

value of £60 was awarded to Dr. Namias of Venice, for the unceasing efforts he has made in order to respond scientifically to the question proposed by the Academy, and the interesting observations he has already made.

*Grand Prize for Surgery*, for the preservation of the limbs by means of the periosteum. The prize of £800 was divided equally between M. Sédillot, chief surgeon of the army and the Faculty of Strasburg, the inventor of the method of extracting the interior of the bones, and M. Ollier, director of the Lyons Hospital, for his applications of the first method of purely subperiosteal treatment.

*Prize for Unhealthy Occupations in the Arts.* M. Galibert, for his respiratory apparatus, by means of which any one can enter into the most mephitic atmosphere. Most honourable mention, with £40 gratuity, from the Montyon Fund.

*The Bréant Prize.* Nature and treatment of cholera. £80 to Messrs. Legros and Goujon, for their experimental researches on the cholera, its transmission, and epidemic nature during 1866; £48 were awarded to M. Thiersch, for his experiments upon the toxic principles of choleraic dejections; £32 to M. Baudrimont, for his analyses and observations relative to epidemic cholera; the same sum to M. Worms, for his work on the propagation of the cholera, and the means of restraining it. Honourable mention to Dr. Lindsay, for his experiments on the transmission of the disease by the emanations from the clothing and the dejections of cholera patients.

*The Cuvier Prize* was awarded to M. Baer of St. Petersburg, for his collection of researches on embryonic and other zoological matters.

*Barbier Prize.* £20 to M. Lailier, for his researches on native opium; the same sum to M. Debeaux, for his essay on the pharmacy and materia medica of the Chinese.

*Godard Prize.* £40 to Drs. Aimé Martin and Henri Léger, for their researches on the anatomy and pathology of the female organs.

The Academy of Sciences has awarded nearly £4,000 worth of prizes for the encouragement of scientific progress in all its forms.

**LOCAL ANÆSTHESIA IN VETERINARY SURGERY.** Dr. Richardson's method has been applied by Dr. A. Liautard, of the New York College of Veterinary Surgeons, who reports the successful use of local anæsthesia in operations upon the horse. Absolute ether was employed upon two subjects: one for the extirpation of a large fibrous tumour of the chest, and the other for the opening of an abscess, while upon another the operation of neurotomy was performed with the greatest ease by the rhigolene spray.

**STATISTICAL SOCIETY.** The following Council and Officers for 1867-68 were elected at the Annual Meeting of March 15th. *President*—The Right Hon. W. E. Gladstone, M.P. *Council*—W. Bagehot, M.A.; Major-General Balfour, C.B.; R. D. Baxter, M.A.; Lord Belper; Sir John Boileau, Bart., F.R.S.; W. J. Bovil; S. Brown; W. Camps, M.D.; D. Chadwick; L. H. Courtney; W. Farr, M.D., D.C.L., F.R.S.; W. A. Guy, M.B., F.R.S.; J. T. Hammick; F. Hendriks; J. Heywood, M.A., F.R.S.; W. B. Hodge; Right Hon. Lord Houghton; C. Jellicoe; F. Jourdan; J. Lambert; L. Levi; W. G. Lumley, LL.M.; M. H. Marsh, M.P.; W. Newmarch, F.R.S.; F. Purdy; Rev. J. E. T. Rogers, M.A.; W. L. Sargant; Col. W. H. Sykes, M.P., F.R.S.; J. Waley, M.A.; J. Walter. *Treasurer*—W. Farr, M.D., D.C.L., F.R.S. *Honorary Secretaries*—W. A. Guy, M.B., F.R.S.; W. G. Lumley, LL.M.; F. Purdy.

## Association Intelligence.

### SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEDICAL MEETINGS.

THE next meeting of this Branch will be held at the Ship Inn, Faversham, on Thursday, March 28th, 1867, at 3 P.M.

Dinner at 5 P.M. Charge 5s., exclusive of wine.

R. L. BOWLES, L.R.C.P., *Honorary Secretary*.  
Folkestone, March 12th, 1867.

### SOUTH EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

THE next meeting is appointed to be held at the Infirmary, Gravesend, on Friday, March 29th, at 3.30 P.M. Samuel Gould, Esq., in the chair.

Dinner will be provided at the Old Falcon, at 5.30 P.M. Charge 5s., exclusive of wine.

Papers have been promised by P. Harper, Esq., F.R.C.S.; and by Dr. Armstrong, on Division of Os Uteri, Induction of Labour, etc.

A proposition will be brought forward to change the meetings into evening meetings (either at 6 or at 8.30 P.M.), and to have but one dinner annually.

FREDERICK J. BROWN, M.D., *Hon. Secretary*.  
Rochester, March 19th, 1867.

### METROPOLITAN COUNTIES BRANCH: ORDINARY MEETING.

AN Ordinary Meeting of this Branch was held at 37, Soho Square, on Friday, February 23rd; W. O. MARKHAM, M.D., President-elect, in the Chair.

Several new members of the Association and Branch were elected.

*On the Working of some Provisions of the Laws relating to Public Health.* By A. P. STEWART, M.D. Dr. STEWART proposed to offer a few remarks, first, on those who are entrusted by the legislature with sanitary powers; secondly, on the officers who are or ought to be employed by them; thirdly, on the work which they are permitted but too commonly neglect to do; fourthly, on some of the principal remedies for existing evils.

One of the radical and most intractable defects was the multiplicity of the bodies having sanitary powers; by which term was meant not only the power to do, but also power *not* to do and even to hinder others from doing anything effectual. Sanitary work, only recently recognised as a matter for which public bodies ought to care, was by many of them regarded as a thing to be avoided by a little passive resistance. The different kinds of authority, according to Mr. Rumsey, recognised by the Sanitary Act of 1866, were: 1. Sewer authorities, including, *a*, town councils of boroughs; *b*, town commissioners or trustees under local acts; *c*, vestries acting for single parishes. 2. Nuisance authorities, including, *a*, local boards of health; *b*, town councils; *c*, town trustees or commissioners; *d*, boards of guardians of unions, in places where there are none of the preceding authorities; or *e*, overseers of the poor of parishes where there is no board of guardians; *f*, justices acting in petty sessions. To these the act of last session added a new kind of sewer authority, with power to carry out works of drainage and water-supply in special drainage districts. Such a district, in providing drainage and water-supply for itself alone, without reference to the wants and topography

of the surrounding localities, might execute works that would render difficult or impossible the carrying out of a comprehensive plan for a large tract of country. Sewer authorities often created evils which the nuisance authorities found it most difficult to remove; for instance, the pollution of streams by sewage. Another great evil was, that the areas of jurisdiction, as Mr. Rumsey pointed out, often overlap one another. Mr. Hutchins, commenting on the Sanitary Act 1866, had remarked that "the powers given by the Sewage Utilisation Act cannot be exercised in any parish, in a part of which either the Local Government Act or the Public Health Act was in force on June 29th, 1865." A large district might contain within itself one or more local and partial jurisdictions, each acting for its own special purposes. In other instances, many small parishes or places had placed themselves under the Public Health Act, apparently for the sole purpose of escaping control and preventing the adoption of sanitary measures.

