

amputation; and the providing of carriages for the conveyance of contagious cases. Any how, the friends of the charity should feel much indebted to Mr. Gamgee for his exertions in the matter. It strikes me that they would have done better to have got what help they could from the rich, before going to the poorer classes; as one of our papers says, "Working men are willing, but weak;" and I am somewhat afraid that the officials of the hospital will find that they are a little impeded by working men, who will consider that they have a claim upon the hospital other than that afforded by the requirements of their case.

You will remember the resignation of the staff of our Dispensary on the refusal of the committee of this wealthy charity to recognise their services by an annual honorarium. The committee, at their annual meeting a few days back, sang "Io triumphe" at being able so well to do without their honorary staff. They would seem to have but little upon which to congratulate themselves. The number of patients has kept up, but I am informed that this is, to a great extent, due to the largely increased attendance at the beginning of the year, when it became known that the honorary staff were shortly about to resign. The expense of each patient is 5s. 10d., which seems as if some supervision might be an advantage; and had it not been for an exceptional addition to their income from a share in the periodical collection, the financial condition of the charity would have presented an aspect unparalleled in the history of the dispensary for many years past.

The Nursery Institution is quietly, but steadily and surely, establishing itself. The managers have arranged for the education of the probationers at the General, Queen's, and Children's Hospitals. Wisely, in my opinion, the committee have decided not to sink their capital in a building, or in forming an *institution*. If well worked, the Nursing Training School will prove of great benefit to the public and to the hospital.

The first meeting of the Pathological Section in connection with the Branch here was held on Friday, the 26th of February. It was a great success, whether the numbers attending or the interest of the cases presented be considered: but this it was expected to be, from the active and energetic chairman and secretaries connected with the section. The students attend in considerable numbers both the monthly Branch meetings and those of the Pathological Section, and seem to take great interest in the proceedings.

ASSOCIATION INTELLIGENCE.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

AN ordinary meeting of the above Branch will be held on March 11th, at 3 P.M., at the Midland Institute, Birmingham.

T. H. BARTLEET, *Hon. Sec.*

SOUTH-EASTERN BRANCH: EAST SURREY DISTRICT MEETINGS.

THE next meeting of this Branch will be held at the Crystal Palace Hotel, Norwood, on Thursday, March 18th. The Chair will be taken at 4 P.M., by Dr. Corbould of Sydenham.

Papers, etc., are promised by Dr. J. M. Bright, Dr. Horace Jeaffreson, the Honorary Secretary, etc. Dinner will be provided at 6 P.M.

HENRY T. LANCHESTER, M.D., *Hon. Secretary*.

Croydon, March 3rd, 1869.

WEST SOMERSET BRANCH.

THE spring meeting of the above Branch will be held at the Clarence Hotel, Bridgewater, on Thursday, April 1st, at 5 P.M.; W. L. Winterbotham, M.B., President.

Gentlemen intending to be present at the dinner (which will be served at 5.15), or to read papers after, are requested to give notice to the Honorary Secretary.

Taunton, March 1st, 1869. W. M. KELLY, M.D., *Hon. Sec.*

BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

COUNCIL MEETING, FEBRUARY 11TH, 1869.

C. A. NEWNHAM, Esq., President, in the Chair.

THE following gentlemen, duly proposed, were elected members of the Association:—J. C. P. Macdonald, Esq., Wolverhampton; E. G. Gilbert, Esq., Bilston; Jacob Pickett, Esq., Wolverhampton; J. Harmer, Esq., Birmingham; J. P. Oates, Esq., Erdington; E. Roberts Smith, Esq., Dudley; J. Williams Davis, Esq., Oldbury; J. N. Buck, Esq., Inkberrow-in-Redditch. These make a total of thirty members added during the present session.

Mr. Alfred Baker and Mr. Clayton were appointed auditors of the Branch for the present year.

METROPOLITAN COUNTIES BRANCH: ORDINARY MEETING.

AN ordinary meeting of the Metropolitan Counties Branch was holden at 32A, George Street, Hanover Square, on Thursday, February 25th, at 8 P.M.; JOHN E. ERICHSEN, Esq., President, in the chair. About one hundred and forty members were present. The room was filled in every part, and many who arrived late were unable to obtain admission.

New Members.—The PRESIDENT announced that the Council had just elected sixty members of Association as members of the Branch. The names of the gentlemen elected were read by Dr. Henry, one of the honorary secretaries.

DISCUSSION ON HOSPITAL ADMINISTRATION.

Mr. ERNEST HART introduced this subject for discussion. He said that he thought the object in view would be best furthered by his opening the discussion in the briefest and plainest manner. He did not propose to lay before the meeting any well-rounded solution of the questions proposed; and apprehended that no solution could be at once immediate, satisfactory, and complete. The subject of hospital administration was not a new one. During more years than he could remember, and probably by more men than he knew, the question had been laid before the Association, the profession, and the public. Among those who were in his mind especially identified with it were Dr. Markham, Dr. Rumsey of Cheltenham, Dr. Heslop of Birmingham, Dr. Nankivell, and Mr. Beck. So much had already been said, that there were many elementary propositions which might be taken as granted; but on some fundamental points there was considerable difference of opinion, which it was desirable to discuss, and if possible, to reconcile. It was necessary to ascertain how far the profession were agreed as to the existence of defects in hospital administration, and as to the remedies required. It seemed that there was not an unanimous opinion in the profession as to who were improper subjects for hospital aid; for, when it was lately proposed at one of the hospitals that the reception of voluntary payment from out-patients should be arranged, the proposal was opposed by the medical officers. The matter at issue might, he suggested, be conveniently debated under the following heads.

"1. Whether any and what steps can be taken to diminish the abuse of medical charities, and to arrest the evils of gratuitous medical service in hospitals.

"2. Whether any and what steps can be taken to abolish the privileged system of admission of patients by governors' letters.

"3. Whether any and what steps can be taken to complete the special departments in the hospitals with schools, and to discourage the multiplication of small and special hospitals.

"4. Whether any and what steps can be taken to promote an uniform system and publication of hospital accounts, and of the records of mortality and sickness in hospitals."

