ASSOCIATION INTELLIGENCE.

COMMITTEE OF COUNCIL: NOTICE OF MEETING.

THE Committee of Council will meet at the Queen's Hotel, Birmingham, on Thursday, the 23rd day of April, 1868, at 3 o'clock precisely.

T. WATKIN WILLIAMS, *General Secretary.*

13, Newhall Street, Birmingham, April 1st, 1868.

WEST SOMERSET BRANCH: ORDINARY MEETING.

AN ordinary meeting of the above Branch will be held at Clarke's Castle Hotel, Taunton, on Wednesday, April 8th, 1868. Dinner at 5 o'clock; after which, papers or cases will be communicated.

Gentlemen intending to be present at the dinner, or to read papers after, are requested to give notice to the Honorary Secretary,

Taunton, March 1868. W. M. KELLY, M.D.

METROPOLITAN COUNTIES BRANCH: ORDINARY MEETING.

AN ordinary meeting of this Branch was held at 37, Soho Square, on Friday, March 20th; CHARLES J. F. LORD, Esq., in the unavoidable absence of the President, in the Chair.

New Members.—Messrs. Henry Power and G. E. Shuttleworth were elected members of the Branch.

The Use of Alcohol in Acute Diseases.—Dr. ANSTIE opened a discussion on this subject. He began by observing that the question of the administration of alcohol in disease is at present in a very curious position. Very opposite opinions are held on the subject; and yet the question has to be decided by men whose powers of forming a correct opinion vary greatly. The fitness of alcohol as a remedy must be decided not only on practical but on physiological grounds; and, although we have not yet possessed these grounds, many positive opinions have been given. For the last few years, there has been a tendency to condemn what has been called the "indiscriminate" use of alcohol. Dr. Anstie objected to the term "indiscriminate" as applied to the teaching and practice of the late Dr. Todd; and remarked that, if we would eliminate a source of fallacy, Dr. Todd must not be charged with that which he never intended. Dr. Todd no doubt used large quantities of alcohol in particular cases; but it was only by an abuse of language that he was charged with giving it indiscriminately. He (Dr. Anstie) had very lately again examined Dr. Todd's work on Acute Diseases; and found—in accordance with what had always been his impression—that Dr. Todd, as distinctly as any advocate of the "natural history" or expectant treatment of disease, taught that many pyrexial cases could be treated entirely without alcohol. When Dr. Todd gave alcohol in large doses, it was partly as food, partly in accordance with certain symptoms—an unusual insensitiveness to the effects of alcohol, and an apparent improvement after the administration of large quantities. He proved that alcohol was not *per se* an inflammatory agent; but that, while sometimes six ounces of wine will aggravate pyrexia, in other cases six times that quantity will not produce this effect. Dr. Todd's untimely death left the investigation unfinished. He did not sufficiently work out the problem of treating pyrexial diseases simply by hygiene and proper food; but this problem has been to some extent solved by Drs. Gairdner, Hughes Bennett, and others, since Dr. Todd's death. We know now more clearly that most pyrexial diseases run a certain course, which cannot be altered. Interference may do harm, and it is doubtful whether it does good, in a large number of cases.

