

MEDICAL COURTS OF APPEAL.

AT the Annual Meeting of the Bath and Bristol Branch of the British Medical Association, a Special Committee was appointed to consider the above subject, and report at the next Ordinary Meeting. At that meeting, on October 29th, the following report was brought up, and it was resolved that it should be printed and circulated among the members previous to discussion at the meeting of December 10th, 1868.

"The Committee appointed at the last Annual Meeting of the Bath and Bristol Branch of the British Medical Association, to consider the desirability of establishing a Court of Appeal in the event of Professional difference on points of Medical Ethics, founded on a communication made to the Branch at its last Annual Meeting, having taken the subject into consideration, beg to make the following recommendations.

"1. That a Court of Appeal be established for the purpose of deciding Medico-Ethical questions submitted to it.

"2. That such Court of Appeal consist of seven Members, selected from the Council of the Branch, by the Council; of whom five shall be a Quorum. The Chairman for the time being to have a casting vote in addition to his ordinary vote.

"3. That the decision of the Court of appeal shall be *final*.

"4. That the Court of Appeal shall be open to all Members of the Profession, within the limits of the area in which Members of the Branch reside.

"5. That all differences of opinion coming within the jurisdiction of the Court of Appeal shall be stated in writing. The Court reserving a right of personal interview if such should be deemed requisite.

"6. That any Members of the Branch making public, by means of newspapers or circulars *any* difference of a Professional character—shall be deprived of the right of appeal, and the Branch may call upon the Court of Appeal to express their opinion on such publication as unprofessional.

"7. That the Appellant shall subscribe a document previously to the consideration of an Appeal, agreeing to abide by the decision of the Court, and to refrain from any publication of such decision except by and with the express sanction of such Court.

"8. That, in the event of any necessary expenses being incurred by the Court during the consideration of an appeal, such expenses shall be defrayed by the Appellants in equal proportions.

"9. That the decisions of the Court of Appeal shall be communicated to the Branch, but shall *not* be published as part of its transactions."

(Signed),

R. W. COE.

JAS. G. DAVEY, M.D.

CHAS. H. COLLINS.

R. WILBRAHAM FALCONER, M.D.

ROBERT N. STONE.

H. HENSLEY, M.D.

A. B. BRABAZON, M.D.

At this meeting, Dr. BRABAZON moved—

"That, in accordance with the recommendation of the Special Committee, 'a district Court of Appeal' be constituted, to which may be referred all Professional disputes or differences, or matters of professional etiquette."

He stated that he considered that the social status of the profession was not that to which it was justly entitled, as a scientific, learned, and honourable profession. Terms of remuneration were daily offered to the profession by those who represented the public, which would not be offered to or accepted by any other learned profession. He had for a long time considered the subject, and had arrived at the irresistible conclusion, that this undesirable state of things was owing to want of internal organisation, and to the non-existence of a code of recognised medico-ethical laws to guide the profession in their mutual relations with the public and with each other. He earnestly and repeatedly begged that the meeting would not view the subject before them simply in the light of an institution wherein to settle wretched professional disputes, but that they would consider it in a much wider sense, as the first instalment of a system of medical ethics, hereafter to be added to and enlarged upon. He wished to notice the objections which had been and probably would be made to a Court of Appeal, as recommended by the Special Committee. 1. That the existence of a Court of Appeal would be a confession of professional frailties and weakness, and would tend to lower the profession in public opinion. 2. That there is no necessity for such an institution. 3. That it would not obtain the desired result of establishing unanimity and preventing professional differences. In reply to the first objection, he asserted that the public would think much more highly of the profession if they believed that there existed a code of ethical laws to guide it in its relations with them and with each other, and they certainly would not respect it less than other learned professions who possess such rules for their guidance. To the argument

of "no necessity" he replied, that they were to consider the propositions before them, *not merely* in reference to their *own* particular branch but in reference to the *general professional good*; and he argued that if there ever had been, or if there were in the future, any possibility of the occurrence of professional misunderstanding between honest and honourable men, or between men of a very different stamp, then the necessity of some proper and understood mode of settling such matters *fully* existed. In reply to the third objection, he stated that he had corresponded with the local Secretaries of many Branches throughout England to obtain information on this point. In those districts where Medico-Ethical Branches existed the effect of their working was most satisfactory. In proof thereof, he read extracts from letters received. In other districts the Secretaries regretted exceedingly the non-existence of some Court of Appeal or Medico-Ethical Branch, which were convertible terms. He earnestly trusted that the meeting would not consider the question in a narrow-minded point of view, but would look upon it as a question involving the inauguration of a widely spread system, which must tend to the honour and integrity as it would to the unanimity of the profession. It was the want of unanimity which made the profession a prey to the public and lowered its social status. If the name "Court of Appeal" was objectionable they could give it another. Though the Branch could not now claim the honour of having taken the initiative, it could at least follow a good example and set it to others, and by degrees, from the widely-spread circumference of the British Medical Association, they should see radii of professional ethical opinion arising, tending to one common centre, hereafter to be established; a centre of unanimity which the public must respect; and then they should occupy their proper social position as members of a learned and honourable profession.

Dr. DAVEY seconded this resolution, and Dr. FALCONER and Mr. W. M. CLARKE urged the advantages of such a Court.

Dr. E. L. FOX proposed the following amendment:—"That, in the opinion of this Branch, the harmony that has so long existed among the members of the Medical Profession in this Branch and neighbourhood renders the formation of a Court of Appeal, as laid down in the proposed code of laws, unnecessary and undesirable." Mr. BARTRUM seconded the amendment; and Mr. Tibbits, Dr. Marshall, Mr. W. Smith, and Dr. Colborne, supported it. After a long discussion the amendment was put to the Meeting and carried by a large majority.

