRING GARDENS, CHARING CROSS, S.W.

Until the removal of the Club to the new premises, Members will continue to be admitted upon the payment of an entrance fee of £3 8s. The annual subscription for Members at home is £5 5s., and for Members abroad £2 18.

March 22nd, 1871.

H. T. L. BEWLEY, Secretary.

THE LONDON SURGICAL HOME FOR DISEASES AND ACCIDENTS OF WOMEN.

2 OSNABURGH PLACE, REGENTS PARK, N.W.

Medical Practitioners are invited to attend Cliniques and Operations, by Mr. BAKER BROWN, every Thursday, at two o'clock. Cards of admission may be obtained of W. ROBERTS O'CONNOR, Esq., Resident House Surgeon.

CHURCH STRETTON PRIVATE ASYLUMS.

For the UPPER and MIDDLE CLASSES OF BOTH SEXES, are situated on the sapbyrde Hills, Twelve Miles from Shrewsbury, on the road to Hereford.

(Wm. Hysler Esq., Stretton House, for Gentile) Church

Apply to medical Practitioners, (Mrs. Barkerwell, the Grove, for Ladies). Shropshire.

Vide page 1016 in the Medical Directories for 1867.

ROYAL COLLEGE OF SURGEONS SCHOOL OF SURGERY.

The SUMMER SESSION will commence on MONDAY, the 3rd of April, during which the following Courses will be delivered:

Botany
Practical Chemistry
Medical Jurisprudence
Materia Medica
Midwifery

By Order, JOHN BRENNEN, Registrar.

25th March, 1871.
J. BAXTER LANGLEY, LL.D., M.R.C.S., F.I.S.,
and, Author of VIA MEDICA, has always
upon his books a large number of desirable investments and available Appointments. The Negotiation and Gentlemen wishing to relinquish these
In a Tract of about

Dr. Langley devotes his prompt personal attention to the negotia-
tions entrusted to him, which are treated with the most scrupulous

The business of the Professional Agency is based upon the general
principle that no charge is made unless work has been done and services
to the named Members of the learned

Dr. Langley can refer to many of the leading Members of the learned

Full information and application free on application.

Office hours, from 11 till 4; saturdays, from 11 till 2.

LOCUM TENENS.—Dr. Langley has now organised a thoroughly

All Charges of any Practice which may require it in the absence of the principal,
at fees from £2 2s. upwards, according to age, experience, qualifica-
tions, &c. One of these gentlemen can be dispensed with an early

Cr\{\}mm the ground of ill-health, and is open to make an easy

with a suitable gentleman.

Y 120. INLAND WATERING PLACE. A gentleman with private

The gentleman derives about £500 a year, which would form

a vast sum to any large practice. In a very good, one,

An excellent house, with speaking rooms, sitting-room, and

The income derived is about £500 a year, but would form

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The house is convenient, and 23.

The income is now about £500 a year, but would form

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and 23.
Original Communications.

CLINICAL LECTURES ON THE DISEASES PECULIAR TO WOMEN.

By Lorre Atthill, M.D.

Fellow and Examiner in Midwifery King's and Queen's College of Physicians; Obstetric Physician to the Adelaide Hospital, Dublin.

LECTURE I.

Introductory Remarks—Mode of Examining Patients—Use of Speculum—Ferguson's—Bi-rav/e—Duck Bill—Uterine Sound—Method of Introduction—Information to be obtained from its use—Bi-manual method of Examination.

GENTLEMEN,—It is of course essential to the right treatment of any disease, that the condition of the affected organ should be carefully and scientifically investigated. To assert such a palpable truth seems almost absurd, yet when coming together as we now do to investigate the symptoms and discuss the treatment, of the diseases of the female genital organs, it must be borne in mind, and I feel bound to impress upon you the importance of the simple proposition I have laid down. Not a year passes in which I do not meet with instances in which practitioners lose credit and character by neglecting or being unable skilfully to make the examination necessary in the class of cases we are considering. What physician would dream of prescribing for a case of hemoptysis without ascertaining the condition of the thoracic viscera? Yet many do not hesitate to undertake the treatment of a case in which hemorrhage from the uterus is present, without having the least idea whether the hemorrhoage depends on the existence of granular ulceration of the uterus, or the presence of a polypus, of cancer, on that condition known as sub-involuion of the uterus, or on other less easily demonstrable causes. I therefore unhesitatingly lay it down as a rule, that in all cases presenting symptoms of uterine disease, a careful examination of the pelvic viscera should be made. But let me at the same time earnestly impress on you the duty of conducting such an examination in a mode as little irksome as possible to the patient, and with all possible delicacy.

Now, in examining nearly every case of uterine or vaginal disease, we require the aid of both touch and light, to arrive at a correct conclusion as to the condition of the affected organs. To use the speculum without a previous examination by the finger is out of the question. When we consider the existence of a retroflexed or anteflected uterus—a condition which an ocular inspection of the os uteri failed to detect. I could easily multiply examples, but let this one suffice to impress you on the necessity of making a manual examination before using the speculum. Now in speaking of a manual examination I mean more than a digital inspection of the vagina. I include also under that term the investigation of the pelvic viscera through the abdominal walls, and if the symptoms seem to demand it, through the rectum also. I shall make a few remarks on the mode of conducting these investigations. First then as to the ordinary digital examination of the vagina or uterus. The patient is placed on her left side, the knees should be well drawn up, and the hips pushed out to less the effects of gravity. If the fingers are effected, the index finger previously well oiled should be introduced slowly upward in the axis of the outlet of the pelvis, the tip of the finger being kept in contact with the posterior wall of the vagina. By adopting this course
the finger reaches the posterior cul de sac of the vagina and by carrying it from this point round the cervix uteri, we are enabled at once to ascertain the condition of the lower segment of the uterus. Thus we learn whether it be movable or fixed; whether the mucous and shape; or if on the other hand elongated or hypertrophied. Then by drawing the finger down along its surface you reach the os uteri and discover its state, whether it be patulous with everted lips, or small and contracted. While thus engaged in investigating the condition of the uterus, you should not fail to attend to that of the vagina, and so satisfy yourself whether it be of the natural temperature and moisture, or overly hot and dry. But there is more yet to be ascertained before you have gained all the information possible from a digital examination—the position of the uterus itself is to be made out, for the organ may be retroflected or anteflected, or possibly under certain circumstances completely retroverted.

As a rule you should not be able to feel the body of the unimpregnated uterus through the posterior cul de sac of the vagina. If therefore on sweeping the finger round the cervix you feel a firm globular mass above you, you can at once pronounce that the organ is in an abnormal condition. Then immediately follows the question, which you are called upon to solve, namely, on what does this enlargement depend? But I must defer the consideration of this question to a future lecture, for a mere digital examination though of importance, is frequently insufficient to enable us to decide this point; and in a large number of cases you must not remain content with it, or you will fall into grave errors. To make your examination complete you must have recourse to the use both of the speculum and of the uterine sound. I name them in the order in which as a rule they should be used. You see on the table there are three kinds of speculum; they are all of them admirable instruments, and as I am about to explain to you, each possesses certain advantages which the other wants, and certain disadvantages which render the use sometimes of one and sometimes of another preferable. It is, therefore, essential that you should be acquainted with the respective merits of each. There are no doubt numerous other kinds, but for ordinary purposes these are sufficient, and of these for general use I without hesitation recommend the one known as Ferguson's. It is as you are aware, a glass cylinder silvered externally. This again is protected by a layer of gutta percha, which answers the double purpose of affording a very smooth surface, and in serving as a protection to the vagina, should the glass by any mischance crack or break. Through a full sized one of these speculums you can see the parts very distinctly and it also possesses this great advantage, that it is uninjured by the action of acid, a class of remedial agents which are frequently used in the treatment of uterine disease. It is not however so easily introduced as either of the other speculums which I exhibit. If through the vagina be narrow or if much inflammation be present, the attempt to use a full sized one will give so much pain that you will have to desist, and should you with the view of avoiding this, have recourse to a smaller one, you will find much difficulty in bringing the os into view; and even when you succeed in doing so, the position of the cervix cannot be that of such limited extent as often to afford but little information. Still the number of cases to which it is inapplicable will prove to be comparatively few. When from the narrowness of the orifice of the vagina, or from the amount of inflammation present you find Ferguson's speculum to be unsuitable, I recommend you to make use of a plated bi-valve one such as this (Fig. 1), it is very easily introduced but it does not reflect the light nearly so well as the glass one does and moreover the lateral folds of the vagina fall to a considerable degree into the space between the blades when they are expanded, and intercept your view. The duck bill speculum (Fig. 2) affords you one advantage which neither of the other possesses—namely, that it permits you to see the os uteri, and at the same time to touch it, a matter of the greatest importance in many cases. We therefore use it when introducing sea-tangle or sponge

\[\text{FIG. 1.}\]

\[\text{FIG. 2.}\]
PLATE I

Mode of introducing Uterine Sound.
OEIGINAL COMMUNICATION'S.

The Medical Press and Circular.

should without difficulty come into view. If this be not
the case the speculum should be withdrawn a little way,
and its direction slightly altered, when the desired object
will most likely be attained.
The foregoing directions
hold equally good, whether you use Fergusson's or the expanding speculum, for though the latter, on account of its
shape, is introduced with greater facility, yet it is not
easier with it to bring the os into view ; indeed the reverse is the case.

The

duck-bill speculum requires special directions for its
are those given by the inventor Dr.
arion Sims, and should be carefully attended to whenver this speculum is used " The thighs are flexed at
right angles with the pelvis, the patient lying in a semiprone position on her left side, her left hand being drawn

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use.

The following

M

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backwards under her, and kept in that position ; the chest
rotated forward, bringing the sternum very nearly in contact with the table or couch, the head resting on the parietal bone
the head must not be flexed on the sternum
nor the right shoulder elevated
the patient is thus rolled
over on the front, making it a left lateral semi-prone position.
The nurse or assistant at her back, pulls up the
right side of the nates with the left hand, while the surgeon introduces the speculum, elevates the perineum, and
gives the instrument into the hand of the assistant, who
holds it firmly in the desired position." These directions
are admirable, and should be strictly attended to.
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When

safely

June

or as freely as a catheter.

you the mode of introducing

it,

14, 1871.

503

Before explaining to
I wish to call your

attention to the instrument itself (Plate 1)
it is as you
see a metallic staff, not unlike the sound used by surgeons
in the male.
The best are made of copper plated, the advantage of which is that you are able to bend it at
pleasure, a matter of no small importance, as you are
frequently obliged to alter the curve when flexions of the
uterus exist. At a distance of two and a-quarter inches from
the extremity of the instrument there is a little knob,
:

which marks the depth

to

which

trate into the uterine cavity

;

it

should usually peneat this point you

and

is curved, so that it may corresaxis of the uterine cavity.
Tfie entire
length of the instrument is marked at intervals of an
inch by notches, which enable you at once to decide to
what depth the instrument has penetrated, for when
withdrawing it you keep the point of your finger on the
notch nearest to the os, and with the aid of the figures
marked on the handle ; see at a glance what the depth of
the uterine cavity is.
It is not a matter of any great
difficulty to introduce the sound into the cavity of the
uterus ; still it requires tact and practice, just as the use
of the catheter does.
The following directions will aid
you in acquiring the requisite skill. I recommend you
to introduce the index finger of the right hand into the
vagina, and to keep the tip in close contact with the 08
uteri, then to guide the point of the sound, held in the
left hand up to the os, slipping it along the inner surface
of this finger, the concavity of the instrument being

observe the instrument

pond with the

with either speculum you have exposed the os
you are able to judge of its state. You see first of
all what may be the condition of the lips
if they are
covered with healthy mucous membrane, and present the turned towards the rectum. A little manipulation and
normal light mother-o' -pearl coloured appearance, or gentle pressure will now make it enter the canal of the
whether they be congested, abrased, or in a state of granu- cervix. This being fairly accomplished, a fact you can
lar ulceration and bleeding on the slightest touch
you always be sure of because your finger is still in contact
see also whether the os be a small opening, free from diswith the OS, you are to rotate the handle of the sound, a
charge, or whether it be patulous, and plugged with a mancEuvre exactly similar to that practised by surgeons
string of thick, glairy mucous, the sure indication of an when introducing the catheter in the male, and termed
unhealthy condition of the cervical canal. Then while " tour de maitre.'' This has the effect of changing the
withdrawing your speculum, you have an opportunity of direction of the point of the instrument, which will now
satisfying yourself as to the condition of the vaginal look upwards in the direction of the axis of the uterus ;
mucous membrane
thus by touch and sight you are steady but very gently pressure should now be made,
enabled to pronounce with positive certainty as to the state and the point will in general, pass on without difficulty
of the OS, of the lower segment of the cervix uteri, and of till it reach the os internum, and here some slight
the vagina
but should you stop here, you will in many difficulty is generally met with. Tiiis if it occurs, should
cases have failed in your duty.
Many a suflferer has been be overcome by gentle continuous pressure force must
told after having submitted to such an examination that not on any account be used, lest injury be done to the
the womb was perfectly healthy, because the os and cervix uterine walls.
As the point of the instrument passes
appeared to be free from disease, and has consequently through the os internum, the patient nearly always combeen looked upon as a complaining hypochondriac by her plains of pain and sometimes of nausea but this goes
friends
while in reality she was a suffering invalid
off in a few minutes, though I have met with instances
the physician having failed to detect the actual ailment, of the pain lasting for several hours, and I have on one or
either because he omitted to carry his investigation fur- two occasions known a patient to feel faint, this too
ther, or because he was ignorant how to do so.
For my- never lasted for more than a few moments, and was never
self I lay down the following rule, which I advise you to
sufficiently severe to prevent my fip=-^l^nor the examina*
"^he introducfollow, in the investigation of all cases of uterine disease tion.
In some instances an obst'
which come under your observation
tion of the instrument is met with low v^own in the cer1st. To make a
digital examination of the vagina and cervix uteri
This is not due to any contraction, but to
2nd. vical canal.
It that fails to satisfy me as the cause of the patient's
the point of the sound becoming caught in a fold of the
suffering, then to use the speculum
and 3rd. If still in mucous membrane, which in thisportiDn of the intradoubt, to introduce the uterine sound, unless its use be uterine canal, is not smooth but plaited. Should this
clearly contra-indicated.
You are aware that the sound occur you must withdraw the point a little, and altering
again press it onward.
This
is an instrument of recent invention
but even so it is its direction somewhat
surprising how little it is used, and how few appreciate difficulty is more likely to occur when the os uteri is
patulous, and the cervical canal relaxed from the effects
its merits.
I look on it as at once one of the most useof disease, than when it is in a healthy condition but a
ful and at the same time, if carefully and judiciously
handled, safest of obstetric instruments.
In my own little patience and careful manipulation will always overI have dwelt at some length
practice I am indebted to it for most important informa- come these obstructions.
tion, which could have been obtained by no other means, on the mode of introducing the sound, because the diffiand this too without having ever known it to produce culties of the operation have been much exaggerated,
the most trifling injury.
Doubtless I am aware, that if and I am satisfied that these difficulties are mainly due
roughly aud unskilfully handled, or used in an improper to want of skill on the part of the operator. The method
of using the sound which I have described, is that which
case, the most serious consequences may follow its introbut there are other modes doubtless
duction but the same may be said of the catheter, or I always adopt
Thus Dr. Graily Hewitt following
indeed, of any other instrument requiring skill in its use. equally as good.
I again repeat that if carefully used and skilfully han- the plan recommended by Sir J. Sinipson, introduces the
dled, it is a harmless instrument, and may be used as index finger of the left hand, guiding the sound along
uteri,

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it up to the os uteri. While Dr. West recommends introducing two fingers of that hand for the purpose, the instrument being held in the right hand. But whichever method you adopt, you will speedily with a little practice become adept, only remember never to use force; better far if you should never introduce the instrument, than you should run the risk of injuring the uterus, and perhaps cause a fatal result, in doing by force what should only be accomplished by tact. But you will frequently meet with cases in which the use of the sound is entirely forbidden. Thus, if there be any possibility of pregnancy existing, it would be most improper to introduce it, and you should wait till you are satisfied by the palpation of the influence of the uterine cancer, and, as a rule, during an attack of any form of acute inflammation, your own judgment will warn you against it. But with such exceptions as these I can confidently recommend it to you as a safe and useful instrument—so high is my opinion of the uterine sound, that I make it a rule to introduce it in all doubtful cases unless its use is contraindicated by the possible existence of pregnancy, or by some other important point. I have, therefore, adhered to it at no distant time be recognised by all well informed obstetric practitioners as the established rule. Now as to the information to be obtained from its use. We learn three things, which it would be impossible to ascertain by any other means. Firstly, we ascertain with positive certainty what the depth of the uterus is. If the sound pass beyond the nodules, at the curve of the instrument, we can infer that the uterus is entirely elongated, and we can measure accurately the extent to which it is elongated. Secondly, we ascertain the position of the uterus, and determine whether it be in its normal position, or flexed anteriorly or posteriorly. Lastly, we learn whether the entire organ be fixed or movable—a matter of the greatest moment when we come to decide on the important question of the nature of some abdominal tumour, the sound, and the sound alone enabling us to decide whether the uterus is engaged in that tumour or not.

But our means of obtaining information are not yet exhausted. Our examination hitherto has been confined through the vagina. We have ascertained what the condition of the os uteri is. We have measured the depth of the intra-uterine canal with our sound. We are satisfied that the uterus has retained its natural position, or is displaced. But we know nothing of the condition of the external or peritoneal surface of that organ. A fibrous tumour, for instance, of any considerable size may be developed from any portion of the uterine wall, and yet the examination I have hitherto described may fail to detect it. Never omit then in all doubtful cases, to pass the hand over the abdomen, and by the aid of both hands, to satisfy yourself as to the shape and size of the uterus. This method, termed by Dr. Marion Sims the bi-manual method, often affords valuable information. To carry it out pressure is made with the left hand over the pubes, while the index finger of the right, is kept in contact with the cervix uteri, the patient lying on her back, should be made to expire deeply, and, at this moment the fingers of the left hand should be pressed firmly down into the pelvis, immediately over the pubes while the index finger pressures the uterus upward from the vagina. It will thus, to use Dr. Sims's words, "be easy to ascertain the inside shape of the pelvis, for it will be held firmly between the fingers of the two hands, and its outline and irregularities will be ascertained with as much nicety as if it were outside the body." In thin subjects the results here enumerated as attainable can be obtained; but in fat or very muscular women we sometimes fail in our efforts to feel the uterine at all through the abdominal parietes. Still even with these exceptions, the bi-manual method of examination is often of great value.

I have already told you that in order to make an accurate diagnosis it is generally necessary to make a digital examination of the condition of the uterus and vagina, and to use both the speculum and the uterine sound. But in many cases, the two latter modes are not only unnecessary, but positively forbidden. Thus, if on introducing the finger into the vagina, you detect cancer of the os uteri, the introduction of the speculum becomes unnecessary, and may be injurious, while the use of the sound is altogether prohibited; or, if on using the speculum we find the os and cervix uteri to be in a state of ulceration, the symptoms the patient is suffering from will probably be accounted for, and the introduction of the sound into the uterine cavity uncalled for, and the effort to be avoided. So your examination in all cases it is to be progressive, the finger always being used in the first instance. Any departure from this course, I deplore strongly.

I have now, Gentlemen, described to you very briefly the mode in which you are to investigate cases of supposed uterine disease. But without a knowledge of what you have to learn, by your examination, the examination itself will be useless.

It is my duty to point out to you the symptoms of, and the management for, a subject that is most adapted to the various forms of uterine disease, and I shall in my future lectures, call attention specially to these, as cases suitable for illustrating them occur.

(To be continued.)

NATIONAL HEALTH.

(A Lecture delivered at the Royal College of Physicians of England.)

BY DR. ACLAND, F.R.S.,
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1.—THE FOUNDATIONS OF NATIONAL HEALTH.

No subject has received more impulse in this country within the last twenty-five years than the prevention of disease. We are ripe for comprehensive legislation. Mr. Goschen, taking a wide view of the question, has already pointed in a Bill provisions by which the relations of a large proportion of the medical profession to the public may be changed, and a new conception of the functions of medical men may be introduced into every corner of the country.

Though the exigencies of political affairs have forced the withdrawal of this Bill for the moment, I shall endeavour, in the observations I am about to make, to sketch the inductive bearings of a subject of so great moment, from the point which seems to offer the fullest conception of the groundwork of national health. But I admit the all-but impossibility of the task within the limits assigned to an ordinary lecture.

If there be a national health as distinguished from personal health, it is a problem of the last importance to know by what laws the standard of national health is raised, by what it is depressed. If national health is intimately connected with national virtue, and both with national prosperity,—if all have their foundations in the very conditions of human life on the earth,—then it will seem probable that national vice will be found linked with physical weakness and general decline, by the same correlative necessity.

The laws of our being are the expression of the fact, that nations, like individuals, placed in given conditions, must act within certain limits, limits admitted by all, whether they believe them to be bounded by the possible combinations of chance, or assigned by the intelligence of a Superior Will. National habits, good or bad,—national licence and national self-restraint,—national vice and national piety,—national vigour or national indolence,—are propagated through the individuals of which the nation is composed; being attached to individual character, and handed on from generation to generation, modified, however, by individual education, or those great catastrophes
which, like subsiding in a barren land, bring about fresh combinations, and give birth to products good or bad, better or worse, as the laws, moral and physical, which regulate the combination, may compel.

It may be alleged against these fundamental conceptions that national health is a fiction of the mind, that no such collective physical condition exists. The objection would be one of words. Family constitution and hereditary trait certainly exist; and a multitude of individuals forming one army, may, by the operation of moral causes, go anywhere and do anything, or may be without power, will, without hope.

We must not stop to discuss in full by what subtle links families are bound into peoples, people into races; but limiting our view to our own immediate nation, which may serve as an instance for all, consider briefly the physical condition of our people has been attained? and by what means it may be preserved or improved? our national health, in short. What is it? and, What are the duties of the State towards it?

The health of an individual is, the balanced condition of organs best fitted for due performance of the functions of body and mind within the capacity of the individual. This implies in the first instance that the individuals of the nation which enables the individuals of the nation to discharge rightly their respective functions in the state, “to do their duty in the state of life to which they are called;” the statesman to be in training for exercising the complex intellectual operations of his high office; the artisan, the soldier, the abstract thinker, each for his; and if we regard the philosophic teaching of the great author of the "Republic," parents of either sex, for the raising of the future generation, the state.

The sole question which here seems open to cavil is, how far we can influence national health in the wide sense just hinted at? Can the abstract speculations of the "Republic" bear practical fruit? Can we influence all the factors which are contained in the elements of national health? Let us see what they are.

Take any given Englishman. What is his descent,—Romans, Norwegians, Saxon, Dane, French? What influences have operated on him since his progenitors were among the number of workers in flint or in bronze? Did they become farmers, warrioirs, chiefs? Intellectually accustomed to command or to obey? Physically to endure or to shrink? Morally thrift, contented, peaceful or turbulent drunkards, and dissolve? Were they in later times exposed to the diseases of hot climates? Were any syphilitic? Did they intermarry in close relationships, or seek for a field the partners of their lives? that would be the qualities which, like the now famous Black Bar of the Rock Pigeon, might reappear on their scutecheons? Pride, pugnacity, syphilis, goitre, phthisis? Terrible questions these which the third and fourth generations ask of the sins of their forefathers and of their own. There is much to be said for the squire who never passed the picture of his great-grandfather but he shook his stick at him with an indignant said, "your drink brought gout down upon us all."

Philosophically, indeed, this most anxious enquiry might, we now know, be pursued, and is being, with rare practical discernment, pursued into the very origin of our race. But I forbear, in a question of great practical import, to do more than remark, that Darwin's discussion has a direct bearing on the conception of national health. It tends to confirm the conviction that acquired habits, which are not hereditary, can be lost in a race. That acquired increments for good may be permanent for good we cannot doubt, with the qualification that they must be maintained by each individual of each generation. The potential good being inherited may, by moral or physical struggle, be retained, and the potential evil be to some extent eradicated. But in every case we must believe that the inherited good attained, perhaps, by generations of valour or virtue, may, be in a moment, shattered like some lovely work of fictile art that was produced only after years of education and months of application.

These general reflections are mainly on bodily characters, but are wholly, in a large sense, and of universal runs through the web of all animal organisation, and the view we take of the elements of national health is coloured by our conception of the respective relations of body and spirit. When we look abroad on the animal world, we perceive such union of mental and bodily functions, that we are at a loss to say whether the matter, of which the organism is composed, and by which alone the bundle of mental qualities which it possesses can operate in the world, is primarily set in motion by mind, or is itself the primor mobiles, the basis and very essence of mind. The difficulty of solving this question, so fundamental to all speculation on the organised world, has increased with time, and so the principles on which the education of man shall be conducted have become a subject of yet keener debate. He who believes that we are but what we see, and handle, and measure, and weigh; he who looks less the will and the reason of some half-century elements, combined within themselves; and who says in his heart, "There is no God;" all these can look on education and on health as problems only of physical science, to be settled by material measures. But without pursuing a subject far too long for our present opportunity, let it be said this hard material view which has once and again cropped up in history, since culture and literature began, cannot be accepted as other than a hypothesis for setting the insoluble problem of the nature of man and his co-tenants of our planet. Look out and see every spot of earth, of water, of air, occupied by beings fitted, if you will, for their place by natural selection; adorned, if you please, by the sexual impulse to display; and what do you find? Material organism fitted to perform certain material functions; bundles of mental powers fitted to put that adapted machinery in action. Machinery and mind are alike inherited; their qualities imitable, and transmitted; the temper, so to say, of progenitors lost, and reappearing. Shall any one presume to say that as yet the genesis or pan-genesis of this complicated organisation of earth is so known to him, that he can declare that matter alone rules mind, and that mind, whence it is, and what it is, is so understood by him, that he can say it does not and cannot exist alone, does not and cannot exist alone, that matter, can have no independent being. Does the denizen of air, of water, of earth, who is ferocious, attack ferociously, solely because his weapons make him desire to attack? Does he who flies and is timid, flee because his limbs impel him to dive, or to burrow, or to run away? Do you not think he flies for that he is timid, or fights for that he is ferocious? Have his bundle of mental qualities no real existence? Hopeless questions.

If we cannot, with Malbranche, assert that in an understanding and moral man, "God is in all things, and in all things in God," we, at all events, cannot, as scientific men, allow that it is proved that blind chance has made us; and may on this safely appeal to the unprejudiced witness of Darwin, who shows, by hundreds of instances, the coercive powers of purpose. Moreover, by whatever road man has reached his present state, freedom of action, moral responsibility, are his; and no all events, he possesses the will and the reason in which he is distinguished from the varied animal world about him. Throughout the animal world we find skill and power, as in the ant, in the dog; but skill and power little, if ever, improved, because the reason to mould the conditions of existence, and compel nature to be their servant, is absent, or applicable only to single instances. With man, on the contrary, with educated, moral and progressive man, the skill and the power are becoming

* "The Republic of Plato," Book IV.

1 The Chinese have very strict notions as to hereditary taint; chiefly, however, on moral grounds. The children of actors, among others, for three generations are excluded from the greatest privileges of citizen- ship, and capital punishments may follow unlawful attempts to exercise them. Not long since, thirty exameners, including an ex-examiner, were put to death for admitting an actor to a competitive examination!
evidently correlative with the powers which are locked up in nature, and are attained by him; and they are, on the whole, transmitted unlost from generation to generation. Slight and imperfect as is this sketch of the relations of man, in his bodily and his spiritual nature, to the world in which he is placed, the thoughts to which it invites must be present to us, if we are to take a true survey of the ground of national health.

The conclusion to which they point is this—that the soul of man, not the object slave of mechanical organisation; that in some way which science cannot at present ascertain it acts on, as well as is acted upon by the physical structure through which alone it here exists; and that the groundwork of sound national health lies as much in mental as in physical training and guidance. Thus, a task of the highest importance is imposed on the profession of medicine. They, and they only, can be expected at present to be able to measure fairly the strain which the nervous system of the human animal at various ages can bear; and they, and they only, can say what bodily training may be most conducive to mental development, and mental activity. But the problem involves questions far beyond the reach of average men won by the strife of daily life. Philosophers and poets have spent some of their greatest efforts on this subject—Milton and Locke in their essays on "Reason," and "Education," and Smollett and Field-Emerick in his treatises, and a host of minor thinkers in theirs, have endeavoured to grapple with the question of the relation between mental and bodily discipline, and, viewing the question from the psychological side, have insisted on guiding the development of the body in order to furnish a fit organism for the mind. A caution must be entered, as public opinion heaves to and fro, lest the physician lay too much stress on material agency, and claim too much value for mechanical appliances in aiding the public health. The union of moral with intellectual and physical health (if, indeed, they can be separated), can alone save a people entered on the struggle of so-called civilisation. True, indeed, is it that without good sewers and healthy dwellings the poor can neither labour well nor reasonably enjoy their being; but as true that without a pure state of the moral sentiments no material improvement will ensure to a people present happiness or permanent stability. Material comfort and material luxury are apt to engender, even in a noble race, meanness of soul, and woe and destruction wait on its fall.

Physicians, therefore, in discussing the grounds of national health, must compass the whole bearings of this question, if they wish to be followed by a sagacious and tolerant people. A large-minded promoter of sanitary measures says, in a letter to the people of India, "There is so constant a relation between the health of a people and their social civilisation, that, alas! one of the best indications of the social state of populations is afforded by the number who die year after year." The education of the younger portion of the people in this country is proceeding so rapidly, and the knowledge and conception of mortality, the habits and habits of life, which are, in a whole, noble and enlightened, is becoming so much enlarged, that no health measures which are deficient either by reason of inattention to material wants, or of inattention to moral and intellectual aspirations, or based on the old views of medicine, as a purely curative as distinguished from a preventive art, will find public acceptance. To prove this, it is sufficient to note the growth of resolve convictions, which is the work of the sanitary writers, and with regard to the necessity of great engineering works for sanitary purposes, such as those carried out in Lanachna under the Poor-law Board during the cotton famine.

Shortly after the existing Poor-law had come into operation in England, a noble controversy arose in Scotland between Chalmers and William Alison, as to whether the care of the sick poor and of the destitute should be left to the voluntary exertions of the charitable, or be placed under the strict eye of the law. The two men were equals in Christian goodness and philanthropy; their experience and their knowledge of the poor was the same. But the science and logic of Alison prevailed. He showed, once for all, that whatever might have been the evils engendered in England by the Poor-law, the evils of destitute left to charity were greater both to the nation and to the individuals.

The ideas of legal claims to relief on the part of the whole, and to cure on the part of the sick, are so familiar to this generation, that the early contest against the establishment of these ideas can now be scarcely credited. We are just reaching a further social conception, that prevention of sickness is a yet more rational course, and, therefore, a yet more sacred duty than its cure. But the nation requires further familiarity with the proposition before it will accept it; and that familiarity cannot come until the community at large, as well as the medical profession, shall have fully realised the obvious proposition, that prevention of all disease that is not surgical, and of much disease that is surgical, is as strictly a department of medicine as treatment. They appreciate this in vaccination and small-pox. They do not appreciate the efforts of the younger labourers, who are striving to discover new protection against other scourges of man.

But no medical knowledge, no sanitary provisions, and no sanitary inventions, can make head against laws of nature, physical or moral. If population increases beyond the means of healthy subsistence, disaster must follow. It seems to me that at present sufficient attention is not paid by sanitary writers to the fundamental truths advanced by Malthus, but often overlooked or misunderstood. While we have been honestly endeavouring for the last twenty-five years to abate the general torpor and selfishness of the previous century, and to stop the growth of further sanitary evils, the average mind of England has not sufficiently heeded the coming, may, the present, difficulties of overpopulation. We are too apt to look on the East of London, or the growth of the manufacturing towns, as exceptional instances. They are the necessary consequences of unrighteous marriage, of limited area, of difficulty in emigration, and of working and trading for the world.

The reality of our difficulty about population is told in a very few words—England and Wales are increasing by about 200,000 annually. This number will of course increase by a small increment. Since A.D. 1810, the population, which was 10,000,000, has become 22,000,000, and at the same rate will become by A.D. 1920, over 45,000,000. The acres in England and Wales are about 37,325,000, including waste ground. There are now, therefore, nearly two acres per man; there will be in fifty years not only in Glasgow there are already 94 inhabitants to an acre, and in Liverpool 103. No single arrangement can meet the necessities, therefore, of every district. The urban and rural districts have each respectively their sanitary difficulties.

The land question presses in one shape in the towns, in another in the country. Here, as in America, or in every manufacturing country, causes suddenly operate to convert rural into urban lands. In the servantless districts, all the troubles of an urban population of this, a striking instance is seen in the rural districts of Durham and Northumberland, many more in Lancashire and Yorkshire.

The danger of all these circumstances in relation to national health is admirably stated by Professor Fawcett:—

"It will, therefore, be well distinctly to appreciate what is implied in bringing the question of sanitary progress to the public mind; some definite idea may be formed on the subject, by considering the results involved in the present high death-rate prevailing amongst the children of the poor. Assume that there are 1,000 of these children, that 500 of them die before the age of five, whereas if they were as well cared for as the children of more wealthy parents, only 200 of them would die before this age. The death, therefore, of 300 is to be traced to defects in our social and economic condition. These chil-
sickness returns from the public health authorities, will give all attainable scientific information of the causes and nature of health fluctuations in this country, in comparison with the same in other countries. To say truth, the accumulating knowledge of the facts of humanity is becoming more marvellous than the fancies of Utopia.

The newspapers tell us weekly—thanks to the sagacity of Major Graham and of Dr. William Farr—the comparative invalidity of the nature by the British, and the continent of Europe, in India, and at New York. We are able to judge what the energy and determination of one man can do in controlling the health destiny of vast populations, by studying the admirable results of the work of Dr. Hewlett,* in Bombay, and the sanitary progress in Calcutta. India bids fair to set us an example of accomplished sanitary administration, which will be fruitful alike of knowledge and of practical benefits to the people.† Nor is this all. Quetelet‡ and Galton || have opened a mine of precise knowledge regarding the finer causes of "limits of variation" which have been just touched upon. Quetelet, indeed, has proved what, a priori, might have been safely inferred, that the limits of the factors of human nature, whether mental or bodily, may be fairly expressed in terms of mathematical formulae and curves; so, if the reader can bear it, the average height of a given number of persons possessing any mental quality may be as directly predicated as their heights or their weights. It is true that this is only the expression of a fact which it does not explain. But Francis Galton has with great skill, in his work on "Hereditary Genius," shown some of the consequences of this fact or law. They are startling. Just as a cook combines or creates a dinner, the fish director can create," he says, "a particular sort of fish," according to a predetermined pattern; then, he adds, "the reflections raised by what has been stated of fish are equally applicable to the life of man."

"The entire human race, or any one of its varieties, may indefinitely increase its number by a system of early marriages; or it may wholly annihilate itself by the observance of celibacy. It may also introduce new human forms by means of the intermarriage of varieties, and of a change in the conditions of life." Galton's speculations—I ought rather to say, his logical and precise discussion—should be carefully weighed by every thinker on public health, because, in one sense, it is directly opposed to the conclusions of Malthus. He has worked out the effects of early and late marriages in respect of progeny, and has shown that, given certain conditions to two races, M or N,—one, M, marrying early and N late, and the other; one, N, marrying early and M late,—at the end of one century, the men of M will be four times as numerous as those of N; at the end of two centuries, ten times; and at the end of three centuries, twenty-seven times as numerous. Now, if M were reckless and imprudent, and N careful and prudent, all else being equal (which, however, would not be the case), the prudent race would be driven out of the field. A terrible disaster! "It may seem monstrous that the weak should be favored, but it is still more monstrous that the races best fitted to play their part on the stage of life should be crowded out by the incompetent, the ailing, and the dosing." In forming a fair estimate of the whole of this question, many other causes would have to be considered, and their effects calculated. But reason tells us that there must be some relative value in lives, though the human eye may fail to count it right. There is more a moral than a material respect. As the three egg-hunters are, one by one, driven up along the face of the cliff by the same rope, highest is fastened the lad, the father next, and last the grandire.

* "Dr. Hewlett's Quarterly Reports to Bombay."
† See various Reports on the Health of India for the last five years.
THE SELECTIONS OF CASES FOR THE OPERA-
TION OF SUBCUTANEOUS DIVISION OF THE
NECK OF THE THIGH BONE.*

BY WILLIAM ADAMS, F.R.C.S.,
Surgeon to the Royal London Orthopedic and Great Northern
Hospitals.

AFTER observing that the operation of subcutaneous
division of the neck of the thigh bone, which he first pro-
posed, had now been successfully performed five times,
and only once, for fibrous ankylosis in a child, with an
unfavourable result, the author stated that bony anky-
losis is the result of several morbid conditions, differing
as to the destructive, or non-destructive character, as
affecting the bones.

When bony ankylosis has taken place as the result of
strophic disease of long standing, and accompanied with
abscess, destruction of the head and neck of the bone fre-
quently occurs, the disease being essentially a destruc-
tive character.

On the other hand, when bony ankylosis has taken
place, as the result of acute rheumatic inflammation, 30
destruction of bone ever occurs, and the head and neck
of the bone remain of the full natural proportions.

This is an important pathological law, and, as a rule,
the same may be said in cases of bony ankylosis after
pyemia, and traumatic inflammation in adults.

In confirmation of Mr. Adam’s opinion that in many
cases of bony ankylosis of the hip-joints, the head and
neck of the thigh bone remain of their full natural pro-
portions, in the fourth class, although some difficulty
may occasionally be met with, the operation can generally
be performed, and that it is only in the fifth class of cases,
that the operation is decidedly negatived.

ON SPECTRUM ANALYSIS,
IN RELATION TO
CHEMISTRY, PATHOLOGY, AND MEDICAL
JURISPRUDENCE.*

BY H. LETHERY, M.B. M.A., Ph.D., &C.
(Continued from page 485).

In further proof of the uncertainty of the subject, he
says, "the experiments of Bruch on the action of gases
on the colour of the blood, and the observations of Har-
ness regarding the gradual destruction of the corpuscles
of frogs’ blood, certainly indicate that there is a chemical
action between the blood corpuscles, and their contents
on the one hand, and the inspired oxygen on the other,
in which action the hematin doubtless participates. But
the observations of Hannover, which show that persons
whose blood is very deficient in red corpuscles (clorotic
persons), exhale as much carbonic acid as healthy persons,
seem on the other hand to contra-indicate a direct rela-
tion between the blood corpuscles or blood pigment an
oxidation in the blood. We must, therefore, give up, for
the present, all attempts at understanding the function
of the blood pigment."

Now, it is at this very point that the inquiries of Pro-
fessor Stokes and Mr. Sorby are so valuable, for they not
only prove that the hematin of Lecan is not the same
as the true colouring-matter of the blood, but they also
demonstrate the fact that this colouring-matter is endowed
with the remarkable property of freely absorbing
oxygen, and of as freely parting with it to reduce
the oxygen. They show, therefore, that we have in the colour-
ing-matter of the blood a substance which is especially
well-suited for the purposes of inspiration. Nor is this
all—the passage of the colouring matter of fresh blood,
from the state of oxidised or red coenin, to that of re-
duced or purple, is accompanied with the precise changes
of colour which mark the passage of arterial to venous
blood, and as the same cases of red and purple coenin are so different from each other, it was
hoped that they might be the means of discovering the
real difference of venous and arterial blood. With the
view of solving this question, Professor Stokes, assisted
by Dr. Sharpey and Dr. Harley, obtained venous blood
from a living animal and examined its spectral prop-
erties. Every precaution was taken to prevent the access
of atmospheric oxygen, because of the greenness with
which it is absorbed. A pipette was adapted to a syringe
filled with water, that had been carefully deprived of its
free oxygen by previous boiling and cooling without ex-
posure to the air. The point of it was introduced into the
jugular vein of a live dog, and a little blood was
drawn therefrom. This was immediately examined for
its spectrum, but it showed the bands of scarlet coenin:
indeed, the solution itself looked more like arterial than
venous blood; and so far it was inconclusive; but, as
Professor Stokes remarks, it does not by any means prove
the absence of purple coenin; it merely shows that the
colouring-matter present, was chiefly scarlet coenin.

Indeed, the relative proportions of the two present,
in the mixture of them with one another, and with colour-
less substances, can be better judged of by the tint than
by the use of the prism; for, with the prism, the extreme
sharpness of the bands of scarlet coenin is apt to mis-

* Extracted from the Third Volume of the "Clinical Lectures and
Reports, by the Medical and Surgical Staff of the London Hospital.

lead, and to induce the observer greatly to exaggerate the relative proportions of that substance.* Besides which, it is very probable that the recently-boiled water absorbed the oxygen in the blood, and so destroyed or altered its characteristic spectrum.

Seeing, then, that the change of colour from arterial to venous blood as far as it goes, is in the direction of the change from scarlet to purple cruorin, that scarlet cruorin is capable of reduction, even in the cold, by substances present in the blood, and that the action of reducing agents upon it, is greatly assisted by warmth, we have every reason to believe that a portion of the cruorin present in venous blood, exists in the state of purple cruorin, and is re-oxidised in passing through the lungs.

That it is only a rather small proportion of cruorin present in venous blood, which exists in the state of purple cruorin, under normal conditions of life and health, may be inferred, not only from the colour, but directly from the results of the most recent experiments.† Were it otherwise, any extensive haemorrhage could hardly fail to be fatal, if, as there is reason to believe, cruorin be the substance on which the functions of respiration mainly depend; nor could chlorotic persons exhale as much carbonic acid as healthy subjects, as is found to be the case.‡

Additional light is thrown on this subject by the investigations of Magnus, which prove that both arterial and venous blood contain carbonic acid as six to sixteen, in venous blood, it is only as four to sixteen. Other experiments have also proved that venous blood will absorb more oxygen than arterial, and arterial blood than serum. Lehmann, in fact, found that a given volume of clot would take up twice as much oxygen as the same volume of serum. It would, therefore, seem not only that the colouring-matter of the blood is the real agent of respiration, but also that both arterial and venous blood contain cruorin, in its two states, of purple and scarlet.

The tint of the blood is no doubt affected, to some extent, by other circumstances than the relative proportions of scarlet and purple cruorin; for the experimental researches of Nasse, Scherer, Harless, Lehmann, and others, have demonstrated that the air of the blood corpuscle has something to do with the colour of the blood. When it is flattened, the blood looks brighter, and more arterial, than when it is swollen. Oxygen and many saline substances have the power of effecting this; while carbonic acid water and some other agents swell it. All these reactions, however, are very different from the specific changes of scarlet and purple cruorin.

Another important question is which relates to the condition of the oxygen in scarlet cruorin; is it common oxygen combined chemically, or is it allotropic, or somewhat active oxygen, held to it by adhesion? The latter seems to be the true conditions of it; for if it is combined by a chemical power it is a marvellously weak one—something like that which fixes gases in water, or which holds the second molecule of carbonic acid in bi-carbonate of soda. All this is as easily displaced. Professor Stokes took two portions of delbrinated blood, and, to one, he added a little of the reducing iron solution, while into the other he passed carbonic acid. The effects in the two cases were the same; the blood lost oxygen, became purple, and showed the spectra of reduced cruorin. Magnus also, has removed as much as from ten to twelve per cent., by volume of oxygen from arterialized blood by merely shaking it with carbonic acid. It is the weak affinity of oxygen for the colouring-matter of the blood, and they show, moreover, that the changes of colour, as well as the differences of the spectra, are not due to the presence of carbonic acid; but to the absence of oxygen. It is on this account that the blood of animals asphyxiated by Closing, by oxygen hindered, by nitrogens, or blood. The diffusion of air from the lungs is always dark-coloured—the oxygen having been consumed in the circulation, and not renewed. In the dead body also the blood becomes darker and darker, by a process of reduction which goes on as long as there is any free oxygen in the blood to consume.

And this continued process of oxidation, further proves, that the oxygen exists in a semi-active condition, and not in the state of compound. Von Maack, indeed, found that even a solution of hsematin would absorb oxygen and form carbonic acid; and the more recent experiments of Schmidt have demonstrated that the oxygen of arterial blood has the power of turning guaiacum into blue. This is a property of active oxygen, and he has, therefore, concluded that oxygen exists in the blood.* But," as Professor Stokes remarks, "if by ozone he merely means oxygen in any such state of combination or otherwise, as to be capable of producing certain oxidising effects, such as turning guaiacum blue, the experiments of Schmidt have completely established its existence, and have connected it with the colouring-matter of the blood;† although they do not prove it to be that peculiar allotropie form of oxygen called ozone.

Nevertheless, in certain cases we have a substance admitting of easy oxidation and reduction; and connecting this with Schmidt’s results, we may infer that scarlet cruorin is not merely a greedy absorber and carrier of oxygen, but also an oxidizing agent, and that it is by its means that the substances which enter the blood from the food, setting aside those which are either assimilated or excreted by the kidneys, are reduced to the ultimate forms of carbonic acid and water, as if they had been burnt in oxygen." This is the conclusion arrived at by Professor Stokes, and it is fully borne out by the results of spectral analysis. Moreover, it would seem that the semi-active state of oxygen is acquired in the same way, as we see it manifested in powdered charcoal, in sand, in the soil, and in all kinds of finely divided matter.

As to the change which the colouring-matter of blood undergoes, when it passes from cruorin to hsematin, we have but little knowledge, except that it undergoes contumaciously, and under the influence of very slight causes. How far this may be concerned in the development of pathological phenomena is hardly to be surmised. The different appearances of the blood, in certain diseases, not only when it flows fresh from the vein, but also when it is seen in the dead body, may, perhaps, be due to abnormal differences in the proportions of scarlet and purple cruorin, or even to the presence of their altered products—hsematin. Already the observations of Engel and Rokitansky have discovered a more than possible connection between the colour and consistency of the blood in the dead body, and its tendency to soak or diffuse into the tissues, and accumulate in certain organs, and they have even classified these physical properties of the blood into six kinds—each characteristic of a special group of diseases. And as from these observations, which are purely pathological and anatomical, there are added the exact investigations of the chemist, and the careful results of a searching spectral analyses, we may hope for a rich accession of scientific facts.

The dark colour of the blood, in nearly all cases of acute poisoning, may also, perhaps, be due to the same cause, and be elucidated by the same methods of research. Dr. Harley’s experiments on the effects of different poisonous agents operated very differently in promoting or checking the absorption of oxygen and the evolution of carbonic acid, and it would be very inter-
HOSPITAL REPORTS.

June 14, 1871.

The Medical Press and Circular.

KING'S COLLEGE HOSPITAL.

Epispadias.—Remarks on Fistula in Ano.

(Under the care of Professor Wood, F.R.S.)

We are favoured with the following notes of the case by Mr. Burdett, the dresser.

The boy, who is about fourteen years old, has the whole of the dorsal wall of the penis wanting, leaving a wide fissure, which is connected with the urethra. There is no extropion vesicæ; the pubic bones are perfect; he is unable to hold his water; the scrotum and testes are well developed.

The operative procedure the Professor performed was as follows: he first took a large flap of skin, elliptical in shape, from the pubes in the median line and brought this over the fissure in the urethra. An incision was then made in the scrotum, and an intagulum flap, the shape of an apron, raised with a view to form a glans penis; the cuticular surface of both these flaps were turned towards the fissure. Finally, an incision was then made at the base of the penis leaving a broad root on each side. The edges of the wound on the pubes, from which the skin had been removed, was brought together by means of hare-lip pins, and a large number of fine silver-wire sutures were employed to secure as perfect apposition of the parts as possible. To the margins of the several sutures colloidsemi was freely applied, the raw skin was anointed with oil, and two or three broad strips of adhesive plaster were carried across the belly from hip to hip to draw the cutaneous structures towards the median line.

Professor Wood then stated that the operation which he had performed was one which Nélaton had first introduced to the Profession. Professor Wood had performed this operation on three previous occasions, and although the cure had not been always complete, still the measure of success gained, and the relief afforded to the patient, amply justified the performance of the operation, while there was the anticipation of greater success part pari as our experience became greater. The great difficulty in getting perfect union in this part was principally owing to the patient having constant erections. The escape of urine would, in a measure, be prevented by the apposition of the skin he had transplanted, and possibly some action might result corresponding to a sphincter vesica, but at all events the patient might wear an india-rubber ring, and so prevent the escape of urine.

On the 4th March the patient underwent a second operation, as the sides of the urethra had not fairly closed. Professor Wood pared the edges on either side and brought them together by means of silver-wire sutures, and afterwards adverted to the circumstance that in plastic operations it was difficult to get the parts into perfect apposition.

The boy has continued to do well until the 27th April, when he was attacked with erythema nodosum, and, as there was a patient in the same ward with erysipelas, he was sent home.

Professor Wood then commented on some cases he had lately operated on for Fistula in ano. In one case where there was merely an external opening, he had considered it advisable to cut a few fibres of the external sphincter in consequence of the length of the sinus. In another case, which was a singular one, inasmuch as there were three sinuses, he considered it advisable to lay freely open all three. In cases where two fistula existed each, having a distinct opening, the proper procedure is to perform two separate operations, as when a large number of the fibres of the sphincter are cut through you may have the subsequent imperfect closure of the faces of non-retention of the parts. Professor Wood also observed that in such cases as these he was careful to vivify the pseudo-mucous or cacophonous membrane by turning the edge of the knife and breaking it down with the fingers. In another case the class had seen, there was a sinus leading up to, but not into the rectum. At first, when examining the sinus with a probe, it did not appear to extend so far, but under chloroform you were able to make a suture, if you, which, together with the relaxed condition of the parts, often discovered the tortuosity of a sinus, which without the anaesthetic might be overlooked.

The operation was performed in the usual manner, but from the length of the fistula he (the Professor) preferred laying it fairly open into the rectum. Such cases as these, in a hospital where you had plenty of assistance, presented few difficulties; but in private practice it was not always easy to obtain assistance, and the contraction of the glutal muscles rendered it very difficult at times to get access to the parts so as to ensure the operation being performed efficiently.

Lastly, Professor Wood drew the attention of the class to the changes which had taken place in the views of English surgeons in reference to the question, or rather inadvisability of operating for this malady in those affected with phthisis. His own impression was that the operation in the majority of instances was not injurious, but, on the contrary, highly beneficial. Patients were relieved of a painful and weakening disease, and their health rapidly improved. He need, on this occasion, only allude to the old exploded theory, that a fistula in phthisical patients carried off a quantity of pecten matter connected with the disease.

His attention had lately been particularly drawn to this question, in consequence of having been called into consultation to see a gentleman suffering from fistula of ten years standing, who had phthisis. During the last ten years the continental physicians, both French and Italian, had refused to operate. Mr. Wood operated on the case, the patient perfectly recovered, and this notwithstanding he had to spend the whole of the winter in England, a thing he had not done for ten years previously.

WEDNESDAY, 26th APRIL.

Removal of Tonsils.

The patient, a little girl, with enlarged tonsils, had on a previous occasion one removed. Professor Wood remarked that at the first operation he was only able to excise one tonsil on account of the struggles and crying.
of the girl. The comfort and relief, however, which its removal had afforded her, and her hearing having so much improved, she had made her mind up to submit to a second operation. Ambidexterity, the Professor showed was most useful in this operation, as it enabled the operator to stand behind his patient, and consequently you get the full advantage of the light, and have more command over the head. Professor Wood states that he was in the habit of removing the tonsil by raising it well and then cutting from below, upwards, which was contrary to the usual method, which was from above, downwards. He thought the method he adopted had two advantages, viz.: more complete removal of the tonsil, and not leaving a small flap. In the usual procedure he had frequently noticed a small portion of the tonsil remained behind, and which from irritation induced and kept up a troublesome sort of cough.

What is it, then, that Dr. Lush will perhaps ask for? We are told by his prompter that the essential proposals are—1. A Medical Council that shall represent the Crown and the Profession equally with the Corporations. 2. Three perfectly independent examining boards, one in each division of the kingdom, to be elected by the Medical Council, to be responsible to it alone, and whose examinations shall constitute the one portal to the Profession. Up to a certain point, as we have previously admitted, this would be an improvement; but this by no means shows that it is desirable to obtain an Act of Parliament limited to such intentions. That the Profession is not united on such a programme is notorious, and we have often shown that if it were there would be no need for legislation. Let it be admitted that this reform would satisfy the Profession, and we maintain that it might be accomplished without any Act of Parliament. Nay, more, one reformer whose name has been foremost for the last decade or more, has once again demonstrated, both to the Council and the Profession generally, that the machinery for accomplishing all this is at our disposal, and we cannot but remark that the Lancet has displayed great disconcert in cooly appropriating so many of his suggestions without making any acknowledgement whatever of their origin. Dr. Prosser James has sketched out plans of reform, of which the best provisions of the Lancet Bill are but the shadow, and he has lavished money and labour to show how many of these plans are within easy reach, and do not require legislation to achieve them. His last letter to the excellent late President of the Medical Council appeared in full in our columns soon after it was read at the Council Board, and referred, with other plans, to a Committee. That letter clearly proved that the Council might easily so far reform itself as to become representative of the Crown, and the Profession, as well as the Universities and Corporations. We have reason to believe that the late and present Presidents, Dr. Burrows and Dr. Paget, both approved of the suggestions contained in that communication, and several members of the Council, many members of Parliament, and a large number of medical correspondents in all parts of the kingdom have expressed to us their hearty approval. We have, then, a right to say that the Council committed a fatal mistake in shelving that communication on a committee, while the Lancet and Dr. Lush may both be fairly challenged to tell us why they are so importunate for Parliament to decree that which they failed to support an independent member of the Profession in asking for.

But we may once more go back to the beginning of the agitation, and there we see only the same lessons. In 1857, Dr. Prosser James had the honour of submitting to the late Lord Palmerston his views as to the constitution of the Medical Council. Those views it is understood, obtained his Lordship's adhesion, and were believed to be embodied in the Act of 1858; but owing to the exact terms of the clauses, it was afterwards discovered that they had been considerably modified in the interests of the Corporations, or rather of their governing bodies. Had Dr. James's proposals passed in their entirety, we should have been enjoying all these years the benefits of a Council representing the Crown and the Profession, as well as the Corporations, and consequently there would have been no room for the first clause of the last proposal. On all other questions of Medical Reform the
same gentleman has given expression to equally clear and
distinctly similar views, and it is curious to observe how
constantly the Lancet and other journals eventually come
close to the support—more or less disguised—of the
opinions he has expressed.

But the second portion of the scheme we are considering
demands a word. "Three perfectly independent examining
boards whose examinations shall constitute the one portal
to the Profession." This is the soleism we are asked to
accept as the new version of the "one faculty system"
about which the Lancet in its palmy days was wont to be
so eloquent. We do not deny that a consolidation of
licensing boards to this extent would be an improvement;
but assuredly to set up three new boards is a very different
thing from establishing one portal. Let reformers come to
an understanding to use words in their natural sense. We
may be sure the members of the House of Commons will
be merry enough over an unfortunate speaker who assigns
such a reason for a change, and until writers on medical
politics cease to write thus Medical Reform will be in
danger of being laughed down. Enough has been said and
done already to make the subject ridiculous. It is only
because this mode of expression has been several times
pointed out without producing the desired effect, that we
are induced once more to ask our contemporary to cease to
bureaucrate the Profession it aspires to represent.

But again, the same objection applies to this part of the
Bill as to the other. All it proposes might be accomplished
without troubling a parliament already over-burdened with
weighty matters.

The Act of 1858 provided for amalgamation to this ex-
tent. This has been to some degree acted upon, and at
the present moment large schemes of amalgamation are
under discussion. This being so is it to be expected that
Parliament will step in to apply compulsion when voluntary
action is bringing about the desired end? It is easy
enough to disregard the corporations, and to vituperate
them; but such a display of temper will have little effect.
When we reflect on the influence possessed by each of
these bodies, the sincere efforts made by some of them to
advance with the times, the many difficulties in the way
of passing any measure, and the want of urgency for such
an imperfect one as this, we think that the House is cer-
tain, even if pressed—which is more than doubtful—to
decline to take up the question when the government has
decided this year to let it alone.

CONSULTATION WITH IRREGULAR PRACTITIONERS.

Neither Dr. Banks, the President of the College of
Physicians of Ireland, Dr. Mc Clintock, Dr. Sawyer,
or Dr. Cameron, have as yet communicated to their
professional brethren in Ireland their ideas as to
the propriety of meeting in consultation Mr. Eason,
a member in absentia of the New York College.
Dr. Banks and Dr. Gordon have replied to the editorial
observations of the British Medical Journal in letters,
which, though to a certain extent satisfactory, enunciate
theories which we cannot pass without comment and
condemnation. As regards himself, Dr. Banks to a certain
extent extricates himself by saying that he "did not
know that Mr. Eason did not possess some one of the
many qualifications which entitle men to practise." This
statement makes it clear that the President of the College

of Physicians did not wittingly co-operate with a person
practising under a sham diploma, but it establishes no
more. It seems to us beyond dispute that the onus
lies upon a medical man of considering whether the person
with whom he is called to act is a legitimate practitioner
or not. It is of no avail whatever to phrase this proper
circumstance as Dr. Banks does acting the "detective."
It is not to be expected that the practitioner will make
known his illegitimacy, and the Profession has a right to
expect that consultants will, so far as in them lie, assure
themselves that those who call them in are what the Pro-
duction considers to be authorised.

Dr. Banks proceeds to say "I know, and it is the experi-
ence of others, that meeting persons admittedly unquali-
fied—such, for example, as students and assistants of
medical men in general practice—cannot, and ought not to
be avoided."

There can arise from this statement no palliation what-
ever of irregular consultations. A medical student or
general practitioner's assistant is what he professes to be.
He does not receive fees or practice for gain, either on
false pretence or without legitimate right. There is no
analogy whatever between advising such a person and con-
sulting with an unqualified person who the consultant
knows to be receiving payment for work which our Pro-
duction considers he is not competent to execute.

Once and for all we feel bound to give expression to our
apprehension that consultation, not with students, friends,
or assistants, but with persons whom the consultant well
knows to be earning money by illegitimate and heterodox
methods, is becoming frequent in our Profession. What
is now usual will, if not checked, soon be re-organised.
It deeply distresses us to observe that none of the other
gentleman whom Eason immortalised in the witness box,
have thought fit to say even as much as Dr. Banks. With
this fact we dismiss the subject, simply putting on record
the feeling of the whole Profession that a consultant should
know with whom he consults, and that his co-operation
with any person unlawfully practising for gain would be
scandalous and disreputable.

THE ELECTION AT THE IRISH COLLEGE OF
SURGEONS.

The contest for the Vice-Presidency and Councillor-
ships, which took place on Monday, the 5th inst., was
the most active which has taken place in the College for
many years. The first interest in it was evoked by the
acute competition between the candidates for the Vice-
chair, Dr. Kirkpatrick, Dr. Mapother, and Dr. Darby.
For some weeks previously, every effort was made to in-
duce Fellows to attend and support either candidate, and
on the day of the election—indeed until the scrutiny
declared the result, the issue was a matter of the greatest
doubt, even to the candidates themselves. At the elec-
tion, 146 Fellows were present, the constituency number-
ning about 367, of whom many are abroad, and many
unable to attend. The contest eventuated in the elec-
tion of Dr. Kirkpatrick by a majority of seven. Eight
votes were, however, lost to him, and several to the other
candidates, in consequence of the mistakes made in
dropping the voting paper into the wrong box.

An equally hot battle was fought for seats on the
Council. All the outgoing Councillors offered themselves
for re-election, and there was, therefore, no vacancy for other candidates outside their number. The Reform party in the College, however, put forward Dr. Robert McDonnell, and Dr. Denham, and Dr. Missin, and Dr. Shannon, also offered themselves, the latter candidate being supported by a certain party in the Council and College, as against a member of the Council, who had within the last year devoted himself to the cause of Financial and Educational Reform.

The result of the contest was a complete triumph for the Reform party. Two members of the ex-Council, vacated their seats, and were replaced by Drs. McDonnell and Denham, who were returned by a substantial majority, and the troublesome Councillor, whose seat was attacked, retained it without difficulty, his opponent only making an insignificant poll. The new Council and Officers are as follows, viz. — James H. Wharton, President; Frederick Kirkpatrick, Vice-President; William Colles, Secretary. Council-Messrs. William Hargrave, Robert Adams; William Colles, Hans Irvine, Rawdon Macnamara, George H. Porter, Hamilton Labatt, Benjamin McDowell, Edward Ledwich, William Jameson, Alexander Carter, George W. Hatchell, Albert J. Walsh, William A. Elliott, Archibald H. Jacob, John Morgan, Edward Hamilton, John Denham, and Robert McDonnell.

