

—nearly £3,000,000 sterling per annum. At this pace of calculation the dogs in Europe (Christian and Turk) annually consume victuals to the value of about £14,000,000.—A Russian physician, Dr. Arendt, has sent a memoir to the French Academy of Sciences, which informs the world that he has obtained happy results from the employment of arsenic in hydrophobia.—M. Giraud Teulon, in a communication to the Academy of Sciences, indicates the movements which the lens undergoes through the contraction of the ciliary muscles; the movements serving the purpose of adapting the eye to distant objects.—The *Gazette de Breslau* says that “in the village of Lassen, near Brieg, in Silesia, there is at present raging a tetanic affection causing firm closure of the mouth, and death in three or four days. The inhabitants, instead of calling in the doctor, apply in another direction; viz., they attempt to open the closed mouth of the patient by means of a church key dipped in holy water.”—Another journal announces that, according to the researches of an English doctor, eighty young girls have lost their lives in England through burns in consequence of wearing crinoline.—We learn from a correspondence in the *Semaphore* of Marseilles, that Dr. Bell, who long ago settled in Abyssinia, where he exercised the functions of general-in-chief and minister of the Emperor Theodorus, has been killed in battle at Dezai-Garad. Theodorus, notwithstanding, was victorious, and ordered one hundred and fifty prisoners to be killed to make up for the loss of his minister.—In the *Constitutionnel* we read that, under the powerful patronage of the emperor and the empress, there has been established at Fablaine (an agreeable spot in the valley of the Marne) an asylum for young girls discharged as convalescents from the Hôpital Eugénie. The house is already able to receive two hundred and fifty girls.—M. Trousseau has again hold of the Academy of Medicine by the ears. The eloquent professor is now explaining this novelty to them: that in most cases, what is usually considered as an apoplectic cerebral congestion, and is treated (in France, it must be understood) by bleeding, is in reality an attack of epilepsy. “I do not deny,” says M. Trousseau, “the existence of cerebral congestion, in fact, I consider it as common enough; but what I doubt the existence of is the apoplectic form of congestion, the form in which the patient falls as if struck with apoplexy, and remains for a greater or less period deprived of sense.”—The rage for new scientific societies is great. The formation of a new one at Lyons is announced.—M. Tigri renews his assertion to the Academy, that the foetus swallows the amniotic fluid. The deglutition of it begins about the seventh or eighth month, and furnishes the elements of nutrition.—The Belgian Academy of Sciences having determined to offer to M. Quételet a

medal as a memorial of the services rendered by him to science, the Belgian Government has requested permission to join in the proposed honour. “It is not”, says the *Moniteur des Sciences*, “the first time that the Belgian Government has shown by its acts the value with which it regards the progress of science.”—A. M. Jacquet, in the commune of Rians, by will leaves to a Parisian dame the whole of his property. She, reciprocally, does the same to him. By a singular coincidence, Madame dies on the same day and almost at the same hour as Monsieur; and hence there arises a question of much interest to the heirs of the parties. The journal which tells the tale says that if, after investigation, there be any doubt as to who is the survivor, the survivorship will be given in favour of the younger of the two; and if their ages are alike, then, according to presumption, the decree goes in favour of the male.—Our learned confrère, Dr. Parigot, writes *La Presse Médicale*, is on the point of starting for America, whither he is invited to occupy a brilliant position. He has resigned his office of physician to the Hospice of Orphans.

## Association Intelligence.

### REPORT OF MEETING OF COMMITTEE OF COUNCIL:

*Held in Birmingham, on Monday, March 18th.*

PRESENT:—Sir C. Hastings (in the Chair); Mr. Bartleet; Mr. Cartwright; Mr. Hurst; Dr. Lankester; Mr. G. May; Mr. Pemberton; Dr. Richardson; Dr. Stewart; Dr. Styrup; Dr. Houghton Waters; Mr. Watkin Williams; and Dr. P. H. Williams.

It was the unanimous wish of the Committee that Sir Charles Hastings should be requested to forward to the family of the late Mr. Norman, of Bath, the following resolution:—

“That this Committee cannot resume its business without first recording its sincere sympathy with the relatives of the late Mr. Norman, and the deep regret which the members individually feel for the loss of their able, indefatigable, and highly esteemed colleague.”

The Financial Report for the year 1860, having been read by the Treasurer, was received, and directed to be published.

The following resolutions were adopted:

1. That the Secretary be requested to prepare, at every March meeting of the Committee of Council, a detailed list of members whose subscriptions are in arrear for one, two, three, or more years respectively.

2. That the price of the JOURNAL be in future five-pence and sixpence instead of sixpence and sevenpence; and that the prices marked on the JOURNAL, be a guinea for members, and one pound six shillings for those who are not members of the Association.

3. That Dr. Markham be requested to deliver the Address in Medicine, and Mr. Hoffman (of Margate) the Address in Surgery, at the next annual meeting.

