at hand. The total amount to be entered in the ledger at the end of the month is stated in the cash column provided for that purpose.

The Ledger is indexed so that the accounts can be entered under each client's name alphabetically. No particulars are entered in the ledger; if these are wanted they can be readily found by referring back to the day-book. At the end of the six months, or whenever the account is rendered, the total amount is entered in the cash column provided for that purpose. The next two columns show when the account is rendered and when paid, and the last cash column is for amounts brought forward where the previous account is not paid or only part paid. There is also a column for the charge per visit or consultation.

Prescription Slips are recommended instead of a Prescription Book, as being much more handy. These (8 of which may be cut out of a sheet of foolscap), with the patient's name and address, age, etc., at the top, may contain the prescriptions on one side and notes of the case on the other, and should be numbered. These slips are kept together in a case or by an ordinary elastic band, on the consulting-room table, arranged alphabetically. As they are done with, they are taken out and placed in a drawer, arranged alphabetically; they are then at hand when wanted again for another attendance. These slips have the advantage of facilitating the arrangement of groups of similar cases for reference or study. The learning of this method, of course, naturally involves a certain amount of trouble, but once learned it is claimed for it that it reduces chaos to order, and serves to economise time and labour.

The "*Handy*" *Medical Visiting List*, issued by the same publisher, has the advantage of great portability, it being easily carried in the waistcoat pocket, and when full may easily be replaced by another. They are published at the very cheap rate of 3s. per dozen.

Lectures on the Elements or First Principles of Surgery. By JOHN CHIENE, M.D., Professor of Surgery in the University of Edinburgh. (Reprinted from the *American Practitioner*, 1879, 1880, and 1882).—These are abstracts of several lectures delivered at the commencement of Mr. Chiene's course of Systematic Surgery during 1878, and asked for by Dr. Yandell for publication in the *American Practitioner*. Though they deal in an elementary way with the subjects of inflammation and its treatment, healing of wounds, and antiseptic surgery, there is such an amount of freshness and original thought in them as to make them interesting reading for all who have studied these questions. The theories of counter-irritation, more especially, are very ingenious, and to a great extent in accordance with the recent researches in physiology and pathology. A distinction is made between determination of blood and congestion. "When a muscle is inflamed, it is congested; when it is in action, there is determination of blood; when at rest, it is anæmic. Apply a poultice to the skin over an inflamed kidney, and it acts on the skin-centre; it is altered, as evidenced by the condition of the skin vessels; it is congested. Where does the blood come from? From the neighbouring parts—from the vaso-motor kidney centre. Vascular tension is relieved; the centre regains its power" (it is supposed to be congested when the kidney is inflamed, and to have thus lost its power of regulating the supply of blood to that organ); "the kidney vessels are restored to their normal condition."

In considering the treatment of wounds, the antiseptic question is dealt with, not merely with reference to Listerism, but also to the other methods of free drainage, the open treatment, etc., and this is followed by two chapters by the author on the mode of carrying out the Listerian method. Mr. Chiene is an advocate of Listerism in its strictest sense. "I have heard," says he, "much of modified antiseptics. An English Radical nobleman once asked his opponents, who were pleading for moderate reform, what they thought of moderate chastity; and in this light I would view the question. There is no point at which we can stop on the line, beginning with simple cleanliness and fresh air, and ending with all the contrivances which a trained scientific ingenuity can suggest for the prevention of putrefaction."

To touch on all the subjects which are put in a fresh light would be to reprint the volume; but, while we cannot agree with all Mr. Chiene's views, we would recommend the work for careful perusal, more especially by students.

DONATIONS.—Mr. T. Dyer Edwards has given £250, additional, to the Chelsea Hospital for Women. Mr. Joshua Payne, of Kibworth, has given £200 to the Leicester Infirmary. The Countess of Sheffield has given £100 to the Sussex County Hospital, Brighton. Miss Barton, of the Crescent, Carlisle, has given £100 to the Cumberland Infirmary.

THROUGH the agency of the "Truth" Home-made Toy Competition and Exhibition, held at Limner's Hotel on December 18th and 19th, upwards of 5,400 toys were distributed at the end of last week to sick and pauper children in London hospitals and workhouses.

BRITISH MEDICAL ASSOCIATION.

SUBSCRIPTIONS FOR 1882.

SUBSCRIPTIONS to the Association for 1882 became due on January 1st. Members of Branches are requested to pay the same to their respective Secretaries. Members of the Association not belonging to Branches, are requested to forward their remittances to the General Secretary, 161A, Strand, London. Post Office Orders should be made payable at the West Central District Office, High Holborn.

The British Medical Journal.

SATURDAY, DECEMBER 30th, 1882.

RETROSPECT: 1882.

IN attempting a summary of the principal events affecting medical science and the medical profession, which have occurred during the year now closing, it is perhaps natural that we should give some precedence to those that particularly interest the British Medical Association, and especially those to which reference has been made in the pages of the BRITISH MEDICAL JOURNAL. The first subject that claims notice is

THE BRITISH MEDICAL ASSOCIATION.

We have, during the present year, already devoted a large amount of space to the historical summary of the Association and all its Branches and Committees up to a very recent date. The most important event of the year has been the celebration of the jubilee meeting of this body, which was held at Worcester, where it was founded in 1832 by Sir Charles Hastings. During the meeting, an interesting ceremony took place at a public luncheon given by the members of the Worcestershire and Staffordshire Branch: a bust of Sir Charles Hastings being formally presented by the President, Dr. Strange, on behalf of the Association, to the Mayor and Corporation of Worcester. The scientific proceedings of the Association were of a varied and instructive character. The President's Address, and the addresses in Medicine and Surgery, by Dr. Wade and Mr. Stokes, were of a high class. The sections were well supplied with papers of considerable merit, and were well attended; and several important discussions on subjects of practical and scientific interest took place. The addresses, and most of the papers and discussions, have been reported in the pages of the JOURNAL.

The growth of the Association through the year has been steady and satisfactory.

The last annual meeting displayed, especially in the discussion on the notification of infectious diseases, the excellent facilities which the constitution of the Association affords for the representation of all varieties of opinion, and for the revision, at any one time, of the conclusions or resolutions of an earlier date. It is believed, however, that the constitution may be still further improved; and an investigation is now going on as to the best methods of constituting the Committee of Council in such a manner as to make it—if it be not already—in all respects and entirely representative of the sentiment of the Association at large.

We may refer with great satisfaction to the prosperous condition of the funds of the Association, which enables it to spend a sum which will certainly not amount to less than £500 on the Collective Investigation Committee. And this sum, if the work of the Committee prove as popular and as sound as there is every reason to believe it will do, will no doubt be considerably increased.

At the end of the fiftieth year it is extremely satisfactory to be able to say that at no time in the history of the Association has it been more thoroughly united in feeling, or pervaded by a more evident and active sentiment of fraternal good-will and social and scientific fellowship and labour.

The work of Collective Investigation of Disease, proposed by Professor Humphry at the annual meeting of the Association at Cambridge in 1880, has been proceeding with vigour under the guidance of the Committee appointed for the purpose, of which Professor Humphry is chairman, and which has found an energetic Secretary in Dr. Mahomed, who takes a deep interest in the subject, and is sparing of no trouble in his endeavours to render the work successful. In

this, he is receiving the cordial and active co-operation of the Branches of the Association. Of the work of other committees of the Association, notice will be taken in subsequent paragraphs. Of the Branches, it need only be said that they are in a prosperous condition and still growing in number and in members. At their meetings, which have been duly recorded in our pages, various valuable scientific and practical communications have been made, as our pages have borne evidence.

SCIENTIFIC PAPERS IN THE BRITISH MEDICAL JOURNAL.

The number of original and signed articles and papers on professional subjects published in the JOURNAL during the year has been greater than in any previous year, and we trust that their value is not less. Subjoined is a list of the principal communications, classified as far as possible.

Of *Lectures and Addresses* the JOURNAL has contained the following: Dr. William Ewart's Gulstonian Lectures at the Royal College of Physicians, on Pulmonary Cavities; Sir Joseph Fayrer's Croonian Lectures on the Climate and Fevers of India; Dr. Burdon Sanderson's Lumleian Lectures on Inflammation; the two Bradshawe Lectures, one, on the Influence of the Sympathetic in Disease, delivered at the Royal College of Physicians by Dr. Long Fox, and the other, on some New and Rare Diseases, delivered at the Royal College of Surgeons by Sir James Paget; a lecture delivered at St. John's College, Cambridge, by Mr. D. Macalister, on the Form and Mechanism of the Heart; abstracts of Professor Parker's lectures at the Royal College of Surgeons, on the Morphology of the Mammalian Skull, and of Professor Flower's lectures on the Anatomy, Physiology, and Zoology of the Edentata; also clinical lectures by Mr. Jonathan Hutchinson, Dr. Wilks, Dr. S. Coupland, Dr. G. Johnson, Dr. J. R. Wolfe, Dr. A. H. Bennett, Dr. Burney Yeo, Mr. R. Davy, Mr. Furneaux Jordan, Mr. Christopher Heath, Dr. McCall Anderson, Dr. T. R. Fraser, and Dr. Sawyer. The following special orations and addresses have also appeared: Dr. G. Johnson's Harveian Oration (abstract), in which he refutes the claim put forth by Dr. Ceradini in favour of Cesalpino as the discoverer of the circulation of the blood; an address on Surgical Aids to Medicine, delivered before the Midland Medical Society by Dr. Clifford Allbutt; an address on Health, delivered by Sir Rutherford Alcock, as president of the Health Department at the annual meeting of the Social Science Association; Dr. Pettigrew's introductory address at the University of St. Andrew's, on Man's Place in Creation, and his Education and Development from a Science Point of view; the introductory address, on the Study of Pathology, delivered by Mr. D. J. Hamilton, first Erasmus Wilson Professor of Pathological Anatomy in the University of Aberdeen; the addresses delivered at the annual meeting of the Association: namely, Dr. Strange's Presidential Address; Dr. Wade's Address in Medicine, in which he discussed the sources of error in medicine; Mr. William Stokes's Address in Surgery, dealing chiefly with some debated topics of general interest; Dr. Clifford Allbutt's address as President of the Section of Medicine, on Modern Thought and its Influence on the Progress of Medicine; the address of Mr. Prichard, President of the Section of Surgery, giving an interesting retrospective view of surgical practice; Dr. Alfred Carpenter's address to the Section of Public Medicine, giving an account of the early work of the Association in regard to Preventive Medicine; Dr. Humphry's address to the Section of Anatomy and Physiology, pointing out the relations between the two sciences; Dr. Hughlings Jackson's address in the Section of Pathology; Mr. Solomon's address to the Section of Ophthalmology, on Advances in Modern Ophthalmic Surgery; the address to the Section of Otology, by Mr. Laidlaw Purves, on Physical Diagnosis and Therapeutics in Aural Surgery; also the following addresses by presidents of Branches: Dr. Kidd's address to the Dublin Branch, on Medical Education; Mr. C. Palmer's address to the East Anglian Branch, on Syphilis and its Effects on the Civil Population of Maritime Towns (this has led to the institution of an inquiry on the disease in question, by the Collective Investigation Committee); Mr. W. M. Crowfoot's address to the same Branch, on the Germ-Theory of Disease; Dr. E. C. Thompson's address to the North of Ireland Branch, on the Past, Present, and Future of Medicine; and Mr. Jessop's address to the Yorkshire Branch, on some of the recent changes in surgical practice.

There have also been published reports presented to the Scientific Grants Committee of the Association, by Dr. P. M. Braidwood and Mr. F. Vacher, on the Life-History of Contagium; by Dr. A. Waller and Mr. A. de Watteville, on the Influence of the Galvanic Current on the Motor Nerves of Man; by Dr. P. M. Chapman, on the Duration of the Ventricular Systole in Man; and by Dr. Thin, on the Pathology of Parasitic Diseases of the Skin.

Action of Medicines: Therapeutics.—First under this head comes the use of salicylic acid and its salts in rheumatism, which has been discussed by Dr. C. Orton, Dr. P. W. Latham, Dr. T. Churton, Dr. J. Russell, Dr. D. H. Cullimore, and Dr. E. Mackey. Dr. Shingleton Smith has advocated the use of codeia in diabetes. The treatment of erysipelas by the external application of iodine has been discussed by Mr. C. N. Spinks, Dr. C. F. Hutchinson, Dr. T. A. G. Balfour, Dr. H. Tomkins, and others. Dr. A. Harkin has advocated the treatment of rheumatism and gout by blisters; and the subject has been commented on by Dr. Herbert Davies, Dr. Burchell, Mr. A. B. R. Myers, Mr. A. Roberts, Dr. N. Geisse, and various correspondents. Staff-Surgeon T. Browne has recommended hyoscyamine in certain cases of insanity; while Dr. W. J. Simpson expresses a less favourable opinion of its utility. The abuse of certain medicinal drugs by the public has been commented on by Mr. B. Marsack and Dr. Henry Barnes. Dr. M. Hay has given a brief account of the result of experiments on the absorption of certain salts from the alimentary canal; and Drs. Ringer and Sainsbury have investigated the action of arsenic in the forms of arsenite and arseniate.

Endemic and Epidemic Diseases.—Our editorial columns have contained records of the prevalence of epidemic disease in various localities; and several original communications on the various diseases have appeared. The forms of fever prevalent in India have been described by Sir Joseph Fayrer, in his Croonian Lectures, and Dr. W. C. Maclean and Sir J. Fayrer have described the question of the occurrence of enteric fever in that country. Dr. C. J. B. Williams has provided information, based on personal observation, regarding typhoid fever at Cannes. Dr. W. Skeen, of the Army Medical Department, has discussed the prevalence of enteric fever in subtropical countries. Dr. Byers of Belfast has attracted attention to the premonitory symptoms of intestinal perforation in enteric fever; and recently Dr. Octavius Sturges has commented on certain special characters of the present epidemic of typhoid fever in London. Surgeon-Major Boileau has described yellow fever, with regard to the removal of troops. Dr. E. Wilson has described an epidemic of measles in Cheltenham, presenting peculiar features. The question of the period of incubation of scarlet fever has formed the subject of a series of communications by Mr. R. Sweeting, Dr. W. Squire, Mr. Bryden, Mr. J. S. Main, Dr. Cullingworth, and other writers. Dr. R. Bruce Low has treated of the etiology of endemic goître, with special reference to drinking water, and Mr. C. Roberts has also commented on the same subject. Dr. Spencer Cobbold has presented a brief practical article on the parasites endemic in Egypt, and their communication by water-drinking; and Dr. J. Mackie has described a form of dysentery in Egypt, which he has found to be traceable to the presence of *Bilharzia hæmatobia*. Anthracic inoculation for the prevention of splenic fever has been the subject of an interesting communication by M. Pasteur, of Paris. The etiology of the acute specific diseases has been the subject of an ingenious paper by Mr. Kenneth Millican, who recommends the study of anomalous forms, and expresses his belief in the spontaneous origin of such diseases.

Diseases of the Brain and Nervous System.—This has been dealt with in a considerable number of papers. Dr. Hadden has contributed a case of anomalous infantile hemiplegia; Dr. H. Donkin a case of recovery from pseudo-hypertrophic paralysis; Dr. Hughes Bennett has described a case of chronic cerebral meningitis and cerebral abscess, with other implications; spinal paralysis has formed the subject of communications by Dr. W. R. Gowers and Dr. J. M. Finny; Dr. W. H. Barlow has advocated the use of the term regressive paralysis, to designate the affection otherwise known as infantile paralysis; Dr. Dowse has discussed the diagnosis of general paralysis and tabes dorsalis; Dr. E. H. Jacob has described a case of saltatory and general clonic spasm treated by conium; Mr. de Watteville has commented on reflexes and pseudo-reflexes; Dr. Warner has directed attention to the study of the face as an index of the brain; and Dr. Mortimer Granville has advocated the use of percussion in nervous diseases. Dr. Shingleton Smith has made a contribution to the literature of locomotor ataxy; and Mr. E. Robinson has called attention to the cramp which affects telegraphists. Mr. Nettleship has commented on the value of eye-symptoms in the localisation of cerebral diseases; and a case of spastic paraplegia in an acrobat has been described by Dr. H. Donkin.

Operations on the Nerves.—The now popular operation of nerve-stretching has been the subject of several communications. Its dangers have been pointed out by Dr. Althaus; and its physics have been commented on by Mr. Symington. The practical application of the operation in traumatic tetanus has been discussed by Mr. H. E. Clark, Mr. Henry Morris, and Mr. W. I. Wheeler; in locomotor ataxy, by Mr. H. E. Spencer; and in infantile paralysis, by Dr. R. M. Simon. Mr.

W. Cadge has published a paper defending the practice of section of nerves in severe and obstinate cases of neuralgia.

Diseases of the Lungs.—The topic which has occupied much attention in this department is phthisis. The treatment of this disease by the inhalation of antiseptic vapours has been described by Dr. W. V. Snow, Dr. R. Hamilton, Dr. W. R. Thomas, Dr. E. Mackey, Dr. Burney Yeo, Dr. R. J. Lee, and others; the use of hypophosphites in phthisis has been advocated by Dr. Thorowgood; and the subject of climate in relation to phthisis has been described by Dr. A. H. Hassall and Dr. C. R. Drysdale. The question of the contagiousness of phthisis has been the subject of articles in the JOURNAL by Dr. Burney Yeo, Dr. C. T. Williams, Dr. R. Robertson, and others: the doctrine of its self-limited duration has been advocated by Dr. Austin Flint; and its laryngeal complications have been commented on by Dr. J. Williams. Antiseptic incision with drainage in empyema has been the subject of a paper by Mr. F. R. Cross; and auscultation of the trachea and mouth has been recommended as a means of diagnosis by Dr. David Drummond.

Diseases of the Heart and Blood-Vessels.—In this department of medicine, the chief communications have been the following. Dr. S. Wilks has published a clinical lecture on ulcerative endocarditis, or arterial pyæmia. Dr. G. A. Gibson has described the cephalic murmurs of anæmia; and Dr. G. W. Balfour has called attention to dilatation of the heart as the cause of cardiac hæmic murmurs. Primary endocarditis has been the subject of a practical paper by Dr. A. J. Harrison; and Mr. E. W. Forster has commented on the therapeutics of cardiac disease.

Aneurysm was the subject of several interesting papers in the JOURNAL of October 14th. Dr. Alfred Sheen described two cases in which the external iliac artery was successfully tied for femoral aneurysm. Mr. Thomas Bryant gave the details of a case of aneurysm of both popliteal arteries, one of which was cured by pressure, while the other was treated successfully by the application, under antiseptic precautions, of Dr. Fleet Speirs's artery-compress or, Esmarch's bandage having failed. Mr. William Thomson described a case of ligature of the arteria innominata for subclavian aneurysm, the patient dying on the forty-second day after the operation. Appended to this history are some practical remarks, and an interesting summary of all the known cases of ligature of the innominate artery. Mr. A. Dolman described a case (fatal) of ligature of the left subclavian artery for traumatic aneurysm of the axillary, and Mr. T. H. Bartleet a case of aneurysm of the femoral artery treated successfully by ligature, first of the femoral, and on the nineteenth day, of the external iliac artery. The same number of the JOURNAL contains a paper by Mr. Bennett May, on the choice of material for the ligature of vessels.

Intestinal Obstruction: Hernia.—Papers on intestinal obstructions have been published by Dr. McGown (case cured by puncture of the colon), Dr. H. J. Benham, Mr. C. Firth, and Dr. Cockle (case caused by a diverticulum of the ileum). Mr. H. A. Reeves has advocated inguinal colotomy in stricture of the rectum; Sir Joseph Fayrer has commented on stricture of the colon; Mr. F. A. Southam has described a case of excision of the pylorus for cancer; and cases of gastrostomy have been described by Mr. Walter Whitehead and Mr. R. H. B. Nicholson. The radical cure of hernia has been the subject of papers by Mr. W. D. Spanton and Mr. Mitchell Banks; Mr. H. Bracey has described a case of strangulated umbilical hernia after parturition; Mr. U. Daly a case of successful operation for hernia at sea; and Mr. C. R. Thompson a case in which part of the appendix vermiformis was removed in operating for hernia. The administration of food by the rectum has formed the subject of papers by Dr. W. J. Tyson and Mr. H. E. Spencer.

Diseases of the Kidney.—Dr. George Johnson has described the various forms of tube-casts and their significance. Dr. H. F. A. Goodridge and Dr. Thomas Cole have commented on strumous disease of the kidney, in its relation to the operation for removal of that organ; and cases of nephrectomy have been described by Dr. G. Elder and Mr. Lawson Tait.

Diseases and Injuries of the Bladder and Urethra.—Under this head, several articles of practical value have appeared in the JOURNAL. Mr. Reginald Harrison of Liverpool has advocated the early treatment of prostatic obstruction by tapping the bladder through the hypertrophied prostate; and Sir Henry Thompson has described his method of affording permanent relief in cases of obstinate chronic cystitis and prostatic retention of urine, by making an opening in the membranous portion of the urethra, and fastening in a vulcanised catheter with its point in the bladder. Mr. Walter Whitehead has described a new method of irrigating the urethra, and an instrument for the purpose. Papers have also been published by Mr. F. S. Edwards, on foreign bodies in the bladder; by Dr. Ward Cousins, on lithotomy in children, and the advantage of a long-beaked staff; by Mr. R. Harrison on litholapaxy; by Mr. W. R. Williams on sarcoma of the bladder; and by Mr. T. W. H. Garstang on urethral caruncle in the female.

Diseases and Injuries of the Skull and Spine.—In this division there have appeared in the JOURNAL the report of a case of successful trephining for gunshot injury of the skull, by Surgeon General Longmore, and papers bearing on the diagnosis and treatment of disease and curvature of the spine by Mr. Golding-Bird, Mr. E. Owen, Mr. B. Roth, Mr. N. Grattan, Dr. T. J. Walker, and Mr. F. R. Fisher.

Diseases of the Skin.—The principal communication in this department has been the following. The treatment of eczema by regulated diet ("Bantingism") has been discussed by Mr. Balmanno Squire, Mr. Cresswell Rich, Mr. F. C. Berry; and Mr. Malcolm Morris has recommended the use of papaine in chronic eczema. The same author has also described a new method of removing the diseased hairs in chronic ringworm of the scalp; and Dr. Cavafy has described the treatment of this disease by the local use of boracic acid. Mr. Alder Smith has given an account of an extensive outbreak of ringworm of the head in a school, illustrating the utility of an ointment of carbolic acid, and of citrine and sulphur ointments, and of oleate of mercury and of croton-oil. Dr. Thin has furnished to the Scientific Grants Committee of the Association a series of contributions to the pathology of parasitic diseases of the skin, the subjects specially described being *Trichophyton tonsurans*, *Microsporon furfur*, and *Bacterium decalvans*. He has also published in the JOURNAL two papers on the treatment of alopecia areata, illustrating the utility of sulphur ointment in that affection.