Mr. PARSONS then moved "That a Committee be formed, who shall draw up a code of Ethical laws to be submitted to the Branch at a future meeting." This was seconded by Dr. MARSHALL and carried by a majority of 18 to 11, after remarks had been made by Dr. Brabazon, Mr. Swete, and Mr. E. Bush. On the motion of Mr. W. M. CLARKE, seconded by Mr. Swayne, it was decided that the Council of the Branch should form a Committee for arranging the new code.

ASSOCIATION INTELLIGENCE.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

THE next meeting of the above Branch will be held at the Council Room of the Midland Institute, on Thursday, January 14th. The chair will be taken at 3 o'clock precisely.

T. H. BARTLETT, *Honorary Secretary*.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH:
GENERAL MEETING.

THE third general meeting of this Branch was held at the Midland Institute, Birmingham, on December 10th, 1868. Present: C. A. NEWNHAM, Esq., President, in the chair, and sixty members of the Branch and visitors.

Election of Members.—It was proposed by Mr. PEARCE, and carried unanimously—"That all gentlemen wishing to become members of this Branch of the British Medical Association be proposed and seconded at a general meeting, that their names and addresses be added to the business notice card, and that they be balloted for at the general meeting." The following gentlemen were elected members of the Branch: W. L. Norris, Esq., Brierly Hill; George Chapman, Esq., Brierley Hill; Dr. Welch, General Hospital, Birmingham; Dr. De la Cour, General Dispensary, Birmingham.

Communications.—1. Mr. BARTLETT exhibited the parts removed after death from a case of Scirrhus of the Rectum. Amussat's operation had been performed. The patient lived nine weeks after operation.

2. Mr. BARTLETT also showed a Cast of the Bladder, passed by a woman *per urethram*, after taking medicine which caused strangury. The

urine was since passed *guttatim*, and no bladder could be detected *per urethram*.

3. Mr. BARTLETT also shewed some Bones from a case of Malacosteon. The subject, an old woman, aged 60, had suffered for ten years, and attributed her disorder to the nervous shock of severe affliction. The bones of the left side were chiefly affected. The left ribs were much thinned, and the left forearm readily broke between the fingers, the right being as strong as usual. The microscope shewed much fat in the bones. The brain and all the viscera were healthy.

4. Mr. GOODALL exhibited a specimen of Abscess in the head of the Tibia (right). The patient, a gentleman, aged 30, had suffered during thirteen years periodical and severe pain without there being symptoms sufficiently marked to enable several eminent surgeons who had seen the case to come to any distinct diagnosis. The operation of trephining was performed, but unsuccessfully; and, acute inflammation of the whole bone resulting, amputation of the thigh was performed. On excising the tibia after its removal, a cavity about the size of a horse-bean was found imbedded in solid bone a little to the right side of the centre of the head of the tibia, and within three-fourths of the articular surface.

5. Mr. ALFRED BAKER exhibited an arm which had been removed for Disease of the Elbow. Excision had been previously performed.

6. Mr. BASSETT sent a well marked specimen of Fatty Degeneration of the Placenta.

7. Mr. THOMAS UNDERHILL related the following case of Tracheotomy. G. Hoffer, aged 50, of full habit, came under observation on April 9th, complaining of difficulty of breathing, distressing paroxysmal cough, and sense of constriction of the throat. The symptoms were found to be caused by the inflammatory thickening of the lining membrane of the larynx. There was no morbid excrescence. On April 28th, impending suffocation necessitated tracheotomy. The trachea was so deep from the surface, that an ordinary sized tube would not reach it without the shield being buried for upwards of an inch in the tissues of the neck, when it was retained by a wire cage. On June 1st, it was replaced by a tube of rather large calibre, and three and a half inches in length. On December 10th, the man was in good health, and engaged in his usual business as a builder. He was enabled to close the tube for several hours without inconvenience. The principal points of interest in the case was the depth of the trachea from the surface, requiring the exercise of a little ingenuity in devising a cage for its retention, and also the fact that, after swabbing the larynx with a solution of nitrate of silver, a quantity of mucus, coagulated, and whitened by the solution, was expelled from the tube, thus incontrovertibly proving the practicability of passing the sponge through the rima glottidis, a proceeding the possibility of which is questioned by many writers on the subject.

8. Mr. J. VOSE SOLOMON exhibited a healthy farmer, 62 years of age, who had suffered from Rodent Cancer, which commenced eighteen years ago as a tubercle in the integument of the nose; it ulcerated and gradually extended, affecting the lower lid, the semilunar membrane, and finally, the inner angle of the upper lid. On October 21st, 1868, Mr. Solomon removed by dissection the whole of the disease, taking care to include a liberal amount of adjacent healthy skin and conjunctiva. The operation included a large excision of the integument of the inner side of the nose, the inner angle of the upper lid, the whole of the semilunar membrane, and nearly the entire lower lid. The integrity of the outer commissure was preserved, and a new lid obtained from the skin on the temporal side of the face. The flap was retained in position by silver wire sutures, and its vitality preserved by cotton-wool dressing. Recovery was rapid and unattended by constitutional disturbance or suppuration of the wounds, except that of the nose, which was left to heal by granulation. The new lid affords as complete a covering to the eye as its companion on the right side. It is lined by a mucous membrane, and presents a fine free border. Not a vestige of the old disease or of recurrent tubercle could be found. Mr. Solomon attributed the satisfactory condition of the part to the freedom with which he had cut into the healthy tissues that bordered the rodent ulceration.

