

mands that Councillors should be elected to administer the affairs of the College, not for the purpose of being made Examiners. Common justice and the good of the College require that Examiners should be elected and hold office for five years only, and not for life. Common justice demands, also, that country Fellows should vote by papers at the Council elections. Reform under the present Charter is a thing impossible. If our leading surgeons were angels, we might expect them to sacrifice themselves for the good of the College; but, as they are substantial men with families, they wisely decline doing anything of the sort. It is wrong to blame individuals. It is the position which is utterly false, and which forces men who get into it into distorted attitudes. The remedy is a new Charter—a Charter suited to 1866. The present one was made and is fitted only for the times when men regarded Examinerships as the private property of a few leading London hospital surgeons.

It is worse than a delusion to pretend that the present Charter contains all that is necessary for reform—worse than a delusion, in the face of the fact that the Council have never in one single instance obeyed its reforming indications. That the Council never have done so, up to this moment, is pretty certain proof that they never will do so. What is the use of the Charter saying men shall be elected Examiners for five years, if, by a constant system of re-election, the Council virtually make them Examiners for life? What is the use of a Charter, which says that Examiners may be elected from outside the Council, if the Council never so elect them? What is the use of a Charter, whose spirit may be, and has been from the moment of its promulgation, set at nought because its words are permissive only? The interests of the Council as individuals stand in opposition to their duties as administrators of the Charter; and, as the Council can ignore the spirit and stand by the words of the Charter, it has naturally done so, because, as we have said, Councillors are only men. That such will be the case until the spirit of the present Charter is enforced in its words, we have full right to anticipate, from the manner in which it has been interpreted and constantly administered up to the very present moment.

THE important French Government Committee, appointed in 1862, to inquire into the hygiene and medical service of hospitals, have already published five valuable reports. The first, on Hospital Dietary, published in 1864, was drawn up by M. Payen; the next, on the Mortality of Puerperal Women, etc., was written by Malgaigne; General Morin issued two Reports on the Ventilation and Warming of Hospitals; and M. Devergie drew up the one on the Hygienic Conditions to be fulfilled in the Erection of Hospitals.

Association Intelligence.

BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

THE Thirty-fourth Annual Meeting of the British Medical Association will be held at Chester, on Tuesday, Wednesday, Thursday, and Friday, the 7th, 8th, 9th, and 10th days of August next.

President—S. J. JEAFFRESON, M.D. Cantab.

President-elect—EDWARD WATERS, M.D. Edin.

The Address in Medicine will be delivered by J. HUGHES BENNETT, M.D., F.R.S. Edin., Professor of the Institutes of Medicine and Clinical Medicine in the University of Edinburgh.

The Address in Surgery will be delivered by WILLIAM BOWMAN, Esq., F.R.S., etc.

The following special subjects will be introduced for discussion:—

Dr. SIBSON, F.R.S., and Mr. HOLMES: What is the influence of Hospitals on Health and Mortality,

Dr. STEWART: Is the Expectant Method to be relied upon in the Treatment of any form of Acute Disease?

Mr. ALFRED BAKER (Birmingham): Are there any trustworthy facts as to the Origin of Pyæmia?

PROFESSOR CHRISTISON, F.R.S. (Edinburgh): Observations on the Register of Deaths in Scotland.

T. WATKIN WILLIAMS, *General Secretary*.

13, Newhall Street, Birmingham, June 8th, 1866.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
LANCASH. & CHESHIRE. [Annual.]	Medical Institution, Liverpool.	Wednesday, June 13.
SOUTH-EASTERN. [Annual.]	Sussex Hotel, Tunbridge Wells.	Thursday, June 14, 1.15 P.M.
BIRMINGHAM AND MID- LAND COUNTIES. [Annual.]	Hen and Chickens Hotel, Birmingham.	Friday, June 15th, 3.30 P.M.
MIDLAND. [Annual.]	Guildhall, Lincoln.	Thursday, June 21, 1.30 P.M.
NORTHERN. [Annual.]	County Hospital, Durham.	Friday, June 22, 2.30 P.M.
CAMBRIDGE AND HUNTINGDON. [Annual.]	Committee Room of the Corn Exchange, St. Neots.	Tuesday, June 26th, 2.30 P.M.
EAST ANGLIAN. [Annual.]	Museum Room of Hospital, Norwich.	Friday, June 29th, 2 P.M.
NORTH WALES. [Annual.]	George Hotel, near Bangor.	Tuesday, July 3, 12 noon.
METROPOL. COUNTIES. [Annual.]	Crystal Palace, Sydenham.	Wednesday, July 4, 3 P.M.

LANCASHIRE AND CHESHIRE BRANCH.

THE annual meeting of the Lancashire and Cheshire Branch will be held in the Medical Institution, Mount Pleasant, Liverpool, on Wednesday, June 13th; A. T. H. WATERS, M.D., President, in the chair. The meeting will commence at half-past Twelve. The members will dine together at the Adelphi at half-past Four. Tickets Eight Shillings each, including dessert, but not including wine.

Gentlemen intending to read papers or cases are requested to forward the titles of the same to the Honorary Secretary, without delay.

HENRY SIMPSON, M.D., *Hon. Sec.*

10, Chatham Street, Piccadilly, Manchester.

SOUTH EASTERN BRANCH.

THE annual meeting of the South Eastern Branch will be held at the Sussex Hotel, Tunbridge Wells, on Thursday, June 14th, at 1.15 P.M.; CHARLES TRUSTRAM, Esq., President, in the chair. The members will dine together at 5 P.M. Tickets, including dessert, coffee, and attendance, 7s. 6d. each.

Gentlemen intending to read papers or cases, are requested to forward the titles of the same to the Secretary, without delay.

C. HOLMAN, M.D., *Hon. Secretary.*

Reigate, June 5th, 1866.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

THE annual meeting of the Birmingham and Midland Counties Branch will be held at the Hen and Chickens Hotel, Birmingham, on Friday, June 15th, at 3.30 P.M.; DR. CARTER, President, in the chair.

The members will afterwards dine together. Dinner on the table at 5 o'clock P.M. precisely.

T. H. BARTLETT, *Hon. Secretary.*

MIDLAND BRANCH.

THE annual meeting of the Midland Branch will be held in the Guildhall, Lincoln, on Thursday, June 21st, at 1.30 P.M.; SEPTIMUS LOWE, Esq., President, in the chair. Dinner at the Saracen's Head at 3.30 P.M.

Gentlemen intending to read papers or cases, are requested to communicate, as soon as convenient, with Dr. MITCHINSON, *Hon. Secretary.*

Lincoln, June 5th, 1866.

NORTHERN BRANCH.

THE annual meeting of the Northern Branch will be held in the County Hospital, Durham, on Friday, June 22nd, at 2.30 P.M.; SIR JOHN FIFE, F.R.C.S., President, in the chair.

Dinner at the County Hotel, at 5 P.M.

Gentlemen intending to read papers or cases, are requested to forward the titles of the same to the Honorary Secretary without delay.