In regard to the administration of alcohol, we have arrived at a point where we are in want of indications to guide us in its use. There is one symptom in acute pyrexial diseases which would force us to its use: failure of the power of the heart, as denoted by the first sound. But no one, Dr. Anstie thought, who had a large experience, would allow his patients to fall to such a point of weakness before giving alcohol. If a patient have a florid face, all the old prejudices are at first against alcohol; but this condition is no essential reason for avoiding it, for probably the congestion may be only the result of paralysis of the vaso-motor nerves—and alcohol may even remove the congestion if, as there is reason to believe, it acts as a stimulant of the vaso-motor system. This effect has been pointed out in regard to typhus fever, by Dr. J. Russell of Glasgow. As to rapidity of pulse, alcohol is probably necessary in six-sevenths of the cases where the pulse is above 120 or 130. There are sometimes, however, cases of pyrexial disease—such as pneumonia, pleurisy, and pericarditis, and some cases of fever—in which the pulse rises rapidly, and comes down again in a day or two, without any interference by treatment; even though the patient may in the meantime be delirious. Coma is not in itself an indication either for or against the use of alcohol. Delirium generally indicates the use of wine; yet in many cases it subsides if left alone. He (Dr. Anstie) could not agree with the opinion of Dr. Russell of Glasgow, that alcohol overcomes delirium by narcotising the patient; on the contrary, intelligence is rendered lively and clear. He agreed with the doctrine of Dr. Todd, who taught that alcohol subdues delirium by raising the condition of brain and thus quieting its action. The pulse, as felt by the finger, is not in all cases a safe guide. A few practitioners may perhaps feel so accurately as to be able to distinguish even the finest variations in the pulse; but the immense majority of medical men cannot distinguish various *nuances* and modifications of importance. These can be made out only by means of mechanical appliances. Physicians used to hear of the "hard bounding pulse" of acute inflammation; but, in an examination by the sphygmograph of the pulse in numerous cases of pyrexial disease, Dr. Anstie had not been able to find this kind of pulse, except where cardiac or arterial disease pre-existed. Again, among the soft pulses there is every degree. Dr. Burdon Sanderson had shewn what the great men among the ancients well shadowed forth in their description of the different kinds of pulse, when they spoke of the *pulsus durus et celer, mollis et celer, frequens et celer*, etc.; but this knowledge they had not been able to transmit to their followers. The true character of the pulse can be made out by only a very few with the aid of the finger alone. It is easy to feel a bounding pulse when it exists, as in cardiac hypertrophy, etc.; but nothing is so easy as to falsely imagine its presence when a very different state of things really exists.

For the indications for the use of alcohol in doubtful cases we must, then, turn to the physical modes of research, and the evidence of a surer sense than that of touch. First of these modes, Dr. Anstie mentioned the thermometer, as essential in determining the temperature; as the sensation of heat communicated to the hand is very deceptive. Without fully discussing a subject which had already been rendered popular, principally through the writings of Wunderlich, Ringer, and others, he would observe that no hospital physician or surgeon, or even private practitioner, can dispense with the thermometer in a case of acute disease. The thermometer, however, is not an infallible guide; and further means of appealing to our most reliable senses are valuable. Foremost among these is the measurement and written record of the pulse by the sphygmograph.

Dr. Anstie then described the various forms of the dicrotic pulse (which is always present in pyrexia), showing by diagrams from actual tracings that the severity of pyrexia fairly corresponds to the depth of the dicrotic notch in the pulse-curve; thus we have "subdicrotism", "full dicrotism", and "hyperdicrotism", an ascending scale of severity to which the temperature changes mostly, though not always, run parallel. In every case where the course is hyperdicrotic (*i.e.*, the dicrotic notch dips below the level of the curve-basis) there is a strong *primâ facie* case for alcohol. An experimental dose should be given, and the sphygmograph applied to the pulse fifteen minutes later. If now it appear that the pulse is made slower and the dicrotic notch is *shallowed*, the alcohol is doing good; for this indicates that arterial pressure has been raised; and it will constantly be observed that the patient gives signs of relief. If, on the other hand, the pulse become quicker and more dicrotic, the probability is great that an improper lowering of arterial pressure has been produced, and that the alcohol is either excessive, or else is entirely unsuitable to the case. Another point of great consequence is the form of the apex of the pulse-curve: so long as this remains sharp, and the curve is of good height, there is not much need for anxiety; but if the apex become softly rounded, and the curve itself small, while the fever is still high, prompt and liberal stimulation is an absolute necessity; this is a delicate indication that the heart is failing. Another point is the compressibility of the pulse, which can be much better tested by the sphygmograph than by the finger, especially with the important modification of the apparatus for varying the pressure, recently made by Mr. Foveaux, of Weiss and Son, which will be described and figured shortly in the journals. This gives us most delicate indications as to the necessity of using wine.