CHARLES HASTINGS,  
PHILIP H. WILLIAMS, M.D., *Gen. Sec.*

Worcester, March 19th, 1861.

## FINANCIAL REPORT FOR 1860.

Birmingham, March 18th, 1861.

The Committee of Council beg to report that the accounts have been audited by the auditors appointed at the last annual meeting (Dr. Melson and Mr. Hadley of Birmingham); and the following are the sums received and paid by the Treasurer from the 1st of January to the 31st of December, 1860.

RECEIPTS.		£	s.	d.
Subscriptions and Arrears .....	2038	19	6	
Contributions by Members .....		11	10	0
Advertisements and Sale of Journals .....	647	1	5	
Total Receipts .....	2697	10	11	
PAYMENTS.		£	s.	d.
Due to Treasurer .....	75	14	9½	
JOURNAL EXPENSES:				
Richards (Printing) .....	1741	17	6	
Richards (Publishing) .....	100	0	0	
Honeyman (Sundries) .....	67	13	5	
Davidson (Commission) .....	44	2	6	
Orrin Smith (Engraving) .....	17	0	0	
Salaries:—Dr. Wynter, Mr. Holmes, and Dr. Henry	400	0	0	
Contributors to Journal .....	28	7	0	
Interest at Bankers .....	17	18	1	
EXECUTIVE EXPENSES:				
Secretary and Clerk .....	117	0	0	
Secretary's Sundries .....	38	6	0	
District Expenses; Post-Office Orders; Stamped				
Envelopes; and Collecting .....	21	13	7	
	2669	12	10½	
Balance due from Treasurer .....	27	18	0½	
	2697	10	11	

The following are the Assets and Liabilities on the 31st of December, 1860:—

ASSETS.		£	s.	d.
Subscriptions due .....	500	0	0	
Advertisements .....	300	0	0	
Balance from Treasurer .....	27	18	0½	
Total Assets .....	827	18	0½	
LIABILITIES.		£	s.	d.
To Richards for Printing .....	428	10	0	
Richards' old account for Publishing .....	116	16	0	
Honeyman (Sundries) .....	74	0	0	
	619	6	0	
Balance in favour of the Association .....	208	12	0½	

It gives your Committee much satisfaction to be enabled to state that this is the most favourable financial statement that has been made to the Association for some years. Instead of there being a debt due to the Treasurer, there is due from him the sum of £27:18:0½.

The old debt, which has so long impeded the Association, is now nearly liquidated; the only remaining part of it being the sum of £116:16 due to Mr. Richards on an old account which is still unpaid. The other sums due to Mr. Richards for printing, and to Mr. Honeyman for sundries, are the ordinary current expenditure of the Association, which arise quarterly.

It will be seen also, by comparing the assets and liabilities of the Association for the year 1860 with the one of 1859, that the result is favourable; for, taking this view of the condition of the Association, it will be seen that the liabilities have diminished by the sum of £114:7:9½, whilst the assets remain the same.

Altogether, the prospect is encouraging, as there is reason to believe that, by the exercise of a prudent economy, the Association will at the commencement of the year 1862 be free from the old debt, and then there will be more funds available to maintain the necessary expenditure on the JOURNAL and the other objects of the Association.

## Reports of Societies.

## ROYAL MEDICAL &amp; CHIRURGICAL SOCIETY.

TUESDAY, MARCH 12TH, 1861.

B. G. BABINGTON, M.D., F.R.S., President, in the Chair.

## REMARKS ON THE CAUSE OF THE CLOSURE OF THE VALVES OF THE HEART. BY W. O. MARKHAM, M.D.

Dr. MARKHAM stated that the usually received accounts of the mode of closure of the heart's valves were unsatisfactory, and incapable of fully explaining the phenomena attending it. The closure is effected during different periods of the heart's action, and may be divided into two stages. During the first stage (*i. e.*, during the ventricular diastole) the valves gradually rise upwards towards each other, *pari passu* with the distension of the ventricles, so that their free borders come into loose contact. The second stage corresponds with the ventricular systole, whereby the valves are suddenly and forcibly brought into firm and perfect contact by the pressure of the blood.

The author considered that a satisfactory explanation of the cause of the first stage of this closure has not yet been given. The usually received explanation is that the blood during the ventricular diastole raises the valves up towards each other. But this is manifestly incorrect, because the pressure of the blood passing from the auricle to the ventricle *must be* as great upon the auricular as upon the ventricular surface of the valves; it is, in fact, greater.

On investigation, Dr. Markham satisfied himself that the valves are raised towards each other during this first stage of their closure by the agency of elastic tissue, this elastic tissue being so disposed in the valves as to act in a manner at once most simple and effective. The auriculo-ventricular and the semilunar valves have all essentially the same structure. They are formed of elastic membrane, and inelastic white fibrous cords. In the case of the auriculo-ventricular valves, as observed in a bullock's heart, a thickish layer of elastic membrane may be readily dissected from the auricular surface of the valve, being loosely attached, except at the free edge of the valve, where it becomes blended with the under layer. This elastic membrane is retractile in all directions, but its fibres seem to run chiefly in a direction from the attached to the loose border of the valves. The lower (ventricular) surface of the valves may be said to consist of white fibrous cords—the prolongations into them of the chordæ tendineæ, united together by elastic tissue; the lower border of these cords projecting from the under surface of the valves, giving them a furrowed appearance.

