in a phthisical subject, and the occurrence of secondary growths by direct infection of the mucous membrane beyond the cancer, are also points of pathological interest.

I am, Sir, yours truly,
Weymouth-street, Nov. 14th, 1881. SIDNEY COUPLAND.

PROFESSOR VIRCHOW'S TESTIMONIAL.

To the Editor of THE LANCET.
SIR,—Permit me to acknowledge the receipt of the following additional subscriptions in respect of the above testimonial, and to say that, though I have already transmitted to Professor Küster, of Berlin, the sum of £88 16s., in order that it may reach him before the 19th, I shall still be happy to receive subscriptions.

Sir Thos. Watson, Bart.	...	...	£3	3	0
T. B. Curling, Esq.	...	...	1	1	0
Dr. Pye-Smith	...	...	1	1	0
Dr. Wilson Fox	...	...	2	2	0
Dr. Swanzy	...	...	1	1	0
Dr. Vacher	...	...	2	2	0
Dr. T. Edmondston Charles	...	...	5	5	0
John Simon, Esq....	...	...	1	1	0
Dr. F. Chance	...	...	2	2	0
Spencer Wells, Esq.	...	...	2	2	0
Dr. C. T. Williams	...	...	1	1	0
Dr. W. H. Allchin	...	...	1	1	0
Dr. Grigg	...	...	1	1	0
Dr. E. B. Baxter	...	...	1	1	0
Joseph Lister, Esq.	...	...	2	2	0
Dr. M. Watson	...	...	2	2	0
Dr. A. R. Simpson	...	...	5	0	0
From Manchester (per Dr. Dreschfeld)	17	17	0		
Dr. A. B. Shepherd	...	...	1	1	0
Dr. Cheadle	...	...	1	1	0
Dr. Broadbent	...	...	1	1	0
Dr. Hermann Weber	...	...	3	3	0

I am, Sir, your obedient servant,
Old Burlington-street, Nov. 17th, 1881. J. S. BRISTOWE.

HYPERPYREXIA.

To the Editor of THE LANCET.

SIR,—In the case published in your number of November 5th (as read before the Clinical Society by Dr. Mahomed), it appears to me that the conclusions drawn are far too positive, and no account is taken by the author of the arguments on the other side. As medical ward-clerk I had the case directly under my observation for three months, from December 1st, 1879, to February 28th, 1880, and although I was extremely sceptical with regard to these temperatures at first, I was compelled to come to the conclusion that they were genuine before my appointment terminated. I watched the case most carefully, and although she was an extremely hyperæsthetic girl, I do not think she was capable of producing fraudulent temperatures. During these three months the temperature averaged about 101° in the morning, and 102° to 103° in the evening, being regularly taken every day; many times it rose to 104°, 105°, and 106°, and these were generally in the evening. On two occasions I took evening temperatures of 109° and 111° (each time it was just after she had had a short sleep) in the left axilla, at which spot I had always had my highest records. I was sitting on the bed holding the thermometer, with my fingers in the axilla and with my other hand holding the patient's arm, so that I know there was not the slightest amount of friction against the thermometer. I may here mention that the left side was the one on which the most mischief was found at the autopsy.

It is very interesting, as far as my experience goes, that her highest temperatures were always recorded in the left axilla, and also (which is a most important fact, and one which Dr. Mahomed denies), I noticed that her skin at that spot was burning hot, so as to be quite unpleasant to touch, and different to the rest of her body. Now, is it not surely more scientific to admit that these temperatures did not exist, than to ridicule them because they cannot be explained?

There is another fact, too, which Dr. Mahomed quite overlooks, and that is, the patient herself would be most

miserable and depressed if she knew her temperature was high, because she feared some further experiments might be made on her; for she disliked most intensely being placed in a private room, and having her temperature taken innumerable times during the day. I may add that my experience is quite confirmed by a previous medical ward-clerk and also by the house-physician who was on duty when her temperature was first noticed to be so abnormally high. Apologising for troubling you,

I am, Sir, your obedient servant,
Guy's Hospital, Nov. 14th, 1881. W. H. C. NEWNHAM,
B.A. (Cantab.), M.R.C.S.

A NEW FRAME FOR HOLDING SPHERICAL AND CYLINDRICAL LENSES DURING THE DETERMINATION AND CORRECTION OF ERRORS OF REFRACTION.

To the Editor of THE LANCET.