Another method of physical diagnosis is to ascertain whether alcohol is eliminated in the urine. Notwithstanding what had been taught by Lallemand and others, alcohol is changed in the blood; even when intoxicating doses have been taken. Dr. Anstie said that, after intoxicating six persons with alcohol, Dr. Dupré found very little alcohol in the urine, not one per cent. In febrile diseases, in however large doses it may be given, it is not, unless the patient be oppressed by it, eliminated in a recognisable way. If the patient present symptoms of intoxication even in the slightest degree, and especially if the pulse become rapid, the quantity of alcohol in the urine becomes at once

sensible. It is not difficult to ascertain roughly whether alcohol is present in the urine in noticeable quantity. Three or four ounces of the mixed urine of twenty-four hours must be distilled, first with acid, then with an alkali. The final distillate will contain all the alcohol to be found, and its presence may readily be detected by the chromic acid colour-test; and, with a little trouble in forming a scale of shades of colour, an estimate of the quantity may be easily made. If the alcohol be acting well, none ought to be found in the urine.

Dr. Anstie believed that some real advance in the means of determining whether alcohol should or should not be used is indicated by the foregoing observations. The form in which it is given is of much less consequence; if under its use delirium be diminished, the pulse rendered slower and (sphygmographically) better, and the temperature diminished, there is evidence that it is at least not doing harm, and is probably acting usefully.

DR. BUCHANAN said that, with regard to the propriety of giving alcohol, it always seemed to him that the compressibility of the pulse was a test of more value than its rapidity or strength. In practice, a kind of second sense was acquired which would enable one to say that the patient should have wine; but he would welcome any means of increasing the power of ascertaining the compressibility of the pulse—and this, he believed, was one of the functions of the sphygmograph. For the purpose of recording observations, there was no question as to the value of the instrument; for the *tactus eruditus* was not transmissible. The sphygmograph was also valuable for the purpose of teaching, to shew the definite curves which gave the indications for the use of alcohol.

Dr. ANSTIE, referring to a subject which he had omitted to notice, would ask whether there were any means of deciding by statistics on the use of alcohol. Dr. James Russell of Glasgow, in his report of the Fever Hospital there, had cleared up many points. He had shewn last year that age would account for many of the differences in mortality from typhus fever in different places. This year Dr. Russell established the general ratio of deaths to be 12·7 per cent. from typhus fever; and he gave the days when stimulation was commenced, the quantity taken, the results, etc. He considered that statistical observation could not decide when alcohol should be given, but that every case must be judged on its own merits. What was said of typhus fever by Dr. Russell, Dr. Anstie believed to be true of all pyrexial diseases. Except in very mild cases, we could not determine whether the patient would or would not require alcohol; it was a matter of observation.

Dr. HARE said that whatever gave precision to our knowledge was *ipso facto* valuable; and therefore the sphygmograph was valuable. All who had used it must feel that they gained much more reliable information from it than from the finger. It was not derogatory to the instrument to say that too much confidence must not be placed on one symptom or one phenomenon, such as the pulse. Much assistance was gained from the general aspect of the patient, the degree of languor, the amount of mental and physical strength, etc. The administration of alcohol depended much on the amount of strength. He was sure that alcohol had been given very indiscriminately. When he was physician to University College Hospital, he was obliged often to stop it after it had been ordered by his clerks. He was sure that Dr. Anstie would not underrate the importance of general symptoms; but men's minds were apt to run too much on one subject, such as the stethoscope; and the same might be the case with the sphygmograph.

Dr. BURDON SANDERSON said that there were one or two important facts which required notice. Dicrotism of the pulse was capable of being produced in fever either by increased action of the heart or by diminished resistance in the capillaries. In the former case, it would not be right to give alcohol. Dr. Anstie said that in dicrotism from increased action of the heart the wave was nearly smooth—he had called it, from its early occurrence in typhoid fever, the "simple typhoid curve." It appeared whenever there was a peculiar vibratory character of the pulse; and, was, he believed, due to the descending curve being rendered nearly even by a series of very rapid vibrations which the sphygmograph could not follow, and which masked the real phenomena of the pulse. With this character of the pulse, alcohol did not do good. Dr. Anstie's method of testing for alcohol in urine was a convenient and practical means of determining its presence; but the determination of the quantity was a more difficult matter.