Diseases and Injuries of Bones and Joints.—There have been numerous articles, mostly of a practical character, on the nature and treatment of various injuries and diseases of the bones and joints, besides those of the skull and spine referred to in another paragraph. Regarding fractures and dislocations, the following articles have appeared. Dr. J. H. Anderson has commented on the reduction of dislocation by manipulation; and a peculiar injury of the arm in children, probably of the nature of dislocation, has been the subject of articles by Mr. S. H. Lindeman, Mr. A. Benson, Mr. W. Sneddon, Dr. W. J. Mackie, and Mr. Bennett May. The voluntary dislocations of the American acrobat Warren, who visited this country some months ago, were examined and described by Mr. Edmund Owen, as well as by our correspondent in Glasgow. For the treatment of fractures, Mr. J. A. Grant has advocated a "spruce-shaving" splint; Mr. Furneaux Jordan has called attention to the utility of a laminated plaster splint; Mr. Walter Pye has recommended corrugated paper as a material for some common forms of splint; and Dr. Ward Cousins has described a form of iron wire splint with sliding bars. Mr. Henry Greenway has commented on the value of suspension, and has described an apparatus devised by him for the purpose. Fracture of the patella and its treatment has formed the subject of remarks by Mr. Jonathan Hutchinson, Mr. Christopher Heath, and Mr. Holderness; and a case of compound refracture of the patella has been described by Mr. William Thomson.

The "coat-sleeve" method of amputation has been described, and its advantages pointed out, by Mr. Richard Davy; Mr. Nelson Dobson has advocated amputation in certain conditions of senile gangrene; and Dr. L. W. Marshall has described a case of amputation at the hip-joint by Furneaux Jordan's method. Mr. W. Thomson has commented on the after-treatment in cases of excision of joints; Mr. W. Stokes, on resection of the knee-joint in early life; and Mr. G. Cowell has described his experience of resection of the hip-joint. Mr. Greig Smith has advocated the early operative treatment of strumous diseases of joints; and Mr. Henry Morris has advocated trephining in cases of abscess of bone. The use of wire-ligatures for uniting divided bones has been advocated by Mr. Sympson. Mr. Howard Marsh has supplied an interesting paper on bone-setting; and Mr. William Adams has described the conditions under which forcible flexion should be applied in cases of stiff-joint. Contraction of the palmar fascia (Dupuytren's contraction) has been the subject of communications, especially with reference to its occurrence in females, from Dr. A. S. Myrtle, Mr. W. Adams, Mr. F. A. Southam, and Dr. J. S. Bury.

Diseases of the Eye.—In this department of surgery, Mr. H. Juler has commented on the application of retinoscopy to the diagnosis and treatment of errors of refraction; Mr. Anderson Critchett has advocated the use of atropine in correcting errors of refraction, and has also commented on the operative treatment of congenital cataract. Dr. Edwyn Andrew contributes a paper on dislocation of the lens, with remarks on the old operation of couching; and Dr. Bell Taylor one on the use of eserine as a preliminary to extraction in cases of cataract. Mr. Makuna has published a paper on diseases of the eye occurring in connection with small-pox.

Diseases of the Ear.—Mr. G. P. Field and Mr. Lennox Browne

have commented on the connection between diseases of the ear and general medicine; Dr. Urban Pritchard has recommended the use of dilute mineral acids in the treatment of certain diseases of the bony portions of the ear; Dr. P. McBride publishes remarks on the physiology of auditory vertigo and some other neuroses produced by ear-disease; and

Obstetric Medicine and Diseases of Women.—Under this head, Dr. Hickinbotham has described a case of labour complicated with a large urethral cyst and prolapsus uteri. Mr. A. D. Macdonald has advocated the straight bodied position in labour. Dr. Fancourt Barnes has described a case of puerperal convulsions, in which nitrite of amyl was used successfully. The sanitary condition of Bagshot Park was the subject of a communication by Dr. W. S. Playfair, in reference to the illness of the Duchess of Connaught, and the subject of sewer-gas in connection with puerperal septicæmia has also been commented on by Dr. J. C. Ferrier. Dr. Arthur Edis has communicated a paper on sterility, and one on the rational treatment of metrorrhagia. Ovariotomy has been the subject of several papers; Mr. J. E. Adams has commented on its use in general hospitals; the statistics of the operations in Switzerland has been referred to by Mr. Alban Doran; Mr. J. Greig Smith has described eleven cases of antiseptic ovariotomy; and Mr. Lawson Tait has given the statistics of one hundred cases of ovariotomy performed without Listerian details. The same surgeon has also commented on the diagnosis and treatment of chronic disease of the ovary. Dr. G. G. Bantock has furnished a paper on hysterectomy; Dr. John Williams has commented on subinvolution of the uterus; Dr. Routh on the etiology and treatment of a certain form of endometritis; and Mr. J. Dewar on dysmenorrhœa as a cause of hystero-epilepsy. Mr. W. Walter has described a successful case of transfusion of blood after severe *post partum* hæmorrhage. Dr. Neil Macleod of Shanghai has described the results of experiments made with lochial fluid, in reference to antiseptic midwifery; and Dr. Braidwood and Mr. Vacher have commented on the same subject. Dr. W. H. Day has described a case of ovarian cyst suppurating after parturition. The subject of tracheloraphy has been discussed by Dr. Tilt and Dr. Percy Boulton. Mr. Barnish has described an epidemic of puerperal fever in Wigan, traceable apparently to the communication of infection by a midwife.

Pathology.—Traumatic malignancy has been the subject of articles by Mr. Richard Barwell, Mr. Harrison Cripps, and Mr. Chauncy Puzey; and articles on the bacillus of tubercle and its detection have been communicated by Dr. G. A. Heron and Dr. Heneage Gibbes, Dr. Cossar Ewart has commented on the influence of bacilli in the production of disease.

Public Health.—In this department, Dr. A. P. Stewart has called attention to the establishment of convalescent hospitals for persons recovering from scarlet fever. The notification and registration of disease have been the subjects of papers by Dr. A. Ransome and Dr. W. Carter. The hygienic relations of food supply have been commented on by Mr. F. Vacher and Dr. Drysdale; quarantine by Dr. Imlach; the public medicine aspect of the alcohol question by Dr. N. S. Kerr; the relations of private practitioners to the Public Health Act by Dr. Slade-King; and the closure of schools during the prevalence of zymotic diseases by Mr. H. Page.

Miscellaneous Papers.—Dr. Marion Sims, in the early numbers of the JOURNAL for the year, contributed a valuable paper on the treatment of gunshot wounds of the abdomen in relation to modern peritoneal surgery. Mr. C. B. Lockwood has directed attention to the effect of the rheumatic diathesis on the initial lesion of syphilis. Mr. Cresswell Baber has described adenoid vegatations of the base-pharynx, and Dr. G. Richelot a new method for the cure of salivary fistula of Stenson's duct. Dr. D. J. Leech has discussed the treatment of various form of dropsy. Dr. S. S. Roden has directed attention to the therapeutic value of the brine-springs of Droitwich. With regard to the means of transport of sick and wounded persons, Dr. B. Howard has described a pauper's hospital and ambulance service for London, and Mr. Richard Davy has directed attention to the points necessary to be attended to in the construction of carriages for the conveyance of invalids. Dr. Sarell, of Constantinople, has described the case of the late Commander Selby, R.N., who was murdered in February. Mr. John Marshall has given a description of the new hospital at Antwerp, to which Dr. Dawson Williams has added a note on the advantages of the circular ward system in the construction of hospitals. Mr. Spencer Wells has given his experience of holiday-making and health resorts in Norway; and Dr. Joseph Williams has furnished some interesting notes of travels in Egypt and the Soudan. Mr. D. Biddle has elaborately investigated the statistics of life and death in England, as given in the last annual report of the Registrar-General.

EDITORIAL ARTICLES.

DURING the year a large number of subjects of interest to the medical profession have received comment in the JOURNAL. Among these may be mentioned the following, the greater number of which have been furnished by contributors who have special knowledge of the respective subjects.

Private Boarding Schools and the Necessity for their Inspection; the Office of Coroner; the Medical Aspects of the Opium Question; Experiments on Animals, and the Antivivisectionists; Attendance on the Families of Medical Men; Insanity and Responsibility; the Position of the Royal Medical and Chirurgical Society; the Proposed Establishment of County Boards; the Notification of Infectious Diseases; the Isolation of Persons Suffering from Diphtheria; the Medical Endowments at the University of Oxford; Medical Administration in India; Pay Hospitals; Mortality in Indian Prisons; the Sanitary Condition of Prisons in Ireland; the Trial of G. H. Lamson, especially with special reference to physiological tests for poisons; Fees to Medical Expert Witnesses; the New Association for the Advancement of Medical Research; the Sale of Poisons; *Post Mortem* Examinations in their Legal Aspects; the Regulations in force in France for the Prevention of Lead Poisoning; the Responsibilities of Prison Surgeons, with reference to a charge against the medical officer of the Chester Prison; the Work of the Metropolitan Asylums Board; the Examinations at the Royal College of Surgeons; Militia Surgeons; Public Appointments through Nomination, with reference to the Army Medical Department; the Proceedings of the Royal College of Surgeons in Ireland; Defects in Medical Education; Adulteration of Food; the British Medical Association; THE BRITISH MEDICAL JOURNAL; Police and Sanitary Regulations; Guiteaumania; Medical Reform; Medical Officers of Convict Prisons; Medical Officers in British Guiana; the General Medical Council; Medical Duties of the Metropolitan Board of Works; Examinations for First Year's Students; the Registrar-General on Mortality from Small-pox; the Medical and Hospital Arrangements for the Egyptian Expedition; the Use of Alcohol in Workhouses; the Jubilee Meeting of the British Medical Association, and the addresses delivered there; Public Convalescence; Medical and Social Aspects of Temperance; Phases of Pharmacy; General Gordon and the Medical Department of the Cape Colonial Force; the Study of Pathology; Sea-Scurvy and Merchant Ships; Sanitation in Swiss Hotels; Cholera and Quarantine; the Vaccination Inquiry at Norwich; Poisoning by Lead; Mr. Matthew Arnold's Address at Liverpool University College; the Student in Relation to Contemporary Medicine; the Examinations of Licensing Bodies; the Report of the Royal Commission on Small-pox and Fever Hospitals; the Medical Department of the Army; Typhoid Fever in Paris; Museums in London Hospitals; Mortality from Different Diseases among Assured Lives; Spurious and Worthless Drugs; Superannuation of Asylum Medical Officers; Medical Numismatics; Sir James Paget's Bradshawe Lecture; the Museum of the Royal College of Surgeons; Typhoid Fever in London; Fees for Medical Evidence in Police Courts, etc.

Under the head of Legal Obligations of the Medical Profession, have appeared articles on—1. Corporal Examinations without Assent; 2. Contracts in Restraint of Medical and Surgical Practice; 3. Actions for Malapraxis.

There have also been published several articles relating to topics of scientific and practical importance in medicine and surgery. In these, the following subjects, among others, have been treated:—Myxœdema; Syphilis of the Lung; Cancer; Sarcoma and Local Injury; Galvanism and Hypnotism; Infective Forms of Nephritis; Primary Chronic Disease of the Organs of Voluntary Motion; the Origin and Formation of Red Blood-corpuscles in the Marrow of Bone; the Physiology and Pathology of the Spleen; Actinomycosis in Man; Syphilitic Disease of the Heart; the Management of the Inhalation of Chloroform; Recent Researches in Bacteria; Diabetic Coma; Simple and Antiseptic Ovariotomy; Hunger and Appetite; Sleep and Sleepnessness; Infant Psychology; the Dangers of Iodoform; Electrical Stimulation of the Heart; the Bacillus of Leprosy; Recent Developments in Antiseptic Surgery; Forced Feeding and Over-feeding; Parasitic Hæmoptysis and Distoma Ringeri; Sensorial Localisation; the Formation of Fibrin; the Mal del Pinto; the Pulmonary Circulation; the Use of Naphthalin Dressings; Nervous Derangement of Diabetes.

The department of "The Week" has contained records of and comments on numerous topics of social and scientific interest to the profession.

THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE efforts of the Council of the Royal College of Surgeons of England have been mainly directed, during the last twelve months, to the regulation of examinations, and to the exercise of as complete a control as possible over the space of time elapsing between a candidate's anatomical and surgical examinations. In the discussion of this and of kindred questions, joint committees and subcommittees, the board, the court, and the council have laboured hard. In answer to the recommendations of the General Medical Council that a preliminary scientific examination was advisable for medical students, the College Council replied that such an examination was desirable, if passed before the commencement of the purely medical curriculum, but that it was not in the province of the College to take any steps either separately or conjointly, in the establishment of the proposed preliminary scientific test. A regulation giving the Court of Examiners, in cases where extreme ignorance is exhibited by candidates for the Pass Examination, the power of lengthening the period of reference to their studies, from six to nine or twelve months, was adopted after very strong discussion. The limitation of the compulsory attendance of students to a single course of anatomical lectures was carried, but, for certain reasons, postponed. The most warmly contested alterations yet remain to be noted. By a new regulation, candidates commencing their professional education on or after October 1st, 1882, will not be admitted, except under certain special conditions, to the Pass Examination until the expiration of two years from the date of their passing the Primary Examination. This will prevent the anomaly witnessed when an often-rejected candidate succeeds in passing the anatomical examination, and then presents himself for the final test, only a few days later, defeating the object of the examiners, who expect two years to be devoted to the study of surgery and medicine. A still more pronounced innovation is the institution of an elementary examination of students at their respective medical schools on the termination of their first year of study, which has now become law. This arrangement seems to have followed more or less directly on a suggestion made by the subcommittee of the Committee of Council of the British Medical Association in 1880, and approved by a large majority of members of the profession whom the subcommittee consulted by means of a special circular. The College of Surgeons took up the same subject, apparently on quite an independent basis, for we hear of no allusion to the action of the Association in the reports of the proceedings of the College authorities. Once more, the new law of the College appeared to meet with the approval of those whom, precisely after the manner of the Association, were consulted by circular. But no sooner was the rule made law, than great discontent was expressed by many demonstrators and junior teachers in medical schools who, both in direct memorials to the College authorities and through the medium of the JOURNAL, objected to educational institutions like their schools being compelled to play the part and share the responsibilities of licensing bodies. They also complained that the new regulation would burden them alone with this unexpected kind of duty, the lecturers who had approved of the local examination of first year's students really having but a light part of the actual labour of instruction, so that, acting in their usual manner, they would practically leave all the new examining duties to their overworked junior colleagues, the demonstrators. We understand that endeavours are still being made to effect a revocation of the new arrangement; but the senior medical authorities of the schools and the Council itself appear determined to enforce it; and when we remember how strongly it has been recommended by the experienced, it is fair that it should have a good trial. The ever-recurring question of conjoint schemes appears to be about to advance a stage, if we may judge from the report of the December meeting of the College, when, we are informed, a letter was read from the President of the Royal College of Physicians, inviting the Council of the Royal College of Surgeons to send delegates to confer with a subcommittee of the former College on the possibility of bringing about a combination between the two Colleges for a conjoint complete medical and surgical examination. The invitation has been accepted, and the President, Vice-Presidents, and four other members of the Council have been appointed as delegates to meet a subcommittee of the College of Physicians. The result of the co-operation of the two Colleges will be awaited with deep interest by all concerned in medical education. The proceedings of the College of Surgeons with regard to subjects not of an educational character, in 1882, are chiefly confined to the area of forensic medical matters. A remarkable poisoning case, which caused great excitement in England during last spring, turned the attention of the Government to various questions pertaining to criminal investigation. One result of this was the despatch of a letter from the Secretary of State for the Home Department to both the London Colleges, requesting the nomination of two public analysts to undertake *post mortem* examinations in criminal cases. The Physicians selected Dr. Stevenson; whilst the choice of the College of Surgeons fell upon Dr. Meymott Tidy, Lecturer on Chemistry and Forensic Medicine at the London Hospital. The same Secretary of State also inquired of the College, by letter, whether the Council had any suggestion to make for the amendment of the law relating to the sale of poisons. In reply, after conference with the Council of the Pharmaceutical Society, the College stated their opinion that it was neither necessary nor practicable that any further restrictions should be placed on the sale of medicines containing poisons dispensed from ordinary prescriptions by qualified practitioners; that greater restrictions should control the wholesale trade in such virulent poisons as strychnine, aconitine, and all poisonous alkaloids; that further restrictions should be provided by law, so as to more efficiently control the sale of poisonous patent medicines; and that the power which the Act confers on the Pharmaceutical Society to make, with the consent of the Privy Council, any additions to, or alterations in, Schedule A, is a wholesome provision, and a sufficient guarantee that from time to time further changes in that schedule will be effected as new poisons are introduced into common use. It must be remembered that, at the beginning of the year, the Pharmaceutical Society had made use of the power above alluded to by adding to the schedule sulphuric, hydrochloric, nitric, and carbolic acids, solution of chloride of antimony, hellebore, nux vomica and its preparations, and, lastly, vermin-killers containing phosphorus. The action of the College in approving of the action of the Pharmaceutical Society is highly satisfactory, when we consider the deadly or mischievous nature of these materials. Among the more interesting events in the domestic affairs of the College of Surgeons is the completion and publication of the first volume of the new edition of the Pathological Catalogue, and the delivery, for the first time, of the Erasmus Wilson Pathological Lectures by Mr. F. S. Eve, and of the Bradshawe Lecture by Sir James Paget, the echo of which discourse has hardly yet died in our ears.

MEDICAL SOCIETIES.

AT the meetings of the *Royal Medical and Chirurgical Society*, several subjects, both of practical and pathological (doubtless also ultimately practical) interest, have been discussed. On January 10th, Dr. Creighton described the appearances found in three cases of tumours arising in the skin-gland of the dog, to show the connection between disorders of the secreting structure and cancerous invasion of the connective tissue. On January 24th, Dr. Robert Barnes supplied an interesting paper on hernia of the ovary, its symptoms, diagnosis, and treatment. He considered the affection to afford legitimate grounds for the performance of Battey's operation. On February 14th, a paper by Mr. Thos. Girdlestone, of Melbourne, was read, in which the author advocated the use of tendons from the tail of the kangaroo for the purpose of ligature of large blood-vessels. At the same meeting, Mr. Henry Morris brought forward a paper, bearing on the mechanism of dislocations of the hip. On February 28th, Dr. Champneys presented a third communication, founded on experimental results, on artificial respiration in newly born children, dealing especially with mediastinal emphysema and pneumothorax in tracheotomy; and, at the same meeting, Dr. Angel Money gave an account of the result of observations made at the General Lying-in Hospital, showing the frequency of cardiac murmurs in puerperal women. At the meeting of March 14th, Dr. Theodore Williams drew attention to the frequency of albuminuria in phthisis, and the gravity which it imparted to the prognosis. On March 28th, Mr. Bryant described a case, in which he had excised a strictured portion of the descending colon through an incision made for left lumbar colotomy; and Dr. S. Fenwick called attention to the presence of bile in the saliva, and the variation in the amount of sulphocyanide of potassium in the saliva of patients affected with various diseases. On April 11th, an interesting case of removal of a tumour of the bladder, by perineal section of the urethra, was described by Sir Henry Thompson; who advocated that, in certain cases of renal hæmaturia, of which the cause could not readily be detected, an incision as for median lithotomy should be made, for the purpose of exploration, and removal of the tumour, if any were found. On April 25th, two papers were read: one on wounds of the theca vertebralis, with discharge of cerebro-spinal fluid, by Mr. Holmes; and the other, by Mr. R. W. Parker, containing a suggestion for the treatment of some cases of empyema by thoracentesis and injection of filtered and carbolised air. On May 9th, Mr. Tivy of Clifton described a case of double inguinal hernia, treated by Wood's operation for radical cure, and discussed the merits of Wood's and Spanton's methods: and Mr. M. D. Makuna described the results of the method which he had followed for the ectrotic treatment of small-pox varioles by cauterisation with carbolic acid, as recommended

by Dr. Eade, of Norwich, in 1878. On May 23rd the attention of the Society was directed to the surgery of the larynx. Dr. F. Semon described two cases in which growths in the larynx were removed from within by the galvano-caustic method; and Mr. T. Holmes discussed the subject of thyrotomy for the removal of foreign bodies impacted in the interior of the thyroid cartilage, and described the indications for its performance. At the same meeting Mr. Watson Cheyne, Mr. Horsley, and Mr. Dowdeswell, showed a large number of specimens of micro-organisms from various diseases. On June 13, the last meeting of the session, Drs. Ringer and Sainsbury described the results of their researches on the action of salts of potash, soda, and ammonia on the frog's heart; Sir James Paget described seven cases of osteitis deformans showed by him since his former paper on the subject was read before the Society; and Mr. Davies-Colley communicated a tabular statement of seventeen cases of malignant pustule showed at Guy's Hospital, and advocated early treatment by excision or free cauterisation of the eschar. The present session of the Society, which commenced on October 24th, was opened with the reading of two papers; one by Mr. Barwell on dislocation of the foot with version and torsion of the astragalus, and the other by Dr. Warner, on a case of Graves's disease complicated with ophthalmoplegia externa. On November 14th, a paper by the late Dr. Vasy Lyle, of Durban, on endemic hæmaturia in South-East Africa, and its connection with *Bilharzia hæmatobia*, was communicated by Dr. John Harley; and Mr. A. P. Thomas, of Oxford, gave a most interesting account of researches which he had made in the life history of the liver fluke in sheep, by means of which he had discovered the source of the disease. In connection with the papers, enormous specimens of entozoa in various stages of development were shown under microscopes by Dr. Spencer Cobbold, Dr. Radcliffe Crocker, Dr. Charlton Bastian, Dr. Stephen Mackenzie, and Mr. A. P. Thomas. On November 28th, Dr. F. Warner treated of positions of the hand as indications of conditions of the brain; and Dr. Ralfe described seventeen cases of epilepsy treated by sodium nitrite according to the plan recommended by Dr. Law, of Hastings. At the last meeting for the year, on December 12th, the subject of resection of portions of intestine was brought forward in a paper by Mr. F. Treves, and discussed by several members.