With regard to the first question, Mr. Hart said that the first points to be ascertained were, how far there was an agreement in the profession as to the existence of abuse of medical charities, and how far it was desirable to arrest the system of gratuitous medical service. The opinions of those who objected to the imposition of any pecuniary tax on those who claimed medical aid in the name of charity, demanded respect and sympathy. It had always been the privilege and boast of the medical profession to bestow gratuitously on the poor some part of that skill for the exercise of which they were paid by the rich. But medical relief, as now afforded in hospitals, was not an unmixed good. It had been publicly stated that 1,800,000 persons (not including the pauper sick) received relief during a year in the hospitals of London. This statement was, as he had shown elsewhere, undoubtedly exaggerated; but still it might, he thought, be accepted as a basis for argument. The medical profession was in this matter responsible, not only to itself, but also to the nation and the public; for, in the matter of founding and subscribing to hospitals, the public for the most part followed the lead of medical men. The rich and charitable were loath to withhold their support, when medical men claimed it for the poor in the name of charity, and offered on their part to give time and labour. Was it, then, possible that these 1,800,000 persons could be all of such a class as demanded public charity and gratuitous medical aid? There were two classes of recipients of hospital relief who ought, speaking generally, to be excluded—the pauper sick, for whom relief was elsewhere provided; and those who could afford to pay something for medical aid. How was it that so many flocked to hospitals for gratuitous medical assistance, who would feel ashamed to accept alms of any other kind? Be-

cause the profession had accustomed persons of limited means to think that, while honest men not paupers must pay for all other necessities, there was one thing for which they need not pay—medical relief; and one person whom they need not pay—the doctor. They must pay for marriage and for burial, for food, clothing, and shelter; they must pay the clergyman and the lawyer. But the hospital door was always open; and, as they were presumed to get there a high class of advice, a sort of premium was held out for not paying the doctor. No one must but feel that, if any means could be devised for putting a check on the indiscriminate giving of hospital relief, a duty would be fulfilled towards the profession, and also towards the public, from whom it would become unnecessary to ask such large contributions as are at present required for the support of hospitals. It might be said, that persons of limited means were likely to be especially crippled in their resources at the very time when they required hospital relief, and so then became fair subjects for charity. But let it be known that it was a part of their duty and of the ordinary social arrangements, and they would provide for this, by exercising the same habits of providence as in regard to the other necessities of life. Thus provident infirmaries and dispensaries would be encouraged. The remedy which he (Mr. Hart) would suggest for consideration at the hospitals was, to exclude altogether persons of sufficient ordinary income to pay for medical advice, and to encourage payments more or less, and probably varying, from those whose incomes were below the scale of exclusion. This system would lead to the payment of the medical officers of hospitals, and to the cultivation of habits of providence among artisans and other persons of that class, and the multiplication of provident dispensaries outside the hospitals.—The second question was closely connected with the preceding one. If it were admitted as a principle, that hospital relief should be confined to those most worthy of it, it followed that the system of allowing persons to exercise special privileges with regard to one or two persons within their own circle was an interference with the general good, and with the greatest efficiency of the charity. At every hospital, each applicant ought to be attended to with reference to all the persons applying at the same time. Even though a privileged person made the best use in his power of his privilege, still those who were at the centre, and had the opportunity of comparing the conditions of all the applicants, would be the best judges as to who were the most fitting objects of aid. The privilege system existed only in consequence of the isolation of the hospitals from each other: it would be doomed as soon as there was combined action. That it was not necessary, was proved by the examples of the Royal Infirmary of Edinburgh, and by some of the hospitals in London. It was right to say that the privilege system was not so much abused in London as was supposed by some. In the best managed hospitals, where this system existed, a great mass—nay, the majority—of cases were admitted without governors' letters; while a large proportion of such letters were rejected because the cases were not urgent. But this afforded only another argument for the rejection of a system which was so bad as to be constantly vitiated in practice, even where it existed in theory.—The third question was a difficult and delicate one, as to the special departments of hospitals; and it would be necessary to discuss it in as impartial and good-humoured a manner as possible. The question could not be decided off-hand. It was one of which it was difficult to approach the consideration without some bias. The appeal, however, from both sides, would be to the profession and the public; and, as most of the profession were not connected with hospitals, either general or special, they would be quick to perceive and powerful to correct any such bias. He would only say that the special departments in general hospitals were now much more complete than they were a few years ago; and this improvement was due to a general disapprobation of the establishment of small special hospitals, and to the desire to include within the hospitals, for purposes of instruction, specialties which had previously been most successfully followed outside. In whatever was done, regard must be paid to existing interests. Any proposal to abolish the special hospitals already established must fall to the ground: if they were to be suppressed, this result could only be arrived at by moral force and by the force of public opinion. The public were much concerned in the matter; for not only was the separation of patients into the special hospitals injurious to medical instruction, but the multiplication of hospitals led to multiplied expenditure, and consequently to increased demands on the public purse for support. Again, the multiplication of institutions beyond the pale of the general hospitals was not conducive to a good tone of medical ethics.—As to the fourth point, the Association might also do much good. At present, it was impossible to ascertain the relative expenditure of hospitals. In concert with the Secretary of St. Mary's Hospital, he had lately attempted to compare the expenditure of the various hospitals; but had found that great differences existed, especially in the matters of drugs and of dietary. It was for

all purposes desirable to have an uniform system of publication of accounts, and of records of sickness and mortality; and it was now probable that the question could be discussed in such a manner as to lead to a good result.—He did not expect that any resolutions could be passed off-hand to give a practical solution of the questions brought forward; but he would move for the appointment of a Committee to collect information, and to report. That report might be laid before the lay heads of hospitals. If, after such a conference, a satisfactory course of action could be determined on, the object would be gained; but he doubted whether the matter could be thus satisfactorily adjusted. He believed that, to effect something like order, it would ultimately be necessary to ask the Government for an official inquiry by Royal Commission into the whole subject of hospital administration and government; and his main object had been to ascertain how far that opinion would be accepted by the Association, and whether it could be acted on. If the Association could do this, it would have done a work which would well repay much labour. He believed that the Government would not be indisposed to grant such an inquiry, out of which might arise, in future, order and unanimity, where there was now much confusion and difference. The interference with voluntary hospitals was not beyond the province of Government; for it had a right to interfere in all cases—such as public schools, asylums, etc.—where donations were applied for purposes of public good. He concluded by moving—

“That a Committee be appointed to consider the subjects proposed for discussion to this meeting in relation to hospital administration, to obtain information thereon, and to report to this Branch what measures they would advise to be taken.”