Dr. STEWART wished that Dr. Anstie would have given some facts as to the use of alcohol in large quantities in acute diseases, such as pneumonia. There was no disease in regard to which there were such extraordinary variations as to the treatment. In some cases, the only chance for the patient was stimulation; while in others he would not give alcohol. The hard bounding pulse had of late years been very rare; but it was not so always. He had been informed that during the second winter of the campaign in the Crimea, the bounding incompressible pulse was very frequently met with. He thought that most practitioners could by careful attention educate their fingers so as to be able to form a good general idea of a pulse. Alcohol was useful in many cases where flushing of the face was present, especially in typhus. He agreed with Dr. Hare as to the importance of noticing the amount of strength of the patient. One patient would, after ten days' illness, walk to the hospital; another would be utterly prostrated in the first hour. He did not think that medical men would ever be able to dispense with their ordinary practical guides. Allowing the enormous benefit derived from the aids to science, he would ask how many of the 20,000 practitioners in the kingdom would use them in their present state. At some time, perhaps, they might be more simplified. It was a long process to ascertain the temperature of a patient; so also was the testing for alcohol in urine. Some physicians would be able to use these aids largely and derive much information from them; but others must look to the general symptoms, and depend on the education of the finger to distinguish the differences in the pulse.

Dr. SIMMS said that some persons were very readily affected by alcohol. Should it be given to them because certain signs were observed? As to elimination, there were great differences in this respect; some persons passing much more urine than others after taking alcohol.

Dr. BROADBENT said that observation of the symptoms, the sphygmograph, and the chemical effects of alcohol, all concurred in an important fact—that alcohol was proper in some cases. They showed also that it was more rapidly consumed in some circumstances than in others. It did not, however, altogether follow that alcohol was always the best thing for the patient, even if it came up to the indications pointed out by Dr. Anstie. In pneumonia, at first limited to half the lung, and sometimes confined throughout to the part, we could not be sure that in giving alcohol we were not favouring the extension of the disease, by affording material for oxidation.

Dr. CAMPS said that in such diseases as typhus, typhoid, and scarlet fever, where the system was under the influence of a poison, the nervous system was more affected than in pneumonia, and alcohol was more indicated. In very many cases of pneumonia, eliminative treatment was required. In typhoid fever and similar cases, the general state of the patient must be taken into account in giving alcohol. He did not agree with Dr. Anstie as to the fallacy of the sense of touch in ascertaining the character of the pulse; but there was a great diversity in the power of doing this.

Dr. SIBSON said that, some years ago, a friend's wife was apparently dying from hæmorrhage. Large quantities were given, with the undoubted effect of restoring her to life. Not long afterwards, he met with a case of very copious hæmatemesis, the patient being in a state of great prostration. He gave at once six or eight ounces of brandy, with most marked effect on the circulation. The stimulant was continued some days in smaller doses; the patient remained unconscious, but ultimately recovered. In pneumonia, we must be guided as to the use of alcohol by the amount of prostration. He believed that double pneumonia invariably required stimulants. He would be very sparing of giving stimulants in cases where the system was already charged with a poison. In the administration of alcohol, he was guided by the want of tension of the pulse and by the defect of nervous power in the patient.

Dr. DUPLEX said that, thirty or forty years ago, he daily met with the hard bounding pulse; but he had not observed it during the last six or seven years. He thought that it would be a loss to dispense with the aid afforded by the finger.

Dr. DOUGLAS dissented from the general views of the author as to stimulants; there were other remedies of greater efficacy. He did not understand whether Dr. Anstie recommended stimulants to be given in the early stages of disease; in the later stages they might be beneficial.

Dr. ANSTIE, in reply, said that he believed it was generally recognised that an undulating pulse was an indication for alcohol. The sphygmograph might in some cases detect the undulation at a more early period than the finger could. In a case of delirium tremens, where the patient was apparently improving, he had correctly prognosticated death in consequence of the sphygmograph denoting the pulse to be undulating. In reply to Dr. Douglas, he did not agree that the use of alcohol was to be limited to the later stage of disease. He agreed with Dr. Hare that we must not judge by the pulse alone; and he did not neglect a single indication derivable from the strength, position, etc., of the patient. Dr. Hare spoke of the indiscriminate use of alcohol. A young Frenchman, who advocated the use of alcohol, had observed the practice in our hospitals; and he enumerated some of the vilifiers of the stimulant treatment, as giving it in doses "that made his hair rise." People misunderstood what Dr. Todd did; they thought he gave whole bottles at one dose. The sphygmograph was not a specific for finding out a thing all at once. In many cases, common observation would enable us to decide; but there still were cases—crucial cases of interest—in which the sphygmograph would be essentially useful. The sphygmograph afforded