Others endowed by the law with sanitary powers and responsibilities were: justices of the peace; the Privy Council; the Home Secretary; and any inhabitant of a town, place, or parish, feeling himself aggrieved, and having courage or public spirit enough to apply for redress. The privilege of individual inhabitants to call local authorities to account before justices had been neutralised, in great measure, by the fear of protracted law proceedings and the attendant expenses. The Act of 1866 conferred on individuals the additional privilege of appealing directly to the Home Secretary; who, except in flagrant instances, did not interfere. The power of the Privy Council Health Department, as given by the Diseases Prevention Act of 1858, was very extensive in regard to zymotic diseases; inasmuch as they were empowered in the prevalence of epidemics to issue directions for the speedy burial of the dead, for house-to-house visitation, for guarding against the spread of the disease, and for providing the sick with medical aid and such accommodation as may be required. These powers, however, had been so universally directed against epidemic diseases imported from without, that they had been supposed not to be applicable to our indigenous diseases, such as typhus.

It was very plain that, without a sufficient number of properly qualified medical officers of health and inspectors of nuisances, no trustworthy sanitary information could be obtained. Everywhere out of London the appointment of medical officers was optional; and in places under the Nuisances Removal Act, 1855, the appointment of inspector of nuisances had since 1860 also been optional. In many places, consequently, no machinery existed for putting in force the Act for the seizure of diseased meat and unwholesome food, which was directed to be carried out by the medical officers of health and inspectors of nuisances. In the metropolitan district, in which was the nearest approach to a complete sanitary organisation, there were forty-five medical officers of health in a population of nearly three millions, having districts varying from 4,000 to 200,000 inhabitants. The salaries of these able and zealous officers varied from £50 to £600 *per annum*, giving an average of £170; or, excluding three having salaries respectively of £350, £400, and £600, an average of £148 for each man. These gentlemen were elected and might be removed by the local Boards, without appeal. They were each assisted by from one to eight inspectors of nuisances; some of whom were entirely independent of the officers of health, while many, having other duties to perform, had little time for sanitary inspection. The number of these inspectors in proportion to population varied from 1 in 4,000 (Eltham) to 1 in 130,000 (Shoreditch); giving, on an average, one in-

spector of nuisances to 30,000 of population. In twenty-three out of fifty-nine large towns in England, Scotland, and Wales, medical officers of health existed in the autumn of last year. Some of these, however, were appointed only for three months, and without fixed salary; while one had a salary of 10s. 6d. a day. In some cases, as in Liverpool, Leicester, and Southampton, the office had been ably filled for twenty, eighteen, and sixteen years respectively; but in eleven instances the appointment dated only from three months to two years ago. The salaries varied from twelve guineas to £1,000. In six cases only, the salary was above £150; while in ten it ranged from £12.12 to £60. The population of these towns varied from 23,000 to 483,000. In some of the recent appointments, as in Leeds and Wolverhampton, the authorities seemed to be in earnest in the adoption of sanitary measures, and resolved to give cordial support to the officers appointed. On the other hand, thirty-six towns, including Birmingham, Bradford, Brighton, Devonport, Hull, Manchester, Newcastle, Portsmouth, Salford, and Sheffield, had no medical officers of health, and a very scanty allowance of inspectors of nuisances. In about a dozen were carriages provided for the removal of those ill of infectious diseases; while the use of the most approved means of disinfection of clothes, bedding, etc., was almost unknown in the large centres of population.

Enough had been said to prove the necessity of a more efficient central power to superintend and enforce the laws relating to the public health; the provisions of which should be made compulsory instead of, as now, permissive. There should be an annual return to Parliament of all officers of health and inspectors of nuisances, of the populations of their districts, and of their salaries. The appointment and dismissal of medical officers of health should be subject to the approval of a central authority, which should also fix the salaries. Other measures required to be made compulsory were, the immediate removal or isolation of those suffering from infectious diseases, and the provision of special carriages for their conveyance, and of effectual means for disinfection.

Dr. MARKHAM, after expressing the thanks of the meeting to Dr. Stewart, hoped that he would consider before pressing his proposal of preventing public carriages from being used for the removal of sick persons. The drivers could not be expected to be able to make a diagnosis. The only available plan, he thought, was that parishes should keep special carriages for the removal of those suffering from infectious diseases.

Mr. HUNT had been appointed medical officer of health to St. Giles's parish in 1857. He found in the church vault many bodies only partially buried, and had some difficulty in convincing the authorities of the existence of the evil. He proposed to cover the bodies with clay, chalk, and bog-charcoal, and then to close the vault, after two months' notice to persons wishing to remove any of the bodies. Sundry objections having been made, Mr. Grainger was sent by the Secretary of State, and made a similar report. About six weeks afterwards, all vaults were required to be closed. Officers of health should have power to compel their recommendations to be carried out.

Dr. CAMPS said that men in large practice could hardly be expected to give proper time to sanitary duties. The work could not be done as it ought, unless the health-officers were withdrawn from private practice and well paid. He thought the medical officers of health should be entirely removed from the influence of local boards, and placed under the Privy Council.

Dr. GIBBON thought a return of medical officers of health might be readily obtained from Parliament. Compared with Poor-law medical officers, the officers of health had no great reason to complain. It would be difficult to exclude a medical man from practice, at least in his sanitary district. If it were desired to improve the salaries, the pay for other medical work should also be improved. An attempt had been made to reduce his (Dr. Gibbon's) salary; and he had been told that medical men were glad to do the work. He agreed with Dr. Markham on the question of cabs. A measure for disinfection would be very important.

Dr. HILLIER said that local boards were very obstructive in many cases, because men entered them to protect their own interest. Out of 120 in his (the St. Pancras) vestry, 25 had property of which he was obliged to complain. Being independent, he could say what he liked; but such a state of things was not desirable. The appointment was terminable at pleasure; and this was sometimes used as a threat. In a large district, public opinion could maintain medical officers in office; but it was otherwise in small. A district should be large enough to require the service of one man, and he should have £1,000. In the country, however, we must be content with smaller districts and salaries.

Dr. STEWART said that, where a patient with small-pox was put *knowingly* into a public carriage, there should be responsibility. In Leicester and some other places, there had been for many years special conveyances for those having infectious diseases. In London, such a carriage had been offered to the Small-pox Hospital, and refused. It had already been decided that it was not expedient that medical officers should have the power of compelling their recommendations to be adopted. They should recommend, and throw the responsibility of execution on the Boards; there being an appeal to the Privy Council in case of the Boards not acting. Medical officers should be independent of the *caprice* of vestries, but not of reasonable objections, if their duty were neglected. As to salaries, he believed that the services of good men demanded good salaries. For £150 a year, a man could not be expected to give up much of his time.

On the motion of Dr. STEWART, seconded by Dr. CAMPS, it was resolved to refer his paper and the proposals contained in it to the Council of the Branch.

