lent to fifteen kilogrammes, whilst the pubes will support an injurious pressure of thirteen kilogrammes. By drawing the parallelogram of forces \( A D M, \) it is found that the traction \( A N \) is decomposed into two forces; one, \( A D, \) which lowers the head in the direction of the axis of the brim of the pelvis; and \( A N, \) representing the injurious pressure on the pubes. The lines \( A M, A D, \) and \( AN \) represent in round numbers. In drawing, therefore, upon the handles of the forceps, with a force of twenty kilogrammes, represented by the line \( A M, \) we obtain the following result. The head is drawn in the direction \( A D, \) with a force of fifteen kilogrammes, whilst the pubes are made to undergo a pressure of thirteen kilogrammes. In this calculation, the pressure which arises from the act of the operator is alone taken into account, and which arises from the natural action of the maternal tissues is neglected. If we suppose that, in Figure 1, the line \( A M \) represents a traction of forty kilogrammes, the head is drawn in the direction \( A D \) with a force of thirty kilogrammes; whilst the pubes will undergo a dangerous pressure \( A N \) of twenty-six kilogrammes.

M. Tarnier then demonstrates that, at the outlet of the pelvis, and even at the vulvar orifice, the tractions exercised with the curved forceps are equally faulty. He afterwards studied a new point. In natural labours, the head of the infant, in passing through the genital passages from the brim of the pelvis to the vulvar orifice, changes at each moment its direction, and consequently describes a curve, which runs into the central line of the pelvic cavity. The head would describe the same curve if, the forceps being applied, the woman sustained her labour spontaneously without the operator being under the necessity of exercising any traction. Now, the ordinary forceps, held fixed by the accoucheur, have the inconvenient effect of depriving the head of the mobility which is necessary to it, in order to find the best route for it to follow during its expulsion.

Briefly, the ordinary forceps, in spite of all its advantages, is imperfect. It may be said to have the following defects: first, of never allowing the operator to exercise traction in the axis of the cavity of the pelvis, the second, of never leaving to the foetal head a sufficient mobility to enable it to follow truly the central curve of the pelvis, or not; M. Tarnier adds, "deny, without committing a scientific heresy, that it is a matter of the first importance to give to the traction made by the forceps the direction of the axis of the canal which the foetal head bears to it and the direction in respect to the pelvis of the woman in labour? An experienced operator guesses it closely, but no one knows it exactly; the accoucheur is then, so to say, deprived of his compass, and reduced to the necessity of varying as well as he can the direction of his forceps according to his anatomical knowledge. It would be advantageous to have, for a new point in the natural labours, a forceps provided with an indicating needle, which should guide the operator and indicate to him, automatically and at each instant, in what sense he ought to direct his traction." After having referred to the labours of Hubert, Morales, and Chassagny, M. Tarnier gives a description of his instrument.

There are two prehensile branches, \( A, A', \) and two traction stems, \( B, B' \) (Figure 2). These are implanted in a transverse handle, of which the section is represented at \( C. \) Each one of the prehensile branches \( A, A' \) and of the traction stems \( B, B' \), presents an articulat portion \( Z, Z' \).

In Figure 3, the prehensile branches \( S \) are united to the traction stems \( t \) by an articulation, which is movable in all directions. It will be observed that the prehensile branches are crossed and articulated together as in the ordinary forceps, whilst the branches of traction \( t \) are parallel.

In Figure 4, which represents the forceps applied to the superior stems, it may be observed first, that, when the traction stems are placed in a direction parallel to the prehensile branches, separated by a space of about one centimetre, the operator draws exactly according to the superior isthmus \( A, A' \). The special and new curvature of the instrument, a curvature of the handles, renders this traction easy in the axis, which is the only legitimate one. With the new forceps, all the force employed draws the head in the axis of the pelvic cavity, and it does not produce any compression of the maternal tissues; if, on the contrary, it is published stems be used, on the contrary, the traction would no longer be made in the axis of the pelvic cavity; that is evident. The traction stems at the level of their point of attachment being movable in all directions, the prehensile branches, which have seized the head, and consequently the head itself, are also movable in all directions.