At the beginning of the present session, in October last, a system was introduced of exhibiting at each meeting (instead of only occasionally, as hitherto) various articles of interest, such as instruments, drawings, microscopical specimens, etc. Several articles, besides those referred to above, have thus been exhibited. The papers read have generally been followed by instructive discussions; and the prospects of the Society, under the energetic and judicious guidance of its president, Mr. John Marshall, are very promising.

The *Medical Society* has been busily bestirring itself for some months past with the erection of the new meeting room, library, and other offices. The new meeting room will probably be as handsome as any of its kind in London. It is not generally known that the *Medical Society* possesses a large collection of works of old medical writers. Many of these books are of the greatest rarity and interest, and bibliophiles will be able to inspect them at their ease, when they will have been set out and arranged in the new library. The interest taken in the meetings during the year has been steadily increasing. Dr. Heneage Gibbes showed recently to the Society a large number of specimens of bacteria, including bacillus anthracis, bacillus tuberculosis, and bacillus anthracis after cultivation. This was one of the best attended and instructive evenings of the year, and was enlivened by an instructive discussion between Dr. Gibbes and Dr. Heron.

The proceedings of the *Clinical Society* during the past year have been chiefly characterised by several discussions on the recently developed operations upon the abdominal viscera, which are beginning to find favour with surgeons. Thus nephro-lithotomy, nephrectomy, splenectomy, extirpation of the uterus, and intussusception treated by abdominal section, have all given rise to several animated debates. Nor have physicians been behindhand in submitting papers on subjects of great interest. Their contributions have been the following. At the first meeting in January a discussion, adjourned from the last meeting of 1881, took place on the subject of myxœdema, chiefly characterised by a valuable summing up of the subject by Dr. Ord. In March, Dr. Mahomed showed a case of the same disease, which seemed to be improving under treatment by nitro-glycerine. In February, Dr. Finlay exhibited a patient having aneurysm of the ascending aorta, when a long discussion respecting treatment by galvano-puncture ensued. Dr. George Johnson brought forward a case of acute perforative pneumothorax terminating in complete recovery; and Mr. Godlee mentioned a case in which an ear of rye-grass, swallowed by a child, emerged on the forty-third day subsequently from an opening near the spine between the sixth and seventh ribs. In April, Dr. de Havilland Hall mentioned a case of primary perichondritis of the larynx, in which the cause of the disease could not be ascertained, there being not the least suspicion of syphilis. In May, Dr. Althaus gave interesting notes of a case of cerebro-spinal syphilis, accompanied by a large number of symptoms of widely extended nervous origin; and Dr. Ord cited particulars of a case in which various disorders of movement had followed right hemiplegia. On the opening night of the present session, October 13th, Dr. Theodore Williams described the case of a patient suffering from phthisis who had been greatly benefited by residence at a high altitude, viz., Davos; upon which the cause of such improvement in consumptive patients was well discussed by several speakers. Dr. Crocker showed the ova and embryos of the *Bilharzia Hæmatobia*, which had been passed from a patient suffering from that parasite. Dr. Goodhart, in November, discussed the treatment of diphtheria by local applications of borax or boracic acid to the throat, and expressed a high opinion of the remedy. Dr. Duckworth, at the December meeting, related two cases of subcutaneous rheumatismal nodes. A very valuable report upon hyperpyrexia in acute rheumatism, by a committee of the Society, was presented in May last, and a copious abstract of it was published in the BRITISH MEDICAL JOURNAL for June 3rd. At the same meeting, Dr. Greenhow presented a paper comprising notes of forty-three cases of rheumatic fever treated by him in the Middlesex Hospital with iodide of potassium and sulphate of quinine; and Dr. Churton (of Leeds) communicated particulars of a case of double hæmorrhagic pleurisy with formation of cholesterine, in which the patient died.

The cases of surgical interest have been more numerous. In January, Mr. Beck narrated a successful case of nephro-lithotomy, in which he was followed by many other surgeons who had removed calculi from the kidney, with various results. In February, Mr. Knowsley Thornton gave notes of a case in which suppression of urine was threatened several times after ovariotomy, and was on each occasion relieved by the packing of the arms in cold wet towels. In March, Mr. G. Lawson exhibited a chimney-sweep, from whom he had removed an epitheliomatous cancer from the axilla. Mr. Marsh related particulars of a case of aneurysm of the left axillary artery, in which he had ligatured the subclavian, and afterwards, upon rupture of the sac, successfully amputated at the shoulder-joint. The question as to the best kind of ligature for arteries in their continuity was discussed then and on other occasions during the year, notably in April, when Dr. Hector C. Cameron of Glasgow read notes of all the cases of antiseptic ligature of arteries in their continuity in which he had performed such an operation, whether for aneurysm or for accidental wound. In March, Mr. Haward read notes of an unsuccessful case of splenectomy, which gave rise to an animated debate; and at this and the next meeting, the subject of nephrectomy for scrofulous kidney was discussed. The readers of the cases introducing the discussion were Dr. Goodhart and Mr. Golding-Bird, Dr. Barlow and Mr. Godlee, and Mr. Marsh. During the present session, too, Mr. James E. Adams read notes of a case in which he had performed nephrectomy for carcinoma. In April, Mr. Pearce Gould read notes of a case of spina bifida cured by injection of iodine, in which he was followed in November by Mr. Clutton. Mr. Gould also mentioned a case of congenital intestinal obstruction in which he had performed abdominal section; and in May, exhibited a man upon whom he had performed a new operation for amputation of the penis. Mr. T. Smith read notes of a case of aneurysmal varix affecting the hand and fingers; and Mr. T. Holmes narrated the removal of an epitheliomatous ulcer of the leg by scraping, and of loose cartilages from a joint. In October, Mr. Golding-Bird detailed the removal of an epitheliomatous tonsil by Cheever's method, and Mr. Lucas the excision of the base of the tongue, right tonsil, and part of the left palate for a similar disease, from a patient who had had aneurysm of both popliteal arteries. Mr. Walsham read notes of a gunshot injury of the lower jaw, and Mr. Pepper and Dr. Mahomed those relating to a case of ligature of the common carotid artery for severe hæmorrhage from the throat after an attack of scarlet fever. In November, Mr. Golding-Bird mentioned a case of removal of the uterus for fibroid disease, with a fatal termination on the fourth day. Mr. Heath mentioned a case of separation of the epiphysis of the clavicle by muscular action. At the December meeting, Mr. Godlee read a paper on cases of intussusception in infants treated by abdominal section, and Mr. G. Brown mentioned another case. A well sustained discussion thereupon ensued. Several papers relating to diseases of the skin and of the eye have also been read, viz.: by Mr. B. Squire, on erythema iris; by Dr. Crocker, on the prurigo of Hebra; by Dr. B. O'Connor, on ichthyosis involving the entire surface of the body; by Dr. S. Mackenzie, on a case of lupus-psoriasis; and by Dr. Cavafy, on symmetrical congestive mottling of the skin. Mr. Kesteven, in January, read notes of a case of xanthopsis;

and Mr. Spencer Watson, in February, those of a case of eyeball-tension treated by sclerotomy.

The Pathological Society is one of the most popular of societies; its meetings are well attended, the material for exhibition and discussion appears to be inexhaustible, its members are numerous, and possess the vigour of youth; it is emphatically the young men's society. To shine at its meetings requires no laborious compilation of statistics, no accumulation of instances, no searching investigation of deep problems—though, indeed, the president has observed that there is a tendency in the society to evince increasing interest in abstract speculations and wider-reaching hypotheses. Since this tendency has been recognised and approved by the president of the society—a man, whose name is as a household word to all English students of pathology—we may be permitted to observe that the impression left on our mind by looking back on the work of the society during the past year is one of some little confusion and disappointment, for lack, as it seems to us, of a little more of this spirit of generalisation and discussion. It is difficult to pick out any subject which the Society has dealt with in any spirit of thoroughness; of the excellency of the material, and of the ability and scientific spirit of the observers, there can be no question; but the material seems to suffer for want of grouping and for want of discussion. We believe that a very large number of members of the Society would agree with this criticism. One innovation which it is gratifying to recognise, has been the increased prominence given to what has been called comparative pathology, and we hope that in future years more and more assistance may be looked for in this direction. A better acquaintance with this subject would probably prevent us from falling into many errors in reasoning from experimental to human pathology. Among subjects and cases of more than usual interest which have occupied the time of the society, we may instance the completion of Dr. Stephen Mackenzie's important case of filarial hæmato-chyluria, a paper by Dr. Zancavol (of Alexandria) on Bilharzia Hæmatobia, several short discussions on ulcerative endocarditis, a remarkable case of symmetrical gangrene recently shown by Dr. Southey, and several instructive instances of extremely rapid development of sarcoma in various situations, shown by Dr. Samuel West.

At the *Obstetrical Society* a paper by Dr. Clement Godson on the Treatment of Dysmenorrhœa and Sterility, and another contribution on the Natural History of Dysmenorrhœa, by Dr. John Williams, gave rise to animated discussions. Another communication of great interest was Dr. Playfair's monograph on Emmet's operation; the debate which followed its delivery showed that the opinions of authorities remain greatly divided. The President, Dr. Matthews Duncan, contributed his share in two papers, one based on a case of imperforate hymen, the second consisting of the President's opinions on puerperal diabetes. Dr. Galabin read an interesting paper on retention of menstrual fluid in one half of a double uterus; Dr. Popoff contributed some valuable notes on the corpus luteum, based on cases the menstrual histories of which were known to the author; interesting specimens illustrating different forms of hermaphroditism were exhibited by Drs. Fancourt Barnes, Champneys, and Chalmers; and the gynæcologists of several well-known general and special hospitals contributed interesting valuable records of cases of oöphorectomy and the removal of uterine fibroid tumours, including a case of removal of an extra-uterine cyst by Mr. Thornton.

The Ophthalmological Society has this year entered upon its third session, and already has much good work accomplished upon which to look back. It has done much to fulfil one of the chief objects with which it was founded—namely, to bring to a common centre, for the mutual advantage of both, the knowledge acquired by ophthalmic surgeons and by physicians in the course of their daily practice. We may instance the papers and discussions on optic neuritis after injuries of the head, on the relations between tubercle of the choroid and tubercle of the meninges, and on the visual acuity of seamen, a point of vast practical importance, which has received serious attention from the Board of Trade. In June, on two succeeding evenings, a discussion on sclerotomy, an operation proposed as a substitute for iridectomy in glaucoma, was maintained with much spirit by a large number of speakers, and naturally contributed to a right comprehension of the subject by the profession at large.

HOSPITALS.

In our report on the progress of surgery during the past year, we will shortly refer to the present condition of antiseptic surgery, and to the different chemical substances employed with more or less success in British hospitals as a substitute for carbolic acid.

Our columns have contained, during the past year, full reports of no fewer than sixteen cases of death attributable to chloroform inhalation, all occurring in the United Kingdom, and references to four others, of which full details were not obtainable. Two of the patients were children, under ten years of age; two were young male adults, under 30 years of age, and the ages of the remainder varied from 33 to 58. In two of the cases only, where the functions of the larynx had been severely interfered with—in one case by disease, and in the other by injury—could chloroform be exonerated from the blame of being the direct cause of death. All the patients were males with two exceptions, and one of these was a very severe case of abdominal disease. The subject gave rise to an interesting discussion in our pages during the earlier part of the year, during which many of our correspondents expressed a very strong opinion in favour of the superior safety of ether; we were told that, whereas, the death-rate for chloroform was 1 in 2,873 inhalations, the rate for ether was only 1 in 23,204. We are not quite prepared, however, to accept the conclusion that chloroform is "eight times more dangerous than ether," for, during the year, we have recorded two cases of death from ether.

In our hospital column, a most interesting case of recovery after swallowing three ounces of chloroform, was recorded by Mr. Oliver, from the Queen's Hospital at Birmingham. This column of reports of medical and surgical practice in the hospitals and asylums of Great Britain and Ireland, which is a distinct feature in each number of our JOURNAL, has contained numerous cases of interest during the past year, in addition to those we have already referred to. We would point especially to the cases of median lithotomy for prostatic calculi, under the care of Mr. Christopher Heath and Mr. Lister respectively; to the cases of oöphorectomy for menorrhagia, performed by Mr. Eddowes of Shrewsbury; of extirpation of the uterus, by Mr. Sydney Jones; of gastrostomy, by Mr. Whitehead of Manchester, and Mr. Swain of Plymouth, the case reported by the former surgeon being one of the first successful operations of the kind in England; and among cases of more purely medical interest, we may mention the four cases of aconite poisoning reported by Mr. Grenfell Baker; a case of recovery from meningitis, under the care of Dr. Dickinson, and four cases of recovery from tetanus.

One of the most important movements of the day, and one which has conspicuously gained strength during the past year, has been in the direction of providing additional accommodation for convalescents. Mr. Gladstone, at a meeting held at his own house, lent his powerful eloquence to the support of Miss Waddell's scheme for providing convalescent homes for scarlet fever patients. The Charity Organisation Society has published a catalogue, showing the capabilities of the various convalescent institutions already in existence, and has elaborated a scheme for boarding-out children in the country with the families of labourers and others. St. Bartholomew's Hospital has been fortunate enough to be presented with money to establish a home for eighty-five patients at Swanley, and the buildings are to be ready early in the coming year. The German Hospital has also determined to take a similar step, and efforts by other hospitals in this direction are in progress. The authorities of the Hospital for Consumption at Brompton, unfortunately, as some people thought years ago, when the decision was come to, and as they themselves, perhaps, may be more inclined to think, now that the contagiousness of phthisis has become such an every day topic of conversation, have not followed out the plan of devoting extra endowments to the establishment of a country home for their patients, but have erected a large new block opposite the old buildings. This was formally opened by Lord Derby in June last, and is now in working order. London has spread so rapidly in recent years towards the north, that first of all "University College, or North London Hospital," and now the Great Northern Hospital are being left behind, and we are to have a New North London Hospital; but while this activity is evinced in the creation of new hospitals, or in the enlargement of old, some of those already existing are in great straits for money. St. George's Hospital has had to sell out £8,000 of stock, Westminster £4,000, King's College £9,000, University College £6,000; and the last named hospital has, in addition, to face the pressing necessity for a new nurses' home, the present structure (never well suited for the purpose) being under condemnation as in a condition not safe for habitation.

ANATOMY AND PHYSIOLOGY.

THE year's record is, as usual, composed of a long list of titles—so long, indeed, that we cannot pretend, within the space of one or two pages, to give even a sketch of all that has been done and undone during the last twelve months. Old themes studied by new men, theories supported by their parents and advocates, and uncertain facts consolidated by painstaking labour, have been the occasion of much printing; and, doubtless, there are many grains of gold hidden in the literary deposit. But we have not the leisure to sift the whole mass,

and we shall simply put into words the impression left on our memory by those published papers, which have attracted our attention by their titles, or by the names of their authors, or by the remarks we have heard expressed concerning them.

We are naturally interested, in the first place, by work done in this country, and we are glad to note the fact that no such work has involved the infliction of pain upon the lower animals. But while congratulating ourselves upon the fact that some physiological research can be carried on without the infliction of pain, we hasten to add that all physiological research cannot be so carried out; and, knowing that it will remain the desire of English physiologists to pursue, as far as may be, such lines of research as do not involve painful experiment, we still continue to claim for them the liberty to have recourse to such experiment in the few cases in which it may be absolutely necessary.

Several papers of interest have been published on the composition of the blood. A third corpuscular element has been alleged to have been discovered in that fluid within the last few years, by three independent observers, each observer asserting that his corpuscle differs from that of his brother physiologists. It is therefore to be believed that a third corpuscle of some kind has really been discovered. The elements referred to are the invisible corpuscle of Norris, the hæmatoblast of Hayem, and the pale plate of Bizzozero. It appears, however, especially from the control experiments of Mrs. Ernest Hart, that Norris's corpuscles are only the red discs from which the hæmoglobin has been shed by solution or pressure. That author considers the corpuscle in question as the key to a theory of coagulation similar in most respects to that of Schmidt; and Bizzozero ascribes a similar part to his corpuscle. Hayem describes the part played by his hæmatoblast (first described by him in 1875) in the arrest of hæmorrhage. But the most comprehensive publication of the year on this subject is that of Schmidt, in which he sums up the results obtained in his laboratory during the last few years concerning the problem of coagulation of fibrin. He states that the fibrin-ferment derived from the disintegration of leucocytes, which is produced in large quantities in shed blood, also exists in small quantities in the circulating fluid, as an intermediate product which is destroyed in the organism. After discussing its variations, under such conditions as may be termed normal, he developes his views upon the more interesting question of its pathological variations and concludes that "there are changes of the blood in which the physiological decomposition of leucocytes reaches an intensity beyond the normal; the products of this decomposition, including the fibrin-ferment, accumulate in the blood; the percentage of fibrin diminishes, the temperature rises, the blood becomes exhausted of white corpuscles; these changes supervene when putrid liquids or hæmoglobin in solution or distilled water are brought into direct contact with the blood." Malassez has studied the hæmatopoietic function of the spleen and bone-marrow, for the purpose of determining the origin and transformation of Neumann's embryonic cells; he concludes that they originate from hyaline leucocytes, and that they give rise to non-nucleated red cells by a process of gemmation.

Professor Schäfer has turned his attention to a theory based on analogy only, yet supported by the names of good authorities, that, because the white blood-corpuscle resembles the amœba in its property of seizing minute particles with which it comes into contact, and retaining them for an indefinite time within its protoplasm, that kind of corpuscle must also possess, like the amœba, the power of digesting organic substances which may thus be included within it. Schäfer's experiments led him to conclude that this hypothesis rests on an entirely insufficient basis of fact; he observed organic particles remaining for hours, or even for days, imbedded in the protoplasm of white corpuscles, but in no case did any such particle entirely disappear by solution within the corpuscle. Since the fluid part of the blood contains, in solution, all the elements necessary for the nutrition of a white corpuscle, its alleged powers of digestion would be superfluous.

Turning from the blood to the organ that propels it, we may notice Martin and Sedgwick's observations in the *Journal of Anatomy and Physiology* on the mean pressure, and the characters of the pulse-wave of the coronary arteries. Judging from a superficial examination of the parts, it has long been supposed that during a contraction of the heart, the aortic valves, pressed against the sinuses of Valsalva by the power of the current of blood rushing into the arterial system, must necessarily close the orifices of the coronary arteries; so that those vessels, unlike any other artery, must needs be filled during diastole. Experiment disproves this doctrine, for the pressure-waves in the carotid and coronary vessels, as indicated by cardiographic tracings, were found by Martin and Sedgwick to be synchronous, both in normal and in disturbed states of the circulation. Dr. Donald Macalister, continuing the researches of Ludwig and Hesse, has embodied in a lecture recently published in our columns, an interesting series of observations on the form and mechanism of the heart. Among the many points of interest in Dr. Macalister's discourse, is the evidence he brings forward to show that the length of the ventricle does not alter as the heart contracts, and that the systolic form is derived from the diastolic by diminution of the heart's transverse section, in every transverse plane of that organ, whether towards base or apex, without any change in its vertical measurement. This diminution in transverse diameter involves contraction of the muscular walls around the auriculo-ventricular orifices, diminishing the calibre of those orifices, and thereby aiding the valves in preventing regurgitation. In a healthy heart, the muscular walls co-operate with the valves for this purpose; when, however, the ventricular walls are weakened and dilated, regurgitation occurs during systole, not because the auriculo-ventricular orifice with its ring of tough fibrous tissue is dilated, but because that orifice cannot be sufficiently contracted, owing to the weakness of the muscular walls. The arterial orifices are not affected by this transverse contraction of the heart. The papillary muscles do not extend higher than the middle third of the ventricular cavity. When, at the height of systole, these structures are all in contact, there yet remains a free space under the valves. The great anterior segment of the mitral valve is not merely a partition between the orifice of the aorta and the orifice of the auricle; it is continued upwards beyond the fibrous valve-ring to form the posterior membranous portion of the root of the aorta. The space in the ventricle above the papillæ is thus shut off towards the auricle, and left open towards the aorta by this pendent continuation of the aortic wall, the flap of the mitral valve. The blood-stream strikes against the ventricular side of the partition and of the auricular opening, at the same time swelling out the root of the aorta, making it continuous with the suprapapillary space, and leaving the outgoing path unobstructed. The mechanism of the right side of the heart is similar, but Macalister shows, from pathological evidence, that the left ventricle naturally does some of the work of the right, and can do almost all in certain diseased conditions. As the new doctrine teaches that the auriculo-ventricular orifices are contracted during the ventricular contraction, so, by converse laws, we are shown that the same orifices are dilated, and their valves on the stretch, instead of being loosely pendent, during diastole.