The PRESIDENT said that they were indebted to Mr. Hart for bringing forward a very important subject in a very able and temperate manner. He suggested that, in the discussion, the order of the subjects should be followed as closely as possible; and decided that no speaker should exceed seven minutes in his observations.

Dr. HAWKSLEY expressed obligation for the manner in which the subject had been treated, and said that the first topic was connected with a large question, which had lately much occupied his thoughts. The first difficulty was, to determine who were the proper objects of charity. This it was purposed to arrive at by the appointment of district officers, to be assisted by visitors. Any one applying for hospital relief should be referred to the district officer, who should make the necessary inquiries into the circumstances of the applicant; and on his report an order would be given for such aid as might be appropriate. The plan seemed to be easy to work. With regard to persons who could to some extent pay for medical aid, the plan recommended by Dr. Dobell would be useful—that such persons should be admitted to hospitals only on presenting a recommendation from their medical attendants, stating that they were unable to pay for advice.

Mr. FRENCH doubted the right of the Society to enter into such a conflict, and to interfere with the privileges of the beneficiaries of hospitals. He regarded the question as one of strike among the doctors.

Mr. J. F. CLARKE differed altogether from Mr. French. He thought that the interests of the public had been duly considered: for the beneficiaries of hospitals were at present giving money to be spent, under the appearance of charity, on persons who could pay for medical aid, so that the beneficiaries were robbed. The question had been discussed with due regard to the interest of every one concerned.

Mr. HOLMES warmly approved, and seconded the proposal for the appointment of a committee, with a view to obtaining Government inquiry. Before arriving at a conclusion on the first question, it was, however, necessary to decide what was meant by the term hospital. He had been surprised at finding that some of the metropolitan workhouse hospitals were, in nearly all respects, like other hospitals, and were not confined to paupers, but admitted persons of other classes. This had a vast bearing on the question of admission, if there were to be large institutions into which the poor could have entrance—indeed, admission. He did not see how Dr. Hawksley's plan would work. A volunteer district officer could not by any possibility investigate the circumstances of all persons who might think that they ought to have medicine for nothing. He could not find any argument in favour of making hospital patients pay. The medical officers of hospitals had no concern with the circumstances of those who applied to them. It was absurd to class together all kinds of hospitals, the varieties of which formed a reason for claiming an inquiry. He thought it incredible that 1,800,000 persons—four-sevenths of the population of London—should be receiving hospital relief in a year; but still the general fact remained, that there was an immense number, and he would support the appointment of a Committee of Inquiry, and endorse the conclusion at which it arrived.

Mr. HECKSTALL SMITH was much surprised by Mr. Holmes's remarks about the workhouse hospitals. There must of necessity be, up

to the present, the principle, that no one could be admitted to a pauper hospital unless he were destitute. Whether or not this was abused in London, he could not say; but unless the London workhouse hospitals differed remarkably from those to which he had been accustomed in Kent, there must be a marked difference between them and the general hospitals. Those general hospitals were for a class of persons in circumstances just above those who were admissible to pauper hospitals. He had repeatedly met with patients just above pauperism, and had sent them into the general hospitals. But there was also great abuse, chiefly through the influence of governors; and it was to this point that the inquiry should be chiefly directed. He believed that permission might be given to persons of the class described by him either to apply in *forma pauperis*, or to pay a moderate sum for advice. There was another class above these, who could in general afford to pay their medical advisers, but who, on special occasions, required the advantage of experience and skill beyond their means; and these would be proper subjects for admission to hospitals at a reduced charge. He was sorry to hear the remark of Mr. French, that the matter was one of strike among the doctors.

Dr. OPPERT said there could be no doubt that hospital relief was abused, especially in the out-patient department. It would not, however, be desirable to turn all public hospitals into private provident institutions. He would rather have them enlarged as public institutions; and this might be done without making the patients pay. There might be a remedy, though he feared that it would offend the feelings of some if proposed; that persons applying to hospitals should not only have governors' letters, but also a certificate of inability to pay for medical aid. This plan had been followed in the hospital at Lyons, with good results.

Mr. MAUNDER advised that a notice should be affixed to the gates of hospitals, and printed on the letters of recommendation, that improper persons would not be admitted; and that any person discovered after admission not to be a proper object of relief would be dismissed. There should also be inspectors to investigate the circumstances of applicants. He objected to a sliding scale of payments, as likely to take thereby out of the pockets of practitioners.

Mr. J. Z. LAURENCE said that the plan recommended by Mr. Maunder was in force at St. Bartholomew's Hospital in Chatham; but it placed the medical officers in an awkward position. The only ground on which they could act was the general appearance of a patient; and it was not likely that improper applicants applying to hospitals would dress themselves in their best. The plan also excited the suspicion that the medical men excluded patients with a view to their own private interest. He was surprised at Mr. Holmes's remark that it was no one's business to inquire whether a patient was a proper object for relief; since not only the medical officers, but the governors, were defrauded by the admission of improper persons. He would suggest that the Committee should be composed both of hospital medical officers and of general practitioners.

Dr. WALLER LEWIS said that there was one point on which there could be no difference of opinion—that there was a great abuse of medical charity in London. The hospitals were not for the lowest of the low and the poorest of the poor, but for the class above these, to whom the expense of private medical attendance would be utter ruin. It had been said that, by looking at the question in a professional point of view, the interests of the governors of hospitals were neglected. This argument was scarcely worth consideration. He believed that governors would be glad to be relieved from the duty of determining whether applicants were proper objects of charity.

Mr. CURGENVEN said that the question was one which concerned the general practitioner. No doubt many persons applied to hospitals who ought not to do so; and this entailed loss on the general practitioners both in town and country. There were many persons who could not afford to pay both a medical man for advice and a druggist for medicines, and who were compelled to go to one only of these or to a hospital. He saw no other way of preventing improper application than the appointment of an officer to visit applicants and ascertain their circumstances. This would deter many from applying who ought not to do so.