Finally, to say that the traction stems must always be placed near the prehensile branches during the pain, no longer making traction in the axis, is to recognise that the prehensile branches indicate always how traction must be made, in order that it should take place in the axis. These prehensile branches, which are mobile and are displaced with the head, constitute then a real indicating needle, which will show the operator what direction the traction stems ought to follow.

The application of this instrument does not present any difficulty. The operator introduces the branches according to the ordinary rule; only the hand which has used the instrument holds at the same time in the pelvis the prehensile branch and its traction stem, whilst the other hand guides the blade in the interior of the maternal parts. In this stage of the operation, the prehensile branch is so well applied against the traction stem that the introduction of the instrument is as easy as with the ordinary forceps.

Such are the modifications introduced by M. Tarnier in the forceps. They may be summed up thus: 1. Traction in the axis of the pelvic cavity rendered always possible; 2. Mobility of the head preserved; 3. Such an arrangement of the instrument that one of its parts, the prehensile branches, indicates always to the operator in what direction he should make traction.

The forceps has already been employed experimentally many times in France on the subject, and on special phantoms, which allow the exact reproduction of the greater part of the normal and abnormal conditions of accouchement. A certain number of applications have besides been made upon the living patient, with the greatest facility and with great advantages, by M. Tarnier and his pupils, Drs. Budin, Pinard, and Ribemont. The reform proposed by the surgeon of the Maternité seems, then, to be likely to render very great service; in any case, it deserves to be attentively studied by obstetric physicians in all countries.

ASSOCIATION INTELLIGENCE.

SOUTH MIDLAND BRANCH.

The annual meeting of this Branch will be held at the Town Hall, Northampton, on Thursday, May 31st, at 2 P.M.; President, H. W. SHARPIN, Esq.; President-elect, WM. MOXON, Esq.

Gentlemen who intend to read papers, or be present at the dinner, are requested to communicate early to the Secretary.

J. M. BRYAN, M.D., Honorary Secretary.

Northampton, May 1st, 1877.

THAMES VALLEY BRANCH.

A MEETING of the above Branch will take place at the Griffin Hotel, Kingston, on June 14th, at 5 o'clock.

Members who may be willing to contribute papers are requested to notify the same to the Honorary Secretary, as soon as possible.

There will be a dinner at the above hotel at 7 o'clock. Charge, 7s. 6d. each, exclusive of wine.

F. P. ATKINSON, M.D., Honorary Secretary.

Surbiton Road, Kingston-on-Thames, May 17th, 1877.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MAY 8TH, 1877.

CHARLES WEST, M.D., F.R.C.P., President, in the Chair.

CASE IN WHICH A SILVER TRACHEOTOMY-TUBE WAS REMOVED FROM THE LEFT BRONCHUS, WHERE IT HAD BEEN LODGED SEVEN WEEKS.

By R. Clement Lucas, B.S., F.R.C.S.

[Communicated by J. W. Halke, F.R.S.]

The patient in this case was fifty-six years of age, and the tracheotomy-tube had been worn for fifteen years, without being changed. The operation was originally performed for an injury to the larynx caused by throttling. The tube broke away from the shield on December 28th last, and dropped into the trachea; but, the symptoms were so slight, and the patient was so credibly informed; a new silver tube was introduced, and he left the hospital in a week. On January 5th, he came to Guy's Hospital, stating that he had violent attacks of coughing and dyspnoea when turning on his right side. His trachea was examined under chloroform, with a long probe, and the tube felt; various foile in all dired, without effect; no signs of irritation followed, and the man left the hospital. He came again on January 29th, looking more sickly than before, and stating he could neither sleep nor do work. Dr. Pye-Smith examined him, and found dulness at the base of the left lung and absence of respiratory murmur, etc. He was unable to lie on his right side; a larger tube was inserted, and the
OBITUARY.