In consequence of the disposition of the elastic fibres, the free borders of the valves have a tendency (when their elastic tissue is brought into play) to approach their attached borders, and in the direction of the auricular surface of the valves. At the end of the ventricular systole the valves are pressed down into the ventricles and lie flat against the inner walls, and the elastic tissue is put on the stretch. Then, during diastole, as the blood flows into the ventricles, the weight of the valves is diminished, and so the elasticity of the stretched elastic membrane is permitted to come into play. This contraction of the elastic tissue causes the closure of the valves during the first stage referred to.

Any one may readily satisfy himself that no other explanation of the phenomenon is possible. When the auricles are removed from the ventricles, the coagulated blood carefully removed, and water poured into the ventricles, it will be seen that the valves (if healthy) not only rise up towards each other as the water flows in

# Medical News.

## APPOINTMENTS.

COLLUM, R., M.D., elected Physician to the Metropolitan Convalescent Institution.

HARRIS, Francis, M.D., appointed Assistant-Physician to St. Bartholomew's Hospital, in the room of the late Dr. Baly, F.R.S.

HESLOP, A., Esq., appointed Surgeon to the Kirkoswald district of the Penrith Union.

MACLEAN, William C., M.D., Madras Establishment, approved by the Queen as Professor of Clinical and Military Medicine in the Army Medical School.

**ROYAL ARMY.** The following appointments have been made:—

FAGAN, Staff-Assistant-Surgeon M. J. E., M.D., to be Assistant-Surgeon 48th Foot, *vice* Meane.

MACLEAN, Assistant-Surgeon A., 42nd Foot, to be Assistant-Surgeon, Royal Artillery, *vice* M'Munn.

M'MUNN, Assist.-Surg. J. A., M.D., to be Staff-Surg., *vice* Chartres.

MAUNSELL, Staff-Assistant-Surgeon S. E., to be Assistant-Surgeon 97th Foot, *vice* Porter.

MEANE, Assistant-Surgeon J., to be Staff-Surgeon, *vice* Surgeon-Major Dolmage.

NOOTT, Assistant-Surgeon E. G., to be Staff-Surgeon, *vice* White.

PORTER, Assistant-Surgeon J. H., to be Staff-Surgeon, *vice* Fagan.

SMITH, Staff-Assistant-Surgeon E. W. K., M.D., to be Assistant-Surgeon 56th Foot, *vice* Taylor.

TAYLOR, Assistant-Surgeon D. C., M.D., to be Staff-Surgeon, *vice* Maunsell.

TRAILL, Staff-Assistant-Surgeon W., M.D., to be Assistant-Surgeon 91st Foot, *vice* Watson.

WATSON, Assistant-Surgeon R., to be Staff-Surgeon, *vice* Smith.

WHITE, Staff-Assistant-Surgeon L. A., to be Assistant-Surgeon Ceylon Rifle Regiment, *vice* Noott.

### To be Staff-Surgeons:—

ADAMS, R., M.D. JONES, W. H., M. D.

ALCOCK, N. LAMB, H.

BAKER, T. Y. LEVER, R. C.

BAXTER, P. C., M.B. MAUNSELL, T.

BRACKEN, J. H. N. POUT, F.

DAVIDSON, D. M., M.D. QUINLAN, P.

FAZDOWSKI, B. J., M.B. RIORDAN, R. de B.

FLYNN, T. P. THOMPSON, J.

GILLESPIE, F., M.D. WALL, W. R.

GODWIN, C. H. Y. WALTERS, J., M.B.

GORE, A. A. WHITE, G. F.

GRANT, E. B., M.D. WHITE, S. G., M.D.

HARVEY, H. O. WILLS, C. S.

HEATH, R. E., M.D. WILSON, F. R., M.D.

HOPE, S.

**ROYAL NAVY.** The following appointments have been made:—

COCKIN, John, Esq., Surgeon, to the *Emerald*.

DEVONSHIRE, Charles J., Esq., Assistant-Surgeon, to the *Calypso*.

LONEY, William, Esq., Surgeon, to the *Cumberland*.

PIERS, Henry, Esq., Surgeon, to the *Ajax*.

ROE, Peter M., Esq., Assistant-Surgeon, to the *Ajax*.

TRONSON, John, M.D., Assistant-Surgeon, to the *Conqueror*.

**VOLUNTEER CORPS.** The following appointments have been made (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

BRETT, F. S., Esq., to be Surgeon 1st Administrative Brigade 1st East Riding V.R.

BUTLER, F. J., Esq., to be Surgeon Hampshire Militia.

