

T. Taylor, Tarleton, Cheshire, G. Elkington, W. Underhill (Tipton), W. E. Johnson (Dudley), etc. Mr. Moore (Halesowen), President-elect of the Birmingham and Midland Counties Branch, and Mr. Pemberton, one of the Secretaries of the Branch, sent letters expressing their desire to co-operate. The following resolutions were passed:—

"1. That a Medical Registration Association be formed, to be called the 'Birmingham and Midland Counties Registration Association,' for the purpose of assisting the Registrar in securing a complete registration of duly qualified practitioners, and for protecting the profession and public against illegal practice; and, when necessary, for watching the working of the new Medical Act.

"2. That all *orthodox* practitioners of medicine and surgery, residing in Birmingham and the surrounding districts, who are entitled to be registered under the new Medical Act shall be eligible as members.

"3. That a Provisional Committee be, and is hereby formed, of those gentlemen who may signify their willingness to act. That such provisional Committee be requested to consider the best mode of carrying out the objects of the Association, in order that a report upon the same may be presented to a general meeting of the profession."

Mr. Samuel Spratly was requested to accept the office of Honorary Secretary *pro tempore*.

Mr. R. Gillard, the Secretary to the Thorne and Goole Medical Registration Association, has furnished us with the particulars of a prosecution recently instituted by that Society against an unlicensed practitioner. The case was tried at the Snaith Petty Sessions, on August 25th. The defendant, one Thomas Firth Dewhurst, has been in the habit of styling himself "Dr. Firth and Co.," and of placarding the country for miles round Goole with handbills of a more or less filthy character. In some of the bills, the device of erasing the letter "r" from "Dr." had been cunningly resorted to. The special charge on which the defendant was tried was that of having falsely assumed the name and title of a Doctor of Medicine, in June last: another similar charge, dating the offence in August, was not entered into, in consequence of the absence of a material witness. It was proved that the defendant's name was not in the Register; and several witnesses gave evidence in proof of the defendant's assumption of medical titles, and of his having practised. The magistrates found the charge fully proved, and fined the defendant £5, with £1:17 costs. This is the largest fine which, to our knowledge, has been inflicted in a similar case. We cannot conclude this notice without commending the energy which has been thus shown by the practitioners of a comparatively small country district in Yorkshire. Their example is worthy of being followed by others in like situations.

Association Intelligence.

LETTERS AND COMMUNICATIONS.

Letters or communications for the JOURNAL should be addressed to Dr. WYNTER, Coleherne Court, Old Brompton, S.W.

Letters regarding the business department of the JOURNAL, and corrected proofs, should be sent to 37, Great Queen Street, Lincoln's Inn Fields, W.C.

A LIST OF THE MEMBERS OF THE BRITISH MEDICAL ASSOCIATION will shortly be published in the JOURNAL. Gentlemen whose designations or addresses, as given in the lists published on July 24th and October 9th, 1858, and June 18th, 1859, are inaccurate, will oblige by at once forwarding the necessary corrections to Dr. Williams, Worcester, or Dr. Henry, 37, Great Queen Street, London, W.C.

ADMISSION OF MEMBERS, AND PAYMENT OF SUBSCRIPTIONS.

THE General Secretary of the British Medical Association begs to call attention to the Laws regarding the ADMISSION OF MEMBERS, and the PAYMENT of their SUBSCRIPTIONS.

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

"*Subscriptions.* The subscription to the Association shall be One Guinea annually; and each member, on paying his subscription, shall be entitled to receive the publications of the Association for the current year. The subscription shall date from the 1st January in each year, and shall be considered as due unless notice of withdrawal be given in writing to the Secretary on or before the 25th of December previous."

Either of the following modes of payment may be adopted:—

1. Payment by Post-Office Order to the Treasurer (Sir C. Hastings, M.D., Worcester), or to the undersigned.
2. Payment to the Secretary of the Branch to which the member belongs.

3. Members residing in the Metropolis and vicinity can make their payments through the publisher of the BRITISH MEDICAL JOURNAL, Mr. Thomas John Honeyman, 37, Great Queen Street, Lincoln's Inn Fields, W.C.

PHILIP H. WILLIAMS, M.D., *General Secretary.*
Worcester, September 1859.

Reports of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JUNE 28TH, 1859.