The rotation of the names on this list is according to seniority of service in the Council, and not according to numerical position in the voting.

PROTECTION FROM POISONING IN ENGLAND.

The Pharmaceutical Journal has, in its last issue, attempted a defense of the Council of the Society from the charge of having sacrificed the public duty confided to it by Parliament, in order to avoid interfering with the convenient slovenliness of druggists. The defense is simply an attempt to shift the responsibility from the Council to the Society. The Journal of the Society says:—

"The power of prescribing poison regulations does not rest with the Council at all, but that it is the Society alone, in its corporate capacity, which has that power under the Pharmacy Act. * * * * The power of prescribing poison regulations does not rest with the Council at all, but that it is the Society alone, in its corporate capacity, which has that power under the Pharmacy Act. It would, therefore, appear that the Council elects to plead that it does not represent, and is not to be expected to act for the Society, and, therefore, cannot either discharge the duty of the Society, or induce the Society to do so itself. The horn of the dilemma which the Council selects, appears to us not the most pleasant. The Society's Journal further says:—

"Until the measures decided upon have proved inadequate to secure the public against danger arising from the keeping and dispensing of poisons, there does not seem to be any rational ground for urging that further steps be taken." We are not aware that any measure has been decided, no other than to throw back upon the Council the task of appearing to do a great deal, and doing nothing.

It seems rather unreasonable to ask the public to wait until the effect of doing nothing is tried. Such expectation reminds us of the gentleman who having invited a large party to dinner, discovered that his cook was drunk and incapable, and remonstrating thereon was told that,

"it would be time enough for him to complain when the dinner was spoiled." With all respect for the Society, we object "to wait till the dinner is spoiled."

Notes on Current Topics.

The Dublin Poor-law Association.

The Dublin Branch of the London Poor-law Medical Officers' Association attempted on the day of the Annual Meeting of the Irish Medical Association to get up a counter demonstration, which, the newspapers inform us, was held in "a small room of the Rotunda."

Dr. Hanrahan, of Mountrath, occupied the chair, and, as far as the published lists inform us, was supported by eight Poor-law Medical Officers, of whom not one came further than the County Dublin.

The only resolution adopted which is in any degree likely to produce fruit was— "That the present rate of annual subscription to the Association be doubled;" and the proceedings came to a close with vote of thanks from every body to everybody else.

As long as the failure of the attempt to glorify the Secretary of this organisation by destroying the Irish Medical Association was doubtful, there may have existed reasons for prolonging the desperate effort to inflate the bubble.

Now that the first Annual Meeting has shown that the Poor-law medical men of Ireland are disinclined to assist the inflation, we cannot see the advantage of maintaining even the appearance of division or antagonism amongst medical men.

An English View of the Irish Poor-law.

We have more than once warned the Poor-law Medical Officers of Ireland against the proposition to mingle or confuse their interests with those of the English Workhouse surgeon, not in the least because we doubt the ability and desire of the English Poor-law doctors to help us, or because we would withhold from them any aid which it is in our power to give them in their just efforts to achieve a reform of their system. By all means let them interchange their heartiest sympathy, but let them not attempt to co-operate by a fusion together of elements, which are essentially and absolutely diverse. There is hardly a point of resemblance between the English and Irish Poor-law systems, and neither party could proceed any distance without a divergence of interest. For these reasons we warned our readers that the attempt of the London Poor-law Association to form a branch in Dublin was, so far as such offset assumed to represent Irish Poor-law interests, futile and mischievous. The Secretary of this branch is in a difficulty. It is the cue of the London Association just now to show up the Irish system as being the quintessence of perfection in the hope that the English system may be assimilated thereto.

Dr. Maunsell, therefore, is divided between the necessity for representing Irish Dispensary arrangements as in every respect charming, and the inevitable admission that they are in many respects most unjust and unsatisfactory, and niggardly to the medical officer. He deals with the difficulty in the British Medical Journal, of the 3rd inst., in the following phrase:

"The fourth query of Mr. Corrance asks whether (Irish)
Medical Practitioners have any just grounds of complaint. This is one there is some difficulty in answering. With regard to the feeling of the Medical Profession generally in Ireland as to the working of the Act, is, if there were some restriction in the issue of tickets, decidedly in favour of it."

It is a naïve confession that the Poor-law Medical Officers' Association of Ireland is in doubt whether those whose grievances it professes to redeem "have any just ground of complaint."

Perhaps this pronouncement appearing in the pages of a London journal is only for London readers. If it be true we venture to ask what is Dr. Mannsell's occupation?

The "Lancet's" Blunder about the Spectroscope.

We are by no means surprised to find that the Lancet is desirous of slurring over its gross scientific blunder. When a journal permits itself to be led into error on a scientific subject by a writer who knows nothing about the topic on which he ventures an oracular dictum, it is not unnatural to avoid further discussion.

But the question raised by the Lancet was one of the utmost legal as well as scientific importance, and we were therefore compelled to challenge our contemporary's statement. Although our challenge has been twice repeated, and although we have supported it by producing Mr. Sorby's conclusive paper, and reprinting Dr. Letheby's article, that challenge remains unanswered, and we once more repeat it.

Let the Editor of the Lancet name a single thing, the spectra of which would be confused with those of blood by a skilful operator. Had he been present last Friday evening at the Royal Institution he would have known how universally his statement is pronounced to be erroneous by all who are practically acquainted with the spectroscope. He might possibly have witnessed for the first time the use of the instrument; for it is impossible to suppose the writer of the annotation in question could ever have himself employed it.

When we reflect on the legal issues that may depend on spectrosopic analysis we feel how immensely important it is that inaccurate statements should not be circulated on the authority of respectable periodicals. A few weeks ago the Lancet suggested that the course of lectures on Medical Jurisprudence might be dispensed with. People are now asking whether the editor and his assistants might not advantageously avail themselves of one of the courses now being delivered in London on this subject.

The Murphy Fund.

We are glad to see that this fund to which we have more than once adverted, progresses favourably. More than £200 has already been collected, and we shall heartily rejoice to hear that enough has been raised to secure Dr. Murphy's declining years the comforts he needs.

National Health.

We invite the special attention of our readers to the valuable lecture on this subject, delivered by Dr. Acland, at the London College of Physicians, and of which the first portion, corrected by the distinguished author, appears in our impression of this day. The whole of this learned lecture is in type, and it was our intention to have presented it to our readers in a single number. Its length however precludes this; but owing to its excellent arrangement each portion is complete in itself, and for each portion we ask the attention of all our readers.

A Legal Definition of a Quack.

Some time ago the Philadelphia Reporter quoted a decision of the Court of Appeals of New York to the effect that a homoeopath is not necessarily a quack. It now adds that by a decision of the Supreme Court of the same State (Ex parte Paine, 1 Hill, 665), whoever "offers to practice even homoeopathy or allopathy, as his patients may wish, is practically a quack in his profession." The Reporter commends this to the consideration of those numerous doctors who "have studied both schools, and find good in both," as they delight in informing their patients.

The Legal Union of Homoeopaths and Legitimate Surgeons in Canada.

The Profession in Toronto met in considerable numbers on the 8th of March, and passed a series of resolutions on the existing state of Medical matters in the province of Ontario. The two following were the most important:

3rd. "That we will not support any candidate who will not agree to modify the law under which the Profession of Ontario is at present incorporated, at least so far as to bring its Council and Examining Board in conformity with the provisions of the contemplated Medical Act for the Dominion of Canada."

4th. "That we further urge upon Medical men the desirability of requesting candidates to advocate a repeal of the Ontario Medical Act, which unites us with persons known as homoeopaths and eclecticists."

English Doctors and Argentine Diplomas.

In any account of the plague of Buenos Ayres it deserves to be recorded how nobly the English doctors and the clergymen of all denominations risked their lives daily. As for the native doctors, with very few exceptions, they fled into the camp at the first alarm, and left the heat and burden of the day to foreigners, whom the government continue to prohibit from practising till they shall have obtained an Argentine diploma. Indeed, one English doctor who arrived in the height of the panic offered his services and was kept idle for a week while the Faculty decided on the question whether he ought to be allowed to practise until qualified by them to do so. Eventually he was employed by the British Consulate, and has now a special dispensation to pursue his calling, pending the continuance of the fever, without a diploma.

A Gravediggers' Strike.

The admirers of trades' unions and strikes, who regard these combinations as proper and legitimate means of securing a higher pay than commercial competition or justice will allow, may read with advantage the following:—In the midst of the troubles and difficulties which accumulated on the shoulders of the overworked and bewildered municipality of Buenos Ayres during the height of the plague, the serenos and vigilantes (or policemen) struck for higher wages; and the panic having extended to the gravediggers, for many days no one could be found to put
the dead under the ground, and the coffins were, there-
fore, piled up in a stack at the southern cemetery as the
hearse and carts brought them in. The scenes at the
crematory were something frightful to behold, and remind
one only of the horror stories recorded of the plague of
London. A large trench was dug, into which the bodies,
some confined but many merely swathed in their bed-
clothes, were shot out of the carts and quickly covered
with lime—the trench remaining open till it was filled,
when another was dug, and the dreadful work recommen-
ded. It is computed that over 20,000 persons found
their last resting-place in these pits.

Sanitary Neglect and its Results.

The terrible plague which has destroyed nearly one-
third of the population of Buenos Ayres, seems, if we are
to believe the accounts of correspondents, to have been
the natural retribution of the utter and scandalous neglect
of sanitation in the city. The two most glaring causes of
the pestilence appear to have been the “conventilos” and
the meat slaughtering establishments. The “conventilos”
were simply cheap lodging-houses. In order to accom-
dominate the largest possible number, the rooms of these “con-
ventilos” are built round with shelves from the ceiling
to the floor like berths in a ship, which were let out by the
night, and the horrors endured by the poor wretches
cooped up in these places during the hot summer nights
have been described by eye-witnesses as something incon-
ceivable. In one of these places it was discovered that
the beds were never empty; the places occupied during
the night by people employed during the day being filled
until their return by the vigilantes or policeman who had
been on duty in the night time. From one of these “con-
ventilos” no fewer than seventy burials were registered.
At a distance of about three miles to the south-east of the
city there is situated a suburb called Barracas, on the
small river Riachuelo, which consists mainly of barracas,
or depots for hides and raw produce; while on either
bank of the river are numerous saladeros or killing estab-
ishments, where the cattle from the camps are driven to
be slaughtered, the hides preserved, and the carcases ren-
dered down into tallow and “carne seca,” or jerked beef.
Here may be seen at every turn heaps of bones and animal
refuse, while the offal and drainage from these establish-
ments is discharged into the river to be carried away by
the tide, or form accumulations on the banks, emitting
fearful stenches under the action of the powerful rays of
the noonday sun.

As a set-off to these horrors, a correspondent of the
Manchester Courier says, “Neither, prior to the decree
which closed these establishments nor for a considerable
period subsequently was there a single case of the plague,
or indeed of any exceptional sickness, in the whole of this
suburb of Buenos Ayres. He knew men who live on the
very banks of the Riachuelo, below the southern railway
bridge, and therefore in nearly the worst locality, who
have bathed regularly in the river when there has been a
full tide, and who enjoyed uninterrupted health through-
out the worst period of the epidemic.”

Small-fox at Southampton is on the increase. There
were twenty-six deaths last week as against fifteen in the
week before.

Government Quinine Manufacture in India.

The Calcutta Observer has laid bare a pharmaceutical
fasco in India, which is very creditable to the branch
of the Indian Government which has charge of the
growth of bark and preparation of quinine. It asks
whether the Government is aware that they are issuing
under their sanction a preparation by the side of which
the dangers of green pickles sink into insignificance.
The officer in charge of the Government cinchona gardens
has produced, with immense satisfaction to himself and the
Government, a preparation which he is pleased to call
“amorphous quinine;” if this preparation has one quality
of which he is more proud than another, it is its beautiful
green colour, so soothing to the eye of a fevered patient,
and suggestive of the luxuriant growth of the Government
gardens, and, we are afraid we must add, of the skill of
its manufacturing agents. This pleasant-looking drug has
been largely issued to the heads of departments for ex-
periments in the public hospitals and dispensaries. If
some fortunate accident had not prevented its actual use,
there is reason to fear that the result of the experiment
would have shown itself in a large increase in the death-
rates of our hospitals, which would no doubt in due course,
and according to well-established precedent, have been
attributed to inappropriate buildings or insufficient venti-
lation. But, happily, Government has been saved from
being placed in the position of a druggist ignorantly com-
ounding and dispensing poison by the discovery made
by Dr. Simpson, who is now sitting on the cinchona com-
mittee, that this green drug is little more than a cunningly-
 devised mixture of copper stearin and bark, displaying,
its must at all events be admitted, considerable skill in the
dissolving of the stewsans. We trust that the escape
will teach the Government that it is not real economy to
entrust the more delicate operations to a European gar-
dener assisted by Bootsie coolies.

The Richmond Lunatic Asylum, Dublin.

The Report of Dr. Lalor, the Resident Medical Super-
intendent, notes that the new buildings and alterations,
in progress for nearly the last two years, were advanced
in the month of September last so far as to allow of their
occupation, thus raising the accommodation of the asylum
to 1,040 beds, the proposed limit of its extension. That
portion of the Grangegorman Penitentiary occupied by
patients as an auxiliary asylum has, therefore, ceased to be
so. In order to enlarge the hospital accommodation and
the cubical space for each inmate, it may be necessary to
limit the accommodation to 980, or, at the most, to 1,000
beds. The number under treatment last year—1,324—is
the largest since the opening of the asylum.

The Vacancy in the Medical Council.

Or all the silly things that have been printed about the
Medical Council, perhaps the silliest is the suggestion of
the Association Journal that the Government should ap-
point a provincial practitioner to succeed Dr. Rumsey.
It is very odd that the Journal of the quondam Provincial
Association should select such an instance as this to show
its zeal, considering that only six out of the twenty-four
Members of Council are “Metropolitan” practitioners.
But what has residence to do with the matter? It can
only affect the question as to travelling expenses, for which
THE ADULTERATION OF FOOD, DRUGS, &C.

This Bill is not to be proceeded with further this Session. On the 1st instant the order for Committee was discharged, and the Bill withdrawn. It is very well that Mr. Munts's attempt to deal with trade frauds has not become law. It was a bad Bill, in the same respects that its predecessors have been bad, and would have been worse than useless as a check on adulteration. It is, we fear, hardly to be expected that a measure adequate to deal decisively with adulteration will pass until the influence of Government enables it to stem the opposition of trade interests. Certainly, shopkeepers are worth too much to the present Government for them to give official support to any measure which would annoy that class.

THE SECRETARYSHIP OF THE DUBLIN HOSPITAL BOARD.

The office of Secretary to the Dublin Hospital Board, rendered vacant by the death of Dr. Denis Phelan, has been conferred on Dr. Martin, Surgeon to Jervis-street Hospital. The duty of the Board is to administer the expenditure of the grant of £16,000 made annually from the Consolidated Fund, for the maintenance of certain of the Dublin hospitals. The appointment of this grant has been always most unjust and one-sided, one-half of it being given to an individual hospital, and the other half to two or three institutions, most of which have landed property or other stated source of income, while most of the hospitals which are dependent for their support solely on private benefactors, are entirely excluded from participating in the State bounty. This job was perpetrated nearly twenty years ago, and it is high time that the injustice came to an end. We understand that an effort is being made by Mr. Pim, M.P., with this object. The selection of a secretary lay, practically, between Dr. Martin and Dr. Thomas More Madden. Dr. Martin is a gentleman in every respect fitted for the office.

FEVER IN DUBLIN.

The early, untimely, and lamented death of Dr. Samuel Hewitt, of Dublin, has called closer attention to the prevalence in that town of an unusually virulent form of sporadic typhus fever. A few days before Dr. Hewitt's death, a son of Dr. Ringland's, of Harcourt street, died; since then we are distressed to learn that Dr. Hafield, of Charlemont street, has been dangerously ill of fever of a different form, and that a student of the City of Dublin Hospital is dangerously ill of the same disease.

Dr. Hewitt's death was the subject of great regret in the Profession in Dublin. He had, at an unusually early period of life and professional standing, succeeded his brother as Physician to the City of Dublin Hospital, and had achieved for himself the reputation of possessing much talent and versatility and unwearying industry.

PARENCHYMATOUS NEPHRITIS IN EARLY LIFE.

The Monuments quotes the following remarks by Dr. Kjelberg, on "Parenchymatous Nephritis in Children." He says that, far from being rare, it is very frequent. Of 696 autopsies of children, made from 1863-69, he has met with it in 126 cases, without taking into account scarlatina or measles. In fact, it is above all in cases of acute and chronic gastric catarrh that it is met with; then in syphilis; in pyemia; in meningitis; in croupes; pneumonia and pleurisy; in croup and diphtheria; and in capillary bronchitis. This is the clinical picture of the complication in gastric catarrh, according to thirty cases cited by our author; prostration, more or less coma, the eyes closed and more or less sunken. The nose cold and pinched; depression of the fontanelles; the neck especially inclined to the right, and the occiput sunk into the neck; the veins of the neck more marked than in health. The child complains from time to time, and cries out hoarsely without motive, and falls into convulsions. The mouth is half open; the tongue dry; sometimes there is vomiting; the abdomen is generally depressed, soft and flacid; respiration is slow and unequal; the skin dry, cold, and without elasticity, hardly rising after pressure; the extremities cold, with cadence and rigidity of the legs; the urine scanty, or suppressed, with albumen in it, with hyaline granular casts and a great number of rounded cells seen in it. Cerebral symptoms are often remarked although the autopsy shows no lesion to explain it. Doubtless a part of these symptoms depends on the disease of the stomach; but it is also clear that the ensemble of this is more like hydrocephalus, as described by Marshall Hall. This disease often is a complication of gastric disease when acute; but it is not possible to say if there was not parenchymatous nephritis at the same time, for Marshall Hall only examined the kidneys in one case. The author recommends for treatment mustard baths, poultices on the lumbar regions, and in case there is suppression of urine, compresses dipped in tincture of digitalis renewed three or four times a day. Stimulants and tonics to be given internally for the disease of the stomach. The same paper has also been quoted in a large number of our contemporaries.

BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.

The next meeting of the British Association for the Advancement of Science, is to be held in Edinburgh, and will commence on Wednesday, 2nd August, under the presidency of Sir William Thomson, Professor of Natural Philosophy in the University of Glasgow.

The facilities now afforded by the several railway and steamboat companies to parties travelling from all parts of Great Britain and the Continent, render it probable that this meeting will be very numerous attended. The local authorities and the representatives of the various scientific societies, as well as all those officially connected with the Association, earnestly desire that the members and associates should receive a cordial welcome, and that everything possible should be done to make the visit agreeable and instructive.

The public buildings in Edinburgh, and especially the University Class Rooms, afford ample accommodation for the meetings of the sections, and from the proximity to each other are eminently convenient.
Edinburgh and its neighbourhood have peculiar attractions for visitors, whether scientific or not. The city itself, especially from its situation, is well worthy of a visit. The whole district, for thirty miles round, is of high interest from the historic and antiquarian point of view; and there is an admirable field for the geologist and for students of natural history generally.

The railway companies, in terms of an arrangement amongst themselves, will convey members of the association from any part of Great Britain to and from Edinburgh with 1st or 2nd class return tickets, such tickets being available from Tuesday, the 1st day of August, until including Friday, the 11th day of August, being the day after the meeting is concluded. Further particulars will be given on application, and cards of membership forwarded, entitling the party to obtain such tickets. Tourists' tickets to the North and West Highlands will also be obtained at the principal railway stations, available for return within one month.

Health of Dublin.

In the Dublin Registration District the births registered during the week ending June 3rd, amounted to 200. The average number in the corresponding week of the years 1864 to 1870 inclusive, was 177. The deaths registered during the week were 164. The average number in the corresponding week of the previous seven years was 144. Fever caused 6 deaths, viz. :—1, typhus; 3, typhoid or enteric; and 2, simple continued fever. Two deaths resulted from scarlet fever, and 1 from measles. Whooping cough proved fatal in 3 instances, and croup in 1. Ten children died from convulsions. Twenty-five deaths resulted from bronchitis, and 9 from pneumonia or inflammation of the lungs. Four deaths were referred to apoplexy, and three to paralysis. Seven deaths were caused by heart disease, 4 by aneurism, and 1 by endocarditis. Thirty-three persons died from phthisis or pulmonary consumption, 3 from hydrophobia or water on the brain, 2 from scrofula, and a like number from mesenteric disease. Three deaths were ascribed to nephritis or Bright's disease, 1 to stone in the bladder, and 2 to kidney disease, unspecified. Four deaths were attributed to liver disease, and 1 to jaundice. Two deaths were caused by accidents, and 1 was suicidal. The Deputy-Registrar of No. 2 South City District (high street) makes the following report:—"A second case of small-pox has occurred this week in our district, in a man who had just come over from Liverpool, where he had been staying in a lodging house where there were several cases of small-pox. He had been vaccinated and the disease is very much modified."

The Contagious Diseases Report.

The Daily News, referring to the Royal Commission on the Contagious Diseases Acts, whose investigation is now so far terminated that the Commissioners are to meet on Monday next to consider the terms of the report says:—"Although the evidence has been very voluminous the report will be somewhat brief. Will the divergent opinions which are known to exist among the members of the commission lead to the adoption of two hostile reports? This is, we believe, a point not yet absolutely determined. It would, however, not surprise us if an attempt were made to bring about something like substantial unanimity on one cardinal part of the inquiry. It is hardly likely that either the majority of the commission, or even a majority of its official members, will recommend the continuance of compulsory medical examinations. It is probable that the Commissioners will pursue a middle course. If, for example, they recommend the repeal of the Acts of 1866 and 1869, the only law then left in force would be the comparatively mild one of 1864. We are prepared to see some compromise of this nature not only proposed but agreed to, although it is, of course, just possible that the temper of the majority of the Commissioners may render the proposal impracticable. In that case—perhaps indeed in any case—we should look for a minority, as well as a majority, report."

The Difference in a Number.

A working man, afflicted with small-pox, was removed to one of the Metropolitan District Hospitals, his wife applied from day to day for information respecting his state, and was told "No." (by which he was designated), was worse, and in time was dead; in due course a letter arrived requesting her to arrange for the removal and interment of the body. A coffin was provided, the body placed therein and screwed down to prevent infection, mourning procured for the woman and child, and the funeral duly solemnised. A week after, the disconsolate widow was astonished by her husband opening the door and walking into the room in which she was at work. An error in the number had occasioned the mistake. The man and his wife are now endeavouring to obtain from the hospital authorities the amount expended upon the funeral and mourning.

The Yellow Fever at Buenos Ayres.

A correspondent of the Manchester Courier has given a most graphic narrative of the yellow fever epidemic at Buenos Ayres, and the circumstances which led to it. Throughout the whole of the year 1870 there had been a remarkable scarcity of rain, which gradually developed into a severe drought. It was not till the end of November, 1870, that the Standard announced one morning that the yellow fever had appeared in Asuncion, and that vessels coming down the river were bringing away infected people. Nevertheless, quarantine was not declared until after considerable delay, and indeed not until yellow fever had actually broken out in the lower part of the city. During the ensuing weeks the fever was confined almost entirely to the lower part of the town, and it was hoped that the farther spread of the disease might be checked; but beyond a semi-official recommendation from the authorities to householders to whitewash their premises and to use disinfectants nothing was done. Meanwhile, the daily returns of deaths steadily augmented, until by the end of January the daily average of deaths exceeded 120, while the infection appeared to be extending its area. This was but the beginning of an exodus which from this time forward continued daily until it became a stampede. The Government published a notice that to facilitate departures from the city the fares on the Western Railway would be reduced 25 per cent. The suggestion thus conveyed was at once promptly acted on by the native population, who now fled the city in such numbers that the ordinary trains were insufficient to provide accommodation. Up to the end of January the ravages of the epidemic were mainly confined to the Italians, Basques,
and natives, whose modes of living and absence of cleanliness favoured its development, and there had been comparatively few cases among the English, French, or Germans. It was not till towards the middle of February that the Government began to grapple with the epidemic. The sanitary commission was now working with an energy which would have been in the highest degree praiseworthy if it had only been directed with a little more skill and judgment. But in other directions, where some of this vigour might have done good, the neglect of the authorities was painfully apparent. As heretofore, the open reeking vasara carts continued to parade the streets, and make their nauseous collections far into the afternoons under a burning sun, instead of conducting their operations at night and early morning. The plan of lighting bonfires in the streets at night was tried, but had to be abandoned, as they became rendezvous for all the sordidness of the city, and, further, the flames were too often fed with refuse, infected bedding, which only contributed to increase the vile stench of the city, while the combustion was but at best a doubtful antidote to the plague. By the end of March the daily average of deaths exceeded 400, while it was computed that there were over 10,000 sick out of the remaining population of the city, which could not at that time have been more than 40,000. In the next ten days the plague reached its climax, the deaths recorded on the 4th and 5th of April being 640 and 720 respectively, while on the 6th of April 500 entries at the cemetery were registered up to noon. A decree appeared on this date declaring the remaining days of the month feast days, and practically closing the town to all business, while the health commission issued a recommendation to the public at large to leave the city en masse as the only hope of stopping the plague. Thousands left by every conveyance that could be procured, and in every street Baskes and Italians were to be met carrying their "khrattas" and bedding, and making for the nearest railway station. From that day the epidemic diminished.

The American Diploma Market.

We extracted recently from the Boston Medical and Surgical Journal a correspondence with the agent of one of those sham universities which gets its living by the licensing of Medical swindlers. That journal has published a second series of letters, which are interesting as showing that the diploma trade has become a regular branch of commerce. Perhaps before long the quotations for the various degrees will appear on the price-lists of the Yankee Stock Exchange.

Into the hands of one of the Profession came the card of which the following is a copy:—

"Collegiate Agency.—This has been established for the purpose of giving such information as is generally necessary before entering upon a collegiate course of study, or taking any of the learned degrees. Books, medicines, instruments, &c., will also be sent C. O. D., at market rates, upon receipt of orders. Physicians' practices sold on accommodating terms. Through the recommendation of this agency, physicians, lawyers, clergymen and teachers can obtain the honours of all the universities in the United States, such as the degree of A.M., A.B., M.D., S.D.D., D.D., L.L.D., &c.—For additional particulars address A. J. Hale, M.D., Philadelphia."

The gentleman who received it wrote to the address indicated, to see at what cost a degree could be obtained from Harvard University. To this letter came the following reply:—

Dear Sir,—Yours of the 3rd inst. received. You can obtain the honorary degree of M.D. from the university of this city (Alop.) for 50 dols., sent by express C. O. D. This is a regular made out Latin degree, the same as issued to regular graduates. Your name in full and date you wish will be required. Very respectfully,

A. J. Hale, M.D.

The correspondence terminated with a letter, of which the following is an extract, and the papers passed into the hands of a second member of the Profession:—

Dear Sir,—Your card says "obtain the honours of all the universities," and I should hardly be willing to pay 50.00 dols, for a degree from a college so little known here as the one from which you offer me a degree. Please let me know further about your ability to procure me a degree from such a college as would be of more use to me here; or if this is out of the question, let me know who are the professors of the "Medical University of Philadelphia," and whether they include any names well known to the profession. Very respectfully,

This subject was then taken up by another gentleman who commenced the correspondence by a letter asking requirements for the degree of M.D. from Harvard University, or from the University of Pennsylvania? To which he received the following reply:—

Dear Sir,—Yours of the 15th inst. received. Am sorry to say that it is out of my power to obtain for you the degree of M.D. from either of the institutions you mentioned. If some other will suit you (and I know there are others that will do you the same good with precisely equal advantages), I may accommodate you. Can obtain one from the "American University," here, provided you send me a certificate signed by the P. M. or any other responsible man of your country, certifying that you are either a practising physician, or a student of medicine, or in some way that the faculty may know that the degree is conferred upon one that has some knowledge of medicine.

Very respectfully,

Lock Box 38, Camden, N. J.

P. S.—If you can send another order or two, it would lighten yours very much.

To this the soi disant candidate replied:—

My Dear Sir,—I understood that you had power to get me a degree from any University. Is it not so? If you cannot let me have one from either of the two I spoke of, perhaps you can get me one from one of the New York Colleges. Is it necessary for me to furnish the certificate you speak of? for that I cannot send you. Suppose that I could get a number of applications and forward them, would it not answer as well? I am, very respectfully yours,

Francis Williams.

He received a reply from "Lock Box" to the following effect:—

Dear Sir,—If you will send me one more order besides yours, and the date you wish them, I will furnish the two at the price I wrote you for each, by express C. O. D. And if you can furnish other orders from your friends, you will be allowed twenty per cent. (10.00 dols.) on each. Hoping to hear from you soon, I remain very respectfully,

Lock Box 38 Camden, N. J.

No allusion, it will be seen, is made to the New York Schools, which, of course, leaves it to be inferred that they also are not to be tampered with. On the 20th of November was sent the following:—

My Dear Sir,—I think I can furnish plenty of applicants, but some of them want to know whose names are to go on the diplomas, and if the University with which you
are connected is a real thing. If so, I think we might find men who would like to be LL.D.'s also.

Very respectfully yours,

FRANCIS WILLIAMS.

The alacrity and earnestness of the reply will be seen in

DEAR SIR,—Yours of the 20th inst. to hand. Yes, sir, the University with which I am connected is a reality. A regularly chartered Medical Institution, now in successful operation, all right and legal. Please see circular enclosed. You need never hesitate to guarantee the legitimacy of this Institution in every respect. Please let me hear from you immediately, and oblige yours truly.

Address, Lock Box 38, Camden, N. J.

With this came the printed circular of the American University of Philadelphia, with a long list of trustees and professors. The correspondence was broken off at this point, but an attempt at renewal by a letter, in which was enclosed the accompanying card.

CANCERS AND OTHER TUMOURS

Removed without the Use of Knife or Caustic

Information imparted for a Reasonable Sum.

Address

Lock Box, 60. Newark, N. J.

We learn that Mr. Tabuteau, of Portarlington, has announced that he will offer himself for the Vice-Presidency of the Royal College of Surgeons in Ireland, at the election in June, 1872. Dr. Tabuteau is one of the most deservedly esteemed of the provincial Fellows of the College. He has for many years evinced an active interest in its affairs, and will have received a large support, especially from extra-metropolitan Fellows.

SCOTLAND.

EDINBURGH.

EDINBURGH UNIVERSITY.—The widow of Charles McLaren, Esq., late editor of the Scotsman has bequeathed £2,500 to found a scholarship in Mathematics and Natural Philosophy, and a sum of £500 to the Royal Infirmary.

CRAIG & JEX BLAKE.—Lord Mure, the judge before whom this case was tried, has decided that the verdict entitles the pursuer to apply for expenses, but the question of granting them will be decided by the First Division of the Court of Session.

FIFTH VOLUME OF THE SYSTEM OF SURGERY.*

We are glad to welcome the concluding volume of the magnificent work which Mr. Timothy Holmes has successfully carried through another edition. This volume contains diseases of the genital organs, of the breast, of the thyroid gland, and of the skin, together with operative surgery, an appendix of miscellaneous subjects, and a full and valuable index.

To such a series of articles, it is, of course, impossible to do justice within moderate bounds, and we must content ourselves with announcing the completion of the modern cyclopaedia of surgery, enumerating the articles of the volume before us, and deferring to future opportunities the analysis of some of the contributions. This volume opens with an account of the "Surgical Diseases of Women," by Mr. J. Hutchinson. He is followed by Professor Hampey, and then by Mr. Michael of the "Male Organs of Reproduction." Gonorrhoea, however, has a distinct article, by Mr. Henry Lee, who is followed by Mr. Birkett, on "Diseases of the Breast." Mr. Holmes Coope writes on the "Thyroid Glands." The skin obtains a share of this work, which should satisfy dermatologists of the regard in which their speciality is held. The "General Diseases of the Skin" are treated by Sir Wm. Jenner, the late Dr. Miller, and Mr. G. Naylor, in an essay extending from page 305 to page 421, and this is followed by Mr. Thomas Smith, who extends the subject by treating of the "Local and Surgical Operations of the Skin" and its Appendages," as far as the 489th page. "Operative Surgery" comes next, and Mr. Lister opens the department with an article on "Anesthetics." Mr. T. Smith gives us "Minor Surgery." Then Mr. Holmes Coope gives a capital account of "Plastic Surgery," followed by "Amputation," by Professor Lister. This brings us to "Excision," on which we are delighted to meet with the accomplished Editor himself, whose own contributions, as well as his general superintendence of the work, have done so much to make it what it is.

We have next Dr. Burdon Sanderson's article on the "Process of Inflammation," which is a kind of supplement to the able article on the subject, with which Mr. Simon opened the first volume. These two should, therefore, be read together, and we advise everyone carefully to study the account of inflammation, before them by Mr. Simon and Mr. Sanderson. We now come to the appendix which is, in itself, a most valuable treatise, which would, had it been printed in the same type as the rest of the work, perhaps have made a goodly forth volume. The publishers, however, will be thanked for confining the work to five. In this Appendix we again meet with the accomplished Editor, who opens, with the "Surgical Diseases of Children," a subject he has made his own, and is here aided by Mears, Brodburst and Shaw. After this we get an article on "Aneurys," by Dr. George Harley, F.R.S., lately of University College and Hospital. Then Mr. G. Busk discourses learnedly on "Parasites and the Diseases which they Produce," and in a second article of the "Poisons of Venomous Insects and Reptiles." Another contribution from the Editor is on "Surgical Diagnosis and Regional Surgery." Sir Ronald Martin then treats of "Hospitals," and Mr. Holmes Coope concludes the volume with an account of "Surgical Instruments and Apparatus." This article is fully illustrated with woodcuts—a remark which reminds us that this volume has more than 150 illustrations. There is also an index, a full and valuable one. We congratulate both publishers and editor on their successfully carrying through the second edition of this "System of Surgery," which is in itself the best surgical library in a small compass that any practitioner can select.

Correspondence.

"NOT AFRAID OF THE TRUTH."  

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I am not a member of the British Medical Association, but if I were, I should certainly resign all connection with "that publishing firm with an annual pic nic," since, it appears that the partners in the firm, are entirely at the mercy of any person whom they may choose to employ to edit their periodical. When disgruntled authors are assaulted by their own tongue, Dr. Bell-Taylor, forward to the Editor of that journal, letters so important and conclusive as the one you published last week, what right, I should like to know, has the Editor to suppress it, and withhold information on a topic which is not only of professional, but of national importance from his readers. The MEDICAL PRESS AND CIRCULAR, to the honour of its conductors be it stated is not afraid of the truth, and I therefore venture to ask you to insert a short letter which I forwarded to the British Medical Journal.
CORRESPONDENCE.

THOMAS WORTH, M.R.C.S.

COPY OF LETTER COMPRISING "FACTS ABOUT THE CONTAGIOUS DISEASES ACTS ADDRESSED TO THE EDITOR OF THE ‘BRITISH MEDICAL JOURNAL.’"

Sir,—As you are not inclined to publish Dr. Taylor’s figures, will you allow me to call the attention of your readers to a few facts in connection with the Contagious Diseases Acts.

One of the most important of these appears to me to be pointed out by the late Dr. MacLoughlin and Pournier, who carefully traced syphilis (the only venereal malady which can on any plea be considered a matter of state concern), to its source in 873 cases, and found that 825 patients out of this number, contracted the disease from the regularly inspected prostitutes of Paris.

Dr. Visstras also mentions, in his evidence before the Venerial Commission, that almost all the chances (the true syphilitic sores), were derived from the public prostitutes of Paris, where stringent Contagious Disease Laws are enforced by a thoroughly trained police.

Dr. MacLoughlin assured me personally that twenty-seven years’ extensive practice in Paris had led him to the same conclusion. When infected patients applied to him, he was in the constant habit of instituting an examination of the woman, and he declared that it was extremely rare to discover the source of infection in the female. In a work "On Prosecution in Holland," published by Dr. Huet, of Amsterdam, it is shown that taking twenty-four cities, and comparing some years before, with some years after the adoption of the system, that the proportion of disease among the soldiers, rose from 11.2 to 13.14, under the operation of the act.

The last report of veneral disease in the French army, shows that in Algeria, disease among the troops doubled in the space of a few years, under the operation of similar laws; also that amongst the French troops in Rome, where, owing to the prejudices of the Pope, these regulations were not permitted to be carried out, there was less veneral disease than at any other station.

The last report of the Sanitary Commissioner of the Punjab, declares that the result of these laws affords no ground for congratulation, and that at Lahore, Dacca, and Nowshera (stations where these Acts have not been enforced), showed the least amount of veneral disease. Similar evidence has been received from Madras, Bombay, and Ceylon.

These facts, considered in conjunction with the statement of J. Lecour, that there were at least 47,600 cases of venereal disease in Paris, in a population of a million and a half, while in London, in a poor population (such as apply to hospitals, and are most likely to suffer from such affections), of the same number, by the statistics furnished by Mr. Wagstaffe, to the Medical Officer of the Privy Council, there were only 45 cases of syphilis,—appear to me thoroughly conclusive as to the inefficacy of the system.

I am, Sir, your obedient servant,

THOMAS WORTH, M.R.C.S.L., L.R.C.S.E.

IODIDE OF POTASSIUM FOR ACUTE RHEUMATISM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I was glad to read notes of cases by Dr. Sharkey, of Ballinasloe, of acute rheumatism, treated from the commencement by iodide of potassium. I feel pleasure in endorsing his observations, and the efficacy of the treatment proved by him, as I have, in the habit for some time of prescribing this salt, and I have been always highly pleased with the result.

I have at present in the workhouse hospital, a policeman, who was admitted suffering from rheumatic fever, and the iodide of potassium was nearly the sole treatment rolled on, as my prescription book would testify,—of course, the occasional administration of anodyne was given, and the poppy fomentations to the joints, as suggested by Dr. Lyons. I have not used the poultices with carbonate of soda, as recommended by Dr. Sharkey, but, I am almost certain those alkaline poultices would be very good. I have met with no case where this treatment was adopted of any cardiac complication, if I did, I would even be inclined to pursue the same treatment.

Referring to the cardiac affection, Dr. Tanner says: "Most authors say apply leeches over the region of the heart, or resort to general bleeding, and quickly get the system under the influence of mercury. If the remarks which have been made in the section on inflammation, however, are true, no such remedies will be necessary, and I believe it will be better to get freedom from pain by full doses of opium, to apply hot moist leeches over the cardiac region, and to continue the bicarbonate of soda or potash draught." Should effusion take place into the pericardium, he recommends the application of a blister, or a succession of them, and also diuretics with the lodine of potassium.

Referring generally to the treatment I have adopted in rheumatism, I have taken the hint from Tanner, where he recommends the iodide of potassium with quinine. He also recommends the local application of alkalies, but his internal treatment principally, is that advised by Dr. Garrod. I would suggest the perusal to Dr. Sharkey, if he has not already looked at it, of Dr. Tanner’s chapter on "Rheumatism," and the treatment advised. In conclusion, I agree with Dr. Sharkey that no remedy has afforded me the same quick results as that of the lodine of potassium.

Your obedient servant,

JOSEPH O’KELLY, M.D.

Medical Officer of Mount Bellen Workhouse Hospital.

IRREGULAR CONSULTATIONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Had the allusion in your leading article of last Wednesday’s issue dealt merely with myself personally I should have passed it over in silence, but you have mentioned my name in connection with the Council of the R.C.S.I., I feel it due to that body that I should not allow it to remain without comment.

On reading that article, I could not help feeling regret that the pages of a medical journal should have been decorrated by expressions of political controversy. When we find all our daily transactions in Ireland tainted by the influence of this the true Upas of our unfortunate country, we might have hoped that at least our medical literature would have been kept in the pure atmosphere above its deadly emanations.

Regarding my connection with the case of Mrs. McGrath, I have only to say that, owing to the illness of the usual medical attendant, I was sent forth to see that lady in an urgent attack of vomiting; and, when called upon by Mr. Eason for that purpose, I certainly did not sit down to consult the Medical Register as to his statutory qualifications. More especially, as, from what he then told me, I regarded him more as the intimate friend of the family than the medical attendant, and as such he acted during her entire illness, facts in the inner life of that most painful and distressing case which have come to my knowledge under the seal of professional confidence, and which, therefore, have not been made public, have since confirmed me in the view which I had taken.

I have the honour to remain,

Your obedient servant,

Stephens Green.

EDW. HAMILTON.

June 9th, 1871.

3 Upper Sackville street, Dublin.

10th June, 1871.

Sir,—In the article in your publication of the 7th inst., headed "Bad Company," you refer to the "Culpatory Document" as having been forthcoming with the husband.
If you refer to the evidence you will find that it was signed upon Thursday, that the lady died upon Sunday evening, and that what purported to be a copy was presented to her husband upon the following morning. Had it been shown to him in the meantime, information and rectification could have been obtained, and thus an irreparable injury averted.

We are, Sir,
Your obedient servants,
Tisdall & Twirill.

A. H. Jacob, Esq., M.D., Medical Press and Circular Office, Molesworth Hall, Molesworth street.

Glimmers.

Encephaloid Tumour of Rapid Growth. By Levi Bartlett, M.D., of Skaneateles, N. Y.

T. P., aged twenty-four, after having carried, on his head, a straw bed half a mile without resting, which exhausted him much, discovered, two days afterwards, Nov. 26, 1870, a tumour, as large as a hen's egg, above the right clavicle, which increased in size on coughing, and at times appeared very much to diminish. Dec. 21, first saw him. Tumour firm, elastic, twice its former size, and not painful; cough dry and spasmodic; pulse 80 to 90, small and feeble; demanding stimulants; pressure of the tumour on the oesophagus and trachea caused difficult deglutition and respiration, and pain in the surrounding parts. Jan. 3, 1871, tumour softer, with indistinct fluctuation, and more like pointing. Dr. Campbell in consultation. Exploration revealed a venous blood tumour; applied solution of iodine. Jan. 8th, Dr. Earl in was added to the consultation, and, on the 10th, Dr. Lansing Briggs, of Auburn. On second exploration we concluded that the tumour contained arterial blood, though there was no pulsation. This uncertain diagnosis and the dangerous locality of the tumour, we considered, precluded surgical interference.

Tumour at first spherical, afterwards oval, and at its maximum was five by two and a half inches. Gradually it assumed a hard and nodulated feeling, and diminished in size, one inch in length. From the 12th to the 27th inst., his pulse was increased in frequency and hardness, accompanied with cough and bloody expectoration and palpitation; edema of right arm and hand, with numbness and prickling sensation; seminal effusion into the eyelids and conjunctiva; paroxysm of dyspnea, frequent respiration, with a rough and paroxysmal and prolonged expiration; right submaxillary gland much enlarged, and all the surrounding tissues appear full and engorged.

I had diagnosed "venous erectile tumour," similar in symptoms and localisation to that of General Kilpatrick, successfully operated on by electrothermy last year. Dr. G. T. Campbell, after perusing Dr. Gross' chapter on tumours, in his excellent "System of Surgery," diagnosed encephaloid of the hematoid variety. Patient died on the 27th, and on the 28th the autopsy, made by Drs. Campbell and Earl, revealed a strictly encephaloid tumour, with so fragile an envelope as to preclude the possibility of enucleation. Apex of right lung adhered to the tumour and clavicle, and assumed a medullary appearance, with some engorgement. Effusion of serum into pleural cavity and pericardium; liver hypertrophied; thymus gland enlarged, and surrounding tissues engorged; no other organs examined. Dr. Campbell found, on microscopic examination, characteristic cancer-cells, with oil-globules. Patient inherited malignant taint, his mother and sister having died of cancer.

The incipient stage of his disease may have previously commenced, but its rapid development may be referred to his over-exertion nine weeks ago.

Professor Gross mentions the case of a boy of eighteen, who died in less than eight weeks of an encephaloid tumour upon the scapula, a foot in its largest diameter! Ours is a partial corroboration of that case, which is truly rare.—American Journal of Medical Sciences.

Medical News.

Royal College of Surgeons.—The following members of the College having undergone the necessary examinations for the fellowship, on the 25th, 26th, and 27th ult., were admitted Fellows of the College on May 8th, viz.:—Messrs. William Preston Goodall, M.S.A., Birmingham; Charles Roberts, L.S.A., York, of St. George's Hospital; Thomas Hiron Bartlett, M.B., Birmingham; Thomas A. W. Richards, M.B., of the Birmingham; Francis Henry Welch, L.S.A., M. H. 22nd Regt., Charles Fort, Kinsal, of the London Hospital; John Astley Bloom, L.S.A., St. Bartholomew's Hospital; L. F. Grand, L.R.C.P. Lond., Plymouth, of St. Bartholomew's Hospital; Frederick Churchill, M.B., and C.M., Edin., of the Edinburgh and St. Thomas's Hospital; Richard Clement Lucas, L.R.C.P. London, Hungerford, and Alfred Ashby, L.S.A., Staines, Middlesex, of Guy's Hospital; Robert L. Tait, L.R.C.P., Edin., Birmingham, of the Edinburgh and Birmingham Hospitals, and Thomas Cooke, M.D., Paris, of the Paris Hospitals. Seven candidates having failed to acquit themselves to the satisfaction of the Court of Examiners were referred to their hospital studies for one year.

Deputation on the Supernumeration Question.—A very large deputation waited upon the Right Hon. James Stansfield, President of the Poor-law Board, and Mr. Hibbert on the question of the supernumeration of poor-law officers. The deputation consisted of the following members:—Messrs. Baines, Carter, Wheelhouse, Dickinson, Russell Gurney, Leatham, Sir Charles Dilke, Dixon, Rathbone, Lord Sanlun, Graves, Cawley, Charley, Morley, Melly, Dalrymple, Hughes, R. H. Paget, F. Calogon, Allen Gore-Langton, Henry James, A. G. Hill, Sir George Jenkins, Sir James Elphinstone, Lewis George Hamilton, and Dr. Brady; together with the following poor-law officials:—Messrs. Heaps, Lampen, Cleaver, Ellis, Hales, Johnson, C. C. Smith, Barlow, Maulding, Doggett, Hubert, Powell, Davis, Foster, Hughes, Kilby, Bennet, Birch, and Whitworth.

Professor Tynall on "Dust and Smoke," at the Royal Institution.—Professor Tynall lectured on Friday evening to an unusually the most densely-crowded audience the fine hall of this institution has ever contained. His subject was "Dust and Smoke," and in his discourse and experiments he followed variously the courses he has for the last year or two been pursuing in respect to this topic. He touched successively on the dust or gum theory of the origin of diseases, on the origin of minute life, and, finally, on the effects of a new respirator for firemen, which he has perfected under the encouragement and aid of Captain Shaw, of the London Fire Brigade, in which the solid particles of the densest smoke are arrested by films of cotton impregnated with water and coated by layers of charcoal. By these simple means firemen could remain within burning buildings for upwards of half an hour at a time with safety and comfort so far as their respiration was concerned.

Notre Dame.—L'International says that the attempt to destroy this building was frustrated by the courage and perseverance of the home physicians and house-surgeons of the Hôtel Dieu, who obtained the assistance of a number of persons, and succeeded in extinguishing the fires.

The late Professor Kuss, of Strasburg.—A subscription has been commenced at Lyons with a view of raising a monument to the memory of Prof. Kuss, one of the most eminent professors of the Medical Faculty of Strasburg, who died at Berne, last year. The attempt is made to pull together the members of the National Assembly, of which he had been elected member.

Anatomy and Physiology at Cambridge.—Professor Humphry has given notice that in the ensuing long vacation (July and August), there will be classes for instruction in Practical Anatomy on Tuesdays, Thursdays, and Saturdays, at half-past twelve, commencing July 4th. There will also be classes in the Museum of Human Anatomy, on Wednesdays and Fridays, at half-past twelve, commencing July 5th. This, together with a course of instruction in the Physiological Laboratory, under the direction of Dr. Michael Foster, will constitute a course of Practical Physiology. Gentlemen who have entered to the Anatomical lectures will be at liberty to attend these classes without additional fee.
NOTICES TO CORRESPONDENTS.

June 14, 1871

The Royal Commission on Contagious Diseases.
The Commission has been engaged during the last week in the examination of the papers in the case of Dr. Hitchman, prepared by its Chairman, Dr. Robert H. W. Massey. It is rumoured that the Report proposes, the repeal of the Acts of 1866 and 1869.

Bequests to Medical Charities.—The will of the Rev. Martin Cramp Tolpudd, formerly of Einfeld, who lately resided at the London Dispensary, contains the following bequests:—The Middlesex Hospital, £110; the Kent and Canterbury Hospital, £100; the Margate Sea-bathing Infirmary, £100; the Margate Lying-in Charity, £50; and the Hospital for Lying-in Women, London, £50.

The Quakers and the Medical Bills.—The deputation waited upon Mr. Ebers last Friday, but was not received. The Medical Profession, which contains utterly the entire body of medical dissenters, called a meeting on the 16th instant, which was attended by Mr. Joseph Cowen, who said that they would have the heart to fight the Medical Bills to occupy as much as possible. There were eighteen doctors present, who were all able to speak as to the object of their memorial better than he, and therefore he thought it was a waste of time. There was also a meeting of the Dissenters, which he had attended, without the entire body of medical dissenters, called a meeting on the 16th instant, which was attended by Mr. Joseph Cowen, who said that they would have the heart to fight the Medical Bills to occupy as much as possible. There were eighteen doctors present, who were all able to speak as to the object of their memorial better than he, and therefore he thought it was a waste of time. There was also a meeting of the Dissenters, which he had attended, and Mr. Forster said that he had very little time to stay, and there must be a great deal of agitation present that he had to receive a deputation from the orthodox medical practitioners, and finding this not to be so, he was not so well prepared to answer them on the subject of the deputation. All he could say was, that if the Bills got into committee, which at this time of the season was very doubtful, what they had said would have a most careful consideration of the Government.

Charing Cross Hospital.—The annual distribution of prizes to the students in the Medical School of this Hospital took place on Friday, in the board-room, Professor Huxley in the chair. The Dean (Dr. Pollock), in presenting his report, congratulated the students on their achievements in the past year, and in progress connected with the institution. The new school buildings, including the library and the separate entrance, with the physiological laboratory for practical teaching, which has lately assumed so much importance, are now complete, and in a condition for efficient working. Additional accommodation for patients had also been provided, and the beds had increased in number to 150, and there were now separate wards for the treatment of diseases of women and refractory patients. The Dean referred to the services of Dr. Beigel, who—reversing the principle of scant attention and sympathy in the treatment of the sick—had given the patients of the Iron Cross to resume his labours at the hospital. Mr. Galton, the lecturer in comparative anatomy, had been amongst the first to go out in aid of the sick and wounded, and had afterwards been resident at the Military Hospital, at Darmstadt, for many months. A student of the hospital had also rendered good service in the same cause. The hospital every year increased in importance and usefulness, and conferred great benefits upon the surrounding poor. The Medical School was a centre of science, and had a Lee carried off a considerable number. He gained the Llewellyn Scholarship, the gold medal, the governor’s clinical medal, medals for medicine, midwifery, forensic medicine, and a certificate for pathology. Upwards of seventeen medals and as many certificates were awarded, after which the learned Professor addressed the students. The proceedings terminated with a vote of thanks to the Chairman.

NOTICES TO CORRESPONDENTS.

Dr. Acland.—The proof was received in time, another shall be sent.

Dr. Harris.—We received the newspapers on the eve of going to press.

Dr. Smith.—The work appeared some ten years ago.

Miss Hornibrook.—We have already announced the fact.

Mrs. Thomas.—We have received your communication.

Mr. Widdow's second communication received.

Professor Inglis.—Proof of your article shall be forwarded.

INGULAR HERNIA.

To the Editor of the "Medical and Surgical Circular."—Sir,—Being a subscriber for some years, I take the liberty of asking you through the columns of your widely circulated paper, whether there is a medical cure for incontinence of the bowels in females fifty. I would feel obliged for your notice of this in your journal next publication.

Yours very truly, G.

ATTENDED ASSASSINATION OF DR. JOHN ELLIOTT.

We learn by telegram that Dr. Elliott, while returning from Waterford from a visit to a lady, was fired at from a window. The bullet, unfortunately, grazed the cheek without doing further injury. The lady was, therefore, of medical opinion, and in congratulating our brother professional and contributor upon his narrow escape, sincerely hope the scoundrel may be secured and brought to justice.

Dr. Lockwood writes us that our remark last week that a monthly contemporary had omitted to name the Americans in the Medical Sciences, was a flander on which the extract from "Paludal Education" was taken. He was referred to the Doctor, but he will see that we anticipated the explanation in the American Magazine. There were some remarks contributed by our correspondent, introducing the propositions cited, and that he filled up the columns with an item of news belonging to another department. Mr. Lockwood sympatizes with Dr. Johnson, and can assure him that similar annoyances frequently occur to other journals.

A TALE.

"On the Causes and Cure of Prostatic Stricture."—By Dr. Unalaschky. L.R.C.S.I., L.R.C.P., &c., Dr. Banham of the Medical Lectures on "Diabetes." (Continuation.)

Practical Obstetrics." No. II. By Francis E. Clarke, B.A.

Communications have also been received from Dr. Houghton, Drum, Mr. M'Donald, Twenty, Mr. Wright, Hinsdale, Mr. Atfield, and Messrs. Milton, Hornbrook, Lee, Solly, Middleton, Berry, Professor Morgan, Nicholls, Pegg, Johnson, Mon, Mayno, Ryan, Leigh, MacKenzie, Surgenor, Patterson-Lewis, Brit, Milliman, Currie, &c.

MEETINGS OF THE LONDON SOCIETIES.

ROYAL COLLEGE OF SURGONRS OF ENGLAND.—Tuesday, June 14th, 4 p.m. P.M. fellow and a William Bradford, of New York, on the Eguinaux and the Pothead, illustrated by Debw, &c., and Photographs.

ROYAL COLLEGE OF SURGONS OF ENGLAND.—Friday, June 14th, 4 p.m. Dr. J. W. Hupe, of the Minutes of the Anatomy of the Eye.

METEOROLOGY.

Metropolitan Free Hospital. Assistant-Physician, Honorary.

West London Hospital. Physician for Diseases of Women; Ophthalmic Surgeon, and a Junior Assistant-Surgeon.

Hammersmith Hospital Ship for Seamen, off Cardiff. Resident Assistant Medical Officer. Salary £55 per annum.


Lincolns Union. Medical Officer. Salary £50 for District and Wards.

Brighton Dispensary. Resident House-Surgeon. Salary £100 per annum.


BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.


APPOINTMENTS.

Byers, Dr. F., Medical Officer and Publisher, &c., for the Kilmain Dispensary District of the Waterford Union.

Bucks, Thomas H., L.R.C.P., L.R.C.S., Poor-law Medical Inspector.

Callaway, E., M.R.C.S.E., Medical Officer for the Tamworth District and the Workhouse of the Tamworth Union.

Cousin, J. F. L.R.C.S., L.R.C.P., Medical Officer, &c., for the Kilrush Dispensary District, Co. Clare, and Medical Attendant to the Kilrush Workhouse Union.

Ewen, A. B., M.R.C.S.E., Medical Officer for the Tydd District of the Holborn Union, Lincolnshire.

Powell, W. P., L.R.C.P. Ed., M.R.C.S., Medical Officer for the Chippenham District of the Banbury Union.

Grealy, J. W., L.R.C.P. Ed., Medical Officer, &c., for the Westport and Loughor Dispensary by District No. 2 of the Westport Union, Co. Mayo.

Horton, A. J., Resident Medical Assistant to the Littlemore Charn Lesotosaic, near Oxford.
ROYAL COLLEGE OF SURGEONS

The SUMMER SESSION will commence on MONDAY, the 3rd of April, during the following Courses will be delivered:

\[ \text{Courses} \]

- Anatomy
- Dr. Muschis
- Practical Chemistry
- Dr. W. Barry
- Medical Jurisprudence
- Dr. Davy
- Materia Medica
- Mr. Macnabara

Fremiums will be awarded at the close of the Session.

By Order, JOHN BRENNEN, Registrar.

25th March, 1871.

FRENCH OPERA GLASSES, from 5s. 6d. upwards.

RACE, FIELD, and EYE GLASSES of every description

CAUTION.—Beware of impostors. S. SAMUEL has no connection with any one bearing a similar name. The Stock of Watches and Jewellery selling off, declining that branch of the business.

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Consulting-Physician.—Alfred Hudson, M.D. and F.K.C.P.
Consulting-Surgeon.—Robert Adams, M.D., F.R.C.S.I.
Assistant-Physicians—T. Moore Madden, L.K. and F.K.C.P., &c
Secretary.—J. G. Strickland, Esq.

The Hospital, the largest Chartered Clinical School of Midwifery in the British dominions, contains one hundred and thirty beds, twenty-five of which are appropriated to the Diseases of Females. An Obstetrical Museum, containing upwards of five hundred Preparations, and a Library, are attached to the Hospital.

Clinical instruction in Midwifery, and the Diseases of Women and Girls, is given daily.

The Pupils are Privileged to attend the Cow-Pock Institution, Sackville street, and York street.

The Lectures are recognised by the Royal College of Surgeons in Ireland, London, and Edinburgh; the King and Queen's College of Physicians; the Royal Hospital of Dublin and of London; the Army and Navy Medical Boards; and all the other Licensing Bodies.

The Diploma from this Hospital is recognised by the Poor-law Commissioners of Midwifery for all Hospitals and Dispensaries under their control in Ireland.

The Intern Pupils, of whom there is only a limited number, have each a separate bed-room, with the use of a sitting-room.

Two Courses of Lectures are given yearly—the first commencing early in November, the second early in May.

Applications to be made to the Master, Dr. Jonsevros, at the Hospital, Rutland square.

The SIGHT.—SAMUEL'S SPECTACLES (recommended by the Faculty). Price 2s. 6d. and 5s.

SAMUEL'S BRAZILIAN PEBBLES, price 7s. 6d., Highly beneficial for very weak eyes.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

FIRST OR PRIMARY PROFESSIONAL EXAMINATION for the LICENCE.—The next Examination will commence on MONDAY, JULY 7th. Students are admitted to this Examination after the termination of the Second Winter Session of Professional Study at a recognised Medical School.

The next Examination will commence on MONDAY, JULY 7th. Gentlemen who have completed four years of Professional Study according to the College regulations are eligible for admission to this Examination. Registered Medical Practitioners, qualified before January, 1861, are admitted to examination under special by-laws. Candidates are required to give fourteen days' notice in writing to the Registrar of the College, with whom all certificates and testimonials are required to be left at the same time.

Pall Mall East, 1871.

H. A. FITMAN, M.D., Registrar.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—The HARVIAN ORATION will be delivered by Dr. CHAMBERS, at 5 o'clock on Wednesday next, the 1st of June.

Members of the Profession will be admitted on presentation of their cards.

By Order of the President.

THE LONDON SURGICAL HOME FOR DISEASES AND ACCIDENTS OF WOMEN.

MALVERN COLLEGE.

The THIRD TERM will begin on Wednesday, September 29th, and will continue until Thursday, December 20th, 1871.

The examination of the students will be at the close of the term, and no certificates will be given to any student whose examination is not satisfactory.

For information, apply to the Principal, or the Secretary, at the College.

The fees are £20 per annum, or £15 per term.

H. E. EVANS, Secretary.

Office, 62 King William street, E.C.
CHLORODYNE. [SPECIAL NOTICE.]

The absurd statements that have recently appeared in Medical and other Journals respecting the constituents of CHLORODYNE (each analysis differing widely), J. T. DAVENPORT is compelled further caution the Profession against using any compound of the kind, as the genuine, which has alone gained such extraordinary celebrity.

J. T. DAVENPORT appeals medical testimony in confirmation of the above.

The wonderful efficacy of Chlorodyne being universally acknowledged, it must be evident to all that the assumption of the name to any compound that bears a superficial resemblance, is unjustifiable, and is likely to injure the health of the patient and cause discredit to the Physician. Even death has resulted from the use of spurious Chlorodyne when benefit had been experienced from the genuine; and this melancholy circumstance has no effect in restraining these heartless proceedings.