G. H. PHILIPSON, M.D., *Hon. Sec.*

Newcastle-upon-Tyne, May 19th, 1866.

CAMBRIDGE AND HUNTINGDON BRANCH.

THE annual meeting of the Cambridge and Huntingdon Branch will be held at St. Neots, in the Committee Room of the Corn Exchange, on Tuesday, June 26th, at 2.30 P.M.; J. J. EVANS, Esq., President, in the chair.

Gentlemen intending to read papers or cases are requested to forward the titles of the same to the Honorary Secretary, without delay.

P. W. LATHAM, M.D., *Hon. Secretary.*

15, Sidney Street, Cambridge.

EAST ANGLIAN BRANCH.

THE annual meeting of the East Anglian Branch will be held at Norwich, in the Museum Room of the Norfolk and Norwich Hospital, on Friday, June 29th, at 2 P.M.; T. W. CROSS, Esq., President, in the chair. The members will afterwards dine together at 5.30 P.M.

Gentlemen intending to read papers or cases are requested to forward the titles of the same to the Honorary Secretary, without delay.

J. B. PITT, *Hon. Secretary.*

St. Stephen's Street, Norwich.

NORTH WALES BRANCH.

THE annual meeting of the North Wales Branch will be held at Westbury Mount, Menai Bridge, the residence of R. Thomas, Esq., on Tuesday, July 3rd, at 12 o'clock noon; J. C. DAVIES, M.D., of Holywell, President, in the chair. Luncheon will be provided by Mr. Thomas. After the meeting, the members and their friends will dine together at the George Hotel, near Bangor, at 3 P.M.

Gentlemen having papers or cases to read, are requested to make an early intimation of the same; and also to state whether they intend to stay for dinner, to the Secretary.

D. KENT JONES, *Hon. Secretary.*

Beaumaris, June 5th, 1866.

METROPOLITAN COUNTIES BRANCH.

THE fourteenth annual meeting of the Metropolitan Counties Branch will be held at the Crystal Palace, Sydenham, on Wednesday, July 4th, at 3 P.M. President for 1865-66, EDWARD H. SIEVEKING, M.D.; President-elect for 1866-67, HENRY LEE, Esq., F.R.C.S. At 5.30 P.M., the members will dine together; HENRY LEE, Esq., in the chair.

A. P. STEWART, M.D.

ALEXANDER HENRY, M.D. } *Hon. Secs.*

London, June 4th, 1866.

EAST YORK AND NORTH LINCOLN BRANCH: ANNUAL MEETING.

THE tenth annual meeting of this Branch was held at the Hull Infirmary on Wednesday, May 23rd, 1866; W. J. LUNN, M.D., President. Fourteen members and three visitors were present.

Officers and Council. H. M. Leppington, Esq., of Grimsby, was chosen President-elect. The following gentlemen were elected on the committee for the ensuing year. Sir H. Cooper, H. Sandwith, M.D., O. Daly, M.D., R. L. Sleight, Esq., R. M. Craven, Esq., and H. Gibson, Esq.; J. F. Holden, Esq., *Secretary*; and J. A. Locking, Esq., *Treasurer*.

The late Robert Hardey, Esq. Dr. HUMPHREY SANDWITH proposed—

“That this Branch of the Association records its deep sense of the loss it has sustained in the death of Mr. Hardey, and also offers its sincere condolence to his bereaved family.”

This was seconded by Sir H. COOPER, and carried unanimously.

Remarks by the President. Dr. LUNN made some highly interesting introductory remarks, in which he feelingly alluded to the death of Mr. Hardey, one of the oldest members of the Branch, who, by his urbanity of manner and high tone of professional conduct, had endeared himself to the profession at large.

Papers. The following papers were then read.

1. A posthumous paper on Pyæmia. By R. Hardey, Esq. It was determined to forward this paper to the JOURNAL for publication. [This paper has been received.]

2. On the Relation between Cholera and Diarrhoea. By Sir H. Cooper, M.D. [This paper has been received.]

3. On Lithotomy. By R. M. Craven, Esq.

4. Case of Aneurism of Carotid Artery, successfully treated by the Wire-Compress. By John Dix, Esq.

An interesting discussion took place on this case, in which Mr. T. P. Teale, jun., of Leeds, took part;

that gentleman having treated a case of popliteal aneurism on the plan advocated by Mr. Dix.

5. Dr. O. Daly showed some rare specimens of Tertiary Syphilitic Tumours in the Brain, Heart, Lungs, etc.

Other papers were on the list; but time did not allow them to be read.

Dinner. At the close of the business, the members and their friends dined together at Bainton's Victoria Hotel.

METROPOLITAN COUNTIES BRANCH: ORDINARY MEETING.

An ordinary meeting of the Metropolitan Counties Branch was held at 37, Soho Square, on Friday, May 25th, at 8 P.M.; EDWARD H. SIEVEKING, M.D., President, in the Chair. Twenty members and visitors were present.

The Action against Dr. Armstrong. Dr. HENRY proposed, and Mr. HUNT seconded, the following resolutions, which were carried unanimously.

"That this meeting desires to express its sympathy with Dr. Armstrong of Gravesend and his son, on account of the annoyance and expense to which they have been put by the vexatious and groundless action for malapraxis recently brought against them, of Rudman *versus* Armstrong and another.

"That this meeting considers that Dr. Armstrong, in allowing himself to be subjected to the inconvenience of public trial in a court of law rather than make a pecuniary compromise with the plaintiff, acted consistently with his own honour and with the honour of the medical profession; and that his conduct is worthy of approbation.

"That this meeting offers its sincere congratulations to Dr. Armstrong and his son on the result of the trial."

Public Vaccination. By B. W. RICHARDSON, M.D. Dr. Richardson commenced by pointing out that members of the medical profession, in considering the subject of vaccination, ought first to place themselves in the position of the public at large, and to respect many of what might be called the prejudices of the people. These prejudices, even though the result of ignorance, should not be severely criticised, but rather removed by reason and by judicious instruction. In many points bearing upon vaccination, medical men themselves required more light; and amongst them there was the widest difference of opinion as to the measures that were required to ensure a perfect and general system of vaccination.

In considering vaccination in its legal bearings, it was a primary question, Whether compulsory vaccination is really necessary? To ensure the success of compulsory vaccination, a purely despotic action must be sustained. In addition, there must be some test or standard by which the success may be proved. 1. Either a child must be forbidden communion with a church until vaccinated; 2. Or it must be forbidden registration; 3. Or it must be officially inspected at a given time after birth; 4. Or a public officer must be empowered to visit every child at some period, and, *vi et armis*, vaccinate it. Dr. Richardson contended that, in Great Britain and Ireland, not one of these methods could be carried out. This fact had been recognised by all our legislators; and, as a consequence, every legislative scheme became a half-and-half measure, sufficiently despotic to excite vehement opposition, and sufficiently inoperative to breed contempt.