SIR,—Having in common with other ophthalmic surgeons experienced great inconvenience from the imperfections of all contrivances hitherto brought out for the above purpose, I have watched the development of Mr. Makins' instrument with much interest, and having now used it for some time I feel justified in saying that it meets all requirements, and I venture to address to you this letter describing it in the hope that others will avail themselves of its use. Up to this time every new apparatus for this purpose has surpassed its predecessors either in complexity or in weight, and without fulfilling in any way the chief indications—viz., the possibility of altering the lateral distances of the centres, and likewise compensating for the vertical variations due to the form of the patient's nose, easy rotation of cylinders either by patient or surgeon, space for the interposition of prisms, lightness, and perfect fixation on the head of the patient. The instrument is entirely the invention of Mr. Makins of Messrs. R. and J. Beck's, 68, Cornhill, and the only point which originated with me was the introduction of certain vulcanite "ring stops" to prevent shaking when lenses of low refractive power are used. Both the vertical and horizontal movements are provided for by the simplest contrivance, but requiring much care in making, and the most recent part of the instrument consists in having the limb that goes behind the ear bent so as to hook firmly around it, and the length of the limb adjustable to the exact degree of tension required by means of a screw. This secures the apparatus so firmly that the patient can keep the glasses on easily for any length of time, and the glasses can be changed as quickly as can be desired, for they simply drop into their places. For correcting errors of refraction by the ophthalmoscope where for any reason the ordinary direct method is undesirable it is simply invaluable. Scarcely a day passes that I do not use this contrivance in determining the errors of young children.

I am, Sir, yours, &c.,
Finsbury-circus, E.C. JAMES E. ADAMS.

THE COMMISSIONERS IN LUNACY AND POOR-LAW MEDICAL OFFICERS.

To the Editor of THE LANCET.

SIR,—Would you kindly insert the enclosed correspondence in this week's LANCET, and oblige,

Yours truly,
3, Bolt-court, Fleet-street, Nov. 15th, 1881. J. WICKHAM BARNES.

3, Bolt-court, Fleet-street, Nov. 4th, 1881.

MY LORD,—We are directed by the Council of the Poor-law Medical Officers' Association to write and complain of certain statements which appear in page 121 of the late report of the Commissioners in Lunacy, which seriously reflect on the capacity of Poor-law medical officers as certifiers of lunatics. The Council venture to remind your lordship that the great bulk of the certification of lunatics throughout the country must of necessity pass through the hands of Poor-law medical officers; most of whom, though holding badly paid offices, are highly educated and honourable men. Being fully cognisant of the very large services you have at all times rendered to the cause of the sick poor, and the kindly manner in which you have at various times

spoken of the arduous labours of Poor-law medical officers, the Council trust that you will, on reflection, see fit to modify the harsh expressions to which you have given countenance by your signature, and will take an early opportunity of removing the impression caused by the report, of which they feel they ought to complain.

We have the honour to be, my Lord,

Your obedient servants,

JOSEPH ROGERS, M.D.,

Chairman of Council,

J. WICKHAM BARNES, F.R.C.S.,

Hon. Sec.

The Right Honourable the Earl of Shaftesbury, K.G.

St. Giles's House, Cranborne, Salisbury, Nov. 8th, 1881.

SIR,—It was not until this morning that I had the honour to receive your letter. I reply immediately, without waiting to consult my colleagues; for I am sure that I know their sentiments as well as I know my own. They will concur, I am sure, with my expression of regret that a passage in our last report should have given pain to so valuable and deserving a body of men as the Poor-law medical officers. I have not the document at hand, so I cannot refer to the precise language, but I have a very distinct recollection that the statement was made, not in disparagement of the merits of yourself and your colleagues, but to meet an assertion (made on authority to which I need not further allude) that the signature of the Poor-law medical officer, or some other official, should be absolutely and indispensably necessary to every certificate for the admission of patients into houses licensed for the care and treatment of the insane. It was against the imposition of such a necessity by Act of Parliament at all times, in all localities, and in all circumstances, that our remarks were directed.

It would, indeed, grieve me to become a party to any injurious reflections on the Poor-law medical officers collectively. Both in the present day and in former days I have had, and I still have, abundant evidence of their skill, diligence, and humanity.

I am, Sir, your obedient servant,

J. Wickham Barnes, Esq., F.R.C.S.

SHAFTESBURY.

VIENNA.

(From our own Correspondent.)

SOME cases recently operated on by Professor Albert have excited a good deal of interest. Struck by the fact that many subjects of infantile paralysis are condemned to the life-long use of more or less complicated apparatus to compensate for the loss of rigidity in the lower limbs, and that the poor cannot get such instruments, he has attempted to increase the use of the legs by operation. He excises the knee and ankle joints, and thus obtains bony ankylosis between the femur and tibia, and tibia, fibula, and astragalus. The rigid lower limbs in walking are swung forward by the adductor and great flexor muscles of the hip joint, which generally retain or recover their power. This treatment has already been carried out in four cases, and a fifth is now preparing for operation.

Professor Billroth is not daunted by the ill success hitherto attending his operations of excision of parts of the stomach. As most of the patients operated on died because the food collected in the fundus of the stomach, which was greatly dilated, Billroth intends for the future to establish a direct communication between this distended fundus and the lower end of the duodenum, the opening being guarded with a valve to prevent regurgitation of bile and chyme. The only patient on whom this has been attempted died ten days afterwards. But Billroth hopes by improving his method of operating to render the operation practicable and successful.

