a minute comparison of different series of cases. I believe that 169 of my cases in a tabulated form, with remarks, will shortly be published in the *Transactions of the Bombay Medical Society*, to which I submitted an account of my lithotomies up to July last. Since then, I have operated thirty times. Suffice it to say, for the present, that the only cases I have ever declined were, a boy in whom I could not clearly detect a stone, which if present was small; and an infant under one year, for whom I recommended a postponement of the operation, the symptoms being slight.

My list includes twelve adults in whom the average weight of the calculi was above two ounces and a half, and nine children with stones of one ounce and a half (apothecaries' weight); besides which, there were many large in proportion to age, or of peculiarly irritating shape or composition; and great emaciation was by no means unfrequent. I have only had two cases of troublesome hæmorrhage, which in each was checked by plugging; both recovered.

The only death among adults after lithotomy was in an old feeble man with a large phosphatic stone, and a very debilitated and diseased body, whom I cut at his own request as a last resource. One of the deaths among children took place on the twenty-first day after operation after removal from hospital without my permission, the case being unpromising, but not hopeless. The cause of death was scarlet fever, with some abdominal or pelvic complication—not acute peritonitis.

I can only attribute the low mortality after lithotomy in this country to the hardness and temperance of the people. The cultivating and labouring classes, among whom stone chiefly occurs, live very frugally; and consequently corpulence, undue vascularity of tissue, or atony of the blood-vessels, are uncommon, and their constitutions are non-inflammatory.

On the other hand, the build of our patients is much smaller than in Great Britain; their constitutions more often decidedly feeble, and they are not unfrequently sufferers from ague or enlargements of the spleen or liver. Moreover, adults over forty are in this country almost always prematurely aged, and I am disposed to think that our patients more often present themselves to us in advanced stages of the malady than in England.

As regards instruments, I have always used a scalpel for the first incision, and usually a long bladed knife sharp along its whole edge for the deep cutting. But in small children I have often done the whole operation with a narrow-bladed scalpel. The probe-pointed knife, gorget, or stone-crusher, I have never used. My after-treatment consists chiefly in the free application of cold water for the first few days, and after this wet lint, or other simple dressing. I have never found drainage tubes necessary, except in two cases of plugging for hæmorrhage.

REMARKS ON CURRENT MEDICAL TOPICS.

Abstract of an Address delivered before the North Wales Branch.

By JOHN RICHARDS, L.K.Q.C.P.I., etc.,
Surgeon to the Carnarvonshire and Anglesea Infirmary; President of the Branch.

I BEG to thank you most sincerely for the compliment you have paid me in electing me your President for the ensuing year, an honour I am well aware I owe to your kindness, and not to any merits of my own. I take a deep interest in the prosperity of our Branch, and will endeavour to discharge the duties appertaining to the office to the best of my abilities. If I fail to do so to your satisfaction, I hope you will attribute my deficiencies to the right cause, viz., a fault of the head and not of the heart. It is usual for, and expected of, the person who holds the honourable position which I do this day, to deliver an address. As the time at our disposal for transacting the ordinary business of the day is short, I think you will agree with me, that I shall be consulting your convenience if, in any remarks I may make, I endeavour to be as brief as possible.

I propose to make a few remarks on some of the subjects which have lately engaged the attention of the profession. Before I do so, permit me to congratulate you on the prosperous condition of your Branch, both numerically and financially. As to the Parent Association, to borrow a phrase from "Guizot", it has become "a great fact". It numbers now 7,000 medical men, scattered over the whole of the British dominion. For my own part, I consider it both a privilege and an honour to belong to an Association which has been the means of binding so many medical men in one brotherhood, with one aim and one object in view, viz., promoting the interest of the profession, and advancing the healing art. It has been well and truly said that—

"A wise physician, skilled our wounds to heal,
Is more than armies for the public weal."

But our Association has done more than merely uniting British medical men; it has been the means of forming a bond of union between medical men of all nations. Last year, I was at the annual meeting at Edinburgh. I then made the acquaintance of an American physician, who informed me they had a Sister Association in the United States, governed by the same rules as ours; and that if any of us went over to America and brought a certificate of membership from our local or general secretary, we should be admitted as honorary members of the American Association. Last year also, the members of our Association were invited to attend the Medical Congress at Brussels, a congress composed of members from every medical society in Europe. Truly, our Association may be said to be cosmopolitan.

The JOURNAL, under the able editorship of Mr. Ernest Hart, has become second to none of our weekly periodicals.