9. Mr. VINCENT JACKSON read a paper on Notes on an Operation for the cure of Varicocele, and pointed out that the radical treatment of varicocele consisted in the obliteration of the spermatic varices by producing in them adhesive phlebitis. Allusion was next made to the various known operations for the production of this condition by surgeons abroad and at home; and finally the author referred to what he considered the best operative method to be employed in these cases; namely, Mr. Tufnell's modification of Ricord's operation by the double ligature, a modification consisting in the employment of "retracting guides," whereby at any moment the compressing portions of wire can be most easily removed. A needle, similar in make to an ordinary baiting needle, was recommended to be employed in carrying the looped wire around the veins. The paper was illustrated by drawings and a model,

the latter demonstrating the position of the compressing and retracting wires, and showing how the tension of the former is maintained by attaching their free ends to a short piece of watch-spring bent back.

10. Mr. SAMPSON GAMGEE read a paper on the Characteristics and Wants of the Present Surgical Epoch.

BATH AND BRISTOL BRANCH: ORDINARY MEETING.

THE second ordinary meeting of the session was held at the York House, Bath, on Thursday evening, Dec. 10th; R. N. STONE, Esq., President, in the chair. There were also present fifty-two members and visitors.

The minutes of the last meeting were read and confirmed.

New Members.—Peter Chester Chadwick, Esq., of Wroughton, was duly elected a member of the Association and Branch. The following gentlemen were proposed and seconded, and will be balloted for at the next meeting: George Saunders, Esq., Surgeon-major, Clifton; D. G. Dutton, Esq., Dursley; T. G. P. Hallett, Esq., Bristol; C. Pooley, Esq., Weston-super-Mare; G. D'Arcy Adams, Esq., West Town; G. Barnes, Esq., Wroughton; and T. Dudley Saunders, Esq., Bath.

The late Dr. Herapath.—Mr. W. M. SMITH proposed the following resolution, which was seconded by Dr. BUDD in most feeling terms, and carried by acclamation. "That the President, Council, and Members, of the Bath and Bristol Branch of the British Medical Association, in expressing their sympathy with Mrs. Herapath and family in their recent bereavement, take this opportunity of recording their sense of the great loss sustained by themselves, and the professional and scientific world, by the death of Dr. Herapath." It was resolved that a copy, signed by the President, Retiring President, and President-elect, should be forwarded to Mrs. Herapath.

Courts of Appeal.—The Report of the Committee, which had been printed for circulation, was discussed. (See page 34.)

Direct Representation of the Profession in the General Medical Council.—The Committee of Council having approved of the Report delivered to them by the Committee for considering the direct representation of the profession in the General Medical Council, and having forwarded a copy of such Report to this Branch, it was unanimously resolved—"That the Report of the Committee of Council of the British Medical Association respecting the direct representation of the profession in the General Medical Council be approved; and that a copy of the same be forwarded to the members of Parliament for the cities of Bristol and Bath, as well as for the adjoining counties, with a request that, when the subject is considered by Parliament, the suggestions contained in the report may be taken into consideration, and they will assist in promoting the changes required in the constitution of the General Medical Council."

Dr. DAVEY called attention to the fact of the address having been drawn up by the Committee appointed at the Oxford meeting.

Paper.—Mr. W. M. SMITH read a paper, "On Cases of Jaundice following Hemorrhage." The lateness of the hour prevented discussion.

SOUTH-EASTERN BRANCH: EAST SURREY DISTRICT MEETING.

A MEETING of this Society was held on Thursday, December 17th, at the Greyhound Hotel, Croydon. The chair was taken at 4 P.M., by Dr. CARPENTER; and twenty-three gentlemen, members and visitors, were present.

Papers, &c.—1. Mr. COPE gave a statistical account of three hundred cases of Midwifery, which had occurred in his practice during the last twelve months. The paper concluded with brief histories of some of the most noteworthy. Amongst them, was one in which labour was impeded by the coccyx, which, having been formerly fractured, had united as an angle so as to protrude forward into the pelvis, and to form an obstacle over which it required considerable force with the forceps to draw the head of the fetus. In another case related, a woman was delivered of a child, a dead one, weighing 18 lbs.

2. Dr. ADAMS exhibited a child with Congenital Malformation of the Irides.—Dr. H. POWER, in remarking on the case, showed diagrams of similar instances that had come under his notice; and stated that it was usual in them to find deficiency of the choroid in the corresponding part of the fundus of the eye, and that there was perhaps also a deficiency of retina.

3. Dr. ADAMS showed a patient in whom it had been necessary to perform Tracheotomy for some Laryngeal Obstruction, and gave a history of the case. The tube had been removed, and a good recovery made.

4. Dr. ADAMS gave the history of a case in which he Excised the

Knee of a Strumous Boy. The patient at first progressed satisfactorily; but subsequently it was necessary to amputate the thigh, after which a good recovery was made.

5. Dr. CARPENTER read a paper, entitled *Some Causes of Fever*. Passing briefly over the causation of typhus, typhoid, and cholera, Dr. Carpenter dwelt chiefly on that of scarlatina and measles, in which, whilst fully allowing the frequent influence of contagion, he gave reasons for believing that the origin might often be found in local causes. The paper concluded with statistics, showing the effect of the improved drainage of Croydon on the mortality from scarlatina.—In the discussion which ensued, Mr. HECKSTALL SMITH and others expressed their agreement with Dr. Carpenter's views; and the usual vote of thanks was passed.