From Dr. J. WILSON, Castleton, Yorkshire.

"I require to use a considerable quantity of Chlorodyne in cases where no other medicine is of the least avail; and my object in wishing a supply from your own establishment is, that I am frequently deceived by getting a spurious article from other places, although I never order anything but the genuine but the Brown's Chlorodyne."

JAS. C. ATKIN, M.D., Medical Officer, Fever Hospital, Oldcastle, Co. Meath.

"Having ordered from our druggists Chlorodyne, I was not only disappointed in its effects, but annoyed when I received a spurious compound. I have been in the habit of using your Chlorodyne with great advantage to my patients and satisfaction to myself."

From F. E. BARTON, Esq., Surgeon, Dover.

"I have now used your Chlorodyne in numerous cases, and have much pleasure in adding my testimony to its very great efficacy as an Anti-spasmodic and Anodyne, having found it especially valuable in those cases in which Opium does not agree well with the patient."

From THOMAS F. HALE, Esq., Surgeon, Saundersfoot, Pembrokeshire.

"Sir, I should be much obliged by your forwarding three bottles of Dr. J. Collis Browne's Chlorodyne, which I have found most useful in allaying pain. I have used twelve ounces of it, and in nearly every case in which I have employed it have every reason to be satisfied with the result, and although I know, as a rule, I never use any preparation of a secret nature, and whose composition I am not fully acquainted with, still, having once tried the Chlorodyne, and found that it really did produce the effects stated, I do not think I should be justified in withholding such a preparation from my patients, when I see the value of the remedy."

From Lord FRANCIS CONYNGHAM, Mount Charles, Donegal, December 11th, 1866.

"Lord Francis Conyngham, who this time last year bought some of Dr. J. Collis Browne's Chlorodyne from Mr. Davenport, and has found it a most wonderful medicine, will be glad to have half-a-dozen bottles sent at once to the above address."

BART RUSSELL communicated to the College of Physicians that he received a dispatch from Her Majesty's Consul at Manilla to the effect that Cholera has been raging fearfully, and that the ONLY remedy of any service was CHLORODYNE. —See The Lancet, Dec. 1st, 1864.

CAUTION.—Vice-Chancellor Sir W. PAGE WOOD stated that Dr. J. COLLIS BROWNE was undoubtedly the Inventor of CHLORODYNE,—that the whole story of the Defendant was deliberately untrue, which, he regretted to say, had been sworn to.—See Times, July 15th, 1864.

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PREPARED and sold by J. L. KIDDELL, 31 Hunter street, Brunswick square, London. This preparation has been so extensively employed by the Faculty, and its merits so universally acknowledged by the public at large, as to render all further remarks on the part of the Proprietor unnecessary. To be had of all Wholesale Druggists.

M. R. BOULJEAUR, begs to inform THE MEDICAL PROFESSION that he intends personally to SUPERINTEND THE ENTIRE MANAGEMENT OF HIS LONDON ESTABLISHMENT, and requests that all orders may be sent to 49 DAVIES STREET, BERKELEY SQUARE, LONDON, W. ST.

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Original Communications,

CLINICAL LECTURES,
Delivered during the Session 1870-71,
IN THE WESTMINSTER HOSPITAL.

By W. R. Basham, M.D., Physician to the Hospital.

The Subject of Diabetes—(Continued).

At the conclusion of the last lecture, I expressed an intention of testing the efficiency and agency of the ammonio-saline treatment of diabetes, which had been uninterruptedly carried on for near three months, by discontinuing it for a few days, and carefully noting the condition and symptoms of the patient while deprived of the medicine; for if, while taking the salines, the leading and more characteristic symptoms of diabetes subsided or become mitigated, and if, all other things being equal, the diet the same, and everything about the patient being the same, then if, on the remedy being discontinued all the characteristic symptoms of the disorder return, it is a fair logical inference that the mitigation of the thing, the disappearance of the clammy, sticky state of the mouth, the diminished quantity of urine and percentage of sugar, the more natural appearance of the stools, and the abated craving for food, were legitimately the effect of the ammonio-saline remedies. She discontinued the medicines on the 5th April; the diet was strictly continued. On the fourth day of the interval she complained of missing the medicine. She stated that the clammy, sticky feeling of the mouth had returned, that her food did not satisfy her as when taking the saline. The amount of urine was daily increasing; its specific gravity had become 1.038, and the amount of sugar proportionately increased. There was an evident return of all the leading conditions of the diabetic state on the discontinuance of the ammonio-saline. After an interval of ten days, to be certain that this recurrence of the more prominent and characteristic symptoms was not accidental, the carbonate and phosphate of ammonia were resumed in the form described in the last lecture. If, again, a mitigation of symptoms followed, if the urine and sugar decreased and the thirst became modified a few days after the operation of the remedies, it could not be reasonably asserted that these agents were inactive, or of no therapeutic value. Five days after the resumption of the medicines, the specific gravity of the urine had gone down to 1.027, and the proportion of sugar to the urine had decreased to ten grains. Other symptoms had again disappeared; there was little or no thirst, the tongue was not clammy, the breath was inodorous, and the appetite nothing inordinate. You must recollect, however, that it is by no means an unusual occurrence in diabetes in the latter periods of life, for the symptoms to oscillate between great extremes, irrespective of whatever remedy may be employed, so that in the view of some this decline of the distressing conditions might be considered as the natural law of the disease, apart from any therapeutic agency. It is doubtless true that in what has been termed senile diabetes these variations are frequent. But it is not a little singular that the abatement of the symptoms always correspond in this case to the operation of the salines, and the aggravation of them to the interval in which they were discontinued. The same results have so constantly been observed by me in the treatment of diabetes in another class of practice, that I have no hesitation in placing the greatest reliance for the mitigation of the more distressing symptoms, particularly that of thirst, to the beneficial action of the ammonio-saline treatment. It must be admitted that there are cases of diabetes in the treatment of which all that can be hoped for is mitigation, not cure. Reference to the preliminary remarks would prove that it is not difficult to diagnose such cases, to determine the fact at the commencement of the treatment how far it will probably be curative, how far only alleviative. This can and ought in every case to be determined by an analysis of the urine, collected at definite periods of the day, having reference to the time of taking food. If the morning urine, passed after an interval of some eight or ten hours fasting, contains but little sugar, perhaps only a trace; if the urine passed some hour or two after
breakfast or dinner, no rigid abstention of diet having been observed, present evidence of a well-marked notable amount of sugar, the inference should be that the sugar was derived from the farinaceous elements of food, that it was therefore an error of digestion in some of the primary stages, rather than imbibing such organs as the liver, lungs, or nervous system as its causes. On the other hand, where the evidence of sugar in the morning urine (urina sanquininis) is as great as that of the urine of digestion (urina eodo), the disease has a more remote origin, the digestive function is in error, but so is probably that of liver, lungs, or ganglionic system. In the first type of cases the more distressing symptoms of diabetes—satiated appetite, emaciation, restlessness, are absent, or only present faintly, and not distressingly; in the second type of case all of these, with others, are present in aggravated form. Diet and medicinal treatment will cure the first, but diet, however strictly regulated, or remedies however appropriate, will do no more than alleviate the second, for under no circumstance is the disease in this form otherwise than incurable. You will easily perceive, therefore, how desirable, not on scientific grounds only, but on purely practical grounds, how imperfectly necessary it must be in each case to determine to which of these two types of the disease the case under your treatment may belong. The mitigation of the more urgent symptoms on each occasion, a few days after resuming the remedies, left no reasonable doubt of the therapeutic influence of the ammonio-saline plan of treatment. Under these agents the patient is increasing in weight, is gaining week by week an increase of bodily vigour, and losing all the prominent and more distressing symptoms of the diabetic state. You will find it convenient in practice in private life to keep, in a tabular form, a list of the articles of diet, which, in the dietetic treatment of diabetes may be allowed, and those which are forbidden; a list also of the wines and beverages which may be taken or avoided is also useful. The following list fulfils these objects:—

**Diet Table in Diabetes.**

General rules to be observed by those suffering from Diabetes, who should earnestly recollect that an accurately observed diet is more effective in relieving the disease than any other known means.

**VEGETABLE FOOD.**

**Articles of Food Forbidden.**

Every form of vegetable food containing Flour (Farina), Starch, Dextrine, or Sugar.

All articles made from Wheat Flour—

- Bread, Biscuits, Pastry.
- Oatmeal,
- Peas, Beans, Haricots, Lentils,
- Rice, Sago, Tapioca, Arrow root
- Semolina, Revalenta, Potatoes, Yams,
- Carrots, Turnips, Radishes, Pars up,
- Macaroni, except with Cheese
- Vermicelli,
- Cacao, Chocolate;
- All Fruits rich in Sugar

**Articles of Food Allowed.**

- All the Cabbage Tribe (crescifera)
- Cabbage, Cauliflower
- Broccoli, Borecole
- Scotch Kale, Brussels Sprouts
- Sea Kale, Cardoons
- Couve Trenchuda (Portugal Cabbage)
- Spinach, French Beans
- Artichokes
- Cucumber, with Oil
- Asparagus,
- Onions, Leeks,
- Mushrooms, Truffles,
- Lettuces, Endive, and
- All varieties of Cress
- Italian or Corn Salad
- American, and Water Cress
- All kinds of Acid Fruits

As a substitute for Wheaten Bread—

- Gluten Bread
- Bran Bread
- Bran Biscuits
- Brown Bread, cut thin and toasted, may be allowed

**ANIMAL FOOD.**

**Articles of Food Forbidden.**

- None.
- No article of food derived from the Animal Kingdom is forbidden in Diabetes.
- In every kind of made dish prepared from Animal food, the sauce or gravy, if needed, must be thickened with either Gluten Flour or Egg Powder.

**Articles of Food Allowed.**

- The Food of the Diabetic Patient should be as much as possible selected from the Animal Kingdom.
- All kinds of Meat
- All kinds of Game
- All kinds of Poultry
- All kinds of Fish and Crustacea
- Eggs of every variety that are edible
- Cheese in every form and variety
- The Curds of Milk

**DRINK.**

**Forbidden.**

- All varieties of Beer—
  - Ale, Stout, Porter
  - Sweet Cyder
- All Home-made or Sweet Wines,
- All Wines containing a percentage of Sugar or Dextrine—
  - Port,
  - Sherry, Brown or Golden Madeira
- Champagne, if sweet
- Sparkling Moselle
- Sparkling Hock
- Sparkling Burgundy

**Allowed.**

- All the Berdeaux Wines
- St. Julien
- Medoc
- Lafitte
- Sauterne, &c.
- All the Rhine Wines
- Every variety of Hock
- Marcobrunner
- Rudeheiner
- Steinberger
- Red Assmannshausen
- Spirits—Brandy (Cognac), Whiskey, Gin unsweetened, Rums, Hollands;
- Tea, Coffee, without Sugar, but with Cream, and Milk
- Soda, Seltzer, Vichy, and similar Waters.

The whole surface of the body should be clothed with flannel winter and summer.

**ON THE NATURE OF THE VENEREAL POISON AS TESTED BY DIRECT PROOFS AND PRACTICAL OBSERVATIONS.**

**By Mr. Morgan, F.R.C.S.I., M.D., Univ. Dub. Surgeon to Mercer's, and to the Westmoreland Lock Hospital, Dublin; Professor of Surgical and Descriptive Anatomy; R.C.S.I., &c.**

The question of the duality of the venereal poison is one of such interest in a practical as well as theoretical point of view, and so great a difference of opinion still prevails amongst medical men on the question, that any evidence which may still further go to elucidate the subject is, I think, of importance. It is remarkable that in this country perhaps more than in any other greater variations in the primary and in the consequent phenomena of the disease have been observed, and that practical observation here, when carefully carried out and strictly defined by facts, does not correspond with the views and definitions of many writers, or with the statements of some who should be conversant with the appearances of the disease. The temptation of explaining certain phenomena by the aid of a supplemenative imagination is no doubt alluring, and the theoretical supposition of one certain form of lesion giving rise in direct course to one of a specific form, is well calculated to mislead our study of this very difficult question, unless thoroughly tested and proved. The value, therefore, of direct inoculations and testings is incomparable when put side by side either with the vague history of patients or of visionary
speculations as to the form of sores, which originated that which may be under observation. The essays of this Journal during the past twelve months have shown the necessity of applying the crucial test of taking nothing in this question for granted, otherwise we might, for example, have been led to suppose that a woman living in England, and assumed to be syphilitic, communicated a true syphilitic sore to the face of a soldier, preceded by incubation and followed by skin manifestations. Dates, which can be given, to put your readers in correct possession of them, and "this interesting illustrative example of syphilitic infection," the narrator had not the slightest doubt was derived from a mucous patch on the woman's lip! The value of the proposed adjuration unfortunately for science, went for nothing, as there was not the faintest evidence that the "paramour" ever had venereal in any shape whatever, far less a labial patch. This man was believed to have, before that period, free from any syphilitic affection, therefore, if the source of his affection was not purely speculative, some value might possibly attach itself to the report of a sore which "had glazed over" when examined, and an incubative period might have been ascertained of about thirty days.

This incubative period has been lately much discussed and laid stress upon, as peculiar to true syphilis, but lately Dr. Hammond has adduced an example with circumstantial minuteness, where the incubative period was but thirty-six hours, while Amb Martin gives a case of seventy-two days, and taking thirty-six cases of experimental inoculations on sound persons, there is a difference in the incubative periods of thirty-six days. Mr. Wallace, of Dublin, has been freely quoted by writers, as proving a long incubative period by his direct inoculations, I have, however, been so struck by Dr. Hammond's case, as confirming my hypothesis, and as leading to the same conclusions, that I have obtained Mr. Wallace's private case-books, which give the "arcana" of his observations, and on examining them, I find but little to confirm such a supposition, on the contrary, his incubation periods were very short, just as in Dr. Hammond's case, and in my own direct observations on syphilitic cases by inoculations with the vaginal discharge of syphilitic women, being from two to three days. In the cases I illustrated in this paper, and in the same number of The Journal—the resulting pustules and sores produced on syphilitic patients from vaginal discharge, were similar to these I now quote, from Mr. Wallace's Case-book (No. 13) 1836.

The evil that men do lives after them,...

And as the subjects of these inoculations have long since forgotten, or parted with any ils that may have been caused them, I propose diffusing the information concerning them, which is indeed most valuable and convincing. Any evils that may have been caused by his indiscretion in smallpox, Mr. Wallace contains amply condoned for, by the introduction of that invaluable anti-syphilitic—iodide of potassium, the pains with which he tested its use, and the immense stride he took, in the better treatment of the disease, by the discontinuance of the excessive mercurialisations so common in his day, deserve the highest commendation, and from a survey of his treatment, I may fairly state that he never have produced the remedy so large and beneficently if he had not by direct testing and observation, finally adjusted the cases to which it was especially applicable.

The observations of Mr. Wallace are the more to be relied on, as he had no anticipation of the modern theories and modifications of the forms of sores, and although Record and others have carried away the credit of the tests by inoculations, Mr. Wallace had shewn them even in 1829. I would, however, conclude that knowing the unfortunate Hibernian tendency, which O'Connell so emphasized; that his fellow countrymen instead of aiding his efforts, or encouraging his zeal, would not only "roast him," but many of them be found "to baste him," he never thought well of putting his information as derived from such practical sources in a regular form for the profession to judge from.

The rule seems to be in this country that any efforts to advance our knowledge must be checked, and our public institutions neglected for any purpose of scientific advancement. Governments in other countries assist the labours of those who have sufficient energy to devote themselves to the work; witness the books of Ricord, Boeck, the Reports of Boston City Hospital, &c., but here the course of the "good easy man," that continues in the pleasant routine of duty, gives least trouble, and makes no innovations or advance, is the most commendable, and he is accounted wise in his generation. It is a great loss that Mr. Wallace's notes and experiments have not been published, and his valuable drawings catalogued and made known.

So early as the year 1829, Mr. Wallace tested and proved the auto-inoculability of suppurating bubos.

He proved, what was then not certified by direct experiment, that a syphilitic patient was susceptible of true gonorrhoea.

He proved that condylomata were inoculable, as now stated by Boeck (p. 68 of his book), and since proved, and whether inoculated on sound persons or on infected, the incubation period (so called) was in both cases three days. He has also shown, as in the first of the following cases, that primary and secondary inoculations produced the same appearances, and commencing as pustules, caused suppurating bubos, and were followed by constitutional signs.

In the second case the pustules appeared likewise in two days, and lasted about forty—followed by constitutional signs.

In the third case, the patient unquestionably was syphilitic, and produced by inoculation from his secondary ulcer, pustules which conveyed the virus; or else the dual theorists must admit that he was a second time suffering from an infecting sore at the urethral orifice, which, Mr. Wallace remarks, "felt hard"—or else, if assuming it had existed unseen as a hard sore, it produced a pustule in twenty-four hours.

From Mr. Wallace's Case-Book 13, p. 82.

July 13, 1834.—P. M. labours under gonorrhoea. Have cut him on dorsum of penis in three places, and in one place on the upper and inner part of each thigh, and applied matter from a man labouring under exanthematic primary and secondary. To the cut nearest the pubis I applied matter from the orifice of the urethra of the exanthematic patient. The sores from which I took the matter, which I applied to the other sores (cuts) had somewhat a pustular character.

July 15.—All the spots cut have inflamed; the bases also feel tumid; there does not seem any difference among them.

July 17.—All the punctures have inflamed very much; he complains of great pain; they are like small furuncles; the colour of the skin round the spots in some parts is as red as if it was about to be gangrenous.

July 19.—The inflammation has increased round all the punctures, and adhesive plaits be formed on each, as given. July 20.—All the punctures have formed excavated ulcers with tumid bases; still very painful; applied caustic to one on his right thigh and one on penis.

July 21.—All less painful where touched with caustic.

July 24.—Size of all the ulcers have considerably increased; a tumour has formed at the anterior and upper part of right thigh; the ulcers have the characteristic appearance.

July 26.—The sores are now tumid at base and granulating.
ON USING LONG FORCEPS
WITH THE PATIENT IN THE
LATERAL AND SUPINE POSITIONS.

By Andrew Inglis, M.D.,
Professor of Midwifery in the University of Aberdeen.

In a former paper I showed that, in short forceps cases
by adopting the supine position and by introducing the blades from the front, as is done when using the catheter on a man who is in bed, the otherwise inevitable preliminary stimulation, and the consequent exposure of the patient are entirely avoided, while the instruments following during their introduction the antero-posterior curve of the pelvis, meet with the smallest possible resistance. As to extraction in that position of the patient, I showed that the operator had more power to act, and also that by using it, more relaxation of the soft parts at the outlet was obtained than by any other position. Position cannot, however, be adopted from the first in long forceps cases, for, when the instruments are properly adjusted on a head at the brim, the handles project backwards in the line of traction, and would be buried in the mattress were the patient lying supine in the middle of the bed, so that to adopt the supine position at all in such cases we must bring the nates over the edge of the bed and double up the limbs as in lithotomy. This is the method universally adopted on the Continent but is not satisfactory. It is offensive, demands more assistance than is required in any other position, and, moreover, it puts the perineum more on the stretch than need be.

The plan I have adopted for some time for the high operation is as follows:

The patient is laid on her left side diagonally in the bed, but not with the breech projecting over the edge, her head low, the limbs not drawn up much, only slightly flexed, the knees being kept a little apart by a pillow.

Introduction of Blades in Occipito-anterior Presentations.

The occiput having been ascertained to be near the right groin, the two first fingers of the left hand are introduced along the back wall of the vagina till the head is reached. Their points resting firmly on the head, are to be pushed up to the most posterior part of the presentation and retained there, keeping back the 'os and folds of mucous membrane. After this, the left half of the forceps is introduced, at first it is held horizontally, the handle projecting forwards between the limbs and the convexity of the blade lying in the palm of the examining hand. The blade is then made to slide in along the anterior surface of the fingers, observing the mesial line of the pelvis till it arrives at the point where they touch the head. After this a partial rotation by pronating the right hand, is made in order to send the blade laterally, which results in a slight raising of the handle towards the patient's right hip. It is then pushed on, the handle passing in its progress backwards and downwards till it rests firmly against the perineum. The blade in its course through the vagina, traverses over the front of the pelvic portion of the rectum and as it gets into the uterus, passes more forwards; and when finally adjusted, lies immediately in front of the transverse bi-section of the pelvis at the brim, with its tip resting on the head behind the left ear. The second blade is next introduced. The fingers of the left hand rest on the head as before, the right blade is passed along their palmar surface horizontally, keeping the mesial line of the pelvis till it arrives at the point where the fingers have the head rotated partially, by supination of the right hand, the handle is slightly depressed, and then pushed upwards, forwards and backwards, till the locks meet at the perineum. This second blade will lie in the posterior half of the right side of the pelvis at the brim, oppoae the sacro-iliac joint, and should cover the right zygomatic region of the head.

In the second position of the head, the introduction is exactly similar in all respects, excepting that the blades used are made to grasp the head, while they lie in the reverse oblique diameter, the left blade being sacral, and the right pubic.

Traction.—When the patient is placed diagonally in the bed, with the breech far from the edge, the traction can be applied during the first part of the proceeding, in a most effective manner. Her body sinks into the
mattress, and is not easily displaced, while the operator stands straight before his work in a good position for exerting force with accuracy. As the head progresses, the power of pulling and guiding gradually diminishes, for the handles get forward between the limbs; but this allows the patient to be turned on her back, and the case becoming a short-forceps one, is much more easily terminated in the supine position. Apart from theoretical considerations, proofs of this may be met with in practice—for I have more than once seen it happen, that where the head could not be moved while the patient was on her side, it passed through easily after she was turned on her back.

Occipito-posterior presentations.—With regard to the third and fourth presentations of the head at the brim, no such definite rules as the foregoing for using forceps can be laid down, for the course of the head through the pelvis in these presentations varies considerably. For instance, it may turn as it advances into an occipito-anterior presentation, and may then be treated as such, or the occiput may descend into the hollow of the sacrum, so as to oblige the head to pass out of the pelvis with the face under the pubes. In the latter case the handles sometimes project so far backwards at the end of the extraction that it would be impossible to put the patient on her back in the bed, and the head may also emerge in the oblique diameter of the outlet, the occiput passing over the sciotic notch of one side. This oblique course of the head is by no means rare in such cases, and were the patient on her back, the handles could not be diverted sufficiently to one side.

The conclusions I would point at, in connection with this and the previous paper, are as follows:—

1st. In all long forceps cases, introduction of blades can be effected from the front.

2nd. Therefore, the patient can lie in the middle of the bed during introduction.

3rd. Consequently, traction during the first part of the operation is more effective.

4th. After the head fills the pelvis, the case becomes a short forceps one (except in the rare cases quoted), which can be more advantageously treated by using the supine posture.

Before leaving the subject, I would again refer to the pernicious custom of doubling up the patient, and thus tightening the soft parts concerned with the outlet of the pelvis; even in ordinary labour in primiparous advantage ought to be taken of this supine position to slacken the perineum, and the relief which is given by doing so, is often very marked—most women, if left to choose their own position at the end of their labour, turn on the back of their own accord, and if they do so, they can hardly be persuaded to turn again on the side.

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CLINICAL LECTURES ON THE DISEASES PECULIAR TO WOMEN.

By Lombe Atthill, M.D. Dub.

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LECTURE II.


It is a matter of much regret that the nomenclature of the diseases peculiar to women is so vague and indefinite, that terms which in reality only express a symptom the result of very various pathological conditions are commonly used as if indicating a special disease. Thus we hear it said that a patient is suffering from "leucorrhoea," or it may be from "menorrhagia," while in point of fact these terms should only convey the idea of a prominent symptom. To-day I propose to call your attention to the subject of leucorrhoea, a word which literally means a white discharge and for which the popular synonym is "the whites," it is a symptom met with in connexion with affections widely differing the one from the other, while the discharge itself varies greatly, in amount and even in chemical properties. It is essential that you should bear in mind that though as I have stated leucorrhoea means a white discharge, the term is to be understood in a relative sense as opposed to a red sanguineous one, and that it includes all non-haemorrhagic vaginal discharges; thus very frequently it is of a light cream colour, sometimes of a yellow, or again of a greenish tinge; it may be inodorous or foetid, but nevertheless the patient is sure to tell you that she has The Whites. In its natural healthy condition the vagina while moist should not secrete any appreciable discharge, but hardly any departure from a perfectly healthy state of either vagina or uterus ever takes place, without leucorrhoea in some of its forms being present. You cannot have failed to remark gentlemen the extreme frequency of this symptom among the patients who have presented themselves at your door, and you have seen that the affections from which they suffered were very various. But before reminding you of the different abnormal conditions on which as I have from time to time pointed out these discharges depend, I must briefly enumerate the main characteristics which they present and the sources from which they proceed. As already mentioned the term leucorrhoea includes a great variety of non-haemorrhagic vaginal discharges. It very commonly presents itself as a profuse mucous discharge, inodorous and light in colour, or again as a thick creamy fluid coating the whole surface of the vagina and flowing into the speculum as you introduce it; then you have seen it so evidently purulent that as I pointed out it was impossible to say whether it was the result of gonorrhoeal infection or not; in others it assumed a curdled appearance, or lastly was seen as a thick tenacious glairy secretion, lasting from and filling up the bladder. Now it is quite evident that these various forms of leucorrhoea must not only depend on different causes but also must be secreted by different parts of the genital canal. Accordingly we find vaginal leucorrhoea, cervical leucorrhoea, and uterine leucorrhoea, to exist as three distinct affections. The discharge when proceeding from the vagina is generally a light coloured creamy-looking fluid unless acute vaginitis be present, when it becomes a purulent; it often is secreted from the whole surface of the vagina, but in some cases, especially in children, it seems to proceed mainly from the vulvo vaginal glands. Again in some forms of ulceration of the os uteri the discharge is profuse and semi-purulent. That poured out by the cervical glands is very different in character; the glands situated in this part of the uterus are very numerous, and when infected secrete a copious tenacious gluey fluid, closely resembling in appearance the white of egg; this discharge is so remarkable and so pathognomonic of disease of the cervical canal as to be unmistakable. Lastly you may have leucorrhoea proceeding from the interior of the cavity of the uterus itself. The occurrence of this form of leucorrhoea is less easily recognisable than that of the others, but of its existence as a special affection I entertain no doubt; it is seldom any discharge than the glairy mucous secreted by the cervical glands is seen to issue from the interior of the uterus, but there is ample evidence to show that a copious discharge is under certain circumstances poured out from the mucous membrane lining the body of the uterus. This membrane performs a very important function—namely, that of secreting the menstrual discharge; it becomes at each catenial period congested and thickened, and this great and fre-
quenty recurring changes in its condition predisposes to the occurrence of cases of menstruation, in addition to which there is also to be taken into consideration the vast alterations which occur in it during pregnancy and subsequent to delivery or abortion. As a matter of fact we find that the approach of menstruation is in most women ushered in by the appearance of a white mucous discharge, which there can be but little doubt is mainly secreted by this membrane, therefore that a similar discharge should present itself when the seat of disease is to be expected. In physical characters the discharge issuing from this source is often not to be distinguished from that secreted in the vagina, but while the latter has an acid the uterine discharge has an alkaline reaction, and it is the mingling together of these two fluids of opposite reactions which gives origin to the curdled appearance sometimes seen in the vagina.

The causes of leucorrhrea may be either constitutional or local. Anything which debilitates the constitution is liable to be accompanied by the appearance of a white discharge; thus it is seldom absent when lactation has been unduly prolonged, or again if a woman be debilitated by profuse menorrhagia she is nearly certain to be further weakened by the occurrence of leucorrhrea in the intervals between the menstrual periods. Again it is met with in deranged or disordered women, and is a frequent feature in perament, in whom there exists a tendency to phthisis, and not infrequently in them it is the precursor if not the cause of the lung disease. Dr. Bennett who for several years was engaged in practice at Mentone, a favourite resort as you are aware for consumptives, remarked that great improvement frequently took place in the condition of many patients threatened with phthisis, in whom leucorrhrea existed, on that discharge being checked by appropriate treatment, a remark capable of easy explanation if we bear in mind how exhausting must be the effect of a profuse discharge so rich in albumen as is leucorrhrea.

In cases which come under either of the heads I have alluded to—namely, debility arising from over-lactation or from the effects of a weakly strumous constitution our treatment must be twofold, first endeavour to check the debilitating discharge and then to invigorate the constitution and improve the general health. With the view of effecting the former you will order the use of astringent vaginal injections, those of alum or sulphate of zinc being the best, from two to four drachms of either salt being dissolved in a pint of tepid water. This quantity should be injected twice a day into the vagina by means of a well-fitted obturator, and the vagina should be washed by means of a generous diet, and by the judicious administration of tonics, of which the preparations of iron are especially appropriate, endeavour to improve the patient's general health, but other cases of leucorrhrea are met with less amenable to treatment than these—namely, those which depend on the existence of visceral disease, such as that of the liver. Cases in which special treatment can do no good and therefore is to be avoided.

It would be tedious and unprofitable for me to enumerate all the constitutional causes which predispose to the occurrence of leucorrhrea. I may briefly sum up this part of the subject by saying that any disease which debilitates and enfeebles the health is likely to be sooner or later accompanied by leucorrhrea; but in addition to the numerous cases which I have noticed at other organs of the system at large, we meet with leucorrhrea as a symptom of local disease and of none more frequently than that of inflammation of the vagina itself or vaginitis as it is termed.

You have seen over and over again examples of this. The mucous membrane lining the vagina in common with that of all other parts of the body, is liable to inflammation of both an acute and chronic character; the latter however is much the most common. We have recently had under treatment two well marked instances of acute vaginitis, one in a young woman, J. McComack. She stated that she had been married for four years but had never been pregnant. She complained of burning pain in the vagina, often in the back and of sallow skin making water. On examining her the entire length of the vagina was seen to be of a bright scarlet colour and very tender to the touch, the introduction of a small speculum and even of the finger giving great pain, the mucous membrane covering the os uteri was bright pink, the cervix itself being evidently congested. As the speculum was being introduced we saw a copious purulent discharge of a greenish colour and of a sour smell. The cervix was so congested, the condition of acute vaginitis are rare and I always look on them with suspicion, accordingly I questioned this patient closely as to the possibility of her having contracted gonorrhcea, she said it was impossible; but be the cause what it may we had here to deal with a case of acute inflammation of the mucous membrane of the vagina and I treated it as I would similar inflammation occurring in any other part of the body. If an officul meets with a case of acute purulent ophthalmin he be endeavours in the first instance to arrest the progress of the inflammation by local blood-letting I advocate the same practice in acute vaginitis. You may remember that in this case I punctured the cervix freely and encouraged the bleeding and ordered her saline purgatives, but I did not in the first instance make any application to the vagina. Caustics or astringents used at this period would only have augmented the inflammation and referring to I punctured the cervix at intervals of a few days and on each occasion abstracted a good deal of blood and when the acuteness of the inflammation had subsided applied to the vagina a solution of nitrate of silver five grains to the ounce and subsequently a stronger one. At the end of two months this young woman returned having in the interval become pregnant. Now had this woman been in hospital instead of attending as an out-patient I should in addition to the local abstraction of blood by puncturing or by leeches and the exhibition of purgatives, have prescribed warm hip-baths and directed the vagina to be syringed with infusion of tobacco leaves at least twice daily which would not only have expedited the cure but also have alleviated the woman's sufferings, and these are the means I recommend you to adopt in your future practice; but as I have already said cases of acute vaginitis are of infrequent occurrence. This case afforded a good example of the difficulty of deciding between simple acute inflammation of the vagina and that depending on gonorrhcea infection. I must assert that I know of no means of distinguishing between them, but though acute vaginitis is not very often seen, sub-acute inflammation of the vagina, which I have termed vaginitis sub-acute, is quite often seen. It is due to the cause of much suffering, the burning pain in the vagina, the frequent desire to micturate and the scalding on micturating, though not so severe as in cases such as the one I have just detailed are constant and most distressing. The causes of these attacks are various, you meet them sometimes in young healthy women who generally attribute them to cold, but they are seen more frequently in married women, in addition to the causes named I am inclined sometimes to attribute their occurrence to the effects of too frequent sexual intercourse and of intercourse occurring too soon after a menstrual period or before the vagina has regained its normal condition after delivery. There is one form of sub-acute vaginitis which gives rise to very distressing symptoms, in it we see aphthous looking patches on various parts of the vagina, I have invariably seen in whom, in addition to the causes named I am inclined to attribute their occurrence to the effects of too frequent sexual intercourse and of intercourse occurring too soon after a menstrual period or before the vagina has regained its normal condition after delivery. There is one form of sub-acute vaginitis which gives rise to very distressing symptoms, in it we see aphthous looking patches on various parts of the vagina, I have invariably seen in whom, in addition to the causes named I am inclined sometimes to attribute their occurrence to the effects of too frequent sexual intercourse and of intercourse occurring too soon after a menstrual period or before the vagina has regained its normal condition after delivery. There is one form of sub-acute vaginitis which gives rise to very dist
efforts to relieve permanently the pruritus will fail. If vaginitis alone exist you will with the view of attaining this object and at the same time of checking the pruritus with which it causes in the first instance soothing applications and then astringent ones, of the former none can compete with infusion of tobacco. It should be made by infusing two draehms of the unmanufactured leaf in a pint of boiling water, I have never seen the least unpleasant results follow its use while the relief it affords has often been marked. Another mode of treatment of the greatest value is the application of glycine, a roll of cotton wool with a strong thread attached to facilitate removal and saturation of the astringent solution in it, the patient putting it in through a speculum and allowed to remain there for twenty-four hours, this produces a copious watery discharge which is often followed by very satisfactory results. In a future lecture however I will refer at greater length to the local use of glycine in uterine affections. Syringing the vagina with a solution of borax dissolved in tepid water, or an infusion of tobacco is in such cases of great use, it should be used of the strength of about three draehms to the pint and injected by means of one of the continuous syringes manufactured by Maw and Co., on the principle originally suggested by Dr. Every Kennedy. These syringes can be obtained at a moderate price of all chemists. The itching in these cases is sometimes almost intolerable, to relieve this most distressing symptom I am in the habit of recommending the patient after she has sponged herself with warm water to take a bath of calcium and very soon are called on to administer tonics, and of these the mineral acids seem especially useful; but it does not follow because you cure the vaginitis that the leucorrhoea will disappear. Sometimes it continues when all symptoms of inflammation have subsided and then you can use freely and with great advantage as injections solutions of alum three drachms or of sulphate of zinc two draehms to the pint; but often also the disease is already stated and it becomes chronic or disappears only after a long interval. Before leaving the subject of vaginitis let me caution you against pronouncing every little blush of redness which may be seen on the vagina to be inflammatory or of attributing all the symptoms the patient may complain of to that affection. The leucorrhoeal discharges of which I have hitherto been speaking are secreted from the various glands which surround the orifice of the vagina and from the vaginal mucous membrane itself. A purulent semi-purulent discharge which must be included under the term leucorrhoea is secreted from the lips of the os uteri in a peculiar form of ulceration of that part of the womb to which I will in a subsequent lecture draw your attention and of which you saw an excellent example in the case of Mrs. H—recently discharged from hospital.

I have already stated that the discharge is much more profuse immediately after the menstrual period has terminated, and occasionally it seems to take the place of the latter which is then suppressed, in these cases the leucorrhoea is profuse at the date when menstruation ought to occur, and lessens considerably or nearly disappears for a time corresponding to the interval between the ordinary periods. This is likely to occur when the patient is debilitated by previous disease or an constitutional disease. A white discharge accompanied occasionally by a good deal of vascularity and irritation of the orifice of the vagina is also not unfrequently met with in unhealthy strumous children, this has sometimes given rise to the suspicion that the child had been injured by an attempt at sexual intercourse, and you must exercise great caution in such cases, in giving an opinion, but unless strong confirmatory evidence exists showing that an attempt at penetration has been made I would have you slow in encouraging the idea. You may have recently seen an example of such a case in the child's ward the little patient was but six years old. Cleanliness and a nutritious diet with the exhibition of iron speedily improved her condition, I also passed a camel's hair pencil saturated in a solution of nitrate of silver up the vagina every four days and she was soon quite well. You must also bear in mind that irritation about the vulva may be kept up in children by the presence of worms in the rectum.

Hitherto I have spoken only with reference to discharges of vaginal origin, we havebesides however not only cervical but uterine leucorrhoea. You are all aware of the appearance which cervical leucorrhoea presents, I have called your attention to it so frequently. In its healthy condition the cervix uteri secretes a transparent viscid fluid in such small quantities as not in general to attract any attention or be observed when the speculum is introduced, but when the cervical canal becomes the seat of inflammation this secretion becomes not only much more profuse but thick and tenacious, blocking up the entire of the os uteri and hanging out of it as a thick rope of viscid mucous which it is almost impossible to wipe away. Cervical leucorrhoea or as it is sometimes called "cervical catarrh" is an effectual bar to pregnancy, in this contrasting with the other forms of leucorrhoea which do not necessarily cause sterility. The condition of the cervix giving rise to this inflammation is in every respect similar to that in the uteri of the leucorrhoeal patient, but to do you must treat the whole extent of the cervical canal and this can seldom be accomplished without diluting it to an extent sufficient to enable you to apply to its whole length a strong caustic such as the fuming nitric acid to which I give the preference above all others, the application of solution of nitrate of silver and even of the solid nitrate itself will seldom be sufficient. If the case be not of cervic old standing the introduction of solutions as suggested by Dr. Braxton Hicks often do good. You have seen me apply them several times with success, they cause a good deal of local irritation and give some pain but this soon passes off. At present however I can only glance at the treatment of this most obstinate affection, I shall return to it again when the subject of ulcerations of the cervix uteri come before us.

I have long been of the opinion that discharges may proceed from the interior of the body of the uterus, the diagnosis of this form is less easily made than that of the others. It is generally accompanied by a greater or less amount of pain, which is not necessarily present in either of the other forms, the reason of this is easily understood; for uterine leucorrhoea is I believe nearly always the result of congestion of the lining membrane of the womb. When leucorrhoea is vicarious with or as already stated takes the place of the regular menstrual discharge it is probably from the interior of the uterus that it proceeds. Perhaps the present is the most suitable time I shall find for alluding to a practice unfortunately of not very rare occurrence which while it destroys the health of the body, if persisted in, impairs in no less a degree the powers of mind and which is nearly always accompanied by leucorrhoea. I allude to masturbation. I do not believe that I have heard as to its great frequency but that it is practised by many females is too true. In some I have no doubt it has been the result of uterine disease, the habit having been contracted accidentally in the first instance in the efforts to procure alleviation from the irritation which so often exists about the orifice of the vagina, but be the cause what it may it is nearly always accompanied by leucorrhoea and seldom if ever extinguished by the practice of the well-known glairy cervical discharge. But beware of charging a patient with being addicted to this degrading habit because suspicious symptoms present themselves, the dilated pupil, the downcast look, the uncontrollable excitement which a vaginal examination causes generally tell the tale—added to this there is often a severe lancinating pain complained of immediately over the pubes and in several cases I have no-
ticed that vomiting at night has been a prominent symptom. These distressing cases can be cured by moral means alone, local treatment is useless and generally injurious, for it attracts the patient's attention to the genital organs the very thing we should be most anxious to avoid. I cannot find words sufficiently strong to condemn as I would the barbarous practice of mutilating the patient by the removal of the clitoris. This operation is as useless as it is disgusting for there is no truth in the idea that in the clitoris alone is seated the nervous expansion which subserves the sexual orgasm.

NATIONAL HEALTH.

(A Lecture delivered at the Royal College of Physicians of England.)

By Dr. Acland, F.R.S.,
Regius Professor of Medicine in the University of Oxford.

Part II.

How the Foundations are Sapped.

Such being the general conception of the foundations of national health, it would at first seem to be an easy task to describe the causes which may sap them. It would be easy, if dealing with a social tabula rasa. In an old country, however, growing with unprecedented rapidity on a limited area, the questions involved touch every point of political economy. Theories concerning population, religion, liberty, existing privileges, and natural rights, are to be met, accepted, or denied at every point. Ignorance and prejudice have to be dealt with among honest persons, self-interest with the unpatriotic. The haste to be rich among the unwise, the intolerance among the cultivated, the spirit of war and country, and inadequate appreciation of the extent to which our world lies under law (binding even the seeming free agency of man), all check the progress of popular knowledge as to the foundation of national health. Take the single illustration of mills on streams. How long, after the effect of damp subsoil in injuring the health of the people has been proved, is it just to a population that one man should keep up-mills to such a height as to swell his profits by some small per centage, and destroy his neighbour's health, when other arrangements might, with little loss to him, at once abate the evil. It is an instance of a thousand. The mill owner, it is true, would have claim to compensation for his prior rights, earlier occupancy, and interests hitherto permitted, nay, protected, by law. But the human race and every civilised community is essentially progressive, and no society ought to shrink from dealing with rights which have produced consequences essentially different from anything that could have been contemplated when they were allowed to grow up. One main duty of the present age of the world, and in this country urgent, is to strive to prepare for coming generations.

The foundations of the national health may be sapped in many ways, but that the catalogue is as long as it is stately. Bad air, bad food, bad clothing, deficient fuel, too long hours at work, intemperance, all excesses, excessive exercise, excessive study, fanaticism, gluttony, idleness, late hours, intermarriage among unfit persons, depressing passions, as gambling, whether in hells or on the Stock Market, overcrowding and bad lodgings, bad dwellings, or dwellings on unfit sites, all engender disease, and deteriorate the race. They engender strife, quill, hypochondriasis, and many other diseases, with consequent loss of power, imperfect work, moroseness, and misery to others besides those affected, in an ever expanding circle.

Again, bad water produces not only actual fatal disease in individuals, but short of that, as it was stated at length and with much acuteness long since by Hippocrates, engenders continuous feeble health, when acting either with or without the other causes above-mentioned. These various mischief-bringing elements in the "pangenetic" structure of society may act either on a single person, or on the masses. Some act on the poor, some on the rich, equally on both. Time forbids me to analyse or extend the list, and show the precise way in which each member of the ghastly catalogue acts on the human constitution. I will only add one instance, formerly quoted by me elsewhere. A girl, having been seduced, entered a workhouse. A female child was born. She was brought up in the union, and was there at school till nearly of age. She went out, straightforward became first a prostitute, then a syphilitic; returned to the workhouse, and brought forth a syphilitic infant, to be reared, like her mother, with difficulty. There she lives in misery, and may, perhaps, repeat the dismal tragedy of her grandmother and of her parent at the cost of the nation.

But are we sure that the needless waste of the higher kind of life is not in other ways as reckless and as pitiful? I do not speak of death by war, or by avoidable accidents, of mad races against time by sea, or of wholly unnecessary speed by rail, though these imply mischievous wear and tear to individuals and to classes of men; but I allude to useless wear and tear of health imposed on public men, and the waste thereby of power valuable to the nation.

For instance, the House of Commons contains within it the picked and native of our people, who have deliberately selected them from the whole nation for the decision of the greatest problems of the national life. Yet custom will allow that ministers thus carefully selected for their special aptitude to do the finest work, are often occupied more than half the night on formal and unimportant discussions. Thus the real work of their office is done under unnecessary pressure, such as none but the most robust can bear, and their health fails perhaps at the moment of their highest administrative perfection.

Again, the buildings which public men occupy are often far less calculated for maintaining health than they might be; and trifling as may seem the remark, it is to be doubted if they can always obtain with readiness food suited to the necessity of exhausted nerve power. There can be no doubt that actual illnesses are often brought on from these two avoidable causes.

We cannot, however, now consider all the ways in which the habits of pressure of civilised life needlessly tend to waste the force, and crush the physical plasticity of the people. Instances of various kinds will occur to every mind. Let these, from the extremes of the social scale, suffice for illustration. Rather let us here seek, if means of prevention may be found such as will pervade the whole framework of the national life.

Hospital Reports.

KING'S COLLEGE HOSPITAL.

Saturday, March 18th.

Excision of the Knee-joint.

(Not the report of Sir W. Ferguson, Bart.)

The history of the case is as follows:—About two years ago in jumping over a wall he fell, and hit his left knee against a stone. After the accident he occasionally felt pain in the knee when walking, and about nine months he was laid up and unable to walk, with a swollen knee, and for fourteen months has been under Sir William's charge as an out-patient, but not improving, he was admitted into the hospital. At present, the knee is much swollen and misshapen. There is an opening below, discharging much pus; a large abscess in the thigh, and two smaller openings close together on the inside of the knee.
The two sinuses on the inside of the knee are superficial, but the one below the knee leads to diseased bone.

The patient having been placed under chloroform, Sir William commenced the operation by making a single transverse cut across the joint, from one lateral ligament to the other, laying bare the anterior; he then carefully removed the diseased cartilages, and any suspicious structures on the petals, and about the joint generally; the lower articular surfaces of the femur, and then the corresponding surfaces of the tibia were sawn off. The parts were then brought into apposition by means of sutures, and the limb placed upon a straight splint. When the boy had been removed from the operating table, Sir William, in an instructive speech, contrasted the various methods that had been adapted during the last thirty-five years for diseases of the joints, such as they (the pupils) had just seen.

First, there was the good old steady method of amputating, when half-an-hour, or even more, was occupied in removing a limb. Secondly, this was succeeded by "the cutting and slashing style," the object being to remove the limb in the shortest possible space of time, and a flap operation was considered to have been performed well, if it occupied no more than a few minutes. Lastly, there was the present conservative method, and for his own part he much preferred the last. Here you had the entire foot and leg saved.

A case was then shown to the class by Sir William, which had been operated upon by Mr. Henry Smith. The wound had perfectly healed after the eighth week, and the man came into the theatre by himself on crutches, and looked very well. And illustrated that Sir William Ferguson says in his "Practical Surgery," viz., that the simple incision, consisting of a straight line, is the one in most common use, and ought on all occasions to be preferred when circumstances will permit. The scar left is less observable; it is more readily made, and its edges can be more accurately brought together. The man had not had a single bad symptom.

Another case was then brought in. Sir William Ferguson had operated on the case the day before Mr. Smith had operated on his. There had been a slight delay in the healing, consequent upon a small ligature not having come away, but with this exception the wound had perfectly healed, and the woman was in excellent health, results of the most encouraging character to continue this operative procedure over the good old steady, or the slashing method of amputating.

May 20th.

Removal of Tumour from Side of Neck.—Clinical Observations on Recovery from Excision of the Knee-joint.

The tumour, which was very small, was situated on the side of the neck, and took a good deal of careful dissection to remove. Sir William afterwards remarked that the history of the tumour was somewhat obscure, but he had no doubt that it was glanular in origin, and from a small piece which he had subsequently removed, this impression was much more true to his mind. He described the operation as being both very gentle and very careful; and though it might appear a little horribly fatiguing as it might have been to many who had been watching the steps of the dissection, it might not be uninteresting to remember of what value a correct knowledge of anatomy was in these cases,—for instance, division of the internal carotid most people would admit was a dangerous complication, wound- ing the large veins in the neighbourhood was an extremely serious accident, and more particularly the branches of arterial character, while the uneven twisting of the face to one side would be somewhat awkward, as indicating that the orbital dura had been wounded.

Again, this operation differed from the modus operandi pursued now-a-days for the removal of tumours, inasmuch as the removal of tumours by the knife only was a rare procedure, for modern surgery clearly showed that the large sweeping incisions and constant use of the knife were avoided when the recognition of diseased from healthy tissues was observed, as then it was possible, by the aid either of the elevator, or the handle of the knife, or even with the nail, to enucleate, as it were, the tumour.

Sir William then introduced to the class, a lad, twenty-one years of age, on whom he had operated for diseases of the knee-joint a year ago, by removing a wedge-shaped piece of the diseased bone.

Sir William observed that when the lad first presented himself, the limb was nothing more than an incumbrance, and had been so for a period of nearly eighteen years, and from its peculiar bent position, which it imitated to the class most successfully, not only impeded motion, but necessitated the boy using crutches; all the muscles, especially those of the calf, were atrophied, and his general health suffered.

Sir William Ferguson then made the boy undress himself and walk up and down, which he did remarkably well. There was a slight limp in his gait, and the limb, ex necessitate, being shorter than the other, he rested the weight on the toes, but, as Sir William pointed out, this was compensated for when the lad was dressed, by his wearing a high-heeled boot. The class would notice that the limb was a little bent, which in his opinion was, in an ankylosed joint, but the union round the incision, and the union between the bones, it was precisely similar to the union after fracture, and ankylosis after disease. Another point was the remarkable development of the calf, and, indeed, of the contour of the limb generally, which he maintained was such as no person need be ashamed of, and the lad was now able to walk, with the assistance of a stick only, seven or eight miles a day with ease. The object of the old school to such operations of modern surgery as the one under consideration was—sinuses, yet, strange to say, while deprecating their presence in operations after excisions, they failed at the time of so doing to remember that sinuses after amputation were of the commonest occurrence possible. Again, in reference to the presence of a sinus, as in the case now before the class, its presence did not affect in any material way the health of the limb, while it fair to presume that Nature had left it there to facilitate the exit of something, probably a small piece of dead bone, and that ultimately it would dry up. In contrasting the limbs it would be observed that there was only one and a half inches difference between the two limbs as the result of excision, while the alternative—amputation, instead of a good limb and foot, you would have to wear either a cork or wooden knee, and might make an artificial limb, it would never equal or prove as useful as the foot itself. Indeed, if the shortening were several inches, still the foot, Sir William maintained, was superior to any artificial stump. In this case Nature had been for a period of twenty years endeavouring to repair an injury; conservative surgery being brought to her aid, in six months afterwards the lad was able to walk, and now, twelve afterwards was able to earn his own livelihood.

In conclusion, Sir William said excision of the knee-joint, an operation to which he had devoted more than twenty years' special attention to, had met with such success as to be fairly denominated one of the greatest triumphs of modern surgery.

The Middlesex Hospital.

From the reports of the Medical and Surgical Registries, which are exceedingly full and carefully arranged, we find that the number of patients admitted during the year 1870 was 1,992. The number remaining in the hospital on Jan. 1st, 1870, was 214. Total number under treatment—males, 1,084; females, 1,071; less transfers, 62; total, 2,123; by government letters, 1,217; accidents, 92; inquests, 80. Of these 231 remain under treatment. Discharged, 1,639; recovered or relieved, 1,479; unrelied, 80; at their own request, or for other reasons, 80; died, 253. Mortality among the total number of
patients under treatment, 11.9 per cent.; mortality, excluding surgical cancers, 9.6 per cent.

During the year 1870 there were admitted to the Medical wards 608 patients, of which number 13 were transferred from the surgical wards; there remained 75 under treatment on Jan. 1st, 1870. Total, 973.—Males, 403; females, 510. 93 remained under treatment on Jan 1st, 1871; 19 were transferred to the surgical wards. 722 were discharged; 660 relieved; 28 unrelieved; 54 at the request of the physicians for other reasons; 193 died; total 973. Mortality among the total number of patients under treatment, 14.28 per cent.

Causes of death.—One hundred and thirty-nine patients died during the year. Post-mortem examinations were made on 120 of these. The following is an abstract of some of the causes of death.

Acute Tuberculosis was met with five times.

Case 1. F., aged 29.—The disease ran its course presumably in twelve days. The membranes of the brain, the pleura, the peritoneum, and the liver, were the seats of milky tubercles. The left lung contained small masses of yellow cheesy deposit, some of them breaking or broken down into cavities.

Case 2. F., aged 28.—The disease ran its course presumably in twenty-five days. The pleura, lungs, and peritoneum contained tubercles, of a large variety of some standing at the apex of the left lung. The liver was cirrhosed and fatty.

Case 3. M., aged 21.—The disease ran its course presumably in forty-five days. The membranes of the brain and the lungs were affected. There were old cavities in both lungs.

Case 4. M., aged 30.—The disease ran its course presumably in twenty days. The patient had been admitted with fistula in ano and chronic phthisis. The pleura and peritoneum were affected. Both lungs contained yellow cheesy masses and cavities. There were cirrhosis of the liver and ulceration of the bladder.

Case 5. M., aged 48.—The disease ran its course presumably in fourteen days. The membranes of the brain and the pleura were affected. There were obsolete tubercles in the lung and fatty degeneration of the muscular fibres of the heart.

Chronic Tuberculosis was met with seventeen times. It was associated in at least three cases with acute tuberculosis, in two cases with obsolete tubercle in the lungs, in four cases with ulceration of the intestine, in one case with chronic tubercular peritonitis, in one case with ulceration of the bladder, in three cases with cirrhosis of the liver, in one case with epithelioma of the oesophagus, and in one case with aortic valvular disease of the heart.

Obsolete Tubercle occurred in twenty-three cases. It was associated in five cases with valvular disease of the heart, and in seven cases with disease of the kidney, four of which were instances of contracted granular kidney.

Pleuritic Adhesions (old) were observed in fifty cases, or 41.66 per cent.

Pleuritis (Recent) was observed in twenty-five cases, or 20.83 per cent.

Pulmonary Apoplexy was observed in nine cases. It was associated with aortic valvular disease of the heart four times, with mitral disease, four times, and tricuspid disease three times, with pneumonia three times, and with bronchitis and emphysema four times. It was associated in three cases with emolism of the kidney.

Cardiac Valvular Disease was observed in twenty-three cases. The aortic valve was affected in sixteen cases, the mitral valve in twelve cases, and the tricuspid valve in five cases. All these valves together were affected in three cases, and both the aortic and mitral in three cases. Disease of the pulmonary valve was not found. These cases were associated with pulmonary apoplexy in five cases, with pneumonia in five, with so-called obsolete tubercle in five, with renal disease in eight (contracted granular kidney, four; fatty kidney, three; and acute nephritis, one); with emolism of the kidney in four; and complications in three, and of the left ventricle and carotid arteries in one. Cancer was present in two, phthisis, pulmonitis in one, and cirrhosis of the liver in two.

Fatty Degeneration of the Muscular Substance of the Heart was observed in eleven cases. It was associated in four with contracted granular kidney, in three, with cardiac valvular disease, and in two with bronchitis and emolism.

Aneurismal Dilatation of the walls of the Heart was observed in four cases.

White Patches on the Pericardium occurred in forty-five cases, or in 37.4 per cent. This is probably much below the mark.

Recent Pericarditis was observed in nineteen cases. It was associated with old pericardial affection in twelve cases, including five cases of adherent pericardium, and eight cases of white pericardial patch, and with renal affection in ten cases (six of contracted granular kidney, two of acute nephritis, one of fatty kidney with emolism of the organ, and one of emolism alone.)

Adherent Pericardium was observed in eleven cases.

Apoplexy.—Cerebral Hemorrhage was met with four times.

Case 1. M., 35.—Hemorrhage into the cerebellum, the pons Varollii and its immediate neighbourhood. Hypertrophied and fatty heart. Atheroma of the arteries.

Case 2. M., 45.—Extravasation into the right corpus striatum, optic thalamus, and hemisphere. Enlarged and fatty heart. Atheroma of arteries.

Case 3. M., 32.—Hemorrhage into the left corpus striatum and optic thalamus. Atheroma of arteries. Simple dilatation of the liver.

Case 4. 64.—Extravasation into the right hemisphere, corpus striatum, optic thalamus, and both lateral ventricles. Fatty and enlarged heart, atheroma of arteries, and contracted granular kidneys.

Simple Ulcer of the Stomach was observed in two cases. It produced perforation in both.

Renal Disease was met with in thirty-seven cases, including five cases of adherent pericardium, and twenty-two cases of fatty kidney in eleven cases, and of lardaceous kidney in two cases.

Lardaceous Disease occurred in five cases. It was associated in three cases with constitutional syphilis, with pyelitis and postuterine abscess in one case, and with old fistula in ano in the fifth case.

Lithotomy.

Dr. O. M. Doyle, of Ocone, S. C., has communicated to the American Journal of Medical Sciences a case in which he performed his operation on a boy, aged twelve, and extracted a calculus, measuring 51 inches in its greatest circumference, and 3.2-16 inches in its smallest. The patient made a rapid recovery. The operation was performed without anaesthesia, the patient having exhibited a remarkable insobriety of the anaesthetic itself—a mixture of chloroform and oxygen.

Enormous Doses of Chloral taken.

Dr. P. Williams reports (Baltimore Med. Journ., Feb. 1871), a case of a man who took, it is supposed with suicidal intent, so far as could be ascertained, about six hundred grains of chloral, the only appreciable effect of which was the production of profound coma lasting eighteen hours, ending in complete recovery without any medical treatment during the state of coma. Dr. Williams says he did not interfere, because the patient’s heart and lungs did not seem to be dangerously affected. Dr. Williams was fully satisfied of the purity of the drug, from an examination of part left in the stomach.

Another case is recorded (Buffalo Med. Journ., Feb. 1871), by Dr. W. Halbrook, of Palmar, Mass., in which a married woman, aged twenty-four, took over four hundred grains of chloral in half a gлот of water. The patient was soon rendered unconscious, and continued so until her death, about fifteen hours after taking the medicine.
The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, JUNE 21, 1871.

THE COLLAPSE OF THE MEDICAL BILL.

We are not inclined to self-complacency or we might fairly commence by referring to the accuracy of our predictions as to the last Medical Bill. Our contemporary has gratified by its proposals being talked about in the House and then—withdrawn. Nor can we regret the circumstance, for the Bill was admitted by those most strenuously supported it to be imperfect. In fact, as will be seen by our report—which we believe will be found the fullest that has appeared—the utmost asked for it was that it might be referred to a Select Committee with Mr. Brady's Bill, in the hope that evidence would be obtained from those who have studied the position and prospects of the question, and that some principles might be adopted on which Medical reformers are generally agreed. It is to be hoped that this Jasco will lead real reformers to subdue some of their differences, to take counsel together, and not allow the subject to be made ridiculous by rivalries that ought never to have been indulged. If at the last we felt bound to reiterate our objections to this particular measure, it was only because, though stated at the first in terms which extorted the approval of our contemporary, no effort had been made to meet those objections, to reply to those criticisms in a spirit worthy of those who should have only the good of the Profession at heart. Our course has, therefore, been consistent and dignified, and our opposition must, therefore, be admitted to be more reasonable than that of the Association which has so persistently played the part of the dog in the manger in respect to every reform except its own pet scheme.

We hope, now it has had its little say, that the Lancet will not imitate its opponent, but will in the time that remains join hands with all earnest reformers; so that if the Bill, half promised by Government for next Session, should be one likely to benefit the Profession, it may obtain the united support of all who hold our calling and its dignity in the highest respect. The discussion in the House should have taken the mist from the eyes of some, and taught them the necessity of unity. Let us hear no more of unworthy rivalries, but let all willing to work for the common good join hands to secure what all profess to desire.

Some points were brought out in the debate that have not been as fully considered as they deserve to be. Thus, Mr. Jessel, the member for Dover, did good service by taking up the question from a non-medical point of view. We feel sure that the hon. and learned member who displayed such a grasp of the subject has done good service by the objections he put forward. It is of the highest importance that the relations between the public and the Profession should be understood and appreciated, not so much for the sake of Medical men as for that of laymen, who are too apt to imagine that their interests clash. Nothing could be better for the cause of Medical reform than that the public should have to see, as the Profession sees clearly enough, that the interests of Medical men are identical with those of the nation at large. Let this conviction once penetrate the House of Commons and the cause of Medical reform will have made a great advance. Much as we differ from Mr. Jessel, we return him our best thanks for contributing to this end, and we look forward to the time when we may find him, after full consideration, convinced that the interests of the Profession and those of the public—divergent as they now appear to him—are in reality identical.

THE BRITISH MEDICAL ASSOCIATION.

Some time ago some of the most distinguished office-bearers, as our readers know, surrendered their dignities on account of the Reform Committee's proceedings. A correspondence in a contemporary has led to further action. Drs. Paget, Acland, Stokes, Embleton, and Rumsey, have resigned all connection with the Association, which has now no longer the right to enure them as simple members. We very cordially approve of this course; for men of high position who are known to have opinions of their own ought not to be made parties to the propagation of views which they do not entertain.