Dr. Gaskell's researches show, among many other points of interest, that excitation of the vagus produces marked effects upon the force of contractions, both of auricle and ventricle, independent of any alteration of rhythm. These effects vary with the intensity of stimulation, and, presumably, with the nutritive condition of the heart, and show themselves as a diminution or arrest of contractions, followed by increase, or as an immediate increase in the strength of contractions. Gaskell concludes that the varying effects of vagus action upon the cardiac muscle, depends upon the nutritive state of the latter. It appears, however, that he also discovers in these opposite effects the existence of two kind of nerve-fibres in the cardiac vagus, the one affecting the force of contraction, the other the rate of its rhythm, and that the heart contains two kinds of peripheral centres, the one motor, the other trophic, both subject to the influence of the vagus. Heidenhain, who has since published results which correspond in many points with those of Gaskell, concludes that the vagus contains cardiac fibres, which effect diminution in the strength and in the frequency of contraction, increase of diastolic relaxation, and other fibres which bring about the opposite effects, viz., increase in the strength and frequency of contraction, diminution of diastolic relaxation. Papers on the same subject have also been published by Rossbach, Schiff, Luchsinger, and Löwitt. Roy has successfully employed, for measuring the action of the mammalian heart, a vigorously exact method, by which he demonstrates that nervous action, excited by direct or reflex stimulation, immediately affects the strength of contraction of both auricle and ventricle. By the same method, he shows that there is no wave of contraction in the mammalian ventricle, which, unlike that of the frog or tortoise, contracts *en masse* at the same instant. Various deductions as to the physiology of the mammalian heart, drawn from experiments upon the hearts of cold blooded animals, are thereby invalidated. Newell Martin has succeeded in isolating the mammalian heart, and maintaining its contractions by an artificial circulation of defibrinated blood. He finds that variations of arterial pressure do not affect the frequency of its contractions, but that the temperature of the blood greatly influences the beat, so much so indeed that its frequency constitutes almost a thermometric scale. Working under his auspices, Sewell and Donaldson, in confirmation of the previous results of Ludwig and Luchsinger, found that increased intracardiac pressure weakens or abolishes the cardio-inhibitory action of the vagus. They demonstrated this only for the frog, and did not succeed in demonstrating it upon the mammalian heart. The effect of intracardiac pressure has also been studied

by Dastre on the hearts of the frog and tortoise. He satisfied himself that internal pressure is an excitant of the cardiac muscle. Quite recently, also, it has been studied incidentally by Engelmann, whose experiments are related in a paper which we have not yet been able to analyse. Measurements of the normal variation of the length of systole with different pulse-frequencies have been published by Chapman and by Waller, from which it appears that systole of the human heart increases or diminishes by about one-fiftieth of a second for each increment or decrement of ten beats in the pulse-frequency per minute. Ziemssen has been favoured with an exceptional opportunity of observing the action of electricity upon the mammalian heart, in the case of a woman from whom a large portion of the chest-wall had been removed by operation. He found that the galvanic current is far more efficacious than the induced, during the application of which no change of rhythm was observable, even with very strong currents. Each make or reversal of the constant current produced a contraction, the galvanic formula being similar to that of motor nerve or muscle; by interruptions 120 to 180 times per minute a corresponding pulse-frequency could be substituted for the normal; during the flow of an uninterrupted current the frequency was increased as much as threefold. He also observed that compression of the organ gave rise to a bigeminal rhythm. The frog's heart continues to be a favourite object of study by physiological pharmacologists. Sydney Ringer has this year used it for the investigation of the effects of soda, ammonia, potash, and of the various constituents of the blood. One of the most interesting points which he brings out, is the efficacy of potassium salts in restoring to its normal duration a systole prolonged by various causes. On the physiology of the peripheral vessels and of their vasomotor control, perhaps the most noteworthy publication of the year is that of Dastre and Morat, in which they give a full account of their experiments on the dilator function of the sympathetic. They have proved beyond doubt that, in addition to its well-known vaso-constrictor action, the cervical sympathetic contains elements which convey dilator influence to certain vascular districts of the head. Lewaschew has given us the account of a laborious investigation of the part played by each of the several nerves of the lower extremity in the cutaneous vaso-motor control, from which it appears that all the nerves of the limb contain vaso-motor elements; the vessels of a given district are innervated through those nerves which contain the sensory and other fibres of these parts. Openchowski comes to the conclusion that the pulmonary vessels are destitute of vasomotor nerves, whereas François Franck takes these nerves for granted. The last named author has this year studied the venous circulation, and relates an interesting experiment in which tricuspid incompetence is produced during excitation of the vagus, presumably by a relaxing or "antitonic" action on the cardiac muscle. The venous circulation has also been studied by Riegel, who clearly brings out the distinction between the normal jugular pulse of auricular systolic rhythm and the abnormal jugular pulse of ventricular systolic rhythm which is a sign of tricuspid reflux.

Among the labours of anatomists and physiologists in the province of the digestive system, we may say that Lesshaft's strange theory, on the vertical position of the stomach, has been entirely set aside by the observations of his opponents, since the date of the International Congress in London, when his paper was read, and was violently assailed by His and Kölliker. Studies on gastric digestion form a prominent feature in the past year. Dr. De Pietra Santa has been led by experiment to consider gastric juice as composed of an organic fatty acid, an albuminoid body (pepsin), which has the power of dissolving the fibrine of blood, and another form of albumen, which has not that property, but is combined as a sodium-salt with pepsin. Professor Leube, of Erlangen, has found that cane-sugar is converted into grape-sugar by the gastric juice—the latter sugar being, in health, rapidly absorbed into the vessels after this process. He filled a hollow sound with a solution of cane-sugar and gastric juice, and retained it for half an hour in a stomach, containing a solution of cane-sugar swallowed by the subject. When the sound was withdrawn, its contents (protected from absorption) were found to be charged with grape-sugar; whilst no sugar of either kind could be detected in the contents of the stomach, pumped out at the same time. Still more remarkable are Dr. Matthew Hay's researches on the origin and distribution of the cane-sugar ferment in animals. Dr. Hay has found that the cane-sugar ferment is, like other digestive ferments of the animal body, a natural product of glands within the body. It is entirely confined to the succus entericus and the mucous membrane of the small intestine; and, as a disproof of the very reasonable objection, that the cane-sugar might have been introduced in food, Dr. Hay has found it as abundantly in the fœtus of man and the cat as in adults.

Dr. Hay has also made some remarkable researches on the absorption of certain salts from the alimentary canal. When sulphate of soda was administered in purgative doses to fasting cats, it at first appeared that, within an hour, half the salt was absorbed from the alimentary canal; whilst, during the next hour, the absorbed salt returned to the canal. Additional experiments showed that it was the acid, and not the base, that was so largely absorbed during the first hour; in the case of sulphate of magnesia, the absorption of the acid, and its return to the canal, was very marked. Experiments with phosphate of soda did not yield the same results. The remarkable disintegration of the acid and base, in the case of sulphate of magnesia, explains how large a dose of the salt may be safely swallowed in solution, whilst but a fraction of that solution proves poisonous when injected into the veins. The basic or toxic part of the salt, separated from its acid, enters the blood very gradually, and not more rapidly than it can be excreted by the kidneys. This disintegration of mineral salts is clearly a subject of physiological importance before all therapeutical considerations. Dr. J. J. Charles of Cork has continued the researches of Pflüger, Bogoljubow, and others, on the gases of the bile. His experiments confirm previous theories which indicated that free oxygen is absent, and carbonic acid present, in that secretion. Bile direct from the liver is generally richer in carbonic acid than bile taken from the gall-bladder. One interesting fact that may cover important but unrecognised truths in relation to the chemistry of digestion, is the large amount of carbonic acid found in the fresh bile of herbivorous animals, compared with the proportion of the same gas in the same secretion taken fresh from the liver of the carnivora. Owing to the difficulties attending any experiments for testing the alkalinity of the blood, and the variability of the degree of alkaline reaction in fresh blood, any proof of the natural corollary deduced from the above discovery—namely, that the blood is more alkaline in the herbivora than in the carnivora—becomes a matter of considerable difficulty. Dr. M'Gregor-Robertson has confirmed certain observations made by Falk and Meltzer on the mechanism and innervation of deglutition. In summarising the results of his labours, he states that deglutition is effected by the quick contraction of striated muscles, a draught of water reaching the stomach even before the peristalsis appears. The glosso-pharyngeal nerve exercises an inhibitory influence on deglutition. Movements of deglutition appear to increase the activity of the heart by restraining the action of the vagus; they also inhibit the action of the vaso-motor centre. The conclusion most easily verified by experiment, but not thoroughly explicable, at least in our limited space, is that the movements of deglutition diminish the need of respiration. If, it is pointed out, a man hold his breath as long as possible, till the desire to breathe becomes almost irresistible, and then, without having drawn breath, proceed to drink a glass of water, he will find that all desire to breathe passes completely away during deglutition, though, as soon as the swallowing is stopped, a prolonged and deep inspiration follows. Other phenomena are observed, but we must refer the reader to the sixteenth volume of the *Journal of Anatomy and Physiology* for fuller details.

Nothnagel has published observations on the intestinal movements that are of practical interest. We are informed from these that though, as Engelmann stated, antiperistalsis may take place, yet it never does so normally, but only under pathological conditions, as when the intestines contain irritant matter. Morphia in small doses arrests the intestinal movements, such as are excited by chloride of sodium; whereas large doses fail to produce that effect. Langley's researches point to the general conclusion that the ferments secreted by the glands of any one section of the alimentary canal are destroyed by the secretion of the succeeding section, viz.: the amylolytic ferment by the gastric juice, the proteolytic and rennet ferments by the pancreatic and intestinal fluids. He has also prosecuted his investigation of the microscopic changes that take place in the peptic cells during digestion, and finds that the fresh glands contain little or no pepsin, but a large quantity of pepsinogen, which can be seen within the cells in the form of granules; during digestion, this granular substance is so used up as to give rise to an outer non-granular and an inner-granular zone in the chief cells.

Dr. Roy has added some very valuable contributions to our knowledge of the spleen. The circulation in that organ has a rhythmical rise and fall, each lasting about a minute, the diastole being longer than the systole. The force which impels the blood through the organ is not that of the blood-pressure in the arteries, the splenic circulation being carried on chiefly, if not exclusively, by a rhythmic contraction of the muscles contained in the capsule and trabeculæ of the organ. This muscular element in the spleen has long been recognised, and, for almost as long a period, has been suspected of serving some important physiological purpose. Senator, after observation and comparison of all the older and newer theories on the subject, confirms the established doctrine that the Malpighian tufts in the kidney perform the simple filtration process in the secretion of urine; the

glandular epithelium separating the solid constituents of that fluid from the blood. He does not believe that the epithelium covering the Malpighian tuft can perform the secreting work of the lining of the tubules.

The function of the bladder has been carefully investigated by Mosso and Pellacani on animals and on man by means of records of vesical tension. They show that on man any psychical act or sensory excitation is accompanied by a vesical contraction. The organ reacts like the blood-vessels to the various conditions which excite vasomotor and respiratory effects. Prévost has made experiments on the effects of subcutaneous injections of corrosive sublimate, from which it appears that, after a course of such injections, osseous tissues become atrophic, and the kidneys blacked by calcareous matter.

Electro-physiology has not stood still. Burdon-Sanderson has fortified his position to the effect that the electro-motive changes which accompany the movements of the leaf of Dionæa are truly physiological, the analogue of the changes which accompany muscular movement. Setschenow has investigated the medulla oblongata as to its states of activity, by means of its electro-motive properties, using for the purpose its "surface-section" current. He finds that this current undergoes negative variations, which are the electrical symptoms of corresponding spontaneous nervous discharges. He finds that sensory stimuli, such as excitation of the sciatic nerve, have an inhibitory effect upon these discharges analogous with the action of the vagus upon the heart's beat.

Waller and de Watteville have studied the alterations of excitability in the motor and sensory nerves of man, in a series of experiments which have been such as to remove from our minds any fear of evil results from intense or prolonged electrical applications to healthy nerve or muscle. Their results are in the main consonant with the classical doctrine of Pflüger, derived from the study of "nerve-muscle preparations;" viz., excitability is augmented during cathodic, diminished during anodic influence; after cathodic influence, excitability is at first diminished, subsequently increased; after anodic influence it is immediately increased, that is to say, after a period of about one twenty-fifth of a second, during which the anelectrotonic depression persists, and which accounts for the long latency of the break contraction.

Hermann dismisses an error, current upon Du Bois-Reymond's authority, to the effect that the skin of fishes is devoid of electrical currents. He has improved the rheotonic contact by using brushes of fine wires, a device which is, in miniature, that used for dynamo-electric machines.

Many thousand "nerve-muscle preparations" have been made and used during the year by the ever-zealous investigators of the mechanism of neuro-muscular action. Of the papers on this subject, that of Grützner is perhaps the most noteworthy, since it puts us in possession of a principle (yet to be endorsed by others) by which many anomalies can be explained. The principle developed by him is, that the excitability of nerve or muscle is always greater to currents in the same direction as the "current of rest" than to currents in the opposite direction; in other words the current of rest produces an electrotonic increase and decrease of excitability at its points of entrance and exit respectively when these points are connected by a metallic circuit. This principle affords an acceptable alternative in explanation of the facts observed two years ago by Biedermann and by Engelmann relating to the excitability of injured muscle, and if, as is highly probable, it should turn out to be correct, we shall be spared the necessity of following many of the complex considerations in which Stricker and von Fleischl engage us by the painstaking researches which they have recently published. The last named physiologist has invented a circular rheonome, by means of which a succession of currents can be derived of equal rapidity, duration, and intensity alternately in opposite directions. Sewall finds that a minimal excitation is increased in the neighbourhood of the cathode of a simultaneously made subminimal induction current, diminished in the neighbourhood of the anode of the same. Yeo and Cash find that the muscular latency is increased in a definite ratio by weight, that it is unaffected by curare, that it is increased by fatigue or cold, and that it is diminished with strong stimuli or warmth. Bernstein, from comparison of the latency of muscle directly excited with that of muscle excited by its nerve, obtains a difference of 0.003", which he considers as the physiological proof of the existence of an organ of intermediation (the end-plate) between nerve and muscle. The usual amount of philosophical speculation, but not much precise work, has been done during the year on the central nervous system, with the exception of Bevan Lewis's thorough elaboration of the best methods of investigating the structure of the brain. His labours constitute a definite basis of reference for all future investigators, and fully uphold the reputation of the West Riding Asylum. To Birge's work in the Leipsic laboratory we owe some useful data. He has carried through a series of laborious enumerations of the cells and nerve fibres contained in the cerebro-spinal axis and nerve-roots of the frog; from which it appears that the number of sensory fibres is greater than that of motor fibres, and that the number of motor fibres is equal to that of the large cells (motor) of the anterior horns, *i.e.*, that each cell has one fibre in connection with it. Setschenow's experiments on the medulla oblongata have been already referred to. On the physiology of the special senses, the most considerable publication of the year is that of V. Kries on the analysis of sight. We have not space, however, to do more than mention this paper.

We have now mentioned in a cursory manner most of the new anatomical and physiological work during the past year that has left any impression upon us. We have given that impression *currente calamo*, in preference to passing the whole literature of the year through a fine sieve, and we cannot pretend to have noticed everything noteworthy. Indeed, had we done so we should also have encumbered our pages with much that may prove to be relatively insignificant. Nor should we have known where to limit our task, which is rendered still more difficult by the impossibility of assigning the limits of physiology itself. Physiological science is composed of the measured and compared knowledge of vital functions under all conditions; to watch its progress is to watch the amount of all manifestations of vital dynamics, accidentally as well as intentionally provoked, that are from time to time introduced into the field of science.

In conclusion, it may be noted, that the recently invented contrivances for the photographing of animals and objects in motion may some day prove of great practical value when applied to biological experiments; and we must not omit all reference to the contortionist, who, in the course of this past year, excited the attention of British surgeons interested in disputed points regarding the deformities produced in different forms of dislocation.

PATHOLOGY.

FIRST in importance among the pathological work of the year we must place the splendid series of researches by Koch (*Berliner klin. Woch.* April 10, 1882) on the tubercle bacillus. Whatever may be the ultimate conclusion as to the pathogenic value of this organism, there can be only one opinion of the exhaustive and admirably planned experiments upon which Koch has based his conclusions. A microscopic organism in tubercle had been previously described by Klebs (monas tuberculosus), and Eklund (micrococcus phthisis dryotemenos), and almost simultaneously with Koch's paper, Baumgarten published a fresh description (*Cent. für die Wiss.* April 11th, 1882). Since that time Koch's method of demonstrating the bacilli has been improved upon by Ehrlich and Heneage Gibbes, the method of the latter being especially trustworthy in its results. Birch-Hirschfeld (*Centralblatt für die Med. Wiss.*, 1882, No. 33) has found bacilli in freshly excised condylomata from syphilitic patients; Rebatel (*Lyon Méd.*, January 8th, 1882) completely failed to transmit either of the specific venereal poisons to the lower animals. Eklund has discovered (*Nord. Med. Arkiv.*) the *plax scindens* in the urine of scarlatinal patients. Richard has described (*Comptus Rendus*) the *bacillus malariæ*, which has its habitat in the red blood-corpuscle. Rossbach (*Centr. für die Med. Wiss.*, 1882, No. 5) found that injection of a chemical ferment, free from bacteria, such as papayotin, is followed by a rapid development of bacteria in the blood. Dr. Ernst Almquist (*Nord. Med. Arkiv.*) has succeeded in cultivating the pathogenic organism of typhoid fever, and produced swelling of Peyer's patches in a dog by inoculation. Weigert (Virchow's *Archiv*, May, 1882) has described tubercle on the inner wall of veins, and points out the importance of this in the generalisation of tuberculosis. Faraday (*British Assoc.* 1882) suggests that in badly ventilated rooms the want of oxygen favours the development of the tubercle bacillus out of innocent forms of bacteria.

Guelliot (*Union Méd.*, January 10th, 1882) and Weber (*Boston Med. and Surg. Journal*, January 19th, 1882) have related cases of locomotor ataxy occurring in workers with sewing machines. Lasègue (*Journ. de Méd. et de Chir.*, March 1882) draws attention to the attacks of syncope, apoplexy followed by transient hemiplegia, and patches of anæsthesia occurring in diabetic patients. Déjerine (*Le Prog. Méd.*, 1882, No. 6) has found parenchymatous neuritis in gangrene of nervous origin. Luys (*L'Encephale*, May 1882) reports four cases of diabetes in which he has found alterations in the floor of the fourth ventricle, near the diabetic puncture. Gibney (*American Journal of Neurology*, 1882, No. 2) has published two cases of intermittent spinal paralysis of malarial origin. Long Fox, in the Bradshawe Lecture, on the Influence of the Sympathetic on Disease, gives an admirable account of this department of pathology. Wood and Formad (*Report*

on Diphtheria, National Board of Health Report, 1882, Supplement No. 17) believe that they have proved that the micrococci of simple catarrh may, under favourable circumstances, develope into organisms capable of giving rise to malignant sore throat. Strauss (*Le Progrès Méd.*, No. 5, 1882) has found that antiseptic ligature of the ureter is followed by hydronephrosis, and not by nephritis. Ter-Grigoriantz publishes a case of hemialbumosuria (*Zeitschr. für Phys. Chemie*, Bd. 6, Heft 6) during acute dermatitis from mercurial inunction. Max Litten (*Zeit. für Klin. Med.*, Bd. 4, p. 191) relates two cases of mycotic renal disease. Brose (*Philadelphia Medical Times*, March 11th, 1882) has given an excellent account of the histological changes in Bright's disease. Goodhart (*Path. Soc. of London*, February 7th, 1882) and others have observed all the phenomena of Addison's disease, with simple wasting of the suprarenal capsules. Hlawa and Thomayer (*Wiener Med. Woch*, No. 39) found a small celled infiltration round the entrance of the vessels of Malpighian bodies in all cases of uræmia. Kehrer (*Archiv. für Gynäkologie*, 1882) found, by experiment, that it is impossible to cause hydronephrosis by any mechanical change in the position of the kidney. Osler (*Journ. of Anat.*, Bd. 2, p. 208) has recorded a remarkable case of obliteration of the portal vein of an adult. Hjelt (*Nord. Med. Arkiv*, Bd. xiii, Heft 4) describes a form of circumscribed sclerosis of the heart. Saundby and Barling (*Journal of Anatomy and Physiology*, vol. xvi) have shown that fat embola are found in capillaries of the lung in all cases of injury of the bones or soft parts, but that the lipæmia met with in diabetes does not cause true embolism. Potain (*Le Prog. Méd.*, 1882, No. 40) believes he has observed cases of cardiac hypertrophy of neuralgic origin. Bendall (*Pathological Society of London*, February 7th, 1882) has described the lesions in acute farcy in man, and draws attention to the fat-embolism present. Senator (*Berliner Klin. Woch.*, September, 1882) has recorded two cases of leukæmia in children aged 18 months. Bovell-Sturge (*Nice Méd.*, February, 1882) has described a case of complete excavation of the lung. Warner (*Ophthalmological Society*, October 12th, 1882) has recorded a case of general miliary tuberculosis, with tubercle in the choroid, without meningitis.

RESEARCHES ON MICROSCOPIC ORGANISMS.

IN the department of mycology, the great event of the year has been the discovery of the bacillus of tubercle by Baumgarten and Koch, and the demonstration by the latter of the close connection between the organism and the diseased processes in which it is present. What the precise relation of this organism may be to phthisis, scrofula, gelatinous degeneration of synovial membranes, and lupus, is a matter for future investigation; but that it stands in a causal relation to the diseases generally grouped under the heading of tubercular diseases seems clear from the results of Koch's cultivation experiments. The discovery of this organism and its cultivation will, no doubt, soon be followed by researches as to its destruction; and we may confidently look forward to a great improvement in our treatment of phthisis before many years have elapsed. Even now, a great diagnostic aid has been given us in the demonstration of these bacilli in the sputum of patients suffering from tuberculous disease of the lungs, even in a very early stage. This was at first somewhat difficult to do with the mode of staining originally employed by Dr. Koch; but the method introduced by Ehrlich has rendered it easy and certain. While we write, the news arrives that the cause of glanders has been discovered in the form of a micro-organism by workers in Dr. Koch's laboratory; and, from what we know of Dr. Koch's work, we may feel satisfied as to the care and accuracy of observations made under his direction. But, while there is at present no more fertile or useful field of research than that of the relation of microphytes to disease, the fear is that, by the publication of imperfect researches by those desirous of making discoveries, an amount of erroneous and contradictory investigations may be accumulated which will delay the progress of knowledge for years. A striking example of the absurd conclusions which may be drawn from one or two ill-conceived experiments will be found in *L'Union Médicale* for September 7th, 1882, in an investigation by Messrs. Martineau and Hamonie on the bacterium of syphilis. Further researches have been carried on with regard to the immunity from splenic fever obtained by the methods of inoculation introduced by Toussaint and Pasteur; and we published, some time ago, the conclusions arrived at by Dr. Klein on this subject. The hopes which were excited by these investigations seem to have been much damped by experience; for it is found that, with the exception of sheep, and, perhaps, of cattle, other animals are not at all, or only with great difficulty, rendered immune; while a larger proportion seem to die from the vaccinations than succumb to the disease naturally. The tendency seems to be now to cease inoculating for this disease till some safer and more certain means has been devised; but we may point out that this is hardly the conclusion which the facts warrant. Let us say, for example, that over all England only five per cent. of the sheep die from splenic fever, while ten per cent. would die from inoculation, we naturally conclude that it would be wrong to inoculate all the sheep in England to protect them from the chance of getting splenic fever. But this disease tends to occur in particular localities and on particular farms; and there the percentage of deaths is enormously greater—say, thirty, forty, or even more per cent. In such a locality, there would be a great gain from protective inoculation, even at the sacrifice of ten, or, as some put it, of thirteen per cent. in procuring immunity. In the *Journal of Anatomy and Physiology*, Dr. Ogston has written a paper on micrococcus-poisoning, in continuation of the report on micrococci in abscesses, which we published in 1881. He there ascribes all acute abscesses and acute suppurations to the action of these organisms; and he brings forward many arguments in support of his view that pyæmia and septicæmia are only aggravated forms of the same infection.