Dr. Richardson next analysed Mr. Bruce's Bill, and maintained that it had all the faults of previous

measures. The registration scheme would fail, because there was and could be no such thing as enforced registration. The machinery for carrying out the purposes of the Act was loose and feeble; the law was left entirely permissive; there was no attempt made to secure revaccination; and the means were not afforded for giving the registrar or other appointed officer the power to inspect.

On the medical side of the question, Dr. Richardson urged that vaccination could only be carried out efficiently by and through the moral suasion and influence of the medical body as a whole. He held that the plan proposed by Dr. Lilley, for making every medical man a public vaccinator, and for paying a small fee (say of 1s. 6d.) for every certificate of successful vaccination supplied to the registrar by the medical man, would be the most efficient plan that could be carried out. The payment of the certificate-fee would not interfere with the payment for the operation by the friends of the child; and it would be an inducement in every case to the practitioner to see every child under his care properly vaccinated. It was vain to say that every child, whose parents could not pay their own medical man, must perforce be vaccinated by another medical man. On this point of selection of the operator, the poor, not less than the rich, had deep feeling; and that feeling in both classes, in one as much as in the other, must be respected. It was a correct feeling, and an Englishman who ignored it would not be worth legislating for at all. The only argument worthy of notice against the principle of making every medical man a public vaccinator was, that under such a system the supply of fresh lymph could not be kept up. In reply to this, Dr. Richardson said that at present the supply from the vaccine-stations was ineffective, and could never be regulated by law, inasmuch as the Act did not and could not give any vaccinator the right to take matter from the arm of any child without the consent of the parent. On this topic, he read a letter from Mr. H. Terry, jun., of Northampton, in which the same fact was brought out. He then passed on to explain that, if every man were a public vaccinator, there would be more vaccination; and that it could not be of moment whether one man vaccinated one hundred children on a given day, or whether a hundred men did it.

Dr. Richardson summed up by suggesting the formation of a Central Vaccine Board, which should collate all the facts respecting vaccination and small-pox throughout the country; which should receive the certificates of vaccination, and be a Board of reference and general control. Such a Board, supervising the whole kingdom, and having every qualified medical man who wished to become so its officer, would be most efficient; it would secure by its moral influence a thorough vaccination of the whole kingdom; and the people would soon learn, without coercion, the great blessing bestowed on them, by the great practical good that would follow.

The PRESIDENT, after some remarks on the importance of the subject brought forward, observed that there had been a great reduction of liability to small-pox in this country since the introduction of vaccination; but still the rate of mortality from the disease was higher than in some parts of the continent. With regard to the objection against compulsion, the misfortune was that, by leaving vaccination in the hands of the public, and through its consequent neglect, the enlightened portion suffered as well as the unenlightened. It would not be right to introduce despotic means of enforcing vaccination; but still it would be a pity if some measures were not taken. He agreed with Dr. Richardson that it would not be practicable to enforce vaccination

through the church. Nor could its universal performance be guaranteed by means of the registration of births; for a very large number of births—which he believed might be estimated at 500,000—were never reported. He feared that it would not be possible to make such new enactments as would thoroughly meet the demands of the case; but that much must be left to the march of intellect.

Mr. HUNT said that, ten or twelve years ago, he was a member of a Vaccination Committee of the Epidemiological Society. At that time, Lord Lyttelton's Bill was under consideration; and the Committee waited on his lordship, and expressed their opinion that any plan for compulsory vaccination would never succeed. The result proved that this opinion was correct: the Act had been again and again altered, but an efficient system of public vaccination was as distant as ever. He agreed with Dr. Richardson that there was very little hope of success from compulsory vaccination; but at the same time it must be remembered that, in many continental countries, it had been successful. He (Mr. Hunt) had had occasion, as a member of the Committee which he had mentioned, to examine returns on small-pox and vaccination sent from Bengal and Bombay. In Bengal, vaccination could not be made general, on account of the religious prejudices of the natives; and hence there had been severe inroads of small-pox in Calcutta and other places. This evil state of matters extended over the whole of the Bengal presidency. In Bombay, on the other hand, compulsory vaccination was carried out most successfully; and small-pox was of extremely rare occurrence in the entire presidency, scarcely any cases occurring but such as were imported by strangers. These facts taught two lessons: first, that vaccination was capable of abolishing small-pox; and second, that compulsory vaccination could not be carried out where political or religious prejudices prevailed. The great thing to be done was to enlighten the public—to show them that the occurrence of small-pox could be prevented by vaccination. As an illustration of the efficacy of thorough vaccination, he mentioned that, from 1812 to 1820, he had been in practice in a district extending over sixty or seventy square miles, and during that time he heard of only two cases of small-pox. There was no reason why, in like manner, small-pox should not be abolished over the entire country. He felt strongly that, if the whole population could be vaccinated, the country would be free from small-pox; but the great difficulty was, how to effect this universal vaccination.

Dr. FITZPATRICK had been in charge of large districts in the Madras presidency, where attempts had been made to enforce vaccination, but had been defeated by religious prejudices, the native vaccinators being mostly men of low caste. Subsequently, vaccination had been more extensively carried out, and the amount of small-pox was much diminished; but still the disease was very frequent. The natives endeavoured to escape vaccination; and would often, when vaccinators were sent among them, retreat into the jungle. There was this difficulty attending the attempt to carry out vaccination in Madras, that it was an object with the vaccinators to report as many successful cases as possible for the sake of the pay, but there was no guarantee that the operations had been properly performed. It had been found on examination, indeed, that many of the vaccinators did not understand their duty; and that many thousands of those reported to be successfully vaccinated were not safe against small-pox. Within the last few years, inspectors had been appointed, to examine the cases reported to have been vaccinated. With regard to bad vaccination, he would observe that,

even in this country, the operation was not always properly performed; the vaccine matter, as he had seen in cases which had come under his notice while attached to the Dispensary in Bath, was sometimes taken from diseased children. The main point in carrying out vaccination was to take care that the lymph was good; and he saw no reason why vaccination should not be made compulsory.

Dr. HILLIER differed greatly from the opinions expressed by Dr. Richardson. Much must, indeed, be done by educating the people—and this was a most important matter. But compulsory vaccination was not only possible, but advisable. He would not say that an absolute compulsory system could be carried out; but, in a modified form, it would be likely to prevent the omission of vaccination through pure negligence. It was for the children of parents who cared little about them, or who were constantly moving about, that an authoritative plan of vaccination was most required. In order that any plan of compulsory vaccination might be useful, it was indispensable that the vaccination should be efficiently performed, and that there should be a supply of good vaccine lymph: imperfect or careless vaccination, and the employment of bad and useless lymph, furnished a reason for opposition. In order to ensure a supply of good lymph, there should be a reduction of the number of vaccinators; they should be appointed by Government, and the vaccination stations should be placed under careful inspection. So long as a multiplicity of vaccinators was kept up, they must be necessarily driven to employ all kinds of expedients for obtaining good lymph, unless they could keep up the supply of vaccinated children. If public vaccinators were appointed in the way he proposed, it might be that the English feeling would prevent many persons from employing them; but he believed that ultimately even those persons who could pay for the operation would bring their children to them. Mr. Bruce's Bill was not altogether satisfactory as a means of enforcing vaccination; but it was an improvement on previous measures, as the onus of non-compliance would rest with the parents or guardians of the child. He saw no reason why the registration of births should not be made compulsory. There was a way in which vaccination might be encouraged: every child, before entering a national school, or being entitled to government aid of any kind, should be required to present proof of vaccination; and the large employers of labour should be recommended to enforce a similar rule.