PETER BROTHERSTON, F.R.C.S.Ed.

By the sudden death of Dr. Brotherston of Alloa, in Clackmannanshire, we have lost one of our best country surgeons.

While a student in Edinburgh, he attracted the attention of Professor Syme, who formed so high an opinion of his aptitude for surgical work, that he frequently requested him to assist at his private operations. Having obtained his diploma from the Royal College of Surgeons of England, he returned to his native town, and it was not long before he acquired the largest practice in the district.

Dr. Brotherston possessed a high amount of decision and promptitude; and with these gifts, accompanied by a clear head and a steady hand, he was enabled to perform many important operations, including numerous major amputations, several excisions of the knee, shoulder, and elbow, and various operations in the region of the chest. With the aid of a few friends, he established a small cottage-hospital, to which he devoted a certain proportion of his time daily. In 1876, seventy patients were treated under its roof.

The results of his work he published from time to time in the medical journals. His principal communications were "Three Cases of Excision of the Knee-Joint," "Eleven Cases of Empyema occurring after Scarlatina treated by Paracentesis;" and "Provincial Seryistry, as illustrated by Cases treated in the Alloa Hospital." The last paper was read before the meeting of the British Medical Association in Edinburgh in 1875.

He was a member of the principal medical societies in Edinburgh, and was well known, both in that city and in Glasgow, as an able surgeon. He was a man with a large heart, and one who, to relieve suffering humanity, spared himself no exertion, thinking but too little of the remuneration. He took a great interest in the Archaeological Society which was founded several years ago in Alloa, and before it he read several interesting communications. His arduous labours, extending over a period of upwards of thirty years, in 1875 began to tell seriously on his health, and by the advice of his friend Dr. Begbie he spent a few weeks at San Raffaele. On leaving for Italy, he was presented by his grateful townsmen with a sum of money. Returning in the summer of 1876, he was able to resume a great part of his practice; but it soon became evident that serious disease was advancing in his chest. He continued to see his patients until a late hour of the night prior to his sudden demise, which took place early on the morning of April 28th. His loss will be long felt in Alloa and the surrounding district, and it will not be easy to fill the place of Peter Brotherston.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on May 22nd.

Bailey, H., L.S.A., Newport Pagnell
Bradley, C. A., Macclesfield
Cant, W. J., L.S.A., Birmingham
Edwards, R. C. S. Edin., Anglesea
Glasgow, J., L.R.C.S. Edin.
Jones, D. J., M.B. Edin., Liverpool
Lewis, T. H., L.S.A., Carmarthen
Lichtfoot, W. S., L.S.A., Harwell, Berkshire
Lloyd, E. J., M.D. Aberd., Bangor
Malvern, A. F., Pontefract, Yorkshire
Payne, A. A., L.R.C.S. Edin., Sheffield
Pratt, Alfred, L.S.A., Houns
Press, W. M., L.R.C.S. Edin., Conway
Risk, R. T., L.R.C.S. Edin., Harrow
Tomkins, Henry, L.S.A., Manchester
Twemlow, John, Warrington
Woodcock, R. F., York Street, W.

Eleven candidates were rejected.

The following gentlemen were admitted members on May 23rd.

Bartlett, J. H., L.R.C.S. Edin.
Bellamy, Frederick, L.S.A., Nottingham
Broster, A. E., Beamish
Brown, J. W., M.A. & M.B. Oxon., Bodfari, North Wales
Clarke, W. B., B.A. Oxon., North Wootton
Cockell, F. E., Dalston
Coles, G. A., Brompton Square
Evens, J. W., L.S.A., Alresford, Hants
Fisher, B. F., Tiverton
Fraser, Duncan, M.B. Toronto, Shakespere, Canada
Green, T. B., Kendal
Hayman, S. A., Stockenchurch, Oxon.
Khan, Mirza Hussein, L.S.A., Fabyraz, Persia
Pickford, J. R., L.R.C.S. Lond., Toller Fratrum, Dorsetshire
Smith, E. S., Finsbury Circus
Stevens, A. F., Bourn
Wilkinson, J. C., Lee, Kent

Six candidates were rejected.

