

DR. MACNAMARA.

OUR associates will learn with pleasure that Dr. Rawdon Macnamara was completely recovered from his late illness. His genial presence was much missed at the Birmingham meeting, where his welcome compatriots, Haughton, Burke, Hayden, Stokes, Eames, filled an honoured place, but did not fail to remind us, by their presence, of others who have passed away since the first year which knit at Dublin cordial bonds of unity and affection amongst many Irish and English colleagues, and of many more whom we would fain tempt in flocks to our annual reunions.

SMALL-POX IN DUBLIN.

THE epidemic of small-pox, which has attacked, it is said, about twelve thousand persons, is now almost at an end. It has lasted from March 1871, and has added fifteen hundred persons to the list of mortality in Dublin. It is to be hoped that a lesson of such terrible severity may lead to such steps being now taken in the better enforcement of vaccination, and in the affording of proper means of isolation and the carrying out of the general sanitary measures required in the city, which may render the recurrence of an epidemic of the kind impossible. The great necessity for a convalescent hospital is now recognised, and it is to be hoped such an institution will not be long wanting.

ROYAL MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.

ON August 7th, the usual quarterly committee meeting of the Belfast Branch of this Society was held; Dr. T. H. Purdon, President, in the Chair. The President stated that he, together with Dr. C. D. Purdon, had in June last attended, as a deputation from this Branch, the annual meeting of the parent society in the King and Queen's College of Physicians, Dublin. Amongst the resolutions unanimously passed at the meeting, was one to the effect that "the thanks of the society be given to the medical students of Belfast for their generous contribution to its funds;" in proposing which, Dr. Duncan mentioned that, although single contributions had before now been received from students, this was the first occasion when there had been any united contributions as a class—a noble example which, he hoped, would be imitated by the other medical colleges in the kingdom. The total sum at the command of the society for distribution this year was between £800 and £900, which enabled assistance to be given to seventy-seven applicants, in sums varying from £26 to £5 for each recipient.

THE WRONG CUE.

A MEDICAL student makes the following complaint to the editor of the *Irish Times*.—"The medical students of Dublin owe a debt of gratitude to you for your kindly calling the attention of the Governors of the Coombe Lying-in Hospital to the miserable accommodation afforded to students in waiting at that hospital. They find it difficult to devote themselves to study at night after their day's duties; and, as a number have to sit up in turn for night duty, perhaps the Governors (if their funds would admit) would kindly place a room at our disposal, properly furnished. A billiard table, and a few other necessaries for making themselves comfortable, would keep some of the number, at least, out of the temptation of frequenting publichouses for refreshments." Amongst the many inducements to study, it has never been thought that a billiard table is the most successful. As a rolling stone gathers no moss, so the student whose wanderings are round the billiard table, will scarcely reap academical honours. The Governors cannot object to giving the students a convenient room in which to burn the midnight oil, but they might see some reasonable grounds for refusing to make the waiting-room of the hospital a field for the cannonades of "saw-bones," while waiting for other labours. Whoever prompted the writer of the letter, has given him the wrong cue, and suggested its use in the wrong place. He must be a sad baby, if to wean him from the publichouse it is necessary to convert a lying-in hospital into a taproom. *Non sic itur ad astra.*

CHOLERA.—Cholera is reported, *via* Königsberg, to have revived in an alarming form in Russian Minsk.

CORRESPONDENCE.

M. RICORD'S VIEWS ON SYPHILIS.

SIR,—Will you kindly publish the annexed letter, which I have just received from M. Ricord? I am not surprised that your reporter has been unable to epitomise my late master's views. I assure you it required a good deal of explanation the next morning in the railway, before I could literally render into English certain technical expressions which have different meanings in French and English. I fear my friend's views have lately been much misunderstood. I am, etc.,

August 20th, 1872.

W. ACTON.

My dear Acton,—In the article entitled "The Treatment of Syphilis, by M. P. Ricord", published on the 17th August in the *BRITISH MEDICAL JOURNAL*, I have not been quite understood, or rather my views have not been correctly rendered. In the first place, as to Mercurialis, whose authority I cited, he is certainly not the only one who asserted that syphilis could give rise to later manifestations of disease; but Mercurialis has stated (which proves that he did not believe in the radical cure of syphilis) "that syphilis may grant a truce, but never signs peace". Without undertaking to rectify the whole of my speeches as I did with you, there is one question upon which I should like to set myself right. I have truly said, as the *BRITISH MEDICAL JOURNAL* has reported, that with regard to the *unicity of the syphilitic diathesis*, syphilis obeys the same law as does small-pox, vaccination, or measles; namely, that as long as the diathesis lasts, patients are not liable to contract a fresh indurated chancre, followed by constitutional manifestations. Now, as we have authentic examples of fresh contagions of indurated chancre, with consecutive evolution of the whole series of constitutional symptoms, this proves that patients have been cured; just as the possibility of contracting small-pox afresh, or of vaccination again taking, proves that the first variolous or vaccine influence has ceased. This has allowed me to state—although no one is justified in proposing the experiment—that inoculation of a fresh indurated chancre would be a certain proof that the patient was cured. Now, what *experimentation does not sanction*, patients effect of their own accord.

Will you, my dear friend, always kind to me, send this rectification to the *JOURNAL*; and I entreat you to translate it for me yourself.

Believe always, dear friend, in my most affectionate sentiments,
Paris, August 19th.

RICORD.

PROFESSOR HUMPHRY'S LECTURES ON HUMAN MYOLOGY.

SIR,—In Dr. Humphry's third lecture on Human Myology, reported in the *BRITISH MEDICAL JOURNAL* of 27th July, I find the following remarks.

"In a paper reported in the *Proceedings of the Royal Society*, xviii, p. 359, Dr. Haughton endeavours to establish a difference between a hand and a foot, as shown by their flexor tendons. He argues that, as there is friction to be overcome at the wrist and the ankle, the tendons will be thicker, stronger, and heavier, in each instance, between the end at which the force is applied and the seat of the friction, than on the other side of the friction. He further maintains that, in the case of the hand, the flexor muscles of the forearm act upon the finger-tendons in a direction from the muscles towards the tendons; and that, as the forces are diminished by friction at the wrist, we should expect the strength of the tendons above the wrist to be greater than below it. Conversely, in a proper foot, he conceives that the force is applied by the ground to the extremity of the tendons of the toes, and is transmitted to the muscles of the leg by means of the tendons of the inner ankle, which undergo friction in passing round that and the other joints of the foot. In this case, therefore, he says, we should expect the united strengths of the flexor tendons of the toes to exceed the strength of the flexor tendons above the ankle. He adduces various observations in proof of these propositions. Without staying to question the correctness of the grounds upon which this difference is based, and of the view which conceives the force to be applied by the ground and transmitted through the tendons to the muscles in the leg, I may state that I have very carefully weighed equal portions of the tendons taken at the wrist, as well as above it in the forearm and beneath it in the hand, in the human subject, and found no difference whatever. The three portions weighed precisely alike. The same was the case with equal portions of the tendons taken at, above, and beneath the ankle. If there was any difference, the balance was slightly against Dr. Haughton's view, as it gave a trifling preponderance to the portion of the