We have no doubt at all that the other distinguished men who have no sympathy with the Reform Committee would follow this noble example, the whole affair would speedily collapse or the vaunted Reform Committee would be left with so small a tail that its action would be harmless. It is grievous for a great Association with such a history, to fritter away its resources, to descend into the position of a mere journal company with a standing committee of obstructives dubbing themselves reformers, but exhibiting their zeal by harping for ever on one string and opposing the efforts of all who will not pronounce their shibboleth.

There was a time when members made valued contributions to a godly volume of Transactions. Once the Provincial Association encouraged the hardworking practitioners in the country to contribute their experiences to the general store of knowledge, afforded them a medium for doing so, and promoted good feeling among the members of the Branches. What have we now? A mass of metropolitan material, no doubt, but that by no means supplies a want, for it is obtained by rivalry with other periodicals, and often consists of the same lectures or reports. And all the while provincial contributions are neglected, and the proceedings of the Branches huddled into a corner and confined to a chronicle of the titles of
papers read and the names of members elected. And all the while a mass of material which the Association was intended to utilise was running to waste. Why do members complain to us week after week, and compel us to take note of their own affairs? Why should we be deluged with letters saying their papers are only lost by being read at their Branches, and if sent to their own organ are quietly entombed? Let them make their voices heard by their own servants. Let them insist on their own journal carrying out their views. If they have suffered themselves to become competitors of independent journals, to be the means of pushing an advertising trade, to pay for the circulation of puff paragraphs and the distribution of anonymous comments on the doings of the week, or spiteful remarks on independent journals, surely they have but themselves to blame. If they do not like thus to squander a good income collected under the pretence of promoting medical science, they should make some movement to restore the Society to its primitive plan. The Annual Meeting is approaching, and we shall see whether the members will make their voices heard, or whether they will once more allow the wire-pullers to stultify them as they did when they suffered them to pass a resolution to disregard an instruction that had been passed in a much larger meeting the day before.

The lesson of Leeds ought to have sufficed to open the eyes of all, and no one engaged in that disgraceful farce ought to be suffered to continue in office.

We should be right glad to have the proceedings of all the Branches reported in full. All other matter should give place to this. All other material is to be found in all the other journals. There would be an immense saving in printer's bills and the other expenses of the journal if it were to be a simple but accurate chronicle of the doings of the Society and nothing else. Then there would be some money to expend on the promotion of those objects about which we now get nothing but talk. Practical medicine would make some advance, and there would be also a chance that the Society might give expression to the voice of the Profession.

THE PHARMACEUTICAL SOCIETY AND THE GOVERNMENT.

Short, sharp, and decisive has been the action of the government in dealing with the trade obstructiveness of the Pharmaceutical Society, and the conclusive and energetic method which the Privy Council has taken in dealing with "vested right" to slovenliness and obstinacy affords us a most welcome omen, that, when the time comes, parliament will give as short a shift to similar mulishness in matters medical. The Council of the Pharmaceutical Society, having been entrusted under the Pharmacy Act with the duty of framing regulations to protect the public from accidental poisoning, neglected and refused to enact such protective rules. First they remembered to forget the duty; then, on being gently stirred up by the Privy Council, they issued the necessary regulations; next, in response to the clamour of the druggists, they withdrew them again and put them forth as "Recommendations," which, with tongue in check, they advised should be adopted. This rise, being a little hackneyed by use in the Medical Council, only produced a smarter stimulus from the Privy Council. Thus situated, with the spur of Mr. Simon in their flanks, and the "vested," slovenliness of the druggists dragging hard a tergo, the Council endeavoured to assign their burden to the Society. But the members would have none of it, and cast it back upon the Council, which, the official journal of the Society continued to declare, had no business to bear it at all.

The last issue of that periodical furnishes us with the last scene but one of the play.

The General Meeting of the Society had hardly dispersed when the following note comes from the Privy Council:

"Medical Department of the Privy Council, June 1st, 1871.

"Sir,—Adverting to my letter of the 4th ult., the Lords of Her Majesty's Council, believing that the Annual Meeting, therein referred to, of the Pharmaceutical Society has now been held, direct me to inquire what steps the Society has taken with regard to the matters to which that letter had reference.

"I am, Sir,

"Your obedient servant,

"JOHN SIMON."

But the Council of the Society, trusting, no doubt, to the exhaustion of the parliamentary session, could not bring themselves to believe that the Privy Council meant anything greater than brutum fulmen, and they determined to run the hopes of the druggists against the chances of legislation, and to adhere to their Recommendations. The Secretary was accordingly directed to reply to Mr. Simon that, at the meeting of the Council of the Pharmaceutical Society, held on the 6th April, it was resolved that regulations for the keeping, selling, and dispensing of poisons should be issued as Recommendations.

In this form they were submitted to, and adopted by, the Annual Meeting of the Pharmaceutical Society, held on the 17th May last, and copies will at once be distributed by the Council to Pharmaceutical Chemists and registered Chemists and Druggists throughout the country. The Council beg to submit to the Lords of Her Majesty's Privy Council a copy of the recommendations and the resolution of the Annual Meeting thereon.

A rude shock awaited the Council's anticipations. Next day a short bill made its appearance in the Lords under the auspices of the Lord President which was ordered to be printed on the 6th instant. On Monday it was read a second time. On Tuesday it passed through Committee. On Thursday it was read a third time, and passed, and probably before these observations reach our readers, will be well on its journey through the Lower House.

The measure is brief and simple. It takes from the members the duty of protecting the public from poisoning and gives it to the Council of the Society, and if the Council is contumacious (as the Pharmaceutical Journal gently phrases it, "under certain conditions"), it empowers the Privy Council to do the business for them.

The clause is as follows:—

"If at any time it appear to the Privy Council that there are no regulations for the time being in force under the principal Act as to the keeping, dispensing, and selling of poisons within the meaning of the principal Act, the Privy Council may serve a notice on the Council of the Pharmaceutical Society, requiring them to frame and submit for the approval of the Privy Council regulations as to the matters aforesaid, and if the council of the Pharm-
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maceutical Society, within the time limited by such notice, not being less than two months from the date of the service of the notice, make default in framing such regulations, or obtaining the approval of the Privy Council thereto, the Privy Council may themselves frame regulations as to the matters aforesaid.

This proceeding on the part of the Government has our most hearty approval. The public required security against misadventure; certain traders did not choose to incur the trouble of providing that security, and trifled with public interests and legislative dignity by shaming activity which they had no intention of giving effect to. The Government gave fair warning, and the caution not being taken, acted at once.

The object attained is no small one, but the precedent of such a procedure in the case of obstructive corporations is infinitely more serious and valuable. We earnestly hope that the Ministry will deal in the same spirit with medical legislation, that they will exhaust every form of caution and inquiry, and, failing result from their entreaties and warnings, will take Medical Reform into their special care, and administer plain justice to the public, the Profession, and the Corporations in utter disregard of obstructive Councils or "vested" rivalries.

HOSPITAL ELECTIONS.

The appointment of the staff to the charities is a subject of frequent complaint, and one of no little difficulty. The modes adopted are diverse enough and yet none seem to give satisfaction. St. Mary's Hospital at one time pretended to have an excellent system, but it seems to have broken down, if we may judge from an attempt to change it now being made. No wonder if some of the strange things related to us by candidates—successful and unsuccessful—be true. The same remark may be made of University College. If half the stories current in town as to the way in which elections have been conducted, the vaunted checks and counter checks had better be left alone. And so we might go on with King's College, the elections to which for some years past could not have caused greater surprise or disappointment under any system; and so of many other hospitals. It is just the same in the provinces, all sorts of plans have been tried and all are simply unsatisfactory. Perhaps the worst of all is the plan which involves a canvass of a large number of donors who know and can know nothing of the merits of the candidates. Surely it is time governors gave up their share in the patronage of our charities. Too much power in the hands of the existing staff also gives rise to frequent surprises and vexations unprofessional embroglios. Existing physicians and surgeons do not often covet the power to appoint their colleagues, though they frequently possess, and perhaps naturally, a larger influence. Should they use it? This is admitted to be a very difficult question, and we have often been urged to propose some new plan. It is strange that the rage for competitive examinations should not have passed over our hospital authorities. In France the Concours has long been the naturalised method of advancement, and if it has not given universal satisfaction, the results compare very favourably with our own. Why has it not been tried here? Is it that the Profession is so split up that we have no authorities to whom we could entrust such duties? or is it that we feel the difficulty of making any examination a criterion of the powers of a good physician or surgeon? It may be due to both these causes and to some others combined. Still it does seem when all our own plans are admitted to be bad that we might give a trial to one that has succeeded on the Continent. For ourselves, having seen the process and watched the results at home and abroad, we should have no fear of trying in London the method that has succeeded so well in Paris. The want of a great central body to entrust with the authority and the details of a body that should have the confidence of the public and Profession alike, may be an almost insurmountable obstacle to a gradual initiation of the method.

But some say surely the medical politicians will triumph and give us a reformed Council. May the day be not far distant.

Notes on Current Topics.

Insanity and Inebriety.

The Tenth Annual Report of the Alabama Insane Hospital by the Superintendent discusses the subject of the treatment of inebriates, and the important question is asked, "Are inebriates insane?" It argues in favour of a reformatory for inebriates, to be under the "jurisdiction of the courts." The scheme contemplates the "facts before the grand jury, and upon the finding of a true bill, the case should be duly investigated," etc. The "allegations being proved," the inebriate should be committed for a term of not less than two nor more than five years to the reformatory, and supported there at the expense of the State. For the results of institutions which are conducted on the voluntary system, the Philadelphia Reporter quotes from the proceedings of the American Association for the cure of inebriates:—More than thirteen years of experience of the Washington Home, and the treatment of nearly three thousand hundred patients have clearly demonstrated that under favourable circumstances even the worst cases of intemperance can be cured. . . . . . . We put every man upon his honour, and we find by long experience that such a guarantee insures a better discipline, a more correct behaviour than any code of laws, or long list of imposing regulations can possibly enforce.

The Washingtonian Home is in the City of Boston, the average length of term does not reach three months, and the percentage of cures is larger than in insane asylums.

The Inebriates Home, of King's County, New York, is conducted without written rules, and though the class of persons received there are, many of them, taken from prisons and police stations, and some of them belong to what is known as the dangerous classes, there is no difficulty in controlling them without bars or locks. . . . Fully one-third of the cases treated recover, and the average continuance less than six months.

In the Sanitarium, near Philadelphia, about 40 per cent. of cases recover. The average length of residence is one hundred days.

Other authorities might be cited to prove the value and success of institutes on the voluntary principle. The Reporter thinks the experience of insane asylums in the treatment of inebriates is not encouraging, as but few patients recover, and the reason probably is, that they are subjected to unsuitable restraints and surroundings.
The Lunacy Law of England and Ireland.

The Journal of the Irish Medical Association published lately a very important letter on this subject from Mr. Bewley, one of the counsel for the defence in a recent lunacy case.

"At common law—that is, by the unwritten law of the land—no person is justified in confining a lunatic unless his insanity is of such a character as to render him dangerous either to himself or others. No matter how beneficial restraint may be for the lunatic's own mental or bodily health, any person who detains him against his will has no legal justification for his conduct, and will be liable to be sued in an action of false imprisonment. It follows from this that the superintendent of public lunatic asylums, and the proprietors of private lunatic asylums, will not be justified in receiving or detaining any persons who are not dangerous lunatics, unless some justification is given to them by the statute law.

"In England they have complete protection, if they comply with the requirements of the Lunacy Acts. Under the provisions of the 8th and 9th Vic., cap. 100, sec. 99, if any question is raised as to the sanity of any person confined in a public or private asylum, it is not incumbent on the superintendent or proprietor to establish that the person is a dangerous lunatic at the time of his detention. It is sufficient for him to show that the necessary order and certificates were obtained prior to the admission of the lunatic, and, even if it should appear that the patient was perfectly sane at the time of his admission to the asylum, the order and certificates will furnish a complete answer to any action against the superintendent or proprietor, if the latter has acted with bona fide.

By the 9th and 10th Vic., cap. 84, it is provided that pauper lunatics are not to be confined unless there is a medical certificate that the lunatic is a proper person to be confined; but these Acts authorise the confining of lunatics that are not dangerous, and the order and certificate are a complete protection to the superintendent of the county asylum.

The law in Ireland in reference to the foregoing matters is on a very different footing. Although it is necessary that before the admission of a patient into a public or private lunatic asylum, the certificate and order required by the Irish Lunacy Acts should be procured, these orders and certificates afford no protection whatever to the superintendent of the public asylum, or the proprietor of the private asylum. In any action at law, or proceeding by habeas corpus, the superintendent or proprietor must justify the detention of the lunatic according to the course of the common law, that is, he must prove that the patient was a dangerous lunatic at the time of his admission to the asylum, and during his detention there. No degree of imbecility or unsoundness of mind will warrant the detention of a patient if he be not a dangerous lunatic or a dangerous idiot; and the law on this subject appears to me to be precisely the same whether the patient be a pauper lunatic detained in a district asylum or a private patient in a private asylum. There is no provision in the Irish Lunacy Acts corresponding with the 99th section of the 8th and 9th Vic., cap. 100, nor do the Acts relating to the treatment of the lunatic poor in Ireland justify the detention of pauper lunatics who are not dangerous.

As the absence of the certificate by a second medical man would, in such cases, render a person liable to be indicted for a misdemeanor in not complying with the requirements of the Act of Parliament, of course he should not admit any paying patients without the double certificate."

Irrsingion Board of Guardians.

The Guardians of the Islington Union, acting on a gentle hint administered to them by the Poor-law Board, have recommended that a modest increase of salary be given to those medical officers of that parish whose duties are extremely heavy, judged in opposition to the duties of their collaborators. We wish it were possible for us to impress on the Poor-law Board and also on the Guardians of Islington Union, the actual necessity there is of still further increasing the salaries of their medical officers without exception. We do not consider any annual salary of less than £150 per annum remuneration proportionate to the arduous responsibility of the parish duties of Islington, nor adequate to the position the medical officers of that parish should maintain. It may be argued that the private practice or the private means of medical officers as a rule, materially assist those gentlemen to starve off the proverbial wolf, but we hold it to be unwise in the Poor-law Board and in the guardians of the poor, to be in any case influenced by such considerations.

Medical Touting.

There is an ugly rumour current to the effect that in one of our metropolitan parishes—north of the Thames—a medical election was lately carried by means of nicotine administered in the proper quarter, and in Weed. Cheques are also spoken of as being gifts from a semi-ubiquitous "uncle" to very distant relations indeed. In a letter on the subject just received the writer says, "two to one in favour of a thorough exposure of this vile transaction. Why don't the local papers ask who refused the boxes of cigars, and from whom!"

North London Consumption Hospital.

Amongst the charities of London, few are more deserving than those devoted to the treatment of consumption and diseases of the chest. Among these we are glad to see that the North London Hospital still perseveres in its laudable efforts, and has lately been encouraged by the receipt of a donation of a thousand pounds from the munificent anonymous benefactor who has presented a similar sum to so many of the charities. In the instance before us the money has been applied to the purpose of a building fund, for in about two years' time the present lease expires, and it is highly desirable that a new hospital should be ready to receive the patients. We hope the committee will adopt the Pavilion style, now acknowledged to be the best, and one that will always permit enlargement as the funds expand. By this plan too they would be able to begin their building at a much earlier date. This evening the Anniversary Festival is to be celebrated by a dinner, at Willis's Rooms, when ladies and gentlemen will sit down together under the presidency of the most noble the Marquis of Bute. We trust that this innovation will be a great success. One of the worst features of our charity dinners is the absence of the ladies, and we cordially commend the committee for inviting to join at the dinner those who contribute in other ways so much to the success of our charities. It is desirable that this first dinner of the kind should be a great success, and should induce other institutions to follow the example they set. We therefore call particular attention to it, and hope that it will result in a very large accession of funds to the hospital.

Dr. T. King Chambers will deliver the Harveian Oration at the Royal College of Physicians, London, to-day, at five p.m.
The Murphy Fund.

The numerous articles that have already appeared in reference to the fund now raising for "Dr. Murphy," late Professor of Midwifery at University College, a once brilliant member of the Medical Profession, whose worldwide reputation needs no comment from us, attest the interest felt in the movement. The warm support, and in many cases handsome subscriptions given, leads us to hope that the future will not disappoint us, and that our much respected brother will, through the kindness of his friends, be in his declining years supplied with those comforts which fortune has denied him.

The late Dr. England.

We regret to announce the decease of Dr. William England, of Ipswich, who formerly practised at Norwich and at Wisbeach. He studied at Dublin, and graduated M.D. in 1829, and at Paris, and was intimately acquainted with all branches of medical literature. He died on the 1st inst. at Lowestoft, where he had gone for a change.

The late George Mallett, of Bolton.

This gentleman, who died on the 5th, had for more than twenty years been on the staff of the Bolton Infirmary, to which on his retirement, a few years ago, he was appointed consulting surgeon. He was a Fellow of the College of Surgeons, who died at the age of sixty-nine, full of honours, and greatly esteemed by all who knew him.

Small-pox in London.

Small-pox in London, which had decreased, has again taken a spurt. The deaths reported by the Registrar-General for the last four weeks respectively were 267, 257, 239, and 245. There were 108 deaths in small-pox hospitals last week. It is to be hoped the renewed increase will not continue.

In the provinces there have been sad outbreaks. In Liverpool, though last week there were forty-one deaths, it is hoped that the epidemic will continue its rapid subsidence. From Sunderland, Newcastle, Longton, and other places, the reports are not encouraging.

Mr. S. Tilley, medical officer to the Rotherhithe vestry, has been presented by the vestry with a gratuity of £50.

A Bill to amend the Vaccination Act, 1867, has been introduced by Mr. Forster, and read a first time. The second reading is fixed for to-morrow.

Mr. Stapleton will move in committee on the Metropolis Water Bill a clause making it obligatory upon all the companies to give a supply on Sundays exactly as on other days of the week.

The Hastings prize medal of the British Medical Association has been awarded to Dr. J. Milner Fothergill, of Leeds, for his essay "On Digitalis: its mode of Action and its Use." The adjudicators, Drs. Charlton, A. P. Stewart, and Waters, of Liverpool, describe it as an essay of great original merit.

Small-pox caused altogether twenty-nine deaths in the eight principal towns of Scotland during the month of May last; in London alone the deaths from that disease in the same month were over 1,200.

For the newly-created appointments in the staff of St. Thomas's Hospital Dr. Murchison, F.R.S., is reported as likely to be elected as physician, Mr. Croft as surgeon, Dr. John Harley and Dr. Frank Payne as assistant physicians, and Mr. Francis Mason and Mr. Henry Arnott as assistant surgeons.

The British Association for the Advancement of Science.

The following is a programme of the proceedings at the forthcoming meeting of the British Association in Edinburgh:—A reception room will be opened on Monday, July 31, at 1 p.m., and on the following days at 8 a.m., for the issue of tickets to members, associates, and ladies, and for supplying lists and prices of lodgings, and other information, to strangers on their arrival. On and after Monday, July 31, members and persons desirous of becoming members or associates, or of obtaining ladies' tickets, are requested to make application in this room. In the reception room there will be offices for supplying information regarding the proceedings of the meeting. The "Journal," containing announcements of the arrangements for each day, will be laid on the table on Wednesday, August 2, and the following mornings, at 8 a.m., for gratuitous distribution. Lists of members present will be issued as soon as possible after the commencement of the meeting, and will be placed in the same room for distribution. For the convenience of members and associates, a branch post office (which will be available also for communication between members attending the meeting) will be opened in this room. Members and associates may obtain information about local arrangements and facilities afforded by the railway companies on application to the local secretaries at Edinburgh. The first meeting of the General Committee will be held on Wednesday, August 2, at 1 p.m., for the election of sectional officers and the despatch of business usually brought before that body. The General Committee will meet again on Monday, August 7, at 3 p.m., for the purpose of appointing officers for 1872, and of deciding on the place of meeting in 1873. The concluding meeting of this com-
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The present bill was act of his own framing so much as the result of considerable thought on the part of medical men. The first principle of it was that the existing Council should not be abolished, and that any medical Council elected in their place should be fewer. Not only was the change to affect the number, but the origin from which they were to spring. The Council under the bill would be in number twelve, instead of twenty-four, and four would be, appointed by the local sanitary authorities, and four by the great body of the profession. It was also provided that before any medical man could practise he should pass one particular examination, representing the minimum of qualification, instead of those being as at present eighteen examinations. The object of the examination was to exclude, so far as possible, a certain type of an inefficient character. There were anomalies in the present system, and what reason could there be, he would ask, why the University of Durham, for instance, should have the right to send a representative to the Medical Council.

Mr. Jessel said that the bill differed from that of the government last year in this, that the profession were by the present bill to have the nomination of the board of examiners; and he thought that there was not sufficient protection for the public interests. The bill would give a monopoly of examination, and the examiners were to be nominated by the profession. The examination was also strictly provided for by the bill, without any room being given for progressive improvement in such examinations. Many medical men said that there was no confidence in existing examinations, and when examined upwards, so as to be secure as large a number of persons as possible for examination. In some instances, also, the examiner had a pecuniary interest in the examination. But these things were undoubtedly evils. No doubt examinations had at times been much improved; but what was most of all wanted was a security for progressive improvement in examinations. The moment that you got only one examining body you would lose the possibility of gaining such improvement. He thought that the examiners should not be appointed by the body which had been examined, but appointed by a public corporation of those men who had been examined. If such were the case the students would say that they were virtually examined by a body which had an interest in preventing persons from entering the medical profession. The cardinal point was to secure a thorough examination, and one that would be fair to all. The student should be sent to a (Dr. Brewer) and the controlling board should not be composed of the same persons. He thought that an examination should be so managed as to test the qualification to practise, and that if this were done, it would become immaterial whether the candidate had been before the board or not. In the present system such determined by the board, and the controlling board should not be composed of the same persons. He thought that an examination should be so managed as to test the qualification to practise, and that if this were done, it would become immaterial whether the candidate had been before the board or not. In the present system such examinations by a body which had an interest in preventing persons from entering the medical profession. The cardinal point was to secure a thorough examination, and one that would be fair to all. The student should be sent to a

Dr. Brewer observed that he must confess to a feeling of astonishment at the strange misconceptions which the honourable Gentleman had entertained. He appeared to entertain on the objects contemplated by the bill brought in by the hon. member for Salisbury (Dr. Lush). The hon. member for Dover, charged the promoters of the bill with the design of perpetuating the abuse whereby the nineties universities or corporate bodies, who had the legal power of granting degrees and licences to practise in Medicine or Surgery, were all found competing with each other for candidates, and he rightly attributed to the pecuniary interest involved in securing the largest share of students, a direct inducement to lower the standard of examination and to hasten the conclusion of the session, whereby lessening the security of the public and depreciating the test which an examination ought to supply. He (Dr. Brewer) could hardly account for the wondrous misapprehension of the object and scope of the bill which this representation exhibited. Surely the hon. Gentleman could not have read the bill, and had so fallen into the error of attributing it to the very bulls of the Act of 1858, at which the bill before the House aimed, and which it was the special object of its promoters to remove. It had become patent that the actual constitution of the Medical Board was so designed as to mask the competition between licensing bodies for the fees and the patronage of students was dangerous to the future success and advancement of medical science, no less than unsatisfactory to the great body of practitioners throughout the country. It was patent that the Council had failed to regulate and control this state of things, and whether the defect were wholly attributed to the constitution of the Council or not, the medical practitioners of the country generally believed that a remedial
The bill proposed to reduce these to one for Ireland, one for Scotland, and one for England. It would not be easy to decide the question in the present session; but he trusted that the government would, early next year, introduce a satisfactory measure on the subject.

Sir J. GRAY expressed his gratification at the announcement that the government would consider the subject during the recess, with a view to grappling with it in the next session.

Dr. Lush then withdrew his motion.

MEDICAL ACT (1855) AMENDMENT (No. 2) BILL.

The order of the day for the second reading of this Bill was also withdrawn.

Literature.

THE ACTION OF NEUROTIC MEDICINES IN INSANITY.*

The Fothergillian Prize of last year, was awarded to Dr. Clouston, the able Medical Superintendent of the Cumberland and Westmorland Asylum, Carlisle, for an essay on the "Action of Neurotic Medicines in Insanity," which is an invaluable contribution to therapeutics.

We give the concluding paragraphs, which show that the essay consists of three parts.

1. Experiments to determine the effect on maniacal excitement of single doses of certain medicines, stimulants, and food.

2. Experiments to determine the effect on maniacal excitement of prolonged courses of certain neurotic medicines.

3. An account of clinical observations and experience of the effects of the same medicines in all kinds of insanity.

2. To compare the effect of opium on maniacal excitement, with that of bromide of potassium, with that of cannabis Indica, and with that of a mixture of bromide of potassium and cannabis Indica, and to compare the effect of these with that of a pure stimulant in large quantity, and with that of a nutritive food, eleven manic patients were treated with bromide doses of each of the medicines, and with four ounces of whiskey, and the beef-tea made from a pound of beef on successive days, and the results noted. Each experiment was repeated from fourteen to twenty-nine times.

3. A mixture of one drachm of bromide of potassium with one drachm of the tincture of cannabis Indica is more powerful to quicken the pulse, to lower the temperature very much and slightly to quicken the pulse, and of beef-tea to lower the temperature in the least degree and to lower and strengthen the pulse.

5. By giving bromide of potassium and cannabis Indica together, not only is the effect of either given separately immensely increased, but the combination has an essentially different action from either of them given alone.

6. Bromide of potassium alone can subdue the most violent maniacal excitement, but only when given in immense and dangerous quantities, and its effects are so cumulative while so large that after they have once begun to appear they increase for days after the medicine has been stopped, almost paralysing the cerebrum and sympathetic.

7. To produce a state of extreme excitement, one drachm of the bromide of potassium is about equal to half a drachm of laudanum. To allay maniacal excitement, forty-five grains of the bromide and forty-five minims of the tincture cannabis are rather more than equivalent to a drachm of laudanum.

* "The Action of Neurotic Medicines in Insanity." By T. S. Clouston, M.D., Medical Superintendent of the Cumberland and Westmorland Asylum, Carlisle. The Fothergillian Prize Essay fo 1870.
8. Seven cases of chronic mania were treated for twelve weeks with opium, in doses rising gradually from twenty-five minims of the tincture up to ninety minims three times a day, and the results noted. After getting no medicine for several months the same cases were treated with a mixture of bromide of potassium and cannabis Indica in gradually increasing doses, and the results noted and compared with those of the opium treatment.

9. Under the opium treatment the patients all lost weight considerably; whereas normally tenacity of appetite was lowered and also their evening temperature, but the latter (which was too high, and its being high was a bad sign) very slightly, and their pulse was decreased in frequency. The opium allayed the excitement in the larger doses but it soon lost its effect.

10. Under the bromide of potassium and cannabis Indica treatment the patients only lost in weight very slightly for the first six weeks, and after that they gained, their weight being more at the end of eight months' treatment than it was to begin with. Their appetites were not interfered with. Their temperature fell, especially their evening temperature, and the pulse was slightly increased in frequency and weakened in force, while the excitement was subdued, and the medicine showed no signs of losing its effect, even after being thus used for eight months. The maximum of good effects and the minimum of the ill effects of a sedative drug were thus obtained by using the bromide of potassium and the cannabis Indica in combination.

11. The bromide of potassium alone may be continued for months in doses of half a drachm three times a day, and the patients gain in weight and remain healthy in body, but the proper dose, whether given alone or along with cannabis Indica, varies greatly in different cases.

12. Cannabis Indica being a diuretic, and the bromide of potassium being carried off by the kidneys, it is probable that the former in that way helps to prevent the cumulative action of the latter when given alone.

13. When the two are given together, the first symptoms developed are those of the cannabis Indica, but these soon merge into a state of drowsy calmness of the nervous system which is in all respects the opposite of nervous irritability.

14. Fifty-one cases of various forms of insanity were treated by bromide of potassium alone or along with Indian hemp, and the results were that eighty per cent. of these were benefited more or less in some way, and twenty-five per cent. were most decidedly benefited.

15. The method of puerperal and climacteric insanity was sometimes remarkably benefited by drachm doses of the bromide of potassium given at night.

16. In some of the cases of acute mania the excitement was subdued in a few days by the bromide combined with Indian hemp in doses of half a drachm to a drachm of each given three times a day.

17. In some cases of periodic mania and general paralysis all the worst symptoms of maniacal excitement were allayed by giving a mixture of bromide of potassium and cannabis Indica in doses of from half a drachm to a drachm and a half of each three times a day. This was continued in one case for nine months with the best effect.

18. In three cases of periodic mania, attacks were cut short by a mixture of the two medicines, or by the bromide alone.

19. Of cases of simple mania of any type were benefited by the bromide alone or along with Indian hemp than any other form of insanity. Some were made worse by them, but in one case of this disease where there was great excitement and hallucination of hearing and suspected organic disease of the brain, the bromide was used in the last instants to give complete relief of all the symptoms for four months.

20. One case of senile mania was successfully treated at home by a mixture of the bromide of potassium and tincture of cannabis Indica, when she was to have been sent to an asylum. The case is of interest in the number of cases that 20 patients with short attacks of mania might be treated by the same medicines at home, when at present they have to be sent to lunatic asylums, on account of the want of such a safe and powerful sedative.

HEALTH.

Among the many thoughtful minds that have raised men to eminence in our Profession, none is more original than Mr. Hinton's, whose "Man and his Dwelling-place" embodies a system of philosophy. The book before us consists of some papers reprinted, with additions, from the Cornhill Magazine. The reader may be sure it will well repay perusal. We would particularly direct attention to the chapter on "Nursing," in which will be found some characteristic key-notes. If all popular works on Health were written in the spirit that pervades this production we might hope for some improvement in the public taste in relation to such subjects.

CHINESE PHYSIC.

A very interesting work has appeared from which we may gather a few notions respecting the condition of medicine in the great empire of China. Dr. Porter Smith has studied carefully the several works which may be called Chinese pharmacopoeias, and has produced such a volume as cannot fail to be of service to his brother medical missionaries and to many others. We shall scarcely be expected to enter upon a full account of the Chinese Materia Medica. Those who seek such will find it in the volume before us, together with Latin, English, and Chinese names for most of the articles.

It seems the Celestials are acquainted with the properties of iron, and that a sort of Griffith's mixture is to be found in their formulae, containing both iron and myrrh. They seem to have a remarkable idea of the properties of alcohol, and some of their medicines are mere alcoholic tinctures of which lead is the basis. Some of their remedies correspond closely enough with what were common in Europe a century or two ago. There is a great tendency to poly-pharmacy, and some filthy remedies are also employed. One of the most curious natures of these is the tincture of the five poisons which is put outside the shops of rich traders that the poor may help themselves to it as a prophylactic. It contains centipedes, scorpions, snakes, and other venomous creatures.

There is much to be of real use in this book, and Dr. Smith deserves our best thanks for the great labour he must have bestowed upon it.

CROOKES'S CHEMICAL METHODS.

The able editor of the Chemical News here offers a companion to the laboratory, in which will be found information not easily accessible elsewhere. At the same time it does not pretend to be a complete text-book for students. In fact its object is only to describe it. The author has tested most of the new processes that have been published in his journal under his editorship. Some of these he has found of great value; others he has improved upon. Hence the treatise before us. It needs no commendation from us. The mere publication of such methods as have appeared during the last dozen years by so accomplished a chemist as Mr. Crookes, is a labour for which practical men will thank him, and considering the improvements he has suggested, the work may be considered as essential to every laboratory. We are glad to see it is furnished with an index.

THE CURE OF ANEURISM.

Dr. William Murray has published in a little work the history of the case of Mark Wilson, who was cured by him of aneurism of the abdominal aorta in 1864 and remained well to 1870. Having died then, Dr. Murray has been able to watch the case through all its stages, and he has, no doubt, accomplished a feat which entitles him henceforth to mention in the history of aneurism. The description of the case, and the post-mortem appearances in death six years after, are written by Dr. Murray with modest satisfaction; and he has added some very valuable remarks.

* "Contributions towards the Materia Medica and Natural History of China, for the use of Medical Missions to Chinese and Native Medical Students." By Wm. Crookes, F.B.S. 1871. London: Trubner and Co.


SPENCE'S SURGERY.

Almost simultaneously, the third and fourth parts of Professor Spence's "Surgical Lectures" have appeared. These two volumes are bound together, as the two former ones, thus giving two noble volumes for which title-pages and indices are provided. The two volumes extend over more than 1,400 pages, and comprise 129 lectures, followed by seven series of clinical cases, illustrating the surgery of various regions, besides fifty-eight plates, of which six are in colour, of which the most graphic. The work was undertaken in order to give the author's pupils a text book for his class and former students in a permanent form, his oral instructions in the principles and practice of surgery. It will be observed that some lectures are more elaborate than others. This is mostly the case in the surgical topics in which the author has devoted much attention. The probable explanation is that the lectures were not delivered as a single course. In fact, they represent Professor Spence's teaching in about a quarter of a century, revised at this date by himself after thirty-five years' practice as an hospital surgeon. They are therefore less controversial than didactic, not to say here and there dogmatic, and this we think the correct method for the teachers to follow. Students do not wish to know the many differences of opinion that prevail on any subject: they desire a safe guide to a great degree, with a comprehensive vision of the subject to be so ably filled. We had intended to direct special attention to two or three lectures we have more attentively studied, but after all think it as well to advise the student to master the entire work.

HISTORY OF MEDICINE.†

For the long delay in noticing Dr. Wise's "Review of the History of Medicine," we must plead that hard work has taken precedence of recreation, and that the perusal of his interesting periodical articles has been laid aside in the latter category.

The learned author divides the history of medicine into five periods: 1. The primitive Oriental in which the mysteries of theology were combined with medicine and astrology; 2. The ancient period, when the Western branch of the Aryan race accumulated knowledge, and in this the Hebrews and Roman systems are included; 3. The transition period, comprising the Egyptian and Jewish systems, and the decay of learning in Europe; 4. The restorative period when learning once more revived; 5. The philosophical period, from the XVth century to our own time. It is a comprehensive plan, and one which even the two volumes before us, full of learning, as they are, do not perfect; and the author should therefore hasten to supplement them with a third.

Part I., the primitive systems among the Asiatic nations, is very complete, and must have involved years of labour. We are glad, too, to notice that the author has availed himself of the aid of native scholars in his work, and that it therefore can lay claim to greater exactitude than the most zealous European scholars could accomplish without such assistance. The author has devoted to the ancient state of medicine among the Hindus.

In Book II. we have a review of the Buddhist systems of medicine, which we most heartily commend to the reader; and in Book III. comes the history of Chinese medicine which, of course, must interest all those who have a taste for the history of systems which are held to be the most ancient in the world. It seems to us that by a little judicious management of type and paper a third volume might be made to complete Dr. Wise's grand scheme.

We hope that a work so rich in information as this will arrive in a second edition, in which event we trust that the printers and publishers will do their part in a manner more worthy of the author. We would suggest indeed such a work might very judiciously be issued in a plan which would give the author the time he must need to revise the proofs, and enable the purchasers after reading each division, at all events, an agreeable diversification to engross the volumes in a binding that should make them ornaments for the best shelves of the library.

NEW EDITIONS.

On SPERMATORRHEA.*

Mr. Courtenay's work has reached another edition. As he truly says, professional opinion is greatly divided on this question at present, and Lallemand's great work has perhaps done as much harm by the treatment he so indiscriminately advised, as by calling notice to a common and grave complaint in the male sex. We agree with Mr. Courtenay that it is but rarely that the microscope shows albumin in the urine, or in the discharges at stool of patients supposed to be suffering from daily pollutions, as Lallemand said, and are quite in unison with his energetic persuasions both to the Profession and the public not to make use of cautery or injections of strong nitrate of silver solutions in almost any case. Even the solution of ten to twenty grains to the ounce of nitrate of silver may be followed by scirrhus, and Mr. Courtenay mentions several cases where this result followed. It appears from his work that in one year several cases of scirrhus produced by these injections had come under his care; and on meeting Sir B. Erodie one day, that surgeon was said to have expressed his opinion [page 44] of cauterisation as follows: "I have never known it to do any good, but have often known it to do much harm." Donn, Remal, Pickford, and Wintrich, endorse these views against cauter as being useless in almost all cases, and very injurious in most. Mr. Courtenay does not consider one emission a week or every ten days too much for health, and says that married men would not wish to as to oblige it. In this the quantity lost by patients at stool or in urine, he does not believe that it is sufficient to cause the symptoms, but that the nerves are affected and the whole system weakened by premature excitement or sexual excursions. Hence, general, instead of topical treatment is usually indicated. All means which tend to slow the process of sexual health are to be tried. In cases of great irritability of the neck of the bladder, opiates are useful, and the occasional introduction of a douche. By these means, even when he has in rare instances failed to cure, he has not done any harm. In short, we may state that Mr. Courtenay seems to consider the emission, rather as the effect than as the cause to any great extent of debility, consequently his is much opposed to the prevalent ideas. However, he adds, in some cases of the emotional cases, both nocturnal and diurnal involuntary losses of semen do occur with such frequency and in such quantities, as to place it beyond doubt that they are the main causes of the debility and impotence under which the patients suffer. We could have wished that the author had given us more information as to the treatment he adopts for the latter class of cases; and, indeed, for that form of impotence which is often so intractable in young men of twenty-five or thence. The Profession would be glad of some hints from specialists who have had such large experience as Mr. Courtenay. Our own idea is that marriage is the main cure and preventative against spermatorrhoea, onanism, and impotence, which at all times is a disease and which especially is little avail. Mr. Courtenay, perhaps, in some future edition, may go into the therapeutic part of the subject. Meanwhile, we can conscientiously say that this is the soundest treatise on the subject of involuntary seminal emissions we have had to peruse for some time, and we advise all medical men to read it.

We have to announce a second edition of Dr. John Smith's "Dental Handbook,"† which has undergone thorough revision, and has also received some additions from its author. The volume is based on the lectures Dr. Smith gave at Surgeons' Hall, contains just what is needed by medical prac-


tioners and students, and is also a capital little handbook for dental students to employ as their introductory work to the study of the structure and diseases of the teeth.

Mr. Henry Smith has just brought out a third edition of his favourite little book on the “Rectum.” It is a short time since the last was noticed that there is little to add that is new, and we are glad that the author has kept his book of the same size. It comprises his Lettromani Lectures delivered at the London Medical Society in 1858, and we like it so well that we hope in future editions which we predict it will run no change may be made further than such as may be rendered imperative by the progress of surgery.

We have received the second part of the first volume of Dr. Beale’s new edition of Todd and Bowman’s standard work on the “Physiology of Man.” We shall not be expected to examine this part at great length, although it is almost at this date to be considered a new work. We have quite forgotten when the first part appeared, but it is some years since, and we do therefore hope that Dr. Beale will go on a little faster with his work. There is nothing in this part that has not been in some form or other published before, and therefore we think we are entitled to grumble a little more and have the appearance of the twelve coloured plates in this part, drawn by Dr. Beale himself, we have only to express unsatisfied admiration.

Medical News.

Royal College of Surgeons of England.—Mr. John Morgan Pudlicombe, of Dartmouth, and Mr. Edward Glover Barlam, of Broseley, Salop, admitted members in March, 1837, and October 1839, respectively, have been elected Fellows of the College. Upon the recommendation of the Museum Committee, Mr. J. Frederick Goodhury, of Guy’s Hospital, and Mr. James Lidderdale, of St. Mary’s Hospital, have been appointed Pathological and Anatomical assistants respectively for the year ensuing. Mr. Charles Hawkins has given notice of the following motion for the next meeting of the Council: "That a committee be appointed to consider and report to the Council if any alteration should be made in the wording of the diploma now granted to members of the college, or in the mode of issuing such diplomas." As many as 350 candidates have entered their names for the preliminary examination now being held for the diploma of Fellow Member of the College. The following gentlemen are candidates for seats in the Council at the election in July.—Messrs. Cock, Busk, Le Gros Clark, Spencer Wells, Critchett, and Holt.

Cambridge University.—On Saturday last, the degree of Doctor of Medicine was conferred after examination upon the following gentlemen:—Sir George Henry Cornewall, Edward Pollock, Trinity; James Chariton, Wm. Edward Hart, John Henry Lester, Frederick George Landou, Henry Archibald Williams, St. John’s; Charles Vincent Dolbe, Clare; Thomas Astley Horace Hamond, Magdalene; Robert Albert Meaden, Huyshe Wolcott Yeatman, Emmanuel.

King’s College Hospital held its annual dinner last Wednesday, Lord R. Grosvenor, M.P., president, and the company numbered nearly 200, receipts from the bar amounting to £58,275. The dinner was followed by a successful and an elegant euchre party, the proceeds of which were £8,855, against £2,925 in 1869. After the toast of the evening had been proposed by the chairman, who said that the hospital was a free one, out-patients being admitted without let or hindrance, while all its arrangements were of the best description, the treasurer announced that the donations amounted to £1,500.

A Good Example.—The Liverpool Corporation has resolved to grant the privilege of free bathing in the public baths, Paul street, to all the children attending elementary schools, on such days and at such hours as shall be arranged by the acting engineer; the children, on every occasion, to be in charge of a master or mistress.

New Works and new Editions in Medicine and Science, during the Past Month.—Eleventh Report of the Army Medical Department, 8vo.; Lunney (Wm. Golden), Manuals of the Duties of Poor-Law Officers, 3rd. edition; Sanitary Commission, Vol. 2; Duties of Medical Officers of Health; Medical and Surgical.—Byford (W. H.), A Treatise on the Principles of Diagnosis and Treatment of Diseases of the Uterus, 2nd. edition; Crookes (Wm.), Select Methods in Chemical Analysis (chiefly Inorganic), post 8vo.; Dillinger, Hand Book of the Treatment of Women’s and Children’s Diseases, according to the Vienna Medical School, with Prescriptions (J. D.), Medical-Legal Treatise on Malpractice and Medical Evidence, 12mo.; Hamilton (T.), A System of Surgery by various Authors, 2nd. edition; Milne (Alex.), The Principles and Practice of Midwifery; Nelligan (J. M.), Practical Treatises on Diseases of the Skin, 2nd. edition; Smith (Henry), The Surgery of the Rectum, 3rd. edition, 12mo.; Smith (W. A.), Human Eustozos, 8vo.; Spence (James), Lectures on Surgery, 2 vols. 8vo.; Transactions of the Obstetrical Society of London, vol. 13, for 1870; Science.—Beale (Lionel S.), Life Theories: Their Influence on Religious Thought, post 8vo.; Munsell (O. S.), Psychology or the Science of Mind, 8vo.; Nettel (W. B.), Galvano-Therapeutics. The Physiological and Therapeutic Action of the Galvano Current upon the Acoustic, Optic, and Sensitory Nerves, with which, last year has been published, 12mo.; (John), Fragments of Science for Unscientific People, 2nd ed.; Wesley (J.), Electricity made Plain and Useful by a Lover of Mankind and of Common Sense, Cr. 8vo.

The Conversazioni at the Royal College of Physicians.—Among the works of art were Mr. Holyoke’s portraits of the Princess Louisa and the Marquis of Lorne; Mr. Frederick Sandy’s fine picture of Mrs. Anderson Rose; two Madonnas, the contributions of Drs. Hare and Bishop respectively; vases and cameos; copies in mosaic of figures in the blank windows of Cardinal Wolsey’s Chapel, at Windsor, with a selection of Chronic Venetian glass (sent by Salviati and Co.); photographs, autotypes, and heliotypes of surpassing excellence; the remarkable etchings of Mr. Seymour Haden; selections of fossils and diamonds from South Africa, and Gold from New Zealand; specimens of Japanese and Persian decorative art; curiosities of the Essex and Lancashire and of the new (the contribution of Dr. Rao) electro-thermometer for deep-sea soundings and other scientific instruments sent by Sir G. Wheatstone; specimens of microscopes by Measrs. Ross, Murray and Heath, How, and Powell and Lambert; a spectroscope for use in the Jessemor process, showing the spectrum of silver, with other specimens of the same class of instruments, contributed by Mr. Browning; Mr. Apple’s electrical recording anemometer; Mr. G. H. King’s aquaria, teeming with marine animals, hippocampus, and others; Mr. Crouch’s microscopical structure of Eoson Canadense, from Dr. Carpen- ter’s dredgings in the Philippine and Egean Seas, &c. &c.

Glimmerings.

Abscess within the Cranium.—Prof. N. R. Smith relates (Baltimore Med. Journ.), the case of a clergyman, who had received an accidental blow on the forehead, on which was followed by inflammation of the pericardium—suppression and detachment of that membrane from the bone. Then followed necrosis, and a final separation and discharge of a small sequestrum, involving both tables of the bone. There remained a fistulous opening, which never closed during the long period of twenty years. It so little interfered with his general health that it continued, during that time, to discharge the duties of his calling, though occasionally suffering pain in the head and vertigo, especially when the discharge was in any way impeded.

He was first seen by Prof. Smith in the summer of 1869.
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with Dr. Van Ribber, when they found a fistulous orifice surrounded by granulations, which, in a measure impeded the discharge. The pus which was daily discharged, was of ordinary consistence and appearance, but was febrile.

"We had had with such an ordinary probe, which, to our surprise, sank by its own weight, apparently through a fluid, into the cavity of the cranium fully two and a half inches, when it encountered the membranes of the brain. By exploring with the instrument cautiously, in different directions, we ascertained the position of the meningeal cavity within the cranium, almost co-extensive with the parietal bone. On withdrawing the instrument, we found it covered with foetid pus. The opening in the cranium was smaller than a quill, and was obstructed by granulations investing its canal. The efforts which were administered. the nerve condition of the parts were defeated by the inadequacy of the discharge, and the occasional aggravation of symptom was attributable to the increase of the granulations, which obstructed the flow."

"I immediately advised, Dr. Van Bibber concurred, that the crown of a trichome should be applied, and a button of bone be removed from the cranium.

"With the aid of Dr. Van Bibber, I immediately applied a trichome, about seven-eighths of an inch in diameter. The progress of the section was slow and difficult, the bone being found of ivory hardness, much thicker than common, and of uncertain and unspecified manner to proceed, however, without hesitation, knowing that the membranes were far removed from the inner surface. At length the button was prised out, and there immediately issued some three ounces of foetid pus.

"There was total disappearance of the cerebral functions from the sudden removal of such pressure from that organ, but nothing notable resulted. We applied light dressings, so as to allow the discharge to flow without impediment.

"No morbid phenomena of any kind resulted. By inspection of the various parts of its circumference it was ascertained that the dura mater was slowly rising, and the cavity being obliterated. He left us in some ten days after the operation."

Prof. Smith saw the patient last summer, and found him entirely recovered.


May 2, 1866, was called to see W. S., a small slave-burned man, aged sixty-two, who, whilst pruning a tree, missed his hold and fell to the ground, some twelve feet, striking on his head. He was suffering much pain about the posterior portions of the head and neck, with inability to see the light without looking. There was complete paralysis of both sensation and motion from the base of the neck down, except in the outer portions of the deltoid muscles, and in some parts of the biceps of both arms, at which points imperfect sensation still remained; intellect clear, and respiration entirely diaphragmatic. A careful examination failing to develop displacement of any of the vertebrae, I inferred that the injury might possibly be concussion of the spine, but was, most probably, fracture of the fifth or sixth cervical vertebra, and that, if such proof to be the case, death would most likely be the result.

Dr. J. P. Weld, an old and much respected practitioner, was called in consultation, who agreed with me in the diagnosis and prognosis. Patient remained much the same throughout the night and following day. - Beef essence, stimulants, and medicines were administered in sufficient quantities to support and mitigate suffering.

On the evening of the second day an "interloper" asked permission of the family to administer strychnia and arnicas, "specifics" which he had known to save the lives of different people. Just as I set forth the objections to the exhibition of any such "specifics," as they would not only be useless, but positively injurious. We were answered: "Your prognosis is death. Homopathic medicines are not strong, and if they do no good, they would do no harm." We, of course, retired from the case.

The administration of strychnia and arnicas, alternately, every thirty minutes, did not very satisfactorily justify the assertions that they were "not strong," and that "if they did no good they would do no harm," for, in some twenty-four hours, the characteristic tetanic contractions, from the excessive use of strychnia, became generally developed, and with such an increase of suffering and sense of impeding death that I was again called upon to take charge of the case.

After the effects of those "harmless" agents had passed off, the patient remained much the same for two or three weeks, when his suffering became less intense. All through the warm days of July, and August, the phenomenon was the only muscular structure engaged in carrying on the function of respiration. During this time the bowels were relieved at proper intervals by washing the face down with a Davidson's syringe and warm water, and scooping it out in the usual way. After some six weeks, the urinary bladder, by procuring a large rubber air-mattress, rubber cushion for the sacrum, urinal sac, etc., all of which did much towards making him comfortable and prolonging life.

Such palliative remedies were exhibited as seemed to be indicated from time to time. After the local inflammation was sufficiently subdued, electricity and strychnia were cautiously tried, but always without benefit, and if carried sufficiently far, with an aggravation of suffering. The patient's intellect remained clear, appetite became good, and the digestive functions appeared to be far from impaired.

There were many troublesome complications coming up during the entire progress of the case, prominent among which were sloughing of the integument and fasces from over the sacrum and os ischium, inflammation of the right testicle, with formation of abscess and enlargement of the bladder. By changing the position of the patient, and relieving the pressure on the sloughing parts, healthy granulations were set up, and much progress apparently made toward recovery—until a short time before death. The urinary discharge again became febrile, and the testicle healed after evacuation of the pus.

There was no improvement in the respiration, and the patient died July 30th, ninety days after the injury.

Before death there was a general disorganisation of the whole system from the neck down. Mortification had made terrific advances along the back and spine, and in the lower extremities—death being hastened by the constant pressure of the parts.

Autopsy eight hours after death.——With the assistance of Drs. Weld and Coggswell, I cut down upon the injured part, and found the spinous processes of the fifth cervical vertebra broken off near its base—through the laminated portion of the bone—on each side, and tilted over to the right, with the sharp edge pushed well into the spinal canal. The portion of bone, after separation from external attachments, was perfectly loose, and could be removed by the fingers alone. The meninges and cord were softened and broken down.

Owing to restrictions placed upon the autopsy by the family, the examination was carried no further.—American Journal of Medical Sciences.

NOTICES TO CORRESPONDENTS.

5.—Perhaps in our next.

Dr. HATCHEN.—It was impossible to comply with your request.

6.—Better to omit the personal remark. It is sure to be wrongly judged by outsiders.

Dr. PEARCE, Plymouth.—The communication you speak of "On Method," had not been received at the time of going to press.

ALPHA.—We have no wish to trouble our readers with a lengthy dispute, to which we can give no time. We are of course objected to the exhibition of any such "specifics," as they would not only be useless, but positively injurious.

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Autopsy eight hours after death.——With the assistance of Drs. Weld and Coggswell, I cut down upon the injured part, and found the spinous processes of the fifth cervical vertebra broken off near its base—through the laminated portion of the bone—on each side, and tilted over to the right, with the sharp edge pushed well into the spinal canal. The portion of bone, after separation from external attachments, was perfectly loose, and could be removed by the fingers alone. The meninges and cord were softened and broken down.

Owing to restrictions placed upon the autopsy by the family, the examination was carried no further.—American Journal of Medical Sciences.
that journal either to acknowledge the blunder into which he has been betrayed by a writer without practical knowledge, or to justify his statement by naming a single thing which would be confounded with blood by a skilful operator. The statement is incorrect. The natural inference is, that its editor cannot name any such substance, and even on a technical scientific point will not confess to an error.

"IRREGULAR CONSULTATIONS."

To the Editor of "The Medical Press and Circular."

Dear Sir,—In reference to your remarks as to my having been "confounded in the case of the lady upon whom a coroner's inquest was lately held in the city, I beg to state that I never saw the lady in question. I have heard her described by a specimen of her urine sent to me for analysis, and beyond performing the analysis I had nothing to do with the case; indeed, as I think you are aware, I do not practise medicine at all.

Faithfully yours,

15 Pembroke road, Dublin.

Charles A. Cameron, Ph.D.

June 17, 1871.

THE AMERICAN DIPLOMA MARKET.

Towards the end of "The Medical Press and Circular."

Sir,—I was much amused by the perusal of Correspondence in this week's Press and Circular in reference to the American Diploma, we have in this town one of the great guns of Philadelphia College who signs his certificates as M.R.C.P.I., a title which he styles himself on a brass plate "Dr.

Surely our licensing bodies should take some steps to prevent the public being gulled into the belief that he is a properly qualified Dr. of medicine.

I am, sir, yours respectfully,

C. P.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.


Oliver and Boyd.

L'Indépendant; Boston Medical Journal; Gazette Médicale; Indian Medical Gazette; New York Medical Gazette.

VACANCIES.

Guilahouron. Medical Officer. Salary £50, with extras.

Bridgewater. Medical Officer. Salary £50, with extras.

Liverpool. Assistant Medical Officer. Salary £50.

Holsworthy. Devon. Salary £20, exclusive of fees.

St. Mary's Hospital, London. Three Vacancies. Assistant Physician, Assistant Surgeon, Assistant Anatomist.

Stockwell Small-Pox Hospital. Assistant Medical Officer. Salary £12 per month.


Essex County Lunatic Asylum. Assistant Medical Officer. Salary £120, with board and residence.

APPOINTMENTS.

BROADWENT, W. H., M.D., a Physician to St. Mary's Hospital, Dublin. For the技的 Infirmary, E. J., L.R.C.P.I., Medical Officer, with the teaming for the Newtown. Hugh Braddy White, L.K.O.C.P.I., Staff Assistant-Surgeon Army.

LANE, J.R., F.R.S.C.E., a Surgeon to St. Mary's Hospital.

LOOMIS, E. H., M.R.C.S., House-Surgeon to the Salisbury and Penrith Royal Hospital and Dispensary, near Carlisle.

O'NEILL, Dr. William, M.D., Edin., L.R.C.P.E., Loc. in Medv., Medical Officer for the Workhouse, Midleton, Co. Cork, view James Flannel, L.R.C.S. & T.A.C., deceased.


REIT, H. R. G., M.R.C.S., Medical Officer for the Finchingfield District, Essex.

SHEFFIELD, E. M., M.R.C.P.I., Professor of Psychological Medicine at King's College, London.

Marriages.

FAY—FAKER.—On the 7th inst., at Christ Church, Timperley, Cheshire, Eliza Ann, C.E., of Liverpool, to Ephraim, daughter of the late John Parker, Esq.

STAFFORD—WALLER.—On the 7th inst., at the Parish Church, Chesterfield, M. H. (a House-Surgeon to Beechfield, Derbyshire), to Florence Louise, third daughter of Hugh Eccles Waller, M.D., of Chesterfield.

TRACY—DELAY.—On the 16th inst., at the Parish Church, Lower Tooting, to Agnes Frances, C.E., of the new Build, daughter of Wm. Delay, Esq., of Brookfield House, Upper Tooting.

WHITE—FISHER.—On the 16th inst., at the Parish Church, Matfield, to Grace Fisher, C.E., of the new Build, daughter of John & James, daughter of Thomas Fisher, Esq., of St. Andrews.


Deaths.

CLARKE.—On the 6th inst., J. H. Clarke, M.B., L.R.C.S.I., of Kilkeel, Co. Down, aged 64.


OTTORE.—On the 7th inst., at St. George's, Merton, Dublin, Gerald R. Otter, M.D., L.R.C.P.I., Staff Assistant-Surgeon Army, aged 55.

PEACOCK—On the 8th inst., at Bath, George Peacock, M.D., Surgeon 63rd Regiment, aged 39.

ROGERS.—On the 9th inst., at Bramshot, Hants, George Leslie Rogers, M.R.C.S., aged 50.

BRIGHT.—On the 14th inst., at Chelsea, Sophia, the beloved wife of James Bright, Esq., M.D.

HAYDEN.—On the 15th inst., very suddenly, R. H. Hatfield, Esq., M.D., of the Manor House, Sawtry, aged 55.

Lowe.—On the 16th inst., in London, Hunter Murray, daughter of the late General Sir William Pringle, and wife of Dr. Walter Lewis, Physician to H.M. Post-Office.

Advertisements.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

FIRST OR PRIMARY PROFESSIONAL EXAMINATION FOR THE LICENCE.—The next Examination will commence on MONDAY, JULY 3rd. Students are admitted to this Examination after two years of study or Professional Study at a recognised Medical School.

PHYSICIANS AND SURGEONS.—The next EXAMINATION FOR THE LICENCE.—The next Examination will commence on MONDAY, JULY 10th. Gentlemen who have completed four years of Professional Study according to the College regulations are eligible for admission to this Examination. Registered Medical Practitioners, qualified before January, 1861, are admitted to examination under special by-laws. Students required to give fourteen days' notice in writing to the Registrar of the College, with whom all certificates and testimonials required by the by-laws are to be left at the same time.

Full Walk East, 1871.

H. A. FITZMAN, M.D., Registrar.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

The next PROFESSIONAL EXAMINATION FOR THE MEMBERSHIP will commence on Thursday, JULY 20th, 1871. Candidates are required to give fourteen days' notice in writing to the Registrar of the College, with whom all certificates and testimonials required by the by-laws are to be left at the same time.

Full Walk East, 1871.

HENRY A. FITZMAN, M.D., Registrar.

THE LONDON SURGICAL HOME FOR DISEASES AND ACCIDENTS OF WOMEN.

2 OSNABURGH PLACE, REGENT'S PARK, N.W.

Medical Practitioners are invited to attend Cliniques and Operations, by Mr. BAKER BROWN, every Thursday, at Two o'clock. Cards of admission may be obtained of W. ROBERTS O'CONNOR, Esq., Resident House Surgeon.

MALVERN COLLEGE.

The THIRD TERM will begin on Wednesday, September 20th. Terms of Tuition and Board are £12 10s. 6d. For Clergymen's Sons after Examination, £5 10s. Three Scholarships worth £50 per annum for one or for two years to be examined for in December.

For details apply to the Secretary.

STATE APOTHECARIES AND PHARMACEUTICAL CHEMISTS AND PERFUMERS.

The Medical Hall.

J. G. GRAHAM & Co., beg respectfully to inform the Nobility, Gentry, Medical Profession, and Public generally, that PHARMACISTS and SURGEONS PRESCRIPTIONS are carefully compounded by duly-qualified Pharmacists, and that none but the best Drugs and Chemicals, prepared in accordance with the British Pharmacopoeia, are employed. All Medicines delivered by our own Porters in every part of the city and suburbs; also along the Line of the Kingstown Railway, Free of Charge.

Full Walk East, 1871.

THE MEDICAL HALL, 20 WESTMORELAND STREET, DUBLIN.

The Sight.—SAMUEL'S SPECTACLES (recommended by the Faculty). Price 2s. 6d. and 5s.

SAMUEL'S BRAZILIAN PEBBLES, price 7s. 6d., highly beneficial for very weak eyes.

FRENCH OPERA GLASSES, from 5s. 6d. and upwards.

RACE, FIELD, and EYE GLASSES of every description.

Can only be had at 20 NASSAU STREET, DUBLIN.

CAUTION.—Beware of impostors. S. SAMUEL has no connection with any one bearing a similar name. The Stock of Watches and Jewellery being off, Declared that branch of the business.
Clinical Lectures on the Diseases Peculiar to Women. By Lombe Athill, M.D., Dub. Fellow and Examiner in Midwifery King and Queen's College of Physic-ians; Obstetric Physician to the Royal College of Physicians of England. Lecture III.


By menstruation as you are aware is understood that periodic sanguineous discharge which occurs in the human females at regular intervals of about four weeks and marks the period of ovulation. Its first appearance in the majority of girls take place in their fourteenth or fifteenth year, but it may be and frequently is deferred to a much later period without the health being impaired. The discharge itself is blood mixed with mucus from the vagina and uterus, the blood proceeds from the uterus and escapes from the mucous membrane lining the body, this has been proved beyond all possibility of doubt for in cases of inversion of the uterus the blood has in several instances been seen to flow from the everted surface, but although the blood proceeds from the uterus the function depends on the ovaries both for the stimulus necessary for its first appearance, subsequently regular recurrence and due performance. These organs, as you have learned elsewhere, become congested as the period approaches and finally provoke the mature ovum, while the uterus participating in the same condition assumes a state of activity; the mucous membrane which lines the cavity becomes thickened and velvety, ready to afford a favourable niche to the ovum should it become fecundated or failing that to pour out blood in a sufficient quantity to relieve the temporary congestion which has temporarily existed. The most careless observer must see how slight a cause may disturb the equilibrium, which nature designs to be maintained during the performance of this finely adjusted process, and how a chill or other suddenly acting cause by checking the menstrual discharge may lay the seeds of uterine disease.