APOTHECARY'S HALL.—The following gentlemen passed his examination in the science and practice of medicine, and received a certificate to practise, on Thursday, May 17th, 1877.

Ewen, Harry Walter, Manchester

The following gentlemen also on the same day passed their primary professional examination.

Burrard, Thomas Hardy, Birmingham General Hospital
Garman, Vincent Cornelius, London Hospital
Johnson, Samuel Vaughan, Great Homer St.
Thorpe, Henry Stanley, St. Bartholomew's Hospital
Walker, Lawrence Newman, London Hospital

MEDICAL VACANCIES.

The following vacancies are announced:—

ABINGDON UNION.—Medical Officer for No. 1 District. Salary £107 per annum. Applications to be sent in on or before the 25th inst.

BUCKINGHAM GENERAL INFIRMARY.—House-Surgeon. Applications to be made on or before the 29th inst.

CARNARVONSHIRE and ANGLESEY INFIRMARY.—House-Surgeon. Salary £100 per annum, with board and lodging. Applications to be sent in on or before June 14th.

CHAKING CROSS HOSPITAL.—Resident Medical Officer and Assistant Medical Officer. Applications to be sent in on or before the 9th inst.

CITY OF LONDON LYING-IN HOSPITAL.—Consulting Surgeon. Applications to be sent in on or before June 10th.

DURHAM COUNTY HOSPITAL.—House-Surgeon. Salary £100 per annum, with board and lodging. Applications to be sent in on or before the 30th inst.

EAST RIDING ASYLUM, Beverley.—Assistant Medical Officer. Salary £100 per annum, with furnished apartments, board, and attendance. Applications to be sent in on or before the 14th inst.

HAITHAM UNION.—Medical Officer for the Parish of Heathfield. Salary £100 per annum, with board and lodging. Applications to be made on or before the 28th inst.

KINGTON UNION.—Medical Officer for the Huntingdon District. Salary £100 per annum, with furnished apartments, board, and attendance. Applications to be sent in on or before the 28th inst.

LONDON GENERAL HOSPITAL.—Temporary House-Surgeon. Salary £100 per annum, with furnished apartments, board, lodging, washing, and heating. Applications to be made on or before June 16th.

NORTH LONDON CONSUMPTION HOSPITAL.—Physician. Applications to be made on or before June 16th.

NOTTINGHAM GENERAL HOSPITAL.—Temporary Surgeon-Apothecary. Salary £100 per annum, with furnished apartments and board.

RIFTON Dispensary and House of Recovery.—Resident House-Surgeon and Dispenser. Salary £200 per annum, with furnished apartments, board, lodging, and washing. Applications to be made on or before the 31st inst.

ST. GEORGE'S and ST. JAMES'S Dispensary.—Physician. Applications to be made on or before the 17th inst.

WESTMINSTER GENERAL Dispensary.—Honorary Surgeon. Applications to be made on or before the 31st inst.

Wolverhampton and Staffordshire General Hospital.—House-Surgeon. Applications to be made on or before June 11th.

MEDICAL APPOINTMENTS.

Names marked with an asterisk are those of Members of the Association.

*Hastings, George, M.D., L.R.C.P., appointed Honorary Physician to the London Deaconesses' Institution, vice H. Cripps Lawrence, L.R.C.P., resigned.

*Williams, William, M.D., L.R.C.P., appointed Honorary Physician to the Stanley Hospital, Liverpool, vice A. Whittle, M.D., resigned.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths, is 3s. 6d., which should be forwarded in stamps with the announcement.

DEATH.