COOPER, A., Esq., to be Assistant-Surgeon Inns of Court R.V.

### To be Honorary Assistant-Surgeons:—

BLENKINSOPP, W. H., Esq., 10th Corps Berks R.V.

SALE, Thomas, L.R.C.P., 1st Isle of Man A.V.

SIMPSON, G., Esq., 19th Durham R.V.

WOOD, W. P., Esq., 24th Lancashire R.V.

## DEATHS.

BARRATT. On March 16, at 22, Cleveland Gardens, aged 6, William E., second son of J. G. Barratt, M.D.

BRADSHAW, William, Esq., Staff-Assistant-Surgeon, at Thurles, on March 9.

COX. On March 19th, at Rochdale, aged 15 months, Gertrude, daughter of W. Harris Cox, Esq., Surgeon.

EGAN, George W., M.D., in Dublin, lately.

GORE, William R., L.C.P.I., at Limerick, lately.

HENSLEY. On March 16, at 5, Spring Gardens, aged 18 months, Lewis Valpy, youngest son of Frederick J. Hensley, M.D.

KENNY, John B., M.D., in Dublin, aged 27, on March 14.

KING, George, Esq., Surgeon, at Calne, aged 42, on March 15.

PYM, Sir William, M.D., K.C.H., aged 89, at 33, Upper Harley Street, on March 13.

ROGERS. On March 1, at Enniskillen, Isabella, wife of Robert Rogers, M.D.

ROGERS-HARRISON. In January, at Cawnpore, from an accidental discharge of fire-arms, Charles C. Rogers-Harrison, Esq., Bengal Horse Artillery, eldest son of \*C. H. Rogers-Harrison, Esq., of South Lambeth.

**MEDICAL VACANCY.** There is a vacancy in the medical staff of St. Bartholomew's Hospital, by the resignation of Mr. Lloyd.

**MEDICINE IN THE ARMY.** The increase of the Army Estimates in the hospital department was £40,000, and in the medical staff £10,232.

**CORK INFIRMARY.** Mr. Beamish has obtained leave to bring in a Bill to authorise the removal of the infirmary for the county of Cork from the town of Mallow to the city of Cork.

**SPONTANEOUS DECOMPOSITION OF GUN-COTTON.** Some gun-cotton which had been kept by Dr. Percy for some years in a well-stoppered glass bottle, was found to be decomposed into oxalic acid and gum.

**PRIZE.** The Jenner Association for Medico-legal Psychology has put up for competition the answering of the question: "Which is the best method of classifying mental affections, considered in reference to medicine and medical jurisprudence?"

**DENTISTRY IN THE SOUTH HANTS INFIRMARY.** The question of electing a dentist to the Royal South Hants Infirmary is postponed for a period of six months. It is now ruled that the candidate shall hold a dental certificate from some legally constituted body. (*Dental Review*.)

THE PRESIDENT OF THE ROYAL SOCIETY gave a soirée at Burlington House on Saturday last. The death of the Duchess of Kent, causing the absence of high government officials, somewhat detracted from the brilliancy of the evening. The unavoidable absence too of Sir Benjamin Brodie also caused a general feeling of regret.

**ABSORPTION OF ARTIFICIAL PIGMENT.** At a recent meeting of the Medico-Chirurgical Society of Edinburgh, Mr. Edwards exhibited two microscopic specimens of pigment deposited in the axillary glands of a male subject, who had been tattooed in both arms. The tattooing on the left arm had faded; and on this side the axillary gland nearest the humerus was dark green in one-half, and of the usual colour in the other.

**ROYAL MEDICAL BENEVOLENT COLLEGE, EPSOM.** Scarlat fever having broken out at this establishment, Dr. Aldis, medical officer of health for St. George's, Hanover Square, accompanied the visiting committee by request on a sanitary inspection. The disease is of a mild character, and no fatal case has occurred; but, as the present school-room is quite inadequate for the requirements of the scholars, it is hoped that another of larger cubic capacity and better ventilated will be erected as soon as the funds will permit.

**SIR WILLIAM PYM.** The death of Sir William Pym, M.D., took place on Tuesday, at his residence, Upper Harley Street. The deceased entered the medical service of the army at an early age, and was appointed Inspector-General of Army Hospitals in 1816, and subsequently Superintendent-General of Quarantine in the United Kingdom. He served in the 35th and 70th regiments, and in a light infantry battalion in the West Indies during the expedition under Sir Charles Grey, and on the staff in Gibraltar, Malta, and Sicily. On returning from Gibraltar, where he had volunteered his services during the prevalence of a destructive fever in 1823, he received the honour of knighthood from his late Majesty William IV. Sir William was the author of several works on medical subjects.