#### NORTH WALES BRANCH: INTERMEDIATE GENERAL MEETING.

THE intermediate general meeting of this Branch was held on Friday, March 15th, 1867, at 12 o'clock, at the residence of Dr. WILLIAMS, Wrexham, who provided an elegant luncheon on the occasion. Twenty-one members were present, and three visitors, among whom was Dr. E. Waters of Chester, President of the Association.

*New Members.* At the meeting of the Council a little before the general meeting commenced, the following gentlemen were duly elected members of this Branch and of the British Medical Association; viz., Robert Arthur Jones, Esq., and Thomas Sheldon Foster, Esq., both of Carnarvon.

*Annual Meeting.* It was agreed to hold the annual meeting at Llandudno, on Tuesday, the 2nd of July next, at such hour as will suit the convenience of the members.

*General Meeting.* Dr. WATERS of Chester, in the absence of Dr. Conway Davies, the President of the

North Wales Branch, was unanimously voted to the Chair.

*Treasurer's Accounts.* The following accounts were examined, and found correct.

<i>Receipts.</i>		£	s.	d.
Balance in hand on Dec. 1st, 1865		1	10	7
Amount of half-crown subscriptions and arrears, received from Jan. 1st, 1866, to Dec. 1st, 1866		4	15	0
		6	5	7

#### *Disbursements.*

The Secretary's official expenses, made up to Dec. 31st, 1866	5	11	7
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Balance in hand on Jan. 1st, 1866	0	14	0
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*Letters* were read from Dr. Hughes, of Mold; Dr. Hughes, of Denbigh; Dr. H. Williams and F. Theed, Esq., of Rhyl; G. T. Jones, Esq., Denbigh; H. A. Roberts, Esq., Brynmeurig; etc., regretting their inability to attend.

*The late Robert Jones, Esq., of Carnarvon.* Dr. WILLIAMS (Wrexham), who was much affected, in feeling terms moved the following resolution.

"That the members of the North Wales Branch of the British Medical Association desire to record their high regard and estimation of their much valued associate, the late Mr. Robert Jones, of Carnarvon, whose death they deeply deplore; and they wish to convey to Mrs. Jones and her family their warmest sympathy and condolence under the melancholy bereavement they had so suddenly and unexpectedly to endure."

Dr. ROBERTS (St. Asaph) having seconded the above resolution, it met with the unanimous and sincere approval of every member present, as assuredly it will be agreed to by all those who were unavoidably absent.

*Papers, Cases, etc.* The following communications were made.

1. *Tariff of Medical Fees.* By T. Eyton Jones, Esq. (Wrexham). After a discussion, it was moved by Dr. WILLIAMS (Wrexham), seconded by Dr. WILLIAMS (Mold), and agreed to—

"That the paper read by Mr. Eyton Jones, respecting a *Tariff of Medical Fees*, should be printed and circulated amongst the members of the North Wales Branch, with a view to its consideration at the next annual meeting at Llandudno."

2. *Case of Occlusion of the Os Uteri, with Pregnancy.* By Edward Williams, M.D. (Wrexham). It was a premature labour; the fetus (seventh month) dead. No os uteri could be felt or seen; but a globular body occupying the situation of it existed, into which a puncture was made; the feet were discovered, and labour completed. The woman recovered.

3. *Compound Fracture of Superior Maxilla; showing the efficacy of a Silver Plate (produced) internally as a Splint.* By J. Williams, Esq. (Holywell).

4. *Case of Necrosis of the Foot, where Syme's Amputation of the Ankle-joint had been performed, with the Amputated Foot produced.* By A. C. Turnour, M.D. (Denbigh). Mr. Edwards, of Denbigh, in consequence of Dr. Turnour having received a telegram necessitating his return home, detailed the particulars of the above case on behalf of Dr. Turnour.

5. *On Digitalis: its Uses and Peculiar Properties.* By T. T. Griffith, Esq. (Wrexham). Mr. Griffith gave a full and interesting account of the uses and properties of this drug, as witnessed by himself in practice. Several members took part in this discussion.

6. On Hemiplegia. By E. T. Hughes, M.D. (Mold).  
7. Case of Hydatids of the Uterus. By W. Williams, M.D. (Mold). Dr. Roberts (St. Asaph) and others related similar cases in their practice.

8. On the Pancreas: its Pathological and Physiological Functions, etc. By Owen Roberts, M.D. (St. Asaph). The President (Dr. Waters) favoured the meeting with his views upon this subject in a long and eloquent address, which was warmly applauded at its conclusion.

9. Case of Complete Dislocation of the Inferior Maxillary Bone after Puerperal Convulsion. By R. C. Roberts, Esq. (Ruabon).

10. Paper on Vaccination. By J. R. Jenkins, M.D. (Ruthin). An interesting discussion followed the reading of this paper, several members taking part.

*Vote of Thanks to the President, etc.* After an unanimous and cordial vote of thanks was accorded to the President (Dr. Waters), for the able and courteous manner in which he had presided over the business of the meeting, the members and visitors adjourned to the residence of T. T. Griffith, Esq., where he entertained them all to a sumptuous dinner. All were greatly delighted and pleased with their reception by Dr. Williams and Mr. Griffith, and expressed their warmest thanks to those gentlemen for the kindness and hospitality which they received from them.

Upon the whole, this meeting may be said to have been one of the most successful and pleasant gatherings the members have had for a long time.

## Reports of Societies.

### EPIDEMIOLOGICAL SOCIETY.

MARCH 4TH, 1867.

*On Certain Points in the Etiology of Leprosy.* By TILBURY FOX, M.D. Dr. Fox criticised the chief points of interest which are contained in the Leprosy Report of the College of Physicians; especially pointing out that a distinction must always be made between the *production* and *propagation* of the disease. With regard to its production, climate did not seem to have much direct influence. Much analogy exists between the phenomena of pellagra and those of elephantiasis Græcorum; and, no doubt, the facts made out in reference to the causation of pellagra by diseased maize, giving rise to a species of ergotism, might be made to help solution of the etiology of leprosy in connection with the universal belief in the influence of putrid fat as an article of diet. Dr. Fox brought forward statistics and arguments to show that hereditary taint is a much more common cause of propagation than is generally believed. The great reluctance on the part of leprosy families to acknowledge any tendency or sign of the malady in the direct or indirect line of descent, and the fact of the taint often lying dormant for two or more generations, accounted in some measure for the non-discovery of the hereditary nature of the disease. Dr. Fox placed before the Society some observations of Dr. Davidson, of Madagascar, in which this view is maintained; showing that in all but ten per cent. of his recorded cases an hereditary taint was traceable, and that not the slightest doubt could be entertained that a more perfect acquaintance with the history of families to which lepers belong, would considerably diminish this percentage. At the same time, there are not wanting grave considerations as to the possibility of contagion in the far advanced stages of the disease; and leprosy is reported to be on the increase at those places where the lepers are allowed to commingle with the healthy

population. The most interesting case is that of Honolulu. The first case was imported in 1848 by the Chinese, it is supposed. Since that time, although the habits, hygiene, food, and wealth of the people have increased, leprosy has spread, unaccounted for by importation or hereditary transmission, and only, as it seems at present, by the free contact with leprosy subjects—a fourth of whom avow contact as the true cause of their malady. This case does not appear in the Leprosy Report; and Dr. Fox pointed out the necessity for caution before arriving at a final conclusion as to the non-contagiousness of the disease.