PROGRESS OF SURGERY DURING 1882.

IN discussing the chief advances in surgery during the year, we have to point out, in the first place, the results of certain bold operations that have been performed, mostly under antiseptic conditions, on the walls and contents of the large cavities of the body. Although surgeons have not yet applied, to any great extent, in the treatment of head-injuries, such knowledge as has lately been gained through the researches of Hitzig, Ferrier, and Broca, much enterprise has been shown in the extension of operative treatment to other important regions, more especially those of the abdomen and pelvis. There can be no doubt that the importance of what is now known as the department of "abdominal surgery" has increased very much in extent and importance during the year. A prominent place amongst the many contributions to this subject is occupied by the suggestive article, published in this JOURNAL, by Dr. Marion Sims, on the treatment of gunshot-wounds of the abdomen in relation to modern peritoneal surgery. In this communication, it was argued, with much force, that death after penetrating wounds of the peritoneal sac, and after ovariotomy and other operations on abdominal organs, is usually the result of septicæmia, and not of peritonitis; and that the septicæmia in such cases is due to the absorption of bloody serum and other effusions found in the peritoneal cavity soon after wounds or operations. Dr. Sims insists on the necessity of removing such effusions; and states that, where there is no natural drainage, as in cases of gunshot-wound of the pelvic cavity, it is necessary to enlarge the abdominal wound, to clear out the peritoneal cavity, and to close wounded intestine and bleeding vessels. An example of the good results of so bold a proceeding as abdominal section in an affection of non-traumatic origin was given during the year by Schmidt of Moscow, who, in a case of purulent peritonitis, incised the abdominal wall from umbilicus to symphysis, removed the effusion, and drained the peritoneal cavity. The patient, a man aged twenty-one, was, it is stated, quite well two months after the date of operation.

Resection of the pyloric end of the stomach has, it seems, been extensively practised, as we have collected no fewer than thirteen instances of this operation recorded during the year. One of these cases has been reported by Mr. Southam of Manchester, and the operation has quite recently been performed by Mr. Sydney Jones. In eleven of the cases, the gastric disease thus treated was of a malignant character. The result was fatal in nine of these cases, the history of such result, in most instances, having been speedy death through shock. Of the two cases in which the operation was performed for non-cancerous disease, one recorded by Rydygier, of gastric ulceration, resulted in complete success; whilst the other, one of dilatation of the stomach, under the care of Hahn, terminated fatally on the eighth day. If it be considered that, in the many fatal instances of resection of cancer of the pylorus, there is the common record of intense shock and speedy death after a prolonged and tedious operation on a cachectic subject, necessitating the application of many ligatures to bleeding vessels, it may fairly be doubted whether this operation will be long recognised as a justifiable one for the treatment of malignant disease.

With regard to resection of portions of diseased intestine, the prospects are much brighter, as a decided advance has of late been made in this branch of operative surgery, mainly through the efforts of surgeons in this country. Mr. John Marshall, in commenting on a case of colectomy early in the year, expressed his opinion that this operation, though not to be rashly undertaken, bids fair to take a place in surgery. Mr. Bryant, on the ground that, in chronic intestinal obstruction, the seat of the structure in three out of every four cases is

seated in the descending colon, argued, in a communication to the Royal Medical and Chirurgical Society, that lumbar colectomy demanded the consideration of the profession. In a paper on resections of portions of intestine, read before the same Society by Mr. Treves of the London Hospital, early in this month, after an allusion had been made to the remarkable case of Kœberlé, in which more than two yards of ileum had been excised with success, resection of diseased intestine, both small and large, was advocated under certain conditions clearly laid down by the author. Whilst Mr. Marshall advocates an incision through the abdominal wall, as close as possible to the seat of intestinal disease, and Mr. Bryant is in favour only of lumbar colectomy, and both these surgeons aim at forming an artificial anus, Mr. Treves holds to an incision in the middle line of the abdomen, and would attempt, in dealing either with small intestine or with colon, to bring the divided portions together, and to fix these by sutures. This surgeon, in order to obviate those faults in the details of the operation which have hitherto rendered enteroraphy so fatal, has devised several ingenious appliances and aids, which he has already used in one case of malignant tumour of colon, in which the operation of resection was very probably performed at too late a stage.

In a recent discussion by members of the Clinical Society of papers communicated by Mr. Godlee and Mr. G. Brown, the value of early surgical interference in cases of intussusception was fully confirmed. By most surgeons who have had much experience of these cases, it is now held that inflation and injection are indicated when the symptoms are not very severe, and that early abdominal section in the middle line affords the best chances of recovery in instances of severe and acute strangulated intussusception. It was pointed out, in the course of this discussion, that, as a rule, children are fairly tolerant of such treatment, and bear abdominal section well. In order that surgeons may overcome the unfortunate complication of firm incarceration, so frequently met with in cases of intussusception submitted to operation, and well exemplified in the instance reported by Mr. G. Brown, it has been suggested by Mr. Howse that the affected portion of the intestinal tract might be excised, and the two ends of the divided intestine be brought together, and retained by sutures.

In the course of the year, some attention has been paid to the subject of splenotomy. In March, Mr. Warrington Haward communicated to the Clinical Society a case in which he had removed an hypertrophied spleen. The patient, a female, aged 49, had suffered much from the dragging weight of the tumour, and had not presented any of the general symptoms usually accompanying leucocythæmia. The enlarged spleen was found to be quite free from adhesions, and the operation was performed with antiseptic precautions. The patient suddenly became collapsed during the operation, and died after an interval of seven hours. Mr. Haward's comments on this case, together with an able article by Dr. Herbert Collier, and more recent contributions on the subject by Zesas and Credé, seem to have exhausted the subject of the indications and prospects under different conditions of removal of the human spleen.

Among the many contributions that have of late been made in the department of peritoneal surgery, we would point out a case, we believe, unique, in which Bozeman removed a large cyst connected with the pancreas; a report by Mikulicz on Billroth's cases of gastric resection, read before the Congress of German Surgeons; and a paper by Dr. Victor Wehr, on experimental researches on abdominal wounding. Operations on the kidney have met, during this year, with encouraging if not invariably brilliant results, and nephrectomy has stood not only in no discredit, but has been repeatedly performed, and is now advocated even in cases of unilateral strumous disease of the kidney, both in communications to the Clinical Societies and in special contributions to this JOURNAL, and was in one instance, in the practice of Mr. J. E. Adams, performed for the removal of a carcinomatous kidney, the patient surviving for forty-four days. Similiar operations by other surgeons were either successful or, if they advanced less nearly towards perfect success, they, at least, did not fail to prove that nephrectomy may save life under desperate conditions. The treatment of rupture of the bladder has been fully discussed since the beginning of the year by Fischer, Rivington, Stein, and other surgeons. Although, as we believe, no further instance of the performance of laparotomy for this lesion has been recorded since 1876, when Mr. A. Willett and Mr. Christopher Heath practised this mode of treatment, the operation seems to be regarded with much favour. Dr. A. W. Stein of Brooklyn, in one of the most recent contributions on the subject of vesical injuries, advocates this treatment in cases of intraperitoneal laceration of the bladder, as it alone permits thorough cleansing of the peritoneal cavity, and accurate closure of the vesical wound. The chief points of interest in connection with disease of the urinary organs, have been the steady advance in favour of Bigelow's operation, both in this country and abroad, and the question as to whether or not special instruments are needed for the removal of a vesical calculus at a single sitting. In the last published volume of the *Medico-Chirurgical Transactions*, a case is recorded of successful removal of fibrous tumour from the bladder by Mr. Berkeley Hill, and also a case of removal by Mr. Reginald Harrison, during lithotomy, of a tumour of the prostate. Sir Henry Thompson has likewise contributed, through the medium of the Royal Medical and Chirurgical Society, the results of his experience in operative treatment for tumours of the bladder. Incisions through the thoracic wall into diseased lung have recently been advocated by Dr. Bull of Christiania, and Drs. Fenger and Hollister of Chicago. The cases in which such treatment is supposed to be indicated, are those of circumscribed gangrenous foci in lung tissue, of pulmonary abscess, and of phthisical and bronchiectatic cavities. Ever threatening septic poisoning through decomposition of the contents of such cavities may, it is thought, be best obviated by establishing a free opening for the secreted fluid, and by constant drainage and disinfection. Extensive resection of portions of the osseous wall of the thorax—the so-called thoraco-plastic operation of Estlander—has lately been recommended by Dr. Fenger and by Dr. Bruglocher of Schabach, as a valuable final step in the treatment of long standing empyema, and in cases in which closure of the pleural cavity has failed to be established, notwithstanding the existence of a free outlet for the discharge of its purulent contents. That a considerable portion of the chest-wall may be removed under strict antiseptic conditions with a chance of success, even when all the contents of the thoracic cavity are in a normal and healthy condition, has been shown in the course of the year by a remarkable case, in which Kœnig of Göttingen removed the whole of a stomach affected with sarcoma. Although, during the operation in this case, the pericardium and both pleural cavities were opened, the patient recovered without any bad symptom save temporary dyspnœa. At the Worcester meeting, Mr. Noble Smith gave a most interesting demonstration on the application and use of the various orthopædic apparatus now in vogue. These demonstrations were largely attended, and excited considerable interest.

Among the most important of the contributions on the surgery of the nervous system is an able analysis by Dr. Chandler of New York, of 416 cases of nerve-stretching, which shows that this operation, though occasionally valuable in the treatment of neuralgia and some spasmodic affections, is of very questionable benefit in cases of central nervous disease. In the course of the year, Dr. W. Alexander of Liverpool has advocated deligation of the vertebral arteries for the treatment of epilepsy, and has reported cases in which this operation had apparently beneficial results. Similar treatment has been applied by this surgeon in cases of locomotor ataxy, paralysis, and choreic spasms.

At the annual meeting of the British Medical Association, Mr. W. Thomson read a very elaborate paper on "Ligature of the Innominate Artery," and gave full details of a case, in which on June 9th, he tied this vessel with Barwell's tape ligature for aneurysm of the second and third portions of the right subclavian. On the thirtieth day, after some slight suppuration in the wound, there was temporary hæmorrhage to the extent of three ounces. On July 16th, the thirty-eighth day, there was very severe hæmorrhage, and the patient then became much exhausted, and on the forty-second day, succumbed. This result was due to ulceration at the bifurcation of the innominate, at some distance from that part of the vessel to which the ligature had been applied. The coats of the innominate at the seat of constriction had not been divided, and the ligature, it was stated, had apparently done its work by gripping the vessel until a well organised clot had been formed. At the same meeting, a case was recorded by Mr. Bryant, in which a popliteal aneurysm had been successfully treated, after failure of Esmarch's bandage, by means of an artery constrictor devised by Dr. Fleet Speirs. The use of kangaroo tendon as a material for ligature and tendon, which had been previously tried in this country by Mr. Thomas Smith, Mr. Stirling, and Mr. Dent, was again advocated in March in a paper sent to the Royal Medical and Chirurgical Society by Mr. Girdlestone of Melbourne, who was, we believe, the first surgeon to use this material. The tendon ligature, Mr. Girdlestone states, has all the valuable qualities of the catgut ligature without any of its defects and, as a suture, resists the softening effects of purulent discharges for a much longer period than the suture of gut.

In the first number of the JOURNAL for this year, Mr. Hutchinson enforced the doctrine of a precancerous or simple inflammatory stage of cancer, and insisted strongly on the necessity of operating early and in this stage. Early removal of the tongue for cancer has been advocated by Mr. Hutchinson and Mr. Bryant. In a discussion at a meeting of the Clinical Society in cases on which cancerous disease of the tonsil and

mouth had been freely excised by Mr. Clement Lucas and Mr. Golding Bird, an almost general opinion was expressed in favour of the removal of all accessible affected glands as well as the primary seat of cancerous disease.

Although trials have been made of a host of other supposed antiseptic agents, of which we might mention eucalyptol, naphthaline, salicylic acid, cajuput, iodine, and corrosive sublimate, carbolic acid seems still to hold its ground. At the meeting of the British Medical Association in Worcester, Mr. Barwell detailed the results of his experience of boroglyceride in surgical practice, and alluded to cases which, in his opinion, proved this agent to be a perfectly reliable antiseptic and a promoter of the rapid healing of wounds. During the year much attention has been directed to the action of iodoform when used as a dressing; and from the reports of Schede, Kuster, Kocher, and Falksen, and from records of cases published in our Hospital columns by Mr. Stanley Boyd, there can be no doubt that this agent, whatever may be its antiseptic efficacy, is, in certain cases of idiosyncrasy, or when applied in large quantities, a dangerous and often fatal poison, causing increase of pulse, high fever, mental depression, extreme and alarming restlessness, delirium, and occasionally inflammatory disturbance of the brain and its membranes. Quite recently Fischer of Strasburg, and Anschütz of Königberg, have reported favourably of naphthalin as an antiseptic agent, and a good substitute for iodoform. In a recent paper by Neuber on the use of certain antiseptic agents in Esmarch's surgical practice, turf-mould is recommended as a very efficient and cheap dressing. This mould is applied over wounds in bags of gauze. It is said to be soft and elastic, to be capable of taking up more fluid than jute or gauze, and to possess a great power of absorbing the products of decomposition of organic substances.

The published bulletins of the Société de Chirurgie of Paris for 1882, contain reports of interesting discussions on lumbar colotomy, on subperiosteal amputations and resections, and on tracheotomy.

OBSTETRICS AND GYNÆCOLOGY.

In the department of obstetrics and gynæcology, perhaps the chief advances have been in the application of some recent modes of treatment originated in America and Italy. The operations of oöphorectomy, hystero-trachelorraphy, and the treatment of hysteria by the Weir-Mitchell system, have been more especially this year the subjects of discussion and comment among English obstetricians. An interesting paper on the treatment of hysteria by Dr. Weir Mitchell's method was read by Dr. Playfair at the meeting of the British Medical Association at Worcester. Dr. Playfair related several cases which he had treated with success, and the discussion which ensued upon the reading of his paper endorsed the views therein set forth. The removal of both ovaries to arrest the rapid growth of vascular fibroids of the uterus has now received the sanction of such eminent authorities as Dr. Robert Barnes and Professor A. R. Simpson, both of whom have successfully performed Battey's operation. Removal of the uterus for fibroid and malignant disease has become much more frequent during the past twelve months than previously; and, as far as fibroid tumours are concerned, the results have been most encouraging. Experience leans more to treatment of uterine pedicles by the clamp, than to any intraperitoneal method. Hystero-trachelorraphy has slowly but surely made its way among obstetricians, and at a recent discussion at the Obstetrical Society most of those who spoke expressed themselves in favour of the operation. The amputation of the uterus and ovaries after Cæsarean section, as recommended by Professor Porro, of Pavia, has, since it was first done in 1876, been preferred to the old Cæsarean section, and has quite recently been successfully practised in London upon a rickety dwarf by Dr. Clement Godson. Mr. Morris rescued a pregnant woman from the great perils of labour, complicated by cancer of the cervix uteri, by performing Cæsarean section; the patient had been under the care of Dr. Edis, who set a good precedent by publicly asking for an expression of opinion on the case, before the Obstetrical Society, during the earlier stage of the patient's pregnancy. The great strides which have been made in the hygienic condition of lying-in hospitals is worthy of note. It was stated by Dr. Fancourt Barnes at the discussion on Antiseptic Midwifery at the International Medical Congress, that among his patients in the British Lying-in Hospital high temperatures were now the exception, whereas formerly they were almost the rule. On many sides, corroborative evidence on this point is forthcoming.

The surgical treatment of diseases of women continues to involve the most warmly disputed questions regarding the merits and the faults of the antiseptic system. It is certain that the division between Listerian and non-Listerian ovariotomists is far greater than it was a year ago. Several experts, whose contributions cannot fail to be very familiar to our readers, have not only discarded the spray, but object to the use of carbolic acid in any form, believing that chemical substance to be absolutely noxious. Mr. Spencer Wells does not express the profoundest belief in the spray, in the new edition of his standard work, published this year; whilst, on the other hand, the strict Listerians claim the most brilliant results in their practice.

Dr. Edis, at the Worcester meeting of the British Medical Association, read a valuable and scientific essay on the treatment of menorrhagia. He pointed out the fact, frequently overlooked or misunderstood, that in young plethoric girls, whose sexual development is well marked, menstruation is not unfrequently profuse. In place of giving iron, which generally produces constipation, and thus aggravates the tendency to menorrhagia, the better plan is to regulate carefully the diet, avoiding alcohol and any undue amount of animal food; to give bromides, which lessen the ovarian irritation, together with some saline aperient, when requisite. In anæmic patients, he advised the combination of iron with salines, in moderate doses, more as a chalybeate than as a mixture. At the same meeting, a successful case of transfusion of blood, in a severe case of *post partum* hæmorrhage, was recorded by Dr. William Walter. In this instance, blood transfused was defibrinated. The apparatus used was Dr. Macdonnell's. Only four ounces of blood were injected into the patient's arm. This quantity, however, was sufficient almost immediately to restore the pulse and respiration of the patient, who was, at the time of the injection of the blood, apparently lifeless. The subject of transfusion of blood, although one of the highest importance, and although it has been the subject of investigation by a committee of the Obstetrical Society, has, by no means, yet received that amount of investigation which it demands. The case recorded by Dr. Walter is peculiarly gratifying and opportune. It is to be hoped that his example will be more generally followed by obstetricians than has hitherto been the case. It is only too certain that, if transfusion were more frequently resorted to, many lives would be saved which are now lost. The question as to the preference for mediate transfusion to immediate, or arm-to-arm transfusion, is one which can only be settled by a complete series of clinical records of both modes, so that the advantages and disadvantages of both might be seen side by side. Simplicity in the apparatus is of the first importance, and this essential is fulfilled in both Dr. Aveling's and Dr. Macdonnell's instruments. The complicated transfuser shown a few years ago, at the Obstetrical Society, by Dr. Roussel, can, we fear, never get into general use. In gynæcological literature, the appearance of a new edition of Dr. Graily Hewitt's valuable treatise on the Diseases of Women has filled a gap in the more strictly mechanical department of uterine therapeutics. Dr. Graily Hewitt's eminence as a teacher, and long and extensive experience as a clinical physician, enforce respect and attention for his views, from the profession. The work has been almost entirely rewritten, and we can recommend it to the notice of all who are interested in the diagnosis and treatment of displacements, versions, and flexions of the womb. Dr. Aveling, in his history of the Chamberlens, has produced a work of great historical interest, and at the same time he has elucidated one of the vexed questions in obstetrics—the authorship of the midwifery forceps. This subject will, now, no longer be a point of dispute in text-books on midwifery.

MEDICAL REFORM.

In respect of Medical Reform, the Profession, in conjunction with the British Medical Association, has attained a pointof vantage from which it will not be possible to dislodge it. The Association has only to remain true to the principles it promulgated fifty years ago to secure their triumph. The Act of 1858, conferred on the diplomas of corporations, which previously licensed practitioners for limited districts, it might be only for a few sparsely populated coutries, the privilege of practice throughout the whole of the United Kingdom. The reciprocity thus established was intended to be marked by uniformity in professional education and attainments, but the Association was defeated in its efforts to secure this advantage.

It was hoped that the General Medical Council would be able really to improve medical education, but after 25 years of existence, composed as it is mainly of representatives from the Universities and Corporations it was designed to control, it has proved altogether unequal to the task.

The Report on the Royal Commission is a new starting point in the history of medical reform. It may not be satisfactory or acceptable to all the universities and corporations, whose interests are affected by it, but as regards the strength of the Commission, and the mental power and impartiality of the great majority of the Royal Commissioners there can be but one opinion. No judicial decision of the House of

Lords or of the Privy Council could possibly carry greater weight. The universities and corporations on the one hand, and the British Medical Association and the profession on the other, have equally appeared before it as the final Court of Appeal. It now only remains to register the decree, and by the enactment of a new Medical Act, based on the Report of the Commission, to settle the vexed question of Medical Reform.

The Report of the Medical Reform Committee was unanimously adopted at the public meeting of the Association at Worcester, and in accordance with the resolution then passed, the Committee have memorialised the Lord President of the Privy Council to promote legislation on the basis of the Report.

The deputation who waited on Lord Carlingford and Mr. Mundella were very favourably received, and the Association may well be congratulated on the result of their labours.

INFECTIOUS DISEASES.

THE subject of the registration of infectious diseases, in which the Association has ever taken the warmest interest, achieved an important development during the year. The very extensive deviations that large towns were making under local Acts from the general statute law, attracted the attention of Parliament early in the session, and as a consequence, a special committee, with Mr. Sclater-Booth as chairman, was appointed by the House of Commons to consider the local Bills bearing on sanitary matters. The committee did not go so deeply into the subject as could be desired; but they were quite in accord with the views often expressed in these columns as to the need for some more effectual supervision of local legislation on health matters. As regards the notification of infectious disease more particularly, the Committee reported in favour of making such notification compulsory both on the householder and on the medical man in attendance. The profession has, however, in the most positive manner expressed its opinion against the compulsory notification by the medical man of infectious cases under his care. A special day was appointed for the discussion of this question at the Worcester meeting of the Association, and the feeling on the matter of those present was unmistakable. The whole question is one which must soon engage the practical attention of Parliament, as it is abundantly clear that, whatever difference of views may exist as to the manner of reporting, enlightened public opinion is universally in favour of compulsory notification as the only means of effectually checking the diseases that are now so rife amongst us.