Dr. T. BALLARD expressed his want of belief in the occurrence of the disastrous consequences which were alleged to follow vaccination—except syphilis, the communication of which by vaccination was still *sub judice*, and was certainly very rare. So long as medical men recognised such consequences, the public would believe in their occurrence. The symptoms which were alleged to follow vaccination, he believed, were not due to this; but the subject required investigation.

Mr. LILLEY (who was present as a visitor) said that the inefficiency of the Vaccination Act now in force had been made apparent to him by the increase of small-pox among adults in his practice. He attended a number of mechanics and persons in similar circumstances, whose children were not vaccinated because the parents would not take them to the public vaccinator. He would make the law even more compulsory in one respect, by imprisoning those who neglected to have their children vaccinated. But he believed that the best way of overcoming objections was to recognise every medical man as a public vaccinator; so that, after attending a case of labour, he might vaccinate the child and

furnish the necessary certificate, the payment for which should not interfere with his private fee.

Mr. HENRY LEE objected to the principle that Government should be expected to pay for vaccination in cases where the parents themselves were able to pay their medical advisers. He believed that the great impediment to vaccination lay in the prejudices which prevailed among the people, especially in the midland districts. There was, without doubt, a notion extensively prevailing that various diseases were produced by vaccination; and, he believed, this notion was supported by the circumstance that many had died after so-called syphilitic inoculation. In England there was, beyond question, a great deal of careless vaccination; and even on the continent the common use of the word "pustule" indicated a misconception, for the pustular stage was not that in which lymph should be taken from the arm. But that vaccination produced all the diseases attributed to it, he did not admit. It probably caused the development of latent diseases already existing; and it should be impressed on the public that the symptoms occasionally following vaccination arose in this way, and not from actual introduction; and that it was probably better that they should thus appear than become developed, perhaps under more unfavourable circumstances, at a later period. Syphilis, he believed, might be introduced by vaccination; but the accident was of very rare occurrence. Mr. Lee concluded by stating his conviction that it was most important that medical men should thoroughly understand the subject of vaccination, and that the public should be taught to feel confidence in the operation.

Mr. WILLIAM MARTIN asked how far the Government encouraged vaccination among public *employés*, except in the army, navy, and police. It might with advantage be enforced in the Post Office and other public departments. He suggested that the best means of promoting vaccination would be the formation of an association for the purpose.

Dr. CORMACK said that the great diversity of opinion which had been expressed in the course of the debate upon some of the most vital questions connected with vaccination, showed that medical men ought to criticise very leniently recent legislation on this subject. If the members of such a meeting as the present were at variance upon the fundamental scientific principles, whence was parliament to derive its guidance? But was the diversity of medical opinion, which had cropped out in the debate, justifiable? He thought that it was at least very difficult to explain. Innumerable facts, and a constantly cumulating medical experience, showed that when there was an universally enforced system of efficient vaccination in a district, a total or nearly total immunity from small-pox was secured to the inhabitants of that district. As this fact had been kept in view in all recent legislation upon vaccination—from Lord Lyttelton's Act to the Bill of Mr. Bruce now before the House of Commons—some praise at least was due to parliament; and the results of recent legislation proved, likewise, that it had not been altogether valueless. The appointment of public vaccinators had diminished the prevalence of small-pox, and had almost banished it from some districts in which, up to the passing of Lord Lyttelton's Act, it had existed as a chronic scourge. No doubt the Vaccination Acts were still very faulty; but this had not arisen from ignorance by those who prepared them of what was required, but from the prejudices to which they had to yield, and the obstructions which they had to try to smooth down but dared not remove. The debates in parliament proved the correctness of this statement. If the meeting proposed to take any action in this

matter, by petition or otherwise, he (Dr. Cormack) would suggest that it gave chief prominence to the two points upon which Dr. Hillier had so well insisted—that provision must be made for *efficient* vaccination, and that the practice must be *compulsorily enforced* to the utmost possible extent consistent with public opinion. He (Dr. Cormack) thought that, if all medical men were recognised and paid as public vaccinators, according to Dr. Richardson's plan, it would be impossible to obtain security for efficiency: first, there would be an immense difficulty in keeping up over the kingdom an abundant supply and distribution of good vaccine matter; and, second, thorough inspection of the vaccinators would be impracticable. Now, unless the lymph were good and always forthcoming when required, there could be no such thing as an efficient system of national vaccination; and it would be equally in vain to look for such a system unless there were a very thorough inspection of the vaccination of the people independent of local authority. Vaccination was in itself a simple affair; but, nevertheless, it had been shown that all medical men were not trustworthy vaccinators. To prevent the natural jealousy of public vaccinators which many private practitioners entertained, it might be necessary to debar public vaccinators from private practice, and to make their posts adequately remunerative by diminishing their number in large towns. This would facilitate vigilant inspection, without which no system could be trustworthy. The principle of compulsion was difficult to carry out, but in itself it was not unconstitutional. The law did not allow a man to set fire to his house, as by so doing he endangered his neighbour's house. Why then should it allow a man to abstain from vaccinating his children? Was it less constitutional to restrain individual liberty, with a view to prevent a general conflagration, than for the purpose of preventing a general pestilence? Surely not. The principle of compulsion was in theory perfectly sound; the difficulty was how to carry it largely into practice, in such a way as not to make it offensive. More might be done by indirect methods of compulsion than had yet been tried. All children before admission to public or private schools ought to show proof of having been properly vaccinated; and the same rule might be applied to all workers in factories and to all such like assemblages, just as it was carried out in the military and police services. The objections to vaccination were applicable only under certain exceptional circumstances, and in a few cases. The scanty credit which vaccination received in some quarters was chiefly due to the want of a system to apply it efficiently to the whole community. That was a great social truth, which physicians ought to proclaim whenever there was an opportunity. To attract public attention to controversial questions, and to matters of mere medical curiosity connected with the subject, was a course to be avoided. It was calculated to obscure truth.

Dr. DUPLEX said that, in France, there was a law that no child should be admitted into a school before having been vaccinated; and that this regulation proved very effective.