### HARVEIAN SOCIETY OF LONDON.

FEBRUARY 21ST, 1867.

J. E. POLLOCK, M.D., President, in the Chair.

*Some Complications of Gonorrhœa.* By V. DE MÉRIC, Esq. The author offered a brief sketch of the common complaint called gonorrhœa, and stated that some urethral discharges were independent of contagion, very simple, easily controlled, and in general free from contagion; whilst others were just the reverse. The first kind of discharge might conveniently be called urethritis; the second, true gonorrhœa. On two complications of the latter—viz., gonorrhœal rheumatism and gonorrhœal ophthalmia—he wished to present a few remarks. He related, with full details, the case of a gentleman lately under his care, where both complications had occurred. The facts of this case led to the inquiry whether the joint-complication were really dependent on the urethral discharge, or whether it was a mere coincidence. The author believed in this dependence, for the following reasons: 1. Because there was a pathological sympathy, independently of gonorrhœa, between the inflamed urethra and the joints; 2. Because the articular affections have, by many observers, been noticed to exist along with urethral discharges; 3. Because, in certain subjects, joints have been known to suffer at each new attack of gonorrhœa. Those, on the other hand, who consider the so-called gonorrhœal rheumatism as a mere coincidence, alleged that the joint-complaint was observed but rarely, compared with the enormous number of cases of gonorrhœa. This the author not only conceded, but corroborated, by saying that he could, from his own practice, cite but three cases in hospital patients, and seven treated in private. The common cases of rheumatism had, therefore, nothing to do with the joint-complication in patients suffering from gonorrhœa; and we were driven to believe that something peculiarly predisposing must exist in the individual, which, added to the existence of the gonorrhœa, gave rise to the inflammation of the synovial membrane of the joint or the ocular conjunctiva. Nor should it pass unnoticed that the discharge must be *bonâ fide* urethral to generate the complication; as discharges from the glans, prepuce, vagina, vulva, or uterus, are never connected with rheumatism. Hence the rarity of the complication among women. He had, however, observed one case of this kind. The author now referred to the joints mostly affected; and stated that, out of his ten cases, six suffered in one or both knees, one on the hip, one in the articulation of the jaw, one in the ankle, and the tenth in several joints at the same time. Mr. De Méric then entered into some details respecting these cases, and said that he had not met with any where the tendinous sheaths, bursæ mucosæ, muscles, or nerves, had been affected; or else they had been overlooked, which might easily occur. Turning to therapeutics, Mr. De Méric, referring to the treatment he had adopted in his cases, which treatment had been very active, deprecated the fashion, now much in favour, of doing nothing; the cry now being to cure, or attempt to cure, various affections *without* the remedies hitherto in use. This applied

## Medical News.

**APOTHECARIES' HALL.** On March 14th, 1867, the following Licentiates were admitted:—

Bush, Charles Arthur, Park Street, Bath  
Freeman, Alfred John, Southsea, Hants  
Trubshaw, Alfred, Royal Infirmary, Liverpool

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

Pinder, John William, Middlesex Hospital

### APPOINTMENTS.

#### ARMY.

**BARKER**, Staff-Surgeon J., to be Surgeon Royal Artillery, *vice* A. K. Drysdale.  
**BROWN**, Staff-Assistent-Surgeon H. T., M.D., Ceylon Rifles, to be Assistant-Surgeon, *vice* J. J. Thompson.  
**CLARK**, Staff-Surgeon T., to be Surgeon 69th Foot, *vice* H. G. Gordon, M.D.  
**DRYSDALE**, Surgeon A. K., Royal Artillery, to be Surgeon 79th Foot, *vice* T. G. Scott, M.D.  
**EUSTACE**, Staff-Assistent-Surgeon E., to be Assistant-Surgeon 107th Foot, *vice* J. Anderson.  
**FALWASSER**, Staff-Assistent-Surgeon F., to be Assistant-Surgeon Royal Artillery, *vice* W. R. Steuart.  
**FERGUSON**, Staff-Assistent-Surgeon H., to be Assistant-Surgeon Royal Engineers, *vice* J. L. Erskine, M.D.  
**FRASER**, Deputy Inspector-General J. A., M.D., retiring on half-pay, to have the honorary rank of Inspector-General of Hospitals.  
**GREIG**, Assistant-Surgeon J., M.B., Royal Artillery, to be Assistant-Surgeon Royal Military College, *vice* F. Collins, M.D.  
**HARDIE**, Surgeon G. K., M.D., to be Surgeon-Major, having completed twenty years' full-pay service.  
**LEET**, Staff-Assistent-Surgeon C. H., to be Assistant-Surgeon Royal Engineers, *vice* W. Ferguson.  
**LEWIS**, Staff-Assistent-Surgeon A., M.D., to be Assistant-Surgeon 4th Hussars, *vice* E. Wilson.  
**MEANE**, Staff-Surgeon J., to be Surgeon 78th Foot, *vice* L. C. Stewart.  
**O'BRIEN**, Staff-Assistent-Surgeon E. R., M.D., to be Assistant-Surgeon 96th Foot, *vice* H. Mitchell.  
**POPE**, Staff-Assistent-Surgeon J. J., to be Assistant-Surgeon Royal Artillery, *vice* J. Barker.  
**RENDELL**, Staff-Surgeon W. J., to be Surgeon 91st Foot, *vice* J. Summers, M.D.  
**ROBINSON**, Staff-Assistent-Surgeon A. R., to be Assistant-Surgeon 3rd Dragoon Guards, *vice* D. Cullen, M.D.  
**SCOTT**, Staff-Surgeon R. R., to be Surgeon 93rd Foot, *vice* W. Munro, M.D., C.B.  
**VALLANCE**, Staff-Assistent-Surgeon E., to be Assistant-Surgeon 3rd Dragoon Guards, *vice* M. J. Griffin.  
**WALLIS**, Staff-Surgeon W. B., to be Surgeon 74th Foot, *vice* C. J. White, M.D.  
**WHITE**, Surgeon C. J., 74th Foot, to be Surgeon 1st Dragoon Guards, *vice* W. H. Jephson, M.D.  
**WILSON**, Assistant-Surgeon E., 4th Hussars, to be Assistant-Surgeon 14th Hussars, *vice* R. C. Lofthouse, M.D.  
**WRIGHT**, Staff-Surgeon J. C. H., M.D., to be Surgeon Rifle Brigade, *vice* R. Bowen.

#### To be Inspectors-General of Hospitals:—

**GORDON**, Deputy Inspector-General A., M.D., C.B.  
**LAWSON**, Deputy Inspector-General R., *vice* T. R. Jameson, M.D.  
**M'ILLREE**, Deputy Inspector-General J. D.