As already stated the majority of females commence to menstruate during their fourteenth or fifteenth year, in many however the discharge does not show itself till a much later age. The interval which elapses between each period varies a good deal in different women, it should not however be less than twenty-one or exceed twenty-eight days, the duration of the period too varies much, in some extending over but two or three in others continuing for six or seven days, if these limits be exceeded menstruation cannot be looked upon as being strictly normal though instances are met with in which a considerable departure from the foregoing standard occurs and yet the health in no way suffers. The reproductive functions of the female cease with the cessation of menstruation which occurs at a date even more irregular than does the first appearance of the flow, and this period termed by some "the change of life" by others the "climacteric period," is a time marked by a special tendency to the development of disease.

The departures from normal healthy menstruation are numerous, menstruation may be scanty or profuse it may occur only after long intervals or return after the lapse of but a few days, it may be painful or finally not appear at all. This last condition is probably the rarest. Amenorrhea taken in the limited sense of total absence or suppression of menstruation (the suppression of menstruation during pregnancy being of course excluded) is not by any means so frequently met with as are the other forms of derangement of the menstrual function, but if taken in the more extended sense of greatly diminished menstruation it comes commonly enough under our notice, and it is in this latter sense that we must consider the subject. Cases of amenorrhea naturally divide...
imperfect must a discharge of menstruation has never occurred, or if at all in a very imperfect manner, and those in which the function once normally performed now appears irregularly and as a secretory flow or has ceased entirely, each of these again must be subdivided into two other classes as the amenorrhea depends on local or constitutional causes. It is self-evident that for the due appearance of the discharge no less than for its regular return both the ovaries and the uterus must be in a normal state, for though poured out from the inner surface of the latter, the stimulus essential for ovulation is produced by ovulation from the ovaries. If therefore the ovaries be absent, diseased or imperfectly developed or if the uterus be wanting or rudimentary the discharge will not appear at all or at best as a mere sign. There is generally much difficulty in deciding whether the ovaries are at fault or not, if the patient be well formed if the breasts have become full and round and if in addition the symptoms known as the "menstrual molimina" show themselves, we may conclude that it is not from fault in the ovaries that the non-appearance of the discharge depends. These symptoms in addition to numerous vague nervous sensations consist of pain in and fulness of the mammary which sometimes becomes swollen and hard, of pain in the ovarian region, aching along the loins and down the thighs, of flashings and headaches and sometimes of nausea. If all these symptoms are present the reason of this symptomatological absence of menstruation depends on some abnormal condition of the ovaries, but what that condition may be can seldom be known during life. In the majority of cases in which the absence of the menstrual molimina leads us to suspect that the ovaries are absent or defective, the patients general contour is imperfect and the stature stunted, but this is not by any means necessarily so. There is a woman presented to our dispensary department whose case I called your attention to the other day. She is well formed, at. about thirty, she has been married for about four years. Menstruation occurs she tells you only at intervals of upwards of three months and she adds that till after marriage she menstruated altogether but some half dozen times at intervals of at least twelve months. Sexual intercourse in her case has evidently acted as an ovarian stimulus inducing the flow to appear after shorter intervals and in increased quantities; she has never been pregnant. I am of opinion that in this case the ovaries although present are in a state of imperfect development. I should add that the vagina and uterus are in all respects normal, again the uterus may be entirely wanting or only in a rudimentary condition. In no case in which the uterus was altogether wanting has presented itself at this hospital since my connection with it, but I must nevertheless refer to the subject. Cases occur in which all the symptoms constituting "menstrual molimina" are present and in which consequently we may fairly conclude the ovaries are normal yet in which menstruation does not follow. In some of these the uterus has been proved to be entirely absent, the diagnosis on this point is not difficult to make for if a sitter held the patient by the thighs and introduced his finger into the rectum the presence or absence of the uterus can be determined with certainty.

But though cases in which the uterus is altogether wanting are rare, instances of an imperfect or rudimentary condition of the organ are from time to time met with. The following recently came under my observation: the patient a married lady had never been pregnant, menstruation appeared regularly but was very soon checked. A day or two after the last period an inch in length, the vagina too was very short the entire length being only about two inches, she consulted me on account of her sterility. The shortening of the vagina is very commonly met with in cases in which the uterus is imperfectly developed. In some instances that canal is entirely absent. Dr. Sawyer exhibited a specimen of this condition at a meeting of the Obstetrical Society during the past winter. The patient from whose body it was taken had been for years under his observation. She suffered the most intense paroxysms of pain for some days during each month, caused by Dr. Sawyer to be termed dysmenorrhea, he observed that a discharge by which the menstrual fluid might be discharged and after death a pool was found distended with fluid below the os uteri, the evident total absence of the vagina in this case deterred Dr. Sawyer from attempting an operation. Lesser degrees of closure are however more frequent and afford fair promise of being benefited by operation. In a single instance the patient is believed to have reached to the stage of being able to pass urine without difficulty, or to be able to pass it if an exit for the menstrual fluid be not obtained. The attempt to reach the upper portion of the vagina by a careful dissection is certainly warranted.

But more important because more common and more often capable of being benefited by treatment, are those cases of partial closure of the vagina which are not frequently met with. This closure is sometimes of but limited extent the result of local inflammation which may have been excited in early childhood, but it occurs most commonly after tedious labours in which the second stage having been unduly prolonged, sloughing has followed, and finally the vaginal walls have become united throughout a greater or less portion of their extent. When the occlusion is the result of adhesions formed during infancy or early childhood it is generally situated low down in the vagina at or near the vulva, but if it be the result of sloughing following on protracted labour, it is more likely to be met with at the adhesions refer upwards till the view offer. Both these forms are generally capable of being cured by an operation a small opening being first made which should be gradually and carefully enlarged, but it would be impossible to describe the steps of an operation which must vary in each case according to the part of the vagina at which the occlusion is situated its extent and the age of the patient, but in all cases great care is necessary to be taken at the adhesions refer upwards till the view offer. The vaginal walls must be kept apart by the intervention of a pledge of lint or of cotton wool saturated with glycerine, and for a long time after the surfaces have healed the patient should wear a glass dilator for two or three hours daily, for in these cases there is always a great tendency in the vagina to contract. The term atresia is applied to all cases of absence or closure of the vagina. Lastly a more chronic may be the result of a rudimentary imperforate hymen, a condition however so rare that I have met with but one example of it. The hymen in that case existed as a dense membrane which bulged outwards through the vulva, and was distended by the fluid which filled the vagina. The patient was a girl, at. about sixteen, the fluid was first evacuated through a small canula, and exit was thus given to a large quantity of a dark inodorous fluid and subsequently the membrane was freely divided by a crucial incision. But apart from these malformations which are comparatively seldom met with, certain local conditions occur which interfere with the regular performance of menstruation and cause amenorrhoea. Of these none is more common than congestion of the mucous membrane lining the body of the uterus the result of exposure to cold or from shock or from unhygienic attacks. If a secretion of a thick mucous fluid be suddenly chilled or remain sitting or standing for a length of time in a damp cold place the flow is very likely to be checked, congestion of the uterus or at least of the mucous membrane lining its cavity being the result. This condition may then become permanent and till it be relieved the discharge will not reappear or if at all in an imperfect manner. Amenorrhoea depending on this cause is given rise to our distressing symptoms the patient complains of pain in back of a sense of weight in the pelvis, but more especially of headache. You have frequently seen instances of this form of amenorrhoea among the patients in the extern department. These cases nearly always apply for relief during the interval which elapses between two menstrual periods and you must consequently
at first limit your efforts to relieve the prominent symptom namely the headache, and not make any attempt to re-establish the flow till the time comes round when it ought in the regular course to appear. With this intention I almost invariably give mild purgatives. In dispensary practice I usually prescribe a mixture containing one ounce of sulphate of magnesia and half an ounce of infusion of quassia to which I generally add a drachm and a-half of dilute sulphuric acid, two tablespoonfuls of this mixture taken morning and evening nearly always act as a mild laxative, should it not I direct a third dose to be taken at midday. This simple treatment generally relieves the head and you must have repeatedly noticed patients to return stating that the headache had entirely disappeared, and sometimes that the discoloration which had been suppressed had again showed itself. Instead of the saline purgative just alluded to, my colleague Dr. James Little is in the habit of prescribing a pill containing one or two grains of extract of aloes combined with one-sixth of a grain of tartar emetic to be taken each night at bed time, a formula which he has found of great use in cases of recent standing occurring in girls of pellagic habit.

But often additional measures are necessary, and these you are to have recourse to when the time at which the flow should appear approaches, you should direct the patient then to sit with her feet in hot water for fifteen minutes each night for several days in succession, by mixing two or three tablespoonfuls of mustard with the water you will greatly increase the efficacy of this treatment. I recently succeeded in establishing the flow in a healthy young woman by applying large poultices of linseed meal and mustard to the loins. If the patient be pellagic the application of a couple of leeches to the verge of the anus or the inner and upper part of the thigh constitutes a safe and very efficacious mode of treatment. Till you have succeeded in relieving the local congestion, you should not have recourse to the exhibition of that class of remedies which stimulate the ovaries and uterus, and which are by the name of emmenagogues for such treatment would only aggravate the evil. There is one form of irregular menstruation which must be classed under the heading of amenorrhoea for the function is defectively performed. In this form the discharge appears at the regular time but stops after a day or so to reappear in perhaps twenty-four or forty-eight hours thus coming and going at short intervals. This kind of "interrupted" menstruation I have noticed several times in connection with chronic inflammation of the uterus and thickening of the uterine walls, and is afforded in the case of a patient at present under treatment in the out-patients' ward. She is a nurse tender, and was admitted complaining of severe pain in the back and thigh which incapacitated her from following her occupation; there is some erosion of the lips of the os; the uterus is heavy and antverted; the cervix greatly thickened; unless in her case we can cure this condition of the uterine menometritis, this case is an instance of a normal looking girl who had never menstruated but for some months past had periodically vomited blood, the vagina and uterus were normal, strychina and other drugs were administered without benefit. Medicines were discontinued and electricity was tried, one pole of the battery being applied to the sacrum and the other to the vulva, this was repeated daily for a fortnight when she complained of intense headache, pain in the back, and of sickness of stomach, the next day the catamenia appeared freely but strange to say none of the symptoms subsided, the vomit-

ing was incessant and the febrile symptoms ran very high, the flow continued for six days very freely and then ceased and with it disappeared the febrile symptoms the sickness of stomach and headache. At the end of four weeks she again began to suffer from headache electricity was again had recourse to, and the catamenia again came on, this time unaccompanied by the severe symptoms which had previously marked its advent. This has been suspended of stimulating the uterins which I think I prefer to electricity as ordinarily applied. I allude to the galvanic stem pessary, this little instrument (Fig. 2) is made of copper

the upper half of the stem being coated with zinc the bulb is hollow and there is an orifice in its under surface into which the point of a sound being inserted you are enabled to carry the pessary up to the womb, the stem is passed through the cervix till its point reaches the fundus and the instrument is then left with the stem in the cavity of the uterus. These pessaries are made of various sizes and lengths a matter of great importance, as not only does the uterus vary in length in different individuals but also the cervix will in one case admit a stem much larger than in another, you should therefore measure the depth of the uterus before you attempt to introduce one of these pessaries and select one of proper length, taking care also that the diameter of the stem is suitable to the capacity of the cervix, for if you introduce one with too slender a stem it will immediately fall out, or if on the other hand it be too thick the introduction will be a matter of great difficulty and even if introduced the instrument will cause so much pain as to render its removal a matter of necessity. It requires some dexterity to introduce the stem but a little practice will soon enable you to overcome the difficulty; if the cervix be very narrow it is better to dilate it a little with instruments of a No. 2 or 3 sea tangle bongue, but the necessity for this does not often occur. I leave this instrument when introduced in situ for three or four weeks unless it should cause irritation or pain in which case it should of course be removed, but under any circumstances the patient should after a lapse of a month be examined lest ulceration be produced a result which never occurs if due care be taken. If at the end of a month the menstrual function has not taken place, it is better to remove the instrument and re-introduce it after the lapse of a few days. I have several times seen the happiest results follow from the use of this instrument both in the case of young women who have never menstruated or in whom the function has been imperfectly performed, and also in married women in whom it has been suspended for a time. It is not so well adapted to the treatment of hospital patients as to those we treat in private, for it is very difficult to keep the former in view for any length of time or to get them to return after the proper intervals to have the pessary removed, you saw me introduce one however a few days ago and the case will be an interesting one to watch. The patient is a married woman, aged thirty-five, menstruation has not appeared at all for the last three years, I cannot detect any symptoms of either constitutional or local disease which can account for this. Medicines having failed to do her good I have suspended their use,
we shall see what the pessary may effect. But cases of amenorrhoea depending on constitutional causes are of more frequent occurrence than those of local origin, you must all be aware that suppression of menstruation or its appearance as a mere sign is often an early symptom in cases of incipient phthisis and frequently it is the symptom for which we are consulted. Let me here repeat the warning I have so often given you, when such cases have presented themselves, not to yield to the solicitations of the patient or of her friends to attempt to restore the function by the exhibition of stimulating emmenagogues, the attempt would be vain and the result disastrous both to the character and to the patient's health. Females almost invariably look on suppression of menstruation as the cause of their ill health, and will express day after day the certainty they feel that health would be restored if the discharge could be made to re-appear an assertion often true if only read conversely, the reappearance of the discharge indicating that health had improved but not being the cause of that improvement. Thus some women menstruate regularly when resident in certain localities but never when compelled to leave them. I saw some time since a lady who was quite regular during a two years' residence at Falmouth, though for a long time previous to her going there menstruation had been entirely suppressed, business matters compelling her to revisit Ireland the amenorrhoea soon became habitual. Symptoms of phthisis rapidly developed themselves and she died in a short time from consumption. I therefore hold that in cases the lung disease not the amenorrhoea is the condition calling for treatment. All other forms of organic diseases come under the same category as being frequently the causes of amenorrhoea, but it is not my province to enter on the treatment of these and the enumeration of them would be tedious; one constitutional disease however of which amenorrhoea is a prominent symptom calls for special notice. I mean anæmia including under that term chlorosis. In it as you are aware the patient presents a sickly yellowish green colour. She complains of pain in the back of the eyelid and often of headache, nearly always the appetite is bad and the taste depraved the bowels are constipated and generally the tongue is furred. These cases are unfortunately too common among our town population, especially among those poor women who work hour after hour from early morning till night, at very low rates of wages with dirty needles. With them we can do but little, country air and a generous diet would soon work wonders for them, but the remedy is beyond their reach. In many however some good can be effected by the exhibition of tonics and especially of iron a remedy which above all others is here indicated. As constipation is nearly always present you should combine it with aloes which greatly enhances its activity, two grains of the sulphate of iron with a quarter or half a grain of extract of aloes taken three times a day sometimes acts as a charm. Another medicine of the highest value is strychnia, five drops of the liquor strychniz which is equivalent to the one twenty-fourth of a grain of the alkaloid gradually increased to ten drops three times a day alone or in combination with the tincture of the perchloride of iron sometimes produces the much desired constipation. I shall allude to but one other constitutional cause of amenorrhoea. It is one of not very infrequent occurrence, I mean a phlegmatic condition of the system. In such women the complexion is high the pulse strong they suffer much from flushing and headache especially at the time menstruation ought to occur. In such cases active out-door exercise a moderately abstemious diet and the exhibition of the acid saline purgative already recommended in cases of local congestion will generally produce good results. We should aim at establishing periodicity, and selecting the time in each month when

the occurrence of the molimina indicate that menstruation ought to occur, apply two or three leeches to the inside of the thighs or to the verge of the anus and thus relieve the local congestion and thereby favour the chance of the natural flow appearing.

NATIONAL HEALTH.

(A Lecture delivered at the Royal College of Physicians of England.)

BY DR. ACLAND, F.R.S.,
Regius Professor of Medicine in the University of Oxford.

PART III.

HOW THE FOUNDATIONS ARE STRENGTHENED.

If the foundation of national health be of the kind we have stated, and the causes which may sap them so general, so diverse, and so engrained in the nature of things, then the principles which have to guide mankind in maintaining the physical stability of nations cannot be less fundamental and extensive. Now we must not conceal from ourselves the fact that, if we except some eastern and some barbarian races, the whole history of mankind tells of two conditions—progress and decay. National hibernation is, in a low state of national life, perhaps possible; but the awakening is generally by the ride shock of a destroyer, who lives on the ashes of a race he came professing to revive. In four short years a whole tribe of North American Indians has died out under the advance of civilisation. There is nothing in history more solem than this flowing and ebbing of nations. It was blindness not to see that civilised people, in the surging to and fro of modern material life, are bursting the barriers of all former experience. So entirely are the telegraph and telephones transport modify opinions, equalising the knowledge of distant States, and welding it into one world-wide public opinion, that the problems presented to the modern statesman are almost as new as when Roman law was being consolidated.

History would seem to teach that as long as love of conquest follows possession of power, and as long as the human frame consists of an intricate combination of tender organic tissue, so long physical changes may be expected from violent political movement; and waves of disease, whether cholera, syphilis, small-pox, black death, fever, or the diseases that follow famine, may sweep over the denser masses of mankind. One can neither contemplate without admiration the order of great modern cities, nor look without anxiety on their danger. How instructive—morally, intellectually—is now the great drama of Western Europe, in which almost every virtue and every crime has been flashed before our eyes, as though to show how unstable still is the fabric of society.

There are four classes of persons who have the physical conditions of the nation more or less in their power; first, the lawyers; second, the physicians; third, the ministers of religion and teachers; fourth, the people. The lawyers in a free country are almost limited to the legalisation of public opinion, but may promote a wise or a narrow conception of the State, according to the type of their own convictions. The physicians are the guardians of public health, bound as much to prevent as to cure disease. The ministers of religion and teachers are the instructors of the people, either knowing or not knowing what conduce to national health. The masses of the people modify their own conditions by good or bad habits, physical, moral, and intellectual. It is certainly not too much to say that, before the present century, public opinion—as depending upon people, ministers of religion and teachers, physicians and lawyers—was, as far as regards the public health, entirely below
the necessities of mankind. This is at once proved, by the alterations which we now know may be made to take place in the death-rate of armies and of towns by proper sanitary regulations, or the neglect of them. The question suggests itself, how the public opinion on this matter is to be raised to the best attainable standard? The modern answer is, by education.

But education itself must have a definite aim, and be based on an intelligent conception of the end to be attained, and the means of attaining it, whether they be physical, moral, intellectual. One cannot contemplate without astonishment the spectacle of the three hundred millions of Chinese—a third of the human race—who have cohered almost unaltered for some thousands of years, with the stability of the crystal, without the growth of a living organisation. Compulsory education of a low kind seems to have effected this.* Education by a stereotyped method necessarily produces similar results in successive generations. In this Western world we have seen feudal rule gradually giving way to self-regulation by the people; obedience to self-government; empiricism to positive science; and hypothesis to knowledge of facts. Some would say, super-tition is being replaced by reason, emotion and the mere action of intellect, moral discipline by scientific knowledge. Be this as it may, the conviction is gaining every day more strength, that however true it may be that, as has been advanced above, the mind has influence over the body, it is as true that national health cannot be fully secured without strict attention to the material conditions in which the people are placed. This consideration has of late years occupied the attention of our statesmen. Regulations affecting trades, workshops, mines, shipping, dwelling-houses, have within twenty-five years reached such dimensions as to have a literature of their own. We have not, therefore, so much to discuss the necessity of this attention, as the principles on which, in immensely widening circumstances, it should be directed into practical results. These principles mainly rest on the following considerations:

That no individual should for his own profit poison his neighbour.

That the State must, in certain things essential for health, assist the masses in what they cannot assist themselves.

That the cost of permanent sanitary improvements should be borne in some reasonable proportion by posterity.

That compulsion in sanitary matters, when their ignorance injures society, is justifiable.

That compulsion will, we hope, be unnecessary when scientific education is adequately extended.

That good conduct, based either on knowledge or on obedience, is as essential to health, as is any physical arrangement which is not an actual necessity of life.

That in the present state of the world, mischief-bringing ignorance in sanitary questions is especially inexcusable in the law-making classes.

That local government by the people, well informed by a central authority, is essential to the physical condition of the nation.

For the practical working out of these principles, legislators have to devise education worthy the name. Education depends on very complex questions, affecting the whole nature of man and the very structure of Society. It is now thoroughly understood that the emotions of the heart, and the action of the real world, affect not only individual organs, but the whole frame and the general health. Not only may individuals, if ill-educated, become virtually of unsound mind, but so may whole masses of people.

There is "a glory in the determined will" which produces vigorous bodily as well as vigorous mental action.

* There is no stronger chapter in Statescraft than the history and practice of the competitive examinations in China. Sir Bartle Frere was so kind as to direct me to a pleasant account of this in "Social Life of the Chinese," by Justus Doolittle. Vol. ii. New York. 1865.

You see it in the contour of the man. A perfectly trained nation, morally, intellectually, and physically, will act in its sphere as an individual so trained. It will respect and be respected.

We have seen in the dancing mania of the fourteenth century the extent to which, in a superstitious age, mass may be moved to emotional madness. Is it certain that, unconsciously to themselves, there may not sweep over nations equally contagious intellectual errors depending upon faulty morality? It is mainly a question for the psychologist and statesman, but it is also a question for the thinker on public health—what manner of life in the several classes of men and women, what labour, what recreation, what personal habit of body, conduces most to that tone of the nervous system, which puts the nerve-power of each man at the best for the discharge of his duty as a citizen. The worst man, the speculator, the vicious man, and, still more, masses of such men, become, from physical causes, intellectually and morally unfit to form a sound public opinion.

Now, a people is educationally affected by indirect, nearly as much as by direct means. Take a single and minor instance—the indirect educational effect of music to the children of a rural district. Music, like other things, is of two kinds—bad and good. It may be a source of futility, disorder, degradation, impiety—even the Christmas carol—may lead to the public house, to folly, and to drunkenness; or it may, in Wordsworth's words, though rude in its kind, be—

"A true revival of the light
Which nature and these rustic powers
In simple childhood, spread through ours."

We know how, through ballads and songs, such as the "Wacht am Rhein," vigour is thrown into the hearts of a nation. So, also, pure and good music is a sure and powerful instrument for refinement when superadded to other intellectual attainment. In one aspect it is purely sensuous, and may, as with some refined Tyrolean singer, be pursued as a dexterous art or accomplishment. But even as art it may not be undervalued. It excites feelings of the warmest sympathy and admiration to hear the attained results of Leslie's Choir, or such societies as now exist in many of our towns, where persons of every class and occupation show an advanced mastery and appreciation of the choice works of Handel, Mozart, Beethoven, Mendelssohn, and acquire a pure culture unalloyed by eating or drinking, or other frivolous ways; culture, moreover not of a light kind, but one which ensures the development of the mental faculties of sympathy, attention, precision and refinement, which may be equalled but not surpassed by the exercise of other of our faculties.

The right care of the body is, therefore, such a management of the instrument by whose agency mental actions are alone possible here, as that the body shall obey the inner spirit in its higher impulses. To this all philosophy tends, whether expressed by the conceptions of the "Republic" of Plato, the "Utopia" of More, the "Atlantis" of Swift, or the "vombatische" vision of the Apostle of the Gentiles. The duty of "keeping the body in subjection;" this was the aim of the mistaken self-tortures of the astonishing Asprents of Alexandria; of the yearnings of Consta, the homage of the great English Physiological Text Book; of the labour of all labourers for public health, of Chadwick, of Southwood Smith, Shaftesbury, Farr, Rusney, both the Trevvylans, Matthew. These were immortal suggestions, which the bettering play to the divine element that is in the mind of men. We must not let ourselves be diverted from our great practical aim by the fascination of philosophic inquiry into the causes of things. What is the past history of man as compared with the well-doing of the present, for the sake, not of ourselves alone, but of those that are yet to come? What avail to us the virtues of feudal days, if we neglect to cultivate their virtues in our own? Were the Crusades, indeed, a worthier end for man than the redeeming from destruction the
bodies and the souls of the struggling millions of Ireland or London! Was there ever a nobler task for the energy of a prince or the ingenuity of a statesman, than to relieve the suffering and establish the peace of a society too poor to support itself, and too proud to sell itself? To the demand of the people, to the annoyance of the law, and to the astonishment of the magistrates, I, for the second time, presented a bill for the establishment of a system of municipal charity, in which the local authorities, at the expense of the local rates, should relieve the indigence of the destitute poor. To every one of the worthy and useful ways of relieving the sufferings of man, I have applied; and the progress of the cause is rapid and encouraging. The subscriptions are many and considerable. It is a source of promise, prosperity, and improvement. It is a great lesson of patience, of economy, of self-denial, of earnestness, of perseverance. It is the only way by which the people can be taught to acquire the habits of self-support, and the commonest of the poor are comparatively invaluable in the work of charity.

June 28, 1871.

Original Communications.

Books of Reference.

With the exception of the Parliamentary reports, such as the Select Committee on Poor Law and the Select Committee on the Poor Law, the works of the several authors will be found among the books of reference.

June 28, 1871.

(See "Society in the East and the West." By Henry S. Maine. London, 1871.)

(See "Society in the East and the West." By Henry S. Maine. London, 1871.)

(See "Society in the East and the West." By Henry S. Maine. London, 1871.)

(See "Society in the East and the West." By Henry S. Maine. London, 1871.)
relief, and education ministers. Also he will elicit and record, from the several different places registers of the whole ward, in any of the counties, any and every instance from the record establishments above-mentioned; also from any other public sources from whence they may conveniently be procured, and from private sources, so far as procurable from those sources, with the free consent of the individuals interested. He is also to have "instructional museums for showing the registrars' reports above referred to, and other objects. Moreover, the instructions are given by the medical profession, if and when expeditious, to aspirants "to those offices, the functions of which are exercises of the art of medicine in any of its several branches, and to whatsoever subject applied." To him "it will especially belong to be upon the watch against all injury to the health of the community, by the operation of particular interests in the breasts of medical practitioners at the expense of public interest; and, as occasion calls, to make report accordingly."

To the result of the exercise of these functions, he is to give the utmost publicity that can be given consistently with a due regard to public economy and the feelings of persons subject to the exercise of his functions.

Since Bentham's time, the arrangements for the relief of the poor have become far more complete. A fashion now prevails among persons of attacking this department of the State. The officials are hard, the laws are inefficient; or, on the other side, the officials are lazy, and the laws break on the persons. Insists the guardian of rural districts with adequate power, give them the requisite knowledge, appoint persons to the office with special qualifications, and trust them, on behalf of the people, to do all that can be done for maintaining the national health in their district. Keep the medical officers informed of all established knowledge bearing on health functions; give them in the eyes of their fellow men an honourable office. So far as his power is to give your hand in every corner of the nation. The arrangements of the great centres of population must be different. Special officers, still in connection with the relief staff, must be retained, and relieved of all curative functions. Their number, and the conditions of their appointment, will vary with the wants of their district. They will be centres of all existing knowledge of preventive measures, and a means thereby of maintaining an interest in sound progressive scientific knowledge. They will, in this department, be as the parochial clergy of the middle ages, who were the local centres of the knowledge and culture of their day. In a Memorandum (a) contained in the second volume of the report of the Royal Sanitary Commission, which I cannot name without recording the debt which is due to the energy, skill, and patience of Sir Charles Adderley, its Chairman, is contained a sketch of the possible functions of such medical officers. They may seem to some excessive, and what once were called impractical; but it is not hard to foresee the value of them, and what pleasure the discharge of them would bring to the neighbourhood, as well as to a medical man of culture in rural districts. He also would know that his public work was appreciated, and, that being part of a great national system, it would never be wasted. It is non-appreciation and sense of wasted effort, as well as want of guidance, which has made many a youth entering life discard the culture and aspirations of his student days, and let down his tastes, and sometimes his habits, to the level of the most uncultivated of his neighbours. In considering the bearings of this subject, the medical profession has been reminded that however indebted the world has been in past time to it for a large portion of its physical science, the day of exclusive possession by any class of the Ark of natural knowledge is gone by. The medical practitioner will often find, and every year more and more, a worthy match in biology among the laymen and ministers of his district. These will be his coadjutors or his critics, just as his own attainments and habits may decide. There is no student of medicine has little to dread from the competition.

To be continued.

PROFESSOR TYNDALL ON DISEASE AND SMOKE.

The able lecturer of Professor Tyndall at the Royal Institution, which we lately noticed in the Medical Press, has been published in our excellent contemporary, Nature. We take from that Report a few passages to show how the lecturer first of all dealt with the germ theory of disease, and then passed on to describe a practical illustration of how his views on dust and smoke had enabled him to construct a fireman's respirator, which promises to be of the greatest value.

As regards the lowest forms of life, the world is divided, and has for a long time been divided into two classes, the one affirming that you have only to submit absolutely dead matter to certain physical conditions to evolve from it living things; the others, without wishing to set bounds to the power of matter, affirming that in our day no life has ever been found to arise independently of pre-existing life. Many of you are aware that I belong to the party which claims life as a derivative of life. The question has two factors: the evidence, and the mind that judges of the evidence; and you will not forget that it may be purely a mental set of bias on my part that causes me throughout this discussion from beginning to end, to see on the one side dubious facts and defective logic, and on the other side firm reasoning and a knowledge of the possible limits of our human knowledge. But judged of practically, what, again, has the question of Spontaneous Generation to do with us? Let us see. There are numerous diseases of men and animals that are demonstrably the products of parasitic life, and such disease may take the most terrible epidemic forms, as in the case of the silkworms of France in our day. Now it is in the highest degree important to know whether the parasites in question are spontaneously developed, or are wafted from without to those afflicted with the disease. The means of prevention, if not of cure, would be widely different in the two cases.

But this is by no means all. Besides these universally admitted cases, there is the broad theory now broached and daily growing in strength and clearness—daily, indeed, gaining more and more of ascendency from the most successful workers and profound thinkers of the medical profession itself—the theory, namely, that contagious diseases generally is of this parasitic character. If I had heard or read anything since to cause me to regret having introduced this theory to your notice more than a year ago, I should here frankly express that regret. I would renounce in your presence whatever leaning towards the germ theory my words might then have betrayed. Let me state in two sentences the grounds on which the supporters of the theory rely. From their respective viruses you may plant typhoid fever, scarlatina, or small-pox. What is the crop that arises from this husbandry? As surely as a thistle rises from a thistle seed, as surely as the fig comes from the fig, the grape from the grape, the thorn from the thorn, so surely does the typhoid virus

(a) See Appendix A.
increase and multiply into typhoid fever, the scarlatina virus into scarlatina, the small-pox virus into small-pox. What is the conclusion that suggests itself here? It is this:—That the thing which we vaguely call a virus is to all intents and purposes a seed; that in the whole range of chemical science you cannot point to an action which illustrates this perfect parallelism with the phenomena of life—this demonstrated power of self-multiplication and reproduction. There is, therefore, no hypothesis to account for the phenomena but that which refers them to parasitic life.

And here you see the bearing of the doctrine of Spontaneous Generation upon the question. For if the doctrine continues to be discredited as it has hitherto been, it will follow that the epidemics which spread havoc amongst us from time to time are not spontaneously generated, but that they arise from an ancestral stock whose habitat is the human body itself. It is not on bad air or foul drains that the attention of the physician will primarily be fixed, but upon disease germs which no bad air or foul drains can create, but which may be pushed by foul air into virulent energy of reproduction. You have here, I think, good grounds for regarding on dangerous ground, that I am putting forth views that may in the future become the basis of medical practice. No such thing. If you wish to learn the impotence of medical science and practice in dealing with contagious diseases, you have only to refer to a recent Harveian Oration by Dr. Gull. Such diseases defy the physician. They must burn themselves out. And, indeed, this, though I do not specially insist upon it, would facilitate the cure of their vital origin. For if the seeds of contagious disease be themselves living things, it will be difficult to destroy either them or their progeny without involving their living habitat in the same destruction.

I went some time ago into a manufactory in one of our large towns, where iron vessels are enamelled by coating them with a mineral powder, and subjecting them to a heat sufficient to fuse the powder. The organisation of the establishment was excellent, and one thing only was needed to make it faultless. In a large room a number of women were engaged covering the vessels. The air was laden with the fine dust, and their faces appeared as white and bloodless as the powder with which they worked. By the use of cotton-wool respirators these women might be caused to breathe more free from suspended matters than that of the open street. Over a year ago I was written to by a Lancashire seamen, who stated that during the seed season of each year, his men suffered much from the irritation of their noses, and that many of them left his service. He asked me could I help him, and I gave him my advice. At the conclusion of the season this year he wrote to me that he had simply folded a little cotton-wool in muslin, and tied it in front of the mouth; that he had passed through the season in comfort and without a single complaint from one of his men.

The substance has also been turned to other uses. An invalid tells me that at night he places a little of the wool before his mouth, slightly moistening it to make it adhere; that he has thereby prolonged his sleep, abated the irritation of his throat, and greatly mitigated a hacking cough from which he had long suffered. In fact, there is no doubt that this substance is capable of manifold useful applications. An objection was urged against the use of cloth, that this bore some resemblance to the practice of the Chinese. I am satisfied that this objection is not tenable. When I was casting about for some material by which to filter the air of the room, I thought that cotton wool, which so effectually arrested dust, might also be influential in arresting smoke. It was tried; but, though found soothing in certain gentle kinds of smoke, it was no match for the pungent fumes of a resinous fire, which we employ in our experiments in the laboratory, and which, I am gratified to learn from Captain Shaw, evolves the most abominable smoke with which he is acquainted. I cast about for an improvement, and in coming to the conclusion that the smoke of the charcoal was suggested the use of glycerine to moisten the wool, and render it more adhesive. In fact, this very substance had been employed by the most distinguished advocate of the doctrine of spontaneous generation, M. Pouchet, for the purpose of catching the atmospheric germs. He spread a film of glycerine on a plate of glass, urged air against the film, and examined the dust which stuck to it. The moistening of the cotton wool with this substance was a decided improvement; still the respirator only enabled us to remain in dense smoke for three or four minutes, after which the irritation became unendurable. Reflection suggested that in combustion so imperfect as the production of dense smoke implies, there must be numerous hydro-carbons produced which, being in a state of vapour, would be very imperfectly arrested by the cotton-wool. To remove the cause of the residual irritation; and if these could be removed, a practically perfect respirator might possibly be obtained.

I state the reasoning exactly as it occurred to my mind. Its result will be anticipated by many present. All bodies possess the power of condensing in a greater or less degree gases and vapours upon their surfaces, and the more condensible the gas, the more the state of division, the force of condensation may produce very remarkable effects. Thus, a clean piece of platinum-foil placed in a mixture of oxygen and hydrogen so squeezes the gases together as to cause them to combine; and if the experiment be made with care, the heat of combination may raise the platinum to a bright redness, so as to cause the remainder of the mixture to explode. The promptness of this action in a very finely-divided state of the gas, the force of condensation may produce very remarkable effects. Thus, a clean piece of platinum-foil placed in a mixture of oxygen and hydrogen so squeezes the gases together as to cause them to combine; and if the experiment be made with care, the heat of combination may raise the platinum to a bright redness, so as to cause the remainder of the mixture to explode. The promptness of this action in a very finely-divided state of division, the force of condensation may produce very remarkable effects. Thus, a clean piece of platinum-foil placed in a mixture of oxygen and hydrogen so squeezes the gases together as to cause them to combine; and if the experiment be made with care, the heat of combination may raise the platinum to a bright redness, so as to cause the remainder of the mixture to explode. The promptness of this action in a very finely-divided state of division, the force of condensation may produce very remarkable effects. Thus, a clean piece of platinum-foil placed in a mixture of oxygen and hydrogen so squeezes the gases together as to cause them to combine; and if the experiment be made with care, the heat of combination may raise the platinum to a bright redness, so as to cause the remainder of the mixture to explode. The promptness of this action in a very finely-divided state of division, the force of condensation may produce very remarkable effects. Thus, a clean piece of platinum-foil placed in a mixture of oxygen and hydrogen so squeezes the gases together as to cause them to combine; and if the experiment be made with care, the heat of combination may raise the platinum to a bright redness, so as to cause the remainder of the mixture to explode.
Mr. Curling, F.R.S., President, in the Chair.

On the Removal of Tumours from Bones.

By James Paget, D.C.L., F.R.S., Surgeon to H.M. the Queen; Consulting Surgeon to St. Bartholomew’s Hospital.

The design of the paper was to show the propriety of removing the majority of non-malignant tumours growing in bones, by simple extirpation or enucleation, rather than by resection of the bones or by amputation. It was shown that these tumours are as far as the proper tissue of the bone is healthy and most other innocent tumours from the connective tissue or other structures in which they grow; and that the same rules of operation are applicable to the one as to the other set of tumours. Cases were given of successful enucleation of fibrous, myeloid, cartilaginous, and osseous tumours, and more extensive cases of enucleation for the diagnosis of malignant from innocent tumours in bones, and of those which grow within from those which grow without the bones.

Mr. Fairlie Clarke reminded the meeting of two cases in which the latter showed a very material advance on the former. In the one amputation had been performed, in the other excision of a portion of bone merely; but here we had a still greater advance.

Mr. Birkett said the paper did not afford much room for discussion, being merely a statement of facts. It had been the practice at Guy’s for years to remove all innocent tumours from bone before having recourse to amputation. This was especially the case with tumours of the lower jaw. In a case under Mr. Poland, that gentleman removed such a tumour by enucleation, which completely cured it. In another instance a tumour, probably fibro-plastic, was enucleated, but perhaps imperfectly, for it returned, and amputation was had recourse to, after which there was no return of the growth.

Mr. T. Smith had a case in which he operated thus, depending on Mr. Paget’s judgment, as he would have preferred to save his patient to save a limb. The patient was from suffering from pain and swelling of the upper part of the humerus. On examination, a pulsating tumour was seen, but there was no glaudder enlargement. Mr. Paget recommended enucleation, and it was had recourse to, but not, perhaps, very effectually, as the incision was too small. After the operation did not hold well for a year, when a protrusion from the cavity of the bone was detected and removed. Unfortunately, she died of pleuro-pneumonia.

Mr. Savory considered the most important point in such cases was the diagnosis of the nature of the tumour. So in Faraday’s cases, it may be well to examine, when a tumour was malignant or innocent. He considered it recurrent, and therefore advocated amputation. In cases where the tubercle was in bone, he thought it might often advantage be removed by scooping.

Mr. Packer desired to have the operation to the test of experience. His design was merely to enforce that which was admitted by many, though under a kind of protest. The alternative he considered to be resection rather than amputation. But even that was accompanied with much inevitable by dys to the limb; consequently enucleation was, where possible, to be preferred.

A Fourth Series of One Hundred Cases of Ovariotomy, with Remarks on the Diagnosis of Uterine from Ovarian Tumours.

By T. Spencer Wells, F.R.C.S. Eng., Hon. Fellow of the King and Queen’s College of Physicians in Ireland; Surgeon in Ordinary to the Queen’s Household; Surgeon to the Samaritan Hospital for Women.

Following the order of former papers, the author has arranged this fourth series of 100 cases in tables of three series.

Series 1. Cases in which ovariotomy was completed—100 cases; 73 recoveries, 22 deaths.

Series 2. Cases in which ovariotomy was commenced, but not completed—6 cases: 2 relieved or cured, 4 died.

Series 3. Cases where an exploratory incision was made—7 cases: 5 recovered from incision, 2 died.

He shows that the mortality after ovariotomy is steadily diminishing:—Of his first 100 cases, 34 died; of his second 100 cases, 23 died; of his third 100 cases, 23 died; and of his fourth 100 cases, 16 died. For the first 100 cases he was in hospital, and 56 in private practice. In private practice the mortality was only 14 per cent., while in hospital it was 31 per cent. The author believes that the mortality in private practice may be taken as a guide to what may become the general average mortality after ovariotomy, and he is confirmed in this belief to reduce to about ten per cent., without excluding those extreme cases where the operation is performed as a forlorn hope.

The author then proves that large tumours of the non-gravid uterus have been frequently mistaken for ovarian tumours; and he points out how they may be distinguished from each other. He shows that there is nothing in the history of a doubtful case which affords any very decisive assistance, and then examines in detail the signs afforded by inspection and measurement of the abdomen, by palpation, and by percussion and auscultation, which are of value in diagnosis.

He then describes the conditions to be observed in examination by the vagina and rectum—alone or combined—and in conjunction with examination by the abdominal wall; referring to a future opportunity any account of the results obtained by exploratory puncture or incision.

Dr. West, after congratulating Mr. Wells on his signal success, pointed out that the great number of errors fallen into were from not bearing in mind all the precautions to be taken to avoid mistake. We should fall into few errors if we took all the precautions laid down by Mr. Wells. He took the opportunity of publicly acknowledging his mistake in opposing the operation, which nevertheless would never have been the boon to society it now is had it not been for the pains bestowed on its perfection by Mr. Wells. It was not mere dexterity which was required, but to be very sure of what had to be done and what dangers were
TRANSACTIONS OF SOCIETIES.

June 20, 1871.

THE SURGICAL SOCIETY OF IRELAND.

FRIDAY, MAY 5, 1871.

JACOB'S ULCER.

DR. ARCHIBALD JACOB said the case he was about to mention terminated very lately, and he had hoped to have brought it in a more accurate form under the notice of the Society, and to have asked that opinion in various points concerning the disease, which he thought were unexplained as far as the authorities went. It was a case of "rodent ulcer," generally known as Jacob's ulcer; and during his attendance on it he was struck by a variety of peculiar symptoms, and circumstances connected with it, from a pathological point of view, to separate it from all diseases of the same character. The old lady, who was the subject of this ulcer, was eleven years under the care of her father and himself. During that time, she passed through all the stages of rodent ulcer: it had lied; it had been drawn from simple exhaustion; and there was hardly a form of treatment which had been recommended, or which such knowledge as he had of pathology could recommend to him, that he had not tried with her; but the most extraordinary part was that he had not been able to ascertain any line of treatment which had uniformly any peculiar influence on it. The patient, when she came under his father's notice, was affected with a small tumour commencing over the region of the lacrimal sac. It assumed the usual condition of an irritative tumour, and the moment the surface was exposed to the air the progress of the disease commenced, and it extended steadily up to a recent period. He had observed, that, every extension of the ulcer was attended with certain distinct symptoms, over which he could exercise no control, and over which he could not ascertain that any peculiarity of constitution had any control or influence whatever. One of these symptoms was an increase of the ophthalmic tumour from the surface of the ulcer and an increase of discharge. He always searched most diligently for any constitutional peculiarity that preceded or was coincident with this, but the moment he perceived the factor coming on he was prepared for an extension of the disease. The ulcer would remain for a time in a languid or torpid condition, and suddenly without local condition of any sort or season of the year, he would observe this factor and discharge commence. Then suddenly the ulcer would commence to extend from a certain point, and one of the most peculiar symptoms was, that this ulcer while it extended in one direction healed in another. He naturally assumed that there could be no constitutional condition which would set going this peculiar extension of the ulcer. He found that no line of treatment whatever except a tentative one, was of the slightest use towards checking the extension of the ulcer. He tried from time to time all the various specific and agents recommended for it. His line of treatment was the thorough cleansing of the ulcer from discharge, and then the application of a caustic and corrosive local agent. If the ulcer was an ulcer, those was, tannic acid or perchloride of iron, each would have a certain effect for a certain time, and then all advantage would be lost, and if he did not alter his line of treatment, he might be quite certain no agent would have any continuous effect upon the ulcer. He watched this case from month to month, and from year to year. The reason his attention was called to powerful astringents was, that an attack of hemorrhage occurred from the angle of the eye, and he applied pledgets saturated with tincture of iron to the place. When these had been cast away a number of times, he observed a marked improvement in the surface of the ulcer, and round the pledget was a ring of new skin. He thought naturally that what had been successful there might be successfully applied to other parts. He tried it for over three weeks or a month, and the success was considerable but then the ulcer took on itself a retrograde character, and he found the application of this tincture was of no use. He then tried constitutional treatment. He tried phosphorised oil, and Donovan's solution, but he could not discover that they had any effect whatever. At last, matters were brought to such a condition, that death from an ensuing hemorrhage from the surface of the sore was imminent. He was called in and found the old lady in an anemic condition. It became necessary to apply some styptic to stop the hemorrhage. He cast about him for what would be the most suitable, and tried Richardson's styptic with great success. The temporary effect on the disease was very remarkable indeed. For six weeks or two months, there was a constant act of healing. All parts of it commenced to heal, and it proceeded favourably until a comparatively small part of the original gap remained. At the end of six weeks however, the ulcer began to recur. He again had recourse to arsenic, phosphorised, and everything he thought could be of use, and without anything more than temporary relief. Eventually, the patient sank, dying in the end, principally of exhaustion from hemorrhage, and from the impossibility of administering to her proper food and medicines. He thought it well to take the opinion of the Society on this case, because the disease itself appeared to him to be one perfectly unique, and separate and distinct—one sui generis as regards pathology. He had puzzled himself as to why the internal canthus of the eye should be attacked by disease; whether it could be from anything in the seat of the disease, for he had removed it from the external canthus, but three out of every four cases of the kind occurred in the internal canthus. The existence of the lacrimal sac had nothing to do with it, for the sac was dissected by the patient herself, and there was no connection whatever. He also had the greatest possible difficulty in understanding why the disease should extend in one part, while at the same time it was healing in another. It appeared to him difficult to account on physiological grounds for this peculiarity. The course of the disease was this: that it commenced in a healthy state, it had what was known as the tubercular condition, but as soon as the disease re-took on an extending character, the edge melted away, it became chilblained and the disease extended in that direction. He had tried every local application and found that anything like counter-irritation would more injurious than helpful. One of the forms of nitrate of silver or nitrate of mercury was employed, the more rapidly the disease extended. Therefore, he arrived at the conclusion that a sedative and astringent treatment was the only one in which trust could be placed, and that the trust could be only of a temporary character, that there was in fact no treatment that could be depended on to check the progress of this disease. He had not the slightest success except a temporary one, and he would be glad if any member of the Society could give him a hint of a mode of treatment which might be more successful than that at present; still constantly checking the extension of the disease in any given direction.

DR. HEWITT thought that rodent ulcer was analogous to lupus. They possessed several features in common. Like Jacob's ulcer, lupus commenced, in the first place, in the canthus; in the second place, it was an ulcer spreading in a given direction; in the third place, it healed in one extremity while it spread in another; and lastly, any mode of treatment had little or no effect on the disease. Dr. Neillan had pointed out that lupus superficialis, which was only found on the face, had all the characteristics of rodent ulcer. There were other forms of lupus, one attacking the nose, and the other the extremities only; and the effect of treatment on them was similar to that experienced by Dr. Jacob. From the clinical treatment of the case, he thought the disease was classified, both pathologically and practically, to lupus.

Professor HARGRAVES asked did Dr. Jacob ever try the effect of the actual cautery. He had seen some very obstinate ulcers heal after that treatment had been adopted. The sealing of the ulcer had also been found very efficacious. They had found in some cases that the new ulcer was not re-formed, but a piece of cuttage-percha was then applied over the hole, and this was kept in its place by another piece of sticking-plaster, and colloidion was applied all round so as to keep out the air. This plan he had found very effectual in producing cicatrization,
LEADING ARTICLES.

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Dr. Wharton said the great distinction between Jacob's ulcer and lupus was the bleeding which occurred in the former. As to the ulcer healing in one part and breaking out in another, it was not confined to Jacob's ulcer or to lupus. Some cases of syphilis included the same feature.

Mr. Stokes said he had treated cases of Jacob's ulcer by one of two methods. One was excision of it, and the other the application of powerful caustics. As to excision, the results were not at all satisfactory. Although the disease was excised as well as the knife could do it, yet it returned, and appeared to spread with greater rapidity than before the operation. With regard to the treatment by caustics, he had used two—one, acid nitrate of mercury, which he thought the better of the two, and the other, Lanndolph's paste, containing bromine, antimony, and gold. In one case in which he used the latter, the failure of it was so evident that he gave rise to disagreeable symptoms.

Dr. Kelly called attention to the fact that, on the two occasions on which Dr. Jacob procured repARATION in the ulcer there was local deploration. Before the use of the styptic on those occasions, there had been hemorhage; and it was well recognised that local deploration was often followed by repARATION in ulcers.

Dr. Jacob, in reply, said, with regard to the use of cautery, either chemical or mechanical, it would be easily understood that the great age of the lady presented any peculiarities in the use of powerful caustics. He did not try Lanndolph's paste, but he did at one time apply nitric acid, and the result was anything but satisfactory. He thought the extention of the disease more rapid after he had used it. He had tried nitrate of mercury in a milder form; but he did not think that bore on the action of cautery, because it was applied of sufficient strength to have a cauterising effect. He did not follow the treatment by scaling, and there would have been great difficulty in doing so; for during the greater part of the time he had charge of the case, the ulcer extended from the right side of the nose to the orbit and to the side of the cheek, and it communicated with the posterior nares. As to local deploration, the point mentioned by Dr. Kelly had struck him; and although he did not think it right to deplete a patient of that age, whose strength had to be kept up by brandy and eggs, he was so struck with the appearance of the ulcer, that he tried the application of five leeches close to the place where the ulcer was extending; but the constitutional results were not satisfactory, and the local results not sufficiently promising to induce him to continue the experiment. As to the analogy between this disease and lupus, there could be no doubt there were considerable points of resemblance; nevertheless, there were symptoms that distinguished this disease from lupus. The Vice-President had mentioned one—the hemorhage; and he thought the great length of time which this ulcer took to extend was another. He had seen many cases of lupus, but he never knew an instance in which, in a period of eleven years, it had not sufficed to make a greater extension than the size of three or four crown pieces. He thought it usually took a more rapid course; and these two peculiarities were sufficient, he considered, to distinguish this disease from ordinary cases of lupus.

The President then delivered the address. The session then terminated.


S. M., white, at. thirty-three, while working on the deck of the U.S. steamer Alaska, during a gale of wind, on July 9, 1870, was struck in the face by the "leading block of a reef-tackle." Both superior maxillae were separated from the superior facial bones without much displacement. The teeth, alveoli, and hard and soft palate were displaced. The patient was referred to Dr. Latta, who saw obvious injury of the mucous membrane of those parts. The whole (teeth, alveoli, &c.) dropped down perceptibly when force was applied to any part. Slight wound of left ala of nose externally. No other flesh wound. Bleeding freely from posterior nares, through the nose and down the throat. He soon recovered his senses after the accident.

Diagnosis.—Fracture of the superior maxillae at their union with the superior facial bones.

Ordered to inject nares with cold water, rinse mouth freely with water, to lie in semi-recumbent position, and keep both the superior maxillae at rest. B. Liq. morph. sulph. 5j., at night.

On July 10th his face was very much swollen; eyes closed; bleeding decreasing gradually; slept well; breathes freely through the mouth; nose plugged with clotted blood; talks with difficulty. Ordered fluid food; wash face with the following, viz.: R Alcohol and water, equal parts. Morphia at night. No other treatment was adopted.

Swelling gradually disappeared, bleeding ceased, and on August 15th he was discharged fit for duty. Bones not at all movable. No deformity whatever resulted from the injury. In this case there was undoubtedly ocious union. The great trouble in these cases, when much swelling exists, is to make a positive diagnosis. This was done in the above case by discovering the movement of the superior maxilla.—A merican Journal of the Medical Sciences.

The Medical Press and Circular.

"SALUS POPULLI SUPREMA LEX."

WEDNESDAY, JUNE 28, 1871.

PROGRESS OF THERAPEUTICS.

The Harveian Oration delivered on Wednesday last at the Royal College of Physicians of London was the occasion of bringing forward the progress of therapeutics before an appreciative audience, and we congratulate Dr. Chambers on his choice of a subject and ourselves on the opportunity of hearing the author of the "Renewal of Life" put his views so clearly and strikingly. It is altogether opportune at a time when therapeutics is engrossing so much attention by some of our younger physicians, that we should wish to enter a protest against the orator's insinuation that lecturers still confine themselves to discussing catalogues of drugs. This notion is not correct, although we were sorry to observe a little while ago that the Association Journal put it forward in a most offensive way, and even passed a most undeserved and unwarrantable slight on the present incumbents of the chairs of Materia Medica in London. We know of three or four schools where therapeutics is carefully taught. The lectures reported in the Association Journal if delivered to students, whether appreciated or not, might themselves have shown what one teacher is.
doing, and we know of at least one lecturer on materia medica who has this year made his course altogether therapeutic—has not "discussed the varieties of eunuchs"—has in fact referred his pupils to the text-books for the enumeration of the varieties of this and every other drug, and has made his Chair one from which to lay down the general principles of therapeutics. And these pupils assure us that they are interested and that their teacher has put the dryest subject of their curriculum in an attractive form.

This exception being taken we do not propose to offer further criticism but to give a brief sketch of Dr. Chambers's brilliant oration.

Therapeutics, the Orator said, is now passing through a crisis which will determine greatly its future march; it is entering upon a physiological, a biological phase. We are more and more influenced by the idea of disease being a mode of living, an imperfect form of undeveloped vitality, a loss of something present in health. The physicians of Athens were the first to recognize that health and disease obey a universal law. The important point in their opinion was, the excess of some normal constituent of the body, a view that still survives in the notion of elimination. Galen added the idea of force as distinct from matter; disease was to him a force foreign to the body, and the duty of the physician was to oppose it. This doctrine of cure by contraries has held its ground for centuries, and it will hold its ground so long as constitution yields to purgatives, and sleeplessness to opiates.

Disease was a little later regarded as an effort of nature to get rid of something; it was the duty of the physician to assist nature—a theory which has been very useful in permitting a milder treatment of acute ailments. Neutralisation of disease was another theory. This arose from the application of chemistry to the method of cure by contraries. It assumes that in disease a substance is found in the body different from any in health, which, combined with another, forms a third harmless body. This theory has had many advocates, and has advanced with advancing chemistry to the present day. The theory of treatment by counter-irritation was next considered, and the Orator said it is one that owes its prominent application to the study of morbid anatomy. The idea is, that by exciting, artificially, diseased action, that which previously existed may be destroyed. It is obviously made more universally applicable by the exact determination of the localisation of disease, and so with the advance of morbid anatomy it has more and more engrossed our attention.

The idea of disease as a something to be eliminated, opposed, neutralised, enters into all these theories. But the tendency of the medicine of to-day is to regard disease not as something more, but as something less than life. Under the light of advancing physiology, morbid substances and actions appear examples of arrested development, and the end and aim of treatment is to restore or develop into fuller life those identical morbid substances which our forefathers endeavoured to get rid of. This is well shown by a comparison of the treatment recommended in the articles in Reynolds's "System of Medicine" with those on the same diseases in the "Cyclopedia of Practical Medicine."

Recent introductions into the materia medica teach the same lesson. None are of a nature to augment destructive metamorphosis, but many are calculated to form the basis for new cell development. Alcohol, though hardly a new remedy, since it came into use soon after the Deluge, is yet used with a new intention. Our predecessors regarded it as a fuel to life's flame, augmenting heat, secretion, power. We find it a damper to that flame. It has been used in medicine, and as a good friend to humanity out of medicine, through all these centuries; and now we use it in a different class of cases, with better results. With many other remedies—quinine, oxygen, arsenic—a like change has occurred.

Fresh light is thrown by the change in therapeutic thought upon the interesting class of substances called alternatives. As for example, the iodides and bromides, of which the sole function seems to be to cure failing functions, are restored by them without the destruction of morbid tissue. The link between the various diseases benefited is probably afforded by the action of these alternatives over the white fibrous tissues which envelop the bones and nerve-trunks, and which, in all the diseases benefited, are more or less involved.

That which has more than anything contributed to our change of practice is the gradual change in ideas on inflammation. Addison regarded it as an increase of vital action; now, morbid anatomists, chemists, physiologists, unite in treating it as a perverted incomplete nutrition. The morbid anatomist also classes morbid products as high or low, according to their proximity to a departure from the normal type.

The Orator then spoke of morbid germs. The state which they produce in the body, he said, must be an arrest of its normal functions. The idea of their prevalence is not without its hopeful side. The recent doctrine and practice of skin-grafting shows that there may be germs of health as well as of disease, for the influence of the implanted fragment of skin seems to infect neighbouring tissues. This infectious influence of a healing part may possibly afford some explanation of the beneficial influence of counter-irritation. It is not mere experience which is teaching us these things, but designed scientific experiment. Science may guide as slowly, but she never guides us backwards.

Dr. Chambers then alluded to the promising field for future investigators which had been opened by recent scientific aids to the examination of the exact conditions of the circulation of the blood, and to the importance of experiments on the lower animals. He concluded by urging the training of students in the systematic observation of the effect of drugs, and enforcing the duty of hospital physicians to assist in the determination of questions of therapeutics.

Notes on Current Topics.

The Royal Commission on Contagious Diseases.

The Commission has been engaged during the present week in the consideration, paragraph by paragraph, of the ample Report to the Crown, prepared by its Chairman, the Right Hon. W. Massey. The Report proposes, we have reason to believe, the repeal of the Acts of 1866 and 1869. It is probable that a majority of the Commissioners will support this recommendation; while a considerable minority of them are in favour of the abolition of the Act of 1864, and, with it, of all legislation on the subject.
The Sanitary Condition of Paris.

The Journal Officiel of Tuesday contains the following article:—

"The Council of Health for the department of the Seine hastens to reassure the public upon the subject of the present sanitary condition of Paris, and to remove the apprehensions which some persons erroneously entertain of future dangers. No epidemic of any kind is at present raging in Paris. Even small-pox has ceased in an epidemic form. Acute diseases, also, are very rare, as is proved by the condition of the hospital. Everything, therefore, is satisfactory so far as the present is concerned. The apprehensions which have been expressed for the future are based upon the belief that very numerous burials have been made in the midst of the city, and in certain public places which are specified, in a manner inconsistent with the teachings of experience, and with the regulations prescribed upon the subject. These apprehensions are also the dictate of foundation. If for a few days, in consequence of the terrible events which we have witnessed, and of the difficulties of all kinds which have arisen from them, some irregularities were committed, they have now been completely remedied. The removals have been effected, and everything has since been done in the usual manner, and with the utmost carefulness. The greatest activity has been displayed in the removal of all substances dangerous to health, or liable to produce unwholesome exhalations. It may, then, be stated that the health and sanitary condition of Paris at the present moment are highly satisfactory, and there is every reason to believe that it will continue so. The care which the Council has exercised in dividing among its members the charge of the various arrangements of Paris, and the constant supervision which has followed from that course, are certain guarantees of a rapidity with which every cause of insalubrity will be removed."

Factory Inspectors' Reports.

Mr. Redgrave, in his last report, makes the following observations:—

"The obtaining of surgical certificates is still a source of annoyance to manufacturers. I may illustrate the nature of the annoyance by the following circumstances which occurred in my district: It has been publicly stated in the medical journals that three certifying surgeons in one town realised £3,000 a year each from their office. I have no doubt this is an exaggerated statement of the enrolments of the office; but it is undeniable that the income of these gentlemen has been very considerable. Instances of what has been paid in this town have come within my own knowledge, and if proportionate advantage had accrued from the services of the surgeon, I should be last to object; but feeling that their services are to a great extent unnecessary, I view the present state of things with great regret. Sometime since I found that one of these certifying surgeons had visited factories regularly every week, receiving an annual salary for such visits, and during the whole of the time he had not to perform a single act except to record his visit in a book. As an instance in another district, the sub-inspector upon visiting a factory had to complain of many persons not being certified by the certifying surgeon; the excuse was that the surgeon was paid a salary of £13 a year to call once a week at the factory, and that the blame was to be attributed to him. Upon further inquiry it appeared that the certifying surgeon had visited the factory nine times only in the course of the year, instead of fifty-two times, thus receiving a fee of £1 6s. per visit."

Newspaper Morality of the Nineteenth Century.