one link in the chain of argument. As to the two causes of dicrotism, he agreed with Dr. Sanderson. It was quite true that most cases attended with a "nervous pulse" did well without alcohol; but he could not agree with prohibiting alcohol in all such cases. Still more, in some very emotional subjects, the pulse was collapsing, and such cases often bore alcohol well. He had seen cases of pneumonia with flushed face in which twelve ounces of brandy a day had been given for three or four days, the pulse falling, and the patient improving without delirium. After all, these were exceptional cases; but they did occur. As to the hard bounding pulse, he must stick to his statement that he had often failed to discover it with his finger; his sense of touch was not very blunt. The sphygmograph confirmed him in this. His observations had been principally made in London; though he had made some in the country. As to simplicity, the instrument had been much simplified since Marey invented it. He shewed Mr. Berkeley Hill's pad, by which it could be adjusted and a tracing taken in about two minutes. In an exceptional case, this time was not to be grudged, nor was the application of the instrument in ordinary cases beyond the use of the general practitioner. Dr. Simms had not sufficiently distinguished between increased elimination and increased urination; the amount of elimination was much less than was supposed. He did not know of any disastrous ultimate effects from the use of alcohol, where its administration had been limited to the production of the good effects observed at first. As to its producing inflammation, he believed this must be a bugbear, especially when the large doses given by Dr. Todd without harm were remembered. Dr. Camps thought that, on the whole, alcohol was less necessary in pneumonia than in fever; but he (Dr. Anstie) did not agree that there was always less nervous depression in pneumonia. Dr. Sibson's remarks as to the effects of alcohol in hæmorrhage were very important. He remembered a case in King's College Hospital, where a bottle of brandy was taken in a few hours. Very few could doubt that in double pneumonia stimulants should be given. Dr. Anstie concluded by demonstrating the modifications introduced into the sphygmograph by Messrs. Weiss, for the purpose of modifying the pressure by simple means.

UNIVERSITY INTELLIGENCE.

UNIVERSITY OF CAMBRIDGE.

THE REPORT OF THE MUSEUM AND LECTURE-ROOMS SYNDICATE FOR 1868 has been issued. The Professors and the Superintendent of the Museum of Zoology and Comparative Anatomy report satisfactorily. Professor Humphry reports that Mr. Carver and Mr. Gedge are employed in teaching Anatomy, besides himself; and that good working classes in Histology have been formed in the Museum. A reading-room and an University Medical Society have been formed; the Society numbers forty-five students. The Addenbrooke Hospital has presented a valuable collection of urinary calculi; and Dr. Ormerod of Brighton a valuable photographic apparatus, with accessories, for taking representations of anatomical structure.

TRINITY COLLEGE, DUBLIN.

PROFESSORSHIP OF SURGERY.—The Board of Trinity College have decided to recognise the importance of Surgery in the University by placing Dr. Robert Adams in the same position as that held in Medicine by Dr. Stokes, the Regius Professor of Physic. A suitable salary has been assigned to the office held by Dr. Adams, which it is proposed to seek the right to name the "Regius Professorship of Surgery". The titles "University Professor of Surgery" and "University Professor of Chirurgery" belong to Dr. McDowel by the Acts of Parliament 25th George III, cap. 42, and 40th George III, cap. 84; while the title "Professor of Surgery in Trinity College" belongs to Dr. Robert W. Smith by the Act of Parliament 30th Victoria, cap. 9. It is confidently expected that Her Most Gracious Majesty will recognise the position which surgical science has attained, and will permit Dr. Adams to be named the first Regius Professor of Surgery in Dublin.

SANITARY STATE OF PORT LOUIS.—In reply to Mr. Barclay, Mr. Adderley said that at the date of the last information from the Mauritius (18th Feb.) fever was still on the increase. It is, however, of a much milder form, and a considerable proportion of those attacked by it recover. The vacancies in the medical staff are being also supplied, a better understanding has been established between the Government authorities and municipality of St. Louis, and an inquiry has been instituted into the drainage, with a view to the improvement of its sanitary condition. The right hon. gentleman further stated (in answer to a question from Mr. Whalley) that the circumstances attending the landing of the 86th Regiment have been much misunderstood, and that he believed no bad results have followed from it.