#### To be Deputy Inspectors-General of Hospitals:—

**BARCLAY**, Staff-Surgeon-Major A., M.D.  
**BOWEN**, Surgeon-Major R., Rifle Brigade, *vice* J. D. M'illree.  
**GORDON**, Surgeon-Major H. G., M.D., 69th Foot.  
**HEFFERNAN**, Staff-Surgeon-Major N., M.B., *vice* J. A. Frazer, M.D.  
**JEPHSON**, Surgeon-Major W. H., M.D., 1st Dragoon Guards.  
**MARLOW**, Staff-Surgeon-Major B. W., M.D.  
**MASSEY**, Staff-Surgeon-Major H. H., M.D.  
**MUNRO**, Surgeon-Major W., M.D., C.B., 93rd Foot.  
**MURPHY**, Staff-Surgeon-Major M. W.  
**SCOTT**, Surgeon-Major T. G., M.D., 79th Foot.  
**STEWART**, Surgeon-Major L. C., 78th Foot, *vice* A. Gordon, M.D., C.B.  
**SUMMERS**, Surgeon-Major J., M.D., 91st Foot, *vice* R. Lawson.

#### To be Staff-Surgeons:—

**BARKER**, Assistant-Surgeon J., Royal Artillery.  
**CARTER**, Staff-Assistent-Surgeon R. W., *vice* J. Barker.  
**COLLINS**, Assistant-Surgeon F., M.D., Royal Military College, *vice* J. C. H. Wright, M.D.  
**CULLEN**, Assistant-Surgeon D., M.D., 3rd Dragoon Guards, *vice* M. W. Murphy.  
**ERSKINE**, Assistant-Surgeon J. L., M.D., Royal Engineers, *vice* N. Heffernan, M.D.  
**FERGUSON**, Assistant-Surgeon W., Royal Engineers, *vice* A. Barclay, M.D.  
**GRIFFIN**, Assistant-Surgeon M. J., 3rd Dragoon Guards, *vice* H. H. Massey, M.D.

**LOFTHOUSE**, Assistant-Surgeon R. C., M.D., 14th Hussars.  
**LONGHEAD**, Staff-Assistent-Surgeon J. F., *vice* R. R. Scott.  
**MEADE**, Staff-Assistent-Surgeon R. W., *vice* B. W. Marlow, M.D.  
**MITCHELL**, Assistant-Surgeon H., 96th Foot.  
**ODELL**, Staff-Assistent-Surgeon F., *vice* J. Meane.  
**SCOTT**, Staff-Assistent-Surgeon R. R., *vice* W. B. Wallis.  
**STEWART**, Assistant-Surgeon W. R., Royal Artillery, *vice* W. J. Rendell.

**THOMPSON**, Assistant-Surgeon J. J., Ceylon Rifle Regiment.  
**WOLSELEY**, Staff-Assistent-Surgeon R., *vice* T. Clark.

#### To be Staff-Assistent-Surgeons:—

**ANDERSON**, Assistant-Surgeon J., 107th Foot, *vice* E. Eustace.  
**BARRY**, Assistant-Surgeon W., from half-pay, *vice* H. T. Brown, M.D.  
**CONDON**, Staff-Assistent-Surgeon E. H., M.D., from half-pay, *vice* J. J. Pope.  
**DAVENPORT**, Staff-Assistent-Surgeon C. J., M.D., from half-pay, *vice* A. Lewis, M.D.  
**KIRWAN**, Staff-Assistent-Surgeon C. J., from half-pay, *vice* R. Wolseley.  
**PHILLIPS**, Staff-Assistent-Surgeon H. H., M.B., from half-pay, *vice* E. R. O'Brien, M.D.  
**WALLACE**, Assistant-Surgeon J., from half-pay, *vice* R. W. Carter.

#### INDIAN ARMY. To be Assistant-Surgeons, Bengal Army:—

**COMPAGNE**, H. D. S.  
**CURRAN**, R. H.  
**DUTT**, O. C.  
**FINDEN**, W.  
**GAFFNEY**, J. B.  
**M'KENNA**, C. J.  
**MAY**, W. G.  
**METCALFE**, F.  
**MULLEN**, T. F., M.D.  
**PATERSON**, A. M' Master  
**STEWART**, W. D.  
**WOOD**, J. J., M.B.

#### To be Assistant-Surgeons, Madras Army:—

**BROCKMAN**, E. F.  
**HYDE**, H.  
**SARGENT**, J. F.  
**STRONG**, J. W.

#### To be Assistant-Surgeons, Bombay Army:—

**BANKS**, S. O'Brien  
**COWELL**, A. R.  
**HEFFERNAN**, M.  
**NOLAN**, W., M.B.  
**SIMPSON**, J., M.B.

#### MILITIA.

**HYDE**, G. E., Esq., to be Surgeon Worcestershire Militia.  
**RAUPE**, C. H., Esq., to be Assistant-Surgeon 2nd Somersetshire Militia.

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

**ANDERSON**, J. K., Esq., to be Honorary Assistant-Surgeon 3rd Forfarshire R.V.  
**COTTLE**, T. J., Esq., to be Honorary Assistant-Surgeon 10th Hampshire R.V.  
**DAVIS**, B., M.D., to be Surgeon 1st Monmouthshire A.V.  
**EDLIN**, E. H., Esq., to be Honorary Assistant-Surgeon 15th Lincolnshire R.V.  
**GREGORY**, W. H., M.D., to be Honorary Assistant-Surgeon 2nd Manchester R.V.  
**LEACH**, J. C., Esq., to be Hon. Assistant-Surgeon 12th Dorset R.V.  
**MESSEY**, T. J. F., M.D., to be Assistant-Surgeon 3rd Edinburghshire R.V.  
**PATERSON**, G. K. H., Esq., to be Surgeon 1st Administrative Battalion Perthshire R.V.  
**RICHARDS**, S., Esq., to be Surgeon 37th Middlesex R.V.  
**ROWLANDS**, J. D., Esq., to be Honorary Assistant-Surgeon 6th Carmarthenshire R.V.  
**SCOTT**, R. T. C., Esq., to be Assistant-Surgeon 13th Kent R.V.  
**SPANTON**, W. D., Esq., to be Honorary Assistant-Surgeon 1st Staffordshire A.V.  
**WILSON**, W. H. G., Esq., to be Assistant-Surg. 3rd North York A.V.  
**WRIGHT**, H., Esq., to be Honorary Assistant-Surgeon 3rd North York A.V.

### MARRIAGES.

**BARRETT**, Jas., Esq., of Antigua, to Jessy Murkworth, fifth daughter of Thomas Anderson, M.D., of Trinidad, on February 20.  
**STEWART**, Henry Charles, Esq., Surgeon, Bengal Civil Service, to Harriette Elizabeth, eldest daughter of Pierre F. J. Grosjean, Esq., of Kensington, on March 16.