We quote the following sentences without comment from the Saturday Review, the pet periodical of the mental philosophers of England, italicising phrases which appear worthy of consideration:—

"The tenderness to human life of which we are apt to boast may be, and at the present time probably is, carried to excess! Infanticide is doubtless an immoral practice, and if carried to excess would lead to very gross abuses, upon which it is unnecessary to insist. But though it may be wrong actually to kill off the more weakly members of a race, is there any sufficient reason for going out of our way to preserve them?"

Homeopathic Abstractions.

In the Medical Investigator (Chicago), Dr. Ballard reports a case ofague, which had lasted ten days, to have been cured by a single dose of arsenicum 61,000. The Homeopathic Review feels constrained to ask—What do these figures really mean? By what process was this high degree of dilution obtained? To proceed after the manner of Hahnemann in attenuating, the manufacture of such a dilution would occupy a man, working constantly for ten hours a day, three hundred and five days! Did any one ever undergo such incessant labour as this for the purpose of producing so mythical a preparation as arsenicum 61,000?

Protection from Poisoning.

As might have been anticipated the English druggists are in an unavailing ferment with regard to the Pharmacy Bill, which the government has introduced to compel them to adopt precautions against accidental poisoning. The last issue of the Pharmaceutical Journal is heavy with the denunciations of provincial associations of Mr. Simon and the Privy Council. At the Liverpool meeting, a resolution was proposed which commends itself to our sense of justice.

"That this meeting is of opinion that the exemption of medical men, keeping open shops for the retailing, dispensing and compounding of medicines, from any regulations approved by the Privy Council, should be abrogated."

The meeting rejected this motion, nevertheless it appears to us that no protection against poisoning can be complete or satisfactory, which does not include medical dispensers. The risk of accident would appear prima facie to be even greater in their case than in that of pharmacists, inasmuch as their functions and attention are not solely given to the making up of medicines. The Glasgow chemists considered that "the safety of the public is best secured by the proper education of the dispenser," but we fail to understand that the complete knowledge of drugs and chemicals would operate to prevent a wrong bottle being taken from a shelf in the hurry of a large dispensing business.

Meanwhile, the government plainly pursues its way. The Pharmacy Bill having passed the House of Lords, was brought in and read a first time on the 19th, and was set down for reading a second time on Monday last, and may be now said to be law.

A deputation of chemists and druggists had an interview with Mr. Forster, on Thursday last. The medical officer of the Privy Council was present. Mr. Jacob Bright introduced the deputation, and eleven members of Parliament were present.

Mr. Schacht, of Bristol, and other gentlemen having stated the object of the deputation.

Mr. Forster pointed out that the figures produced showed that, exclusive of medical practitioners, only one-fourth of the persons keeping open shop as chemists and
NOTES ON CURRENT TOPICS.

June 29, 1871.

druggists were members of the Pharmaceutical Society, and it might be presumed that the remaining three-fourths comprised many who did not possess the educational qualifications which had been relied upon by the speaker as being all that were required for the protection of the public. Respecting the feeling of the trade and the absence of public opinion on the subject of compulsory regulation, he said that Parliament had already considered the matter and passed the existing Act, which, according to his reading of it, required that regulations should be framed and become compulsory; that the course pursued by the Society had been brought under his notice, and he thought it a duty, as a member of the government, to see that, so long as the Act remained unenacted, it should be carried out; that the government had not been hasty either in framing the Bill now before the House of Commons or in passing it through the House of Lords,—that, in fact, the course of the Bill in the upper house was usual; and with regard to the future, he was quite prepared to afford every opportunity for discussion, and should be happy to give his most careful consideration to any suggestions which may be made for improvement of the Bill, but that he could not encourage the idea that the Bill would be withdrawn or postponed until next session; and then, said that he individually thought that a *prima facie* case existed for placing all persons keeping open shop for the retailing of poisons on an equal footing with respect to formalities, and he should be glad to consider any clause which might be framed with that object.

The "Lancet" and the Spectroscope.

Our contemporary is not to be suffered to ignore its error. Indeed, from the first seeing the important issues raised we spoke out strongly. We have now another piece of evidence. Mr. Stokhart, of Bristol, who has had much experience in the use of the spectroscope thus writes to our respected contemporary the *Pharmaceutical Journal*:

Sir,—All who are in the habit of reading the *Lancet* must have remarked the article in a recent number, containing some rather caustic reflections on the value of part of Dr. Leetheby's evidence, in which he refers to the valuable aid afforded by the micro-spectroscope. Either the author of that article must have been misled, or not much accustomed to the use of that instrument.

The bands produced by the blood-spectrum are by no means "dim," but, on the contrary, well defined when observed by a properly-constructed instrument. The micro-spectroscopes generally sold differ greatly; most of them give rectangular fields, but all are not equally adapted for observing the spectra of coloured solutions. The presence of one kind are so arranged that the colours run parallel to the short side, and are much diffused. The others are so arranged that the colours run parallel to the long side of the rectangle. The former arrangement is the best for observing the spectra of incandescent metals, and showing what the Editor of the *Lancet* terms "the China ribbon" lines. It will, however, give very inferior results with the absorption bands of coloured liquids. The latter arrangement, or that with the colours running parallel with the longest side of the field, will show them well defined, even when a very diluted solution of blood is used.

Moreover, this is not the chief point to be observed in micro-spectroscopy. It is not so much whether the bands are well defined, but their position in the spectrum. It must have constantly occurred to every observer that there are numerous examples that, when placed on the stage of the microscope one after another, appear identical even to the most practised eye and the closest scrutiny. But when two spectra are placed side by side by means of the auxiliary prism, the question of their identity is instantly decided. If the spectra be from the same substances, they will fit exactly on the other; but if not, there would be what the geologist would term "a fault." Mr. Sorby and Dr. Leetheby are quite correct when they say that no other known spectrum is like that of blood. If the spectrum of blood be observed by the terminal prism of the spectroscope, the spectrum of no other known substance, placed in juxtaposition by means of the side prism, will exactly match it.

The jargonium fallacy has nothing whatever to do with the question; and, before taunting Mr. Sorby, the Editor of the *Lancet* would do great service in the cause of medical jurisprudence if he would name any substance that would give a spectrum coincident with that of blood.

Small-pox and Vaccination in the Metropolis.

At the last fortnightly meeting of the Metropolitan Asylums Board, a most important resolution was adopted in reference to future legislation upon the subject of compulsory vaccination. It appears that Mr. Forster, M.P., is about to introduce on behalf of the Government a new measure upon the subject, and the Metropolitan Asylums Board having been called upon to offer suggestions for framing the Bill, on Saturday afternoon unanimously adopted a resolution suggesting the propriety of not only establishing a Central Vaccination Board for the whole Metropolis, with powers to enforce vaccination in every district, but also a vaccination board for the entire county. Upon the subject of the prevalence of small-pox in the Metropolis, the board finding that the epidemic has become nearly stationary, and having 200 vacant beds at their disposal to meet any immediate emergency, have thought it advisable to hold their hands at present in the fitting up of the second ship of war which the Government had placed at their disposal to serve the purposes of a convalescent hospital.

The late Mr. Hill, of Portobello.

This respected surgeon died on the 10th inst. in the sixty-ninth year of his age. He was one of the few who after many years' service as a Poor-law Medical Officer had been voted a retiring allowance. Honour to the memory of one who had thus laboured.

Death from Bathing.

A VERDICT of "Death whilst bathing through syncope from disease of the heart," reminds us that the bathing season again brings its dangers to individuals. However desirable it may be to encourage bathing among the masses of the people, these can be no doubt that some individuals run fearful risks by indulging in the bath without medical advice.

Vaccination.

In the *Presse Médicale Belge*, we read that in France, from 1816 to 1841, the proportion of deaths from variola has been sixteen non-vaccinated to one vaccinated; in Wurtemberg, from 1840 to 1850, thirty-eight non-vaccinated to three vaccinated; in the hospitals of Vienna, thirty non-vaccinated to five vaccinated; at the London
Small-pox Hospital, the proportion has on average been thirty-five non-vaccinated to seven vaccinated. Also it seems that spontaneous vaccine disease has just been discovered afresh by M. Pétry, a veterinary surgeon of Esneux, upon the whole of the cattle of a farm. Dr. Larondille, of Verviers, was summoned to confirm this important fact, which the writer in the Presse alleges will permit a fair face to be maintained towards the epidemic which is raging at present both in the province of Liège and throughout Belgium. He adds that it appears that in England in seven years, the mortality among non-vaccinated persons was respectively 480, 360, 380, 357, 388, 340, 385; and amongst individuals duly vaccinated, only 120. Before the introduction of vaccination, about one-twelfth of the mortality of England was due to variola.

Dublin Obstetrical Society.

The Eighth Meeting of the Society was held in the Dublin College of Physicians on Saturday, June 10th. Dr. Byrne exhibited a remarkable cystoid substance expelled before labour; and peculiar membranes retained after delivery.

Dr. Kildale made to the society some theoretical observations on vaccination, and its protective power.

Vaccino-mania in a Vestry.

The incumbent of St. Luke's, in a letter to the Daily News last week, narrated how he had occasion to call at the Vestry of St. James's, Piccadilly, the centre of sanitary authority for the mother parish. On entering the Vestry-hall his eye caught the following appeal, on a staring blue and white placard, posted by the side of the official document which urges residents in the parish to avail themselves of the means provided for vaccination; "Parents, attend and protest against the tyrannical law which compels you to poison your children's blood in infancy."

The correspondent very properly declares this state of things to be inexpressibly scandalous. Here is an official body which receives stringent directions from the Medical Department of the Privy Council to promote vaccination, lending itself to advertise the theories of its most virulent opponents.

The Army Hospital Corps.

The United Service Gazette learns that it is contemplated to withdraw all men of the Army Hospital Corps now serving as clerks in the offices of principal medical officers, medical officers of recruiting districts, &c., and to send them back to their professional duties. The reason assigned for the step is that it is held to be anything but good economy to put men through an expensive course of training which fits them for attending on the sick, and then to use them as clerks in offices.

Dissemination of Small-pox.

The following facts relating to the extraordinary treatment of a small-pox patient had been for some days the subject of much comment at Queenstown. Some days ago an Australian ship arrived in the harbour with one of the sailors affected with small-pox. Whether that fact was made known to the authorities at Queenstown is not known; but the ship was brought up to Passage, where she remained anchored, the man having been kept on board. After a day or so, the man was placed on board a passenger steamer, in which were a number of ordinary excursionists, and was conveyed to Queenstown. Several gentlemen on board noticed the patient and his condition, and seeing that he was evidently labouring under the much feared malady, they were not a little alarmed. At Queenstown the patient was placed in a car and brought to the hospital where, we believe, he still remains.

Lunacy in Scotland.

Since the 1st January, 1858, the number of lunatics officially known to the Board has increased from 5,794 to 7,458; but of this increase in the number of patients in public and parochial asylums, 442 arose from the decrease in private asylums, and 256 from the decrease in private dwellings, leaving an increase of 1,664 assignable to the growth of lunacy, or at any rate to the increased number of lunatics in asylums. It appears that, on an average of the ten years, 1861-70, of every 100 patients sent to asylums, 26-1 were private, and 73-9 pauper. On the other hand, of every 100 patients discharged recovered, 25-4 were private and 74-6 pauper; of every hundred discharged not recovered, 44-2 were private, and 55-8 pauper; and of 100 that died, 18-1 were private and 81-9 pauper. In ten years the proportion of pauper lunatics in the general population has increased from 180 to 202 in every 100,000; and the proportion of pauper lunatics to paupers from 66-57 to 77-14 per 1,000. The Commissioners are of opinion that many patients are unnecessarily, if not improperly, sent to asylums.

Health of Dublin.

In the Dublin Registration District the births registered during the week ending June 10th, amounted to 172. The average number in the corresponding week of the years 1864 to 1870 inclusive, was 183. The deaths registered during the week were 134. The average number in the corresponding week of the previous seven years was 141. Two deaths (both soldiers) from small-pox were registered during the week. The Deputy-Registrar of No. 3 North City District (Blackhall street), in which the deaths occurred, makes the following statement in reference to one of the deaths: "On inquiring from the informant I learned that this soldier had recently arrived from England, and was only two days in Ireland when he took sick with small-pox. He had not the slightest mark of vaccination." He adds: "Five additional cases of small-pox have occurred lately in my district, and all except one are modified cases, having good vaccination marks. They were removed to the Hardwicke Hospital, where they are progressing favourably. One case, at 3 Stanhope place, is of the confluent nature, a child eighteen months old, which was never vaccinated. I regret that we have registered another death from small-pox, occurring at the General Military Hospital. It is very important that the public should know the protective influence of vaccination." Nine deaths resulted from fever: six from typhus and three from typhoid or enteric fever. Scarlet fever proved fatal in five instances. Four deaths were caused by whooping-cough, and one by croup. Seven deaths were referred to bronchitis, and two to pneumonia or inflammation of the lungs.
Bright's disease caused two deaths. Six deaths were referred to heart disease. Twenty-three persons died from phthisis or pulmonary consumption, eight from mesenteric disease, and five from hydrocephalus, or water on the brain. Three of the deaths registered were accidental, viz., one from scalds and two from drowning.

The Small-pox Epidemic.

Several months have elapsed since the commencement of the outbreak of small-pox, and so far from the disease having been brought under control, it seems to have gathered strength and to be as virulent as ever. Dr. Bridges, the medical adviser to the Poor-law Board, reported on Saturday week, that the new cases numbered 624 in the fortnight, against 563 in the previous fortnight. These were simply new cases reported by the relieving officers of London. The disease, he added, might be considered stationary, but it had shown itself so capricious that it would be absolutely necessary for the Asylum Board to keep plenty of vacancies in case of any sudden emergencies; in other words, the disease is now as prevalent as ever, and we may consider ourselves fortunate if it has not yet reached its height. The Pall Mall Gazette says that, to add to the gloom of our prospects, the chairman expressed his opinion that it was necessary for the managers to be prepared to meet an epidemic of fever, as such an epidemic was certain to follow—in fact, there were now ten cases from one parish. The report of the Hampstead Hospital, presented by Mr. Wyatt, discloses a melancholy state of affairs. The mortality has been very heavy during the past fortnight, which was attributed to the cold and ungenial weather. The report from the Stockwell Hospital shows that the type of the disease is at the present time exceedingly severe, and it is evident the disease is again spreading.

West of England Sanatorium.

The foundation stone of the West of England Sanatorium was laid some few days since, with Grand Masonic ceremonies, by Earl Carnarvon. The idea of providing a convalescent home for the patients of hospitals was conceived, some eight years since, by Mr. R. A. Kinglake, and put into practice, in 1868, by Dr. Horace Swete, supplemented by the exertions of Messrs. Pooley, Kinglake, Girldstone, Knaptom, G. Poole, and others. In that year the scheme was commenced in a very humble way, in a cottage in a back street of Weston-super-Mare, and last summer it became necessary to build a wooden house, when the number of beds was increased to thirty-six. The new building is contemplated to accommodate 100 beds. It will face the sea, the sands affording excellent bathing ground for the patients. We cannot too strongly commend the zeal of the promoters of a work which, when completed, will not only prove a boon to poor sufferers themselves, but will eminently supplement the exertions of those labouring in the cause of health, the want of proper care, nourishment, and supervision during convalescence often baffling, after recovery from acute illness, the most accomplished skill which medicine or surgery can produce, while hospital atmosphere is completely contra-indicated.

Sir G. Jenkinson has introduced a Bill to substitute a lighter punishment than death, for mothers convicted of destroying their infants under a week old.

Is the Production of the Child necessary for a Vaccination Order?

An important judgment upon appeal of the Court of Queen's Bench has been delivered.

The Vaccination Act, 1867, provides that upon an information to a justice of the peace that any child under the age of fourteen years has not been successfully vaccinated, and that notice given to the person having the custody of such child has been disregarded, "the justice may summon such parent or person to appear with the child before him, and if he sees fit, make an order under his hand and seal directing such child to be vaccinated within a certain time," and a penalty is imposed for disobedience of the order. The respondent was summoned under the above section to appear with his child before a magistrate. He appeared, but refused to produce the child. The magistrate thought he had no jurisdiction, upon the appearance of the defendant without the child, to make an order for the vaccination.

The case having been argued, the Court of Queen's Bench held that the production of the child before the magistrate was not a condition precedent to the making of the order. "It would be very absurd," said Mr. Justice Blackburn, "if the Legislature had said that the appearance of the child should be a condition precedent." "And," added Mr. Justice Mellor, "it may be very advisable that the child should be brought, but if the parent will not bring it, his continuance cannot be supposed to obstruct the operation of the Act of Parliament."

Irregular Consultations.

A "Consulting-Physician," writing to the British Medical Journal last week, says: "The etiquette which rules that the educated and qualified physician shall not meet in consultation a person who is neither the one nor the other, is so important a guide in practice, both as regards the welfare of the public and the status of the profession, that I, for one, cannot but regard the statement by distinguished physicians in Dublin, that it is customary for physicians to meet in consultation unqualified and unregistered practitioners, senior students, or apothecaries' assistants, with unqualified alarm. I repudiate the idea that physicians constitute themselves detectives, by watching over the honour and dignity of the Profession; and I not only see no harm, but I regard it as a duty when called to meet a gentleman in consultation, to ascertain, by reference to the "Medical Directory," what his qualifications are. . . . I protest strongly against the imputation, if applied to English physicians, for it has not come to my knowledge that such things are done in England, and I can scarcely have been in London practice for twenty-three years without having met with cases of the kind.

Small-pox at Southampton.

Dr. Hearne writes thus:—"I am pleased to inform you that the death rate from small-pox appears to be gradually decreasing in our town this week, ending 4 p.m. to-day (June 24), thirteen as compared with sixteen and twenty-five in preceding weeks.

"The registrar has kindly furnished me with the ages of 159 of those who have died from small-pox in Southampton within about three months, forty-eight being under five years of age, and sixty-nine under ten; figures, in my opinion, strongly condemnatory, conjoined with other pertinent facts of stational vaccination as now carried out."
St. Thomas's Hospital.

The new hospital was duly opened by the Queen last Wednesday. Her Majesty named two of the wards "Victoria" and "Albert" respectively. The ceremony was brief, but it was well to see the Queen so naturally occupying such a position. The Treasurer of the hospital received the honour of knighthood. We think the advisers of Her Majesty might have taken the opportunity of distributing a few such honours among the medical staff, which after all is the most important part of the Charity, and the act would have been grateful to the Profession, which is too much slighted in such matters.

The staff of the new hospital, strengthened by the recent additional elections, includes Dr. Peacock, Dr. Bristowe, Dr. Clapton, Dr. Murchison, and Dr. Barnes; Mr. Le Gros Clark, Mr. Simon, Mr. Sydney Jones, Mr. Croft, and Mr. Liebriech; Dr. Stone, Dr. Ord, Dr. John Harley, Dr. Payne, and Dr. Gervis; Mr. MacCormac, Mr. Waggstaffe, Mr. F. Mason, and Mr. H. Arnett.

Suppose several of these men, those who officially received the Queen in the wards, had been honoured in the same way as the Treasurer? It would have been a graceful acknowledgment of the claims of the Profession, which we feel sure Her Majesty would have been ready to bestow, had her advisers offered the hint. So niggardly are the rewards bestowed on medical men who serve the State, that the whole Profession is discontented. In England alone is medical science, as it were, under a ban.

DR. BARNES has been elected Hon. Member of the St. Petersburg Society of Physicians.

The Baly Medal was conferred on Dr. Lionel Beale at the conclusion of the Harveian Oration.

The Liebig's Extract of Meat Company slaughtered 88,869 head of cattle last year.

The Asylums Board has made some important suggestions respecting vaccination. No doubt their communications will have considerable weight with the Government.

The annual meeting of the British Pharmaceutical Conference will, this year, commence on Tuesday, the 1st of August, at 10 a.m., in the Craigie Hall, St. Andrew's square, Edinburgh.

Our medical contemporaries all agree with us as to the conduct of the Pharmaceutical Society, on the question of the regulations of poisons; and Government has introduced a Bill to enable the Privy Council to enforce, without further delay, those provisions for the protection of the public which the Society has declined to inaugurate.

The Bill to amend the law relating to the registration of births in England, just brought in by Dr. Lyon Playfair and others, will make giving notice of births compulsory. It is to come into operation on January 1, 1872. Notice must be given, after the passing of this Act, of the birth of every child within forty-two days, under a penalty not exceeding £5. In cases of suspicion of concealment the Registrar may obtain an order to inquire from any two justices, and there is a penalty, not exceeding £5, on any person whom the Registrar is thereby entitled to question, who shall answer untruly.

By telegram we learn from Chili that the cattle-plague continues to alarm stock breeders and consumers in that country. Meetings have been held to discuss the question: "Is cattle disease transmissible to the human species through the digestive organs?" The Chili medical faculty have advised carefully abstaining from eating the flesh and drinking the unboiled milk of infected cattle.

The Harveian Oration was delivered in the library of the London College of Physicians by Dr. King Chambers, last Wednesday. On its conclusion the President said it was the duty of the Council to present the gold medal, founded by Dr. Dystie of Torbay, in memory of his friend, Dr. Baly. The medal was of the value of twenty guineas, and was to be presented every alternate year to him who should be adjudged to have most contributed to physiological science. The President then handed the medal to Dr. Beale, saying that he hoped it would prove to him a stimulus for further labour, and that he would not prize it the less that the first medal had been awarded to Professor Owen.

The total population recently enumerated in Ireland amounts to 5,402,759, the sexes being 2,634,123 males and 2,768,636 females, or 306,808 of both sexes less than that returned for 1861, being a decrease of 683 per cent. during the last ten years—7.16 per cent. as regards males, and 6.32 respecting females. The present per centage of decrease is largest in the town of Galway, 22.30; the King's County, 15.84; Queen's County, 14.98; Tipperary, N. R., 14.96; and Meath, 14.39. The only localities in which an increase of population has taken place are Belfast, 43.41 per cent.; Londonderry, 20.92 per cent.; Dublin County, 2.87 per cent.; the city of Waterford, 19 per cent.; and Carrickfergus, 32 per cent. The average number of persons to a family in the year 1861 was 5.14; and in 1871 it is 5.04. In the Metropolis, the average number of persons constituting a family has decreased from 4.36 in the former to 4.24 in the latter period. In the County of Kerry the average number of persons to a family is 5.60, and in the city of Dublin, 4.24.

At a meeting of the Baby Farming Committee last week, Dr. Lankester, coroner for Central Middlesex, stated that about 100 children were found dead in his district in the course of the year. The greater proportion of these were babies found in the streets. He calculated that the proportion of illegitimate to legitimate among these was one in three. Considering that illegitimate children in England were not more than one in ten or eleven, they had evidently less chance of life than the legitimate. But coming to children above one year old, the number of illegitimate children was greatly reduced. This was not owing to their being better treated, but by reason of so many being killed off before reaching one year of age. With reference to infanticide, his opinion was that it was on the increase. He thought £5 was the proper amount for which a child could be taken care of. Below that sum there was a temptation to give improper food. The want of compulsory registration of births stopped them on
every side. He thought the law of England with regard to child murder was too severe. It induced judge, jury, and those concerned to let a woman off; the law thus, by its very severity, encouraging infanticide. He should like to see a law in operation similar to that of Bavaria and other places in Germany. The actual punishment there for child murder was twenty years' imprisonment, but it was punishable for a woman who was _encontre_ to conceal her state and make no preparations.

The Annual Meeting of the British Medical Association will be held in Plymouth, on Tuesday, Wednesday, Thursday, and Friday, the 8th, 9th, 10th, and 11th August next. Dr. Charlton, Physician to the Newcastle-upon-Tyne Infirmary, will be President, and Dr. Whipple, Surgeon to the South Devon and East Cornwall Hospital, President-elect. The Address in Medicine will be delivered by Dr. George Johnson, Professor of Medicine in King's College, London; and the Address in Surgery by Joseph Lister, F.R.S., Professor of Clinical Surgery in the University of Edinburgh.

We observe that the notices of motion to effect changes in the constitution and elective arrangements of the Association are more numerous than usual, and portend a stormy meeting. One of these motions is to the effect that the Secretary "shall reside in London, and devote his whole time to the business management of the Association, and of the Journal office." Another gives authority for the splitting of the annual subscription into halves, and empowers the Secretary to take half-a-sovereign for half-a-year. This is a movement totally unprecedented, and obviously designed to enable the British Medical Journal to underbid other periodicals, and, by cheapening the first annexation of a member, to attract those who don't now care enough for the Association to spend a pound upon it. One other notice confirms the authority, assumed to exist hitherto, to stop the issue of the Journal to a member in arrear for his subscription, but nevertheless to continue charging him with its cost. This has been already attempted in some cases, but the members were found to cherish the notion that if they did not receive the goods of the Association they should not be asked to pay for them. We shall be surprised if any vote of the Council, or, in other words, of the Journal, will make them do so.

SCOTLAND.

EDINBURGH.

On Wednesday last the University Athletic Club sports were celebrated before a brilliant assemblage of spectators. The prizes were presented by Lady Grant, and the successful competitors were addressed by Principal Sir Alexander Grant, Bart.

GLASGOW.

Andersonian University.—The endowment of the Chair of Technical Chemistry has now been completed, and M. Bischoff, of Bonn, has been appointed to the Professorship. Five scholarships of £50 each have been established in connection with the Chair. The number of students attending the University during the past year was 2,640.

Literature.

TRANSACTIONS OF THE PATHOLOGICAL SOCIETY OF LONDON.*

It has been our lot to notice many of the volumes issued by this Society; but on no occasion have we done so with greater pleasure than on the present one. The extent to which proceedings of this nature are now carried out is becoming greater and greater; and there is scarcely now any city of even moderate size which has no pathological society; and all this has occurred, we may say, within the last twenty-five or thirty years. The first society of the kind had its origin in Dublin; and it admits of no doubt that a great value attaches to them all. The very first men in the Profession attend them; and this in itself proves their value. Whilst admitting all this, however, we must not forget that the results are not all that is to be desired. It admits of scarcely any doubt that pursuits of this kind may lead to error, if not kept in their proper place. The mind is very apt to connect the symptoms, which appeared during life, with the morbid states found after death; but whilst admitting that is quite correct, it is to be observed it is only so in part. For everyone knows that, on the one hand, the same state of morbid parts does not, by any means, necessarily produce the same symptoms; and on the other hand, there is scarcely a disease of which all the symptoms may not be absent, though the disease itself is in full force. But, what is stranger still, while all the symptoms may present themselves, the disease may not exist at all. With such facts before us, it behoves us to be slow in giving too much value to the union of morbid parts with the symptoms which existed during life. That there is a certain amount of concomitance, and the first case is by T. Smith, and illustrates the fact that the sac in spina bifida may be double. This occurred in a child of fourteen months, and was congenital—being at first the size of a cricket ball, and transluent; but it grew much larger. No. 3, by J. Andrew, M.D., is entitled "Tumour of Pons and of upper part of Medulla Oblongata." It occurred in a boy of eleven years of age; always irritable, but becoming much worse within three months of his death. He was liable, at this period, to severe attacks of vomiting, becoming at same time paralytic, and weak in mind; besides a large effusion into ventricles, a tumour occupied the place of the pons. It was very hard; but the author offers no opinion as to its nature. Having seen cases of a similar kind, we would pronounce it to be strumous. No. 4, also by J. Andrew, M.D., is worth noticing, being an example of "Cysticercus in fourth Ventricle." It was met in a man, of thirty-two, who had been healthy to a certain day, when vomiting set in, followed by pain in the nape of the neck, and a tendency for the head to fall forwards. This, again, was followed by weakness of the legs, a convulsive fit, and coma. Besides a quantity of clear fluid found in the ventricles, a cysticercus was found protruding from fourth ventricle. No. 5, by which is included two cases, by J. T. Dickson, M.D., affords examples of great thickening of the dura mater found in lunatics patients. No. 7, by E. Crisp, M.D., is entitled "Large Serous Effusion into the Ventricles of the Brain, with small Inflammatory Tubercele in the fourth
Ventricle." It occurred in a girl of fourteen years of age, and the attack had been going on for fully two months before death. We cannot help observing that the treatment adopted seemed to us to have been very inert. No. 9, and 10, both by H. Webber, M.D., includes several examples of the Connexion of Tubercular Meningitis and Tuberculosis of the other Serous Membranes, with the Presence of other Caeose Deposita in the Body.* This is the interesting question now before the Profession, and we are not aware that any other author is connected with it. We have only time here to make one remark about it: we do not believe there is any such connexion as cause and effect between caseous matter and tubercules—we believe them both to be the result of a common cause. No. 11, by L. H. Down, M.D., is an example of "Paralysis with apparent Muscular Hypertrophy." This very interesting case occurred in a boy of eleven years of age. It was only some of the muscles were hypertrophied, but the case is too long for further notice here. No. 12, by the same author, is similar to the last. He states he has seen seven cases of a like kind; and in all the mind was feeble. No treatment seemed to be of any use. No. 14, by R. D. Powell, M.D., is entitled "Hemorrhage into the Corpus Striatum, in a female of twenty-one years of age—Aneurismal dilatation of the Small Vessels of the Brain; and certain it is, that the vessels of the brain may, even in young persons, become so diseased as to cause death is of comparatively recent date. The sheath of the vessels becomes, in the first instance, thickened; then, possibly, thinned; and finally, if the disease progress, dilatations of the nature of aneurism form, and these may rupture, and so lead to death. This state has been met in patients of only eleven years of age. In the present case the patient was anemic; suffered from severe headaches, and severe sickness occurring in the evening. She went to bed comparatively well; but was found the next morning with dilated pupils, unconscious, and with stertorous breathing; and died shortly after. The chief disease was found in the corpus striatum; but the vessels generally were diseased.

Diseases of the Organs of Respiration.

No. 1, by M. Mackenzie, M.D., is a curious example in which a member of our Profession, aged thirty, succeeded in committing suicide by stuffing cotton wool into his larynx. No. 2, by W. Cayley, M.D., must also be considered a remarkable case. It is headed "Obstruction of the Larynx by Viscid Mucus, caused by entrance of Tobacco; sudden death." The patient, aged fifty, was in the habit of chewing tobacco; this he had given up some time after death, as well as some particles of some mixed up with very viscid mucus, and which filled up the glottis, extending as far as the second ring of the trachea. The death was very sudden, and seemed to arise from spasm. We next have several cases, by M. Mackenzie, M.D., of tumours in and about the epiglottis, of which most were removed during life. It may be observed here that the necessity of inverting the larynx has added immensely to our knowledge of diseases of this organ, and given us the means of treating these affections with a certainty which, otherwise, could never have been reached. We doubt if any special branch of medicine has advanced so much of late years as this one; and simply because the diagnosis has been rendered so perfect. No. 10, by H. M. Tukewell, M.D., is a case of "Cyst of the Bronches, expectorating, having the subject of Chronic Bronchitis." This occurred on several occasions, and was always preceded by urgent dyspnoea. The chest was deformed at the upper part; he never spat blood. No. 13, by C. De Morgan, is worth noticing, as being a case where there were, during life, anomalous symptoms; at least, when taken in connexion with the morbid changes found after death. The patient, aged thirty-two, was admitted, suffering from morbid growths forming the lower part of the vagina and labia; these had the look of syphilitic growths. They turned out, however, to be most probably—for there were doubts about it—of a cancerous nature. She then began to complain of pain in the head, from which she was never free, and this went on for five months; when, at last, one day she was found to be insensible, and so died. On examination, the brain presented nothing whatever abnormal; but the lungs, which seemed to act poorly during life, were found to be full of tumours of the nature of cancer; one kidney was small and wasted; the os uteri presented the appearance of malignant disease. It is certainly difficult, in this instance to connect the symptoms present during life with the appearances after death. No. 14, by C. T. Williams, M.D., is entitled "Chronic Induration of Right Lung, causing Contraction of Right Bronches. This occurred last of six successive days, and a great deal of coughing and expectoration. She suffered from pain in right chest, and, finally, great dyspnoea. After death a cavity was found in right apex, the walls of which were tough and indurated, and compressed the right bronchus and pulmonar y vessels to about half their natural size.

Diseases of the Organs of Circulation.

In this section several of the first cases are examples of congenital malformation of the heart, not calling for any special Notice. No. 7, by C. Kelly, M.D., is entitled "Disease of Miteral Valve during Intra-Uterine Life." We refer the reader to what we have seen in connexion with the case of this author and the Duplication of the Heart, or why the author takes this view of it. To us it appears to be an ordinary case of mitral disease. The patient had reached thirty-three years of age, and, until her last confinement, had never suffered from any serious illness. It is true that, when a child, she could not run about as well as other children without great palpitation coming on. But we would observe that such a state is by no means uncommon, and this without the disease existing. Every school affords examples of it, and that state of the system in which it exists continues through life. It is in such persons that palpitation and short breath become such distressing symptoms in adult life. It is well known that these cases may be nothing but functional disease. With such facts before us, we repeat that this case seems to us to be only an ordinary one of mitral disease which has become perfect, and that it may be a violent straining of facts to consider the disease to have been congenital. No. 9, by P. H. P. Smith, M.D., is entitled "Suppuration of the Heart." The history of the case is only so far known as that the patient—an old man—suffered from bronchitis and the effects of dilated heart. The pericardium was adherent by a number of layers of organised tissue. Between these, and also in the substance of the organ, a number of cavities and abscesses existed. The heart itself was hypertrophied, and much dilated; the valves healthy. A mass of fibrous structure involving the spleen, cardiac end of stomach, left kidney and supra-renal capsular was also found. The liver, too, and testes showed signs of disease. We have stated these points because from them the author thinks that they all show signs of the syphilitic poison; and that the suppuration of the heart must probably be attributed to absorption from the breaking down of an old syphilitic gumma. The effects of this poison, are, no doubt, very common on the internal organs; but we think the tendency to set down such changes as are here described to this special poison is being carried quite too far. Why may it not be due to the rheumatic diathesis? The state of the heart here described may have been the result of the disease. In strumous cases, too, the same state may be met; and we cannot help thinking that the explanation offered by the author is very far fetched, though we cannot dwell longer on it here. No. 11, by A. Willshire, M.D., is a case of rupture of the heart in two places. Both were in the left ventricle, and one was complete—the other not so; the latter had begun from the outside, which we take to be a very rare occurrence. The patient
was fifty-two years of age, and was found dead in bed. There is no account of the actual state of the heart itself, which we must set down to an oversight. It may be presumed, however, that its texture was degenerated. No. 13, by W. Monson, M.D., is entitled “Hydatid of the Heart, Obliterating by its Pressure the Coronary Sinus.” This is a very interesting case; but the details are of such a kind as to require no further comment, and Nos. 15, 16, both by J. F. Payne, M.B., are examples of fibrous structure found existing in the left ventricle of the heart. We notice such cases here because it would seem as if this change were not very uncommon. To what extent it gives rise has not yet been determined; but it is not the less important that it should be known and investigated.

Case 17, by W. Monson, M.D., is entitled “Case of Ulcerative Endocarditis of Right Heart, with Sloughing of Langh.” This state was met in a woman, who, one month previously, had been confined, and who presented purpuric blisters over the body. The point of interest in the case consists in the fact that a portion of the tricuspid valve was extensively diseased, as if by a large vegetation, and this, by the action of the heart, had so acted upon the opposing surface of the ventricle as to produce a large and fatal effusion. Nothing of the kind had been heard by Dr. Wilks. This case appears to us to be unique, and to open up new topics for investigation.

No. 22, by Sydney Jones, M.B., is a rare example of two distinct diseases co-existing, viz., an aneurism of the arch of the aorta, with a malignant tumour coming forward below the clavicle, and causing fracture of the same bone. In a diagnostic point of view, this is really a very important case, because the history is found itself with details. No. 23, by W. Cayley, M.D., is an interesting case, entitled “Aneurism of the Ascending Aorta communicating with the Pulmonary Artery.” The size of a walnut, and lay directly between the two vessels. The opening in the pulmonary artery was circular and well defined, and a quarter of an inch in diameter. A double bellows murmur existed during life, although the aortic valves were quite capable of performing their functions. No. 26, by M. Mackenzie, M.D., consists of “Two cases of Aneurism of the Arch of the Aorta, involving pressure on high recurrent Laryngeal Nerve.” We notice these cases on account of the effects of aneurism on the nerve; and this, in its turn, leading to atrophy of the muscles supplied by it. The cases prove the necessity of always looking deeply into cases of this kind, otherwise great mischief may be made. No. 27, by C. Heath, is a case entitled “Aneurism of the Aorta presumed to be innominate, for which ligature of the right subclavian and carotid arteries was performed four years before death.” To surgeons this must be a very interesting case; and it is the more so as it occurred in a woman of only thirty years of age, whose habits were not too regular; for, had she been the contrary, the presumption is she would have lived longer. We must refer to the volume itself for details. A good engraving is given of the appearances after death. No. 29, by C. Murchison, M.D., is entitled “Diffuse Aneurism of Thoracic and Abdominal Aorta, terminating in Chronic Peritonitis, with copious liquid effusion.” We notice this case on account of its great complexity; nor do we think it possible that a correct diagnosis could have been made; but for details we must refer to the volume itself.

Cases Nos. 30, 31, 32, by Drs. Monson and J. F. Payne, are examples of the form of disease known as “Embolism.” It has always seemed to us strange that the opinion should be held that this state can only occur when there is some starting point from which lymph or pus is transferred to the pulmonary artery, and then becomes an embolus. We entirely agree with the Committee appointed to investigate on the subject of embolism, in their opinion, embolism may begin in the pulmonary artery; in other words, that there need be no transfer of disease from one part to another; and we think this is the rational way to look at the matter. No. 33, by John Gay, is entitled “Gangrena of portion of the Feinoral Vein, with Perforation of the Heart after Ligature of the Saphena.” In this case malignant disease of the groin existed, and to give temporary relief, the diseased parts were removed; but in doing so, the veins were wounded, and had to be ligatured. This, in its turn, led to inflammation, sloughing, hemorrhage, and finally, the artery itself gave way, and so the man died. We must say we have great misgivings as to any surgical interference in such a case; and we think we may add such would not have been attempted in Dublin. This section concludes with a case by C. H. Fagge, M.D., which we must say we do not understand. It is entitled “Cyst Communicating with a Large Branch of the Pulmonary Vein (varix of the vein).” Connected with the inner edge of the middle lobe of the right lung was a rounded body, very like an hydatid cyst. It lay quite external to the tissue of the lung, to which it was fixed only by loose tissue. On cutting into it, it was found to contain a clot, from which a long, slender process was given off, readily traceable into a canal which communicated with the cyst of a large aperture. This canal, of the size of a goose-quill, led directly into a main branch of a pulmonary vein, and so into the left auricle of the heart. It would have been well to have submitted this case to a committee.

To be continued.

GOUT AND RHUMATISM GOUT.*

This little work, the author says, has not been written to produce a scientific text-book, but it is addressed to the numerous sufferers from gout and rheumatic gout. Although the disease of calomel and colchicum he says is an important first step in the cure of these diseases, the patient is never in a position to judge for himself what effect the continuance of the use of these drugs may have on the constitution, and only a medical man, whose practised eye is accustomed to the indications of medical results, can prescribe for the sufferer the necessary remedies for his ultimate benefit. The author is very much opposed to the use of calomel, and relates cases where gouty patients have been virtually every night of the diseased, colchicum, extract of colchicum, and extract of colcynth, only varying the treatment by occasionally taking a five-grain dose of calomel put on the tongue when he had any extra pain in the joints. Such statements have the look of being made to scarce patients, and if the book as professed is for the public, we do not think them capable of judging of the matter. Nor do the author fairly represent the practice of rational men in the present day. He thinks that colchicum taken to ease the pain, does not cure the disease, but only throws it inwards and that it is now called a remedy. We quite agree with the denunciations of the writer against the abuse of mercury, and have been interested in the experiments on himself and on dogs, detailed in Pages 51 and 62. He uses rubarb and castor-oil as purgatives, and mercury as an emetic, with no other. Altogether, the treatment of gout recommended by the author is likely to be the preferred with sound and rational, and much to be preferred to the heroic plans of some of the old school of routine practitioners. This book seems to have been much read, as it has attained to the dignity of a second edition.

DIGEST OF THE RETURN, &c.

Though we have read this pamphlet through, we must say we are somewhat at a loss to make out the object of


** Digest of the Return, ordered by the Legislative Council, of all the deaths (1,143) from Pneumonia in Melbourne and Suburbs, during the years 1865-1869, and first half of 1870, forming a Sequel to the Essay on Pneumonia, &c. &c.” By William Thompson, L.B.C.B., Edin., Melbourne : Stillwell and Knight, 78 Collins street, East, 1871. Pp. 42.
the writer. We believe, however, that he wishes to prove that phthisis is more common in Melbourne and neighbor-

hood, than what has been generally supposed. Indeed, from what we ourselves have heard of the climate, we believe that phthisis is a very common disease there. The vicissitudes are very great, and therefore trying to the

constitution. It would seem too, that the disease is very apt to be engendered there. In other words many go out quite healthy, and remain so for years; but then signs of phthisis appear, and, in the majority of cases, runs its course in about one year and a-half. If there were no other facts than this one, we would say the climate was not suited for phthisical patients, for we believe that in Great Britain and Ireland, the majority of cases live much longer than this; probably three years. We think the author has done good service by calling attention to this particular point.

SPECTROSCOPE AND SPECTRUM APPARATUS.

Just now that spectroscopy is attracting so much attention, we may mention Mr. John Browning's pamphlet describing the apparatus made by him, with directions for use. The illustrations in a recent number to Dr. Lethaby's paper show some of his instruments, and the pamphlet figures some fifteen others. Mr. Browning made the apparatus for Mr. Gassiot, Mr. Huggins, Mr. Lockyer, Mr. Sorby and others.

STREET'S INDIAN AND COLONIAL DIRECTORY

FOR 1871.

We have lying before us this excellent guide to India and the Colonies, and can pronounce most favourably upon it. As its name implies it has much in common with medical literature, but to those of our friends whose relatives reside in British Possessions abroad, whether in or out of the profession, the work will be found invaluable. There is also much useful information as to the productions, population, and means of inter-communication in, and with, each colony. The book is nicely got up, though somewhat extravagant in price, but when the difficulties of obtaining information from remote quarters for the compilation of such a work is considered, the cost of 20s. vanishes in the thought.

Correspondence.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—At Southampton, and possibly in other places, circumstances are rendering small-pox in relation to vaccination more and more peculiar. My inquiries demonstrate that where evidence of effective vaccination can be discovered there small-pox can manifest itself, but, possibly, in an infinitesimal number of instances, something which certain practitioners will not hesitate to designate "as mild modified small-pox." Every possible obstacle has been thrown in the way of my obtaining the information every medical man should have the assistance of the authorities in coasting. I, therefore, confess that narrow local influences have, in a measure, reacted in dealing with a great question in detail to the extent I desired, however I will yet do my best. The number of deaths from small-pox in Southampton this week, ending 4 p.m., (Saturday June 17th,) sixteen as compared with twenty-two the preceding week.

So far as I can glean the disease appears in a measure to have exhausted itself in the destructively vaccinated parts of the town proper, but manifests an increase amongst the same class of persons in the suburbs. I have gleaned that my efforts have been perverted in a periodical, styled the Chemist and Druggist, perhaps you will permit me to reply that they may waste upon me their whole vocabulary of abuse without offending or eliciting a reply.

Yours faithfully,

EDWIN HEARNE, M.B., F.R.C.S.

Southampton, June 17th, 1871.

THE POSSIBILITY OF ALWAYS SECURING GOOD USE OF THE TRICEPS MUSCLE AFTER EXCISION OF THE ELBOW-JOINT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In the Medical Press of the 7th of June, an account was given of some remarks before the Medical Society of London, by Mr. Maundr, "On the possibility of always securing good use of the Triceps Muscle after excision of the Elbow." He advocated the preservation uncut of those fibres of the triceps, which, passing forward between the point of the olecranon and the external condyle are continuous with the fascia of the forearm. The plan is not a new one as it has long been performed by some surgeons. You will find in Spence's "Surgery," page 699, in speaking of the principles of excision of the upper extremity the following: "We require to plan our incisions so that they may avoid division of muscles or tendons," * * * "with this view our incisions should be parallel to the axis of the limb," * * * "this is specially important in the case of excisions of the elbow, but the principle is applicable to all excisions of the upper extremity. So far as possible, complete transverse division of the muscles or tendons should be avoided, by making our section of fibres more or less oblique, so that the divided fibres may unite more readily and with less loss of power. For example, in dividing the triceps in excising the elbow, I divide it freely, from and on either side of the olecranon, by two oblique incisions, one along an angle, and the other to form an inverted "T" in order of cutting it across as is often done." For further description of the operation, see page 723.

I am, Sir, your obedient servant,

MEDICUS.

Obituary.

DEATH OF DR. J. H. CLARKE, M.B.

We regret to announce the death of Dr. John H. Clarke, of Killakee, county Down, formerly of Rostrevor, which took place on June 4th, from immunitate aneurism, under which disease he had suffered for about two years. He was a man wholly absorbed in his profession, and of much higher ability in it than is usually the case among country practitioners. Though little known to the public, his medical brethren near Rostrevor valued his opinion, as a consultant, more highly than that of any other practitioner within forty miles. In early life he had travelled much, and had practised for some time at Manilla. To a cultivated mind and extensive research he added a sympathy for his patients, which caused him to be no less highly valued as a friend than as a physician. His loss will be deeply felt alike by the rich and poor in his vicinity.

Clark v. Buchanan.—This case arising out of the sale of a medical practice at Stonies, came before Mr. Justice Hannon at Westminster, on Tuesday week, and was ordered to be referred to Dr. Baxter Langley as arbitrator, with full powers and costs at his discretion. The costs of legal proceedings up to date to follow upon his award.

The Order of the Bath.—The Queen has been graciously pleased to give orders for the appointment of Alexander Armstrong, M.D., Director-General of the Medical Department of the Navy, to be K.C.B.; of Inspector-General of Hospitals and Fleets Charles Abercrumby Anderson, M.D., and Deputy-Inspectors Richard Denton Mason and David Lloyd Morgan, to be C.B., of the military division; and Deputy Inspector-General of Hospitals, William Campbell Maclean, M.D., Professor of Military Medicine in the Army School at Netley, to be C.B., of the civil division of order.

Epidemiological Society.—At the annual meeting of this Society, held on the 11th instant, the following gentlemen
NOTICES TO CORRESPONDENTS.

June 28, 1871 543


NOTICES TO MEMBERS OF THE IRISH MEDICAL ASSOCIATION.—This being our "Index number," we are prohibited by Post-office restrictions from issuing the weekly official Supplement of the Association. Subscribers will receive their copies intact, as usual, next week.

Mr. Jackson, Camberwell.—Not finding your name upon "The Register" or in the "Medical Directory," we must decile.

Our old friend, Dr. Charles Kidd, of London, has, after the lapse of some years, again favoured us with a communication upon "The Theory versus Practice of Chloroform." After the abuse he heaped upon Professor, Editors, and Publishers of this Journal, both in private and public, because it was deemed by them advisable to refuse insertion to his frequently absurd and sometimes dangerous communications, we scarcely expect that he will be the first to find that we should not have again been favoured with Dr. Kidd's patronage. However, as our readers are aware, we are not disposed to bestow favor in an illiberal spirit; and if Dr. Charles Kidd will keep his temper, write sense, make no personal attack upon brother professionals (on ourselves it is immaterial)—we shall be happy to accord him the same privileges as to our other correspondents.

To the Editor of "The Medical Press and Circular."—Sir,—In your note of to-day on the "North London Consumption Hospital," you state that at last night's dinner, on your arrival, the first to-day, is the first to invite ladies to sit down to dinner with the gentlemen.

I adduce the fact that the charity I represent has, for the last ten or eleven years been in the habit of arranging for the ladies to dine with the gentlemen at the festival dinner; and our experience proves that the custom is very pleasant so far as the evening itself is concerned, and must profitable to the funds of the Hospital.

I am, Sir,
Your very obedient servant,
CHAR. L. KEMP, Secretary to the Council.

The Royal Hospital for Diseases of the Chest, June 21st, 1871.

THE BRITISH MEDICAL ASSOCIATION.

As we are going to press, Mr. Sampson Gange has favoured us with a copy of the correspondence which passed between him and the President-elect of the British Medical Association, with reference to the present mismanagement and future government of the association. As the matter came to hand so late and is somewhat lengthy, we are unable to promise the desired space in our columns.

OCCURRENCE OF COPPER IN VESICAL CALCULUS.
To the Editor of "The Medical Press and Circular."—Sir,—While examining specimens of vesical calculi for the Worcestershire Medical Society—Major, a large collection of vesical calculi, I detected in one of them a minute but decided quantity of copper. I showed this calculus to my friends Dr. Fleming and Professor Davy, and demonstrated the existence of copper in it in their presence. Biliary calculi frequently contain copper; we have never heard or read of the detection of this metal in bladder calculi.

CHARLES A. CAMERON, M.D.

SOUTHAMPTON MEDICAL SOCIETY.

In reference to our inquiry about this Society addressed to the editors of the Southern newspapers, cases of the latter have positively forwarded a copy of his paper in which, after a quotation of our remarks we find the following:—

"It may be observed that the name of Aldridge is far from uncommon. Now is it not possible for a second person of that name to be associated with a Medical Society? Is it not possible for the Southampton since it is not many months ago that same Medical Society denounced a resident professor of homosepathic principles as a quack, and declared that professional intercourse with such a person could not be entertained. A Dr. Aldridge had proposed a meeting of the Governors of the Southampton Dispensary that the homoeopathic doctor in question was an eligible candidate for the appointment. It is impossible to believe that any person a Southampton Medical Society is now sympathising with, under the trying circumstances which confronted him on the 11th May last, and can the Drs. Griffin and Lake be the veritable doctors who then favoured the community with an abundance ofIgnoramus on homoeopathy? A reply will surely come, and in the shape of surprise, or explicit feelings of indignation in accord with preconceived opinions and prejudices."

THE TRANSMISSIBILITY OF INTELLECTUAL QUALITIES IN ENGLAND.

At a recent meeting of the Statistical Society of London, Mr. Hyl Clarke read a short paper upon this subject. As one kind of test of intellectual exaction he took the statistics of the writers of books in the "Biographia." Of 2,000 authors, 720 were born in country districts.
and, 1,250 in town districts. Examining the towns and the distributions in them, 383 were allotted to London, 73 to Edinburgh, and 63 to Dublin. The largest numbers in the tables beyond these found in cathedrals and collegiate cities. The deductions he drew were that intellectual activity is distributed unequally, but that it is more among the town or more highly-educated population than among the rural population. And the same deduction was made of the concentration educated population the larger is the intellectual development, and he referred to the like expressed at Glasgow, Rome, and Modern Europe.

COMMUNICATIONS RECEIVED:

"Hints on Method." By W. H. Pease, M.D., of Plymouth.

"Theory across Practice." By Charles Kidd, M.D., of London.

"On Indian Spleen." By James C. Dickinson, M.R.C.S., late of H.M. Medical Staff.

"Further Hints How to Make Vaccination more Efficacious." By R. Hanapé, Srs., M.R.C.S., of Nottingham.

"On the Possibility of avoiding good use of the Tripæsa and Muscles after Excision of the Elbow-Joint." By Medius.

"On Vaccination." By Edward Haughton, M.D., of Kensington.

BOOKS, FAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

St. George's Hospital Reports. Vol. V.


The Descriptive Visitation of the Poor. By a Demi-Surgeon. London: R. Hardwicke.


VACANCIES.


St. Mary's Hospital Medical School. Surgeon and Pathologist. Salary £100.


London Dispensary. Resident Medical Officer. Salary £200, with board.

Broadmoor Criminal Lunatic Asylum. Assistant Medical Officer. Salary £175.

APPOINTMENTS.

Brinton, W. S., M.R.C.S., Medical Officer to the St. John's District.

Crow, F. C., M. M., Medical Officer to the Workhouse Union.

Croft, J., F.R.C.S., Surgeon to St. Thomas's Hospital.

Hart, E. J., M.R.C.S., Medical Officer to the Newhaven Union Dispensary, E., R. V., M.R.C.S., Medical Officer to the Brighter Union.

Huddart, C. H., L.M. Dab., Medical Officer to the Aitchinson Union.

Irons, D., L.R.C.P., Medical Officer to the Northwich Union.

Macnair, W., F.R.S., Physician to St. Thomas's Hospital.

Parsons, T. E., M.R.C.S., Medical Officer to the Haughton-to-Skerne District of the Darlington Union.

Walker, W. H., M. D., St. Andrew's Medical Officer to the Burton District, of the Darlington Union.

Marriages.


Riley—Beasley. On the 14th inst., at the Parish Church, West Derby, J. St. P. Riley, Surgeon, of Salisbury, to Emily, eldest daughter of J. Beasley, of Liverpool.


Partidge—Smith. On the 22nd inst., at St. Paul's, South Kensington, F. M. Partidge, comptroller of the Royal Eastern India Company, to Mary, eldest daughter of Robert Smith, M.R.C.S., of Kensington.

Deaths.

Bloomfield. On the 15th inst., at Coldenham, Suffolk, Charles M. Bloomfield, M.D., aged 47.

Gowing. On the 19th inst., W. G. Gowing, M.R.C.S.E., of Alfred Place West, Twisted Tree, West Hampstead, aged 79.


Advertisements.

THE LONDON SURGICAL HOME FOR DISEASES AND ACCIDENTS OF WOMEN.

2 Osnaburgh Place, Regent's Park, N.W.

Medical Practitioners are invited to attend Cliniques and Operations, by Mr. BARKER BROWN, every Thursday, at Two o'clock. Cards of admission may be obtained at W. ROBERTS O'CONNOR, Esq., Resident House Surgeon.

ROTUNDA LIVING IN HOSPITAL, DUBLIN.

Consulting-Physician—Alfred Hudson, M.D., F.K. and Q.C.P.

Consulting-Surgeon—Robert Adams, M.D., F.R.G.S.


Secretary—J. G. Strickland, Esq.

This Hospital, the largest Chartered Clinical School of Midwifery in the British dominions, contains one hundred and thirty Boys, twenty-five of which are appropriated to the Diseases of Females.

An Obstetrical Museum, containing upwards of five hundred Preparations, and a Library, are attached to the Hospital.

Clinical Instruction in Midwifery, and the Diseases of Women and Infants, is given daily.

The Pupils are privileged to attend the Cow-Pock Institution, Sackville street, and York street.

The Lectures are recognised by the Royal College of Surgeons in Ireland, the King and Emperor, the King of the College of Physicians; the Apothecaries' Hall of Dublin and of London; the Army and Navy Medical Boards; and all the other Licensing Bodies.

The Diploma from this Hospital is recognised by the Poor-law Commissioners as a qualification in Midwifery for all Hospitals and Dispensaries under their control in Ireland.

The Intern Pupils, of whom there is only a limited number, have each a separate bed-room, with the use of a sitting-room.

Two Courses of Lectures are given yearly—the first commencing early in November, the second early in May.

Applications are made to the Master, Dr. Johnston, at the Hospital, Rutland square.

ROYAL COLLEGE OF SURGEONS SCHOOL OF SURGERY.

The SUMMER SESSION will commence on MONDAY, the 3rd of April, during which the following Courses will be delivered:—

Biological...Dr. M. G. HICKS.
Practical Chemistry...Dr. W. BARKER.
Medical Jurisprudence...Dr. HAVETT.
Materia Medica...Mr. MACNAMARA.
Midwifery...Dr. SAWYER.

Premiums will be awarded at the close of the Session.

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25th March, 1871.

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PRACTICES AND PARTNERSHIPS NOW OPEN

For information in addition to those advertised in Dr. Langley's List, which is sent post free on receipt of two stamps as below:—

Y 241. LUNATIC ASYLUM. The Medical Superintendent and Management of the New Established Institution within each district, access to the asylum by railway or road. The residence has been sufficiently adapted by large expenditure to the purpose for which it is intended, and has always secured the required accommodation. The residence is surrounded by an extensive park and garden. The houses, as a rule, are fully occupied by patients of a good class. The whole is in perfect working order. The patients are well qualified for the position in Lunacy practice, with means at command. No gentleman can be appointed with us to either a lawyer or publican's reference.

Y 220. Upwards of £700 a year can be secured by a double-qualified man in PRACTICE, conducted by the present incumbent for many years. The patients are of a good class. The district is agricultural and pleasant. The residence is large and commodious, and is situated 12 miles from the nearest town. It is wanted for medical practice. It can be purchased or rented. A thorough introduction can be given, and it is believed that the whole connection can be transferred to the incumbent. The gentleman would be received from the successor of whom the vendor could conscientiously introduce, any of the patients and their personal friends.

Y 214. SOUTHERN COUNTIES. A very old-established PRACTICE for TRANSFER, capable of producing £1,000 a year. The present average income is about £500, including excellent appointments yielding £200 a year, and which can be easily transferred. The residence is commodious and well situated, containing 12 rooms, and has a large and handsome garden. The rent is £60. There is very little opposition, and a thorough introduction can be given of satisfactory patients' reasons given for leaving, and the books are open for any investigation.

Y 162. WEST MIDLAND DISTRICT. £400 a year. The practice is very extensive, and is worked exceedingly well. One gentleman is very conspicuous, and not much night work. Transferrable appointments yield £100. Hunting, fishing, and shooting are the features of the practice, and the residence is in excellent condition, with stabling, coach-house, and garden, to be let at a low rent. Part of the premises may be paid for by easy instalments.

Y 214. PRIVATE ASYLUM in a beautiful locality. The Institution has been in successful operation for many years, and enjoys the highest reputation. The house is adapted for 30 patients, 12 each sex. The average number of residents is upwards of 20, of whom 16 may be said to be permanent. No violent cases are received, and the lowest fee is £100 a year. The grounds are 12 acres in extent, and include large garden, farm buildings, &c. The house is held on a beneficial lease, and has a rental of £100 a year. It contains 28 occupation rooms, with attics, kitchens, and offices, the whole in complete repair. The value of the furniture and stock is £1,500. The receipts average £1,000 a year.

Y 213. TRANSFER TO POPULAR ASYLUM, residing £1,200 a year, is situated in a small town in a picturesque district, and offers a safe investment to any gentleman well up in his profession. There is only one other asylum in the district, and the patients consist of farmers, gentles, and others. Thoroughly efficient institution can be guaranteed, and satisfactory reasons for retiring affairs. Dr. Langley offers to introduce the successful candidate for the position given for the payment of the premium.

Y 212. MUST BE SOLD AT OFFICE, residing £2,000 a year, is situated in a small town in a picturesque district, and offers a safe investment to any gentleman well up in his profession. There is only one other asylum in the district, and the patients consist of farmers, gentles, and others. Thoroughly efficient institution can be guaranteed, and satisfactory reasons for retiring affairs. Dr. Langley offers to introduce the successful candidate for the position given for the payment of the premium.

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Surgeon-in-Ordinary to the Queen in Ireland; Senior Surgeon to the Meath Hospital; Surgeon to Simpson's Hospital.

My Dear Sir,—I fear it is a duty which I owe to you and the public to make known to you the inestimable benefit which I have derived from the use of your "Black Drop," which, although given in less than 60 minutes, never on any occasion produced Derangement of the Head or Bismuth, or indeed any unpleasant results.

I retain, my dear Sir, years very faithfully,

31st December, 1850.

FREDERICK J. FALKNER, M.D.

To Dr. Evans, M.D.

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Prices 4s. 6d., 7s. 6d., 10s. and 16s. each. Postage, 5s.

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The usual discount to the Profession.

Dr. Langley's Quarterly List of Selecting PRACTICES and PARTNERSHIPS for JULY is now ready. Post free on application.
THE ABUSE OF RED TICKETS.

The Dispensary Committee of Louisburgh district in the Westport Union have been compelled, in answer to the complaint of Dr. Dwyer, their medical officer, that the abuse of the red ticket system in the district has been frequent and scandalous. The excuse which they offer is sufficiently lame, and the confessions which they make therein, only prove the matter to have been less defensible than might have been supposed.