Next Meeting.—It was arranged that the next meeting should be held at the Crystal Palace Hotel, Norwood, on Thursday, March 12th.

Dinner.—The dinner took place at 6 P.M., Dr. Carpenter in the chair. Twenty-six gentlemen, members and visitors, attended.

REPORTS OF SOCIETIES.

CLINICAL SOCIETY OF LONDON.

FRIDAY, DECEMBER 11TH, 1868.

SIR THOMAS WATSON, Bart., M.D., D.C.I., F.R.S., President, in the Chair.

THE SECRETARY communicated for Dr. CROUCH a case of Primary Amputation for Gunshot Wound. The operation was performed, before the patient had recovered from the shock, just below the knee. There was subsequently severe delirium, and a protracted convalescence.—Mr. CALLENDER considered that in this case the amputation was rightly performed whilst the patient was yet suffering from the shock, and pointed out that, in a young subject, an operation was usually well borne in such a state of the system. He referred to the site of the amputation as accounting for some troublesome abscesses which formed along the tracks of the extensor tendons.—Mr. MAUNDER thought it contrary to recognised principles to amputate during collapse; and he urged that the good results which followed in this case must be regarded as exceptional. He had once amputated when there was extreme prostration of the nervous system, associated with complaint of urgent pain, but such a case he regarded as quite distinct from instances of ordinary so-called collapse.—Mr. Crouch, in reply, said he had followed the rule distinctly laid down by Abernethy for the treatment of cases similar to the one reported.

Dr. PAVY then reported a case of Diabetes Mellitus successfully treated by Opium, without restriction of diet. A female, aged 68, was admitted under his care into Guy's Hospital, on May 26th, 1868. Her complaint had been recognised two years, and at one time she had been passing an exceedingly large quantity of urine, and had been gradually losing flesh and strength. Upon admission into the hospital, the quantity of urine was about five pints a day, and was highly charged with sugar. She was placed upon the ordinary middle diet of the hospital, which included bread, potatoes, and beer. She was also ordered four ounces of brandy, and two bottles of soda-water daily. This diet was continued as long as she remained in the hospital. Upon the day of admission, a draught was ordered, consisting of ten grains of bicarbonate of potash, half a drachm of aromatic spirit of ammonia, and an ounce of infusion of calumba; to be taken three times a day. This draught was, by misunderstanding, continued throughout the patient's stay in hospital. Opium was given in the form of a pill, three times a day, and the dose was gradually increased. A daily examination of the urine was made; and the results were copied into tables. At first, the quantity of urine was 100 ounces, the specific gravity 1040, the quantity of sugar per ounce thirty-two and three-quarters grains, and the quantity of sugar for the twenty-four hours, 3275 grains. The first effect of the opium was to diminish notably the amount of urine. The degree of saturation with sugar remained for a time about the same, but through the fall in the amount of urine, the quantity of sugar for the twenty-four hours was diminished. Within three weeks, the quantity of opium administered was raised to ten and a half grains daily. It was then suddenly discontinued on account of a greater degree of drowsiness than was desirable being produced; but, in a few days, was re-commenced, and this time, being more gradually increased, was borne without producing any disturbance. On July 28th, the quantity of urine was twenty-five ounces daily, the specific gravity 1027, and no sugar was passed. On the three subsequent days there was a little sugar, but it afterwards disappeared, and remained absent as long as she continued in the hospital, viz., until October 28th. When the sugar disappeared, the patient was taking nine grains of opium daily. It was afterwards further increased

to twelve grains, and then gradually diminished until October 17th, when all was taken off, the patient during the remaining time taking no medicine, and passing no sugar. The last daily record was forty ounces of urine in the twenty-four hours; specific gravity, 1025; and no sugar. With the improvement in the state of the urine there was a corresponding improvement in the health and strength of the patient, who ultimately expressed herself as feeling perfectly well in every respect. Upon being discharged, she lived precisely as she was in the habit of doing before she became affected, and had come to the hospital several times; the urine being, on each occasion, found devoid of sugar. Dr. Pavy brought to the Society some urine passed on that day, which, upon being tested with the cupro-potassic solution, was seen to be free from sugar. Dr. Pavy had given opium and morphia in other cases; and the results strikingly exemplified the controlling influence of the drug over the disease. One was a middle-aged man, who was suffering from a severe form of the complaint. By restriction in diet, the quantity of sugar had been reduced to about 1,200 and 1,500 grains a day. Opium was then administered alone, in gradually increasing doses up to eighteen grains daily, when the urine was found to have become devoid of sugar. The opium was then suddenly discontinued, and an ounce of camphor mixture given three times a day. The urine, when the opium was discontinued, amounted to thirty ounces daily; its specific gravity was 1,025; and it contained no sugar. On the following day it contained a trace of sugar; the third day, 140 grains were passed; the fourth day, 120 grains; the fifth day, 340 grains; the sixth day, 800 grains; the seventh day, 402 grains; the eighth day, 1,060 grains; the ninth day, 680 grains; the tenth day, 612 grains; the eleventh day, 720 grains; the twelfth day, 1,712 grains; the thirteenth day, 1,162 grains; and the fourteenth day, 1,440 grains,—when the quantity of urine amounted to sixty ounces for the twenty-four hours, and its specific gravity was 1,038. The opium was now resumed, and the daily dose increased, until, as before, it amounted to eighteen grains. The urine was now reduced in quantity to thirty-five ounces per diem; its specific gravity was 1,033, and the sugar passed amounted to 368 grains. On the following day, the urine was forty ounces in quantity, and the amount of sugar passed 250 grains. On the third day, quantity of urine thirty-five ounces, with only a trace of sugar present. On the fourth day, quantity of urine forty ounces; specific gravity 1,021, and no sugar. After the period mentioned, a little sugar was again passed, and it was found that the patient was not adhering strictly to the diet that had been ordered. Dr. Pavy had seen him since his discharge from the hospital. On returning home, he discontinued all medicine, and paid no attention to diet, and, as was to be anticipated, his urine was again charged with sugar.—The other case was that of a patient who was passing, upon a mixed diet, from eight to ten pints of urine a day, containing about 8,000 and 9,000 grains of sugar. By a restricted diet and an alkaline mixture, the urine was reduced to four and five pints daily, and the sugar to about 1,500 grains. The mixture was discontinued, and hydrochlorate of morphia given, at first in half-grain doses three times a day. The dose was increased, until in about two months nine grains were given daily. The urine fluctuated now between three and four pints a day; and the specific gravity had descended from 1,028 and 1,030 to 1,018 and 1,020. The urine also had become devoid of sugar. M'Gregor, as far back as 1837, had published in the *London Medical Gazette*, a record of two cases in which opium had been given in large doses, with the effect of producing for a time a marked palliation of the disease. M'Gregor, in one of his cases, had increased the quantity of opium until it reached ninety grains daily. By modern practitioners, opium had also been generally looked upon as exerting a favourable influence in the disease; but he was not aware that direct evidence of its controlling influence such as was supplied by his communication had been previously placed upon record. There was still, he thought, much to be learnt about its extent of power in different cases. The belief was, from the case which formed the basis of his communication, and other experience that he had had, that it would be found sufficient in many instances, amongst elderly subjects, where the disease was observed to assume its mildest form, to check by itself the elimination of sugar. In young and middle-aged subjects, however, where the disease, as a rule, assumed a much more severe character, his experience was that, to obtain a similar effect, the restricted diet must be conjoined.