### DEATHS.

**DAVIES**, John Redfern, Esq., Surgeon, eldest son of John Birt Davies, M.D., of Edgbaston, Birmingham, on March 3.  
**FAIRHEAD**, James, Esq., Surgeon, at Enfield, aged 77, on March 12.  
**FRICKETT**, George B., Esq., Surgeon, at Bampton, aged 38, on March 7.

**CONVICTION OF A MEDICAL MAN.** At the Cambridgeshire Assizes, Dr. Pearson, the medical man charged with poisoning by strychnine two valuable horses, the property of Mr. Hall, solicitor, of Ely, a neighbour, has been convicted and sentenced to five years penal servitude.

**THE PRINCE IMPÉRIAL.** Alarming rumours continue to circulate in Paris respecting the health of the Prince Imperial.

**THE PRINCE IMPÉRIAL.** The recovery of the Prince Impérial has been retarded by an accession of fever. He is, however, decidedly improving, and his condition excites no uneasiness.

**ROYAL COLLEGE OF SURGEONS IN IRELAND.** At a Meeting of the Fellows of the College, held on the 15th inst., Dr. Archibald Hamilton Jacob was elected a Member of the Council of the College.

**THE FEVER HOSPITAL, BRADFORD.** Mr. Titus Salt has signified his intention to give £5000 towards the building fund of the proposed fever hospital, and to subscribe £50 a year to its current expenses.—*Bradford Observer*.

**DEATHS IN LONDON.** The deaths registered in London during last week were 1425, less by 155 than the estimated number. 43 deaths occurred from typhus, 32 from small-pox, 27 from scarlatina, and 13 from diarrhoea.

**THE THAMES CONSERVATORS** decline to allow the filtered sewage water of Maidenhead to pass into the Thames, referring in their letter to the chemical character of the water passed from the Ealing sewage works as analysed by Dr. Letheby.—*Builder*.

**AN INTERESTING EVENT.** An "interesting event" to naturalists took place on Monday last. The recent fire which proved so destructive to the giraffes at the Zoological Society, by killing the male, threatened extinction to these long established favourites of the Fellows. But an infant giraffe was born this week, which with its graceful mother is doing "as well as can be expected."

**UNIVERSITY COLLEGE HOSPITAL.** At the annual meeting of this charity, the report read contained the following statement:—During the past year, upwards of 30,200 poor sick persons received relief—an excess over the return of the former year of 5,900. The increase in the in-door patients during the year was 128. The cost of maintaining the charity during the year was £10,154. The debt at the end of the financial year was £9,200.

**INSANITY IN FRANCE.** From recently published statistics it appears that, in 1836 there was 1 asylum for 3024 inhabitants; in 1841, 1 to 2465; in 1846, 1 to 1965; in 1851, 1 to 1676. While the increase of the population in these fifteen years had been 6·68 in 100, the number of insane was augmented to a proportion nearly fourteen times greater; and although the proportion cured was 8·40 to 100, 13 in every 100 died, 1 dying in 44 of the inhabitants in the whole of France; the mortality of the insane had been, therefore, six times greater than in the population.

**ANATOMICAL STEREOGRAPHS.** The well-known "ghost" process Professor Mack now proposes to apply to anatomical preparations in an ingenious way. Taking the skull, for instance, says *Galignani*, he photographs it stereographically on the photograph of the auricular apparatus, so that the whole interior of the ear is seen through the temporal bone. It is easy to conceive the immense advantages that may be derived from this system. Suppose it were required to show photographically the exact position of the heart and its immediate connexions in a given posture of the person, that part would then be photographed first from a model and the whole body over it. The latter would thus form a transparent outline showing the relative positions of the inner and outer parts. Might not the whole skeleton, too, be thus seen, clothed with its muscular and vascular systems? This would form a highly interesting sort of stereograph.

**CHOLERA AND VENTILATION.** The Committee of the Philadelphia Almshouses call attention to the fact that as soon as a thorough ventilation from the floor was established the cholera, which had attacked several of the inmates, entirely disappeared. Throughout the almshouses, there was no cholera where the ventilation from the floor was thoroughly perfected. Similar results were observed in the New York Poor-house, where the cholera, which had caused a hundred cases at a time was entirely extirpated by a judicious system of ventilation, combined with exercise in the open air.—*Journal of the Franklin Institute*.

**THE CHOLERA IN LIVERPOOL.** Dr. Trench in an able report on the cholera in Liverpool says:—The lines of the cholera rise and decadence—of its advance and retreat—are symmetrical, very similar, and almost uninterruptedly regular. The philosopher is able, from the known and determined quantities of force and attraction, to predicate the form of parabola which a projectile will assume; but neither physician nor statistic can tell why cholera rose to a certain height and then, as seen in the diagram, returned to the plane by a route bearing to the axis of the cone or pyramid the same figure and equidistance, and what is still more astonishing, occupying almost the same time in its descent as did the line of its elevation. The pestilence began as an epidemic in the first week of July, and took eight hebdomadal periods to reach its apogee, then declined in force, and within the same measurement of time had, by November 1st, reached the plane gradually to disappear. Its rise in the first eight weeks cost 759 lives, it then rested for a week at its apogee and accounted for 193 deaths; its descent in the second eight weeks cost 778 lives.

**HARVEIAN SOCIETY: PREVENTION OF VENEREAL DISEASES.** At a meeting of the Committee for the Prevention of Venereal Diseases, 13th March, Dr. J. E. Pollock, President of the Society, in the Chair, it was stated by Mr. James Lane, that the effect of the working of the Contagious Diseases Act of 1866 had already been most striking in the lessening of the frequency and severity of venereal diseases among the women sent into the Lock Hospital from Woolwich, as also among the soldiers quartered there. The amount of the disease was only one half what it had been. The healthy women, as well as the diseased, were now examined. The same marked results must not be expected among the civil population. There were forty Government beds for prostitutes in the Lock Hospital. Mr. Holmes Coote stated that the result of the examinations at Portsmouth had been equally remarkable. The effect of compelling infected women to remain in hospital until cured had been admirable; and he thought that to give such a boon to the public service alone and not extend it to the whole population was anomalous. It was suggested by Dr. Drysdale and carried unanimously, that circulars be sent to the senior surgeons of all hospitals in London, in the Provinces, and in Ireland and Scotland, requesting them to inform the committee of the daily number of venereal patients treated at their respective hospitals, the proportion these bore to the whole of the surgical cases treated, and the number of beds in the hospitals set apart for such cases. The propriety of instituting a system of police surveillance of prostitutes and of weekly examinations being instituted was then discussed. Dr. Pollock believed that public opinion was much opposed to the introduction of such a system. Dr. Maudsley said that the only cases to be examined must be those of *notorious prostitutes*. Dr. Broadbent approved of the system and laws adopted in Malta, as recommended by Sir Henry Storks. After

some debate the following provisional resolutions were adopted. It was proposed by Mr. Coote, seconded by Dr. Drysdale, and carried unanimously: "That the present hospital accommodation for female venereal patients is perfectly inadequate;" "That there should be sufficient district accommodations provided in all towns, for the reception as in-patients of all women suffering from venereal disease." The following motion was also proposed by Dr. Maudsley, seconded by Dr. Broadbent, and carried provisionally: "That the principle of police surveillance of notorious prostitutes embodied in the Contagious Diseases Act of 1866, should be applied to the population generally."