The Committee have examined the list, enclosed by the Commissioners, and, after careful consideration of it, they have come to the conclusion, that of the number there were some who were not entitled to relief. Five of the tickets have been already cancelled. It appears of the thirty-one tickets alleged to have been improperly issued, that nine were issued by the relieving officer, and eight by the priest of this parish; the other fourteen were issued by different members of the Dispensary Committee. There is, of course, great difficulty in not having an exact line where dispensary relief should end; and it must be so, where doctors in the country districts of Ireland charge the exorbitant fees which they are in the habit of doing, charges that are unknown in England, even in the richest districts. It has therefore always been the custom of the Committee to allow tickets to the smaller class of farmers. With respect to the case of Sarah Malley, of Clare Island, referred to by the medical officer as having sold £300 of cattle, the ticket was issued by the relieving officer, and when it came before the Committee it was cancelled.

Lord John T. Browne put the following resolution:

"It is unjust to the officer to be sent on red tickets to persons who can well afford to pay a proper fee to a medical man; but as the Board have no power to control or direct members of Dispensary Committees or wardens on these or other matters, they consider that this is a question that should be settled by the Commissioners and the Dispensary Committees; and, accordingly, leave it in their hands without expressing any opinion as to whether the parties named by Dr. Dwyer are or are not fit subjects for medical relief." The Board consider that it is to be regretted that there is no limit whatever to the discretion allowed to each warden or member of a Dispensary Committee. It would, for instance, be easy to prove that the family of a man occupying land of a certain annual value, should not be entitled to gratuitous relief; and the medical officer or Board of Guardians might be empowered to recover, by summary process, the cost of relief, including the doctor's fee, from the person who had signed the ticket, which had been cancelled by the Dispensary Committee. The Clerk is directed to make out, for the information of the Commissioners, a statement of the value of the land held by other persons contained in Dr. Dwyer's list. The value of land held by a man is not, of course, an absolute and perfect test of his means; but, in the absence of other information, which it is very difficult to obtain, it will give the Commissioners some idea of the class of the tenantry to whom Dr. Dwyer refers.

APPOINTMENT OF MEDICAL OFFICER FOR GLENNAMADDY.

At the meeting of the Board of Guardians, Dr. Patrick Joseph Bodkin, of Tuam, was elected Medical Officer of the Workhouse. Dr. M'Donnell was his opponent. The election of Medical Officer for the district took place before a very large meeting of the Dispensary Committee, and a poll having been taken, both gentlemen obtained the same number of votes, so the appointment was postponed for a fortnight.

THE REPLY COURTEOUS AND EXPLICIT.

At the last meeting of the South Dublin Guardians the Clerk read the following letter from the Commissioners, enclosing a letter received by them from the Messrs. Hunt, drug contractors.

17 Westland row, Dublin, Jan. 7.

Gentlemen,—In a communication received at the meeting of the Guardians of the South Union on Thursday last, purporting to be a letter from you to the Board, you state that you do not find that complaints had reached you regarding the drugs supplied to the Union by the contractors; but that complaints had arisen in other Unions, which were inquired into, and communicated at the time to the parties interested. We are, at present, contractors for supplying drugs to the South Union, and to many other unions in Ireland; and we believe that but one other house with ourselves have been contractors for drugs to the South Union. We beg, therefore, to be informed whether in your communication you allude to our firm, as no unfavourable result of inquiry into drugs supplied by us to any union was ever communicated to us.—We are, &c.,

Hunt and Co.

The Commissioners replied that they had referred to the firm of Messrs. Hunt, and also to the firm of Leslie and Co. They were surprised at the statement in the letter of the Messrs Hunt to the effect that no complaints had ever reached them, and stated that on looking over their books they found that no fewer than nine complaints had been made about the drugs supplied by them since 1868. They also stated that notwithstanding such complaints, boards of guardians still accepted the lowest tender for medicines, and in conclusion expressed their regret at being compelled to mention particular firms, but the Messrs. Hunt's letter left no alternative.
DROGHEDA POOR-LAW UNION.

MEDICAL CHARITIES.

The following letter, opening up a very important question as to the application of medical relief, was read:

Laurence street, Drogheda, 10th January, 1871.

GENTLEMEN,—I have to inform you that the factory of the Messrs. Whitworth and Co. is in my district, and that in the discharge of my duties as your medical officer, I have had to attend and afford medicines to the employees of their factory at the expense of your Union.

I beg to direct your attention to the fact that the Medical Poor-law Relief Act takes cognizance of paupers only, and, consequently, does not require that the services of the medical officer and the medicines intended for the destitute poor shall be given to those who can otherwise obtain medical relief.

Now, the rule in factories (with the exception of Messrs. Whitworth), both in this and other towns, is that a society is formed by the employees, and that they engage the services of a doctor, who attends them and dispenses physic, *e.g.*, the course adopted by Messrs. Gradwell and Chadwick, in their mills. I pointed out by letter and in a personal interview at Drogheda, Whitworth, the grievance under which I laboured by being obliged to attend those working in their factory, and without redress.

Being under the impression, according both to the spirit and the letter of the law that regulates the dispensation of Poor-law Medical Charities, that I am not obliged to inflict a serious burden on the ratepayers, and unnecessary labour on myself, by affording medicines and medical advice to those who, as I have shown, can otherwise obtain both, I will thank you to inform me whether in future I shall have to give my services and your drugs to Messrs. Whitworth's employees.

I am, Gentlemen,
Your obedient servant,

JOHN LEONARD KEALY.

BANDON DISPENSARY.

The Secretary read a letter from Dr. Toole, medical officer, acquainting the committee that since his appointment as medical officer was only so in name, as he never once attended, his place being supplied by a gentleman who was then his partner, who informed him (Dr. Toole) that he received the entire salary derived from the dispensary for attending to the duty. He (the doctor) mentioned this to point out that their apothecary neither acted as such, nor derived any pecuniary consideration for several years. For the last few months an assistant to both performed the duty; the partner continuing to receive the salary—as he informed him (the doctor)—till the end of December last, when a dissolution of the partnership took place. Lastly, the apothecary's establishment had been disposed of, and the purchaser had been deputed to aid as his assistant at the dispensary, and that in such capacity he presented himself to him (the doctor), but, unauthorised by the committee, or sanctioned by the Commissioner, he felt he could not avail himself of his services, and had been necessitated to get the business done himself until some decision was come to either by the apothecary attending himself, or a successor appointed with the approval of the Commissioners, as he believed the assistantship offered was virtually to hand over the situation to a successor without his undergoing the ordeal of an inspection.

It was decided to send a copy of the letter to Dr. Belcher, and request his attendance at the next meeting of the Committee.—Adjourned.

CASTLEBAR UNION.

Mr. O'DONEL moved his notice of motion to increase Dr. Jordan's salary by £20 a year.

He was seconded by the Chairman.

The motion passed unanimously. The Guardians present spoke in the highest terms of Dr. Jordan's acknowledged professional skill, his invariable kindness to the sick poor placed under his charge, and his constant and careful attention to his duties.

A BATCH OF SLOW POISONERS.

The Corporation of Dublin have taken decided action relative to the sale of poisonous and adulterated confectionery in that city. The specimens were obtained in the following manner:—An officer of the Public Health Committee of the Corporation of Dublin purchased a quantity of confections at thirteen establishments, wherein the sugar boiling industry is carried on. When buying the samples he gave notice to the vendors of his intention to convey them at once to Dr. Cameron, the City Analyst, in order that they might be analysed. This notice was given in accordance with one of the provisions of the Food Adulteration Prevention Act of 1890, which is intended to give the vendor an opportunity of accompanying the purchaser to the Analyst, so as to prevent the articles bought from being tampered with in transit.

The total number of different kinds of confections examined amounted to 123. Those manufactured at three establishments were quite pure; the collections obtained at the other shops (ten in number) contained poisonous pigments and other impurities. Out of forty confections coloured yellow, only two owed their hue to saffron. One was coloured with gamboge, and all the others were coloured with chromate of lead, in quantities varying from 1-1000th to less than 1-1000th of the weight of the confections. The common sugarstic, sold at 1d. per two ounces, contained the largest proportion of chromate of lead. Twelve articles—chiefly lozenges and "sugar almonds"—had a bright orange hue, due to the presence of a variety of chromate of lead. Thirty-eight of the specimens—comprising "peaches," sugar almonds, lozenges, comfits, sugar-stick, sugar-balls, &c.—had various shades of red, from a faint pink to a bright scarlet. Of these, thirty-six specimens were coloured with cochineal, two contained mercuric sulphide, or vermilion in the proportion of 4 grains per ounce of the confection.

At one time arsenite of copper was frequently used to impart a brilliant green colour to confectionery; but the numerous accidents which occurred from the employment of this poisonous pigment have so alarmed the public that green confectionery is now scarcely to be met with. Only one of the specimens examined was coloured green, and that was only a small figure of a baby, with a green frock on it. The colour was composed of a mixture of Prussian blue and chromate of lead.

Blue is not a popular colour; only one specimen having streaks of this was contained in the 123 samples. The pigment employed was ultramarine. Six specimens were brilliantly coloured with coal tar dyes, mauve, magenta, &c. The aniline dyes when allowed to come in contact with the skin occasionally produce toxic effects.

As these dyes are liable to contain traces of lead, mercury, and arsenic, their use should be absolutely prohibited as in Paris under severe penalty on any substance intended for human food.

An article of food containing more than a grain of chromate of lead per ounce may well be regarded as a slow poison. Soft water containing less than one grain of lead per gallon (70,000 grains weight) has often produced poisonous effects on indi-
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viduals and families. Chromium (an ingredient of chromate of lead) is also a poisonous metal. Six grains of a salt of this metal injected into the jugular vein of a dog caused the death of the animal. Workmen engaged in the preparation of chromate of potash often suffer from an ulceration of the throat, resembling that of secondary syphilis: and also from slow necrosis of the nasal bones. There is no doubt but that the use of confectionery coloured with chromate of lead produces a large amount of infantile disease.

There is a general belief in the inertness of vermillion, but Dr. Cameron stated that he had experimented with it, and that it produced mercurialism in the human subject when taken in large doses.

The lozenges purchased at two of the thirteen sugar confectioner's shops contained from 12 to 15 per cent. of insoluble white clay, known in the trade under the term of terra alba. The peaches, sugar almonds, lozenges, and comfits, contain rice, starch, and gum arabic. Cough lozenges and bath pipe contained gum, sugar, and extract of liquorice—a few of them being slightly medicated with the addition of opium and camphor (probably in the form of paregoric elixir). Small quantities (under 3 per cent.) of plaster of Paris were found in the bath pipe and cough lozenges; but they were probably derived from adulterated liquorice extract.

A figure of a baby in its cradle had the following composition:—The cradle was composed of a mixture of plaster of Paris and sugar; the body of the baby was sugar and rice starch. Its eyes were Prussian blue, its cheeks were tinted with cochineal, and its clothes were painted with chromate of lead.

The ten sugar confectioners whose wares were found to contain objectionable matters, were prosecuted before the police magistrate. Five of them on paying costs (£3) and promising to abate the use of poisonous pigments, were "let off with a caution;" the others were fined respectively £5 and £8 costs, £1 and £1 costs, £1 and £1 costs, 10s. and £3 costs, and 10s. We hope these exposures will act as a warning to manufacturers in other parts of the Kingdom.

Treatment by Injections of Warm Water into the Tunica Vaginalis of Hydrocele.

Prof. Albansse, in the Gazette Clinique di Palermo says, in the cure of hydrocele surgeons have, after the evacuation of the fluid, employed various means for the production of adhesion. The injection of iodine has long been used with good effect; but while some have sought for means of more active irritation, others, as Dr. Albansse, have employed methods more simple in their action. Prof. Albansse has studied the action of injections of air in the tunica vaginalis. Having employed them in twelve cases, he has not found any marked advantage.

In another series of experiments he has used injections of water at a temperature of 40° to 45° Centigrade (107° to 113° Fahr.). The phenomena which immediately follow the operation are a tirbbiting for some time after the injection with a new effusion of fluid, and a rapid absorption. The injection of warm water has been used with success in a hydrocele which has resisted the employment of iodine. In only one patient has a suggestive inflammation occurred, and this was very probably caused by an infiltration of the water into the subcutaneous tissue of the serotum.

Case 1.—Right hydrocele, of three years' duration, in a man of forty years of age. Puncture and injection of water at 45° Cent; retained for two minutes. There was a very limited suppuration of the subcutaneous tissue. Cured in twenty-three days.

Case 2.—Patient twenty-three years old. Right hydrocele of two years' standing. There had been two punctures, in the first of which iodine had been used, and in the second irritating fluid. A puncture was made, and 300 grammes of water, at 42° Cent., injected. The sac of the hydrocele contained 8 decilitres (10 ounces) of an albuminous fluid. Cured in eight days.

Case 3.—A man of fifty-five years of age. Left hydrocele of a year's duration. Cured in eight days.

Case 4.—Right hydrocele and left hydro-sacro-cele of syphilitic origin. Cured equally rapid.

Case 5.—Patient fifty-six years of age. Right hydrocele of five years' duration, had been also mildeed, producing an ulcer, treated by injection of iodine. The patient went away after the operation, and the result is unknown.

In three other cases a cure resulted without accident.

Dr. Albansse is induced by these cases to look favourably on the injections of warm water. They have certainly the merit of being more easy of application than the injections of iodine, but it may be questioned if they are in all cases equally reliable.

An American View of the Germ Theory.

The Report of the Sanitary Commissioner with the Government of India derives its greatest value from a most admirable appendix by Dr. Timothy Richards Lewis, "On the Microscopic Objects found in Cholera Evacuations, &c.," which has important bearings on the vexed question of the fungus origin of disease. On a future occasion we shall endeavour to lay before our readers a summary of the exceedingly valuable researches contained in this report; for our present purpose, suffice it to say briefly, that Dr. Lewis has discovered in the stools of healthy persons, not only the oldium lactic which, under the title of cytoido-tenaxum, Thome described as peculiar to cholera, but also an aspergillus exactly resembling the cholera fungus more recently figured by Hallier. These, as a species, are new respects in the different stages in the development of the same plant, and fungi, which in their more mature and complex states differ appreciably from each other, have been traced to a common origin. Favus matter placed in a saccharine solution has apparently given rise to a growth of aspergillus glauces, in Dr. Lewis's experiments; and McCall Alexander's cases can scarcely showing the identity of many of the fungi associated with skin diseases; and numerous similar instances might be adduced. The alternation of generations, moreover, has been demonstrated with regard to some species of parasities, the common puccinia graminis, or wheat mildew, producing, when transplanted to the berberry, the acidian berberidis, which, in its turn, will again give rise to the puccinia on cereals. Torulous growths, presumably from absolutely similar germs, present different modes of development according to the nature of the solution in which they are cultivated; and the same may be said of most of the lower species (or stages) of vegetable life. If we now turn to some of the higher forms as cultivated and described by Hallier and others, we find that, although in their ultimate growth they bear certain characteristics sufficiently marked to distinguish them from each other, they possess many traits in common. Nearly all go through the same stadia of early development, and it is not until they have reached maturity that the specific distinctions are clearly noticeable.

Now, the question arises, is a given species of fungus the cause of a specific disease, or does the disease cause a modification of the development of the fungus? While it scarcely seems reasonable to suppose that the separate sporules of a number of different fungi are floating about in the atmosphere, each according to the germ with which it is fertilised, it is not difficult to believe that in certain morbid conditions of the system a soil is afforded for the reception and propagation of germs which find no pabulum in a healthy person, and that the peculiar character of the soil thus afforded induces variations in the subsequent development of the implanted fungus. In other words, is it not possible that the same sporule which would find no lodgment in a healthy system may develop into the Tilletia Scariolatums if implanted in a patient with scarlet fever; into the cholera fungus if lighting on a cholea soil; or into one of the 300 similar fungi found by Hallier with other maladies if imbied by patients suffering with these maladies? Under this supposition it would be necessary to regard the fungus as an accidental concomitant—as the result rather than the cause—of the disease, and to look for the contagious in the infectious of the cases found by others on the same subject, which so modified the system of the recipient that fungus germs could find means of propagation, and their development be modified into a so-called specific type.
This latter view of infection has been sustained in two very able papers (which have come to our notice since the foregoing portion of the medical week) by Dr. T. D. Richardson, and Dr. A. E. Sansom, at recent meetings of the Medical Society of London. Dr. Richardson objected to all "germ theories" on the grounds that the presence of the assumed germs is not proven; that the specific character of each germ is not ascertainable in each specific malady; and that if the germs were reproductive and indestructible they would render disease universal; affirming, on the other hand, that the causes of communicable disease were organic poisons, resulting from morbid changes within the body, in the secretions. These poisons might become solid, but they were not reproductive, independent germs. Dr. Sansom, while accepting the germ-theory with certain modifications, attributes infectious diseases to minute particles of living protoplasm, distinct from the organisms of fermentation.

For the Relief of Asphyxia.

Asthma in the newly-born infant is an accidental phenomenon dependent upon a variety of causes, but in each case requiring for its relief equal promptness and efficiency of action. Dr. Eyrd, Prof. of Obstetrics in Washington University (Baltimore), makes the following suggestions for practice in these cases (Bull. Med. Jour.). A continuous plane is to be formed by the palmar surfaces of the operator's hands, the ulnar borders of which are in actual contact throughout the whole operation. This plane is to be applied beneath the infant's back, the extended thumbs supporting the vertex and inferior extremities. Then the active movements are a depression of the radial borders of the hands to an angle below the line of contact of the ulnar borders as possible; and a reverse movement, bringing the anterior aspect of the extremities of the body to an approach) The first movement follows the admission of air into the lungs, as the hand and chest descend, and the reverse movement facilitates its escape by a slight compression. Respiration may be established by the frequent regular and gentle repetition of the action, when other methods have failed.

The antero-posterior axis of the head with the vertebral column is to be maintained in all its integrity, and there must be no application to the ingress and egress of air at the proper moments.

Might not this principle be practically applied, the author asks, by the combined efforts of several persons, for the resuscitation of drowned persons, or adults asphyxiated from any cause.—New York Medical Gazette.

Spermatorrhoea.

In the American Practitioner for December, Dr. J. R. Barnett, of Vicksburg, relates a "happy thought" in connection with a case of spermatorrhoea of about five years standing. The patient, a young man of twenty-three, was annoyed by nocturnal emissions, occurring from once to three nightly, generally unattended by erection or lascivious dreams. There was no desire to suppress urination. After all the usual therapeutic measures had been tried without effect, Dr. Barnett prescribed:

- R. Acid phosphoric dilut, m, ivxv. 
- Ext. ergoteartici, f, 
- Glut. opii, 3. 
- A desert-spoonful three times a day, half-an-hour before meals.

Somewhat to his surprise, the emissions ceased after the first day of taking this mixture, and have not recurred for some months.

Fremature Intemper.-On Wednesday, at Salford, Mr. Price held an inquest on the body of Mary Tarbuck, who, on Saturday afternoon last, narrowly escaped being interred alive, but finally died in the Salford Town Hall on the following day. The first witness called was Mrs. Butterworth, who said that on November 25th, Mrs. Tarbuck sent her for her, and she agreed to ask her daughter, to take charge of Mrs. Tarbuck's baby, which was in a very delicate state. On Saturday last a woman came to witness in a state of great excitement, and told her that Mrs. Tarbuck's baby which was then at her daughter's, Mrs. Pennington house, was in a critical state. Mrs. Tarbuck, who said the child was dying, witness asked him, if, in case the child died, it would not be right to place it in the coffin with its father, whose body was to be interred that day. In reply, Dr. Cook said he would leave them to make their own arrangements. The witness then said the course proposed would save much expense. On putting the question concerning the mode of the child's burial to Mrs. Tarbuck, she replied that it would be a very wise plan, and she was sure that if her dead husband could speak he would only be too glad to take the child with him. About one o'clock the infant died, to all appearances a stillborn, and witness washed it, and putting its clean clothes on, carried it to its mother, who kissed it. She afterwards conveyed it to the house of its late father, and from there sent for the undertaker. He arrived in half an hour, opened the coffin of Mr. Tarbuck, and when Mrs. Butterworth had placed the body in its father's arms, he screwed the lid down again. That occurred about five minutes past two. The funeral party left the house about half-past two. Mrs. Mary Ann Pennington said—On Friday last, the infant becoming somewhat restless, witness got a teaspoonful of warm water, and after rinsing out with it a bottle which had contained laudanum, administered it to the child. About twenty minutes after she had given it the rinsing of the laudanum bottle, it slept nearly two hours. Witness was not cognisant of any circumstance which would lead her to infer that any person desired the child to die. She believed that it was the child's and that its father was consumptive when he married; it was not surprising that the infant should be weakly and liable to convulsions or fits. His opinion was, that had the child been permitted to live quiescent from the time of its supposed death last Saturday, it would not have recovered from the same state of coma into which it had fallen. The jury gave a verdict of "Died from natural causes." They, however, expressed their strong disapprobation at the indecent haste manifested in the burial of the child; and at the conduct of Mrs. Pennington in removing the body from the poor house to the undertaker, who had administered a narcotic to the child.

A circular has been issued by the Medical Department of the Privy Council, in which the attention of the local authorities is directed to Section 23 of the Vaccination Act of 1857. By this they are empowered to appoint special officers to institute inquiries, and take proceedings necessary to check the further spread of smallpox in those districts where it has become epidemic.

**DR. ALLEYNE NICHOLSON'S ZOOLOGY.**

This author of this capital manual designs it for the use of schools, and it would be a great gain if so much of natural history were taught generally. We need not dwell upon the importance of such a course in the care of youths designed for our own profession. Dr. Nicholson is an experienced lecturer in the great Edinburgh School, and his guidance may be accepted with implicit confidence. He devotes a large space to invertebrate animals in such as he thinks—and we agree with him in this—that young students are more likely to undertake practical work than in the higher one. He also very freely discusses the principles of zoological classification; while avoiding unnecessary technicalities the author has treated his subject throughout in a strictly scientific manner. He believes in no royal road to learning in any science, and therefore refuses to treat natural history in an unworthy manner. There is a very full glossary in which all the terms are fully defined and illustrated. This is an invaluable acquisition. We have also much pleasure in observing the full index which is sure to be appreciated. This capital introduction to natural history is illustrated and well got up in every way, a credit alike to author and publisher. We should be glad to see it generally used in schools.


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IRISH MEDICAL ASSOCIATION.

TO THE EDITOR OF THE IRISH MEDICAL ASSOCIATION JOURNAL.

28th January, 1871.

Dear Sir,—I shall feel obliged if you can find space in your next Number of the Journal of the Association, for the accompanying copy of a letter that has been sent, by the directions of our Council, to the Poor-law and Dispensary Medical Officers of Ireland as well as to every member of our Association. My object in making this request is twofold—the first and chief, being to thank those gentlemen who have so promptly and favourably answered our Circular, and whose number renders it impossible for me otherwise to acknowledge their courtesy—and secondly, to appeal to those who have not as yet replied to our queries to do so without further loss of time, assuring them that, as the Council of the Association has no other object in issuing the Circular than thereby to ascertain the wishes of the majority of the profession in reference to the Association, so it is of importance that the opinions of all concerned should be at once recorded. The simple answer "yes" or "no" to the questions of the Circular will be sufficient for the purpose of the Council, and the half-penny postal card affords a cheap and ready means for sending the reply. I trust, therefore, that none will neglect recording their opinion.

I remain, Sir, yours very faithfully,

29 Leeson street.

FOR PROMOTING THE INTERESTS OF THE MEDICAL PROFESSION.

IRISH MEDICAL ASSOCIATION.

Founded 1853.

Royal College of Surgeons.
14th January, 1871.

Dear Sir,—I am directed by the Council of the Irish Medical Association to call your attention to the accompanying copy of three resolutions passed at its last meetings and to caution you against precipitantly pledging your adhesion to a new Society in process of formation, under the name of the "Poor-law Medical Officers' Association," the chief promoter of which, being a member of the English Poor-law Medical Officers' Association, has taken advantage of his position upon our Council to carry out designs which we believe will only cause confusion and dissension, and so weaken the influence which the Irish Medical and other Protective Associations have, by their continuous attention to the interests of the Profession for the last twenty years, so justly acquired. The new Association at first proposed to limit its members to Poor-law and Dispensary Medical Officers, but now the Society is thrown open to all members of the Profession the Rules are founded upon, and are almost identical with those of the old Society, as recently amended, and so far, therefore, they do not offer any special advantage to the Profession, while its evident connection with the English Association and its Medical Journal, points out the probable object of its formation, viz.:—that it may afterwards become amalgamated with, or be made a branch of, the English or London Association, a change which, for a number of years, the Irish Medical Association has refused to consent to.

The Council of the Irish Medical Association are aware that not a few of those who have given their names to the new Association, have done so under the idea that they, by so doing, were in some way assisting or connecting themselves with the old Association, and the Council, therefore, feels itself called upon distinctly to state their opinion of the injurious effect the existence of rival Associations will have upon the interests of the Profession.

I have been therefore requested to ascertain from each Poor-law and Dispensary Medical Officer his opinion as to the necessity for the new Association, and will feel obliged if you will, without delay, reply to the subjoined queries—

1. Has the Irish Medical Association, in your opinion, failed to carry out the objects for which it was originally founded?
2. Is there a necessity for the formation of a new Society for the carrying out of the same objects?

Yours very faithfully,

E. J. Quinan, Hon. Sec.

At a meeting of the Council of the Irish Medical Association, held on the 28th October, 1870, it was unanimously resolved—

"That the Medical Officers of each Union in Ireland be requested to form themselves into Union Branch Associations, and that each Association so formed be affiliated to the Irish Medical Association on the payment of one guinea on the 1st January in each year."

At a meeting held on the 19th November, 1870, it was unanimously resolved—

"That the Council, believing the capability of the Irish Medical Association to continue its efforts in the interests of the Poor-law Medical Officers is unaltered, is of opinion that the creators of another Association having identical objects is unnecessary, and, as being calculated to destroy the unanimous action of the Profession, and materially to injure this Association is very undesirable."
At a meeting held on the 25th November, 1870, it was unanimously resolved—

"That all Medical Officers of the Dublin Unions and Districtary Dispensaries, being members of the Association, shall signify their desire to that effect to the Secretary, shall be added to the Council at its next meeting."

**NORTH DUBLIN UNION.**

**PROPOSED APPOINTMENT OF INSPECTORS OF MEDICINES.**

Mr. W. Legge Erson brought forward a motion, of which he had given notice, to the effect that the Poor-law Commissioners should be requested to order the election of two medical inspectors, whose duty it would be to examine the medicines supplied by the contractors to the several workhouse hospitals and dispensaries of Ireland, with a view to the prevention and punishment of fraud. There was an addendum to the resolution, recommending Sir William Carroll as one of the proposed medical inspectors. Mr. Erson urged the great necessity for this measure. No less, he said, than 52,544 persons resident in workhouses were receiving the medicines supplied by the contractors: 195,797 were attended in the workhouses, and 579,538 attended the Irish dispensaries. The total number of persons receiving those medicines amounted to 827,571. It was their duty to see that those persons got proper medicines, which they did not get under the present system.

Mr. A. M. Sullivan said they ought not to follow up a blunder on the part of the Commissioners by another blunder on the part of the Board. He regretted the proposed position of the Commissioners as having a most desirable end in view, but at the same time he considered the mode by which they proposed to attain that end most objectionable. He felt that there was very urgent necessity for the supervision and inspection of the drugs supplied by the contractors, and that the appointment of inspectors would be about the best step that could be taken. The Commissioners knew the accused of endeavouring to perpetrate a job, but might not the same charge be levelled against the Board, if they passed this resolution, in which they themselves proposed to nominate a candidate? He moved the following amendment:—"That the Board believes the end proposed by the Poor-law Commissioners in the matter of the Poor-law union drugs, to have been lawful and necessary; the strong objection raised against the proposal being based on the mode or arrangement whereby that end was proposed to be attained; that, feeling the necessity which exists for providing some independent and responsible inspector of the drugs and medicines supplied to the workhouses, this Board believes it to be desirable to have appointed two competent and highly-qualified inspectors of medicines and medical appliances used in the hospitals and dispensaries; that the election shall be made in the manner proposed as to the intended Poor-law Union apothecary, but no candidate shall be voted for unless, after competitive examination by the College of Physicians, he be placed on a list of five names, out of whom the two shall be elected; that a copy of this resolution be forwarded to the various unions in Ireland, and their co-operation solicited." The resolution was put and carried.

**WATERFORD UNION.**

**IS A MAN IN RECEIT OF £1 PER WEEK ENTITLED TO GRATUITY MEDICAL RELIEF.**

Mr. Carroll, R.O., said he had visited three of his patients for which he charged £2, one pound in each case. He visited the station-master of Mullamad, the station-master of Abyrne, and visited the station-master of the Greystones. He was unable to pay for a doctor, and I found him lying in a dying state. His wife was also confined to bed.

Mr. Clappett.—I regard the providing of medical attendance to a man in that position, at the expense of the ratepayers, as an abuse of power. What wages has he?

Mr. Carroll.—£1 per week.

Mr. Clappett.—And this is the man that is not able to pay for a doctor.

Mr. Murphy thought their officers should be careful in providing relief to men in receipt of anything like £62 per year.

**THE CHAIRMAN.**—If he died in a state of poverty and was not in a position to procure medical assistance it would be a difficult thing, but in this case he should just as well be able to pay in proportion as we are.

Major O'Gorman thought that such a case as that showed the necessity that existed for their having a weekly return laid before them of all persons relieved by the dispensary doctors.

Mr. Jacob said that by doing so they would impose a very great amount of labour on them.

The Chairman thought that the committee managed the matter better than they could. They examined into the several cases.

Mr. O'Shea thought that in the present system the medical officers reported any particular case, but if the guardians undertook the duty they would become careless in the matter.

The question was put to the meeting, but it decided on carrying out the present system.

**SANITARY OFFICERS AND VACCINATION.**

In reply to the Guardian's question whether the sanitary officers were expected to notify to defaulters under the Vaccination Act, the Commissioners wrote to say that when sanitary officers are employed by the Guardians it is usual to require them to warn the parties in default of their responsibility.

The Clerk or the Relieving Officer should take proceedings in cases of wilful default under the Compulsory Vaccination Act by direction of the Board of Guardians, and the medical officer should be requested to attend to give evidence in such cases.

**ABBREYLEIX UNION.**

**THe POOR-LAW UNIONS' APOTHECARY.**

Mr. Staples said there was not now much necessity to discuss the resolution relative to the Poor-law Unions' Apothecary of which he had given notice at last Board day; at the same time he thought it would be well if the Board would pass it as an expression of opinion, and if they woul couple with it an expression to the effect that the Guardians were willing to co-operate with the Poor-law Commissioners in carrying out any proper reform in the mode of supplying drugs.

Dr. Jacob said he would propose that they should consider the 7th clause in Mr. Staples' resolution. The clause would read as follows—"If the Board should see no means for the evils complained of would be provided by the appointment of competent analysts, to visit all dispensaries and to inspect all drugs, with power to publish the names and forbid all future contracts with druggists detected in supplying adulterated articles." He was of opinion that this would not work well. There would be no use in analysing the drugs unless the medical officer could state from whom he received them, and it was at present quite impossible for a medical officer to identify the drugs properly.

Mr. Staples explained that it was impossible to lay down an entire plan in a short resolution, but he thought that it was desirable that inspectors should have power to examine the drugs at any time. If such an officer were
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made it would be the duty of every medical officer to be able to identify the drugs.

Dr. Jacob said that medical officers had already too much that was not altogether medical to do.

Mr. Staples—Where does the medicine supplied to the dispensaries come from?

Dr. Jacob—The medicine is supplied to the dispensaries in a very roundabout way. The mode of supplying drugs to the Queen's County Infirmary is a very satisfactory one. We are quite sure of getting a proper article, and there is a certain amount of competition. I do not think the suggestion in the 7th clause of Mr. Staples' resolution would do at all. The drugs should be analysed before they were supplied to the infirmary. During this period was an epidemic raging in my district, and that I got a large supply of drugs which I required for the treatment of that epidemic, do you suppose that I could wait until these drugs were analysed before I used them?

After some further discussion the resolution was passed.

SLIGO GUARDIANS.

VACCINATION EXPENSES.

Dr. Carmichael, of the Clifffeney dispensary, wrote to the Board for his expenses in attending three times at Grange petty sessions to prosecute parties under the Compulsory Vaccination Act. He suggested a guinea for each attendance as a proper remuneration. He wrote to the General Registrar of Ireland upon the subject, and he sent to the Board the letter he got in reply. The Registrar-General stated that he had no authority to pay Dr. Carmichael mileage in such cases, but he suggested that he (the doctor) should apply to the Board of Guardians for his expense.

Mr. O'Connor was afraid that if they gave Dr. Carmichael expenses it would be adopting a precedent for paying officers for doing their duty. If it were shown he did more than his duty the case would be different.

Mr. Doherty thought the Registrar-General was of opinion the Board was liable.

Mr. Tighe—Let us refer him to the Commissioners.

Mr. Doherty—That is sending him farther—(A laugh).

Mr. Tighe—He will get the law from the Commissioners.

SLIGO DISPENSARY DISTRICT.

The Commissioners wrote with regard to the statement of particulars furnished by the clerk of vaccinated cases mentioned in the report received from the medical officers of the dispensary districts of the union for the last half-year. There were a large number of defaulter (211) unaccounted for. Each case should be accounted for by the medical officers to the satisfaction of the Board. The Commissioners requested that they might be informed whether there was any return (Form P) from Dr. Lynn, medical officer of Sligo; if not his immediate explanation on the subject should be requested.

The Clerk was directed to call Dr. Lynn's attention to this last matter, and to call attention of the doctors generally to the other matter.

DUNGRAN GUARDIANS.

The following communication from the Poor-law Commissioners, relative to the late sworn enquiry as to the medical officer of the house and fever hospital, was read by the Clerk. The Commissioners forwarded, for the information of the Guardians, the enclosed return, consisting of extracts from the time book of the Abbeyside Fever Hospital, including altogether 172 days. During this period it appears that 83 days the duration of Dr. Hunt's visit to the hospital, only occupied five minutes; the collective number of patients in hospital during those days being 32, which gives a daily average of over eight patients in hospital each day. The Commissioners, while making every allowance for the usual average of convalescent patients, cannot but regard Dr. Hunt's visits as much too hurried to enable him to examine his patients with that amount of care and attention which is required in all acute cases, particularly in some serious cases affecting the fever. Dr. Hunt, in his explanation furnished to the Board of Guardians at their meeting recently, raised the question as to the hour he should be required to attend at the fever hospital, and refers to the absence of any distinct rule of the Commissioners on the subject; but he appears to forget that the fever hospital forms a part of the workhouse hospital, and that the rule as to visiting before 12 o'clock applies to it as well as to the workhouse infirmary; exceptional instances, however, may arise in which the visits to both hospitals cannot be accomplished before this hour. Upon the whole, the Commissioners consider Dr. Hunt's explanations unsatisfactory, and they think that the Guardians should take it into consideration whether they can any longer place confidence in Dr. Hunt as medical officer of the workhouse or fever hospital.

Mr. Hackett proposed the following resolution:—"That we coincide in opinion with the Poor-law Commissioners that the explanation of Dr. Hunt is not satisfactory with regard to the case of Sullivan or his attendance at the fever hospital, and can no longer place confidence in him."

The Board divided, when the voting was—

For the resolution—5.
Against—3.

The resolution was accordingly declared carried.

TO THE EDITOR OF THE IRISH MEDICAL ASSOCIATION.

JOURNAL.

Sir,—I beg to inform you and the authorities—medical and other, of the intolerable impudence of a young quack, he came a few years since to a town in the north of Ireland and practices since as a general practitioner, having very conspicuously printed in his window his name together with Surgeon underneath, but that is not the least intolerable of his acts, he daily signs death and vaccination certificates, and sometimes gives evidence at the Court of Sessions; I have informed the Poor-law Commissioners and the Medical Registrar of this person, and they state it is no part of their business to prosecute him or prevent him from acting so. Now, Mr. Editor, I would ask what is it you should prosecute him and prevent the town being molested?

I am, yours, &c.

ALPHA.

ABUSE OF RED TICKETS.

The Waterford Dispensary Committee in its last report recommended that all persons giving tickets shall carefully enquire into the circumstances of the patient before giving them.

Mr. Jacob drew the attention of the Board to the latter part of the report regarding the issuing of dispensary tickets. He thought that they should be very careful in the dispensing of dispensary tickets. They saw by the report that over one quarter of the inhabitants of the city had during the year received medical relief, and he might remark that a very large portion of those relieved were able to contribute something for the medical attendance they received, and it was a very hard thing to compel the ratepayers to provide them with medical attendance. Several very striking cases were mentioned to the Committee by the medical officers. One man, in a respectable position in the city, presented to one of their medical officers a ticket in one hand, and half-a-sovereign in the other, and said, "If you will attend my family for this (presenting the half-sovereign) you will have it, and if you don't, this (presenting the ticket) will compel you to
A BLIND DIAGNOSIS.

By F. O. Ticknor, M.D.

The following case, curious in itself, will serve to illustrate the value of a little care in diagnosis, and add, perhaps, an instructive paragraph to the great inedited volume of medical blunders:

Nettie B—, brought from a distance, was submitted to my care, as a sufferer who had exhausted the resources of the medical science, and was seeking only relief from pain for her few remaining days.

The case came labeled by my brethren of the faculty as one of "Blind Piles.

I found the patient a mere anatomy, in a necklace of buckles, and surrounded by representatives from every other known and unknown pile remedy.

"How old?"

"Forty!"—apparently sixty.

"Your trouble?"

"Constant tenesmus; something in my bowel that I cannot pass off!" Add, hectic fever, &c.

"Has your bowel been examined?"

"Never. The doctors all said 'blind piles,' but nothing has ever done me any good."

"Any children?"

"That is my youngest." (A lusty screamer of six months.)

Examination of the rectum revealed nothing beyond so much irritation as might arise from such topical applications as sulp., cupri, which she had been instructed to use assiduously by enemata.

But outside the rectum, and anterior to it, the finger could trace the outline of a huge tumour, smooth, fluctuating, and of a general character, which at once invited attention to the uterus.

Per vaginam, the same tumour was evident, and was soon discovered to be the uterine itself, loaded with a fetus and its accompaniments.

Gentle friction over the pubes (a la Dewees) immediately threw the organ into action. The membranes protruded, were ruptured; a hand followed; was replaced; the foot brought down, and the woman delivered of a four months' fetus. Decay had advanced until, in spite of care, the head parted from the body while clearing the arch of the pelvis. This was soon recovered, and the succidures removed.

The woman went to sleep, and has progressed to complete recovery without a bad symptom.

Was the child a "twin," dying at the period of quickening, and retained through the labour which gave birth to the other child, and for six months thereafter—occupying the womb for fifteen months in all? Or, did she conceive in a month or two after her confinement?

However this may be, the rectum and anus were in a state of sanit which half Christendom might cover— were clearly justified. In thinking in transferring the epithet "blind" from the piles to the diagnosis.—Nashville Med. Journal.

THE WONDERFUL TWINS—TWO HEADS ON ONE BODY.

By R. Z. Seeds, M.D., Hilliard, Ohio.

Seven miles east of Ashley, Morrow county, Ohio, lives a Mr. Joseph Finley, the father of the most wonderful living children known in the annals of history. The Siamese twins compared with these sank into insignificance. If there has ever been, either still-born or living, such a monster or monsters (I hardly know whether two or one), I have never heard of it. Mrs. Finley was delivered of these children the 13th day of October, 1870. The actual period of labour lasting only twenty-five minutes; or at least they were born in twenty-five minutes after she awoke. A midwife performed the duties of the accoucheur, labour being so precipitate as not to permit the calling of a physician. She stated to me that labour was much more painful than with any of her three former children.

Mrs. Finley met with no injury during pregnancy of any moment that could have anything to do with this strange malformation, with the exception that, about the middle of the third month of gestation, while going into the house, she fell on the steps at the door. She states that from this time until she was delivered, "she never felt right." There was but one placenta, which was expelled in about twenty minutes with but little hemorrhage.

These children measure from occiput to occiput twenty and a-half inches, the heads being directly on each end of the body. To a casual observer there is no difference in the two extremities, the two faces looking very much alike, but by actual measurement the circumference of one head is about three-quarters of an inch greater than the other. Some physicians who have examined it express an opinion that the vertebral column is continuous, or that there is but one. But when I tried to trace it through with the finger, I was unable to do so, but lost it about the middle. I could detect but one umbilicus. There is but one anus, the recti, I think, uniting somewhere near the navel; and a singular fact is that when one evacuates the bowels, in the course of a minute or two the other always does the same. There is but one vaginal opening, and the same is true with regard to urination as in defecation. From the umbilicus either way the children are well developed—thorax, arms, hands, and head. Two legs protrude from either side, right and left. From the one they are nearly normal, seven and a-half inches in length, of normal thickness, &c. From the other side two, but both enclosed in one integument, only four inches long, with ten toes.

The action of the children, I think, is entirely independent of each other. When we entered the room one was asleep while the other was nursing. One will sleep while the other is crying. The mother also nurses both at the same time. The children take nourishment eagerly, and grow very fast, and I think their prospects for long life are as good as any children I ever saw. They are named Minnie and Ninnie.

This is an object of great interest to the Profession, and well worth visiting. I will not attempt to comment on it, but would be pleased to hear from those who are able to explain the mechanism of so wonderful a freak of nature.

—Medical Repository.
IRISH POOR-LAW INTELLIGENCE.

UNDER AUTHORITY OF THE

IRISH MEDICAL ASSOCIATION.

SLIGO BOARD OF GUARDIANS.

The Poor-law commissioners again wrote in reference to Dr. Tucker's claim for acting pro ten. for Dr. Lynn during his late absence. They enclosed another letter from Dr. Tucker in reference to the matter, and they asked for the guardians' opinion. The Commissioners also wished to be informed of the circumstances of Dr. Lynn's absence and Dr. Tucker's appointment as his substitute, and if they were reported to the Board of Guardians, as no record appeared on the minutes at the time.

The following is a copy of Dr. Tucker's communication:

"To the Poor-law Commissioners.

Gentlemen,—I beg leave to submit the accompanying copy of a letter I presented to the Sligo Board of Guardians yesterday, and requested the Chairman of the day to take the sense of the Board upon my claim. Had he done so I believe they would vote that I be paid. The Chairman preferred referring it to the finance committee. I may mention that the Board of Guardians paid a substitute during my absence before five committees in the House of Lords and Commons in 1867, 1868, and 1869, in support of the Sligo Sanitary Improvement Bill; and last September I was paid for extra duty during Dr. Lynn's absence for a few days, by permission of the dispensary committee, who appointed me to do extra duty in Dr. Lynn's absence last February, while in medical attendance upon his son, the Rev. Mr. Lynn, of Carlow, who died of fever. Believing that the dispensary committee have a legal right to give a medical officer leave of absence, and to appoint a qualified substitute, I trust that you will recommend that the sense of the Board of Guardians be taken towards my being paid for extra duty performed by desire of the dispensary committee.

"I have the honour to remain, Gentlemen,

"Your obedient servant,

"JAMES TUCKER, M.D."

The Commissioners also wrote, in reply to a letter received from the Board, asking to be informed whether substitutes for dispensary medical officers are to be paid out of the poor-rates, except in case of illness; and in reference thereto the Commissioners referred to article 22 of the Dispensary Regulations.

Mr. Walker.—Even if the dispensary committee propose that this money should be paid, it does not follow that we must pay them.

Mr. Simpson.—An assistant barrister says you must.

Chairman.—If the dispensary minute-book was brought before us, we would be able to see what was done, and make a regular entry of it.

Dr. Roughan.—That is what is required. There is a medical charity sheet on the minutes, provided for such entries, and the Commissioners not seeing anything of this in your minutes, refer the matter to you for an explanation. It was not submitted to the Board.

Chairman.—Not at all. We heard nothing of it till the claim was made.

Dr. Roughan.—The only thing you can do now is to ask the Commissioners to sanction the payment.

Mr. Walker found fault with the way in which the meetings of the committee were convened.

Chairman.—How many members are necessary to constitute a quorum?

Mr. Kerrigan.—Two.

Mr. Maguire.—Surely we are not bound to give whatever two gentlemen wish to recommend.

Mr. Kerrigan.—Why do not the others attend?

Mr. Walker.—They got no notice.

Mr. Magill.—The days of meeting are settled, and any member who does not attend it is their own fault. All who like may attend.

The Chairman thought the Board should call on the Commissioners to sanction the payment of the sum recommended by the two gentlemen.

Mr. Kerrigan said that while discussing this subject he wished to bring under the notice of the Board an application from Dr. Swain, the doctor for the Carney district pro ten. This doctor had been called out of his district by the relieving officer, in a case of great emergency, for which he claimed two guineas. Mr. Kerrigan produced the written requisition of the relieving officer.

The Chairman said that they had cases of this kind before, which were considered urgent, and were paid.

Dr. Roughan said the relieving officer should pay this two guineas, as out-door relief, and afterwards claim it from the Board.

Mr. Simpson.—But suppose the Board refuse to pay it?

Dr. Roughan.—But they cannot do so legally.

Mr. Maguire proposed that in case of any paid officer of the Board getting leave of absence, his salary while absent should be stopped, and paid to his substitute, and that this rule should be strictly adhered to.

Another resolution was proposed that the dispensary committees should not give the doctors leave of absence until they first brought the matter under the notice of the Board.

Dr. Roughan pointed out the very great inconvenience which might result from either resolution. He suggested that it would be sufficient to call the attention of the different dispensary committee to the 32nd article of the Dispensary Regulations as a guide for the future.

This suggestion was adopted, and the matter dropped.

LIMERICK UNION.

Dr. Kane referred to the bill sent in for whiskey and other matters, and said he believed that wine could be dispensed with altogether in the treatment of hospital cases.

Dr. Brodies said as long as he was medical officer of that house, and believed wine was necessary in the treatment of the cases under his charge, he would order it. He would not order wine or any other stimulant unless he conscientiously believed it was necessary. He would continue to do so, and let the Guardians then adopt the responsibility of refusing to supply it.

Dr. Kane—There were many workhouses in Ireland where no such course of treatment was followed, and he mentioned Longford as an instance.
POOR-LAW UNIONS.

Dr. Brodie said he would not like to have their hospital assimilated to that of Longford.

Mr. Phayer said if anyone else expressed the opinion they heard but Dr. Kane would not attach such importance to it as he did, but he should listen to it with every seriousness, no matter what Dr. Brodie or Dr. Phayer might say. They would attach great weight to what was said by a medical gentleman of such experience as Dr. Kane, and he believed the Board ought to inquire into the matter.

Dr. Brodie said there was no workhouse in Ireland so situated as theirs. There was no general hospital for their city, or a great part of their county, than the one connected with that house, and patients were sent in by medical men, charitable societies, and other bodies, who could not be refused, and required most peculiar treatment. Patients came in there in the last stages of destitution, dying from want and hunger, as well as from sickness, and who could not be treated successfully without stimulants, and of the most powerful kind. He felt it his duty to prescribe as he did, and he would pursue his treatment and let the Board countermand it if they liked.

Dr. O'Sullivan said he would attach great importance to what Dr. Kane might state in a matter of that kind, but he believed he would change the opinion he had expressed, if he had experience in the working of the hospital of that House. He judged of matters as Dr. Kane did at one time, but he saw every reason to change his opinion. There were cases in the House in which, though they could not possibly dispense with stimulants, no matter how long they lay all, and cases in which the patients became chronic cases, owing to the cereal and bad diet they received when they first entered the House.

Dr. O'Sullivan held to his opinion, that to treat scrofulous and dysentery cases, they should employ such stimulants as wine, and supported the present system pursued in the hospital.

Mr. Brodie said the tendency of the discussion was to cast a slur on him, and to question his skill in discharging the duties confided to him. Still, no matter whether he was their officer for a long or a short period, he would order stimulants as he deemed them necessary for the safety of the lives entrusted to his charge.

Mr. Walker agreed with Dr. Brodie, and no matter what anyone said, he would feel justified in being guided in his opinion, yet if he was in charge of the class of patients treated in that house, he might change his system. But besides Dr. Brodie's opinion, they had other opinions they should also consider, and these were the opinions of the Commissioners, who prescribed the class of dietary to be supplied, and how it was to be given. However, independently of that, they had the opinion of Dr. Brodie, an officer of thirty years standing; and on such a question as the one before them, he would take that opinion before the late Dr. Corrigan's, if he came down from Dublin to give it.

CORK UNION.

Dr. Jones reported that he had appointed a substitute (Dr. Tolerton) to act in his place during his temporary absence from duty.

Mr. D. O'Sullivan—I object to that. Dr. Jones has not the power of appointing himself.

Chairman—The Committee have a right to make the appointment.

Mr. O'Sullivan—He has made the appointment himself, and I think he deserves the censure of the Board for doing so.

Chairman—The Committee if anybody—not the Board.

Mr. Galway—The Doctor has the right of appointing his substitute till the next Committee meeting.

In reply to a member it was explained that medical officer's substitutes were not paid by the Board except in case of sickness. The substitute in the present case was not paid by the Board. The matter dropped.

CROSSABEG DISPENSARY.

ELECTION OF MEDICAL OFFICER.

The election of a Medical Officer for Crossabeg Dispensary District, in room of the late Dr. Goodall, took place on Friday last. Only two Candidates presented themselves—Dr. Furlong and Dr. Waddy. On a poll being taken, there appeared—

For Waddy—11.

For Dr. Furlong—8.

TIPPERARY UNION.

A sealed order was received from the Commissioners sanctioning the payment of £50 per annum, superannuation allowance to Dr. Bradshaw, late medical officer of the Banaga Dispensary District.

ROYAL MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.

We have received a copy of the twenty-eight annual report of this Society, and we are glad to observe that it continues to make steady progress. The Society has the benefit of Royal and Viceregal patronage. The principles of the Society are so admirable as to entitle it not only to the support of medical men but to all who may be disposed to do good. It is, in the best sense, a benevolent and charitable institution, founded and promoted for the express purpose of assisting professional men when struggling under the pressure of disease or other calamities. In cases of peculiar urgency and distress the widow or family of a professional man receives the benefits of the Society, which in no case countenances improvidence, idleness, or evil habits of any kind. The Committee, in referring to the deaths which had occurred since the annual meeting in 1869, observe that "Dr. Babington had been for upwards
of fourteen years the energetic Honorary Secretary and Treasurers of the Derry Branch, and had always taken a most active part in promoting the welfare of the fund. Dr. Bernard, of Londonderry, has kindly undertaken the management of that branch, so long and so successfully conducted by the late Dr. Babington.” It is satisfactory to observe that the Committee are enabled to mention Donegal among the “several new branches” that were established during the year. There are also branches of this Society in Bombay and Madras. It was noticed at the last annual meeting that four counties in Ireland did not subscribe at all. This is not as it should be, and we trust that the Committee will soon be able to announce that the whole country is included in the books of the Society. It is “requested that all subscriptions may be paid to the Honorary Treasurers on or before the 30th April,” in order to give the committee time to examine into the claims of applicants, and prepare their report for the general meeting on the first Monday in June.—Derry Sentinel.

CORRESPONDENCE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—In requesting you to allow the accompanying Report of Mr. Hancock upon my scheme “to make provision for the widows and orphans of deceased medical officers, the Poor-law and Medical Charities service in Ireland,” I beg to observe that out of 1,000 circulars sent out by your Secretary, Dr. Quinan, containing Mr. Hancock’s queries, only eighty-three were returned to him answered; and I also wish to state that the sub-committee appointed by the Association to consider the subject have not held any meetings—that, in fact, the gentlemen so appointed have not had a single conference. Under the circumstances I have taken it upon myself to obtain this report from Mr. Hancock, in the hope that by its publication I may induce some of those gentlemen (who, while they disapprove of my scheme, have expressed their opinion that a provision based on some plan ought to be made for our widows and orphans), to come forward at the approaching Annual Meeting of the Association, and pronounce a scheme better calculated to effect the object I have so much at heart.

I am, dear Sir, faithfully yours,

5th May, 1871.

THOMAS DARBY.

[Mr. Hancock’s Report].

Dublin, May 3, 1871.

DEAR SIR,—As I understand your proposal it is this—you would grant an annuity to each widow, say £20 a year, for life, and to each child not exceeding three in number, £10 a year until the age of twenty-one; that if the widow married again, or the daughter before the age of the widows until death, the orphans until the age of eighteen or twenty-one, as is done in some other branches of the public service, there would be no necessity for your proposal.

Viewing your plan, therefore, as a temporary arrangement—1st. To make some provision for the widows and orphans until the State is prepared to do so; 2. To prepare the way for a transfer of this duty to the State at a future time, the medical officers may be prepared to run the risks incident to such special funds.

I regret that the small number of returns sent in by the medical officers (less than 9 per cent.), more especially as they are voluntary, and not selected as representing classes or districts, is not sufficient to enable me to make a more definite report on the view I have suggested. But should your views be approved of by your professional brethren, and they could be induced to fill up the returns, so that I could propose an adjustment of the figures of your plan, which would make provision for the mean time, and facilitate the question being taken up by the State at a future time.

Were the State to make this provision for widows and orphans, it would be equivalent to a considerable increase in the pay of the medical officers, in a form most beneficial to them, and most easily attained.

In starting this plan two things would have to be considered:—1. Whether or not the large number of wives and children of men somewhat advanced in life, and who must be considered as a heavy liability on the fund, are to be provided for?—2. To ascertain about the age at which the service is recruited, and what percentage of income at that age would make the thing reasonably safe.

With regard to these matters, the full returns I have referred to would be necessary.

In regard to provision for the widows and orphans of the older medical officers, that might be made either by the present married officers paying either a sum down or an increased annual subscription proportionate to their claims on the club when formed; or a fund might be raised by general subscription, or the liability on the fund might be relieved if its benefits were confined to widows who had been two or three years married, and could show that their income from all sources did not amount to, say, £50 a-year. This would enable those officers who are well off to help in a dignified manner those who were not so well off; at the same time should any of those who are now well off experience a reverse of fortune, their widows and orphans would come in for the benefit of their contributions.

I am, dear Sir, yours truly,

W. J. HANCOCK, F.I.A.,
3 Dargan terrace, Bray.

We have to announce the death of Dr. O’Donnell, of Kilrush, which took place at his residence here, on Wednesday last at 3 o’clock. The deceased gentleman was medical officer of the Poor-house Union for upwards of twenty years, and for the past five years was also the medical attendant at the dispensary.

THE FOREIGN DIPLOMA MARKET.

A RECENT number of the Philadelphia Press contains a correspondence on the subject of the sale of degrees of the University of Philadelphia. An English doctor had had the bait thrown at him in an advertisement and wrote to the London Agent and received a reply.

“DEAR AND REV. SIR,—The degrees you can obtain through my instrumentality from some of the established German Universities, with which I am in connection, as Göttingen, or Leipzig, or Rostock, &c., are either the M.A. and Ph.D., or the D.D. The requisites for the former two:

1. A Latin petition.
2. A Latin ‘vite curriculum.’
3. Unexceptionable certificates, and
4. A learned dissertation of not less than thirty-two pages footscrap, full size, on any subject of literature or philosophy, or science, &c.

The total charge, but not the printing, is £25.

You can further obtain the A.B., A.M., D.D., LL.D., &c., from the American University of Philadelphia in the
United States, of which I am the accredited agent in this country.

"That university granting its degrees as honorary degrees on my recommendation, I shall with pleasure give you the latter if you will kindly send me a formal application for the degree you are desirous of obtaining, and the necessary evidence that you are a clergyman.

"The total expense, my fee, &c., inclusive, for the B.A. and M.A. is £21, and for the LL.D. and D.D. £26."

"The last letter is an exceedingly clever contrivance. Who would labour first, on a Latin petition; second, a Latin vita curriculum; third, on a hunt for unexceptional certificates; and fourth a learned dissertation of thirty-two pages or more of foolscap, with its searchingly minute requisites, for £25, when, though as ignorant as an ass, he could procure the same degree for £21."

The reporter of the Philadelphia Press has interviewed the Dean and the Honourable Faculty. Speaking of the Dean, he says:

"We found him at first suspicious, but swallowing at a gulp our carefully prepared bait he became confidential—very. We informed him that we had called for the purpose of purchasing a degree; that our business engagement was so pressing that we could not find time to attend lectures. Carefully closing the door of his office, he told us that the university could confer the degree of M.D. without the usual preparatory course of lectures. We inquired the price. 'It is customary,' he said, 'for us to furnish the degree, and the gentleman gives us what he thinks proper.' Insisting, as a business man, upon a positive price, the Dean named forty dollars as the price at which the coveted sheepskin could be procured. 'But the law is very strict in these matters,' said he, 'and the transaction must be perfectly confidential.'

On another occasion he visited the museum of the establishment:

"Nearly one-half of the sides of the room are decorated with representations of certain organs of the male and female which are not so displayed in number or character in the museum of any regular and respectable medical institution in the country. In the centre of the room are three glass cases, in each of which is a life-size nude wax figure two males and one female—perfectly true to nature in every particular, in lascivious attitudes. The whole character of this exhibition is shamefully immoral and impure; repulsively so.

CLINICAL MEMORANDA.

BY JAS. MARTIN, F.R.C.S.

Many cases of acute rheumatism have occurred in this district during the past winter. I have treated them in the very early stage with alkalis and anodynes followed quickly by large doses of the perchoride of iron with great success. I append three typical cases:

Jas. Brien Taylor, aged thirty-four, complained on the 23rd of January of pain in his knees and wrists, and on the 27th, took to bed, where I accidentally found him on the 29th. He was in a state of extreme suffering with swollen wrists, knees, and limbs, and severe pain in the elbows and shoulders, turning in bed with great difficulty. Pulse, 100; temperature, 103. Bowels confined. I ordered him beef-tea and milk, and the following mixture:

Bicarb. potass., 5j.
Ac. acet. ammon., 5ii.;
Syrup. 3j.;
Mixt. camph. ad., 5xij.; coch. ij.

Feb. 2nd.—Pains still very severe; perspiring freely. Pulse, 90; temperature, 100; lint medicament.

Feb. 5th.—Pains still severe, but swelling of joints diminished. Pulse, 100; temperature, 101. Bowels confined.

Sumat statum Haast, ex olei Ricini, 5v.;
Spirit. Terebinthin, 5ij.;
Tinct. semen, 3j.;
Aqua menth. pip., 5j.

When it operates, the following mixture to be taken:
B. Potassae chlorat., 5xij.;
Tr. Ferri perchlorid., 5ij.;
Acid nitromur dil., 5ij.;
Aqua ad 3xij., coch. duo mag. 4trs. horis.

Feb. 7th.—Draught acted well, pains less severe, but passes restless and sleepless nights.

Sumat pulv. Doverii gr. x., noct.;
Cont. alia.

Feb. 8th.—Slept but little, more pain but less swelling of the joints. No cardiac disturbance. One-third of a grain of muriate of morphone at night by subcutaneous injection. Cont. alia.

Feb. 9th.—Slept well, better in every respect, and continued to improve daily until the 14th, when thinking himself well, he stopped all treatment, and came down to his shop on a cold raw day, and had slight return of pain. He resumed his medicine on the 16th, and, on the 19th, was perfectly convalescent.

Feb. 12th.—Jas. Reilly was exposed two days ago to severe cold and wet. Complains of severe pains in all his joints since last evening wrists, knees, and limbs swollen. Cannot turn in bed. Bowels confined. Pulse, 80; temperature, 105.

Cap. pil colocynth. hyd. duo noete,
B. Potass. bicarb., 5ij.;
Syrup. 3j.;
Aqua menth. pip., 3xiv.;
Coch. ij. magn. 4tis. horis sumund.

This treatment continued until the 15th, when the mixture of chlorate of potass, and perchloride of iron was last case, and eight grains of Dover's powder on one night. This treatment was continued without interruption or change until the 20th, when he felt quite well, and required no further treatment. No cardiac disturbance occurred during the illness.

Feb. 14th.—T. D. consulted me, having taken ill two days previously with violent pains in wrists, knees and ankles. Pulse, 104; temperature, 102. Bowels confined.

B. Ext. colocolith yamp., gr. vi.;
Pil. hydrarg., gr. ij.;
Ext. colchic. acet., gr. a.;
Pt. pil. ij. noete sumun.;
B. Potass. bicarb., 5ij.;
Aqua ammon. acet., 5iv.;
Syrup. 3j.;
Aqua ad 3xij.;
M. Coch. duo mag. 4ta. g. g. hora sumun.