A number of cases of erysipelas occurring in the practice of the Public Vaccinator of Norwich, attracted a considerable, indeed, an undue share of public attention. Acting upon what he no doubt believed to be the general feeling, Mr. Dodson ordered a public inquiry into the circumstances attending the cases; but this inquiry was ingeniously turned by the complainants into an airing ground for anti-vaccination fallacies, and the real object of the investigation became lost sight of. That eight cases of erysipelas, four of which terminated fatally, should occur within a limited period amongst the attendants at the public vaccination station is undoubtedly sufficiently lamentable. But it must be borne in mind that vaccination, like everything else, requires care in its performance; and, when grave defects of practice, such as appear to have been customary with the public vaccinator, exist, the occurrence of such a calamity as that at Norwich must be regarded as not impossible. The report of the Commissioners, Mr. Healey and Dr. Airy, has been generally condemned as weak and unsatisfactory; and it appears to have been left for Dr. Buchanan, the medical officer of the Local Government Board, to rescue his department from the indignity of a breakdown. The opportunity for a complete and searching inquiry into the circumstances of the outbreak has now unfortunately been lost; but the evidence seems strongly to favour the suspicion entertained by Dr. Buchanan, that the public vaccinator's employment for vaccinating purposes of ivory points which had been used over and over again may have occasioned the outbreak. Vaccinators are usually alive to the risks attaching to a second employment of a point once used for vaccination; but for the benefit of any who still continue so objectionable a practice, it may be laid down as a rule without exception that an ivory point once charged with vaccine lymph and put to its intended purpose is a mere waste thing fit only to be destroyed. If we except the serious typhoid epidemic at Bangor and its neighbourhood, due to the pollution of a water reservoir with the specific poison of enteric fever, there was no home epidemic which conspicuously attracted public attention during the year. Small-pox has been comparatively quiescent in the metropolis; but an extensive epidemic is reported from the Cape, where measures of extraordinary precaution have been taken against it. The undue prevalence of typhoid ever at Paris has been the subject of many a paper and many a speculation in that city; but the reasons for its epidemic appearance do not seem to have been yet fathomed. There seemed, at one time, a possibility of the perennial question of quarantine in the Red Sea obtaining some immediate international importance; but the British campaign in Egypt has, for the present at least, again relegated the subject to the background.

The hospitals of the Metropolitan Asylums Board, and their alleged power for mischief, have monopolised a large share of the public mind. After the protracted litigation as to the Hampstead Hospital on the one hand, and the Fulham Hospital on the other, it had become apparent that the whole question must needs be investigated afresh by the light of new experiences and new knowledge. Dr. Thorne Thorne, inquiring into the use of infectious hospitals throughout the kingdom, found not a single instance in which the spread of infectious disease beyond the walls of a hospital had been demonstrated. But Mr. Power, investigating for the Local Government Board the circumstances of an exceptional outbreak of small-pox round the Fulham Hospital, could not in the end divest himself of the conclusion that "the machinery of the hospital administration, with inclusion of defects in that machinery, does not account for the peculiarity of small-pox incidence within the three parishes of Chelsea, Fulham, and Kensington, since the establishment of the hospital; and that there must have been some condition or conditions operating to produce the observed distribution of small-pox around the hospital that have pertained to the hospital as such, and that have been in excess of the conditions for small-pox extension as usually recognised." This opinion, fortified as it was by the mature judgment of the medical officer of the Local Government Board, Dr. Buchanan, was rightly felt by the Government to involve so many important considerations that a Royal Commission was appointed to inquire into the whole subject. The report of the Commission, which was published in the autumn, substantially accepts Mr. Power's report, and makes a variety of administrative suggestions that it will be the duty of those responsible for the sanitary welfare of this overgrown metropolis to weigh most carefully.

No measures of any medico-sanitary importance were carried through Parliament in its last session. The Public Health (Fruit-Pickers' Lodgings) Act (45 and 46 Vict., cap. 23) may, however, be mentioned as an attempt to give sanitary authorities, as regards fruit-pickers, the same power that they now possess as regards hop-pickers, for insuring their decent lodging and accommodation.

MEDICO-POLITICAL.

AMONG medico-political matters, perhaps the most important events of the year have been the discussions which took place on the subject of the notification of infectious disease at the annual meetings of our Association and of the Social Science Congress. Up to the beginning of this year there seemed no reason to doubt that the full sympathy of the medical profession went with those sanitarians who wished to see the compulsory powers which had been obtained by a few northern towns, extended to sanitary authorities throughout the country; but early in February meetings in connection with the two largest branches of the Association were held in Liverpool and London, at which objections were urged on various grounds to medical men being compelled to notify; and at the annual meeting at Worcester these objections were repeated and urged with such effect that, in the result, a resolution was passed approving of notification being made compulsory on the householder, but disapproving of any penal clause directed against the medical attendant. At the Social Science Congress, a resolution approving Mr. Hastings's Bill was agreed to.

In the House of Commons the representations which have been made by the Parliamentary Bills Committee, from time to time, on the subject of Corporation Private Bills containing important provisions, such as compulsory notification, being allowed to slip through without any real discussion, have at last taken effect; and a group of such Bills was this year referred to a Select Committee for consideration and report, while it was agreed that, for the future, particular attention should be called to any such provisions in Corporation Bills. There can be very little doubt that the whole subject of isolation and notification will come up for discussion in the House at an early date.

Several convictions have been recorded during the year against medical practitioners for giving death-certificates containing statements more or less false; usually these have been in cases where the deceased person had been attended by unqualified assistants at so-called dispen-

saries or branch practices. In an important case, however, heard at the Lambeth Police Court in July, where it was proved that the surgeon had seen the deceased child once and made up some medicine for it, the magistrate held that one solitary attendance did not amount to that degree of investigation and attendance on the patient, which would justify the attendant in giving the usual form of death-certificate under the Act, and convicted him of the offence charged. This decision was not appealed against; but, should a similar case occur again, it seems desirable that the soundness of this first judicial definition of what constitutes an "attendance" for the purposes of the Registration Act, should be tested in a higher court.

Unqualified practice at the East end of London was the subject of a question in the House of Commons during the early part of the Session, when the Home Secretary stated that the proper course for the hon. member who asked the question to take would be to call the attention of the Medical Council to the matter, it having power to act by the 21 and 22 Vict., and ask them to put the Act in force. It should be remembered, however, that the Royal Commission on the Medical Acts reported that the penal clause of the 21 and 22 Vict. has proved ineffective, and that the Medical Council has uniformly declined to take steps to put the Act in force when such cases have been brought under their notice.

On the kindred subject of prescribing druggists, much light has been thrown by inquests held by the Middlesex and other coroners during the year; and the numerous letters we have published show how widely prevalent is this frequently fatal practice.

Prescribing druggists had their case argued with considerable plausibility by Professor Attfield in his presidential address before the Pharmaceutical Conference at Southampton in August. Though he held that patent medicines were not the unmixed evil they were sometimes represented to be, he thought the reduction of "what was sometimes termed" the patent medicine evil would be effected by the gradual extension of pharmaceutical knowledge among future pharmacists, which would enable them to recommend from their own shelves simple remedies for minor maladies. For an answer to this sophistry, we have only to turn to the records in our columns of inquests held on infants and others who were treated by druggists during the year. It would be found that, even in cases where poisonons drugs were not prescribed, valuable time was lost; and diseases which, under proper treatment, might have been cured, proved fatal, through the ignorance and presumption of druggists.

The practice of setting up so-called dispensaries, and employing unqualified assistants in them to treat disease, was brought before the Medical Council at its sitting in July, by a formal request that they would remove from the *Register* the name of a practitioner proved to be the proprietor of more than one of these places. The charges against the accused person were stated thus by the solicitor to the council: 1, that he had a number of dispensaries, at which he employed unqualified assistants; 2, that he allowed unqualified persons to sign in his name false certificates of death; 3, that in cases under the care of his unqualified assistants, he presented himself at the last moment, so as to be able to sign a certificate. The solicitor to the council was of opinion that there was no evidence to support the second and third charges; and it must, therefore, be taken for granted that it was on the evidence offered in support of the first charge that the council, after two hours' deliberation, found the accused "guilty of infamous conduct in a professional respect," but decided not to remove his name from the *Register*, in consequence of his having promised to desist from the practice complained of.

The charges of malapraxis which have been made against midwives during the year, show the necessity for a regular system of examination and registration of all who are engaged in that important branch of medical practice. At the present time, while anyone who wishes to style himself dentist must pass an examination, and be duly registered, women so ignorant and unscrupulous as to drag away an uterus and ovary with fatal result, may, as a recent case shows, do so in England with the most perfect impunity, and continue to call themselves midwives.

MEDICAL EDUCATION AND REGISTRATION.

THE General Council of Medical Education and Registration held a session of eleven days' duration in June and July. Not only was the session of unusual length, but the number of new members was greater than usual. Mr. John Marshall succeeded Sir James Paget as representative of the Royal College of Surgeons of England; Dr. King Chambers appeared as representing the University of Oxford in place of the late Dr. Rolleston; Dr. P. Heron Watson succeeded Mr. Spence as representative of the Royal College of Edinburgh; Mr. Thomas Collins took the place of Dr. Leet as representative of the Apothecaries' Hall in Ireland; and Dr. R. D. Lyons was chosen Crown representative for Ireland, in place of the late Dr. McClintock.

An interesting report on the visitations of examinations made on behalf of the Council by Mr. T. P. Teale and Mr. William Stokes, was presented, and the conclusions at which they arrived forming material for a considerable amount of discussion, an account of which was given in the pages of this JOURNAL during July. Among the questions which were most discussed were the possibility of requiring of all candidates the performance of dissections and of surgical operations on the dead subject at the examinations; and the time allowed for *vivâ voce* examinations. With regard to the first question, it was pointed out that, if the proposed frequent dissections and operations were strictly enforced it could not be possible to obtain a supply of the necessary material; and the Council decided that dissections and operations should be required when circumstances permit; and a committee was required to inquire into the alleged deficiency of subjects, and to suggest a remedy. With regard to the second question, a recommendation was adopted to the effect that additional time might be allowed to examiners in cases where the time ordinarily allowed was not sufficient to remove doubts as to the knowledge possessed by the candidate.

The Medical Council took action in several matters having reference to the conduct of certain registered practitioners. The name of a person who had been convicted of arson was removed from the *Register*. An application was made by the Secretary of the Medical Alliance Association for the removal of the name of a practitioner named Murdoch, charged with employing unqualified assistants and allowing them to sign death certificates in his name. Much deliberation took place on this case, and Mr. Murdoch was heard in defence. Ultimately the Council declared him guilty of disgraceful conduct, but decided not to remove his name from the *Register*, as he had expressed contrition, and declared his intention of desisting from the practices with which he had been charged. This case led to the appointment of a committee of the Council to consider the question of unqualified assistants.

A rather startling revelation was made to the Council by the representative of the Royal College of Surgeons of Ireland, that a scheme on the part of a student for procuring personation of himself at a preliminary examination had been detected; and it was stated that the practice was of not uncommon occurrence. The subject was referred to the Executive Committee.

The attention of the Council was directed to a statement made by the South Australian branch of the British Medical Association, to the effect that a Mr. Hartley Dixon had obtained the license of the Apothecaries' Hall in Ireland without having gone through the proper course of study. The representative of the Hall, Mr. Collins, gave an explanation, showing that the Hall had acted under special powers which they legally possessed, and which were put in force only in very rare cases; and the Council accepted the explanation as satisfactory.

A Bill for the Examination and Registration of Midwives, drawn up under the direction of the Parliamentary Bills Committee of the British Medical Association, was forwarded to the Council from the Privy Council with a clause for an expression of the Council's opinion; and a deputation from the Parliamentary Bills Committee had an interview with the Council and explained the objects and provisions of the Bill. A committee of the Council was appointed to consider the Bill, and presented a report, which, after debate, was ordered to be sent to the Lord President of Council.

The chief changes which have taken place in the regulations of the Examining and Licensing Bodies in England are the following. The Royal College of Physicians of London has ceased to issue a special curriculum of study and examination to be followed by candidates for the membership; and provides merely a pass examination in medicine and psychology; previously to which the candidate must either hold an approved degree or other qualification in Medicine or Surgery, or be forty years of age, or have passed the examinations for the licence of the College. The Royal College of Surgeons of England has issued regulations affecting students who commence their professional education on or after October 1st, to the effect that two years must intervene between the primary and the pass examination; except in certain conditions. Changes have also been made in the regulations dealing with candidates whose knowledge has been found insufficient. The University of London has altered the title of the Examinations for the Bachelor Degree. That which was hitherto the "First M.B. Examination" is now the "Intermediate Examination in Medicine," and the "Second M.B. Examination" has become simply the "M.B. Examination."

THE ARMY MEDICAL SERVICE.

To the branch of the profession engaged in medical practice in the army, the year 1882 has been by no means an uneventful one. In the early part of this period, at the beginning of the month of April, a change occurred in the direction of the Army Medical Department. Sir William Muir, K.C.B., who acted as its chief for a year beyond the allotted term of seven years, having received the appointment in April 1874, was succeeded by Surgeon-General Thomas Crawford, the present Director-General. It was during the tenure of office of Sir William Muir's predecessor, Sir Galbraith Logan, that the disruption of the old arrangement of the department into staff and regimental officers, and the unification of the medical body into a single corps, had occurred; and when Sir William Muir took over the Directorship, he found the new system established, but requiring much still to be done to give it due consistence, and to bring it into harmony with the working of other parts of the military machine. At the time the new system of army medical organisation was introduced, the present Director-General, Dr. Crawford, held the post of head of the medical branch at the central office in Whitehall Yard; and the views entertained by him at the present time on the subject may be fairly assumed from a recollection of this circumstance. It was not without surmounting great difficulties, and overcoming very powerful opposition in high quarters, that the reformed system of administration, as its supporters regarded it, was introduced; and Sir Galbraith Logan, as its parent, had personally to encounter much obloquy, which was continued to his successor when it was found he was determined to follow in the same path. The influence of the opponents of the new system, who reckoned among their numbers not only the majority of the combatant officers of regiments, but also many medical officers who preferred the previously existing mixed regimental and staff organisation of the department, together with a general feeling of dissatisfaction among the medical officers at the derogatory, and in many respects unfair, manner in which they were treated relatively to officers of other parts of the military service, had led for several years to a dearth of candidates for commissions in the army medical ranks. The evils which this state of things brought about were frequently commented on in Parliament; and at last, under pressure of the need for a better supply of aspirants for medical commissions, and the representations made by various public bodies, among which the British Medical Association took a prominent part, the Government felt itself constrained to issue a Royal Warrant removing most of the grievances complained of. This concession, which emanated from the War Department towards the latter part of the time when Sir William Muir was Director-General, restored contentment in the medical service, and there has been no want of candidates for commissions in it since; but among the provisions of the new warrant was one which had for its object to defeat any repetition of a similar demonstration on the part of the profession, such as had been made before the warrant was granted. This was accomplished by partly closing the door of entrance by open competition, and substituting for it a power of nominating in the future a proportion of medical officers to commissions instead. On the occasion of the first competitive examination of candidates in the past year (1882), an attempt was made to show that the fact of no surgeons having commissions conferred on them without competition was a breach of the nomination clause of the warrant; and we found it necessary to expose in the JOURNAL the fallacy of these assertions, and to indicate the trouble to the authorities, as well as discontent in the medical schools of the kingdom, which would have inevitably followed such a course, had it been adopted. It would be out of place, in a summary of this kind, to refer further to the changes in organisation of the Army Medical Department; but it has been necessary so far to advert to them, inasmuch as during the latter part of the year which has just passed away an agitation has arisen, backed by very powerful supporters, for a return to the old system of departmental administration, in consequence of the breakdown, as it is alleged, of the existing system during the late campaign in Egypt. On this subject, some remarks will be made presently.

About the month of May 1882, accusations of inattention and misconduct on the part of men of the Army Hospital Corps in South Africa, during an outbreak of enteric fever which occurred among some of the troops who had been left in occupation after the close of the Boer campaign, were freely commented upon in various newspapers. The subject was referred to in Committee of Supply on the Army Estimates, and an influential opinion was expressed that the short service system did not work well in the Army Hospital Corps. A Departmental Committee, with Sir Evelyn Wood, K.C.B., as the chairman, was appointed by the Secretary of State for War to inquire into the occurrences complained of; and though no report on the subject was published, it was understood that the general charges against the men of the corps fell to the ground under the investigation. All that could be proved was that there had been faults in some particular individuals; but it was at the same time shown that these had been noticed and adequately punished at the time they had occurred. Subsequently the inquiry by this committee was led to assume a wider range, and the Secretary for War, Mr. Childers, stated in the House of Commons that the whole question of the organisation of the corps had now been submitted to it for consideration. The Committee were still engaged on this question, when their proceedings were interrupted by the services of the chairman and some of the members being otherwise required in connection with the arrangements for the approaching campaign in Egypt.

The Egyptian campaign, remarkable in its military aspect for the rapidity with which its objects were accomplished, led to severe criticisms on the working of the medical department of the army. A general cry was raised that the medical service had "broken down". All sorts of charges were made against it. Hospitals were said to have been quite destitute of medical comforts, operations to have been performed without the use of chloroform, patients left without ordinary attention, and invalids on the voyage home to have been half-starved from not being able to get the kinds of food which were necessary for them. None of these accusations, so freely uttered, could be substantiated when they were sifted. We ourselves undertook a searching inquiry into the subject, questioning in considerable detail invalid soldiers and officers, as well as hospital orderlies and nurses, who had been in Egypt; and the result of the investigation was published in the JOURNAL of the 21st of October last. As there shown, sufficient proof was afforded that there was no justification for the allegation that the hospital service had broken down; and as to the assertions of there having been a dearth of chloroform, medicines, medical necessaries and comforts, they were simply untrue. The Commander-in-Chief, Sir Garnet Wolseley, in his report of September 24th, at the termination of the war, testified that "the medical department under Surgeon-General Hanbury, C.B., had done everything that could possibly be done for the care and comfort of the sick and wounded"; and this official tribute was confirmed by the strong sympathy evinced by the civil members of the profession in the memorable banquet which was given by them to the medical officers of the Egyptian Expedition in London. This banquet was attended by all the heads of the profession in the metropolis, and a large number of eminent provincial practitioners.

The medical officers of the British service worked under immense difficulties in the expedition. The Army Medical Department had provided for the wants of the campaign on an extensive and elaborate scale, and especially had despatched a hospital ship—the *Carthage*—equipped with every requisite for a large number of sick and wounded patients. But the movements of this vessel were not under the control of the medical department; and, at a time of urgent need, she was left behind at Alexandria, for reasons with which the medical service had no concern. The Commander-in-Chief had considered it necessary to keep the change of his base from Alexandria to Ismailia a profound secret; and, as soon as he had secured a footing at Ismailia, had found himself obliged to advance and engage the enemy, so that a considerable number of wounded required immediate care and attention. These sudden demands were responded to, and the difficulties connected with them overcome, in a manner that should call forth admiration, considering the circumstances in which the medical officers concerned were placed. It is all the more remarkable that the special wants thus created were supplied as well as they were, when it is remembered that the medical department has no opportunities afforded to it of gaining in time of peace the experience which alone can make things work smoothly as well as successfully in time of war. In every other part of the army it is admitted, as a matter of course, that the actual establishments which will have to be employed on active service in the field should be rehearsed from time to time during peace. But even when field operations are practised on the largest scale in which they are ever practised in England, it is never considered by the military authorities to be necessary for bearer companies, field hospitals, or other field medical establishments, to take part in the practice. The more the discussion has been carried on in the public press regarding the alleged failures of the Army Medical Department during the late war, the more it has been rendered apparent that the defects in the medical service, whatever they may have been, have not been due to faults of the medical officers themselves, but to the fact that they have no separate and integral organisation of their own, as other parts of the military service have. Such defects in the service in Egypt as have occurred have been due to the want of autonomy in the department, and of control over the transport and other materials which are essential for its even working in war time; and the evil results that are inevitable under such conditions, when the pressure of war has to

be met, have been foretold in the writings of our best military surgeons over and over again. As soon as the outcry against the medical department broke out, some military surgeons were led to advocate a return to the old regimental system of organisation, while military officers have been tracing the defects of the medical service to the want of more military control over the hospital establishments; but it is obvious that no change of organisation, much less a return to systems which are incompatible with modern arrangements, can improve matters so long as the only possible method of medical officers gaining experience in field duties, practice in time of peace, is withheld from the department. An official inquiry is again proceeding on the subject, and it may be hoped that it will lead to the Government and the public becoming impressed with the conviction that it is a false economy not to afford the means which alone can enable the medical department to work as smoothly and efficiently, when it is subjected to the strain of war, as other departments of the army are enabled to do. The Committee, which, as we have already mentioned, was originally constituted under the presidency of Sir Evelyn Wood, to inquire into alleged neglects on the part of the Army Hospital Corps in South Africa, has been again further expanded, and placed under the direction of the Earl of Morley, Parliamentary Under-Secretary of State. The scope of its inquiries has been enlarged, so as to comprehend the whole question of hospital management and nursing in the field, as well as the sea-transport of sick and wounded. It was stated in the House of Commons that the Committee is also to ascertain what deficiencies, if any, existed in the field or other hospitals, or in the hospital ships and invalid transports, during the Egyptian campaign, with a view to future remedy. Evidence is in the course of being taken on these subjects; and, shortly before the last session of Parliament closed, it was announced that great efforts would be made to have the report completed by next session. The inquiry of this Committee is not merely a medical concern; it is rather one that concerns the interests of the whole army, as well as the character of the country at large; and we trust that a right solution of the important questions under its consideration will shortly be attained.

The hospital service of the large Indian contingent which took part in the Egyptian Expedition not only escaped without the animadversion which the sister service of the British forces evoked, but met with expressions of praise on all sides. This happy circumstance was doubtless due to the fact that the experience of continual field-service in India had taught what was necessary for efficiency; and because a greater liberality in the constitution of the Indian field-hospital establishments, as well in the *personnel* as in stores and transport, had rendered them self-reliant and comparatively independent. Each of the Indian field-hospitals, regarded as an unit, was complete within itself, possessing the means of supplying all its wants; and it is not a matter for wonder, therefore, that they accomplished their work with less friction than other establishments could do, which were dependent on a variety of other departments for their working and efficiency.

One other point connected with the history of military medical events during the past year must be alluded to, and we must then close this part of the summary. For many years past, the question of effecting an amalgamation between the home and Indian branches of the military medical service has been under discussion. To accomplish this fusion has been manifestly a desirable object ever since the rule of India was transferred from the Honourable East India Company to the Crown; not merely for the purpose of simplification of medical administration in the military forces of India, but also in the interests of pecuniary economy. The difficulties in the way of bringing about the union for a long time appearsd insuperable, owing especially to the rights of the natives, guaranteed in the act of transfer, to compete for commissions in the Indian Medical Service, while they were disqualified for commissions in the British army. Some steps towards a coalition have, however, been gained of late; so that, during the last war in Afghanistan, the British and Indian Army Medical Departments were both together solely directed by one head—viz., the Principal Medical Officer of the British Forces in India. The way towards amalgamation of the two services has been further cleared of late by a partial separation of the Indian medical department into military and civil branches; and on Dr. Crawford, during whose period of administration in India these changes had occurred, becoming Director-General, it was known that efforts would be made to carry out the system, which had thus commenced, to its legitimate conclusion. Shortly before the present Director-General's return to England, the Indian Government had sent home its scheme of reorganisation of the medical department on the principle of unification of the British and Indian services. The War Office and the Horse Guards were believed to object to many of the articles embodied in this scheme; and, although the correspondence was carried on confidentially, it was generally understood that the discussions on the subject were being carried on between the central authorities in England and the Government of India up to the time when the preparations had to be made for the Egyptian campaign. The subject of the amalgamation of the two services was then allowed to drop for a time, but is now, we understand, on the eve of being resumed; and in the interest of India itself, as well as in the interest of the officers of a department to whom India owes so much of its present development and prosperity, it is to be sincerely hoped that no long time will be allowed to elapse before the questions in dispute are settled, and the medical services of that vast country, both civil and military, placed on a settled and satisfactory basis.