THE POOR-LAW MEDICAL SERVICE
OF
GREAT BRITAIN AND IRELAND.

POOR-LAW MEDICAL OFFICERS AND THEIR GUARDIANS.

A QUESTION of importance arises out of some recent "compulsory resignations" of medical officers of workhouses. Where medical officers are called upon to "resign", and feel that they are badly used and that the grounds on which the Poor-law Board concur with the guardians are erroneous or insufficient, is it desirable that in future they should resign? Or should they not, if they feel their case to be a good one, refuse to resign, and call for a public investigation in due form, as a condition preliminary to dismissal? In Ireland, every Poor-law medical officer can demand such an inquiry prior to dismissal by sealed order; and it could hardly be withheld from medical officers in England. The present practice is to submit the correspondence with the guardians to medical officers for their comments, and to decide upon the documents. These papers are always producible by order of Parliament, and can be obtained by motion from a member. But, if the medical officer have already resigned before they are produced, he is not likely, we fear, to benefit much by their printing, although his character may be righted and his peace of mind restored. These are not times, however, in which any medical officer *need* submit to oppression or mal-treatment. On the other hand, he cannot expect to be justified, more than any other public officer, in treating his employers with violence, in using insulting or intemperate language in his official relations with them, or in deliberately ignoring them for the sake of public agitation. We have many times during the last year been able to render efficient assistance to medical officers in obtaining redress, and in urging improvements which were necessary. On two occasions on which we have brought their grievances under the notice of members of Parliament, they had put themselves out of court by the intemperate language which they had used, and by the irregular course which they had pursued. We regard it as, in one sense, our special duty to use the facilities which we possess for the purpose of advancing the interests of the Poor-law medical officers by private, public, and Parliamentary intervention; but these few words of caution may perhaps in the future render our task—which is one of almost weekly recurrence—more easily and uniformly successful.

THE NEW POOR LAW MEDICAL ORDERS.

SIR,—As usual, you have managed to give us the news before anybody else, and last week told us the facts important for us to learn, while your contemporaries have been either grandiloquently preaching or calmly sleeping in ignorance of them. The important Regulations for Medical Officers, which you printed at length, are, in one sense, a source of congratulation; they place the medical officer in a defined position, and one of power and influence; he is authorised, nay required, to make those representations which he has hitherto hardly dared to make. But, as you say, additional duties and responsibilities are thrown upon them without extra pay. I wish any medical officers who think that we should make representations on this subject would say so. Where are Mr. Griffin and Mr. Fowler and Mr. Lord, who used to be active in such matters? Why do not they address us through your columns, and advise a course of action? I see there is a London Association formed, of which Dr. Dudfield is secretary. What does Dr. Dudfield say to this matter? We want our fuglemen to speak in our JOURNAL on this subject, if only to strengthen your hands. I am, etc.,

Liverpool, March 1868. X.

THE MEDICAL OFFICER OF THE POPLAR UNION.

WE learn, from the *Tower Hamlets Express*, that Dr. Stanley Gale has been reinstated in office by the guardians since the letter of the Poor-law Board conveying their decision was received, and the subject referred to the Medical Committee. The Medical Committee met on Friday, and there were present Dr. Markham, Dr. Gale, and Dr. Bain. It was then resolved to recommend that Dr. Gale and Dr. Bain should

each have an assistant *holding the double qualification* for twelve months, and approved of by the Board, and that they should receive £120 *per annum* each.

POOR RELIEF BILL.

LORD DEVON'S Poor Relief Bill, to which we have already referred, was brought up in Committee on Tuesday for the second time in the House of Lords. In the course of a very tame discussion it was resolved to refer it to a Select Committee. It is understood that the Select Committee will consist of the Lord Archbishop of York, the Duke of Richmond, the Marquis of Salisbury, the Earl of Devon, the Earl of Denbigh, the Earl of Hardwicke, the Earl of Carnarvon, Earl Grey, Earl Ducie, the Earl of Ellenborough, Earl Kimberley, Viscount Eversley, Lord Clinton, Lord Egerton, and Lord Northbrook.