Dr. STEWART said that the profession were responsible to the public in this matter, which was very far from being merely professional. Twenty years ago, in a pamphlet on *Medical Charities as they Are and as they Ought to be*, he had pointed out that these institutions were great breeders of pauperism. That was one of the grounds on which the question should be discussed. Some plan was required for ascertaining the means of patients before they came under medical care; and it was absurd to expect the hospital physicians and surgeons to do this. The late Dr. James Miller had told him that one day, while he was on duty at his hospital, a governor presented himself with a letter of recommenda-

tion. Dr. Miller refused his application, and was censured by the hospital Board for doing so. At the Middlesex Hospital, some years ago, one lady had an unlimited right of admission, the management of which she entrusted to her butler; and Dr. Stewart found that 912 of her tickets had been presented to him at the hospital during one year. There was, no doubt, a fallacy in the statement about 1,800,000 hospital patients. Thus, many patients came from the country; and a patient, if he re-entered the hospital after being discharged, was counted as a fresh case. Some hospitals, too, were said to put down every single patient who came back as a fresh case. If it were known what institutions did this, it would be right to hold them up to the scorn of the profession. Again, patients obtaining renewed letters were put down as fresh cases; but this fallacy was probably not very great, for, in a year, with 3,000 patients, he had found only about 140 or 150 renewed letters. He used to notice, in dispensary practice especially, that patients at their first application would say "that they did not like to come to get relief for nothing, but had at last been compelled to do so." At their next application, there was no such compunction; the next time, if there were any pinch of circumstances, the patient went to the workhouse, of which not a few became habitual frequenters when any difficulty occurred. Thus, in many instances, the free dispensary was the first downward step to pauperism. The late Dr. Chalmers said that medical charities could not be too much multiplied, for persons would not become ill to obtain medical relief; but the case was very different now. Dr. Guy had found that the whole population around King's College Hospital was obtaining medical relief from it. It was right that patients should be expected to pay something; but it was difficult to determine how.

Dr. LANGDON DOWN believed with Dr. Stewart that the statement as to the number of persons receiving hospital relief was fallacious. He thought that there was not much abuse at the London Hospital. The hospital physician had nothing to do with the status of the patient applying to him. The discussion was not likely to lead to unmixed good. Some hospitals would probably suffer; and it was important that the whole matter should be investigated by a Royal Commission. He thought that much was done towards eliminating improper applicants, by the process of natural selection to which they were subjected in the waiting-room.

Dr. WYNN WILLIAMS said that, in the Samaritan Hospital, letters of recommendation had been given up; and the name, age, residence, number of children, and rent, were entered on the patients' letters.

Dr. GIBBON thought that the system of gratuitous medical service lay at the root of the evils complained of. He regarded the out-patient department of hospitals as a great deception, and considered that patients did not there get that advice and care which was professed to be offered them. He had known a dislocated humerus to be treated for weeks as rheumatism. He advised that the number of out-patients should be limited.

Dr. FORBES WINSLOW differed from Dr. Gibbon in his estimate of the out-patient department. A more elevated and self-denying body of men than hospital medical officers, who stood preeminent for scientific skill and humanity, existed nowhere. The hospital charities were without doubt abused. He was aware of a case in which the wife of a barrister in good practice used to dress poorly and go to a hospital with her children to get gratuitous advice.

Mr. C. HEATH said that, at University College Hospital, under the will of a benefactor, there was a power of giving relief in kind in a few carefully selected cases. He did not advocate a lowering of consultation fees; but there were cases in which persons requiring further medical opinion might be allowed to have it at a reduced fee. He had for some years sent away applicants from his hospital if they were not proper cases. Patients came to the London hospitals from the country; and these would probably pay something if the matter were put before them in a proper way.

Mr. RIVINGTON said that there were three chief evils. There were too many applicants: this should be remedied by some kind of scrutiny. Secondly, there were too many patients to be seen: to meet this, the medical staff of hospitals should be increased. Thirdly, the medical officers of hospitals, who ought to be paid, get nothing.

Mr. WALTER COULSON moved, and Dr. ANDREW CLARK seconded, the adjournment of the discussion. This was carried, and it was left to the President and Secretaries to arrange the time and place for the adjourned meeting.

[The adjourned meeting on the subject of Hospital Administration, will be held on Wednesday, March 17th, at 7.30 P.M., at the rooms of the Medical Society of London, 32A, George Street, Hanover Square. It was not found practicable, having regard to the numerous public medical appointments during the week, to select an earlier day.]

MEDICO-PARLIAMENTARY.

HOUSE OF COMMONS.—Thursday, February 25th.

CONTAGIOUS DISEASES.—Mr. Mitford asked if Her Majesty's Government would propose to Parliament any extension of the "Contagious Diseases Act, 1866," to places not mentioned in the first schedule of that Act.—Mr. Gladstone said that the Government had under their consideration the course to be taken with respect to that Act, and would in a short time state the conclusion at which they had arrived.

MEDICAL AND EDUCATIONAL CHARGES (IRELAND).—Mr. Gregory asked the Secretary to the Treasury whether, in accordance with the pledge given, that the Irish unions should be relieved of half the medical and the whole of their educational charges, it was the intention of Her Majesty's Government to add the deficiency of the sum voted last year for that purpose to the estimate of the present year.—Mr. Ayrton said the arrangements adopted, as far as he understood, were that an estimate should be made at the beginning of the year of the sum that would be required to meet the charges in each of the unions, and if at the end of the year that estimate was exceeded, the Treasury should not pay the excess; but, if the expenditure was less than the estimate, then the actual charge only should be paid by the Treasury. In accordance with that arrangement, no application has been made to the Treasury for any further claim, and the subject has not been brought under consideration.

Friday, February 26th.

RATING OF HOSPITALS AND OTHER CHARITIES.—Mr. Wheelhouse asked the President of the Poor-law Board whether it was the intention of Her Majesty's Government to take any step during the present session, fully to exempt public hospitals, infirmaries, dispensaries for the sick, and endowed almshouses, from liability to rating to the relief of the poor.—Mr. Goschen replied that it would be very difficult to confine any such exemptions to public hospitals, infirmaries, dispensaries for the sick, and endowed almshouses. If they were to exempt endowed almshouses, the question would arise, whether endowed schools should not be admitted to a similar privilege. Then they came to the public buildings, municipal buildings, and county buildings. The question was, in fact, exceedingly large and complicated; and it was not the intention of Her Majesty's Government to take any steps in the matter this session.

UNIVERSITY INTELLIGENCE.

UNIVERSITY OF OXFORD.