Dr. GREEN related a case which he described as one of Irritative Hypertrophy of the Heart. The patient, a girl of 15, was admitted into hospital in her fourth or fifth attack of acute rheumatism. Soon after pericarditis supervened, and she eventually died with great hypertrophy, adherent pericardium, and "finely granular" degeneration of the muscular fibres of the whole heart. In explanation of this and other cases in which hypertrophy occurs in young rheumatic persons independently of any mechanical cause, the author maintained the theory that the overgrowth is intimately connected with chronic myocarditis.

accept the fact of spontaneous generation upon sufficient evidence. I would only repeat that, since the discoveries of M. Pasteur, this evidence must be of a more decisive character than has been hitherto adduced. The evidence in favour of the opinion that epidemic diseases are the results of an action similar to fermentation, and that there are such things as "disease-germs," cannot well be given within the compass of a letter. I will, therefore, only quote another sentence from Sydenham. "I have great suspicion (vehementer suspicor) that the mere atmospheric constitution, however much *λοιμώδης*, is by no means sufficient of itself to originate plague; but that the disease itself must continue to survive in some secret quarter, or else it is carried by *fomes*, or by an infected person, from the pestilential districts into others." (*Med. Obs.*, ii, 7).

I am, etc.,
1, St. Peter's Square, Manchester.

ARTHUR RANSOME.

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

GUILDFORD UNION.

THE Guardians of Guildford have a singularly perverse way of rewarding good service and recognising merit. They have, in Mr. Henry Taylor, of Guildford, one of the ablest and most distinguished officers of the Poor-law Medical Service. They have replied to a motion founded upon the disproportionate and inadequate remuneration of his services by a refusal to do justice to his obvious claims, and by an insulting letter as to the medical orders for stimulants. This is not the way in which true economy or efficiency can be attained.

COCKERMOUTH.

THE Cocker-mouth Board of Guardians, whose proceedings have before attained an unenviable notoriety, have resolved not to appoint a paid nurse in their infirmary, in face of the very proper report of their medical officer that no control could be exercised over the pauper nurses: if found fault with, they left; and every good nurse was sure to leave when she became accustomed to her duties. A little gentle compulsion will be of use; and we recommend their case to the Poor-law Board, which has now the power, and must bear the responsibility.

MEDICAL NEWS.

ARMY MEDICAL OFFICERS.

THE following communication has been addressed to the editor of the *Daily Telegraph*, by the Professors of the Army Medical School, at Netley.

SIR,—We observe, in your impression of the 1st inst., that you speak disparagingly of the professional acquirements of the medical officers of the army, as compared with those of medical men in civil life. During the last eight and a half years, all the gentlemen entering the medical service of the army have passed through our hands; we have had to teach and to examine them. We have also had the task of reading the examination papers of the assistant-surgeons, prior to promotion; and, as the date of these examination extended back to gentlemen who entered the army in 1852, or 1853, we may claim to have a knowledge of the acquirements of every medical officer who has entered for the last sixteen years. We have, also, seen and served with a great number of the senior medical officers.

We are, therefore, in a position to speak with certainty of the professional knowledge of the gentlemen.

On the other hand, we have seen much of practitioners in civil life, and one of our number in particular has had unusual opportunities of knowing the qualifications of civil medical men on their entrance into practice.

We beg to assure you that we are speaking without bias when we assert, that the medical officers of the army are in no way inferior to their civil brethren, but are, in fact, as far as we can judge, above the average. And there are also in the army, many medical men whose acquirements and skill are quite equal to those of any practitioner in civil life, even the most eminent.