All of you are aware that, in consequence of the determination of the Council of the College of Surgeons to grant their licence in midwifery to persons not otherwise qualified in medicine or surgery, three of the Midwifery Board of Examiners, viz., Drs. Barnes, Farre, and Priestley, resigned, and I think they deserve the best thanks of our profession for their straightforward and manly conduct. Let us consider what effect this action of the College would have on the medical profession. By the Medical Act, 1858, the midwifery licence of the College of Surgeons is one of the qualifications in Schedule A, and can be registered. The 34th Clause of the above Act enacts that a "legally qualified medical practitioner means a person registered under this Act", so you perceive that a person wholly unacquainted with medicine or surgery might, by means of this midwifery licence, become, to all intents and purposes in law, as much qualified as any of us here. More than that, such a person might use any title he chooses, for one of the judges has given an opinion that, once a person is registered, he may adopt any title he likes. The 40th Clause enforces a penalty against any person for wilfully pretending or implying that he is registered under this Act. Whatever the College of Surgeons may do further in this matter, I have been informed by one of the members of the Medical Council that a midwifery licence *only* will not be placed on the Register. Had not this matter been nipped in the bud, a back way would have been opened, enabling half-educated people to get into the medical profession.

The next subject I have to draw your attention to is the Medical Defence Association, which has been established within, I think, the last twelve months. Amongst its objects is the suppression of the practice of medicine and surgery by unqualified persons, the suppression of indecent works, and the amendment of the law relating to quackery and quack medicine. Since its formation, the Society has been very successful in obtaining verdicts in every case. In the case of the Apothecaries' Company v. Nottingham, tried before Baron Bramwell, and reported in the BRITISH MEDICAL JOURNAL of February 5th, 1876, the learned judge, in charging the jury, made the following remarks: "It was his duty to inform them what the law was. Whether they approved or disapproved of the law had nothing to do with the case. His duty and theirs was to administer the law as it was. The defendant was a chemist. The Act of Parliament was clear on the subject. If a person went to a chemist's shop and complained of a headache, and the chemist gave him a draught, that person was liable to a penalty of £20 for each offence." A verdict was given for the Company, the plaintiffs. It is for you to decide this day whether you form a Branch or take some other mode of affiliating yourselves with this Association. In no part of the country is quackery more prevalent than here; and it is a great hardship that medical men, who have gone to the trouble and expense of qualifying, should be deprived of their rights by quacks with impunity.

The case of medical officers to sick benefit societies is a subject to which I wish to allude. Much dissatisfaction prevails as to the remuneration these gentlemen receive; in this part of the country, I believe, it is about 2s. 6d. per head. Now, I had a club twenty years ago; I got 3s. a head; I found the pay unremunerative, and I gave it up. Since then, the wages of the artisan class have increased 30 or 40 per cent.; on the other hand, the expenses of the doctor have doubled nearly. He has to pay more for his horse, fodder, a groom, living, etc., and yet his pay from the sick club is the same. This is not the case with union medical officers. The district I held as union medical officer twenty years ago, and for which I got £65 per year, is now divided into two districts, each £60 a year. So, you see, the salary of the union medical officer has doubled, while that of the club doctor is the same, or less. I am not interested in the matter personally; therefore, I can give an unbiased opinion. I should say that 4s. or 5s. per head is the lowest sum that should be accepted for these appointments. These meetings afford an excellent opportunity for these medical officers to discuss their grievances and act in concert.

I would remind them of what Stuart Mill says in his work: "Man possesses one great advantage over all the lower animals, viz., his power of acting in combination with his fellows, and of accomplishing by the united efforts of numbers, that which could not have been done by the detached efforts of individuals."

Medical education has been much discussed during the past year. Now, I have a very decided opinion on this subject, viz., that it should be compulsory on every student to produce a certificate that he has been engaged for twelve months as a pupil with a general practitioner. The advantages are these: the student becomes familiar with drugs, their actions and doses, and with compounding the same; he gets an insight into the general routine of the profession he is himself to follow; and, above all, he learns what may be termed the business part of the profession, the mode of bookkeeping and general accounts. Many young men, who had commenced their hospital attendance without any previous training have come to me and told me they could not understand the hospital conversation, which related to diseases and drugs which they had never heard of before. The College of Surgeons of England recognises one year with a surgeon, provided he is medical officer to an hospital, dispensary, or union workhouse. I see the desirability of all licensing bodies doing the same was mooted by some of the members at the late session of the Medical Council.

With regard to the Medical Council, it appears to me an anomaly that, while nine-tenths of the medical men in this country are general practitioners, they are not represented on the Council, and have no voice in the management of the education of the medical students. I think if our representative on the Parliamentary Committee would move in this matter and get a memorial to the Minister who makes the nomination to the Council on the part of the Government, this might be remedied, at least in part. While on this subject, I may mention that it appears, from a return compiled by Dr. Farre, that the number of medical men in proportion to the population is decreasing; that, while in 1857 the ratio was nearly one medical man to every 1,000 of the population, in 1871 it was only 1 to 1,500, and there is reason to suppose that this proportion will still further decline, for the standards of the examinations are being yearly raised, and the consequence is that the idle, the dissipated, and the dunce are locked out of the profession. Hitherto a large number of young men entered the medical profession in order to serve in the Army Medical Department. Great changes have lately taken place in consequence of the reforms which were introduced by Lord Cardwell. At the time, protests were sent to the War Office from the Councils of nearly all the Colleges, many of the Universities, and from the Parliamentary Committee of the British Medical Association; but all to no purpose. The Gladstone Government soon afterwards fell, and Mr. Hardy succeeded as War Minister. Soon after he was installed in office, Mr. Hart, as Chairman of the Parliamentary Committee of our Association, waited on him with a large deputation, going at length into the grievances of the medical officers of the army. Mr. Hardy promised to inquire into the matter. So things remained until the commencement of this year, when advertisements appeared, stating that there would be a competitive examination held on February 14th last to fill up seventy-six vacancies in the Medical Department of the Army. Valentine's Day came, but no wooers except a few previously rejected ones. Mr. Hardy now saw that the time for acting had arrived, that the British public would not tolerate their brave soldiers being left without medical attendance, so a New Medical Warrant has been recently issued, restoring the rank, pay, and privileges which were taken away by Lord Cardwell, but introducing the system of ten years' service. Young men entering the army are offered £250 a year, to engage for ten years, to be then dismissed with a gratuity of £1,000 in lieu of a pension. For myself, I shall be very much surprised if young men will accept these terms; certainly the same class that has hitherto entered the service will not give the best ten years of their lives in all climates, and then be turned adrift to commence life as it were anew. I had intended touching on some other points, but I find I have already trespassed too long on your time. I beg to thank you for your kind attention.