BURDETT-COUTTS SCHOLARSHIP.—This Scholarship, founded for the promotion of the study of Geology, and of Natural Science as bearing on Geology, has been awarded, after examination, to Mr. Edwin Ray Lankester, B.A., Junior Student of Christ Church. Mr. Edmund Jermyn, of Christ Church, was also honourably mentioned. Mr. Lankester is the son of Dr. Lankester, Coroner for Central Middlesex, and was placed in the first class in Natural Science, at Easter, 1868.

UNIVERSITY COLLEGE, DUBLIN.

THE COURT OF EXAMINERS for Degrees in Surgery, consists of the following. Dr. Robert Adams, Regius Professor of Surgery; Dr. Robert W. Smith, Professor of Surgery; Dr. Richard G. Butcher, University Lecturer in Operative Surgery; Dr. Benjamin G. McDowell, Professor of Anatomy and Surgery; Dr. Edward H. Bennett, University Anatomist; Dr. John K. Barton (1869-70), Surgeon to the Adelaide Hospital.

THE DEGREE OF MASTER IN SURGERY confers upon its holder the right to have his name registered as an elector of the representatives of the University in Parliament. By Section 33 of the Acts 31 and 32 Vic., ch. 112, this right is conferred upon the holders of the "higher degrees." In the case of Law, Medicine, and Divinity, the higher degrees are LL.D., M.D., and D.D.; but, in the case of Surgery, as only one degree is conferred, it must be regarded as the higher degree, and hence it has been interpreted that Masters in Surgery and Masters in Engineering have the right to vote at the borough elections in Trinity College.

MEDICAL NEWS.

THE COUNCIL OF THE ROYAL COLLEGE OF SURGEONS.

At the next meeting of the Council of the College of Surgeons, an important motion of Mr. Curling will be discussed. It proposes to include Midwifery in the ordinary subjects of examination for the diploma. The proposal has everything to recommend it except financial considerations. This does not ensure its being passed. The separate licence in midwifery of the College has, however, been much less sought after since this subject was included in the licence of the College of Surgeons.—Mr. Erasmus Wilson's proposition of endowing a Professorship of Dermatology at the College with a sum of £5,000, and presenting a fine collection which he has of drawings, models, etc., on condition that he be appointed permanently the first incumbent of the Chair, will also be considered. These conditions are obviously inadmissible; but it is thought possible that, if the matter pass into committee, the conditions may be modified.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, February 25th, 1869.

Cæsar, Arthur, Tower Hamlets Dispensary
Drury, Charles Dennis Hill, Newcastle-upon-Tyne
Hugo, Edward Henry, Brompton, Kent
Smith, James Freeman, Martin, near Sleaford

At the same Court, the following passed the first examination.

Button, Horace Gooch, Guy's Hospital
Kingsford, Percival, Guy's Hospital
Warner, Francis, King's College

INDIAN MEDICAL SERVICE.—The Military Secretary, India Office, presents his compliments to the Editor of the *BRITISH MEDICAL JOURNAL*, and begs to enclose a list of the candidates for Her Majesty's Indian Medical Service, who were successful at the competitive examination at Chelsea in August 1868, and who have undergone a course of instruction at the Army Medical School, together with the total number of marks obtained at the examinations at Chelsea and at Netley.—Maximum number of marks, 6,900.

Order of Merit and Name.	Studied at.	No. Marks.
1. Downie, K. M.	Edinburgh	5745*
2. Mackenzie, F. M.	London	5183
3. Lupton, A. W.	Edinburgh	4930
4. MacGregor, J.	Edinburgh	4768
5. Hutcheson, G.	Edinburgh	4735
6. Johnson, E. R.	London and Edinburgh	4676
7. Wright, W. E.	London	4535
8. Robb, J.	Aberdeen	4388
9. Kiernander, W. C.	London	4278
10. Blenkinsop, F. H.	London	4018

* Obtained the Herbert Prize.

MEDICAL VACANCIES.

THE following vacancies are declared:—

BANGOR AND BEAUMARIS UNION.—Medical Officer for the Anglesey No. 2 District (£75 per annum).

BRADFORD (Yorkshire) INFIRMARY AND DISPENSARY.—Two Physicians; Two Resident Medical Officer (each £110 per annum, with board and residence in the Infirmary).

BURY (Lancashire) DISPENSARY.—Resident Medical Officer.

CARMARTHENSHIRE INFIRMARY, Carmarthen.—Physician.

CHORLTON UNION, Lancashire.—Assistant Resident Medical Officer at the Workhouse, Withington (£120 per annum, with residence in the Workhouse, but not rations).

EXETER DISPENSARY.—Surgeon.

GENERAL HOSPITAL, Birmingham.—Dispenser.

GREENOCK INFIRMARY.—Resident House-Surgeon (£60 per annum).

HOLBEACH UNION, Lincolnshire.—Medical Officer for the Gedney Hill District. (£50 per annum and extra fees, which latter have averaged £45:1:1 per annum for the last three years.)

HOLYHEAD UNION.—Medical Officer for the Holyhead District (£60 per ann.)

ISLINGTON DISPENSARY.—Surgeon.

KELLS UNION, co. Meath.—Medical Officer for the Moyalty Dispensary District (£100 per annum, exclusive of Registration and Vaccination Fees).

KENT AND CANTERBURY HOSPITAL.—Physician

MANORHAMILTON UNION, co. Leitrim.—Medical Officer for the Dromahair Dispensary District (£90 per annum, exclusive of Registration and Vaccination Fees).

PETERSFIELD UNION.—Medical Officer to the Workhouse (£31:10 per annum); Medical Officer for District No. 2 (£44:12 per annum).

ROYAL SOUTH HANTS INFIRMARY, Southampton.—Dispenser (£30 per annum, with board, lodging, and washing).

ST. LUKE'S HOSPITAL FOR LUNATICS.—Resident Medical Superintendent (£200 per annum, with apartments and board in the Hospital).

SHEFFIELD PUBLIC HOSPITAL AND DISPENSARY.—House-Surgeon.

SOUTHEND. Kintyre—Medical Officer and Public Vaccinator for Parish of.
STAFFORDSHIRE GENERAL INFIRMARY, Stafford—Assistant to the House-Surgeon.

STAPENHILL, Burton-on-Trent—Certifying Factory Surgeon.