THE NAVAL MEDICAL SERVICE.

THERE has been some reaction in favour of this service, from which it may be inferred that the Order in Council of 1880 has had beneficial results, as there have been more candidates, and fewer resignations after experience of the service. Still the active force remains at about 25 per cent. under established strength; but as many as have been advertised for have been entered, so that the new policy would appear to be to keep down the staff to working necessities.

Deaths have happened, on or from active service, to two deputy inspectors-general, one fleet-surgeon, and one staff-surgeon; of whom it may be said that all are losses to the service. Deputy-Inspector-General Hill died in charge of Malta Hospital, of chronic dysentery contracted on service in Japan; Deputy-Inspector-General Cotton of hepatic and enteric disease, displaying itself when in charge at Plymouth Hospital; Fleet-Surgeon Dr. Anderson, in charge of the Marine Infirmary at Walmer; and Staff-Surgeon Connell in Japan waters.

The credit of the Medical Department has been well sustained in the bombardment of Alexandria and on shore in Egypt, at the ports where the sick and wounded have been received, and in the fighting at Kassassin and Tel-el-Kebir, respectively; for which Dr. Shaw, of the flag-ship, was awarded the decoration of C.B. without promotion, and two junior officers have been raised each a step in rank. The manner in which the service in general, and especially in the affairs preparatory to the Egyptian expedition, has been executed so satisfactorily to the Government, that its chief—Dr. Watt Reid—has received Knighthood of the Order of the Bath from Her Gracious Majesty.

Amid such general approval and propitious outlook, it is to be regretted that dissatisfaction is loudly expressed at the allotment of pensions that have fallen vacant.

MILITIA SURGEONS.

IN January 1881, a clause was issued in the Militia Regulations for that year, stating that all militia medical officers on the departmental list should be compelled to retire when they reached the age of sixty-five. This clause was at complete variance with the Warrant of 1876, and the several Acts under which militia surgeons held their appointments, and was, as they considered, *ultra vires* and at variance with all rules of equity and law—depriving them, from no fault of theirs, of incomes ranging from £100 to £350 a-year, and in many instances leaving them destitute of any means of livelihood. Some of the militia surgeons, therefore, headed by the President of the Militia Surgeons' Society, issued a circular to all the members and militia surgeons, both past and present, urging them to co-operate and subscribe funds to bring the matter before the Secretary of State for War, and the House of Commons. We are sorry to find that but a very small proportion of the militia surgeons responded; many from want of means, and others believing it was hopeless to expect any redress, as they had been repeatedly denied such from previous Secretaries for War. However, a sufficient sum was subscribed to enable them to submit a case to two eminent Queen's Counsel; and, although their opinion was adverse to presenting a petition of rights, they both considered the militia surgeons had good legal and equitable grounds for pensions of six shillings a-day, as granted by Acts of Parliament, extending from George II to Victoria, 1876, at which time all these Acts were repealed, and the militia were brought under the authority of the Crown; but this was in no way retrospective, or took away previous rights.

The Secretary for War, although appealed to by the Chairman of the Parliamentary Bills Committee, supported by several members of Parliament, having declined to receive any deputation, or to allow the case of the militia surgeons to be stated personally to him, a petition was prepared, numerously signed, and presented to the House of Commons about April of this year; and was supported by numerous petitions from several of the licensing bodies in the United Kingdom, and from Branches of the British Medical Association. The Secretary for War, in consequence of a strong representation made to him by several members of Parliament, and by the Chairman of the Parliamentary Bills Committee,

agreed to receive further communications from both the chairman and from militia surgeons. Several very exhaustive and able letters were addressed to him; and the Chairman of the Parliamentary Bills Committee also submitted a case for the opinion of a very eminent lawyer, whose arguments and legal opinions, with cases in support, were brought before the Secretary for War; but, up to this time, with no successful result. Several leading articles have appeared, not only in the BRITISH MEDICAL JOURNAL, but also in many of the leading daily and weekly papers. The militia surgeons still purpose pursuing the matter, and are advised that an appeal by legal action, in one of the superior courts of judicature, must prove successful, both on the legal and equity points set forth in their petition, and the several articles which have appeared. Before, however, having recourse to these proceedings, they are awaiting the result of another appeal, which the Chairman of the Parliamentary Bills Committee has addressed to the Secretary of State for War, and which, it is hoped, may be more favourably received than the preceding one.

THE POOR-LAW MEDICAL SERVICE.

AMONG the more important events and subjects relating to the Poor-Law Medical Service which have been related and commented on during the year, are the following.

In January, attention was drawn to a serious statement as to the alleged punishment of sick paupers in the Birmingham workhouse; and it was pointed out that what was intended probably for medical treatment of malingerers and other ailments had been misrepresented as cruelty. Subsequently, our view was sustained by the evidence taken at an inquiry held there. In the following month we commented on the decision arrived at, and congratulated Dr. Simpson, the medical officer, whose conduct was impugned, on his complete exoneration from the charge made against him.

In January, reference was made to the decision arrived at in an important Poor-Law inquiry, which had been held in Sussex. Regret was expressed that we could not differ from the conclusion arrived at by the Department, and we urged on Poor-Law Medical Officers the absolute necessity that existed for extreme caution in their treatment of the sick poor, if they wished to avoid the painful consequences which sprung out of the neglect in this case.

In March we commented on the case of Dr. Pullin, medical officer of the Honiton Union, and drew attention to the irregularity in the proceedings of the guardians in allowing assistant-overseers to grant orders for medical relief, an action which was condemned by the Department in their subsequent official decision. At the same time they laid down the important principle, that, as overseers were only permitted by law to give orders in urgent cases, every such order given by overseers must be held to imply urgency.

In June, attention was directed to the case of Mr. Sykes of the Doncaster Union, who, on the action of the clerk, had been refused payment for certain urgent operations. We pointed out the objections to requiring a hard and fast line to be laid down, in the way of insisting on a second opinion in such cases. We also showed the hardship entailed on workhouse medical officers, in requiring them to attend club patients admitted for treatment who were in receipt of the weekly club allowance; and pointed out that as the guardians recouped themselves the cost of maintenance, it was only just that the medical officer should be also remunerated.

In July, we called attention to the case of Dr. Martin O'Connor, of the North Witchford Union, Cambridgeshire, who had been requested to attend, without an order, a mother and boy. On his arrival at their house, he found the mother ill, and that the boy, aged 9, had fractured his leg. Having attended to both cases, he requested the husband to get the orders. The relieving officer refused to grant either until the board had sanctioned his so doing. At their next meeting, the guardians gave an order for attendance on the mother, but refused one for the son. The question raised thereby has been discussed extensively in the press and in Parliament; but the legality, or otherwise, of the proceedings of the board of guardians has not, up to the present date, been brought before a court of justice.

In the following month, we called attention to the case of Mr. Grubb, district medical officer of the Chesterton Union, Cambridgeshire. Mr. Grubb had been requested by a woman, whom he met accidentally on her way to her own home, to attend her, she having broken her leg. He did so, when she handed to him a permanent relief order that had been given her on January 1st. During the treatment of the case, she again handed him a fresh order, which had been given her on July 1st, that supplied on January 1st having run out. Subsequently, Mr. Grubb sent in his claim for £3, being his extra fee. This the guardians refused to pay. Mr. Grubb thereupon brought an action against the board in the Cambridge County Court, and after full argument the judge decided that the orders given on these two dates could not be disputed, that the holder was entitled to medical relief of all kinds, and that the guardians were not justified in disputing the claim. In accordance therewith, he gave judgment for the claim, with full costs—thus establishing an important precedent, should any such case arise in the future.

In September, we drew attention to the scheme for district medical relief in the Manchester Union, and pointed out the insufficiency of the arrangements that were proposed by the committee of guardians, to whom the subject had been referred.

In the same month, we published a letter showing that a district medical officer having been called to a case of fracture occurring in a boy, aged twelve, without any order, and having subsequently applied for the same, it was refused, but that the board granted 2s. 6d. a week, and a loaf of bread to the family, the same not having been asked for.

In October, we drew attention to the action of Mr. Fenn, Workhouse Medical Officer of the Dover Union, who complained that he was called on to sign orders for beer and other stimulants for persons not sick, but who were engaged in labour. We pointed out that Mr. Fenn was not compelled to sign such orders if he did not consider that such beer, etc., was necessary. This custom exists and is much abused in a great number of workhouses throughout the country, and it is important that medical officers should know that they are entitled to use their own free will and judgment, and are not under any compulsion to give orders under an imposed and fictitious medical sanction for alcohol as a bribe or payment for work done.

In November, we commented on the parsimonious procedure of the Monmouth Board of Guardians in granting a superannuation allowance of only £26 a year to Mr. Hutton, after thirty-six years of continuous service. We also drew attention to an inquest in the Boston Union, *apropos* of the refusal of a relieving officer to give some whiskey ordered by a district medical officer, in the course of which inquiry the coroner laid down the important principle, that if the medical officer had stated that he believed that the death of the deceased had been hastened by the refusal of the relieving officer to comply with the medical officer's order, he would have had to answer for it in another court.

Early in the year reference was made to the action of the Swaffham Board of Guardians, Suffolk, in their treatment of Dr. Milne, and we pointed out the difficulties, under the conditions which existed in that union, of efficiently treating the sick poor. The coroner of Central Middlesex having refused to grant the customary fees to the officers of workhouse asylum hospitals for giving evidence on inquests, a correspondence on the subject took place, when it was pointed out that according to the law on the subject, such hospitals were but continuation workhouse infirmaries.

Reference has also been made to the injurious statements often made by individual members of boards of guardians as to the conduct of their medical officers, and it has been shown that such officers had their remedy, either against the individual who made the statements, or the journal which published them. This view has been confirmed by a decision in a court of law.

A cognate subject was reported in the JOURNALS for October 28th and December 2nd, under the head of "Medical Amenities in the town of Penzance," and attention was drawn to the fact that by a recent decision in a court of law individual utterances at a meeting of a board of guardians are not privileged, and that the guardian uttering unfounded statements is amenable to an action for libel.

In May, a deputation of Metropolitan Poor-Law Medical Officers had an interview with Mr. Hibbert, representing the Local Government Board, with regard to the question of superannuations. An account of the proceedings was given in the JOURNAL of May 13th.

OBITUARY.

THE year has witnessed the deaths of many members of the medical profession, and men eminent in science. Among them have been: Mr. John Flint South, many years surgeon to St. Thomas's Hospital, and twice president of the Royal College of Surgeons; Dr. C. D. Purdon, a highly esteemed practitioner in Belfast; Sir Robert Christison, the eminent authority on poisons, more than fifty years professor in the University of Edinburgh, and president of the British Medical Association in 1875; Dr. A. W. Baird, physician to the Dover Hospital; Mr. R. S. Nunn, surgeon to the Essex and Colchester Hospital; Dr. George Bodington, of Sutton Colefield; Dr. George Duplex, a well-known and respected general practitioner in London; Dr. G. S. Jenks, of Bath, president of the British Medical Association at the meeting at Brighton in 1851; Mr. A. Gardiner Brown, surgeon-aurist

to the London Hospital; Sir C. Wyville Thomson, the eminent naturalist, and lately professor of natural history in the University of Edinburgh; Sir Edward B. Sinclair, professor of midwifery in the School of Physic in Dublin; Dr. W. H. Holmes, physician to the Cork Dispensary; Dr. Charles Darwin, the eminent naturalist; Dr. Fife Jamieson, demonstrator of anatomy in the University of Aberdeen; Dr. John Hughes, senior physician to the Mater Misericordiæ Hospital in Dublin; Sir John Rose Cormack, physician to the Hertford British Hospital in Paris, and formerly editor of the JOURNAL of the British Medical Association; Dr. John Brown, of Edinburgh, author of *Horæ Subsecivæ;* Dr. T. B. Peacock, many years physician to St. Thomas's Hospital; Mr. James Spence, professor of surgery in the University of Edinburgh; Dr. Andrew Buchanan, late professor of physiology in the University of Glasgow; Surgeon-major G. Shaw, killed during the battle at Kassassin in Egypt; Dr. Alexander Silver, senior physician to the Charing Cross Hospital; Dr. G. Dickie, Emeritus professor of botany in the University of Aberdeen; Mr. F. M. Balfour, professor of animal morphology in the University of Cambridge; Dr. A. Leith Adams, professor of natural history in Queen's College, Cork; Dr. Richard Giles, formerly in extensive practice as a physician in Oxford; Sir James Alderson, formerly senior physician to St. Mary's Hospital, and president of the Royal College of Physicians of London; Dr. Charles Morehead, retired surgeon-major Bombay army, first professor of the principles and practice of medicine in Grant's Medical College, Bombay; Dr. Waller Lewis, chief medical officer of the General Post Office; Mr. Joseph T. Clover, a most accomplished administrator of anæsthetics; Dr. R. W. Lyell, assistant-surgeon to the Middlesex Hospital, and to the Royal London Ophthalmic Hospital; Mr. W. St. George Davies, staff-surgeon R.N., present at the bombardment of Copenhagen in 1807, and at other engagements of that period; Mr. George Critchett, consulting surgeon to the Royal Ophthalmic Hospital; Dr. William Pirrie, lately professor of surgery in the University of Aberdeen; Dr. Edwards Crisp, a well known medical practitioner, and an industrious worker in medical science; Mr. George Gulliver, a well known anatomist and physiologist; Dr. Richard Cross of Scarborough; Dr. Tanner, lately professor of surgery in Queen's College, Cork; and lastly, in a good old age, beloved of his friends, and respected by all, Sir Thomas Watson, formerly president of the Royal College of Physicians in London, and author of the well known *Lectures in the Principles and Practice of Physic.*

In foreign countries, there have died: Dr. Schwann, professor of physiology in Liege, celebrated as the first exponent of the cell doctrine in animals; Dr. J. C. Draper, professor of chemistry in the University of the city of New York; Hermann von Schlagintweit, the eminent naturalist and traveller; Dr. Oscar Simon, director of the Dermatological Class in Breslau; Professor Wintrich of Erlangen, well known for his works on physical diagnosis; Professor Hüter of Greifswald, an eminent surgeon and clinical teacher; Dr. Erskine Mason of New York; Dr. Hodgen of St. Louis; Dr. Amedée Latour of Paris; Professor N. Friedreich of Heidelberg; Dr. Güntner, family physician to the Emperor Ferdinand of Austria, and Emeritus director of the General Hospital in Vienna; Dr. Davaine of Paris, a celebrated authority on entozoa in man; Dr. Troschel, professor of zoology in Bonn; Dr. Obernier, extraordinary professor in the University of Bonn, an authority on diseases of the stomach and intestines (he has left his income, 150,000 marks, to the city, for the foundation of a museum); Professor Theodor von Bischoff of Munich, an eminent author on embryology; Dr. Hjaltelin of Rejkjavik, late chief sanitary officer in Iceland; Dr. Levinstein of Berlin, known for his writings on the effects produced by the choice of hypodermic injection of morphia; Dr. Concato, professor of clinical medicine in the University of Turin.

NEW BOOKS AND NEW EDITIONS.

SEVERAL valuable additions to medical literature have been made during the year, in the form either of new works, or of new and improved editions of standard works already well known.

In *Anatomy and Physiology*, there have appeared a sixth edition of Mr. Luther Holden's "Human Osteology"; the ninth edition of "Quain and Sharpey's Anatomy," edited by Dr. Allen Thomson, Mr. Schäfer, and Mr. G. D. Thane; the first volume of a new work on "Human Morphology," by Mr. H. A. Reeves; a treatise by Dr. Richard Norris on the "Physiology and Pathology of the Blood"; and a work by Dr. Cleland on the "Relation of Brain to Mind."

In the department of *Materia Medica and Therapeutics*, the chief works that have appeared during the year have been the part of Dr. Phillips's "Materia Medica and Therapeutics," treating of Inorganic Substances; a new edition of Dr. Sidney Ringer's "Handbook of Therapeutics"; a "Student's Guide to Materia Medica and Therapeutics," by Dr. Thorowgood; electricity in its medical uses is represented by a work on "Electro-Therapeutics," by Dr. W. Erb; and one by Dr. M. Meyer on "Electricity, and its Use in Practical Medicine"; Dr. Mortimer Granville has published a lecture on "Nerve-Vibration and Excitation as Agents in the Treatment of Functional Disorders and Organic Disease."

In *Medicine*, there have appeared a third edition of Dr. Bristowe's "Science and Practice of Medicine", a new edition of Dr. Aitken's "Outlines of the Science and Practice of Medicine", and a "Student's Handbook of the Theory and Practice of Medicine", by Dr. H. A. Husband. Dr. Graham Brown has brought out a new work on "Medical Diagnosis". Among works on Epidemic and Endemic Diseases, there have been published Sir Joseph Fayrer's Croonian lectures on the "Climate and Fevers of India"; Dr. Guillemard's Treatise on the "Endemic Hæmaturia of Hot Climates caused by Bilharzia Hæmatobia"; and Dr. Vandyke Carter's valuable work on "Spirillum Fever", to which the Stewart prize of the British Medical Association was awarded. Dr. G. W. Balfour has brought out a second edition of his work on "Diseases of the Heart and Aorta"; and Dr. Milner Fothergill has written a work on "Chronic Bronchitis". There have been several new and important works on Diseases of the Nervous System; the chief of them being Dr. Buzzard's "Clinical Lectures on Diseases of the Nervous System"; Dr. Byrom Bramwell's work on "Diseases of the Spinal Cord"; Dr. Hughes Bennett's "Treatise on Electro-Diagnosis in Diseases of the Nervous System"; a new edition of Mr. Erichsen's work on "Concussion of the Spine"; and a new work, by Mr. Herbert Page, on "Injuries of the Spine and Spinal Cord without apparent Mechanical Lesion." Dr. Althaus has brought out a work on "Failure of Brain Power". Dr. Charcot's Clinical lectures on the "Diseases of Old Age" have been translated by Dr. L. H. Hunt; and an instructive work on "Health-Resorts and their Uses" has been written by Dr. Burney Yeo.

In the special department of *Cutaneous Diseases*, there have been published a new edition of Dr. R. Liveing's "Handbook of Diseases of the Skin"; a "Manual of Diseases of the Skin", by Dr. L. D. Bulkley; a second edition of a work by Mr. Alder Smith, on "Ringworm, its Diagnosis and Treatment"; and a work on the "Hair in Health and Disease", by Dr. Pincus.

In *Surgery*, there has been published a third edition of the late Professor Spence's "Lectures on Surgery"; a third edition of Mr. Holmes's "Treatise on Surgery"; a sixth edition of Dr. Gross's "System of Surgery"; a Manual of the "Principles and Practice of Operative Surgery", by Dr. Stephen Smith; the first part of a work on "Regional Surgery", by Mr. F. A. Southam; and a fifth edition of Mr. Berkeley Hill's "Essentials of Bandaging". Professor Esmarch's "Ambulance Lectures on First aid to the Injured", have been translated by H.R.H. Princess Christian. The first and second volumes of an "International Encyclopædia of Surgery", edited by Dr. J. Ashhurst, have also appeared. Among works in special departments, may be mentioned Sir Henry Thompson's "Clinical Lectures on Diseases of the Urinary Organs" (sixth edition); Mr. William Adams's "Lectures on the Pathology and Treatment of Lateral and other Forms of Curvature of the Spine"; Mr. Noble Smith's work on the "Surgery of Deformities"; and Mr. Henry Smith's work on the "Surgery of the Rectum"; a work by Mr. John Gay on "Hæmorrhoidal Disorders"; and one by Mr. T. W. Nunn on "Cancer of the Breast".

Among the chief contributions to the literature of *Diseases of the Eye* have been a fourth edition of Mr. C. Macnamara's work on "Diseases of the Eye"; a new work by Dr. J. R. Wolfe on "Diseases and Injuries of the Eye"; and a second edition of Mr. Nettleship's "Student's Guide to Diseases of the Eye". In this department must also be mentioned a second edition of Dr. Gowers's "Manual and Atlas of Medical Ophthalmoscopy."

In *Aural Surgery*, there have been published a third edition of Mr. G. P. Field's book on "Diseases of the Ear"; and a second edition of Dr. Macnaughton Jones's "Treatise on Aural Surgery". Dr. Patterson Cassells has translated into English Professor Politzer's "Text-book of Diseases of the Ear and Adjacent Organs."

In *Obstetric Medicine*, and *Diseases of Women and Children*, the following works have been published during the year: a fourth edition of Dr. Playfair's "Treatise on the Science and Practice of Midwifery;" a second edition of Dr. Edis's work on the "Diseases of Women;" a fourth edition of Dr. Graily Hewitt's work on the same subject; a work by Mr. Spencer Wells, on "Ovarian and Uterine Tumours, their Pathology and Treatment;" a translation, by Dr. A. McLaren, of Professor Courty's work on "Diseases of the Uterus, Ovaries, and Fallopian Tubes;" and a treatise on "Diseases of Children," by Dr. Forsyth Meigs and Dr. W. Pepper. Dr. J. H. Aveling is the author

of an interesting little work on "The Chamberlens and the Midwifery Forceps." A valuable "Manual of Gynæcology", by Dr. D. B. Hart and Mr. A. H. Barbour, has also been published.

Among works on *Pathology*, may be mentioned the "Descriptive Catalogue of the Pathological Specimens in the Royal College of Surgeons of England," edited by Sir J. Paget, with the assistance of Dr. Goodhart and Mr. A. Doran; also the catalogues of the museums of St. Bartholomew's and St. George's Hospitals, which have been arranged in accordance with the latest improvements. A valuable book on "Sarcoma and Carcinoma," by Mr. H. T. Butlin, has been published. The first volume of a translation of Cornil and Ranvier's "Manual of Pathological Histology", by Mrs. Ernest Hart, has also appeared.