**THE CONFESSIONS OF SAINT PANCAS.** At the public meeting of the Workhouse Infirmaries Association last year three guardians of St. Pancras were vociferous in demanding that their infirmary should be exempted from censure. They subsequently, in the *Times*, published resolutions and letters addressed to the Archbishop of York, and challenging his judgment. The following is a paragraph from a committee report adopted at their last meeting:—"That, having regard to recent disclosures of the frightful drunkenness existing among the pauper nurses in the infirmary, your committee deem it highly necessary that the sick in the infirmary should be nursed and tended entirely by paid nurses, the pauper nurses being employed only in keeping the wards clean. Your committee, after consultation with the resident surgeon, recommend that six nurses be appointed, five day and one night, at six shillings per week each." At the meeting, Mr. Collins said the treatment of the sick in the house was something shameful. The pauper nurses were thieves and drunkards, and no poor sufferer could get in the least attended to unless those creatures were paid for what they did. They required a person who would command respect to superintend, and see that the sick were properly attended to. Mr. Turner strongly protested against the extravagance of the Board. Instead of the management costing about £225 per year, they were going to bring it up to about £600.

## 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, 2 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 Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.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, 8.30 P.M. Dr. Gibson, "On the Condition of the Urine in Epilepsy"; Dr. Gee, "On Enlargement of the Spleen in Hereditary Syphilis, etc.," Dr. Robert Lee, "On a Case of Difficult Parturition from Distortion of the Pelvis, etc."

**WEDNESDAY.** British Archaeological Association, 8.30 P.M.

## TO CORRESPONDENTS.

**MEMBERS** are reminded that it is a matter of great convenience and economy to the Association, and conduces to the efficiency of its working and to their comfort and advantage, that their subscriptions, which are now due, should be paid promptly to the Secretary, Mr. T. WATKIN WILLIAMS, Newhall Street, Birmingham; or to the Secretaries of their respective Branches.

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

**AUTHORS OF PAPERS** are respectfully requested to make all necessary alterations in their copy before sending it to the JOURNAL. Proofs are furnished to authors, not for further changes, but that the writer may correct the printer when he has misread the manuscript.

*Communications as to the transmission of the JOURNAL, should be sent to Mr. RICHARDS, 37, Great Queen Street, W.C.*

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

Mr. STABTIN's interesting communication next week.

An article on the New Naval Companions of the Bath has been unavoidably postponed.

### THE COMPOSITION OF THE MEDICAL COUNCIL.

THE Editor of the *Medical Mirror* has hit an undoubted blot in the constitution of the Medical Council, in the allegation which he makes that it is not sufficiently or directly representative of anything else than corporations. The plan of direct representation which he suggests is one which would require reconsideration; but the principle is a just one, and he advocates it with considerable energy and ability. He says:

"The Medical Council is paid by the entire Profession, but it is only composed of Crown Nominees and Delegates from the Medical Diploma and Degree giving Bodies; viz.,

Crown Nominees .....	6
Delegates from Corporations.....	18

Total .....	24
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"It is proposed that the Registered Practitioners should elect 12 additional Members in the following proportions:

England and Wales .....	6
Scotland .....	3
Ireland .....	3

Total .....	12
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Add members under old system .....	24
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Grand total.....	36"
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A **STAFF-SURGEON** (Chatham).—The *Medical Directory*, unfortunately, abounds with similar blunders. (See JOURNAL, Feb. 16th.) The attention of the Medical Council has been called to the subject, which we there mooted. Mr. Daniel Armstrong of New Mills, Dungannon, is not a member of the London College of Surgeons, as stated in the *Directory*. The reference at page 910 of "*Chief Surgeon, Foreign Navy*," is simply absurd.

### A CASE OF ETIQUETTE.

SIR,—I am now attending the head gardener in a gentleman's establishment, who has been a patient of mine for a year and a half. I am not the medical attendant of the family. When the gardener was taken ill, a message was sent to him from his master, that their doctor was coming, if he would like to see him. His answer, of course with thanks for their kindness, was a negative, informing them at the same time that "he had sent for his own." Notwithstanding this, three days only elapsed when the medical attendant of the family called upon him, examined him, asked him in reference to the treatment, and told him he had called at his master's request, who was anxious about him.

Was this professional, to visit my patient and give an opinion upon the case, without making any communication with me, or my being aware of the intended visit, till I was informed of it on my next attendance?

I am, etc.,

A COUNTRY MEMBER.

\*.\* In such a case, it would have been right for the medical attendant of the family to request a consultation. The course described was obviously discourteous, ill calculated to obtain correct information, and contrary to professional etiquette, which in this as in other cases coincides with the broad rules of general ethics, and conduces to the public good.



**MEDICAL M.P.'s.**—In Hutchinson's *Biography*, will be found an account of Dr. Robert Brady. He died in 1700, and was chosen representative for the University of Cambridge in that Parliament, which met at Oxford. Dr. John Brady has represented Leltrim for many years, and is still its representative.

#### SPECIAL HOSPITALS.

**SIR.**—Mr. Hutchinson's last letter scarcely merits a reply from me. His repartee, as he calls it, is one that might be expected from a schoolboy, but hardly from Mr. H. It is the rejoinder usually made by persons who have no arguments in support of their cause. On a careful perusal of my letter, I see nothing to alter or amend in it; at the same time, I am sorry if it caused Mr. H. any annoyance; it was directed at him only as the champion of special hospitals. He is too well known as an earnest and industrious labourer in our profession, to fear any imputation of selfish motives from me.

With regard to anonymous writing, I think that in commenting on subjects of importance, it has the advantage of lending force, as in the leading articles of newspapers, etc., which would lose very much, were their authors compelled to attach their names to them. I hope, therefore, that Mr. H. will not again fall into the error of thinking that, being ashamed of what I have written, is the cause of my signing myself

PLAIN SPEAKER.

**L.R.C.P. LOND.**—It was Sir George Baker who opposed the examining the licentiates of the College of Physicians in English. He and Dr. Battie were censors at the same time. A physician presented himself for examination who confessed he did not understand Latin, and Battie was proceeding to examine in English, but Sir George Baker objected to this; and, upon Battie persisting, quitted the room, by which means the meeting was necessarily broken up, as the whole number of censors was required to be present.

OWING to pressure on our space, we are compelled to postpone various letters and articles, and numerous answers to correspondents.

#### DEAF MUTISM.

**SIR.**—A correspondent in a Bristol paper has lately called attention to the propriety of erecting a new establishment for the talking powers of the deaf and dumb. As he seems to be interested only in half measures for this suffering class, perhaps you will oblige me with space in your columns, with the following notice of a question, that has been forwarded to the Imperial Commission for the Paris Universal Exhibition, that the profession may be in readiness to reply.