Feb. 17th.—Perspiring freely, pains and swellings of joints rather increased. Ordered iron and chlorate of potass mixture. He continued this steadily and with the exception of three and three draughts of twenty minims of Batley's sedative and a repetition of the pills, tonic, took no other medicine until the 28th, when he stopped all treatment—being quite free from pain. Not the slightest trace of cardiac affection. To take some quinine.

Note.—Where it is convenient to adopt it I find no anodyne so successful in this class of cases as the morphine administered subcutaneously.
CORK UNION.

The following minute of the Cork Dispersary Committee was submitted to the Board for their consideration:

"Mr. P. O'Sullivan proposed and Mr. Finn seconded that the salary of all the medical officers be fixed at £100 per annum, except Dr. Goulding, who receives £10 extra for car hire."

Dr. Wall objected to the junior getting the same amount of salary as the old, experienced and well tried officer.

Dr. Wherland supported the minute, and said that some of the districts held by seniors would be better at £60 than others at £100. He did not see why the doctor to be elected should not get a salary equal to that given to the others. If they were all like the late Dr. Armstrong, whose heart was in his work, and who devoted his time and attention to the poor, the case might be different, but, to his knowledge, the poor were neglected by some of them (oh).

Mr. Kelly hoped that that was a mistake, and that the poor were not neglected by men who had been well paid for attending them.

Dr. Wherland said what he meant was, that those officers held other situations, and could not, in consequence, devote sufficient time to the concerns of the poor.

Mr. Keller—You said they were neglected by the officers.

Dr. Wherland—And I say it is a hardship on the poor to be kept waiting for an hour or an hour and a half to suit the convenience of gentlemen who are attending to their own pockets (hear, hear).

The minute was then put out and carried.

The Board soon after adjourned.

CORK DISPENSARY COMMITTEE.

The Chairman said their next business was the lamented death of Dr. Armstrong, a loss which they all felt and regretted. (Hear, hear.) He was a man who had always shown the greatest kindness for the poor, and, he believed, in fact would prefer a poor patient to a rich one. (Hear.) During his long connection with them he had been most attentive to his duties, and to the poor patients of his district, to whom he had not been alone attended but to those from other districts. (Hear.) We have now to appoint a substitute for a fortnight until the election takes place.

Mr. Finn asked if a junior from another district could not be elected.

Chairman—The junior subject the approval of the Commissioners can take the dispensary of Dr. Armstrong.

Mr. O'Sullivan said that now was the time to fix the salary of the successor of Dr. Armstrong. The other dispensary doctors' doctors were paid but £100 a year, and Dr. Armstrong had £120, so that to prevent any misunderstanding arising it would be better for them to agree to the salary to be paid.

Chairman—Certainly this is the proper time to fix the salary. If a junior be appointed his salary would be £80.

Mr. Jones asked why it was that Dr. Armstrong's salary differed from the other.

Chairman—Dr. Armstrong was voted £20 extra for his attention to the poor not only of his own district but to the patients from others who went to him. He was incapable of refusing his services to any one who went to him, as his books could show, and in consideration of that and his long connection with the board the £20 extra was given him.

Dr. Wall—He was so popular amongst the people that several from other districts went to him. (Hear, hear.)

Mr. Kennedy said that as Dr. Armstrong had now passed away the grounds for giving an increase of salary had also passed away, and so as not to create jealousy it would be better to make the salaries equal. Hear.

Mr. O'Sullivan proposed and Mr. Finn seconded that the salary of the doctor appointed in the room of Dr. Armstrong be £100.

ENNIS UNION.

RESIGNATION OF THE MEDICAL OFFICER.

The Chairman read a letter from Dr. P. M. Cullinan, the medical officer of the house, who stated that after thirty years service, in consequence of multiplied avocations and a varying years he felt constrained to tender his resignation. The Board might either grant him the usual superannuation allowance and appoint a substitute, or allow him to appoint a duly qualified assistant to whom a portion of his salary would be given.

The Board expressed much concern at the probability of their being obliged to accept the medical officer's resignation, and indulged the hope that they would be able to act in such a manner so as to retain Dr. Cullinan's services.

Dr. Cullinan said that he appreciated the feelings of the Board in his regard, but after thirty years as a public servant he could not possibly continue always to discharge his duties with the requisite efficiency. During thirty years' connection with the Board he had never put them to a shilling's expense for a substitute on the ground of ill-health or leave of absence.

A special meeting was then ordered to be convened for that day fortnight to consider the matter.

KINSALE UNION.

At the usual weekly meeting of the board a copy of a letter sent by Dr. Dorman, medical officer of the Kinsale Dispensary, to the Poor-law Commissioners, was read, in which he asked whether he was compelled by law to attend to fishermen and others who received accidents or got severely beaten in a row, at the requisition of the police; also whether he was bound to attend on board a vessel in the harbour, which contained a person sick of contagious disease, when sent by a poor-law guardian. He was informed that he should attend all cases when he is furnished with a ticket from a member of the Dispensary Committee.
or the relieving-officer, but he is not bound to visit or prescribe for any patient, when required to do so by the police, unless they were provided with a ticket from any of the parties authorized to give it.

The relieving-officer was directed to inform the police authorities of that decision, and to say that he (the relieving officer) is at all times ready to give tickets for medical relief when necessary.

WESTPORT BOARD OF GUARDIANS.

The following letter was read from the Commissioners—

Poor Law Commissioners' Office,
19th May, 1871.

Sir,—The Commissioners for Administering the Laws for the Relief of the Poor in Ireland have had before them the resolution of the Board of Guardians of the Westport Union of the 4th inst., in which the Guardians drew attention to an estimate for a supply of medicine presented to the Louisburgh Dispensary Committee by Mr. Dwyer, the Medical Officer. The Commissioners have to inform the Board of Guardians that they communicated the resolution to the Medical Officer, and they have received his explanation, a copy of which is enclosed herewith for the Guardians information:—The Commissioners think that Mr. Dwyer's explanation is far from satisfactory. He refers only to the expenditure of the part, and entirely evades the fact of his having placed a requisition for such a large quantity of articles before the Dispensary Committee, many of which could not, in the usual course of dispensary practice, be consumed for an indefinite time, considerably exceeding one year; for instance, 2 lbs. tartar emetic, 2 lbs. chloroform, 1 lb. of arsenic, 5 lbs. of iodine of potassium, ½ lb. of corrosive sublimate, and 2 cwt. of sulphate of magnesia, 3 gallons of liquid ammonia. The Commissioners consider that the estimate furnished by Dr. Dwyer can only be received as having been made carelessly and inadvertently, and with no desire to avoid placing the district under unnecessary expense; and, taking into consideration all former transactions, and the resolutions of the Board of Guardians, that medicines should only be procured in small quantities, and frequently the Commissioners think that the conduct of Dr. Dwyer, in having sent in this extravagant estimate, is deserving of censure; and act upon that correct antagonism to the views and wishes of the Board of Guardians, and they have informed Dr. Dwyer to that effect.

By order of the Commissioners,
B. Banks, Chief Clerk.

ROSCEA BOARD OF GUARDIANS.

The Cost of the Medicines.

A letter from the same office stated that the Commissioners had before them the statement of expenditure for medical and educational purposes in the union for the half year ending 25th March, 1871; and called the Board's attention to the fact that the cost for medicines for the half year's, ended 25th September, 1870,—viz., £2,284; while for all Ireland the average cost per head is only 7d. Some explanation of this large charge for medicines the Commissioners thought may be necessary.

The Clerk was directed to send a copy of the foregoing letter to each of the medical officers of the union; and to request their observation thereon in the way of explanation.

DR. CHARLES ARMSTRONG.

From the Cork Reporter.

This morning the grave will close over the mortal remains of Dr. Charles Armstrong. Probably no provincial member of the medical profession of the present age has left after him so remarkable an instance of what continual perseverance in a good work is capable of accomplishing. During a long and active career his energies were uneasily directed to the advancement of the profession to which he was in the true sense an ornament. On its first establishment in Cork he undertook the management as secretary of the Medical Protective Society, and with what success his labours have been rewarded is manifest in the position which medical and dispensary officers now occupy compared with their former condition. For many years he watched with anxious care every bill introduced into Parliament that in any way affected the dignity of his profession, and by public meetings and judicious agitations he brought about such modifications in every measure as to receive on all occasions the thanks of the profession. In the cause of medical education he ever took an intense interest, considering that above all things university training was essential to keep pace with the progress of the present age, nor did this strain on his active mind in any respect impede his constant and punctual attention to his own duties as a medical dispensary officer. His name will be remembered in the district in which he served as long as the present generation shall survive to tell of his unpretentious character and the kind of heart he had for the poor, with whom he was so frequently in contact. Among them he laboured from day to day visiting the needy and the distressed and those that were in trouble, and to their requirements he sacrificed his ease and often his own interest. In the night season he was as ready of access as in the day, and although his friends had latterly demonstrated with him on his over-exertion yet all his friendly admonitions could not deter him from what he considered the path of duty to "deliver the poor when he crieth, the needy also, and him that hath no helper."

Dr. Armstrong commenced his professional career at Crookhaven, in the west of this county, and on resigning his office there he was on November 1st, 1839, at a public meeting of the subscribers, &c., Richard Henry Beecher, Esq., and James Dwyer, Esq., presented him with some testimonial and a piece of plate "for the high estimation in which he was held as a practitioner in the various branches of his profession." Out of many testimonies of his public and private work from the medical profession may be noticed the following—one dated 27th Nov., 1847, and another 13th July, 1849, when at a meeting held at the Royal Cork Institution, Dr. Beamish, Esq., M.D., in the chair, he received a piece of plate as Secretary to the Medical Committee for the honesty of purpose with which he seconded the successful efforts of the professio to resist the attempts made to lower and degrade its members when called upon by the authorities to perform arduous public duties. And on March 17th, 1859, he was presented with a splendid service of silver by his friend, Dr. Dwyer, rendered with a hand valuing and effective services for the advancement of the interests of the profession. In the private walk of life he was endeared by his uprightness of character and genial disposition to many sorrowing friends.

The late Dr. Charles Armstrong evinced by his disinterestedness to the best advantage of the profession, and in the Poor-law Medical Service which, no doubt, will be sneered at as "Quixotic," and "purist" by those who know no principles other than the feathering of their own personal nests. The Cork Dispensary Committee at one time refused to accede to a demand for increase of salary made by the Dispensary doctors. In consideration, however, of the services, rendered by Dr.
POOR-LAW UNIONS.

June 7, 1871

Dr. Phelan, it was resolved to make an exception in his case, and raise his salary to the standard required. He, however, refused to accept the increase, preferring to stand on the same footing with his professional brethren. What a contrast to the conduct of some men who not only were willing to desert their colleagues under similar circumstances, but actually swore to advance their own claims by a deprecating comparison with other medical officers. It is not so long since one section of the Dublin Dispensary doctors made the effort to secure an advance of salary by showing the guardians how well paid and lightly worked their confrères of the other section were.

Correspondence

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Seeing by your issue of the 24th inst., a communication signed by "Rusticus," regarding payment to medical witnesses in cases of defaulters under the Vaccination Act, I think it well to give any information which I possess in the matter in question. I received the sum of £1 1s. for giving evidence in such cases at petty sessions of Shercock last summer; but the application must be drawn out by the petty sessions clerk, signed by the presiding magistrate, and then the Board of Guardians will pay the amount named in the application. Should the justices not sign it, then the Guardians are not liable. Hoping these few words shall afford some information on the subject,

I remain yours faithfully,

W. J. KISBY,
Medical Officer Emlagh Dispensary, Surgeon to H.M.'s Coast Guard and Police.

Co. Kerry, May 27th, 1871.

DEATH OF DR. PHELAN, LATE POOR-LAW INSPECTOR.

On Saturday, at noon, there passed away from our midst a truly, a thoroughly good man—may we not say a great man, if to have worked for a long life with unparalleled success for the benefit of the poor of Ireland grants a right to the name. He was an Irish Howard, devoting himself incessantly, not to poor prisoners merely, but to the whole mass of our countless destitute. In early life a nameless, unknown practitioner in a small provincial town, Dr. Phelan feeling acutely the deficiencies of the dispensaries of that day took upon himself with a generous and noble courage the arduous task of making at his own cost and peril a general inspection of the dispensaries in every province and every county in Ireland. The result of this tour was that remarkable work, "The Medical Charities of Ireland," in which one is at a loss which most to admire, its extreme painstaking accuracy, or its honest, bold, uncompromising truthfulness. It is mainly owing to this book, and to Dr. Phelan's subsequent and arduous labours in the same field that our Irish dispensary system has attained its present high repute, far above that of either of our more favoured sisters, Scotland or England. To Dr. Phelan the country is further mainly indebted for that most valuable boon, the workhouse fever hospital, which supplied a crying want, and gives most opportune relief to thousands, not of the extreme destitute only, but of the whole humbler classes in the rural districts, whose only resource in fever cases had been the far off county infirmary. Upon our lying-in hospitals, too, he has left his mark, the benevolent mark of the kindly reformer, and recent strictures of his on that matter, will probably have the effect of saving many valuable lives. As a poor-law official it would be hard to appreciate duly, impossible to commend too highly Dr. Phelan's untried industry, his minute carefulness, his zealous and anxious devotion to duty.—Free man's Journal.

DEATH OF DR. WOODS, OF WARINGSTOWN.

We regret to announce the death of Alexander Dickson Woods, Esq., L.R.C.S.I., L.K.Q.C.P.I., Medical Officer of the Waringstown Dispensary District, near Lurgan. Dr. Woods was a comparatively young man, but fell into ill-health about two years ago, and his death has not been unexpected.—Northern Whig.

PRESENTATION TO DR. BRITTON, STRABANE.

A service of plate is about to be presented to Dr. Britton, Esq. A silver tea and coffee service, a gold watch, and a purse of 200 sovereigns.

SMALL-POX.

To the Editor of the Wexford Independent.

Dear Sir,—Would you please insert the following & answer, I have received it from the Castle, as to the means to be adopted to prevent the spread of small-pox in this town during the coming warm weather, and the enrolling of the Militia. I stated at the Board of Guardians on Saturday, that I had not received any answer, but this letter reached me on the next morning.

Yours, truly,

Wexford,

JOHN H. HADDEN, Mayor.

The Mayonality, Wexford.

MAY IT PLEASE YOUR EXCELLENCY—

This town has been suffering from a visitation of small-pox since the 12th of January, in this present year. The disease at first threatened to be very severe and extensive: but owing to the sanitary powers at my command in the way of whitewashing and cleanliness, it has so far been kept in check—so that although there are one or two fresh cases occurring every alternate week (or about the locality at first attacked by the disease)—it has not spread to any alarming extent. I may state for your Excellency's information that almost every case of small-pox has occurred in the most crowded and filthy parts of the town.

The fact of the disease being still prevalent prevents many of the surrounding gentry from visiting the town, and thereby causing the shopkeepers and other industrial classes to suffer loss of business.

The Wexford Militia Regiment also has been summoned for enrolment and training in the town during this month and the next, in accordance with your Excellency's command. Fearing that the assembling of such a large body of men (who will be more or less in contact with the infected districts of the town), might afterwards serve to spread the disease into the surrounding country parts, I am compelled from a sense of the urgency of the case, to respectfully request that your Excellency will instruct me as to the best precautions to be taken to prevent the spread of the disease, and to enable me to compel the removal of such cases of small-pox as may not have suitable accommodation to the hospital already provided for their reception. I have the honour to be, your Excellency's most obedient humble servant.

JOHN H. HADDEN, Mayor of Wexford.

To His Excellency the Right Hon. the Earl Spencer, K.G., Lord Lieutenant, &c., the Castle, Dublin.
DUBLIN CASTLE.

SIR,—I am directed by the Lord Lieutenant, to acknowledge the receipt of your communication of the 7th and 18th instant, relative to the measures to be adopted to prevent the spread of small-pox in the town of Wexford, and to acquaint you that his Excellency has communicated with the Poor-law Commissioners on the subject, finds that sufficient and satisfactory arrangements have been made by the Board of Guardians of Wexford Union, for providing medical attendance and hospital accommodation for small-pox patients.

There is, however, no power given to compel persons to submit to removal to the hospital, except the powers granted under the 26th section of the Sanitary Act.

With reference to your enquiry as to the precautions required to be taken to prevent the spread of the disease, his Excellency can only recommend that the provisions of the Sanitary Acts should be carried into effect as carefully and extensively as possible.

I am to add that the Lord Lieutenant has forwarded your letters to the Inspector-General of Militia, for the information of the officer commanding the Wexford Militia, and his Excellency trusts due precaution will be taken to prevent any spread of infection by the Regiment assembling for training in the town of Wexford.

I am Sir, your obedient servant.

The Mayor of Wexford.

T. H. BURKE.

THE LUNACY LAW OF IRELAND AND ENGLAND.

This serious pecuniary loss inflicted on the tax-payers of the district by the verdict in the case of Crook versus Lalar, an action against the resident Medical Superintendent of the Richmond Lunatic Asylum for illegal detention of an alleged lunatic has directed public attention to the defective state of the law in Ireland as regards the admission and detention of lunatics in asylums. Dr. Lalor has published a very important letter received from Mr. Bewley, one of the counsel for the defence in the above case.

At common law—that is, by the unwritten law of the land—no person is justified in confining a lunatic unless his insanity is of such a character as to render him dangerous either to himself or others. No matter how beneficial restraint may be for the lunatic own mental or bodily health, any person who detains him against his will has no legal justification for his conduct, and will be liable to sue in an action of false imprisonment. It follows from this that the superintendent of public lunatic asylums, and the proprietors of private lunatic asylums, will not be justified in receiving or retaining any persons who are not dangerous lunatics, unless some justification is given to them by the statute law.

In England they have complete protection, if they comply with the requirements of the Lunacy Acts. Under the provisions of the 8th and 9th Vic., cap. 100, sec. 90, the proprietors and superintendents of a lunatic house or registered hospital, and every person authorized to receive a lunatic upon an order, may, on having the necessary order and certificates, take and detain a lunatic, and in actions against them for taking or confining a person as a lunatic, the party complained of may plead such order and certificates in justification of such taking or confinement. In other words, if any question is raised as to the legality of the misconduct of the proprietor or managing officer of a private asylum, it is not incumbent on the superintendent or proprietor to establish that the person was a dangerous lunatic at the time he was in the asylum, and that if he were not in fact dangerous, twenty medical certificates would afford no legal justification for his confinement.

As the absence of the certificate by a second medical man would, in such cases, render a person liable to be indicted for a misdemeanour in not complying with the requirements of the Act of Parliament, one must not allow a private asylum to be conducted without the double certificate. However, as to all the inmates of your asylum, except those who are detained by order of the Lord-Lieutenant, he must be always prepared to show that they are dangerous lunatics in case any question is raised as to the legality of their detention. As to criminal lunatics, the order of the Lord-Lieutenant will give sufficient protection.

It is hardly reasonable to ask that the superintendents of public asylums and the proprietors of private asylums in Ireland, should have the same protection that persons in a similar position in England have enjoyed for the last twenty-five years.
Irish Poor-Law Intelligence;
UNDER AUTHORITY OF THE
IRISH MEDICAL ASSOCIATION.

IRISH MEDICAL ASSOCIATION.

The annual meeting of this Association was held last week in the Library of the College of Surgeons, St. Stephen's green. The chair was occupied by

DR. JAMESON, President.

Among those present were:

Dr. Quinlan, Every Kennedy, Morgan, McClintock, Wm. Carte, A. H., Henry, R., Macnamara, Hayden,ikes, Johnson, Mapother, Owens, Morrogh, Stokes, John Trenchell, F. T. Porter, P. C. Little, R. M'Donnell, Benson, N. Duncan, S. P. Walsh, Willes, Murdoch, Butcher, Toler, H. G. Croly, E. Hamilton, Wharton, Labatt, G. H. Porter, G. Buchanan, Darby, of Bray; Cavet, of Waterford; Martin, of Portlaw; Kynsey, of Athy; Hines, of Kinvara; Clement Hamerton, of Navan; Waters, of Carbery; Moloney, of Tullagh; Nugent, of Drogheda; Smith, of Donoughmore; Sarsfield, of Clonmel; Danie Plant, of Mounsketown; Hayes, of Naas; Whistler, of Bray; Leonard of Atheny; May, of Rathfriland; Jones, of Drumconroath; Tagart, of Carrickmacross; M'Iver, of Arde; Trimble, of Castlebellingham; Bagot, of Enniskilin; Nolan, of Gore; J. B. Kelly, of Drogheda; Mac bey, of Killarney; B. O'Brien, of Tipperary; Darley, of Coo lock; Edwards, of Ballyboggin; Davys, of Swords; May ber, of Kilkenny; B. G. McDowell, of Sliven, of Longford; Crawford, of Tandragee; Kidd, &c.

The Chairman, in opening the proceedings, said it was his pleasing duty on the occasion of leaving the chair, to which their kindness and partiality elevated him, to return his heartfelt thanks for the great honour they conferred upon him. To have been elected to a chair heretofore occupied and adorned by men like Kingsley, Beaty, Benson, Mackey, Macnamara, and Martin, was an honour (hear) of which he felt naturally and justly proud; and however short of their expectations he might have fallen during his year of office, he begged they would believe him when he said that he had used his best efforts to uphold the dignity of the chair and to advance the interests of their Association (hear); but before retiring he would ask those kind feelings sure to be engendered when earnest men, many of them living remote from each other, met on occasions like the present for labour and refreshment. If the question were raised as to how far the Association had realised those high aspirations, he need only ask them to contrast the present improved condition of the army, the navy, and the Poor-law medical officers—to each of them it had stretched a helping hand—with what their position was a few short years ago (Hear, hear). He thought they would also agree with him when he asserted that the voice of the profession had been listened to by more attentive ears, and that its influence had been felt with greater force in high places through the medium of that Association than it would have been had those great interests been left to the unsupported action of individual members of the profession. Through its instrumentality the clause in the Acts of Parliament which precluded the Poor-law medical officer from securing retiring allowances had been repealed, and it was through its instrumentality that he looked forward with hope to the development of some means whereby the widows and children of their less affluent brethren might be permanently provided for (hear). Some years ago a proposition was made to amalgamate the Irish with the British Medical Association, but after mature consideration—the object of the two institutions being somewhat different, and the Poor-laws in the two countries not being the same—it was deemed prudent not to accede to the proposal. He believed the Irish Poor-law and Medical Charities Act, taken together, constituted the most benevolent and humane, the most effective and equitable, and was probably the best worked system of medical relief to the sick poor known to civilisation, a fact to which their English brethren appeared to be fully alive; and although he felt strongly that, in detail, improvement and modifications were necessary, especially in regard to the position, the duties, and the pay of the medical officer, yet he had no fear for him if he would but join heartily and work cordially with his fellows in this Association (hear). He directed the attention of members to a recommendation by the Council that branch associations should be formed in each union as a means of spreading the organisation, and thereby deriving and inculcating information. Before he concluded it was his duty to inform them that an exception had been taken to the constitution of their council, and that some members had formed a Poor-law Medical Officers' Association, and had taken that course, as they averred, in consequence of their electing to the council men who did not belong to the Poor-law service. He hoped they would allow him, as a Poor-law officer of thirty years' standing, to say he could see no force in such an objection (hear). On the contrary, he felt that the disinterested presence amongst them of such men was beneficial (hear and applause)—and he considered that the Poor-law medical officers of Ireland owed a deep debt of gratitude to those philanthropists who, like the President and Vice-President of the Royal College of Surgeons, and the Professors in the Schools of Medicine in this city, devoted so much of their valuable time, and paid much reuniting attention to their interests; and to such as Dr. Morrogh and Dr. Evory Kennedy, who had not only joined their council, but had also in their
position as Poor-law guardians, brought their powerful influence to their aid in advancing the interests of the Poor-law medical officers (hear). When he looked round that assembly he was sanguine enough to hope that the view he held of this subject would be approved of and confirmed by their votes that day (hear).

Dr. E. J. Quinan, hon. sec., read the annual report, which we publish elsewhere.

Dr. Smith, of Castledown, moved the adoption of the report. He regretted that their mortality list was so high that year, the highest, in his remembrance, since the formation of the Association—and particularly regretted the death of Dr. Armstrong, of Cork, who had been so able an advocate of the rights and interests of their profession (hear).

With reference to the subject of retiring allowances, mentioned in the report, they all regarded it as one of great importance, but he was sure that the means of increasing the system would not be taken unless of them all a larger proportion were paid for vaccination, he, with the council, could not see the justice of giving Irish medical men less than their English or Scotch brethren for the same work (hear). Special attention should, in his opinion, be directed to the question of fees. The last matter alluded to in the report was the formation of a rival society by members of their own body. He felt certain that if injudicious think that would be certain the promoters of the secession movement were influenced by good intentions, and would still adhere to the Society which, for eighteen years, had been working good for the members of the profession, and that had, in his mind, left nothing undone which it ought to have done (hear).

Dr. Morgan, in seconding the adoption of the report, complained of a manifest want of vigour in their members. There were representations in Ireland, and yet there were not 30 representatives of these in the room at that, their annual meeting, at headquarters. This was, he thought, very much to be regretted; but he sincerely anticipated that the alterations now suggested by the Council, would remedy that in the future, and provide a larger feeling of interest in the Association, by the promotion of branch bodies (hear).

The resolution was unanimously adopted.

Dr. Martin moved the second resolution as follows:

"That should the Government re-introduce the Rating and Local Government Bill, a clause providing a board for the control of public health, in each of the divisions of the United Kingdom, instead of one central board in London, would be just and desirable."

He believed that much time could not elapse before the spirit of that resolution was carried into effect. It was just eighteen years since that Association was formed, and at that time the average was £50 to £70 a year. Now, very few had £100, the average being higher (hear). For that they might thank the Irish Medical Association and the Poor-law Commissioners, who had received their deputations kindly and courteously. Taking into account all that had been done by the Society he could not conceive why that should be an opposition society (hear).

Dr. Huggin, in seconding the resolution, which was supported by Dr. McGuss, expressed a hope that the Association would continue to be useful to the profession for many years to come.

Dr. R. Macnamara, having taken a great deal of trouble in the promotion of this subject, having been in London when the Act passed, and having something to do with it, he might be allowed to inform members that it was accepted as an instalment of justice on the principle that they had better take half a loaf than no bread (hear, hear). No men could have worked harder than they had done, with the view of having this provision made compulsory, in place of permissive; but that was found utterly impossible, and hence they had to rest satisfied with what they had got (hear, hear). Having secured so much, however, they should still keep hammering at it till the compulsory provision was introduced (hear, hear), and till the allowance was paid, as their salaries were one-half out of the Consolidated Fund and the other half out of the rates (hear, hear).

Dr. Tagert, of Carrickmacross, referring to the report, did not think that the proposition to constitute each union a separate branch was a good one. That area was, in his opinion, far too small. For instance, in his union there were only three medical officers, and it would be only to make them a separate body (hear). But he thought they should have county branches, which would serve the object aimed at, and secure a proportionately large circle of local members. Touching the subject of the resolution to which he now spoke, it appeared to him that the system of retiring allowances, as inaugurated, was a most faulty one. True, under it some had received allowances, but they were all aware that there were others, and equally bad cases, where another line of conduct had been adopted; and cases, too, where even mob violence had been threatened against the Poor-law guardians who proposed the granting of a paltry pittance to a poor-worn-out medical officer. They knew, in fact, how much this act was worth, and would see that another system must be adopted. Some time ago he had ventured to suggest a scheme of superannuation based on the principle of contributions from salary, as adopted in the case of the Constabulary, who gave two per cent, or 4½d. in the pound. The whole number of the Constabulary officers, as per the last obtainable report, was 311, and the Poor-law medical officers numbered 867. The gross annual salary of the Constabulary officers was £47,400, and that of the Poor-law medical officers, £80,000. Now, he proposed that they should ask leave to have a bill introduced authorising the constitution of a superannuation fund, and that should give, not 4½d., but 6d. in the pound. The Constabulary officers had been able by their own exertions to form a fund, by which any man of 60 years of age, and 30 years service, might calculate on getting a full pension if he retired, and that suitable compensation would be had on retirement within a shorter period; and by the last return, no fewer than 95 officers were in receipt of annuities (hear, hear). He would move no amendment, but he wished to have the subject ventilated, in the hope that his idea might be entertained in the event of the present system falling through, as he thought it must.

The resolution was adopted.

Dr. Molony, of Tallaght, formally moved the following resolution:

"That in the opinion of this meeting the variable, and in most cases the wholly inadequate amount of remuneration given by the Government to medical men, when called upon to give skilled professional evidence, especially in the minor courts of law, is unjust and derogatory to the profession, and that the Council of the College should be requested to co-operate with the Council of this Association with the view of providing some remedy for this crying evil."

Dr. Kyne, of Athy, seconded the resolution which was adopted.

Dr. Davys, Coroner for the county Dublin moved the last resolution:

"That it was unjust that the medical officers of this country, where the Vaccination Act had been so successfully carried out, should receive only 1s. per successful case of vaccination, while in England and Scotland vaccination was paid for at the rate of 1s. 6d. and 2s. 6d. per case."

He protested that it was most unjust to ask medical gentlemen to accept fees under those given for similar duty to their brethren in England and Scotland (hear). It was too much to expect of their travelling a long dis-
tance to perform their work, and then pass a considerable time in the office, filling up forms all for one shilling, and it was really laughable to require of an educated gentleman to register marriages at the charge of sixpence each (hair and laughter). The whole system was bad, and he hoped the Council would direct their attention to the matter (hear).

Dr. Hines, of Naas, seconded the resolution, which, after some discussion as to the legality of Poor-law medical officers refusing to act as registrar of marriages when holding the position of registrar of births and deaths, as to which there was a division of opinion, was adopted. A vote of thanks having been awarded to the chairman.

The meeting separated.

THE ROYAL MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.

The annual meeting of this Society was held yesterday in the Library of the Royal College of Surgeons.

Dr. Walsh, ex-President of the Royal College of Surgeons, presided.

Amongst the other gentlemen present were—

Drs. Martin, Portlaw; Benson, Dublin; Churchil, Mollan, Little, Marks, M'Cinntock, Smith, Dolanmore; Dr. Armitage, Telford, Benson, Clarke, Jameson, Duncan, Tabuteau, Maunsell, Crawford, nor Duigan, Dublin in Wilde, Dublin Walshe, Mountkennedy Fitzpatrick, Molony, Hammerton, Navan; Pardon, Belfast; Tagart, Carrickmacross; Boyes, Kingstown; Duncan, Dublin; Cronyn, Darby, Bray; Telford, Kingstown; Walsh, Dublin; Baker, White, Rathgar; Crawford, Tandragee; Clarke, Molony; Tulla; Tabuteaun, Portarlington; Wm. T. Stokes, Dublin; Martin, Churchill, jun., George Buchanan, Arthill, Willes, Sill Corbe, Barthistle, Halahan, George H., Dunin, Cart, Ch. Cunningham, Droghedhill, Corrigan, Beatty, M. Eustace, Eames, R. MacDornell, H. G. Croly, Fitzpatrick, James Brady, Henry Kenny, Brunner, Dundalk; Chartray, 8th Hussars; McEllmond, Newtownmountkennedy; Trimble, Castlebellingham; Banks, Dublin; Hargrave, Pollock, Blackrock; Sir William Wilde, Dublin; Jameson, Hatch, Duncan, Hepburn, M. Clinton, Royal Navy; Dalgin, Stewart, M'Donnell, McComas, J.P.; Drs. Hamilton, Wm. Stokes, May, Rathfriland; Quinan, Dublin; Tufnell, Beatty, jun.; Foot, M'Ilver, Ardee; Lawler, Dublin; Hanrahan, Mountratl; Maunsell, Dublin; Speedy, Walshe, O'Grady, Clerk, Hines, Kinvar, Kynsey, Athy; Harley, Dublin; Hollingworth, R. N.; Barton, Dublin; Hayden, Osbrey, Finney, Kirkpatrick, Mardock, and Kidd.

The Chairman felt it a high privilege and pride to be permitted to preside at that, the 29th meeting of the Royal Medical Benevolent Fund Society. It was a Society of which every medical man in Ireland might be proud, and every medical man in Ireland ought to support it by every means in his power. He could not help contrasting the first meeting of the Society at which he was present with that. In 1842, he happened to be attending a gentleman in the neighbourhood of Rosera, and at that time he met one of his best friends, Dr. Kingstone, to whom that Society owed its origin. He requested him (Dr. Walsh) to attend the meeting, which was held in Birr. There were only five or six persons then present. When he contrasted that time with the present, he could not but be proud of his profession. At that time he had little hope to see the Society become what it now is; that he had now a representative in every county in Ireland. At the time of the last meeting, Roscommon, Westmeath, and Monaghan, were not represented. Ireland may well boast, that at the present time there is not a county in Ireland unrepresented in the Society. The funds were increasing every year; £607 were received last year, which must be funded, and they had a capital sum of £14,000. If they progressed in the same way during the next twenty years, he hoped their capital soon would amount to £60,000. They were enabled to do an immense deal of good. In the report of that Society, they had relieved 200—Sir he could not say medical men—but the relatives of medical men. Since last year they had lost three of their annuitants. The conduct of the Irish medical men after leaving their own country ought to be noticed. From India they had received £150, and the subscribers were not looking for any advantages from it, for the Irish medical gentlemen who died in India would not receive the report of that society. What had they contributed was solely for the benefit of the medical men in Ireland, and members of the Society. Belfast had rivalled Dublin in aiding the Society, and in some cases it had surpassed Dublin; nor did he say a hard word against Cork; but from the West they had not received so much support as he could wish. He hoped that the statement that the Society had received £150 from India would act as a stimulus. He thought the Society should move a resolution complimenting their friends in India. He read the following letter.

"To the President of the Royal College of Surgeons.

"Sir,—As I believe you will have the privilege of presenting at the next meeting of the Medical Benevolent Fund Society of Ireland, I have to inform you that I have read last year's report, and am sorry to see the great and increasing number of applications for medical men, their widows, and orphans, for the small relief which its funds can afford. The report states there are 2,000 medical men in Ireland, and not so many as one-fourth can be got to subscribe to its funds. Some are too poor to give £1 and too proud to give 5s., not considering 5s. from a poor man to be as much as £1 from a man in Stephen's green or Merrion square, and that if the three-fourths who do not now subscribe would give 5s. each it would come to £400 per annum. It appears the Society has a capital sum of £14,000. I think it would be very desirable if some substantial addition be made to this every year. This might very easily be done if those gentlemen living in fine houses in the best part of the city of Dublin could be got to bleed more freely, and some of whom have not given anything in the way of donation or subscription. I promise to give to the fund the sum of £1,000 as a donation, provided you can get in the city of Dublin twenty medical men who will give to the Society £100 each, or forty who will give £50 each. There ought to be no difficulty in getting one-half of the sum from the titled and other celebrities of Merrion square, and Stephen's green, who are supposed or said to be making several thousands a-year. My offer must be valid if not accepted within six months. You are on no conditions, unless you can get my offer accepted, to disclose my name, profession, or residence, or give any information, directly or indirectly, to the writer of this letter. I enclose my card, and remain, yours, &c.,

"24th May, 1871."

The Chairman said that was a most important letter. If the medical men of Dublin "bled," freely they might add £3,000 to the funds, and that would make £21,000 next year. He hoped the society would endeavour to carry out the handsome promise which had been made (applause).

The Honorary Secretary read the annual report, from which we take the following extracts:

"Although, on the whole, a prosperous year, still we have to record losses amongst the honorary officers and steady friends of the society. Dr. Thorpe, of Letterkenny, died only a few weeks after accepting the honorary secretarship of the Donegal branch. Dr. Andrew
Nolan, who held for fifteen years the post of honorary officer of the Wicklow branch, has also been removed; whilst the death of Dr. Kingstone, of Bombay, has quite recently been announced in the newspapers. Dr. Kingstone was a generous contributor to the fund, and, by his example and warm advocacy, was the means of gaining over many friends and supporters to the society. Other valued contributors to the society have, within the year just elapsed, been taken from the scene of their earthly labours. Space will not permit us to do more than barely mention their names—viz., Dr. Armstrong, of Wicklow; Dr. Gooding, of Waterford; Dr. Gartler, of Dublin; Dr. O'Donnell, of Kilrush; and Dr. Brassington, William Ryan, and Hildige, of Dublin. Three legacies have been received during the past year—viz., £50 from Miss Helen Mackeys, of Waterford; £20 from Dr. Curran, of Mullingar; and £85 8s. 2d., an instalment (in all possibility the last) of the bequest of Dr. Colvin, of Armagh, who died in 1861. Of his legacy of £600 the society has now received in all £585 8s. 2d. The above legacies, together with the donations for the year, which come to £2,575 7s., have, in accordance with one of its fundamental rules, been added to the society's capital, which now amounts to £14,400. The committee deem it right to draw special attention to the amount of subscriptions remitted this year from our three foreign auxiliaries, viz., £146. The number of applicants for relief this distribution is about the average for some years past. An analysis of the case shows that twelve are new applications, fifteen are medical men, seventy-two are widows, and four are orphans. Nine of these applications were disallowed, and eighty-two were approved. Now, when to these eighty-two recipients are added the number of individuals (children, &c.) wholly dependent on them, we find that the aggregate number directly benefited by the grants from the society, on this present occasion, is about the hundred and forty. Since last distribution, grants to the amount of £157 2s., have been given in anticipation of the result of this meeting. The amount of the awards now made by the Central Committee, and awaiting your sanction for distribution is £814. To defray this the treasurer has in his hands £933, but some of this must be reserved to pay the necessary expenses of printing, advertising, &c., and a small balance must also be left to meet the expenses of the house that may come before the committee in the course of the next few months. The entire sum that will have been given in grants this year amounts to £971."

Dr. Purdon, Belfast, proposed the following resolution:

"That the report now read, together with the treasurer's audited statement of accounts be adopted; and that 1,500 copies of same be printed for circulation."

Dr. Beaty seconded the motion, which passed unanimously.

Dr. Banks had great pleasure in moving the second resolution, which was as follows:

"That this meeting desires to express its warm thanks to the honorary secretaries and treasurers of the various provincial and Indian branch associations for their continued exertions in the cause of this society."

They were most arduous in the discharge of their duties. He promised to give £50 towards the carrying out of the proposal mentioned in the letter read by the chairman.

Dr. Churchill seconded the motion. He complained that the position throughout the country had done so little towards the support of the society. The motion was put and carried.

Dr. Martin, Portlaw, proposed that the thanks of the society be given to the Press generally for the assistance given to the society.

Dr. O'Donnell seconded the motion, which passed.

On the motion of Dr. Benson, seconded by Dr. Morrogh, a vote of thanks was given to Drs. J. H. Wharton, A. H. McQuilton, and A. H. Marks, hon. secretaries, and to Dr. James Little, treasurer. Dr. O'Donnell, hon. secretary, stated that five gentlemen had promised to give £50 each towards the carrying out of the proposal of "Nemo."

Dr. Banks having been called to the second chair, a vote of thanks was accorded to Dr. Walsh for presiding.

The proceedings then terminated.

ANNUAL REPORT.

The official year of our society, just expired, has been perhaps one of the most anxious and laborious your Council has gone through, yet they are happy to be able to announce a continued increase in the number of our members, and efficiency of our society, notwithstanding that we have encountered the sad loss of some of the oldest and best of our fellow-labourers: hard work, anxiety of mind, and the continuous wear and tear of dispensary life have told with fatal severity upon some, while fever and accidents have done their fatal work upon others; thus it is with the most sincere regret that your Council have to record the deaths of Drs. Thorp, Letterkenney; Brassington, Ruthmines; Nolan of Wicklow; O'Donnell, Kilrush; and, within the last few days, that of the able, energetic, and most indefatigable secretary of the Cork Protective Society, Dr. Charles Armstrong; struck down by a short illness in the very prime of his active and laborious life, his loss will be most deeply felt; but our sad list is not concluded; broken constitution and ill health have also deprived us of useful and active members. The secretary of the Tipperary Branch, Dr. Bradshaw, of Bansha, has been obliged, after protracted illness, to give up his dispensary and proceed to a southern climate; others are on temporary leave, but it is evident that the long life of public service has told with destructive severity upon their constitutions, and that they are only prevented from retiring through a fear of encountering the ordeal of canvassing and soliciting as a favour, that supernumerary which the law has secured as a right for almost every other branch of the public service.

At the time of our last General Meeting the entire Profession, both here and in Great Britain, were much interested in the Medical Act Amendment Bill; and the proposed changes in the rights and privileges of the Profession, its Universities, Colleges, and Schools, were under discussion in the House of Lords, and a deputation from the College of Surgeons was in London to have the Bill amended or opposed. Your Council felt themselves called upon to assist this deputation by petition and letters to members, and they were also prepared to send a deputation, Dr. Martin, of Portlaw, having generously placed his services at their disposal, and being ready to go to London at his own expense, as our President, Dr. Darby, had on a former occasion done; but the Bill having been soon afterwards withdrawn, your Council were glad to be relieved from the necessity of thus imposing the great sacrifice of time and money upon their Presidents in two consecutive years.

In accordance with the resolution passed at the last Annual Meeting, in reference to the formation of a Poor Law and Dispensary Medical Officers Widows' Fund, your Council took early measures to ascertain the information necessary to make the calculations of the percentage which would have to be deducted from each officer's income. An Actuary was employed, and by him the tabular form of queries, now on the table, was prepared. Copies of these forms were sent to every medical officer, but the replies received have not as yet been sufficient to enable the actuary to form an opinion either as to the probable number of widows or the percentage likely to be required for their support. Your Council, however, have been much encouraged by the approval their proposed scheme
has received, and the good feeling which those who have filled up the circulars have shown, although many of them, having already insured their lives or made other arrangements for their families, are not likely to require further provision to be made for their benefit; and your Council still hope that, as the proposal shall become more generally known and more clearly understood, the duty of making some provision for their families, and the advantages offered by some such scheme, will be felt by all; anxious, therefore, to have some further information on the matter ready for this meeting, our President, Dr. Darby, who has devoted a great deal of time and gone to no small expense in the matter, had all the information we received tabulated and laid before Mr. Hancock, the actuary, from whom a letter has been lately received, in which he states,—I regret that the small number of returns sent in by the medical officers (less than 9 per cent.), more especially as they are voluntary, and not selected as representing classes or districts, is not sufficient to enable me to make a more definite report on the view I have suggested. But should your views be approved of by your professional brethren, and they could be induced to fill up the returns, I could propose an adjustment of the figures of your plan, which would make provision for the meantime, and facilitate the question being taken up by the State at a future time.

From this it will be seen that it now but remains for the Society to supply the necessary information, and thus enable us to proceed in this laudable undertaking. A resolution to that effect has been prepared by your Council and will be submitted for adoption at this meeting.

Early in the year your Council's attention being called by a letter from one of the members of the association and a memorial signed by twenty-five registered practitioners, to an alleged breach of the Medical Act, committed by a gentleman practising in Dublin, visiting and prescribing for patients, receiving fees, and giving medical certificates, without being possessed of any legal qualification whatsoever, they at once addressed a letter to the proprietor of the establishment referred to, calling his attention to the breach of the law complained of, and received from him in reply the promise that the gentleman would qualify as soon as possible, Your Council also applied to the Medical Council on the subject, and received the following unsatisfactory reply from that body:—

"BRANCH MEDICAL COUNCIL, IRELAND, "Dublin, 28th Dec., 1871.

"DEAR SIR,—I duly submitted your letter of the 18th July last to this Branch Council at their meeting on yesterday, and in reply I am directed to state that the Memorial therein referred to was at the same time laid before them. As with reference to your enquiring 'whether in their opinion the 40th section of the Medical Act has been infringed by Mr. r,' to inform you, that the question is a legal one, upon which the Council cannot give an opinion.

"I am, dear sir, Very faithfully yours,

"E. J. Quinan, Esq., M.D.,
Honorary Secretary.
"Irish Medical Association."

The matter is now in the hands of the Medical Council, who, your Council hope, will soon make use of whatever power the laws give them to put a stop to this illegal conduct.

The Council desire to direct the attention of the members to some important improvements that have been carried out during the year in the working of the society, by which more unanimity, and consequently more power and speedy action can be put in force whenever occasions require them. By a resolution of the Council it was determined,—'That the Medical Officers of each union in Ireland be requested to form themselves into Union Branch Associations, and that each Association so formed be affiliated to the Irish Medical Association on payment of one guinea on the 1st of January in each year.' There are 163 unions in Ireland; if the Medical Officers of these unions would but take the trouble of forming themselves into Branch Societies, the moral force and influence that would thus be acquired would be invaluable and almost irresistible in any just cause. As this resolution requires the assent of the association to make it one of our rules, the Council have prepared a resolution upon the subject which, it is hoped, will be passed at this meeting.

Another resolution to somewhat of the same effect, and having for its object the same desire to form a closer bond of union among the Poor-law and Dispensary Medical Officers, was also passed and acted upon by your Council during the year; it was as follows,—'That all Medical Officers of the Dublin Unions and Dispensaries, being subscribers to the Society, should, if they wish it, be added to the Council of the Association; but upon the prudence of continuing this line of conduct your Council would wish to elicit the opinion of the members of the Association present at this meeting. As yet but a small number of the Medical Officers have availed themselves of these resolutions; the apparent neglect of their own interest not arising altogether from apathy or carelessness, is in a great degree to be attributed to the fact that no term of resignation has been fixed, and not also the dispensing of our own Council anxious to establish another society, issued, just at the same time, circulars having the same objects, and carrying out the plans that we proposed. The profession in the country not understanding the necessity for the new society, appear to have become confused, and numerous letters were received asking for explanation; your Council, therefore, addressed an explanatory circular on the subject to the Poor-law and Dispensary Medical Officers, to which the most satisfactory replies have been received, all pointing out the working of our Society, and many of them deploring the attempt to introduce disunion among the Poor-law Officers.

The outbreak of small-pox in England, and consequent issue of circulars from the Poor-law Commissioners in reference to vaccination and re-vaccination, caused a great increase in the number of adults applying at the Dispensaries for re-vaccination, and as some questions arose about the payment of the Medical Officers for such duties, your Council appointed a Committee to wait upon the Poor-law Commissioners in reference to this matter. This deputation was afterwards rendered unnecessary by the issuing of a circular from the authorities defining the duty and pay of the Dispensary Officers under those new circumstances to be the same as for primary vaccination; your Council, however, cannot see any reason why this payment should be in Ireland less than that given for the performance of the very same duties in England and Scotland, where the Medical Officer receives one shilling and sixpence and two shillings and sixpence each case, and where in 1867 an additional grant of £2,000 was made as a reward for successful exertions to check small-pox, and you Council feel convinced that your thirty-sixth and thirty-eighth Members, who have been decried by the State, a properly organised protest against the continuance of this unjustifiable inequality would have good effect.

The rule that the Medical Officer's resignation must be tendered or accepted before his claim for superannuation can be entertained, having been found to act most injuriously as well to the deserving Medical Officer as to the public service, your Council took the opportunity as Dr. Beatty, M.P. for Leitrim, was passing through this city, of pressing your views upon him for the purpose of calling his attention to this great omission and also of pressing the claims of the Poor-law and
Dispensary Medical Officers to have the superannuation made obligatory upon the guardians. Your deputation was received with the greatest kindness and courtesy by Dr. Brady, who promised to do whatever he could to have the amendment made whenever any good opportunity for action arose, and recommended that meanwhile we should keep a careful record of every case of grievance under the existing law for improving the provisions of the Commissioners, and extending the proposed central officers’ powers to Ireland, there is but little doubt that if it passes, its other provisions will sooner or later be introduced here. Your Council would therefore direct the earnest attention of the members, particularly the Poor-law and Dispensary Medical officers, to this important matter, and whilst warming up to the support of the provisions contained in the Bill, they cannot avoid expressing their disapproval of its centralising character—Ireland and Scotland being subjected to a central authority in London—and although the bill has been withdrawn for this year, they submit for the consideration of the meeting a resolution upon the subject. A petition on the subject has already been prepared and presented to the Marquis of Hartington by the "Sligo Poor-law Officers’ Association," and Dr. Tucker, to your council, by whom our attention was directed to this matter, and who has devoted so much energy and attention to this as well as many other subjects of interest to the Profession and public.

A Bill introduced by Lord O’Hagan to Amend the Law for the Management of the Estates of Lunatics, although necessary and most useful in many respects, nevertheless may lead to an irreparable infringement of the rights and privileges of our profession which legislators have no hesitation in so frequently proposing and enacting. By this Bill, recently introduced and now in progress through the House, medical men were required, under penalty, to furnish a public officer with copies of every certificate of lunacy they might give to their private as well as pauper patients, and for which no fee or reward was promised, the penalty for their neglect of it. As the matter concerned the Profession at large as much, if not more, than the Poor-law and Dispensary Medical Officers, your Council obtained the assistance of the Parliamentary Committee of the Council of the College of Surgeons, and by it the President of the College was deputed to confer with Lord O’Hagan and the Members for the City. Sir Dominic Corrigan, M.P. for the City, afterwards so ably opposed the clause in the House of Commons that it was withdrawn from the Bill.

Your Council learning that the vacancy in the staff of Medical Inspectors under the Poor-law Commissioners, caused by the lamented death of Dr. John Hill, who, since the passing of the Medical Charities’ Act, discharged the duties of that office with great ability and courtesy, was likely to be filled up by the appointment of a person unconnected with the Medical Profession, held a special meeting and passed the following resolution, which was much approved by the members present, and acknowledged by them:—Resolved—"That the melancholy fact of the death of Dr. John Hill, Poor-law Inspector, having been announced to this Council, it was resolved that the Secretary be authorised to write a letter of condolence to Mrs. Hill, and further instructed to write a respectful letter to the Commissioners for Administering the Laws for Relief of the Poor in Ireland, stating that this Council hopes the Commissioners may see fit to appoint to the vacancy caused by the lamented death of Dr. Hill, a member of the Medical Profession, and, if possible, to promote some gentleman who shall have been employed in the Poor-law or Medical Charities’ service"—and your Council were gratified by soon learning that a Dispensary Medical Officer had been promoted to the office.

At one of the last meetings of your Council they were deeply grieved and much shocked at receiving the melancholy intelligence of the sudden death of the late Dr. Charles Armstrong, so long the able and efficient Secretary of the Cork Protective Society. A letter from him in reference to this very meeting, which must have been among his latest official acts, lay on our table, but your Council, before proceeding to consider it, at once passed the following resolution, which was immediately forwarded to the President of the Cork Society, and duly acknowledged by him:

Resolved—"That this Council cannot allow a meeting to pass without giving expression to their feelings of sorrow and regret at the mournful intelligence they have received of the deeply lamented death of Dr. Charles Armstrong, so long the able, uniring, and zealous Secretary of the Cork Medical Protective Society, and they desire to offer to the Committee of that Society their sympathy and condolence under the sad loss their Society has sustained.

"By Order,

"E. J. QUINAN, M.D." Hon. Sec."

In conclusion your Council have only to add that although they have omitted reference to the fact that the philanthropy of the Irish Poor-law Medical Associations, they still hope that the physicians and surgeons of Ireland are sufficiently aware of their position and standing among the gentry in this country to feel that any such connection or amalgamation of the two Services would act very injuriously upon their interests, and should be resisted, as tending rather to lower the status of the Irish Poor-law Officers to that of the English, than to raise the latter to the high position of the former. No matter what may be promised, and perhaps believed, by some of the promoters of the new society, the Irish Poor-law Service and Society would soon become but a branch of the British Association, and be placed perhaps after the Liverpool, Manchester, or some other of its provincial branches; and, while admitting the power, usefulness, and influence of that great society, as your Council are of opinion that no advantage can arise to the Irish Dispensary Officers from this connection with England, they feel they would not be discharging the duty you have reposed in them did they not warn the members of the danger of being entrapped to allow the Irish Medical Association to merge into and be absorbed by the British society and its journal. The system of medical relief, the customs, fees, and practice here and in England differ so much, that any such amalgamation of the two societies must only end in mismanagement, confusion, and discontent.


SLIGO UNION.

A LETTER was read from the Commissioners, enclosing the following memorial from Dr. Tucker:

"GENTLEMEN,—I beg leave to remind you of my small bill for extra duty during Dr. Lynn’s absence in medical attendance upon the poor, which was duly approved by the Dispensary Committee.

"Lest there should be any doubt upon your minds, I may mention that the assistant-barrister decreed in favour of the medical officer in a similar case, upon the reasons that when a Dispensary Committee are legally empowered to appoint and work a medical officer, his claim for payment becomes equitably and legally established. I beg leave also to refer you to the dispensary minutes approved by your Chairman, when I was paid for extra duty."

June 14, 1871.
PAYMENT OF HALF MEDICAL AND EDUCATIONAL EXPENSES.

The Poor-law Commissioners have officially notified to the Boards of Guardians that the return of those expenses of which one-half is to be paid from the Consolidated Fund should comprise only—

1. The actual salary which became due to each medical officer and apothecary (if any) for the half year.

2. The annual cost, during the half year, of medicine and medical and surgical appliances, not, however, including therein the cost of stimulants, such as wines and spirits.

3. The actual salary which became due to each schoolmaster and schoolmistress for the half-year, but not including under this head the cost of rations.

These particulars to be given separately for each dispensary district, and for the workhouse, and care must be taken that no other expenses than those above-mentioned are included.

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL, IRELAND, FOR THE MONTH OF APRIL, 1871.


May 13th.—Edmund Fitz Garrett Butler, Garroodenny Castle, Crozerty, Queen's Co. Lic. R.C.S.I., 1871.


Births and Deaths in London.—According to the last weekly returns, 1,926 births, and 1,401 deaths were registered, the former being 241 below, and the latter fifteen below the average. Zymotic or preventable disease caused 462 deaths, of which 277 were from small-pox, which continues to maintain a steady virulence.

The Sanitary authorities of Paris propose to dig up all the insurgent dead, and burn them with tar and petroleum. It is found that lime does not destroy organic matter quickly enough for such immense masses of corpses as the cemeteries have reserved during the past week. The fear of a pestilence is gaining on everybody, in spite of the assurance of the medical faculty.

Dr. T. K. Chambers will deliver the Harveian Oration at the Royal College of Physicians, on Wednesday next, the 21st inst., at 6 p.m.

Health of Paris.—The Hygienic Council of the Department of the Seine have announced that no epidemic prevails in Paris, and that every precaution has been taken for the removal of putrescent substances.
ADVERTISEMENTS.

Supplement to
The Medical Press and Circular.

June 14, 1871

AT THE ANNUAL MEETING
OF THE
IRISH MEDICAL ASSOCIATION,
HELD ON 5TH JUNE, 1871.

THE FOLLOWING RESOLUTIONS WERE UNANIMOUSLY ADOPTED:

Proposed by Dr. Smith, Dundalk; seconded by
Dr. Morgan, Dublin, and

Resolved—"That the Report now read be received and
adopted, and extensively circulated."

Proposed by Dr. Hynes, Kinsale; seconded by Dr.
McGuire, Slane, and

Resolved—"That although in some few unions the wise
intentions which the Legislature had in view when passing
the Medical Officers' Superannuation Act have borne good
fruit, still daily experience proves that the principle of re-
quiring the resignation of the medical officer before super-
annuation can be asked for is unjust, and deters many old
and deserving officers from retiring."

Proposed by Dr. Molony, Tallaght; seconded by Dr.
Kinsey, Athy, and

Resolved—"That in the opinion of this meeting, the
variable, and in most cases the wholly inadequate amount of
remuneration given by the Government to medical
men, when called upon to give skilled professional evi-
dence, especially in the minor courts of law, is unjust and
derogatory to the Profession, and that the Council of the
College should be requested to co-operate with the Coun-
cil of this Association with the view of providing some
remedy for this crying evil."

Proposed by Dr. Davies, Swords; seconded by Dr.
Hayes, Naas, and

Resolved—"That it is unjust that the Medical Officers
of this country, where the Vaccination Act has been so
successfully carried out, should receive only one shilling
per successful case of vaccination, while in England and
Scotland vaccination is paid for at rates varying from one
shilling and sixpence to two shillings and sixpence per
case, and that the Association do also consider that the
remuneration allowed to Medical Registrars of Births,
Deaths, and Marriages, under the General Registration
Act of Ireland is very inadequate, and being much smaller
than that which the Registrars of Births, Deaths, and
Marriages in England receive, we recommend the Council
to adopt such measures as may seem advisable to them to
obtain an amendment of the law."

Proposed by Dr. Taggart, Carrickmacross; seconded by Dr.
M'Tye, Ardee, and

Resolved—"That it is very desirable that a Super-
anuation Fund for the benefit of Poor-law Medical Officers
be established by means of funds provided by compulsory
deduction from their salaries, with or without Government
aid; that such be sought for by Act of Parliament, and
that the following be named as a Committee, with power to
add to their number, to collect information, and pre-
pare the groundwork of a Bill to carry out the object,
and that the Committee at the same time be directed to
incorporate in said Bill, if possible, a Fund for the Benefit
of the Widows and Orphans of Poor-law Medical Officers:
—Dr. Macnamara, Dr. Darby, Dr. Hynes, Dr. Quinan,
and Dr. Taggart be the Committee with power to add to
their number."

Proposed by Dr. Martin, Portlaw; seconded by Dr.
Morrogh, Dublin, and

Resolved—"That considering the position of our pro-
fessional brethren in the Army and Navy, we consider
that those who have served twenty years on active ser-
vice should be at liberty to retire on full pay, but liable
to serve for five years in any Reserve Force to which they
may be appointed.

"That Medical Officers returning from foreign service
should be entitled to the same amount of leave as com-
battant officers; and that it is unfair to candidates for the
Army and Navy Medical Service to postpone examina-
tions of which previous notice has been given."

Proposed by Dr. Scully, jun., Tullamore; seconded by Dr.
Leonard, Athlone, and

Resolved—"That the Medical Officers of each Union,
or combination of two or three adjoining Unions, in Ire-
land, be requested to form themselves into Branch As-
sociations, and that each Association so formed be affiliated
to the Irish Medical Association on payment of One
Guinea on the first of January in each year."

Proposed by Dr. Hayes, Naas; seconded by Dr.
Crawford, Tralee, and

Resolved—"That as the Irish Medical Association has,
up to the present, ably fulfilled its mission, we continue
to it our confidence and support, and deprecate the forma-
tion of another association professing to have similar
objects in view, as being uncalled for and unnecessary."

Proposed by Dr. Smith, Dundalk; seconded by Dr.
Leonard, Tralee, and

Resolved—"That the power given to the Council, by
resolution passed at the General Meeting of the Associa-
tion last year, to make new arrangements with the Pro-
priator of the Medical Press and Circular for the
publication of the Journal of the Association, be con-
tinued until the accounts be closed."

Proposed by Dr. Hynes, Kinsale; received with accla-
mation, and

Resolved—"That this meeting cannot separate without
expressing the warm acknowledgement and thanks of the
Medical Profession to the Press of Ireland, whose able
and continued advocacy furnishes us with unanswerable
evidence of the justice and importance of our claims."

That the following gentlemen be elected Office-Bearers
for 1871:

PRESIDENT.
Evory Kennedy, Esq., M.D., Dublin.

VICE-PRESIDENTS.
Dr. Beatty, Dublin.
Dr. Benson, Dublin.
Dr. Darby, Bray.
Dr. Harvey, Cork.

CHAIRMAN OF THE COUNCIL.
Henry Smith, Esq., M.D., Donoughmore.

COUNCIL.
Dr. Chaplin, Kildare.
Dr. Chapman, Donnybrook.
Dr. Churchill, Dublin.
Dr. Darley, Coolock.
Dr. Davys, Swords.
Dr. Faussett, Clonmel.
Dr. Hasler, Killinney.
Dr. Jacob, A. H., Dublin.
Dr. LaBatt, Dublin.

Together with the Presidents, Vice-Presidents, and
Secretaries of the Provincial Associations.

SECRETARY AND TREASURER.
F. J. Quinan, Esq., M.D., 29 Lower Leeson Street, Dublin.

COLLECTOR.
Mr. John Maclean, Royal College of Surgeons.