ORIGIN OF THE ROYAL SOCIETY. It was on the Nov. 28th, just now two hundred years ago, that several eminent individuals, who had previously been in the habit of meeting for the purpose of communicating with each other on subjects of common interest, assembled in Gresham College, and agreed to form themselves into a Society, having for its object the prosecuting of physico-mathematical experimental learning. When they reassembled on the following week, it was reported to them that what they proposed was highly approved by the reigning Monarch; who intimated at the same time his desire to do what lay in his power towards promoting so useful an undertaking. Accordingly steps were taken for the incorporation of the Society under a Royal Charter, that Charter being conferred on them in due form two years afterwards. Such was the origin of the Institution which I have now the honour to address; and to which the world is indebted for the long series of scientific memoirs contained in the one hundred and fifty volumes of the *Philosophical Transactions*. (Sir B. Brodie's Address.)

DANGER OF SUCKING TRACHEOTOMY-TUBES. Mr. Erichsen mentions a case in which he performed tracheotomy on a young woman, and was obliged to empty the windpipe by sucking out three or four mouthfuls of blood and mucus. He was rewarded by his patient's recovery. There is no doubt that the surgeon's own feelings should be held of no account where his patient's safety is concerned; but it is well to remember that, in doing this anything but pleasant performance, where the operation has been for laryngitis, the sucker runs some risk. It is not long since a medical man in Paris lost his life from laryngeal disease contracted in this way. Dr. Smith, of Springfield, Massachusetts, was once seriously ill from sucking the trachea of a croupy infant. My assistant, Mr. Shulldham, lately found himself with a badly inflamed sore-throat, from sucking a tube I had put into the trachea of a young woman with acute laryngitis; and, about three years ago, after having sucked thirty or forty times the mucus from a cannula I had inserted in the windpipe of a little girl with diphtheritic exudation in the mouth and fauces, I felt my mouth dry, stiff, and sore, within six hours of doing so, although I had carefully washed my mouth after each application of it to the tube. Within twenty-four hours, I was very dangerously ill, with a condition of throat very closely resembling my patient's. I should not, therefore, be inclined to repeat this process on any future occasion; for, setting aside its nastiness, the double cannula catheter and the India-rubber ball do nearly as well. (Mr. A. M. Edwards in *Edin. Med. Jour.*, March 1861.)

A YANKEE'S OBJECTIONS TO SHAVING. A great deal of time is lost in this foolish practice of correcting nature. There can be no decent shave short of fifteen minutes, including all the pre- and post-liminaries. This makes nearly four days, or *nine working days* in a year, and supposing there are in the United States four millions of shaveable persons, and supposing them all to shave according to the advice of our cotemporary, the aggregate loss to the community would be thirty-six millions of working days, or 98,630 working years *per annum*, nearly enough to employ four thousand men for twenty-five years towards building a Pacific Railroad. Or, to bring the matter down to dollars and cents, calculating only a dollar a day as wages, the annual loss by shaving, not calculating soap, razors, and barber's profits, but simply the loss of time, would approach thirty-six millions of dollars, an amount sufficient, under an economic administration, to defray fully one-half of the annual expenses of our government. But there are physiological objections against shaving. Shaving stimulates the growth of hair most decidedly. In habitual shavers we generally see it grow at least a line in two days—one hundred and eighty-three lines in a year—fifteen inches. Few

men's beards will grow to one-half this length in that time; consequently, whatever force of circulation, of innervation, of primary and secondary metamorphosis is necessary to produce that artificially stimulated growth, so much is the shaving individual abnormally and unnecessarily taxed in his heart, his blood, and his nerves.

ANATOMY IN GERMANY. Professor Hyrtl, in his preface to a book on "Practical Anatomy," says: "For thirty years no treatise on practical anatomy has appeared in Germany, while during this period a whole library has been published on the use of the microscope; this is a sign of the times, and not one to be lightly disregarded. My apology that the present work forms an exception to the usual custom must consist in the fact, that it has been written for a livelihood." What a contrast, this honest confession to the fulsome adulation of the London imitators of everything German, the parasites who dwell on the tegumentary surface of men, who spend their lives splitting hairs and twisting ropes of sand. Let us imitate the perseverance, industry, and patience of the true German, but not the vapid, superficial, and worthless labours of the class which works for ephemeral reputation and the reward it brings. (*Dublin Medical Press*.)

WET-NURSING. The following sensible remarks on wet-nursing are taken from the *American Medical Times*. "The practice of employing wet-nurses can but be considered an evil, and one which is destined doubtless to increase in the ratio of our increase in wealth and luxury. What is the remedy? The entire responsibility of resisting its progress rests with the medical profession. We should endeavour to remove the causes of the evil, by inducing mothers to rear their own children by the means that nature has given them. The arguments which may be employed are too strong to be resisted, if kindly, conscientiously, and firmly presented by the medical attendant. If this duty were thoroughly discharged, in every instance, the system of wet-nursing would at once fall into disrepute. In the comparatively few cases where the mother is absolutely disqualified, it is still a question if artificial lactation, in the hands of a competent nurse, might not be preferable to wet-nursing. But admitting that the wet-nurse must be obtained, the physician is still the adviser, and has it in his power to make the selection. And here occurs an important duty, which is almost invariably overlooked; if the wet-nurse has a child of her own, it is liable to be put aside without a care, or even thought, on the part of the employer. The physician should remember that, in providing a nurse for his patient, he is not less responsible for the life of the helpless human being which is set aside, and should insist that it be properly provided for.