Among other books which have appeared during the year must be mentioned Dr. Richard Neale's valuable "Medical Digest," Dr. Sieveking's "Medical Adviser on Life Assurance;" the third volume of the "Index Catalogue of the Surgeon-General's Department, U.S.A.;" a work by Mr. F. A. Lowndes, on "Lock Hospitals and Lock Wards in General Hospitals;" and the yearly volumes of "Transactions" of the Royal Medical and Chirurgical, Clinical, Pathological, and Obstetrical Societies, of the Edinburgh Obstetrical Society, of the Medico and Chirurgical Society of Edinburgh, etc. The first volume of an elaborate work on "Legal Medicine", by Dr. C. Meymott Tidy, has been published during the year.

MISCELLANEOUS EVENTS.

AMONG the medical events of the year, besides those to which allusion has already been made, the following may be mentioned.

At the Brompton Hospital for Consumption and Diseases of the Chest, arrangements were made in the beginning of the year for more systematic utilisation of the abundant supply of clinical and pathological material for the purposes of teaching, and for the weekly delivery of lectures and demonstrations.

At the meeting of Convocation of the University of London in January, it was resolved that female graduates should be admitted to Convocation; and that it was advisable to institute local examinations similar to those conducted by the older Universities. A vacancy having occurred in the Senate, Dr. George Buchanan and Dr. Robert Barnes, Mr. S. Newth, and Mr. G. C. Foster were proposed, and the names of Dr. Buchanan, Mr. Newth, and Dr. Barnes were submitted to Her Majesty for the selection of a member; Dr. Buchanan being ultimately selected.

The influence of fog and smoke on the public health was the subject of a considerable share of comment in the numbers of the JOURNAL for the year; and attention has been directed to the means to be provided for the abatement of the smoke nuisance. An exhibition of apparatus for this purpose was held in the course of the year.

On March 28th, a meeting of members of the medical profession and other gentlemen interested in the advancement of medicine and surgery, was held in the Royal College of Physicians, Sir William Jenner, President of the College being in the chair. It was resolved to form an Association for the Advancement of Research, for the purpose of encouraging original research, and of noticing and seeking to removing any hindrance which might appear to be operating adversely to the progress of medical knowledge; especially with regard to the Act of Parliament regarding experiments on animals. The speakers at the meeting were Sir William Jenner, Mr. Spencer Wells, Vice-President of the Royal College of Surgeons; the Master of the Rolls; Mr. Spottiswoode, President of the Royal Society; Sir James Paget, Dr. Quain, Sir William Gull, Sir Risdon Bennett, Mr. Erichsen, Sir John Lubbock, Professor Tyndall, Dr. Andrew Clark, and Sir J. Hooker. The mode of formation of the Council of the Association raised some discussion in the pages of this JOURNAL, it being argued that it was not based to a satisfactory extent on the principle of representation. It was decided at the meeting that there should be no special subscriptions, but that contributions of money might be made towards carrying out the objects of the Association; and in a few weeks a sum exceeding £1,000 was announced.

Several congresses have been held during the year on the continent. In April, the first Congress of German Physicians was held at Wiesbaden, under the Presidency of Dr. Frerichs; and the Congress of German Surgeons in Berlin at the end of May and the beginning of June again, under the Presidency of Baron von Langenbeck, who, it may be mentioned in passing, has resigned the Chair of Surgery which he for many years occupied in the University of Berlin. The International Congress of Hygiene was held in Geneva, under the Presidency of Dr. Lombard, early in September. The fifty-first meeting of the Association of German Naturalists and Physicians took place at Eisenach in September, and a Russian Congress of a similar character was held at Odessa in August. There have also been the usual annual meetings of the American and Canadian Medical Associations.

The record which we have given is necessarily brief, and incomplete in some respects; but it will, we believe, sufficiently indicate to our readers the activity which prevails in the profession with regard to scientific and practical, as well as to social and political affairs; and they will join us in the hearty wish that from it much benefit may result to medical science, and to the general and personal welfare of the medical profession.

MEDICAL EVENTS OF THE YEAR IN SCOTLAND.

AMONG the more important events of the year may be noted the removal of the teaching of physiology and pathology in Edinburgh to the new University buildings. Of the accommodation provided for the systematic and practical classes in these subjects, and for private investigation a full account appeared in the JOURNAL. Suffice it now to say that Professors Rutherford and Greenfield have premises leaving little to be desired, and which are worthy of the development of the practical teaching of these subjects, the foundation and development of which owe so much to Hughes Bennett and Sanders. The appointment of Ray Lankester to the Chair of Natural History, the breakdown of that arrangement, and the subsequent translation to it of Cossar Ewart from the Aberdeen University; the appointment to the Chair of Surgery of Mr. John Chiene, are the principal features to be noted in the Edinburgh University staff. At this University, the matriculated students at December 26th, 1882, were 3,340; at December 26th, 1881, 3,237; of these, in 1881, 1,638 were medical; in 1882, 1,730 medical. An important concession was during the year made to junior students, by which they are permitted to appear for their first professional examination at times that are less likely to injure their further studies. That the student mind, in many cases, is prepared to go farther than this, was shown by the discussion that recently took place in the Royal Medical Society, when certain of the subjects embraced in the first professional examination were spoken of in a manner that proved that many students and graduates felt anything but grateful for the results derived from the study of these subjects. At the beginning of the winter session, the Rector of the University, Lord Rosebery, delivered his rectorial address, and earlier in the year the Parliamentary representative, Mr. Lyon Playfair, addressed his constituents in Edinburgh, an unusual, but not undesirable proceeding for an University M.P. In Aberdeen, important events have also taken place, the most noticeable of them being the foundation of a Chair of Pathology through the munificence of Sir Erasmus Wilson, and the appointment to it, as Professor, of Mr. D. J. Hamilton, an appointment received with favour by all, and especially by those who knew from personal experience of the fervour and success of Mr. Hamilton as a pathologist and teacher in Edinburgh. The resignation by Professor Pirrie of the Chair of Surgery led to the appointment of Dr. Ogston; and the translation of Professor Cossar Ewart to Edinburgh, led to Professor Alleyne Nicholson's appointment to Aberdeen. In St. Andrew's, the only change was the appointment of Dr. Macintosh, Superintendent of the Asylum at Murthly, and an enthusiastic naturalist, to the Chair of Natural History vacated by Alleyne Nicholson. The further progress of the new College at Dundee and its probable affiliation to or association with St. Andrews, are matters of interest to all the graduates of that University. As to Glasgow University, no important change has to be chronicled, but a movement has been on foot there for some time for the founding of a Chair of Pathology, the want of which is much felt, and the absence of which from an important school of medicine is scarcely creditable to this period of the nineteenth century. In Edinburgh Infirmary may be noted the loss to that institution of the services of Dr. Balfour as physician, and Mr. Walker as ophthalmic surgeon, through expiry of their terms of office, and of Professor Spence through his death, while to it have been appointed Dr. James as Assistant-Physician, Dr. Macgillivray as Assistant-Surgeon, and Mr. Graham Berry as Assistant Ophthalmic Surgeon.

Of the younger men in the teaching ranks of the profession, who have been advanced during the year, in addition to Professor D. J. Hamilton, are Dr. D. J. Cunningham and Dr. T. P. Anderson Stuart; the former now being Professor of Anatomy in the Royal College of Surgeons, Dublin, and the latter Professor of Physiology in Sydney University. The erection of provincial hospitals in many places in Scotland (some of them places of no considerable size) is a feature worthy of notice. Thus in Glasgow recently a Sick Children's Hospital was opened; at Dalkeith, Ayr, St. Andrew's, and at other places during the year hospitals have been erected; and some already existing, as at Stirling, have been enlarged; while at Dundee it has been resolved to embrace a children's ward in the Infirmary arrangements.

In Edinburgh, ample measures have been taken for the equipment of a large hospital for infectious diseases; and altogether the tendency in Scotland is evidently to put at the command of the profession and of the suffering members of the less well-provided portion of the community the best means of administering and receiving medical treatment.

Regarding professional societies in Scotland, in them many interesting papers have been read and discussions engaged in; in Edinburgh the subject of the Murmurs in Anæmia having received special attention. Various provincial associations have held profitable meetings, and to them has been added a medical association for the county of Fife. Among publications that have been reviewed in the JOURNAL, and of which the success is now assured, is the *Manual of Gynæcology* by Hart and Barbour; and the recent publication by Graham Brown, of his *Manual of Physical Diagnosis*. In Edinburgh and elsewhere, members of the profession have aided in the education of the public in sanitary matters by delivering courses of health lectures, while the Combe lectures delivered by Professors McKendrick and Stirling, and Dr. Andrew Wilson in various parts of Scotland have forwarded the same cause. The Morison lecture at the Royal College of Physicians of Edinburgh, was delivered by Professor D. J. Hamilton.

Notwithstanding that the Scotch university system has for long been viewed with comparative satisfaction, there have not been wanting indications, in the year now passing away, that some changes are needed in the way of university reform. Considerable diversity of opinion has been shown by the universities themselves as to how these improvements are to be accomplished. Some desire an executive commission, appointed with full powers to deal with any needed changes, while others would fall back on carrying out the recommendations of the previous Royal Commission, especially as regards the scientific grants, and allow each university to work out, in its own constitution, any reforms that it may, from time to time, find needful. There is, however, more unanimity among the universities on the proposed alterations in medical education and licensing, as suggested by the recent commission on the subject. They regard them with disfavour, as being detrimental to their prosperity, and likely to lower the standard of medical education throughout the country, a standard which they hold they have done so much to raise. Taken collectively, the Scotch medical classes have this year shown no signs of falling off, and the erection of the new buildings of the Edinburgh Medical School, has been fully justified by the numbers of students enrolled.

An additional disagreeable experience has been added to the trials of the medical practitioner when, in obedience to the calls of his profession and of humanity, he leaves his home during the night. In the month of July, Dr. Whitelaw of Kirkintilloch was called out during the night by a respectably dressed woman, who desired him to visit a sick person living at some distance in the country; he was on his way when attacked and maltreated by two men, who then robbed him, assisted by the woman in holding him down. It is needless to say that the whole was an organised plot; and the knowledge of the severe injuries sustained by Dr. Whitelaw is not at all likely to expedite the medical practitioner on his way to relieve the sufferings of unknown patients. An assistant to a practitioner in the South of Scotland was tried for, and pleaded guilty to, having administered an overdose of morphia, by which the patient's life was lost; a fine of £20 was imposed.

Death has been busy during the year. The deaths of Professors Sir Wyville Thomson, Spence, Pirrie, Buchanan, and Dickie; of Drs. Hamilton of Falkirk, Wm. Robertson of Edinburgh, Sir Robert Christison, Bart., Dr. Fyfe Jamieson, Dr. John Brown, Dr. Charles Morehead, etc., have been chronicled, and they have received obituary notices in the JOURNAL. Their deaths have given rise to many new appointments; several of those have already been recorded. Dr. P. Heron Watson has been appointed Surgeon in Ordinary to the Queen in Scotland, and Dr. Grainger Stewart Physician in Ordinary to the Queen in Scotland, in succession to the late Professor Spence in the one case, and Sir Robert Christison in the other.

In Aberdeen and Edinburgh, by the benevolence of some dead and some living friends of medical education, several bursaries and prizes have been added; and, in this matter, Edinburgh especially compares very favourably with the state of matters existing some years ago.

As regards Scotland, we find that the present year has been almost barren of any important legislative enactments. In the matter of her fisheries, Scotland has been placed on an equal footing with the sister countries of England and Ireland, by a Fishery Board (Scotland) Act, whereby there is established a Board, with a paid staff, having all the powers of the old Board of White Fishery, and also possessing superintendence over salmon fisheries. It is hoped that, if this new Act be properly worked, much good will result from it in connection with a subject that is of considerable interest and importance to the country at large. To the Public Health (Scotland) Act, there has only been one amendment, and that provides authority for altering boundaries of special drainage districts, and for the formation of special water-supply districts. While, however, there has been no new sanitary legislation, there has been ample evidence everywhere of the judicious activity of the authorities in carrying out the existing powers, and striking statistics were recently published in the case of Greenock, showing clearly the advantages conferred on the community by the present Act. Still greater benefits would follow, were the extent and scope of the Act to be increased, and made more in consonance with the Public Health Acts of England and Ireland. So much is this felt to be the case, that we have very recently had an instance of one of the large towns, namely Glasgow, coming forward, and, by means of a new Police Bill, asking for itself extended sanitary powers. This step has been productive of good, inasmuch as it has drawn from Government the promise of new general legislation for Scotland in these matters, and it has furnished an opportunity for discussion as to the compulsory notification of infectious disease, and on whom the onus of that duty is to lie.

During the year, in Scotland, as elsewhere, electricity has continued to occupy the greatest share of attention in the scientific world, the two chief points aimed at being the production of a convenient and practicable form of electric light, and how to apply the electric current to motive purposes. Of the several distinct types of electric lamp in the field, the Scotch Akester lamp has proved itself both powerful and steady; and one of the most successful instances of the transmission of power by electricity is to be seen at Polmadie, in the works of the Railway and Electric Appliances Company, where large saws for cutting wood are driven by electricity, and are completely under the workman's control. For long, efforts have been directed to find out some method of utilising the waste gases of the iron furnaces before burning them, and this year has seen the problem solved: for at the Gartsherrie works, where coal is used as fuel, the tar and ammonia are now extracted from the gases, and made available for use in commerce. Thanks to the indomitable perseverance of Mr. Clement L. Wragge, Scotland has the credit of having contributed important aid during the year towards raising the study of meteorology to a more exact science. For several months in the summer, Mr. Wragge took daily observations on the top of Ben Nevis, the highest point of land in the United Kingdom, and these records were duly forwarded to the meteorological office. So valuable have they been found, that it has been decided to maintain an observatory on the summit of the mountain. In connection with this subject, it would be an omission not to allude to the very practical suggestion, thrown out by Professor Piazzi Smyth, of the value of the spectroscope in weather prognostications, not by itself alone, but taken in conjunction with the other means at our command. Speaking generally of the weather experienced in Scotland during the present year, the winter may be said to have been a decidedly mild one, although marked by some storms of great severity. The summer was a wet one, and more so in the eastern than the western districts—so that, while in the former the crops suffered greatly, in the latter they were secured in good condition. Two shocks of earthquake were experienced in Scotland in September, when the village of Comrie was twice shaken at an interval of four hours. The published figures show that the various industries of the country continue in a prosperous state; and from the corrected tables of the recent census, made public during the year, we learn that, despite emigration, there has been a total increase of 375,555 persons in the ten years—so that, during the last decennium, the population of Scotland has increased in a ratio exceeding any previous period within the last fifty years.

MEDICAL EVENTS OF THE YEAR IN IRELAND.

THE returns as to the state of the public health in Ireland during 1882 have been favourable. In the first, and to a less extent in the second quarter of the year, measles was prevalent in Dublin, and small-pox in Belfast; but there has been a satisfactory decrease in the mortality—especially that caused by zymotic diseases—compared with the death-rate in 1880. The temperature throughout the year has been generally lower than usual. In the beginning of December the cold in Dublin was intense. On the 14th of the month the thermometer fell to 33·3°, the lowest temperature recorded in the city for many years.

One of the most important events, perhaps, in the medical history of Ireland during the year, was the dissolution, on the 3rd February, of the Queen's University, after an existence of thirty-one years; and the establishment, in its stead, of the Royal University of Ireland. During its somewhat chequered career, the Queen's University furnished its graduates with medical degrees of a respectable stamp,

and required but a minimum course in arts. The Royal University grants its degrees at an exceedingly low scale of fees; its curriculum is a very moderate one, and the only test of an arts education it enforces is an easy matriculation examination. It offers, however, great inducements to students, in the shape of prizes, etc., to enter the profession through its portal, and in these ways competes formidably with the older licensing bodies in Ireland. At present, the result of this competition can only be surmised; but, notwithstanding its tendency, the Royal College of Surgeons in Ireland deserves much credit for carrying into force its new scheme of education and examination. Although we have criticised some features in this scheme, its general effect, as tending to bring about a much-needed reform in medical education, cannot be doubted. The College should feel grateful to Dr. Kidd, and those who acted with him, for their great energy—in spite of the obstacles thrown persistently before them—in raising the standard of its licentiates, and in insisting upon the practical and *bonâ fide* character of their professional education. The College also adopted, during the year, new rules with regard to the examinations for its Fellowship, which are framed in an equitable manner, and are arranged so as to meet the various classes of candidates for this high grade.

In connection with the action of the College of Surgeons as regards medical education, it resolved, after some opposition, to expend a large sum of money—about £4,000—in improving its medical school. Dr. Cunningham of Edinburgh was also appointed Professor of Anatomy and Histology in it. With the approval of the Home Secretary, an examiner in ophthalmic surgery was added to the Court of Examiners for the Letters Testimonial of the College. Mr. H. R. Swanzy, having resigned his chair of ophthalmic surgery in the College, was elected to this examinership, Dr. A. H. Jacob succeeding him in the professorship.

In the King and Queen's College of Physicians several changes occurred during the year. The King's Professorship of Midwifery, vacated by the death, in March, of Sir Edward Sinclair, was filled by the appointment thereto of Dr. J. R. Kirkpatrick; and Dr. Finny has succeeded as King's Professor of the Practice of Medicine, Dr. Wm. Moore, who is now President of the College. A certificate in Sanitary Science has been lately established by the College, and a large number of licentiates have taken out the new membership, which, however, as yet is not a registrable qualification. The College has strongly expressed its disapproval of advertising medical books, and of the system of giving laudatory testimonials by any of its Fellows, members, or licentiates, and has declared such a proceeding to be censurable by the College.

A most important medico-political matter brought forward during the year was the Bill for the Notification of Infectious Diseases in Ireland, drafted by a joint committee of the Dublin Branch of the Association, and of the Irish Medical Association. This bill was approved by both the Irish Colleges, as well as by the Irish Medical Association and the Dublin Branch. It was introduced into the House by Mr. Meldon, Q.C., but shared the same fate as the other Bills having a similar object. The principal feature in the Bill was that, while it made it compulsory on the householder or responsible person in charge to report the existence of infectious disease, it left it optional with the medical attendant to report or not, as he might think fit. The objection to direct notification by the medical attendant was thus avoided. Although this compromise was not accepted by the promoters of the other Bills, its introduction gave rise to much discussion, and made a large number of medical men familiar with the nature of the proposed enactments which closely affected them.

The important Union Officers' Superannuation (Ireland) Bill, which has been so effectively promoted by the Irish Medical Association, was referred to a Select Committee of the House in July. Owing, however, to the period of the session at which it was taken up, the Committee could not complete the evidence which bore on the Bill. It was therefore reported without amendment, but with the concession of the Government to the principle of certain amendments which will prove fairly satisfactory. It is hoped that the Bill, as thus amended, will be reintroduced early next session.

The amalgamation of the Medical Societies of Dublin with the Academy of Medicine in Ireland, is an event of importance in the medical history of the year. The Pathological Society and the Obstetrical Society of Dublin were the first and oldest societies of their name in the United Kingdom. It was with feelings, therefore, of regret in the minds of some members of these societies, that it was decided to unite them, after an honourable, independent existence, in a common lot. There were associations also connected with their respective Colleges, which weighed with the Medical and Surgical Societies. The amalgamation, however, has been effected, and the Academy has commenced work vigorously in all its sections.

In matters purely medical or surgical during the year, the most interesting, perhaps, has been Mr. Thomson's case of ligature of the innominate artery. The operation was apparently a complete success, when hæmorrhage occurred, and death resulted on the forty-second day.

We regret to learn that the comparatively premature death of Mr. Arthur Ewen of Exmouth, and formerly of Long Sutton, has left his widow and children (several of whom are in delicate health) in very straitened circumstances. An appeal for funds is being made in the provincial press by the Vicar of Exmouth, the Rev. W. H. D. Purcell, M.A., who speaks of the excellent work that the late Mr. Ewen did in many ways in the town in which he lived, and especially among the poor. Mr. Ewen was well known to many old Guy's Hospital men, who may be glad to have this opportunity of contributing to the fund for the assistance of the bereaved family of their old fellow-student.

SOCIETY OF APOTHECARIES.

At a recent meeting of this Society, it was decided to found two scholarships to be open to the medical profession, one in clinical medicine, therapeutics, and hygiene, and the other in surgery. The amount, tenure, and other particulars of the scholarships will be published early in the ensuing year. The late Mr. J. F. de Grave, a former master of the Society, has bequeathed to it a legacy of £5,000, free of duty, in augmentation of the fund for the relief of distressed members.

HOSPITAL SUNDAY IN BIRMINGHAM.

From the accounts of the Hospital Sunday collection in Birmingham for the present year, it appears that the total contributions amount to £5,152. This sum has just been divided amongst the "amalgamated medical charities" of the borough; that is, amongst the hospitals and dispensaries other than the two large hospitals, in shares proportioned to the respective expenditures of the various institutions. It is interesting to note that, for the first time in twenty-four years, the collection for the amalgamated charities has exceeded the corresponding collections for the larger hospitals. The collections last year in aid of the Queen's Hospital amounted to £4,700; those in the previous year, for the General Hospital, to £4,886.

NOVEL ABOMINATIONS.

The following delectable substances are contained in the American Homœopathic *Pharmacopœia* (published by Bœnike and Tafel, New York, 1882), and their names sufficiently indicate their composition: *syphilinum*, *buboinum*, *gonorrhin*, *leucorrhin*, *glanderin*, *anthracin*, *psorin*, etc. They are called isopathic remedies or nosodes, which are defined to be "remedies obtained from morbid products of the animal system." It seems probable that the gorge of even the most credulous patients would rise, if they could fathom the mystery of such "prescriptions".

BANG VERSUS ALCOHOL.

Dr. Robert Grieve, of the Colonial Lunatic Hospital at Berbice, affirms that, of the Creole patients admitted into that institution, a majority have become insane through indulgence in alcohol, whereas, of the Coolie patients, a very large proportion owe their mental trouble to the abuse of cannabis Indica, or bang, and only a very few to alcoholic excesses. Now, among the Creole patients the rate of recovery is much lower, and the death-rate much higher, than among the Coolie patients. This fact, together with his clinical observations on individual cases, leads Dr. Grieve to conclude that the forms of insanity resulting from the abuse of Indian hemp are much more amenable to treatment than are those varieties of mental derangement which follow on alcoholic intemperance. Indian hemp is not, he alleges, even when