F. C. SKEY, Esq., F.R.S., President, in the Chair.

TRACHEOTOMY IN CROUP. BY CONWAY EVANS, M.D.

THE author commenced by remarking upon the frequency and fatality of croup as a disease of early life, in illustration of which he observed that out of every thousand deaths of children between the ages of one and ten years, which occurred in England and Wales during the year 1856, sixty were due to this malady. He then proceeded to examine into the rate of mortality from croup, and pointed out the very slight measure of success which has hitherto attended the methods of treatment usually employed in this disease. Six cases—four of croup and two of diphtheria (?)—in which tracheotomy was performed, were then narrated. The author then inquired into the reasons why tracheotomy is so rarely resorted to for the relief of this malady in Great Britain, and traced this mainly to the influence of the strong opinions against the operation which have from time to time been pronounced by many great authorities. The objects to be gained by the performance of tracheotomy in croup were next pointed out, stress being laid upon the fact that the operation affords time for the disease to run its course (which would frequently not involve the destruction of life, except for the occurrence of asphyxia), and for the administration of remedies. The principal objections which have been urged against the performance of tracheotomy in croup were then considered. The results of tracheotomy for the removal of foreign bodies from the air-passages were investigated, as well as those of the performance of this operation for the relief of other maladies than croup; and several illustrative cases were related. The conclusion deduced was that tracheotomy, though frequently a difficult operation, is by no means so dangerous a proceeding as is commonly supposed. The want of success which has attended the performance of tracheotomy in croup in this country was attributed chiefly to the following circumstances; 1. Tracheotomy has been very rarely indeed resorted to in croup in Great Britain, except as a last resort, when other methods of treatment have been found unavailing, and when the patient has become nearly asphyxiated; 2. The treatment employed prior to the performance of the operation has almost always been of a more or less depressing kind; 3. The after treatment has generally not been of that supporting character which nature requires for the due upholding of the patient's strength until the phenomena of croup shall have had time to run their course; and

to the difficulty experienced in commanding constant attention in the way of nursing and watching for some days after the performance of the operation. The author strongly urged the propriety of having recourse to tracheotomy for the relief of croup early in the disease, and immediately that the existence of false membrane in the windpipe can be satisfactorily determined, and emetics have been fairly tried. *a.* Because tracheotomy tends to prevent death by asphyxia. *(b.)* It facilitates the ejection and removal of portions of false membrane from the windpipe. *(c.)* It tends to prevent the exhaustion due to the extraordinary efforts of breathing almost always made by the patient. *(d.)* It affords time both for the phenomena of the disease to run their course, and for the administration of remedies and of means of support. *(e.)* It facilitates the employment of topical applications to the interior of the windpipe. *(f.)* The early performance of tracheotomy in France has been attended with results which are admitted, even by the opponents of the operation, to have been far more favourable than when recourse has been had to this procedure as an ultimate expedient. The cause of death in those cases of croup in which a fatal termination ensues, notwithstanding the performance of tracheotomy, was stated to depend upon one or more of the following conditions: 1. Some accidental circumstance, such as hæmorrhage into the windpipe, obstruction of the tube, etc. 2. Asphyxia dependent on the extension of the croupous exudation into the lungs, or on the re-formation of the false membrane after it has been once ejected. 3. Complicating diseases arising in the course of the croup, such as bronchitis or pneumonia. 4. Exhaustion—death by asthenia. The author believed that croup, when it proves fatal, always tends to destroy life by exhaustion; and that this would be its ordinary mode of termination, were it not that the mechanical obstruction, as well as the spasmodic closure of the larynx, tend to destroy life by suffocation before the disease has had time to run its full course. And he, therefore, strongly advocated the propriety of adopting a supporting plan of treatment in this malady. The value of alcohol, as a remedial agent in the treatment of disease, was then examined, and the method in which it should be given—viz., in small doses, at short but regular intervals—was pointed out. Alcohol should be regarded not as a specific remedy, but simply as a kind of food. The *modus operandi* of the remedies usually employed in croup was then discussed, and their real value indicated; and the error of supposing this disease to consist in ordinary inflammation of the windpipe was alluded to. The value of emetics was also examined, and the danger which frequently results from the employment of tartar emetic was dwelt upon. The circumstances which tend to diminish the chances of success from tracheotomy were referred to under the following heads:—*a.* The age of the patient; *b.* The existence of pneumonia or bronchitis; *c.* The presence of other diseases, such as measles, whooping-cough, etc.; *d.* The employment of depressing remedies prior to the operation; *e.* The postponement of tracheotomy until the patient is *in extremis*; *f.* The extension of the croupous exudation into the lungs. After suggesting a few practical hints in connexion with the operation itself, and in regard to the inhalation of chloroform, and briefly glancing at the various points which had been examined in detail, the author concluded.