*Olive, Eustace H., M.B., at Northampton, on May roth.
CORRESPONDENTS are particularly requested by the Editor to observe that communications relating to Advertisements, changes of address, and other business matters, should be addressed to Mr. Francis Fowke, General Secretary and Manager, at the Journal Office, 36, Great Queen Street, W.C., and not to the Editor.

THE ENTOMED MINERS.

Sir,—Without entering into a religious discussion, I should like to ask Mr. H. N. Davies whether he thinks that the calm state of mind of the imprisoned miners had any influence on their endurance of their incarceration? This is a point that has been completely overlooked. They were represented as singing hymns of triumph over death; and Morgan spoke to his men of the value of their lives. I am afraid this was not true life. All praise and thanks to all concerned in the rescue. I am, yours truly, Benj. Blowey.
Liverpool, May 14th, 1877.

TURKISH ARMY HOSPITAL.

Sir,—I notice at page 254 an advertisement of a gift by an English society of a number of blankets to a Turkish army hospital, which is of course a contribution by way of remembrance of the war by Turkey. If such contributions be made to the Turkish army only, those who give are assisting a government very many Englishmen condemn; if similar gifts be made by them to the Russians as well, they are helping to make the war—which all regret and must condemn—last longer, which is what the contributors surely do not wish to do, but certainly are doing. Instead of the money being spent by the Turkish army or in Turkey, I think it will or both of the containing powers spend all the money they can raise or borrow; and, if so, to relieve them of the cost of providing for their hospitals will be to enable them to spend more in means of destruction. I submit, therefore, that it is not benevolent, but in effect cruel, to relieve either or both of the combatants of any part of the outlay war occasions, which must have the effect of making the war either last longer or be conducted with greater activity. It is true that by providing better for the hospitals some more of the wounded may be preserved; but by so providing is it not more expedient and useful to destroy the whole of the wounded and more lives be lost, more misery inflicted. I contend that the true philanthropist will abstain from any contributions to a war that it is not his duty to join, and give what he can to poor sufferers who have not to injure him, etc., P.H. H.

THE DEGREE OF DOCTOR AT ST. ANDREW'S.

Sir,—Your correspondent "G. H. S." having broached the subject of the degree of M. Ch. held by the University of St. Andrews, I think it is worth while to make a common profession of my opinion. I should like to make a few additional observations; and I think it only fair that it should be known that, instead of receiving a degree at the advanced age of forty, one may lend or borrow, and be rapidly advanced to the degree of M. Ch., if he can raise fifty before they can ever hope to receive it. Knowing quite well the utter hopelessness of such an application by any reasonable person, I waited until I had passed that age, and I was informed that years must elapse before I could be admitted. The list of candidates was filled for years to come; and, seeing that I could not take my fifty before I had turned forty, I turned from the attempt with contempt after forty. I waited another thirty years, and I may say now, that the possession of such a thing seems to be a mockery and farce. The age of forty years is held out, and yet really it must be nearer fifty. How much better for the University, to complete the farce, to fix the age at seventy years, and then, with an additional ten years' waiting for one's turn, we should have a race of octogenarians. I think none of us would complain. How every possible discouragement appears to be placed in the way of the medical man cultivating his profession after he gets into practice.—I am, sir, your obedient servant, May 1877.

The Boy with Two Stomachs.

Frequent notices have appeared in the Dundee local papers giving a substantial account of a case of two stomachs in a child, two boys said to have been the twin. The happy end of the case of Dundees has kindly forwarded us the following account of his inspection of the child in question. "It is a stout healthy boy of three months. The abnormality consists of a general and local diminution of the right side of the body. On the one side, the muscular walls of that side are deficient; and the bulging in, as Dr. Sinclair said in his letter, a hernial. It is certainly not a second stomach, and, so far as I understand, no mere paranome (consisting of a part of the small intestine). The difficulty in the method of accepting the view that it is simply hernial is, that the percussion-note over the protrusion, though tympanitic, is not so clearly so as over the gastric region on the left side. On grasping the abdominal walls over the protrusion, they seem fuller than on the normal left side. I am not satisfied as to what its real nature is, but shall watch the case, and send to you any thing that I can find out regarding it. My impression is, that it is some peculiar abnormality of the peritoneum, as well as of the abdominal walls, and that a thin layer of fluid exists between the skin and abdominal cavity proper: but that is a surmise, determined from the physical signs on percussion and palpation."