UNQUALIFIED ASSISTANTS.—We have received numerous letters on this subject, for the most part expressing approval of the principle of dispensing with the services of unqualified assistants; but some expressing a hope that measures will be taken to prevent any pecuniary loss to the medical officers of unions if any change should be made. The correspondence and remarks which have appeared in this JOURNAL, and subsequently in the daily press, have, of course, not failed to attract the attention of the Poor-law Board, and we shall expect soon to be able to announce some decision on this subject,

UNQUALIFIED ASSISTANTS.—Dr. D. Maurice Serjeant, Warboys, writes: "The Poor-law district in which I reside is held by a surgeon, who resides six miles from it. He employs a druggist here as his assistant. This man not only attends patients for his employer, but does a considerable business on his own account. In cases in which the treatment has been by the druggist solely, who has visited, sent medicine, and charged, will he be able to plead his assistantship if prosecuted under the Apothecaries' Act? Can you refer me to any case in point?"

*** We advise our correspondent to write to the Registrar of the Apothecaries' Society, Bridge Street, Blackfriars, and forward to us the answer for publication.

MR. F. H. HARRIS (Mildenhall) asks for any instance where boards of guardians recognise the treatment of their sick poor in a cottage hospital, by contributing towards the customary self-supporting fund for the maintenance of the patient, as also the average sum per week generally guaranteed by them; and any instance of an union allowing the usual extra fees to the district or union medical officer, where a pauper, from accident, has been treated by such officer in a cottage hospital.

WE warmly recommend to public vaccinators a little pamphlet just issued by Mr. J. B. Hutchins, an efficient officer of the Medical Department of the Privy Council, describing and explaining the Regulations of the Privy Council as to Public Vaccination and Government Gratuities to Vaccinators. It is published by Knight and Co., 90, Fleet Street

OBITUARY.

WILLIAM PATRICK HENDERSON AND JOHN BADDELEY,

HOUSE-SURGEONS OF THE EDINBURGH INFIRMARY.

WE have to record with deep regret the loss of two of the resident surgeons of the Edinburgh Infirmary, by fatal typhus.

William Patrick Henderson was born in Italy. He studied medicine in the Universities of Pisa and Edinburgh, and took the degree of M.D. at Edinburgh in 1866. At the time of his death he held the appointment of House-Surgeon to the Lock Hospital, Royal Infirmary of Edinburgh. He died of typhus fever at the Royal Infirmary, January 31st, 1868, aged 24 years.

John Baddeley, born in India, studied at King's College, London, the Rotunda, Dublin, and for four years at the University of Edinburgh, where he distinguished himself, particularly in chemistry, botany, medicine and surgery. He took the degree of M.B. and C.M. of the University of Edinburgh, in 1867, and shortly afterwards was appointed one of the resident House-Physicians at the Royal Infirmary. Along with two general wards, he had under his charge the fever ward. He was a zealous student of clinical medicine. He attended on Dr. Henderson with unremitting attention till his death, contracted typhus a fortnight afterwards, and died himself of that complaint on February 29th, 1868, aged 22 years. He was the founder of the Edinburgh University Athletic Club, and an active member of all societies calculated to promote the welfare of the University. His loss has been greatly felt by a large circle of friends connected with the University, and as a mark of the esteem in which he was held, liberal contributions have been made for the purpose of erecting a monument to his memory.

JOHN VINCENT HAWKINS, M.D., OF KING'S LYNN.

WE very much regret to have been obliged to include in our obituary last week the name of John Vincent Hawkins, Esq., M.D., of King's Lynn. He had been for some time past in failing health, and died at Oak Hall, Lindfield, Sussex, on Monday, March 16th, at the age of 64 years. The deceased came to Lynn and was elected physician to the West Norfolk and Lynn Hospital in the year 1853, as successor to Dr. Whiting; and within the last twelve months he was appointed a magistrate for the borough, which was the only other public appointment he held. Dr. Hawkins was, at the time of his death, President of the Cambridge and Huntingdon and East Anglian Branches of the British Medical Association. His great professional experience and kindly disposition secured him the confidence and regard of a wide circle of patients and friends, and his loss will be universally deplored.

MEDICAL NEWS.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, March 26th, 1868.

Bilham, James, St. Germains Terrace, W.
Faraker, William Cregeen, Plough Road, Rotherhithe, S.E.
Godson, Henry, Coldhurst Parsonage, Oldham
Renshaw, Bernard, The Glebe, Lee, Kent
Swain, Edward, Long Clawson, Melton Mowbray

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

Blenkarne, William l'Heureux, Guy's Hospital
Vines, Henry Jeekell Kendrick, St. Mary's Hospital

As an Assistant, in compounding and dispensing medicines.

