

snatched him away from the scene of his earthly labours. He was the author of the article "throat and windpipe," in the forthcoming volume of Holme's system of Surgery; some chapters of my own made on that subject, before its publication were lent to him, and he has, I believe, given me credit for what was legitimately my own in them. He also took much interest in the Laryngoscope. His work on anatomy, from the manner of its illustrations, is well adapted to teach the student, and is deservedly popular.

Mr. Pollock, who has many old friends in Canada, and Mr. Prescott Hewett; are now full surgeons, to St. George's Hospital, by the retirement of Mr. Caesar Hawkins and Mr. Cutler; and Mr. Henry Lee (late surgeon to King's College Hospital) and Mr. T. Holmes are the new assistants. Mr. Lee, it is said, will soon be full surgeon, by the retirement of Mr. Tatum, which will compensate for his taking at present a lower grade than he held at King's. But there he had no beds, whilst at St. Georges he has.

The tenacity for hospital appointments is well shown at Bartholomew's, where Mr. Lawrence, who is, I believe, 80 or upwards, is still to be seen. But there he receives a thousand a year, which is easily earned and therefore hard to relinquish. At that hospital, some weeks back, I saw Mr. Holmes Coote remove an exostosis from the left transverse process of the 7th cervical vertebra in a young woman, with complete success. The good anatomists amongst your readers will readily understand the nature and importance of the parts which were in danger of being wounded by his knife. A good recovery ensued, without a bad symptom. I may mention, however, that the bony tumour had so pressed vessels and nerves forwards as to produce numbness in the left arm and complete absence of the radial pulse.

On Tuesday, 25th June, I was at the meeting of the Royal Medical and Chirurgical Society, the last of the session. There was a very interesting paper by Mr. Sibley on the obliteration of certain arteries by emboli, a subject which is gaining ground every day, and one that explains the cause of hemiplegia and other forms of paralysis in the young, especially when we find endocardial disease. I recently saw a case at Guy's under the care of Dr. Wilks of a boy who had hemiplegia from several severe and continuous shocks of a galvanic battery. The symptoms were well marked, and he perfectly recovered in a little while under treatment, and went out without any of the paralytic symptoms remaining. There was however an endocardial bruit on his discharge, and I think it is reasonable to infer that the severe shocks must have caused some slight coagulation within the blood, which for a time interrupted the circulation through the cervical arteries. The case will shortly be published with another somewhat similar from another hospital.

Mr. Hulme brought a patient before the society who had an absence of the iris from both eyes, and he was examined by Mr. Dixon and others present with the ophthalmoscope. The ciliary processes could be distinguished, and a portion of the crystalline lens was opaque. Such a deficiency is believed to be very rare but Mr. Hulke informed me that there had been as many as half a dozen cases of the kind at the Royal Ophthalmic Hospital, Moorfields, within a twelvemonth;