SYPHILITIC DISEASE OF THE ARTHERIES.

Sir,—I take the liberty of correcting an error of the last meeting the Pathological Society. In the record of a case of gummata on the cranial arteries, Dr. Black stated that the syphilitic disease was of the arterioles. The proper report states that "the cellular growth was mostly in the outer coat, but slightly so in the intima."

The reverse of this was the fact. As I stated at the meeting—although in which Dr. Black was not present—there has been no extensive change had taken place between the membranes fenestrata and the endothelium; and the intimal thickening in this single cell (consisting of spindle-shaped cells) was exactly in accordance with what Heubner has described.—I remain, yours faithfully, Thos. Barlow. 12, Montague Street, Russell-square, May 8th, 1877.

The Effects of Dynamite.

Sir,—Can any of your readers tell me what dynamite contains, which causes "whiteness" to be seen in the sacking of a mine? My patient is a master-sinker, and is unable to fix the fuse and make the shots used by him in the sinking on account of the smell of the dynamite affecting his head.—Yours faithfully, Fred. John Gray, Rugley, May 19th, 1877.
NOTICE TO ADVERTIZERS.—Advertisements for insertion in the BRITISH MEDICAL JOURNAL, should be forwarded direct to the Publishing Office at 35 Greek Street, W.C. addressed to Mr. FOWKE, not later than Thursday, twelve o'clock.

AMERICAN MEAT.

Sir,—Your correspondent "Pater" must have been singularly unfortunate in his purchase of American meat. Not long ago, when passing the central depot, I purchased a roast of the finest cattle, taken from my regular butcher, and the American meat was in such better condition than the English that we had to use the latter first. The American mutton, though quite, is generally much more easily digested. But of course, no finer beef in the world than that now imported, in rapidly increasing quantities, from Canada and the United States. The temperature at which this meat is kept tends to preserve it in excellent condition, and as it is not vitiated, unless when in the vicinity of the Cannon Street depot, I cannot buy American meat at any reasonable price. —I am, sir, your obedient servant,

May 1877.

MORRIS KERR.

CHILDREN'S HOSPITALS.

Sir,—The four questions asked by "A Member of the British Medical Association" in today's Journal, comprised so much debatable ground, that it is difficult to answer them all in a letter. I will, however, briefly express my opinion on the subject—an experience gained only not from my own work in connection with the hospitals under my management, but also from a personal inspection of most of the general and many of the cottage hospitals in the kingdom.

1. The walls must be made of some non-absorption materials. The best Portland cement should be used, as Parisian is also expensive, and unsuitable. I believe the best plan to adopt is to paint the walls (four coats) and afterwards to give them two coats of varnish (best copal). This is expensive at first, but the primary outlay will be repaid again and again; for, when this plan is thoroughly carried out, in a healthy, well-ventilated, and properly lighted building, a surface is presented, which can be readily washed down, and the walls are thus capable of being easily and completely disinfected. Where this plan has been tried in several of the large hospitals in this country, the results have been striking. Walls thus prepared will remain perfectly clean in appearance, and at the same time very generally safe for ten years at least. A new cement has been invented by Mr. J. Milner Forrest, and has been used by the Central Ear and Throat Hospital, which appears to combine all the advantages which were originally claimed for Parisian. It can be purchased, I believe, in different colours, and certainly appears to be a non-absorbing material, and, more especially, to prevent the walls from becoming more or less damp. Whether it is really efficient; but to all appearances it combines the advantages claimed for it by its inventor, and it is far cheaper than ordinary cement.

