sion are kindness and humanity. No other involves so much responsibility, anxiety, and personal labor, and no men give up so large a portion of time and labor gratuitously to the public. There is scarcely a town in England in which some institution for the sick may not be found with medical men attached to it, earnestly and anxiously carrying out the benevolent object of its supporters. It might, then, have been reasonably expected that the legislature would have protected so useful and liberal a body, rather than have encouraged a crusade against them.

The office of registrar is as degrading to the holder as it is unfair to his brother practitioners, and gives him an undue preference. The man who descends to accept such an office will not be very particular in his conduct towards others, nor will he hesitate to intercept any advantage which properly belongs to another. Thus, when one of his own body has been watching a case of midwifery for a day and night for a less sum than a mechanic would require for the same time, is vainly consoling himself that he shall obtain a trifling addition by vaccinating the child at whose birth he has assisted, he has the mortification of finding his fair expectation anticipated by his monopolising colleague.

In the olden time it was not unusual to see portrayed in the window or shop of the general practitioner, "*Opi fergue per ortem de cor, &c.,*" but the newly created functionary of the nineteenth century now places conspicuously over his door—"A. B., Surgeon, Registrar of Births, Deaths, and Marriages." A far more appropriate inscription would be—

"I am parish clerk and sexton here,
My name is Caleb Quotem," &c.

Did Galen or Hippocrates ever contemplate that their disciples would usurp such titles and offices?

These evils can only be remedied by lessening the size of the districts, and subdividing the labor, by exciting a better spirit amongst the members of the profession, and by drawing a strong line of distinction between those who seek to uphold the honor and dignity of our character, and that class of men who have been fostered and encouraged by the poor-law commissioners, and who have been ready and willing to do their bidding. Until such desirable objects are obtained the poor must continue to suffer.

I remain, Gentlemen,
Your obedient servant,
JONATHAN TOOGOOD.

Bridgwater, June, 1843.

CASE OF ENCYSTED TUMOR CURED BY IODINE INJECTION.

By H. H. GOODEVE, M.D.

Mrs. A—, aged thirty, consulted me in January last for the removal of a tumor from the left side of her neck. The swelling was about the size of a small fist, situated just above the clavicle upon the course of the subclavian artery. It was moveable and elastic, evidently containing fluid, but causing no pain or inconvenience save an occasional numbness of the arm produced by the pressure of the tumor on the brachial nerves. The diseased structure was the growth of a few months, and was rapidly increasing. Mrs. A.'s

health was good, and she was very anxious to have the tumor excised. It was, however, too evidently a hydrocele of the neck to permit the use of the knife until other measures had failed, and I resolved to attempt its cure by promoting adhesive inflammation in the walls of the sac. The very great success which had attended the iodine injections recommended by Mr. Martin in scrotal hydrocele, induced me to give that method a trial. Accordingly, on the 16th of January, I punctured the tumor with a trocar, and, having discharged its contents, which consisted of a thick, glairy serum, I injected into it two ounces of a solution of iodine, made by adding three grains of solid iodine and a drachm of hydriodate of potass to six ounces of water. The tumor almost immediately swelled up to more than its original size. This swelling increased in the course of the next day, and the part became very painful and red. It continued in this state for five or six days. At the end of that time the tumor began to subside, and the pain and redness diminished rapidly. In the course of another week that side of the neck was nearly as flat as the other, a small lump only remaining in the site of the original tumor; this finally disappeared, and no vestige of it could be observed at the end of six weeks. During the whole time little or no constitutional irritation manifested itself.

The complete success which attended this case is an additional proof of the value of iodine injections in tumors of this nature. Another disease is thus added to the list of those over which this powerful remedy has so much influence; of all remedies recommended for the cure of encysted tumors, this appears to be the most desirable. It is simple, and easily applied, producing comparatively but little inconvenience or suffering. It is very superior to the seton, inasmuch as it is less formidable and far less painful; it appears to be more certain than any other of the stimulating injections, and, of course, it cannot be compared to the plan of slitting up the tumor and procuring an obliteration of the sac by suppuration. Indeed, I can see nothing to contraindicate its use in diseases of a similar character to that which I have related.—*Bengal Transactions.*

WOUND OF THE AORTA AND PERICARDIUM.

The following case is interesting in a medico-legal point of view:—A Spanish refugee was struck by one of his companions with a knife in the back. The blade broke at a little distance from the skin. The patient walked to the hospital, where he died two hours after. At the *post-mortem* examination, it was found that the knife had penetrated between the seventh and eighth dorsal spines, that it had cut or broken a portion of one of these processes, crossed obliquely the vertebral canal, traversed the body of the vertebra from below, and a little to the right side of the centre, and then wounded the aorta below its arch. The pericardium was divided to the extent of five millimetres; it contained three grammes of blood. The pleuræ, but more especially the left, were filled with a considerable quantity. The spinal cord was not affected.—*Bull. de Théér.*, June, 1842.