OBSTETRIC MEMORANDA.

THE OAKUM-PESSARY.

MR. MORGAN of Lichfield, in the JOURNAL for September 2nd, "advocates the use of the oakum-pessary in almost all cases requiring support". He writes about this mode of treatment as of one introduced by himself, and little known to the profession. Such being the case, I wish to ask Mr. Morgan what he means by "cases requiring

support", for they are singularly variable; and to give the profession some further details respecting a mode of treatment that is said to offer the advantage of being as easily applied by the patient as by her medical adviser.

EDWARD J. TILT, Seymour Street.

AN EFFICIENT AND SIMPLE PESSARY FOR PROCIDENTIA UTERI.

I QUITE agree with Dr. Clement Godson's remarks upon the utility of Zwanke's pessary in procidentia uteri, but consider that a far simpler instrument than the one he describes, and equally efficient, can be made of boxwood in one piece. I keep a gutta-percha model,* and get the boxwood pessaries made from it at the small cost of eighteen-pence each. Nothing can be simpler than this instrument, as there is no metal to corrode, and no joint or hinge. I think the projecting portion should not be made so long as it usually is, and its terminal half should be rather bulbous. It is peculiarly useful in hospital practice, as it cannot get out of order, and never wears out. The use of a little sand-paper may be required at long intervals to keep the surface perfectly smooth. It is very easy to introduce, and the patient readily learns to withdraw it at night and replace it in the morning. It should be washed on removal, and kept in water during the night. In cases of procidentia, its use should be preceded by that of the tow-pessary for a week or ten days, or until the perineum has regained its natural power. It seems incredible to those who have not actually tried it, that such an instrument can prevent the uterus from falling out, for it is itself less in superficies than a plane drawn through the widest portion of the procident uterus covered by the inverted vagina. The reason is, that it does away with the wedge-action of the latter, and substitutes a flat surface, below which the perineum contracts, instead of being gradually expanded and pushed back, as it is by the wedge-shaped uterus.

JAMES BRAITHWAITE, M.D., Leeds.

CLINICAL MEMORANDA.

NOTE ON THE COMMUNICABILITY OF IDIOPATHIC ERYSIPELAS.

THE following facts bearing on the above are of interest.

A gentleman, with his wife and four children, of ages ranging from nine to fifteen years, left home for summer quarters on July 12th. At that time, their landlady was convalescent from an attack of erysipelas of the head and face. She was going about, but the face was still peeling. Having no idea that the disease was communicable, and, moreover, being assured by the landlady that the house had been thoroughly cleansed since her illness, they took possession of their rooms. On July 22nd, their daughter, aged 13, presented the first symptoms of what became a well marked attack of erysipelas of the face, head, and neck. She recovered. On July 28th, the gentleman himself had rigors and headache, followed by a sensation of heat and tingling on the right side of the nose. From this point, the inflammation gradually spread over the face and head. He had a smart attack of erysipelas, from which he recovered. As soon as he was seized, they left the apartments and returned home. No other case occurred.

It is possible that some local unsanitary condition of the house may have been the cause of each attack; but, as no evidence could be found of such, as the landlady's attack was the first case, so far as could be ascertained, which had occurred, and as the house was an old one, it seems to me that, whatever view we may take as to the mode of production of the first case (and on this point there is no evidence pointing to any special cause), the second and third are fairly attributable to contagion derived from the first. Granting that such was their mode of production, the period of incubation was in the one case not more than ten days, and in the other not more than seventeen. In both, it may have been anything under that.

T. MACLAGAN, M.D.

LONG RETENTION OF A HALFPENNY IN THE ALIMENTARY CANAL.

THE following may be interesting from the length of time a coin swallowed was retained. A child, aged two years, was brought to me on September 14th, 1874, by his father, who stated that during breakfast the child had swallowed a halfpenny. An emetic was at once administered; but, though vomiting ensued, no coin appeared. After two days, castor-oil was given, and the motions were examined without

* This may be obtained from a Wool, 28, Spurriergate, York.