2. Heating and Ventilating.—Open fires are not a good plan for a hospital ward; should a patient be seized with a slight or sudden attack, and require a change of air, it is sometimes impossible to remove him from the ward. This answers for the English hospitals; and the experience of those who have tried artificial heating and ventilation in large offices certainly does not encourage one to recommend any such plan for a hospital ward. Windows should be open in these buildings, and other, and may be made to open on the sliding sash principle, as at the Middlesex and some of the London fever hospitals. By using this system, the parts of the windows can be opened outwards, towards the street, thus avoiding the strong draughts. The vertical system, with ceiling ventilation, is strongly to be advocated, with which can be combined a plan for carrying off the products of combustion; the bell glasses with tubes. The flues are of course only a very small selection from the many plans of ventilation at present in force: but your correspondent will find much useful information on the subject in Mr. Eccles's book. I believe the plans adopted in some of the metropolitan workhouse infirmaries of using ventilating stoves, in which the air is warmed in chambers behind the grate, has been found very successful in France.

3. Culicis Sanguinivorus.—I think any one will agree who has had experience in the management of children's wards, that not at least one thousand cubic feet per cot must be allowed to be absorbed by the air.

4. Dr. West has, I believe, a work on the organisation of child's beds, which, if well done, must contain much valuable information. In my book, "The Hospital," I have given a plan for a model pavilion, two beds—I am, etc.,

H. C. BURBETT.

Greenwich, April 28th, 1877.

The Hypo-Vivisectionists in Edinburgh.

Sir,—I have not the slightest desire to be allowed to engage in any controversy in your columns with your correspondent "X": but, as you did refer to Dr. Baker's letter to the Scotsman, I think I may fairly ask you to give the same publicity to my reply which appeared in the same paper on the following day.

The controversy between Dr. Baker and myself was carried on with the utmost courtesy; and I am doubly glad, in view of his untimely death, that I had an opportunity personally of taking him by the hand and of disturbing his mind of a misapprehension of facts.

The following is my letter, cut from the Scotsman, which I shall feel obliged by your insertion—"I am, sir, your obedient servant,

Stockwell, 28th April.

A. P. CHILD.

"The Vivisection Row.

"Edinburgh, April 12th, 1877.

Sir,—I am not concerned to refer to more than two points of a statement contained in the letter of Dr. Baker, published this morning. I have seen, from the proceedings of the previous evening, how extremely desirable it was that some means should be taken to carry out to Dr. Baker that, upon such an immensely wide subject as vivisection, he and I might each of us address an audience for weeks without ever once joining issue or bringing forward any material new to the discussion. Accordingly, and with this view in view, and to make the meeting at all useful for the purposes of the Society for the Suppression of Vivisection, I thought the best mode would be for Dr. Baker not to make a general statement, but to confine himself to the grounds of his letter, which he might have fully set out, upon any statements of mine which he did decline to answer. I suggest that this was the course that ought to be pursued, and I still think that more could not reasonably be expected, especially when it is remembered before what kind of audience the discussion was to take place. To this, however, Dr. Baker would not agree.

With reference to his offer of payment, I know nothing, and have nothing to do. I have no doubt it was made as Dr. Baker says, and I have no wish to intimate any doubt as to the entire good faith of the proposal.

I desire to express Dr. Baker from all association with the disgraceful proceeding which brought the meeting to a premature close, and I accept most sincerely his expression of regret at the result. Nothing would give me greater pleasure than to meet an antagonist, apparently so able and competent, in a fair argument. I refer him to the grounds of the resolution passed by the tribunal, by which the society stood, and I shall be glad to hear that he does not decline to answer.

Dr. Baker would patiently listen to and fairly weigh the arguments and suggestions that might be offered on either side.