You are, perhaps, not aware of the great trouble the Government take in order to ensure proper medical attendance for the troops. Every medical gentleman, desirous of entering the army medical service, must have two legal qualifications entitling him to practise anywhere in Her Majesty's dominions. He has then to pass an examination in London, conducted by examiners who are independent of, and, except in one instance, entirely unconnected with the army medical department. After

passing this examination, in which he must reach a certain standard, he is sent to Netley, and comes under our teaching for four months, after which he has to undergo a second examination on the specialities of army medical service. If found competent, he then enters the army and, after five years, has to submit to a third examination, intended to ensure that he has kept up his knowledge during that time. No Government could do more for its soldiers.

It appears strange to us that, at the very time when the most signal and astonishing improvement has taken place in the health of the army at home and abroad, the efficiency of the officers to whose labours this is mainly due, should be called in question. If it is said that this improvement is owing to the sanitary measures lately introduced, we admit it. But, we ask, to whom the credit of this movement is due? We reply, mainly to the medical officers of the army. It originated in the service. From the days of Dr. Robert Jackson until now, military medical officers have never been wanting to urge on the authorities the measures now, after so many years, adopted. It is not too much to say that, if public opinion had been enlightened up to the level of the army medical officers' knowledge, and if the medical officers had had power to carry out their recommendations, the great improvement in the health of the soldier would have been ante-dated by many years. We may also add that the efficiency of the army medical department, as now administered, has been tested in three wars—in China, in New Zealand, and in Abyssinia—and in all the medical arrangements have elicited the admiration of the most competent judges, and have had results without precedent in war.

We do not doubt, sir, that you will modify the opinion you have expressed, and withdraw a statement as injurious as it is unfounded.

We are, sir, your most obedient servants,
W. C. MACLEAN, M.D., Deputy Inspector-General, and
Professor of Military Medicine.
E. A. PARKES, M.D., F.R.S., Professor of Military Hygiene.
WILLIAM AITKEN, M.D., Professor of Pathology.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, December 31st, 1868.

Birt, George, Leamington
Buckley, Samuel, Royton, Lancashire
Fisher, Frederic Richard, Salisbury
Giddings, William Kitto, Calverley, near Leeds
Handy, Henry Francis, Darlaston, Staffordshire
Morrison, John Reid, Cannon Street Road East
Roper, Robert Gear, City Road, E.C.
Whitcombe, Edmund Bancks, Birmingham

MEDICAL VACANCIES.

THE following vacancies are declared:—
BIRMINGHAM WORKHOUSE—Medical Officer.
CANNON STREET MALE ADULT PROVIDENT INSTITUTION, Birmingham—Seven Medical Officers.
EDINBURGH, University of—Professor of Chemistry.
FARRINGTON GENERAL DISPENSARY AND LYING-IN CHARITY, Bartlett's Buildings, Holborn—Surgeon.
GLASGOW EYE INFIRMARY—Surgeon.
GLAIG COLLIERY, near Merthyr Tydvil—Surgeon.
HOLSWORTHY UNION, Devon—Medical Officer for District No. 4.
HULME DISPENSARY, Manchester—Resident Medical Officer.
INFIRMARY FOR CONSUMPTION AND DISEASES OF THE CHEST, 26, Margaret Street, Cavendish Square—Visiting Physician.
KENT AND CANTERBURY HOSPITAL—Physician; Assistant House-Surgeon and Dispenser.
KILDALTON and OA—Parochial Medical Officer.
MARTLEY UNION, Worcestershire—Medical Officer to the Workhouse; Medical Officer for District No. 5.
MERTHYR TYDVIL UNION, Glamorganshire—Medical Officer to the Workhouse; Vaccinator for the Dowlais District.
MIDDLESEX HOSPITAL—Resident Obstetric Assistant.
MONKLAND IRON & STEEL Co.'s WORKS, near Airdrie—Medical Officer.
NAVAN UNION, co. Meath—Apothecary to the Workhouse Infirmary, Fever Hospital, and Navan Dispensary.
NOTTINGHAM DISPENSARY—Resident Surgeon; Assistant Resident Surgeon.
ROYAL BERKSHIRE HOSPITAL, Reading—Physician.
ST. PANCRAS, Middlesex—Medical Officer for District No. 5.
ST. VINCENT'S HOSPITAL, Dublin—Physician.
TORBAY INFIRMARY AND DISPENSARY, Torquay—Physician and Two Surgeons.
TULLAMORE UNION, King's County—Medical Officer for the Killoughey Dispensary District.
WEST LONDON HOSPITAL, Hammersmith—Physician; Assistant House-Surgeon.

MEDICAL APPOINTMENTS.

GODSON, Clement, Esq., appointed Resident Obstetrical Officer to St. Bartholomew's Hospital.
KING, Robert, B.A., M.B. Cantab., appointed Resident Medical Officer to the Middlesex Hospital, *vice* Dr. Stephen, resigned.
*MURRAY, John, M.D., appointed Medical Registrar and Superintendent of Post Mortem Examinations to the Middlesex Hospital, *vice* Dr. Cayley, resigned.

OPERATION DAYS AT THE HOSPITALS.

MONDAYMetropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY.....Guy's, 1.30 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.—National Orthopaedic Hospital, 2 P.M.

WEDNESDAY...St. Mary's, 1.15 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.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Great Northern, 2 P.M.

THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 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 Demonstrations and Operations), 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 1.30 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of London, 8 P.M. Dr. Elliott (Hull), "On Spontaneous Fracture of the Humerus in a Patient affected with Constitutional Syphilis"—interesting specimen; Dr. Cordwint (Taunton), "On a Calculus removed from the Perineum: with Specimen." Mr. Wm. Adams will deliver the first Lettsomian Lecture on "Acute Rheumatic Affections of the Joints: their Pathology and Treatment"—Odontological Society, 8 P.M. Annual Meeting for election of Officers and Council. Mr. R. Hulme, M.R.C.S., "On the Formation of a Dental Museum."

TUESDAY.—Ethnological Society, 8 P.M. Mr. H. H. Howorth, "On the Westerly Drifting of the Nomades from the Fifth to the Nineteenth Century."—Royal Medical and Chirurgical Society, 8.30 P.M. Dr. Gull and Dr. Sutton, "On the Natural History of Rheumatic Fever."

WEDNESDAY.—Royal Microscopical Society, 8 P.M. Dr. H. C. Bastian, "On Mounting and Tinting Animal Tissues."—Hunterian Society, 7.30 P.M., Council Meeting. 8 P.M., Dr. Barnes, "On the Modes of reducing Chronic Inversion of the Uterus."

NOTICES TO CORRESPONDENTS.

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

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

CORRESPONDENTS not answered are requested to look to the Notices to Correspondents of the following week.

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

AUTHORS OF PAPERS, desirous of having extra copies printed for their own use, are requested to communicate with the printer, Mr. Richards, 37, Great Queen Street.

CASES for Binding the Volumes of the JOURNAL may be had on application to Mr. Richards, 37, Great Queen Street. Price 1s. 6d. each.

A MEMBER.—The coroner was bound by law to hold an inquest in a case of sudden death, in which a medical certificate as to the cause of death was not forthcoming. The absence of suspicion in the case does not obviate the necessity for an inquest. The Lord Chief Justice of England is the chief coroner; and a complaint might be made to him of any neglect of duty by a county or borough coroner.

THE LATE MR. JUMP.

The following additional subscriptions for Mrs. Jump and family have been received by the Rev. G. W. Winter, T. Buckworth, Esq., £1; Mr. T. Coleman, Swaffham, £1; A. B., £2; Mr. W. Spinks, Mileham, £1; Mr. Harrison, Lexham, £1; a Friend, by Mr. Raven, £2; Rev. F. Field, £3; Geo. Taylor, Esq., Matishall, £1; Mrs. Taylor, £1; Mrs. Tutteel, Swaffham, £1; W. Francis, Esq., Broomsthorpe, £1; Rev. R. Phayre, £1; T. W. Damand, Esq., Fakenham, £1; J. Martin, Esq., Littleport, £1; Rev. Mr. Gunton, £1; Mr. Thomas Hubbard, £1; by Mr. Clouting, £1; 15; Mr. Vynne, Swaffham, £2; Mr. Cook (second donation), £1; Mr. and Mrs. Large, £1; 14; John Furness, Esq., Long Stratton, £1; Editor of *Lynn Advertiser*, £1; Mrs. Branford, Whissonsett, £2; 2; Dowager Marchioness Townsend, £2; H. Rump, Esq., Wells, £1; Rev. J. Overton, £1; Peter Hudson, Esq., £1; Mrs. John Sorby, ros.; Mrs. E. Savory, ros.; small sums by Mrs. Manby, £3s. 6d.; Mr. S. Sprigge, Watton, £1; 1; Rev. Hinds Howell, £1; 1; Mrs. Keppell, Congham Lodge, £1; John T. Mould, Esq., £1; 1; Rev. F. Lane, £2; J. E. Davey, Esq., £2; Mr. J. Makins, ros.; Rev. J. Smith, £1; Frank Beck, Esq., London, £1; 1; Mrs. Gardner, Swaffham, ros.; Donald Dalrymple, Esq., M.P., £2; 2; Mr. James Allen, £1; 1.

A REMARKABLE SPECIALIST.

MR. GREWCOCK, M.R.C.S., Nottingham, advertises as follows in the Nottingham papers:—"I am a candidate for the Surgeoncy vacant at the Dispensary. I am a Specialist. My special knowledge is in Diseases of Internal Organs, Diseases of Women and Children, Diseases of Bladder and Urinary Organs. I have invented a Splint for curing Club Foot without dividing the Tendons, and a Splint for Fractured Collar-Bone, models of which can be seen in the windows of Mr. Odery, Clumber Street, and Mr. Gray, Pelham Street. If elected, my best endeavours shall be given to benefit the Institution." A pretty wide range of "specialism." It is unfortunate that Mr. Grewcock has not added to his specialities the valuable ones of modesty and professional propriety. In his advertisement, at least, he has a speciality which will find few imitators, and of which he can boast to be the inventor and sole admirer.

FROM the list of names of contributors to our forthcoming volumes, was accidentally omitted the following:—Francis Mason, Esq., Assistant-Surgeon, Westminster Hospital; CLINICAL NOTES ON TUMOURS.—Dr. William Moore was described as Surgeon, instead of Physician, to Sir Patrick Dun's Hospital.

THE ELECTION AT THE CUMBERLAND INFIRMARY.

SIR,—In the number of the JOURNAL for November 28th, there appears a paragraph concerning the recent election of physician to the Cumberland Infirmary, in which it is stated that the result of that election "appears to have given rise to some considerable dissatisfaction"; the reason assigned being, that "two highly respected physicians of adequate qualifications were passed over for one who is practising as general practitioner, and in club practice."

Until I read the paragraph, I was unaware of any such dissatisfaction as you speak of. My friends, medical and lay, were equally unaware of it, and we have all come to the conclusion that the "considerable dissatisfaction" must be limited to your correspondent. I am surprised that you should have made such remarks without first having ascertained the facts.