Dr. STEWART said that the subject was one of increasing public importance. He differed to some extent from the views expressed by Dr. Richardson; and was strongly impressed with the importance of making vaccination in some sense compulsory. To hold out inducements might be an useful means of promoting vaccination; but that there was an effectual method, was evident from a fact with which he had been much struck—that over nearly the whole of Northern Europe small-pox might be said to be extinct. The English Government had already partially adopted

the continental system, by requiring that the men in the public services should be vaccinated; and he saw no reason why this experiment should not be carried out to a much greater extent. At present, instead of diminishing, the mortality from small-pox in this country was increasing. The prejudices which existed against vaccination in many parts of the country were greater than was commonly known. Mr. Lee had referred to the midland counties; and he (Dr. Stewart) had been repeatedly informed by his pupils of the prejudices which prevailed in the south-western counties—Devonshire and Cornwall. He had been informed that, in a town in the former county, there had been repeated epidemics of variola arising from inoculation, to which the inhabitants were accustomed to have recourse when there was any fear of small-pox. More recently, however, the prejudice against vaccination had been diminishing, principally in consequence of the action of the medical officers and public vaccinators. This fact shewed that, by dealing with the people in the right way, their prejudices would be overcome. He agreed with the observation already made, that there were a large number of cases of imperfect vaccination; and he had found repeated evidences of this on inspecting the arms of his patients. Much of this imperfect vaccination, he believed, arose from the difficulty which private practitioners experienced in keeping up a supply of lymph. With regard to the proposed plan of appointing public vaccinators, he thought that it would be attended with much difficulty in country districts, where either the children must, with difficulty and perhaps with danger to their lives, be brought to the vaccinator, or the vaccinator must be paid large fees in consideration of the distances over which he had to travel. In large and popular centres, on the other hand, this difficulty did not exist; and in these the appointment of public vaccinators would be advantageous.

Dr. RICHARDSON had been much interested by the discussion, and hoped that the subject would not be dropped, but that the Branch would again meet and take some action in the matter. Even in the present meeting all phases of public opinion were represented; some of the members being in favour of compulsory vaccination, while others were opposed to it. Seeing that there was such difference of opinion among medical men, it was right that, as Dr. Cormack had suggested, that the public should be treated leniently. The discussion had only strengthened his conviction of the impossibility of enforcing vaccination. There was a way of endeavouring to gain an object by always catching at it without success. This was the way in which it had been attempted to carry out vaccination; and to it he attributed the retrograde movement which had taken place in this direction. It was impossible to make vaccination compulsory; and the attempt only brought discredit on the proceeding. How could compulsory regulations be effective in the face of prejudices? Again, compulsory vaccination was opposed to the common law. He repeated, that Mr. Bruce's Bill shewed the futility of attempts to enforce vaccination. The Bill was permissive in some most important parts; the twenty-ninth clause was of this character. The clause spoke of a "Registrar, or any officer appointed by the Guardians to enforce the provisions of this Act." Was it certain that the Guardians would appoint such an officer? Again, if such officer "had reason to believe that any child under the age of 13 years had not been vaccinated, etc." How was he to prove the grounds of his belief? He had no power to do so. What, too, was to be done in the case of non-vaccinated persons above the age of 13? The clause further provided that the

justice receiving the information may summon before him the person having the custody of the child, and make an order for vaccination. Would this provision be carried out by the justices? The neglect of the order rendered the offender liable to a penalty not exceeding twenty shillings. Was this likely to be a sufficient penalty? Again, the Bill was defective, inasmuch as it made no provision for revaccination, nor for the vaccination of unregistered persons. Gipsies, for instance, did not have their children registered, and were constantly moving from place to place; and he (Dr. Richardson) had known an epidemic of small-pox to have been introduced by them. It would be better to have no Act at all than one of which the provisions could be so extensively evaded. With regard to the enforcement of vaccination on children before being admitted to schools, he did not see how it could be carried out; as a matter of feeling he did not think that the proceeding would be a right one. To imprison persons for not having their children vaccinated, would do more than anything else to establish prejudices against vaccination. The plan of having independent vaccinators, proposed by Dr. Cormack, would lead to great expense. Supposing that only one vaccinator were appointed for every four union medical officers, an outlay of £72,000, not including travelling expenses, would be required. The plan would, he believed, be impracticable. The effect of the plan proposed by Dr. Lilley would be, that every medical man would feel an interest in vaccination, as it would be productive of addition to his income. It was objected that under this plan it would be difficult to keep up a supply of lymph; but in answer to this he would observe, that the same difficulty was met with at present in obtaining lymph from the central stations, and that, if the vaccination were efficiently carried out, the supply must be the same, whether there be one vaccinator or twenty thousand.

Reports of Societies.

HARVEIAN SOCIETY OF LONDON.

APRIL 19TH, 1866.

TYLER SMITH, M.D., President, in the Chair.

Local Anæsthesia by Ether-spray. Dr. C. DREYSDALE said that he had found the apparatus invented by Dr. Richardson for freezing the tissues perfectly successful in causing complete anæsthesia in several operations performed at the Farringdon Dispensary by Mr. Dunn. Among these cases were the incision of a carbuncle, opening of abscesses, excision of warts from the vulva and perineum, and touching large secondary syphilitic ulcers with strong nitric acid, etc. In none of these cases was any pain felt. It appeared to him to be an immense addition to therapeutics.

Mr. I. B. BROWN, jun., said that he had composed a mixture of chloroform and other ingredients, which was free from the objections urged against chloroform, as it took away pain but was not dangerous. This rendered Dr. Richardson's apparatus not of such prime importance. In the case of extraction of teeth, the extreme cold would, he urged, be frequently unbearable; and it would be dangerous to use it in any but the external incisions in ovariotomy. As to the operation of Cæsarean section lately performed, it could not be considered a success, since the child had died.

Dr. CAMPS thought that it was not clear that there was much pain after the external incision in ovario-

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. The following members of the College, having undergone the necessary examinations, were admitted Licentiates in Midwifery at a meeting of the Board, on May 30th.

Anderson, David Hawley Burn, Edinburgh; diploma of membership dated April 24, 1866
Bolton, Reuben, M.D. & M.C. Queen's University, Ireland, 1865, Bangor, co. Down (not a member)
Byles, James Cotton, L.S.A., Albert Terrace, Victoria Park Road; June 24, 1859
Creed, John Mildred, Melbourne, Australia; April 24, 1866
Ferguson, Hugh, Haverstock Hill; April 24, 1866
Gibbes, John Murray, M.B. & M.C. Aberdeen, Sidmouth, Devon; November 15, 1865
Johnston, David, Magherafelt, co. Derry; May 22, 1866
Riley, Joseph, Barnes; April 27, 1866
Shannon, George, M.D. Queen's University, Ireland, Magherafelt, co. Derry; January 26, 1864
Smith, Joseph Wm., Weaverham, Cheshire; April 27, 1866
Stooks, Frederick, Wakefield; April 25, 1866
Thurston, W. French, South Bank, Notting Hill; April 27, 1866

It is stated that three out of the fifteen candidates failed to acquit themselves to the satisfaction of the Board.