In conclusion, ask you to allow me to make public my explanation of the misunderstanding under which Dr. Baker laboured in reference to my having 'vilified and calumniated' the medical profession. I learn from him that he had never been, or could believe it, that I could have any disturbance that was going on, I no doubt failed to make myself heard distinctly at the end of the hall, and thus the mistake arose. I was quite, until the close of my address, from the four corners of the room.

"Who loves not Knowledge? who shall rail Against her beauty?"

Certainly not, I saw but the least of the exhibition. But—

"What is she, cut from love and faith, But some wild Pallas from the brain Of demons?"

Let her know her place;

She is the second, not the first.

Most assuredly, no idea of worthing a reverse ever entered my head. Apologising for the length of this letter, I am, etc.,

A. P. CHILD.

** We think that nothing could have been more reasonable than Dr. Baker's request to be allowed at the second meeting, as he had been in some measure at the last, to part of the physiologists to the statements made by Mr. Childs. Evidently, Mr. Childs had the best of the bargain; for, while he could make a carefully arranged and deliberate statement, Dr. Baker must have encountered the far more difficult task of making a reply on the spur of the moment. We fail to see why Mr. Childs would not have enjoyed the "pleasure" of a "fair argument" on the occasion, for it admits that the correspondence between Dr. Childs and myself is to be approved. As for "the issues being previously clearly set out", we should think that Dr. Baker must have seen quite as clearly as Mr. Childs what the issues are. Regarding the suggestion that I have not "fully appreciated the difference in my attitude", that the second meeting Mr. Childs particularly desired the tribunal to listen to his arguments only. We, therefore, entirely agreed to the same, and the "forward reply". More medical men might with advantage come forward as Dr. Baker did to meet the anti-vivisection agitators in open debate at their meetings, and expose the real nature of their proceedings and the empty futility of their statements.

We are indebted to correspondents for the following periodicals, containing news, reports, and other matters of medical interest—The Birmingham Daily Post; The York Herald: The Bradford Mercury; The Scarborough Daily News; The Morning Spectator; The Malvern News; The Liverpool Porcupine; The Sheffield and Rotherham Independent; The Blackpool Mercury; The Carlisle Journal: The Merton Express; The Sussex Daily Post; The Sheffield Daily Telegraph; The Nottingham Journal; The Manchester Free Lance; The Belfast News Letter; The Manchester Courier; The Macclesfield Courier; The North Wales Chronicle; The Sunderland Daily Post; The Western Daily Mercury; etc.

** We shall be greatly obliged if correspondents forwarding newspapers will kindly mark the passages to which it is desired to direct attention.

COMMUNICATIONS, LETTERS, etc., have been received from—

Dr. George Johnson, London; Dr. McCall Anderson, Glasgow; Dr. W. Fannie Clarke, Southborough; Dr. J. Hughes, Addington; Dr. E. Ruthven, London; Dr. J. Milner Forrest, Addington; Dr. J. W. Moor, Dublin; Dr. Edie, London; Dr. Joseph Bell, Edinburgh; Dr. A. Ogston, Aberdeen; Mr. N. A. Humphrey, London; Mr. Stephen S. Aford, Hampstead; Dr. Joseph Childs, Glasgow; Dr. Francis Warner, London; Mr. J. F. Smith, London; Dr. W. H. Wright, Ormskirk; Mr. R. J. Pye-Smith, Sheffield; Dr. F. Palfrey, Ramsgate; Dr. G. Gill, Leeds; Manchester School of Medicine; Dr. Bertram, Edinburgh; The Registrar-General; L., L., L. Etc., The Secretaries of the Apothecaries' Hall; The Royal College of Surgeons; The London, Bath, Sunderland, &c., The Manchester Free Lance; The Belfast News Letter; The Manchester Courier; The Macclesfield Courier; The North Wales Chronicle; The Sunderland Daily Post; The Western Daily Mercury; etc.

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BOOKS, ETC., RECEIVED.