DIED OF BAD AIR. The reports of coroners' inquests daily show the great need there is for sanitary teaching. Every week, in the metropolis alone, children are suffocated in bed or under the shawls of mothers. They die, as the coroner is constantly stating, in consequence of inhaling their own breath, which is a compound of carbonic acid gas. They are, in fact, in the same situation as a person who is locked up in a room which is full of the fumes of charcoal. The children are gradually overpowered by the deleterious atmosphere, and die without a struggle, it being thought that they were in a sound sleep. Another instance of the fatal effects of poisonous atmosphere has been brought before the public in the case of William Saunders and Caroline, his wife, who were found dead in the room of a house in a court in Bristol. This accident, if it may be so called, shows to what an extent the soil may be polluted by the escape from gas-pipes. Such a case of sudden death is evidence of the power of evil gases. In a slower but no

less sure manner, carelessness in the trapping of sinks and the ill-construction or rotten condition of drains do deadly work in ill-ventilated apartments. We have before alluded to the fact, and again find it necessary to remark that in the cold weather a large number of fatal cases of fever happen in the crowded dwellings of the poor; and these are caused chiefly by the blocking up as closely as possible of all apertures which would afford the chance of ventilation. The houses thus situated become places of pestilence and danger. (*Builder.*)

THE SANITARY CONDITION OF PARIS. Some months ago a clever article on the subject appeared from the pen of M. Louis Lazare, chief editor of the *Revue Municipale*. Some time after Dr. Rigaud impugned M. Lazare's arguments, and endeavoured to show that Paris in 1760 was much more unhealthy than Paris in 1860. In his opinion, the nauseous exhalations emitted whenever the ground has to be dug up for the purpose of repairing a gaspipe do not affect the general health; the smoke from the tall chimneys of the various factories encircling Paris is carried away harmless by the slightest breeze; the vast agglomeration of workmen in and around Paris is the cause of its wealth and magnificence; and, lastly, the streets are wider, and the sewerage infinitely better than in former days. To this M. Lazare replies by reminding his adversary that a hundred years ago the population was scarcely a fourth of what it is at present, that the city was girt with 97 magnificent parks belonging to as many princely palaces, and intersected with the gardens of numerous convents, all tending to furnish a vast supply of pure air. Instead of this, Paris is now surrounded with quarters consisting of narrow streets, containing miserable houses, inhabited by upwards of a million of working people closely packed together, without the slightest attention being paid to their comfort or cleanliness, or to their due share of pure air and sunlight. "In permitting the establishment of numberless factories within the capital," he says, "the administration of the city has done more harm than good to the working classes. During each visitation of Paris by cholera the scourge was sure to reap the largest harvest in those quarters where the working population was most densely agglomerated. For one rich man, the cholera in Paris has always carried off 42 poor people. Hence, therefore, in the interest of the working-classes themselves, Paris ought not to be transformed into a workshop of Vulcan. As regards public security also, the capital should not lose her character of Queen among the cities of France. Beware of letting yourselves be blocked up by a girdle of factories—it would soon become the rope destined to strangle you! was a saying of the Comte de Chabrol. The more these great agglomerations increase, the greater is the attraction they exercise on the provincial towns and country. Unless the evil be stemmed the department of the Seine will be inundated by all the poor of France; and at the beginning of the twentieth century, if the unheard-of and astonishing progression of the last fifteen years is to continue, that department will count 4,000,000 inhabitants, three-fourths of whom will summon you to give them permanent work, no matter at what sacrifice, to provide for their daily food. (*Galignani.*)

JUNIOR MEDICAL SOCIETY OF LONDON.—A general meeting of the members of the several hospital medical societies in union was held in the hall of King's College, on March 12th, 1861; Dr. Conway Evans in the chair. The chairman made a few remarks upon the advantages to be derived from the formation of a students' society, and gave a synopsis of the proceedings that had already been taken for the formation of the Society, referring especially to the exertions of Mr. Ernest Hart and Mr. Alexander Squire (University College) in its behalf, with whom the idea originated. The Honorary Secretary *pro tem.* (Mr. Henry Woods of St. George's Hos-