There were three candidates for the physicianship; viz., Dr. Elliot, Dr. Henry Barnes, and myself. All are general practitioners, all are graduates of the same University, and all must plead guilty to active canvassing. Dr. Elliot, who is a member of the College of Physicians of London, states, in his address to the Governors of the Infirmary, that "he is a native of Carlisle; that he has been in practice here for some twenty years; that he is the representative of a family which has occupied, longer than any other in this neighbourhood, a prominent position in the profession of medicine and surgery; moreover, that he was for eight winter sessions the Lecturer in Materia Medica at the Medical School of Newcastle-upon-Tyne, and is an Examiner in Durham University." But, notwithstanding his long connection with the county, and the position he assumes in the profession, he obtained only seven votes. Dr. Henry Barnes, who is nephew of Dr. Thomas Barnes, formerly Physician to the Infirmary, has not been in practice here much more than two years, and obtained fifty-two votes. I had no connection with this county until I commenced practice here ten years ago. I was fortunate enough to obtain ninety-eight votes, and thus to secure the appointment.

That I am, in common with many highly respectable practitioners throughout the kingdom, in club practice, I do not deny; but that this should form a valid reason for exclusion from an Infirmary appointment, I fail to perceive. No doubt, were pure physicians available, it might naturally be expected that they would have the preference; but it is a fact worthy of note in connection with the Carlisle Infirmary, that the rules which, when first framed, excluded all but pure physicians from the physicianship, were subsequently altered so as to admit general practitioners to that office, it no doubt being found that pure physicians were not to be had.

I entirely agree with you in the opinion, that it would be well in hospital elections for lay governors "to refer the professional claims of the candidates, in the first instance, to a professional tribunal." But had such been the course of procedure in the late election at Carlisle, it is highly improbable that the result would have been different, as I had the honour of receiving the support of the entire medical staff.

I am, etc.,

Carlisle, December 1868.

STEWART LOCKIE, M.D.

* * We ought to state that Dr. Henry Barnes has not on any occasion expressed discontent at Dr. Lockie's election, of which this letter gives satisfactory details.

ERICHSEN'S SURGERY.—In the review of this book in last week's JOURNAL, the number of engravings on wood was by accident stated, in the copy of the title, to be 100. It should have been 600.

WE are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Wiltshire County Mirror, Jan. 6th; The Lincolnshire Gazette, Jan. 3rd; The Western Morning News, Jan. 4th; The Aberdeen Journal, Dec. 30th; The Aberdeen Herald, Jan. 3rd; The Aberdeen Free Press, Jan. 5th; The Northampton Herald, Dec. 26th; The Japan Times' Overland Mail, Nov. 11th; The Liverpool Weekly Mercury, Jan. 2nd; The Whitehaven News, Dec. 31st; The Oldham Chronicle, Jan. 2nd.

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

Mr. F. Le Gros Clark, London; Dr. Chadwick, Leeds; Dr. Beigel, London; Dr. Sutton, London; Dr. A. P. Stewart, London; Dr. Simpson, Manchester; Mr. S. Wood, Shrewsbury; Dr. Joseph Rogers, London; Dr. A. Smith, Dublin; Mr. H. Cummings, Leyton, Essex; Mr. J. B. Vernon, London; Mr. Callender, London; Dr. Sanderson, London; Dr. Rutherford, Edinburgh; Dr. Elliot, Aberdeen; Dr. Watmough, Pocklington; Dr. Butler, Winchester; Mr. Samuel, London; Dr. A. Wiltshire, London; Mr. R. N. Stone, Bath; Mr. Mann, Manchester; Mr. Ray, Lowestoft; Dr. Saunders, London; Dr. Baker, Liverpool; Mr. Godson, London; Mr. Laffan, Dublin; Dr. P. W. Latham, Cambridge; Mr. Hall, Wigan; Dr. W. Newman, Stamford; Dr. L. Aitken, Edinburgh; Dr. Skues, Moltan, Punjab, India; Mr. Rigden, Canterbury; Mr. Thorp, St. Ives; Mr. Addison, Soham; Mr. C. G. Wheelhouse, Leeds.

LETTERS, ETC. (with enclosures) from:—

Sir William Jenner, Bart., London; Mr. Caesar H. Hawkins, London; Dr. G. M. Humphry, Cambridge; Dr. Sibson, London; Dr. Elliott, Carlisle; Dr. C. Lockhart Robertson, Hayward's Heath; Dr. William Budd, Clifton, Bristol; Mr. James Lane, London; Dr. Belcher, Dublin; Mr. N. Heckford, London; Dr. Heaton, Leeds; Mr. Hamilton, Dublin; The Secretary of the Society for the Rescue of Young Women and Children, London; Mr. Hall, Bootle; A Regimental Surgeon, India; Dr. Cobbold, London; Dr. D. Cooper, London; M.R.C.S. Eng.; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; The Registrar-General of England; Mr. T. M. Stone, London; Dr. Treutler, Kew; Dr. John Murray, London; The Registrar of the Medical Society of London; Dr. Bruce, Crimond; Dr. Nicolson, Portland; Dr. J. B. Sammut, Naples; The Honorary Secretaries of the Ethnological Society; The Honorary Secretary of the Royal Medical and Chirurgical Society; The Honorary Secretary of the Odontological Society; Dr. Phillips, London; Dr. Mapother, Dublin; Mr. Walter W. Reeves, London; The Professors of the Army Medical School.