SUNDERLAND INFIRMARY AND DISPENSARY—House-Surgeon (£100 per annum, with board and residence).

TOWCESTER UNION, Northamptonshire—Medical Officer for the Towcester District (£80 per annum).

WALLASEY DISPENSARY—House-Surgeon. (£100 per annum, with furnished residence, coal, and gas.)

WIGAN UNION, Lancashire—Medical Officer for the Wigan No. 1 or Scholes District (£100 per annum).

MEDICAL APPOINTMENTS.

Names marked with an asterisk are those of Members of the Association.

BURMAN, J. Wilkie, M.B. Edin., L.R.C.S.E., late Resident Clinical Clerk in the West Riding Asylum, Wakefield, appointed Assistant Medical Officer to the Devon County Lunatic Asylum, Exminster.

CAMPBELL, Robert Lyons, M.D., F.R.C.S., appointed Honorary Surgeon to the Stourbridge Dispensary.

*CLARKE, E. G., L.R.C.P. Ed., appointed Medical Officer and Public Vaccinator to the Putney District of the Wandsworth and Clapham Union, *vice* Dr. J. C. Pritchard, resigned.

*DICKWORTH, Dyce, M.D., appointed Assistant-Physician to St. Bartholomew's Hospital.

POLLARD, F., Esq., appointed Resident Accoucheur to St. Thomas's Hospital.

*POLLARD, James, Esq., appointed Honorary Surgeon to the Torbay Infirmary.

*SMITH, C. Swaby, L.R.C.P. Ed., appointed, by the Postmaster General, District Medical Officer to the General Post Office, Liverpool.

MARRIAGES.

*PARKINSON, Jno. Taylor, Esq., Surgeon, Brotton, Yorkshire, to Margaret, younger daughter of Thomas SMITH, Esq., Newcastle-upon-Tyne.

WRAITH, John Hargreave, Esq., eldest son of the late Samuel Hope Wraith, Esq., Surgeon, J.P., Over Darwen, to Margaret Anne, only child of Wm. DAINE, Esq., of Newhaven, Derbyshire, at Biggin, Derbyshire, on February 25th. No cards.

*WOLFE, J. R., M.D., Glasgow, to Mary Jane, second daughter of George HALL, Esq., merchant, formerly Provost of Montrose, at Montrose, on March 2nd.

THE MAN JAMES WOOD, who was admitted into Guy's Hospital last week, frightfully mutilated by his wife, is doing well. The skin of the pubes and perinæum, and part of the penis, is shaved off, and one testicle completely gone. Both eyes were rather severely gouged by the woman's fingers; but the left eye has almost recovered.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan 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.—Central London Ophthalmic, 2 P.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.—Royal College of Surgeons, 4 P.M. Professor Huxley, "On the Construction of Vertebrated Animals."—Medical Society of London, 5 P.M. Anniversary at the Albion Tavern. Oration by Sir Duncan Gibb, Bart.

TUESDAY.—Royal Medical and Chirurgical Society, 8.30 P.M. Dr. Sansom, "On some New Double Salts of Carbolic Acid as Agents in the Treatment of Disease"; Dr. Kelly, "On Hydatid Cysts"; or Dr. Hillier, "On Congenital Hydronephrosis."

WEDNESDAY.—Royal College of Surgeons, 4 P.M. Professor Huxley, "On the Construction of Vertebrated Animals."—Hunterian Society, 7.30 P.M., Council Meeting, 8 P.M., Dr. Moxon, "On a Case of Tetany"; Mr. Bryant, "On some points in the Treatment of Diseases of the Joints"; and other communications.—Royal Microscopical Society, 8 P.M. Mr. G. Gulliver, F.R.S., "On the Fibres of the Crystalline Lens"; Mr. Alfred Sanders, F.L.S., "On the Zoospores of Crustacea."—Epidemiological Society, 8 P.M. Inspector-General Lawson, "On the Influence of Febrile Epidemics in Limiting the Spread of Cholera."—Geological Society.

THURSDAY.—Royal Society.—Moorfields Ophthalmic Hospital, 8.30 P.M. Mr. Hutchinson, "On Malignant Diseases of the Eyelids and Eye."

FRIDAY.—Royal College of Surgeons, 4 P.M. Professor Huxley, "On the Construction of Vertebrated Animals."—Royal Astronomical Society.—Clinical Society. Report on Dr. Day's case; Pyæmia fatal by Coma, Mr. Barwell; Typhoid Fever—Treatment by Blistering, Dr. Julius Pollock; and other papers.

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; by post, 1s. 8d.

NAVAL MEDICAL COMMISSION.—We have great pleasure in stating, at the request of the members of the Naval Hospital Commission, that the information afforded by the paragraph in the last number of the JOURNAL was not furnished by either of those gentlemen.

LIFE ASSURANCE OFFICES AND MEDICAL FEES.

SIR,—Allow me a brief space to reply to Dr. Simms' letter in our JOURNAL of January 20th, as it is calculated to encourage Life Insurance offices in their unjust treatment of medical men. Dr. Simms, in effect, says, that proprietary offices should pay the fee for examination but, mutual offices should not. I feel sure that a little consideration will convince Dr. Simms that, if the principle which leads him to claim the fee from the proprietary office be good, it applies with equal force to mutual offices. In a proprietary office, as Dr. Simms puts it, the shareholders obtain their profits by admitting only fair lives, and excluding bad and indifferent ones; they should, therefore, pay for such valuable assistance as the medical referee affords them in securing this end. Now, in a mutual office, at any given moment, the whole of the assured are in the position of the shareholders in a proprietary office. Like them, their profits depend upon their admitting only other good lives, and excluding bad and indifferent ones. The assistance they seek from medical referees to enable them to exclude such persons as would, if admitted, lessen their profits, must be for their benefit, and exactly upon the same principle that Dr. Simms admits should be paid for by them. I insure in one of the largest and most successful mutual offices, the "National Provident." My annual premiums have been reduced from twenty-two pounds per thousand to less than eight pounds, thanks to the profits made by this office; but, I am well aware that, if we were to admit now a number of bad lives, my premiums must be increased. Is it not, therefore, plainly my interest to exclude such lives, and my duty to pay for the valuable assistance the medical referee affords me in doing so?

I am, etc.,

The Chantry, B. Stortford.