APOTHECARIES' HALL. On May 31st, 1866, the following Licentiates were admitted:—

Bond, Thomas, Carey Street, Lincoln's Inn
Cullingworth, Charles James, Bawtry, Yorkshire
Greene, Jas. Shirwen, St. George's, near Wellington, Shropshire
Lloyd, Ridgway Robert S. C. C., Doncaster
Noel, Vincent Edmund, Westbury Terrace, Plymouth
Owen, Richard Walter, Withers, Shrewsbury
Smith, Frederick, Westminster
Smith, Joseph William, Weaverham, Cheshire
Upton, Herbert Chrippes, Petworth Park, Sussex

At the same Court, the following passed the first examination:—

Worts, Charles James, Guy's Hospital

As Assistant:—

Wilson, William F. G., Sympton, Penny Stratford, Bucks

APPOINTMENTS.

ARMY.

ARDEN, Staff-Surgeon W., retiring on half-pay, to have the honorary rank of Deputy Inspector-General of Hospitals.
BINDON, Staff-Surgeon H. V., M.D., from half-pay, to be Staff-Surgeon, *vice* Staff-Surgeon-Major W. Arden.
CHURCHILL, Staff-Assistent-Surgeon A. F., M.D., to be Assistant-Surgeon 31st Foot, *vice* W. Grant, M.B.
FASSON, Surgeon S. H., M.D., Royal Artillery, to be Surgeon-Major, having completed 20 years' full-pay service.
GRANT, Assistant-Surgeon W., M.B., 31st Foot, to be Staff-Surgeon; and subsequently to be Surgeon 87th Foot, *vice* T. Carey.
HANBURY, Surgeon J. A., M.B., 63rd Foot, to be Surgeon Royal Artillery, *vice* T. L. Nash, M.D.
JOHNSON, Assistant-Surgeon F. M.B., 13th Hussars, to be Assistant-Surgeon 108th Foot, *vice* T. D. Milburn.
KINAHAN, Assistant-Surgeon J., Royal Artillery, to be Staff-Assistent-Surgeon, *vice* W. H. Price.
MILBURN, Assistant-Surgeon T. D., 108th Foot, to be Assistant-Surgeon 13th Hussars, *vice* F. Johnson, M.B.
NASH, Surgeon T. L., M.D., Royal Artillery, to be Surgeon 63rd Foot, *vice* J. A. Hanbury, M.B.
PRICE, Staff-Assistent-Surgeon W. H., to be Staff-Surgeon, *vice* Staff-Surgeon E. M. Macpherson.

ROYAL NAVY.

CLAPP, William F., Esq., Assistant-Surgeon, to the *Royal Adelaide*.
LLOYD, William H., M.D., Surgeon, to the *Jason*.
M'CURDY, Benjamin H., Esq., Assistant-Surgeon, to the *Excellent*.

VOLUNTEERS. (A.V.= Artillery Volunteers; R.V.= Rifle Volunteers):—

BLOXAM, J. A., Esq., to be Honorary Assistant-Surgeon 1st Middlesex A.V.
BLYTHMAN, C. S., Esq., to be Honorary Assistant-Surgeon 40th West Riding of Yorkshire R.V.
DOWNING, E., M.D., to be Assistant-Surgeon 1st Administrative Battalion Kent R.V.
GRIEVE, R., Esq., to be Assistant-Surgeon 1st Administrative Battalion East Riding of Yorkshire R.V.

JEFFERSON, T. J., Esq., to be Honorary Assistant-Surgeon 9th East Riding of Yorkshire R.V.
ROSE, H. C., Esq., to be Assistant-Surgeon 3rd Middlesex A.V.
ROWE, C. R., Esq., to be Surgeon 1st Administrative Battalion Dorsetshire R.V.

BIRTHS.

ALLINGHAM. On June 5th, at 36, Finsbury Square, the wife of W. Allingham, Esq., Surgeon, of a son.
ARNISON. On June 1st, at Allandale Town, Northumberland, the wife of George Arnison, Esq., Surgeon, of a daughter.
BOWER. On May 26th, at Windsor, the wife of E. Bower, M.D., of a daughter.
KINGSFORD. On June 1st, at Upper Clapton, the wife of Charles D. Kingsford, M.D., of a daughter.
LYSTER. On June 3rd, at Liverpool, the wife of C. E. Lyster, M.D., of a daughter.
STOKES. On May 28th, at Canonbury Square, the wife of Henry J. Stokes, M.D., of a daughter.
TANNER. On May 31st, at Henrietta Street, Cavendish Square, the wife of *Thomas H. Tanner, M.D., of a daughter.
TERRY. On May 28th, at Newport Pagnell, the wife of *Charles Terry, Esq., of a son.

MARRIAGES.

BELCHER, William Douglas, Esq., of Kennington, to Edith Anna, daughter of William M. Boase, M.D., of Plymouth, at Kennington, on May 4.
CROWTHER, Edward, Esq., second son of Barker Crowther, Esq., Moor Allerton, Leeds, to Eliza Anne, eldest daughter of *John SKYNGTON, Esq., of Ashbourn, on June 6.
DAVIS, Major Gronow, V.C., Royal Artillery, to Anna Wilhelmina Mary, fourth daughter of *H. Cooper READE, Esq., Surgeon-Major, at Clifton, on May 30.
EASTCOTT, James C., Esq., Surgeon R.N., to Emily Catharine, only surviving daughter of William ROBERTS, Esq., H.M. Inland Revenue, London, on June 2.
FORSHALL, Francis H., Esq., L.R.C.P., of Highgate, to Frances Maria, eldest daughter of W. W. SCRIMGEOUR, Esq., of Highgate, on May 31.
*PROBERT, James, Esq., Plymouth Ironworks, Merthyr Tydfil, to Anne, youngest daughter of the late Thomas MORGAN, Esq., of the Graig, Merthyr Tydfil, at Bedwas, on May 29.
TUCK, William H., Esq., eldest son of the Rev. W. G. Tuck, M.A., of Tostock House, Suffolk, to Jane St. John, only daughter of John Wreford BUDD, M.D., of Plymouth, on May 29.

DEATHS.

ANDERTON. On May 20th, at Wavertree, near Liverpool, aged 72, Mary Elizabeth, wife of *Henry Anderton, M.R.C.P. Ed.
COLLET. On May 27th, at Worthing, aged 18, William Edmond, second son of *Henry James Collet, M.D.
HAYNES, Raymond Levi, Esq., Surgeon, at Haringey Park, Crouch End, Hornsey, aged 57, on May 31.
MARTIN. On May 20th, at Ipswich, Hannah, wife of *Robert Martin, Esq., late of Holbrook.
RITCHIE, David, M.D., late Deputy Inspector-General of Hospitals, Bombay Medical Service, at Dalgaire, Cupar, Fife, on May 28.
SHUTE. On May 26th, at Greenwich, aged 22, Louisa, eldest daughter of Gay Shute, Esq., Surgeon.
SURRAGE. On June 3rd, at Downend, Henry J. L., only child of *James Surrage, M.D., of Wineanton.

ERRATUM.—The late Dr. Gilliland, of Hereford, died at the age of 55, not at 81, as erroneously stated last week.