Dr. Miculicz has excited great interest at the two last meetings of the R.T. Society of Physicians of Vienna, by the exhibition and demonstration of two new endoscopic instruments for exploring the œsophagus and stomach. The gastroscope and œsophagoscope, manufactured by Leiter, are illuminated by the electric light, and consist of a tube containing the wire conducting the current to a ball of platinum which is rendered incandescent by electricity; a second tube conducting a stream of cold water; an air tube, and the necessary optical appliances. The œsophagoscope is straight, the gastroscope is curved at its lower third at an

angle of 130°. To get a view of the stomach, that organ is inflated with air by a small air-ball attached to the apparatus. It is stated that by this means a distinct view of the fundus and pyloric end of the stomach can be obtained. During application the patient must lie on his side, and a dose of morphia is required, at any rate at first, to allay irritation. Dr. Miculicz demonstrated the application of the œsophagoscope on a case of cancer of the œsophagus close to the cardia, and in a case of aortic aneurism in which the pulsations of the tumour pressing upon the œsophagus were rendered quite distinct. Dr. Störck acknowledged publicly that this was decidedly superior to the œsophagoscope recently introduced by himself.

Professor Neumann has been appointed to succeed Professor Sigmund, and has commenced a course of lectures on syphilis. The entries for the medical classes are very large, and show a marked increase over recent years.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. —

At the last meeting of the Council the following Member was elected a Fellow of the College:—

Hadduck, Edward, L.S.A., Biddulph, near Congleton; diploma of Membership dated Oct. 21st, 1842.

The following gentlemen, having passed the required examination for the Diploma, were duly admitted Members of the College at a meeting of the Court of Examiners on Monday last:—

Castaneda y Triana, Tiburcio Perez, M.D. Madrid, Habana.
Conway, John, M.B. Glas., Glasgow.
Fligg, William, M.B. Ed., Edinburgh.
Fryer, John, L.S.A., Dewsbury.
Greaves, Thomas, M.D. New York, Virginia.
Hurtley, William Maw, L.S.A., Leeds.
Karanjia, Merwanji Dhunjibhai, L.S.A., Bombay.
Lewers, Thomas Ross, M.B. Melbourne, Melbourne.
Line, William Henry, M.B. Dub., Davenport.
Ochiltree, Edw. Graham, M.B. Glas., Victoria, Australia.
Richmond, James, Preston, Lancashire.
Riordan, Daniel, M.D. Queen's Univ. Irel., Llandore, S. Wales.
Summerhill, Thomas Henry, Wolverhampton.
Sykes, Matthew Carrington, L.R.C.P. Lond., Barnsley.
Taylor, B. R. Archer, L.S.A., Botesdale, Suffolk.
Viljoen, Anthony Gysbert, M.B. Ed., Cape of Good Hope.

The following gentlemen were admitted Members on Tuesday last:—

Adeney, Edwin Leonard, Reigate.
Archer, Henry Edward, Anerley.
Chittenden, Thomas Hillier, Maidstone.
Coles, William James, L.S.A., Croydon.
Daunt, Elliot, Launceston.
Evans, John Durance, L.R.C.P. Ed., Llandoverly.
Gordon, Bryce, Bombay.
Hart, William Hamilton, Streatham.
Hingston, Richard, L.S.A., Liskeard.
Marshall, John Grissell, L.S.A., Wallingford.
Martyn, Ernest, M.B. Aberd., Southall.
Rayner, Hugh, Liverpool.
Shaw, Lauriston Elgie, Hastings.
Square, James Elliot, Plymouth.
Williams, Robert, Liverpool.

The following gentlemen were admitted Members on Wednesday last:—

Cleaver, William Fidler, Stamford-street.
Cowan, Richard Hamilton, L.S.A., Southsea, Hants.
Bertram, Benjamin, Cape Colony.
Birkett, Ernest, Ramsgate.
Deane, Herbert Edward, L.S.A., Sutherland-gardens.
Edwards, T. R. Charles, Gloucester-gardens.
Fox, George, Huddersfield.
Garrard, C. R. Orish, Tickenhall.
Gotch, Francis, Bristol.
Greenwood, George, Dalston.
Harrison, James, L.R.C.P. Ed., Whalley Range, Manchester.
Harvey, Eldon, L.R.C.P. Ed., Bermuda.
Husband, J. C. Radcliffe, Ripon.
Kershaw, Hugh, Brighouse.
Pitt, G. Newton, Sutton.
Style, R. George, Chichester.
Thomson, St. Clair, St. Mark's Crescent.
Williams, H. Egerton, Abertillery.

The following gentlemen passed the Primary Examination in Anatomy and Physiology at a meeting of the Board of Examiners on the 10th inst.:—

Ernest H. Goode, University College; Tom Scutt, St. Thomas's Hospital; William Pash, London Hospital; Thomas H. Miller, Guy's Hospital; Ernest Webster, Owens College; William Penhall, Ernest K. Campbell, Charles R. Edwards, and William H. Bailey, St. Bartholomew's Hospital; Frederick A. Warner, Robert E. Molesworth, and Walter P. Squire, St. George's Hospital.

Of the 91 candidates examined during last week, 28 failed to satisfy the Board, and were referred for three, and 3 can-