"On the curability of the deaf and dumb, their present care being entirely under ladies and gentlemen. The medical profession having no charge of them towards their cure. Attention being paid to their state since 1837. A lecture thereon being delivered in the Bath Guildhall in 1856, when a petition to the House of Commons was numerously signed, and duly presented and registered."

"That the cause of should be ascertained by the aid of registration of every infant at a month old, whether deaf or not."

I am, etc., WILLIAM PARKER, M.R.C.S.

Bath, February 26th, 1867.

**A SUBSCRIBER** (Birmingham) wishes to know what has become of the surplus fund, after paying all expenses, of the John Hunter Statue. Perhaps the Honorary Secretary, Mr. South, will give our correspondent the desired information.

**PSYCHOLOGIST.**—At the dissolution of Parliament, on May 7th, 1781, His Majesty gave the Royal assent to the several Acts of the past session, including one "To enable Lunatics and Ideots to make Conveyances, etc."

#### ON RAILWAY INJURIES.

**SIR.**—The frequency with which actions for damages after railway accidents are tried in our courts, and the obscurity attending many of the cases, invest the subject with peculiar interest.

At the last meeting of our Branch, I read a paper on Railway Injuries, with special reference to questions of compensation; and, in compliance with the urgent advice of many members of the Association, I am preparing the monograph for publication.

As the literature of the subject is scanty, and the history of few of these cases is thoroughly recorded, I venture to appeal through your columns for notes of, or observations on, cases of injury sustained in railway accidents: the nature of the injury, the amount of compensation obtained, by agreement, arbitration, or judicial decision; and the subsequent history of the cases will be specially interesting.

I shall be very happy to acknowledge publicly any obligations under which I may be placed by those who kindly supply me with information; and I need scarcely add that, in reproducing confidential communications, names will of course be omitted.

I am, etc., J. SAMPSON GAMGEE,

Surgeon to the Queen's Hospital.

18, Broad Street, Birmingham, March 1867.

**STAMPS.**—The number of stamps issued to the principal London weekly newspapers during the year ending 30th June 1866, was as follows:—**BRITISH MEDICAL JOURNAL**, 114,400; *Weekly Times*, 111,600; *Law Times*, 108,000; *Punch*, 101,500; *Athenæum*, 84,000; *Lancet*, 81,575; *Mining Journal*, 76,879; and *Homeward Mail*, 70,000.

**MR. J. WALES.**—The matter shall be attended to.

#### A DISTRESSING CASE.

**SIR.**—Under this heading, you kindly permitted me some weeks since to make use of your columns for the purpose of soliciting assistance for the poor sick wife and four young children of a medical practitioner, who, after much trouble, anxiety, and subsequent illness, had become hopelessly deranged.

Allow me now, sir, to thank you for the insertion of my appeal, and to request you to publish the following list of subscriptions, of which an acknowledgment is required in your JOURNAL.

I would also beg leave to add that the case is as deserving as it is distressing, and that I shall be very glad to receive any additional help for this unfortunate family.

I am, etc.,

ABBOTTS SMITH, M.D.

Finsbury Square, E.C., March 1867.

J. R. Ellerton, Esq. (Aberford, Yorkshire), £2; W. F. Brook, Esq. (Wye, Kent), 10s.; T. M. Kendall, Esq. (King's Lynn), 10s.; Q. E. D., £1; John Skevington, Esq. (Ashbourne), 5s.; Dr. Lamb (Barnsbury), 10s.; Dr. Godfrey (Gibraltar), 5s.; Dr. Natrass (Sunderland), 10s.; Arthur Evershed, Esq. (Amphill), £1; and Mrs. Evershed, £1.

**MR. SANDFORD.**—The enclosures shall be returned.

**MR. CURGENVEN.**—We shall be glad to hear further.

**COMMUNICATIONS, LETTERS, ETC.,** have been received from:—

Dr. J. G. Swayne, Clifton, Bristol (with enclosure); Mr. J. Kent Spender, Bath (with enclosure); Mr. E. L. Hussey, Oxford (with enclosure); Dr. J. O'Reilly, King's Court; Dr. H. Beigel; The Tutors, Downing College, Cambridge Mrs. M. A. Baines (with enclosure); Mr. J. Sampson Gamgee, Birmingham; Mr. William Druce, Oxford; Mr. J. Rowntree, Leeds; Mr. Moon, St. George's Circus (with enclosure); Dr. Southey (with enclosure); The Secretary of the Social Science Association; The Treasurer of Guy's Hospital; Dr. Charles Arnison, Stanhope; Dr. Walter G. Barker, Worthing (with enclosure); Dr. T. O. Duffield; The Secretaries of the Harveian Society; Dr. W. S. Playfair; Dr. A. H. Jacob, Ireland; Mr. De la Garde, Exeter; Mr. D. Kent Jones, Beaumaris (with enclosure); Dr. Waller Lewis (with enclosure); Mr. Holmes (with enclosure); Mr. Robeson; Dr. Sullivan, Limerick; Dr. F. J. Brown, Rochester; Mr. C. H. Moore (with enclosure); Mr. H. W. Rumsey, Cheltenham; Dr. Wm. Camps (with enclosure); Dr. Abbotts Smith; Dr. R. L. Baker, Leamington; Mr. Startin (with enclosure); An Out-Patient Physician; Dr. William T. Greene, Moira, Ireland; Mr. T. M. Stone; The Honorary Secretary of the Royal Medical and Chirurgical Society; Dr. Bolton, Leicester (with enclosure); Dr. Forbes Winslow; Dr. J. B. Pettigrew; Dr. Jeaffreson; Mr. J. B. Curgenven; Mr. Sandford; Dr. S. Nicolls, Longford; Mr. G. Lawson; Mr. Callender; Dr. Meryon (with enclosure); Dr. A. T. H. Waters, Liverpool; Mr. Othwaite; Mr. Christian (with enclosure); Edwin Hearne, Southampton (with enclosure); Mr. R. Blower, Liverpool; Dr. Russell Reynolds.

#### BOOKS, &c., RECEIVED.

Report of the Richmond District Lunatic Asylum, Dublin, 1867.  
A Memoir of William Brinton, M.D., F.R.S. London: 1867.  
Report of the Progress of Pharmacy. By W. D. Moore, M.D. Dub., 1867.  
On the Value of Life Tables, National and Local, as evidence of Sanitary Condition. By H. W. Rumsey, F.R.C.S.  
On the Amendment of the Vaccination Laws in England. By R. W. Rumsey, F.R.C.S.  
Observations on the Comparative Advantages of affording Obstetric Attendance on Poor Women in Lying-in Hospitals and in their Own Homes. By Denis Phelan, M.R.C.S. London: 1867.  
The Annual Report of the Fever Hospital.  
The Newcastle Daily Journal, March 14th.  
The Weekly Record, March 2nd.  
The Sunday Gazette, March 17th.  
The Freeman's Journal, March 18th.  
The West Surrey Times, March 16th.  
The Limerick Chronicle, March 16th.  
The Limerick Reporter and Tipperary Vindicator, March 15th.  
The Cork Examiner, March 18th.