Allkins, Thomas Boulton, Tamworth, Warwickshire

MEDICAL VACANCIES.

THE following vacancies are declared:—

BALLANTRAE, Ayrshire—Parochial Medical Officer.
BROADMOOR CRIMINAL LUNATIC ASYLUM—Assistant Medical Officer.
CARMARTHENSHIRE INFIRMARY, Carmarthen—House-Surgeon.
CAVAN UNION—Medical Officer for the Arvagh Dispensary District.
CHELSEA, BROMPTON, and BELGRAVE DISPENSARY—Physician, Apothecary, and Secretary.
DEVIZES PRISON—Surgeon.
DOVER HOSPITAL AND DISPENSARY—Surgeon.
DUBLIN, TRINITY COLLEGE—King's Professor of the Practice of Medicine.
EXETER DISPENSARY—Surgeon.
GLOUCESTER GENERAL INFIRMARY—Assistant-Physician and Assistant-Surgeon.
GREENOCK HOSPITAL AND INFIRMARY—Surgeon.
INFIRMARY for EPILEPSY and PARALYSIS, Charles Street, Portman Square—Physician and Surgeon.
ISLE OF MAN HOSPITAL and DISPENSARY—Resident Medical Officer.
ISLINGTON DISPENSARY—Surgeon.
KILKEEL UNION, co. Down—Medical Officer for the Subdistrict of Kilkeel.
KILMAURO, Ayrshire—Parochial Medical Officer.
LEEDS GENERAL INFIRMARY—Assistant Resident Medical Officer.
LITTLEMORE PAUPER LUNATIC ASYLUM, near Oxford—Assistant Medical Officer.
LURGAN UNION, co. Armagh—Medical Officer for the Moyntagh Subdistrict.
PENRITH UNION, Cumberland—Medical Officer for the Workhouse and the Districts of Penrith and Greystoke.
PLYMOUTH PUBLIC DISPENSARY—Physician.
RICHMOND HOSPITAL, Dublin—Surgeon.
ROYAL ACADEMY OF ARTS—Professor of Anatomy.
ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road—Physician and Surgeon.
ROYAL PIMLICO DISPENSARY, Buckingham Palace Road—Medical Officer.
ROYAL SOUTH LONDON DISPENSARY, St. George's Road—District Surgeon to visit Out-Patients in Lambeth District.
ST. MARK'S HOSPITAL FOR FISTULA AND DISEASES OF THE RECTUM—House-Surgeon.
THETFORD UNION, Norfolk—Medical Officer for the Croxton District and the Workhouse.
WEST NORFOLK AND LYNN HOSPITAL—Physician.
WOLVERHAMPTON UNION—Medical Officer for District No. 3.
WORTHING INFIRMARY—Surgeon.
WREXHAM UNION, Denbighshire—Medical Officer for the Gresford or No. 2 District.

MEDICAL APPOINTMENTS.

*WAGSTAFFE, William Warwick, B.A., appointed Examiner in Arts to the Society of Apothecaries, London.

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

BRADFORD, W. J., M.B., to be Surgeon 49th Middlesex R.V.
CUPISS, F. P., Esq., to be Assistant-Surgeon 1st Administrative Brigade Lincolnshire A.V.
JAAP, J., M.D., to be Honorary Assistant-Surgeon 23rd Kent R.V.
RUSSELL, J., Esq., to be Surgeon 1st Newcastle-on-Tyne A.V.
WISE, W. C., Esq., to be Assistant-Surgeon 9th Kent A.V.

DELETERIOUS BUT PROFITABLE.—On the 29th of March, 1699, there was a grand ceremony at the Paris School of Medicine. Under the presidency of Fagon, first physician of the king, the *bachelier*, Claude Berger, maintained a thesis on this subject—*Does the frequent use of tobacco shorten life?* (*An tabaci usu vitæ summa brevior?*) Yes! yes! was the answer from all sides. And a hundred years afterwards, says the *Union Médicale*, this deleterious weed produced annually to the government more than 60,000,000 *francs*.