pital) then read the resolutions drawn up by the Provisional Council. The resolutions were then put from the chair one by one, and, after discussion, passed as follows:—1. The Society be called the Junior Medical Society of London. 2. The objects of the Society be—(a) to obtain papers from its members explaining the opinions and practice in vogue at the various hospitals, and treating of all other subjects in the domain of medicine, surgery, and the allied sciences; (b) to examine and discuss pathological specimens exhibited by its members; (c) by affording facilities for the professional association of students from the various schools, to increase their mutual acquaintance, and to encourage a feeling of sympathy in their general body. 3. The Society shall consist of ordinary and honorary members; the ordinary members shall be such members of existing hospital medical societies in union as are not actually in practice; the honorary members shall be such members of existing hospital medical societies in union as are actually in practice; and those gentlemen who are on the staff of a hospital or medical college shall be *ex officio* honorary members. 4. Only ordinary members shall be allowed to read papers or exhibit specimens, but honorary members have the privilege of taking part in the discussions. 5. Students of hospitals where there is no medical society shall be admitted to the Society by ballot, having been proposed and seconded by two ordinary members of the Society at the previous meeting, on payment of an entrance fee of . . . 6. As far as possible, the papers be read by the members of the several hospital medical societies in union by rotation. 7. The Council shall consist of two delegates chosen annually by each hospital medical society in union, such delegates being ordinary members of the Society. 8. The Council of the Junior Medical Society shall manage the business of the Society, and be empowered to make such by-laws as may be thought necessary, subject to the approval of the members of the Society at the next general meeting. 9. The officers of the Society shall consist of a President, Vice-Presidents, a Treasurer, two Honorary Secretaries, and Council. 10. The President shall be elected annually by the delegates from among their own number, and act as chairman of Council at the general meetings of the Society. 11. The Vice-Presidents shall consist of one member chosen annually by each hospital medical society in union. 12. The chair shall be taken at ordinary meetings by the vice-president chosen by the hospital medical society which supplies the paper, or, in his absence, by the President of the Junior Medical Society of London. 13. The Treasurer shall be elected annually by the delegates from among their own number. 14. The Secretaries shall be elected annually by the delegates from among their own number. 15. The ordinary meetings of the Society shall be held not oftener than once a month. 16. The meetings of the Society shall be held at some central place, if possible. 17. Only members of the Society shall be present at the general meetings of the Society; and they shall be admitted by printed tickets, to be signed by the secretaries of the several medical societies in union. 18. Each member shall be allowed the privilege of introducing a visitor to the ordinary meetings of the Society; but the same visitor shall not be allowed to attend more than two meetings of the Society in the same session. 19. The expenses of the Society shall be defrayed by a contingent furnished by the several medical societies in union *pro rata*; and the rate shall be levied according to the number of new members admitted during the preceding year. 20. No alteration in the rules of the Society shall be made without notice of such alteration having been given a month previously at a meeting of the Society, and the votes of two-thirds of the ordinary members present at a general meeting be recorded in favour of the alteration.

## OPERATION DAYS AT THE HOSPITALS.

MONDAY..... Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.  
 TUESDAY..... Guy's, 1½ P.M.—Westminster, 2 P.M.  
 WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—Royal Orthopaedic, 2 P.M.  
 THURSDAY.... St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1:30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.  
 FRIDAY..... Westminster Ophthalmic, 1:30 P.M.  
 SATURDAY.... St. Thomas's, 1 P.M.—St. Bartholomew's, 1:30 P.M.—King's College, 1:30 P.M.—Charing Cross, 2 P.M.

## MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Medical, 8.30 P.M.: Mr. Gay on Abdominal Bands as Causes of Intestinal Obstruction.—Royal Geographical.—Royal College of Physicians, 8.30 P.M.: Dr. Beale on the Structure and Growth of Tissues.  
 TUESDAY. Royal College of Surgeons, 4 P.M.: Professor Quekett, "On the Organs of Digestion."—Royal Medical and Chirurgical, 8.30 P.M.: Dr. Robert Lee on Uterine Polypi; Mr. Henry Thompson, Case of Elephantiasis; Dr. Sansom on the Action of Chloroform.  
 THURSDAY. Royal College of Surgeons, 4 P.M.: Professor Quekett, "On the Organs of Digestion."  
 SATURDAY. Royal College of Surgeons, 4 P.M.: Professor Quekett, "On the Organs of Digestion."—Chemical (Anniversary).

## POPULATION STATISTICS AND METEOROLOGY OF LONDON—MARCH 16TH, 1861.

[From the Registrar-General's Report.]

	Births.	Deaths.
During week.....	{ Boys.. 996 Girls.. 964 }	1960 1226
Average of corresponding weeks 1851-60 .....		1788 1427

**Barometer:**  
 Highest (Th.) 30.097; lowest (Mon.) 29.200; mean 29.686.  
**Thermometer:**  
 Highest in sun—extremes (Sun.) 100.5 degrees; (Tu.) 56 degrees.  
 In shade—highest (Sun.) 57.8 degrees; lowest (Th.) 29.1 degrees.  
 Mean—42.4 degrees; difference from mean of 43 yrs.—1.4 degs.  
 Range—during week, 28.7 degrees; mean daily, 16.8 degrees.  
 Mean humidity of air (saturation = 100) 91.  
 Mean direction of wind, Var.—Rain in inches, 0.55.