CHARLES F. HODSON.

R. H. C.—It would be absurd to suppose that a physician attending a case of relaxed uvula may not himself apply nitrate of silver, but is bound to call in a surgeon to do it for him. The simple answer to such a pretension is, that a large proportion of throat-diseases of this kind fall to the charge of the physicians, and are treated by them, both in hospital and private practice. The diseases of the throat are a neutral ground.

CHLOROFORM: BEST MODE OF ADMINISTRATION.

SIR,—The JOURNAL at present is so fair and accurate in discussion of clinical or practical facts, is so esteemed by general practitioners in the country, for its universality and usefulness, that I hope I may be excused as regards the safety of chloroform inhalation lately discussed in your columns, where it was suggested that "Clover's Apparatus" is invariably safe; for drawing attention to at least two deaths that have been notified where this apparatus was the one in use at the time. I need scarcely say that practical surgery and medicine, at present, are overrun with coincidences, the *post hoc* taken for the *propter hoc*; thus, pneumonia is cured or cures itself when large bleedings are adopted, but not on account of the bleedings. Hernia operations succeed where the sac is not opened, but not on account of not opening it, and so of Clover's apparatus, ten thousand cases may do very well with it (or with any ordinary apparatus?). I fear it is only a coincidence, for the next case may fail. It is only fair to men who have watched and studied chloroform with considerable attention in the London Hospitals, to let this statement appear; it is only fair, as regards country practitioners, who are too often afraid of the danger of chloroform, its apparatuses, with their conflux valves, etc., to assure them that, in midwifery practice to wit, they need not be at all afraid of the old napkin pinned in the shape of a cone, the respiration of the patient is the great thing to watch rather than the pulse.

Many patients at present, especially in the country, are denied the advantage of chloroform, in strangulated hernia, in dislocations, tetanus, etc.; the complications and reported dangers of chloroform inhalation are so great and alarming to men far away in the country.

I have found ether and chloroform administered alternately, in *separate* inhalers, very valuable, not mixed, as sometimes recommended; indeed, these "mixtures" have disappointed all the best judges in Austria, France, America, etc. Let the rural practitioner also take heart of grace and not be afraid of chloroform complications, when he remembers that all over Europe and America chloroform is now administered without "apparatus" of any kind, and, as far as we can judge from foreign journals, much more safely than in London.

I am, etc.,

Sackville Street, February, 1869.

CHARLES KIDD, M.D.

SCOTCH GRADUATES AND LICENTIATES.

SIR,—Your correspondent, "An Englishman who has Graduated in Scotland," says that I have committed an error in my letter on the demand and supply of assistants in England, because I did not make some distinction between the class to which he belongs and the "mere licentiates," etc. I was not writing upon the social status secured, or the intellectual acquirements indicated by any particular diploma. I was treating on a wholly different topic, or I should have indicated the M.D. of the University of London as even a higher qualification than any which can be obtained in Scotland or elsewhere. My argument was: 1. That good English assistants are very scarce even at very high salaries; 2. That Irish and Scotch are not so scarce and are willing to accept lower salaries; 3. That, nevertheless, the system of practice in Ireland and Scotland being different from that common in England, the assistants from Scotland (graduates and licentiates) or Ireland were not well fitted to act as assistants in England.

I am, etc.,

J. BAXTER LANGLEY.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.

SIR,—By desire of the President of the Society for Relief of Widows and Orphans of Medical Men, I beg to forward you the following particulars, thinking the information may be acceptable to the members of the profession. During the last year, the total amount distributed in relief was £2,504:10, the number of recipients being fifty-four widows and twenty-six children. Additional relief was granted to two widows and two children from the Copeland Fund. This fund, the directors were enabled, through the great liberality of the late Thomas Copeland, Esq., to form for giving additional assistance to widows and orphans already in receipt of ordinary relief, under special circumstances of unusual distress from great bodily or mental infirmity. The society, although at present able to meet the demands made upon its funds, cannot continue to do so unless well supported by the richer members of the profession. The number of applicants is yearly increasing, and likely to do so, as a reference to the list of members will clearly prove. Trusting you will kindly accord a prominent notice in your JOURNAL of the foregoing statement.

I am, etc., JOS. B. BLACKETT, Secretary.

53, Berners Street, February, 1869.

COLOURED SOCKS.—The following advertisement lately appeared in the *Times*. "*Sock and Shirt Poisoning.*"—A committee having been formed for the purpose of fully investigating the above subject, all persons who have suffered from wearing coloured socks or other coloured surface clothing, are requested to send statements of their cases, with a portion of the garments from wearing which they have so suffered, to the Honorary Secretary, Emil Pohl, Esq., No. 15, Fenchurch Street, London, E.C. Medical gentlemen will also greatly oblige the committee by the particulars of cases that have come under their observation, with any comment they may have to offer."

DR. CHRISTIAN KÜNG ON THE NON-MERCURIAL TREATMENT OF SYPHILIS.

SIR,—Will you favour me with a few lines of your valuable space to say how glad I am to see that the admirable faculty of Christiania is opposed, for the most part, to the use of that pernicious drug, mercury, in the treatment of syphilis. Since the debate of the other evening in the Royal Medical and Chirurgical Society, on the Natural History of Rheumatic Fever, I presume we may consider that a humble individual like any of us may assume that even John Hunter might not have been well aware of what was the natural history of syphilis. But perhaps not; for I had the honour to send in to the Council of that Society a short paper, in which my respected colleague Mr. R. W. Dunn and myself related the history of a few such cases of syphilis treated without mercury; and I regret to say that either the subject was considered of too little importance, or our method of treating it too superficial, for the Council to receive it. Hence, of course, we must suppose that to believe in the efficacy of mercury in the treatment of syphilis, is an article of medical faith to be believed in, not to be reasoned upon or debated. I, for one, however, repudiate such pretensions, knowing, as I do, how fallible the opinion of the even most instructed amongst our faculty must be on subjects which they do not often hear freely canvassed.

I am, etc.,

CHARLES R. DRYSDALE, M.D.

ZINC VESSELS FOR MILK OR CREAM.—ARE THEY SAFE?

SIR,—There is a practice in some parts of this country amongst farmers to set milk for cream in zinc "coolers", which certainly facilitates the gathering of the cream; but is it not attended with danger? Is there no injurious chemical action producing a poisonous substance?