UNIVERSITY OF CAMBRIDGE. At a Congregation holden on May 31, the honorary degree of Doctor of Law was conferred on Professor Adam Sedgwick, M. Alphonse L. P. de Candolle, the celebrated French botanist, and Dr. Joseph Dalton Hooker.

UNION MEDICAL OFFICERS IN IRELAND. On Monday last, Mr. M'Evoy moved a resolution to the effect that the time had now arrived for the Government to adopt the recommendations of the Select Committee of 1858, that "Her Majesty's Government should take into consideration the claims of Ireland to a grant of the half-cost of medical officers of unions, with the view of providing for the same in future, as is now the practice in England and Scotland," fortified, as such recommendation is, by the Report of the Select Committee on Taxation of Ireland in June 1865. The Chancellor of the Exchequer intimated his readiness to grant the concession required, and would make the necessary provision in next year's estimates.

BENEDEK. The first among the generals of Austria is a Hungarian. He was born in 1804 at Oedenburg (Hungary), and was the son of a medical professor.

LA RUE LAREEY, la Rue Dupuytren, and la Rue Antoine-Dubois—streets in the neighbourhood of the Paris School of Medicine are destined to be pulled down.

AN OVERDOSE OF MORPHIA. On the 2nd inst. an inquest was held by Mr. Bedford, on Mr. W. Gravatt. The deceased had been ill about ten months, and was attended by Dr. Poole. On the preceding Tuesday Dr. Poole wrote a prescription, and said, "This is to be given at night if necessary, but not otherwise, and then only the half of it." The whole of it was given at eleven o'clock by the nurse. About half-past six in the morning Mr. Gravatt was making a curious noise and gasping. Dr. Poole was sent for, but he being out, Mr. Langston was called in. The draught contained four grains of muriate of morphia, the half of which was to be taken at once. The jury returned the verdict:—"We find that William Gravatt was accidentally poisoned by an overdose of morphia, given inadvertently by his nurse, to whom, in the jury's opinion, sufficient caution was not given by the medical man in attendance on the deceased."

LOCAL ANÆSTHESIA IN VETERINARY SURGERY. Dr. Richardson's method of local anæsthesia has been applied by the Messrs. Mavor in operations on the horse, with great success. In one operation, that of firing a mare, the leg was first shaved; then the ether spray was applied from the knee to the foot until insensibility was produced; after which the actual cautery was carried sixteen times over the part, apparently without producing pain. The operation of firing on the hock-joint was also in another case performed with complete success. In another, a third operation, the metacarpal nerve was divided on each side, immediately above the fetlock. The skin having first been made insensible, the nerve was laid bare, raised by a curved needle with a blunt point, subjected to the ether-spray, and, when the nerve-structure was entirely frozen, was divided without pain. In a fourth case, after docking, the ether-spray was directed over the bleeding surface, before applying the actual cautery to stop the hæmorrhage. The animal gave no sign of pain under the iron; and the bleeding was effectually stopped. It is said that, in the horse, the skin assumes rather a blue appearance, and the nerve-tissue undergoes extreme contraction. The anæsthesia is produced within the minute, and more ether is not required than for the human subject. All the wounds have healed well, without any appearance of slough.

PRIZES OF THE COLLEGE OF SURGEONS. The Council of the College of Surgeons has just announced that the subject for the Triennial Anatomical Prize, of Fifty Guineas, is "The Anatomical Structure of those parts of the Eyeball which are contained within the Sclerotic and Cornea; with illustrations drawn from each of the five great divisions of the Vertebrata." For the Jacksonian Prize, of Twenty Guineas, there are two subjects for 1866, viz., "Ovariectomy; Pathology and Diagnosis of Cases suitable for this Operation, with the best Method of performing it, and the Results of recorded Cases;" and "Fractures into Joints; their Modes of Union, with the Treatment and Result. The Dissertation to be illustrated by Cases, Preparations, and Drawings." There are also two subjects for prizes for 1867, viz., "The Injuries and Diseases of the Jaws, including those of the Antrum, with the treatment by operation or otherwise; the dissertation to be illustrated by preparations and drawings;" and "The various

Deformities resulting from Severe Burns on the surface of the body, the Structural Changes occasioned by these Injuries, the best modes of preventing Deformities, and the Treatment, Operative or otherwise, adapted to correct them; the dissertation to be illustrated by Cases, Drawings, Photographs, and Casts."

PRESERVATION OF MEAT. At a recent meeting of the Pharmaceutical Society, at Edinburgh, Mr. J. Mackay brought before the meeting a new method of preserving beef, mutton, and other animal substances used for food, in a perfectly fresh condition, free from salt or any other ingredient likely to interfere with the flavour or condition of the material so preserved. Mr. Mackay stated that the discovery was due to Dr. Redwood. In the course of last summer Dr. Redwood commenced a series of experiments with paraffin. The following peculiarities of this substance were referred to, viz., its solidity, whiteness, tastelessness, and entire freedom from smell. At 130° it becomes fluid, and may be raised several hundred degrees above 212°, without altering its condition. It was found that animal substances, when immersed in a bath of paraffin heated to about 300°, rapidly lost their air and water, leaving the juice of the meat to be absorbed by the joint under operation. According to the thickness of the mass of meat, the time of its immersion is increased or diminished. By this process the germs of destruction are found to be quite destroyed, very much on the same principle that the various articles of food are prepared in hermetically sealed vessels, or the calf-foot jelly bottled and kept in a perfect state of preservation. When the meat has thus been allowed to remain a sufficient length of time in the highly-heated paraffin, it is removed, and immediately dipped into a bath containing the same material, at a lower temperature; and after two or three dippings the process is complete, and the substances thus preserved are ready either for home or foreign consumption. Already various samples have been prepared, and, after three months' keeping, have been cooked and found perfectly sweet, and free from any taint whatever.

POISONING BY CARBONIC OXIDE: SUCCESSFUL TRANSFUSION OF BLOOD. Dr. A. S. Meldon reports an interesting case as having lately occurred in Berlin. Early on April 12th, a young man was found apparently lifeless on the floor of his apartment. Dr. Badt was immediately in attendance, and declared it to be a case of poisoning by carbonic oxide gas. He had the body at once removed to a spacious room having free access of air. Artificial respiration was had recourse to, and every effort made, both by Dr. Badt, and Dr. Sachs, to resuscitate the man. At first there seemed but little hope; but the physicians had the satisfaction of perceiving a return of the natural respiration, accompanied by a feeble pulse. The patient gradually improved, and there now seemed every prospect of recovery. Towards two o'clock, however, the pulse became almost imperceptible; the respiration became slow and short, and in fact, all the symptoms of approaching death began to develop themselves. As the last resource, Dr. Badt proposed the operation of transfusion. Professor Martin consented to operate, and at three o'clock, assisted by his son, and by Drs. Badt and Sachs, he introduced a previously well-warmed tube into the median vein, and slowly injected blood. The result was extraordinary: the pulse increased in strength, the respiration became deeper, the eyes immediately opened; the cheeks, before of a ghastly paleness, reddened, and in a few minutes the patient was able to swallow a little water. Nevertheless, he lay in an

almost unconscious state until midnight. The next morning, however, he was so far recovered as to be pronounced out of danger. The blood was taken from his brother, as well as from a commissionaire. Cases of poisoning by carbonic oxide gas are of frequent occurrence in almost every part of Prussia, owing to carelessness in shutting the valve of the stove, by which the gas, generated by the burning wood or coal, is unable to escape. (*Medical Press and Circular.*)

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
 TUESDAY....Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
 WEDNESDAY...St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.
 THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.
 FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
 SATURDAY....St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

TUESDAY. Royal Medical and Chirurgical Society. 8 P.M., Ballot. 8.30 P.M., Mr. Balmanno Squire, "On the Influence of Pregnancy, Lactation, etc., on Chronic Disease of the Skin"; Dr. T. G. Allbutt, "On Premature Menstruation; and on Myeloid Transformation of the Lung."