CALCULUS OF UNUSUAL SIZE REMOVED BY THE RECTO-VESICAL OPERATION. BY GEORGE SOUTHAM, ESQ.

The patient, aged 21, was admitted into the Manchester Royal Infirmary with symptoms of vesical calculus, from which he had been suffering about sixteen years. On sounding him the stone was found to be of large size. He was emaciated almost to the lowest point compatible with life, unable to leave his bed, and suffering from a constant desire to empty the bladder, with severe pains in the loins and the lower part of the abdomen. The urine was loaded with pus, which, on standing, formed a thick white viscid sediment. It was highly ammoniacal, and a very considerable quantity of albumen was precipitated by boiling and the addition of nitric acid. Operative procedures were deemed inadvisable until the hectic fever and great debility under which he was labouring were relieved. He was therefore placed on nutritious diet, with eight ounces of wine daily, and the bicarbonate of potash with opium, and large dilution with water, were given to allay the irritation of the mucous coat of the bladder. Under this treatment, the patient's strength so much improved that in a month the question of operation had to be entertained. Judging from the long period of sixteen years, during which the stone had been growing, the grave effects it was producing on the health of the

patient, and from the more certain evidence of examination by the sound and the finger introduced into the rectum, Mr. Southam was convinced that the concretion was large. The bladder had become so contracted by long inflammation that only a few ounces of fluid could be injected into it. The general health was still precarious, and, to crown the embarrassment, there was still a copious deposit of albumen in the urine. Did this indicate degeneration of the kidneys? If so, any thought of operation must be renounced. To the solution of this difficulty the microscope now afforded valuable assistance, and by this instrument the urine was repeatedly examined to discover whether any fibrinous casts of the uriniferous tubes were present. None, however, were found; nor any reliable indications of renal epithelia. And, on the more accurate comparison of the quantity of pus and blood in the urine with the amount of albumen precipitated by nitric acid and heat, the conclusion was come to that the albumen came from no higher source than the bladder itself, and was simply deposited from the liquor puris and small quantity of blood always present in the urine. As the kidneys were considered not to be implicated, on the 17th of December the calculus was removed by the recto-vesical section. Chloroform having been administered, and about half a teacupful of warm water injected into the bladder; a scalpel, guarded by the finger, was introduced into the rectum, and the sphincter and lower part of the anus completely divided. The urethra was opened anteriorly to the prostatic portion, and the finger passed through the wound into the bladder. As was suspected, the calculus proved to be of large dimensions. Accordingly, the wound in the prostate was enlarged. By means of the finger the rest of the prostate and neck of the bladder were sufficiently dilated to admit a pair of forceps. On the introduction of the forceps it was found to be impossible to grasp with them so large a stone, as the contracted and indurated state of the bladder prevented the divergence of the blades. A scoop was now used, but with no better success: the stone could not be disturbed from its original position. Finding it difficult to lay hold of the calculus in the usual way, Mr. Southam had the screw of a straight-bladed forceps removed, that the blades should be separately introduced, one over, and the other below, the stone. The handles having been brought together, and the screw re-inserted, the calculus was grasped and slowly extracted; the operation occupying from ten minutes to a quarter of an hour. The calculus measured eight inches in circumference in one direction, and seven in the other. It consisted principally of triple and earthy phosphates, with a nucleus of lithic acid. It weighed four ounces, six drams, and twenty-five grains. The patient had an excellent recovery; no constitutional disturbance of any amount followed the operation. The bowels were restrained in their action for a week by the administration of opium. Up to the 31st of December, all the urine passed by the rectum; it now commenced to come by the urethra. No inconvenience was at any time experienced from the passage of fecal matter through the urethra. The pus and albumen gradually diminished in quantity. The fistula was not interfered with until the 18th of February, when, as some of the urine continued to pass through the rectum, it was examined. It appeared to be in the membranous portion of the urethra, and about a quarter of an inch long. It was touched once with nitrate of silver, and subsequently, on two occasions, the electric cautery was applied. He left the hospital on the 28th of April, cured, having for three weeks previously been free from all signs of the fistula, during which time he was engaged in assisting the nurses in the wards.