## TO CORRESPONDENTS.

\* \* All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

ULCERATION OF THE TONGUE.—In reference to Mr. Weeden Cooke's paper on "The Surgical Diseases of the Tongue," Mr. S. S. Dyer writes:—

"I cannot but believe that the report has been defective in one particular, and that, under the head of Ulceration, has been omitted the mention of such disease dependent upon the irritation set up by carious teeth, or sharp-pointed stumps. Ulceration arising from such a cause is so common that I can hardly imagine a paper would have been read on this disease in general, without any allusion to this particular variety; and I am sure Mr. Weeden Cooke will pardon my drawing attention to what I fancy must have been an omission of the reporters. During the last fifteen years, I have seen several cases of ulceration, more or less extensive, of the side of the tongue, and, on examining the mouth have so generally found black and pointed stumps of teeth, or sharp edges of decayed ones, that it has become quite natural to look upon such as instances of cause and effect; and I think no case of ulceration at the sides of the tongue can have been thoroughly investigated until the teeth, or their remains, have been examined."

POOR-LAW MEDICAL REFORM.—The Committee of the Metropolitan Poor-Law Medical Officers, who are now meeting to devise measures for protecting the interests of the Poor-Law Medical Officers, have appointed a sub-Committee to collate facts and prepare a statement, on which to base evidence to be laid before the Poor-Law Committee of the House of Commons. The said sub-Committee will be happy to receive any communications from their Poor-Law medical brethren, detailing any fact within their respective experience, which bears on the agitated question of Poor-Law Medical Reform. All letters to be addressed to the Honorary Secretary, Dr. Robert Fowler, 145, Bishopsgate Street Without, E.C., before April 8th proximo.

A GOOD SUGGESTION.—Mr. Fleischmann suggests that it would be well for the Association if "a list were from time to time published of the names of members in each town, just as the New Sydenham Society have done. This would enable anyone to tell at a glance those members of the profession who were not members of the Association, and whom frequently a word would induce to join. At present, one is often unable to say who is and who is not in our ranks. Besides, the list would then become a periodical reminder that it is the duty of each member to extend the number, and at the same time the influence, of a confederation which has done, is doing, and, I trust, will do so much towards placing us in a better position. A star affixed to each name might indicate whether the subscription was paid or not."

THE LONDON MEDICAL REVIEW.—SIR: In reference to the letter I wrote you last week, disclaiming all connection with the *London Medical Review*, I now beg permission to say that I intended no offence to the various contributors to that journal, amongst whom I number some of my own personal acquaintances. Writing under considerable vexation, I might have used expressions which, by implication were annoying to them; but my sole object was to disabuse the minds of my friends (especially my hospital colleagues) that I had any connection whatever with the journal. To injure any one was farthest from my object. Having also stated in some private letters that the circulation of the *Review* was much exaggerated, I beg to add that, having been shewn the subscribers' book, the names therein amount to 600, amongst whom are most of the leading men of Edinburgh and Glasgow. As the object of my first letter was to do an act of justice to myself, so I pen this second one to remove any suspicion of injustice done to others. Apologising for thus troubling you, I am, etc.,

SAMUEL WILKS.

11, St. Thomas Street, Southwark, March 20, 1861.

Dr. MAUDSLEY's letter shall appear in our next number.

COMMUNICATIONS have been received from:—Dr. P. H. WILLIAMS; Dr. JAMES ALDERSON; Mr. P. C. PRICE; Dr. McWILLIAM; Mr. W. E. C. NOURSE; Dr. MAUDSLEY; Mr. DYER; Dr. J. BARCLAY; Dr. T. J. WALKER; Mr. T. M. STONE; Dr. WILKS; Mr. FLEISCHMANN; Dr. HAUGHTON; Mr. TAYLOR; Mr. DURN; Dr. R. FOWLER; and Dr. INMAN.

## BOOKS RECEIVED.

1. Letters from Abroad, from a Physician in Search of Health. By William Bullar, M.D. London: Van Voorst. 1861.
2. On the Admission of Air into Serous Cavities. By Alfred Meadows, M.D. Lond. London: 1860.
3. An Essay on the Use of Nitrate of Silver, in the Cure of Inflammation, Wounds, and Ulcers. By John Higginbottom, F.R.S. London: John Churchill.
4. Additional Observations on the Nitrate of Silver; with full Directions for its Use as a Therapeutic Agent. By John Higginbottom, F.R.S. London: Churchill. 1860.
5. The Anatomists' Vade Mecum. By Erasmus Wilson, F.R.S. Eighth edition. London: Churchill. 1861.
6. A Practical Treatise on Diseases of the Skin in Children; from the French of Caillaud. With Notes. By Robert H. Blake. London: Churchill. 1861.
7. Notes on Recent Sanitary Legislation. By E. Lankester, M.D.
8. On the Admission of Air into Serous Cavities. By A. Meadows, M.D.
9. Syllabus of the Lectures on the Causes of Fevers. By T. Laycock, M.D. Edinburgh: 1861.
10. Diphtheria: its Symptoms and Treatment. By William Jenner M.D. London: Walton and Maberly. 1861.