REGISTRATION OF DISEASE.

RETURN of new cases of disease coming under treatment in public practice. (A.) Manchester and Salford (Sanitary Association). (B.) Preston (R. C. Brown, Esq.). (C.) St. Marylebone, London (Dr. Whitmore). (D.) Birmingham (Dr. Alfred Hill).

In the 5 weeks ending March 31st, 1866.

Diseases.	A.	B.	C.	D.
Small-Pox	11	21	12	1
Chicken-Pox .....	..	3	3	..
Measles	15	22	72	124
Scarlatina	28	..	13	11
Diphtheria .....	..	..	1	5
Hooping-Cough	111	43	78	145
Croup	3	1	1	5
Diarrhoea	144	15	374	196
Dysentery	36	5	3	10
Cholera .....	..	..	..	..
Erysipelas	37	2	26	18
Insanity	47	4	20	1
Bronchitis and Catarrh	1337	197	1287	932
Pleurisy and Pneumonia	93	8	45	26
Carbuncle .....	..	..	..	5
All other diseases and accidents	5560	569	4531	3476
Totals	7422	890	6472	4915

COMMUNICATIONS have been received from:—Mr. RICHARD GRIFFIN; Dr. D. MACKINDER; Dr. BROADBENT; Dr. GEORGE CANNEY; Mr. T. M. STONE; THE HONORARY SECRETARY OF THE HARVEIAN SOCIETY OF LONDON; Mr. M'KEAND; Dr. LEARED; Dr. BARCLAY; Mr. BARWELL; Mr. J. B. CURGENVEN; Dr. R. J. SPITTA; Mr. A. B. STEELE; INQUIRER; Dr. MITCHINSON; THE HON. SECRETARIES OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY; Dr. T. H. GREENHOW; Dr. C. HOLMAN; Mr. D. KENT JONES; Dr. GEORGE JOHNSON; Dr. HOLT DUNN; Mr. T. WATKIN WILLIAMS; and Dr. J. SHEPHERD FLETCHER.

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.

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

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

THE pressure on our space still obliges us to defer the publication of several communications.

TOSSENG FOR AN UNION.—We do not think it would be useful or advisable to publish any further correspondence on this subject.

Dr. HOLT DUNN thanks us for giving publicity to the Baker Brown Testimonial Committee. But he wishes to "explain one or two misconceptions." He has "no hesitation in stating that the proposer and seconder of the resolution were Dr. Routh and Dr. Peter Smith." But Dr. Dunn does not say who was present at the meeting. The above two gentlemen, with Mr. Probert, are at present the only three persons who have been named as having been present. Dr. Dunn, moreover, protests against our remarks that Mr. Brown's claim to a testimonial must mainly be founded on the services which he has rendered to science at the Surgical Home. Dr. Dunn says that his claims to "grateful recognition" from both profession and laity commenced twenty years ago, when he first set going the founding of St. Mary's Hospital. In reference to our remark about "eliciting an expression of opinion outside the somewhat narrow limits of the staff of the Surgical Home," Dr. Dunn says, "That it is in consequence of the frequent expressions of opinion elicited from medical visitors to the Surgical Home, Mr. Probert and myself, and those with whom I am associated, have been induced to give them substantial force in the manner we are now doing."

CLITORIDOTOMY.—SIR: The idea of removing or destroying the clitoris is not new, as already some of your correspondents have noticed; not only has it been proposed in previous ages, but has been executed in modern times. A case of Dieffenbach's is related in Graefe and Von Walther's *Journal* of, I think, 1821 or 1822. So the thing is not a novelty; but can now only amuse the profession. I am, etc., A. B.

CONTAGION OF CHOLERA.—SIR: Allow me to call the attention of your readers to the two short paragraphs on cholera in the *JOURNAL* of May 26th. In the first of these, the disease is shown to be contagious, by a woman being attacked who had laid out the body of one who had died of it. In the second, Dr. Trench is said to have given "it as his opinion, that the disease, with ordinary precautions, is not contagious." It would be the safest course if medical men were to bear in mind the many and incontrovertible facts recorded as to the contagious character of cholera, and take all necessary precautions against it. Whoever is in doubt on the subject, let him look through the pages of the medical journals of the last twelve months only.

I am, etc., J. BRENDON CURGENVEN.
 11, Craven Hill Gardens, June 4th, 1866.

CORONER'S FEES.—SIR: Can you inform me whether medical superintendents of asylums for the insane are entitled to coroner's fees? A patient was lately brought to me who died immediately after admission, and I received the usual order from the coroner to make a *post mortem* examination and analysis, and report thereon at the inquest, for which I did not receive any fee, nor am I entitled to one, according to the coroner's law.

I think I remember it being recorded in one of the numbers of the *JOURNAL*, that medical superintendents of asylums and other public institutions are legally entitled to coroner's fees. Is this the case? and can you refer me to the Act of Parliament on the subject, the Lunacy Acts being silent on this point?

I am, etc., INQUIRER.
 [The law as regards hospitals is, that the medical witness is entitled to a fee if the patient die before admission, even if it be at the door of the hospital; but not if he die within the hospital walls. EDITOR.]

STATISTICS OF CANCER.—Mr. Moore has the pleasure to acknowledge the return of "Registers for Cases of Cancer", from R. Wilbraham Falconer, M.D., Bath; Henry Stear, Esq., Saffron Walden; J. Hughes Hemming, Esq., Kimbolton; John Ward, M.D., Glossop; Henry W. Freeman, Esq., United Hospital, Bath; Morell Mackenzie, M.D., Hospital for Diseases of the Throat, London; A. J. Newman, Esq., North Devon Infirmary, Barnstaple; H. R. Hayes, Esq., Basingstoke; Edward Mackey, Esq., the General Dispensary, Birmingham; John S. Bartrum, Esq., Bath; G. H. Phillipson, M.A., M.D., Cantab., Newcastle-on-Tyne; Thomas Symson, L.R.C.P., Lincoln.