Mr. Southam did not advocate this operation except in especial cases, considering that the lateral method is the safest in the majority of instances. He was induced to resort to it in the above mentioned patient on account of the presumed large size of the stone, the indurated and contracted state of the bladder, and the unsatisfactory state of the general health. After referring to the risks which attend the lateral method, where the calculus is of large dimensions, he alluded to the objections urged against the recto-vesical operation, the principal of which is its liability to the formation of a permanent fistula. This, he believed, might to a great extent be avoided, if the incision into the urethra were limited to only a part of the prostatic portion. He considered it would be seldom necessary to extend the incision through the neck of the bladder, experience having convinced him that the obstacle to the extraction of large calculi by the lateral method existed more in the surrounding structures than in the prostate, which readily yields to steady and cautious dilatation. In the case now related, there was abundant proof of this: indeed, a cal-

culus of much larger dimensions than the one described could have been extracted without difficulty by the same incision. He proposed to call the operation the recto-urethral.

Editor's Letter Box.

DR. MARSHALL HALL'S READY METHOD.

LETTER FROM LUKE D. SMYTH, M.D.

SIR,—As one fact is worth one hundred theories, I beg you will give this a place in our JOURNAL.

Mrs. W. was delivered of an eight months child in the usual way, stillborn, and as there was no pulsation in the funis, I tied and cut it, and after a few minutes easily withdrew the placenta, which I observed was remarkably small. I put the child into warm water, and tried other usual means towards resuscitation, but in vain. Having placed the child in flannel, and pronounced it dead, I desired the nurses to put the woman to bed. The thought then occurred to me that I would try Dr. Marshall Hall's ready method: and accordingly I placed the child on its face and gently rolled it on one side, then on the other, for a few minutes; then I placed my right hand under its chest, and my left under its forehead, and commenced elevating and depressing my right hand. In a very few minutes the babe sneezed, the respiratory muscles began to act, I felt the heart pulsating at the point of my fingers, the skin lost its pallor and became ruddy, respiration was complete, and the child cried aloud, to my very great surprise and that of the women; and now I have the pleasure of stating that mother and child are doing well.

If my professional brethren would bear this in mind, and under similar circumstances, try "the ready method," I venture to predict that a large proportion of the stillborn children would be restored to life.

I am, etc.,
L. D. SMYTH.

Bingham, Notts, August 26th, 1859.

CHAMPAGNE A REMEDY IN DIPHTHERIA.

LETTER FROM EDWARD PRITCHARD, M.D.

SIR,—During two years experience of diphtheria, I have found champagne of such service, that I feel it incumbent upon me to give my professional brethren the full benefit of trying its influence in the treatment of this terrible complaint. In the spring of the present year, I had the misfortune to be attacked myself, and shall reserve to some future period an account of its horrible nature. I give the wine in small doses, repeated at intervals of every three hours, beginning on the eve of each day. I am so confident of the specific character of this remedy, that where I have had cases occurring amongst the poor, I feel assured death has resulted from its being out of my power to employ it.

At present, I am too fully engaged to do more than ask a place in your columns in drawing the attention of the faculty to the subject.

I am, etc.,
EDWARD PRITCHARD.

TREATMENT OF ABSCESS BY DRAINAGE-TUBES.

SIR,—In your last week's report of cases of abscess treated by means of Chassaignac's drainage-tube, under the care of Mr. Bowman, I observe the following remark: "The advantages of this plan in the treatment of empyema was recently insisted upon in a paper, by Dr. Stewart and Mr. De Morgan, read at the Royal Medical and Chirurgical Society." Since the above plan is only pursued by Dr. Goodfellow amongst the physicians of this hospital, and since the paper was read by him, with remarks on the operation by Mr. De Morgan, I think it is only fair to Dr. Goodfellow to have the full benefit of the credit for the complete success which followed the use of the drainage-tubes in all his cases.

I am, etc.,
MIDDLESEX HOSPITAL, August 29th, 1859.
THIRD YEAR'S STUDENT.

[The error to which our correspondent alludes occurred at p. 690, vol. 1, line 23 from bottom. The name of Dr. Goodfellow should have been inserted in place of that of Dr. Stewart.—ED.]

Medical News.

BIRTHS, MARRIAGES, DEATHS, AND APPOINTMENTS.

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

BIRTHS.

Of sons, the wives of—

- *BOODLE, Robert H., Esq., Chilcompton, on August 29.
- BURTON, E. J., M.D., Cavalry Staff, Canterbury, on August 12.
- ELLIS, Robert, Esq., 63, Sloane street, on August 26.
- *LIPSCOMB, Richard N., Esq., at Tring, on August 27.
- LOGAN, T. G., M.D., Deputy Inspector-General, Army, on August 28. (Infant died same day.)
- *MARTIN, Peter, Esq., at Reigate, on August 18th.
- MARTIN, R. E., Esq., Surgeon, at Brighton, on August 25.
- PARKER, T. R. B., Esq., Abbotsbury, on August 22.
- SHILLINGFORD, J. S., Esq., Peckham, on August 25.

Of daughters, the wives of—

- *BRODHURST, B. E., Esq., Grosvenor Street, on August 22.
- MASTERS, Maxwell T., Esq., at Peckham, on August 28.

MARRIAGES.

- *FRANKLIN, I. A., Esq., to Miss Theresa SEGRÉ, both of Manchester, on August 24.
- *HODGSON, G. F., Esq., Brighton, to Elizabeth, daughter of R. M. CHANNEY, Esq., Folkestone, on August 24.
- PRYOR, Rev. John E., of Baldock, to Mary Gertrude, daughter of R. PETT, M.D., Regent's Park, on August 23.
- SHEPHERD, J. G., Esq., Paymaster H.M.S. *Cornwallis*, to Mary Ann, only daughter of E. DES FORGES, Esq., Surgeon, South Cave, Hull, on August 13.
- SHINE, William L., Esq., Surgeon, to Eliza, youngest daughter of the late FERGUS L. GRAHAM, Esq., of Greenwich, on August 13.
- *SWINHOE, G. M., Esq., of Charlton, to Diana M., second daughter of the Rev. T. M. WRENCH, rector of St. Michael's, Cornhill, on August 13.

DEATHS.

- ARMSTRONG. On August 19th, at Dublin, Lancelot, infant son of L. Armstrong, M.D., 13th Light Dragoons.
- BURNETT. On August 22nd, at Chichester, aged 76, Maria, wife of Sir W. Burnett, M.D., K.C.B., R.N.
- BUTLER. On August 25th, at Guildford, the wife of *W. H. Butler, Esq.
- FYFFE. On August 21, at Notting Hill, aged 24, Catherine E. M., wife of W. J. Fyffe, M.D., Surgeon 5th Dragoon Guards.
- NESBITT. On August 30th, at Northampton, aged 14, Arabella Matilda, youngest daughter of *P. R. Nesbitt, M.D.
- TAYLOR, Arthur H., Esq., Staff-Assistant-Surgeon, at Chelsea, on August 20.
- THOMPSON, Wm., L.R.C.P., late of Newark, at Bath, aged 69, on August 19.

APPOINTMENTS.

- *SWINHOE, G. M., Esq., appointed Surgeon to the Great Western Railway Company's Works at Swindon, in the room of C. W. Hind, Esq.

PASS LISTS.

ROYAL COLLEGE OF SURGEONS. MEMBERS admitted at a special meeting, on *Wednesday, August 31st, 1859*:—

BELLAMY, George, H.M. steamship *Hydra*, Plymouth
COX, Richard, Aldermaston, near Reading, Berkshire

UNIVERSITY OF LONDON. M.B. First Examination, 1859.

First Division.

BANKART, James, Guy's Hospital
BASTIAN, Henry Charlton, University College
BEDDARD, James, Guy's Hospital
BIRD, John Durham, Royal Manchester School of Medicine
BUSZARD, Frank, Guy's Hospital
CHARD, Octavius Edw. Peddle, University College
EVANS, Alfred Wm. Armour, Guy's Hospital
FAGGE, Charles Hilton, Guy's Hospital
FORTESCUE, George, King's College