Glasgow, February 1869.

A. B. C.

* Such practice is decidedly improper. The zinc dissolves and accumulates in the liver. Mr. Wanklyn tells us that he has made quantitative determination of zinc from the human liver where it had been taken medicinally in very small quantities. Very little is known about zinc-poisoning.

NOTICE TO ADVERTISERS.—Advertisements should be forwarded direct to the Printing-Office, 37, Great Queen Street, W.C., addressed to Mr. Richards, not later than *Thursday*, twelve o'clock.

A COLLECTOR.—There is a painting of Cruikshank in the possession of the College of Surgeons.

WE are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Wiltshire County Mirror, March 3rd; The Aberdeen Free Press, Feb. 26th; The Oldham Chronicle, Feb. 20th; The Brighton Times, Feb. 27th; The Melbourne Evening Star, Dec. 16th, 1868; The Parochial Critic, Feb. 24th; The Cambria Daily Leader, Feb. 25th; The Birmingham Daily Post, March 1st; The Cambridge Express, Feb. 20th.

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

Dr. J. B. Sanderson, London; Dr. T. M. Edwards, Glastonbury; Dr. Colthurst, Bristol; Dr. J. Hartley, Beverley; Mr. J. H. Boughton, Tewkesbury; Dr. A. T. H. Waters, Liverpool; Mr. W. Tyrrell, Great Malvern; Mr. D. Thompson, Lancaster; A. B., Yarm; Messrs. Powlson, Manchester; Dr. R. H. Clay, Plymouth; Mr. T. Holmes, London; Mr. R. Ellis, London; Dr. J. Martin, Cork; Messrs. W. and J. Burrow, Great Malvern; Dr. T. Wallace, Liverpool; Mr. C. F. Hodson, Bishop Stortford; Dr. S. B. Farr, Hemel Hempstead; Dr. Murchison, London; Amicus, Taibach; Mr. Greaves, Manchester; Mr. R. Dunn, London; Mr. T. Jones, Newquay; Dr. Hewitt, Dublin; Dr. Leard, London; Dr. Aitken, Edinburgh; Mr. Myers, Coldstream Guards; Dr. Goodridge, Bath; Mr. Watkin Williams, Birmingham; Mr. H. Johnson Smith, London; Mr. Frederick White, Chipstow; Mr. L. R. Close, London.

LETTERS, ETC. (with enclosures) from:—

Sir William Jenner, Bart., London; Dr. Rumsey, Cheltenham; Dr. Eade, Norwich; Dr. E. Williams, Wrexham; Dr. J. Braxton Hicks, London; Dr. H. Blanc, Brussels; Mr. Wraith, Over Darwen; Dr. Edwards, Llandudno; Mr. St. George Mivart, London; Dr. Barr Meadows, London; The Military Secretary of the Indian Medical Service; Dr. Mapother, Dublin; Mr. E. Chapman, Oxford; 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. J. Hughlings Jackson, London; The Secretary of the Medical Society of London; Sir James Y. Simpson, Bart., Edinburgh; Dr. Elliston, Ipswich; Dr. J. Ellis, London; Dr. C. Morehead, Edinburgh; Dr. H. Kennedy, Dublin; Dr. J. Hardie, Harpurhey, Manchester; The Honorary Secretary of the West Somerset Branch; The Assistant Secretary of the Royal Microscopical Society; Dr. Bryan, Northampton; Dr. Phillips, London; Dr. Joyce, Rolverden; The Honorary Secretary of the Epidemiological Society; Mr. Harry Leach, London; The Honorary Secretary of the Royal Medical and Chirurgical Society; Dr. Stewart, London; Mr. Brookes, London; Dr. Sibson, London; and Sir Thomas Watson, London.

Results of Meteorological Observations, for the week ending Saturday, February 27th, 1869.

NAMES OF STATIONS AND OBSERVERS.	BAROMETER. Reduced to 32 deg. F. & mean sea lev.		MEAN TEMPERA- TURE.		Mean degree of Humidity (sat. 100)	SELF-REGISTERING THERMOMETERS.										Mean amount of Clouds (0-10).	Mean amount of Ozone (0-10).	WIND.										RAIN.	
	Mean.	Range.	Of Air in Shade.	Of Evaporation.		Of Dew-point.	Maximum.	Minimum.	Range.	Mean of all Maxima.	Mean of all Minima.	Black bulb Maxim. in Sun.	Minimum ex- posed on grass.	Number of days it blew in certain directions.										Mean Force 0-12.	Number of days it fell.	Amount in inches.			
														N.	N.E.			E.	S.E.	S.	S.W.	W.	N.W.				Calm, etc.		
BATH Dr. Barter, F.M.S.	30.103	0.547	43.5	40.8	37.6	79.3	53.4	29.6	23.8	48.2	38.0	85.2	..	7.0	4.2	0	0.5	1.5	0	0	0	0	4	0.5	0.5	4	4	0.35	
BOURNEMOUTH Dr. Compton, F.M.S.	30.154	0.420	44.1	41.2	37.8	77.8	57.3	29.0	22.3	48.8	38.2	112.0	24.0	5.2	4.1	0.7	1	1	0	0	1	2	1	0.3	3.3	4	0.38		
Kew Dr. Treutler, F.L.S., etc.	30.115	0.498	43.6	40.2	36.2	75.0	51.4	30.8	20.6	47.3	36.1	104.1	24.0	6.6	4.0	1	1	0.7	0	0	1	1.7	1.6	0	3.0	3	0.46		
LLANDUDNO. Drs. Nicol and Dalton.	30.014	0.574	45.4	42.5	39.2	79	52.0	39.7	12.3	50.1	40.8	..	..	6.8	..	0	0	0.5	1.5	0	0	3.5	1.5	0	2.4	(?)	0.73
MALVERN Messrs. W. and J. Burrow	30.103	0.466	43.0	40.2	36.9	79	52.8	30.1	22.7	47.9	37.1	83.0	27.3	6.7	4.6	0	1	0	1	0	1.3	0.6	3.0	0	1	4	0.32		
SCARBOROUGH Dr. Fox, M.R.C.P., etc.	29.971	0.693	41.5	38.6	35.0	78.7	52.0	34.6	17.4	46.1	37.4	..	..	7	..	0.3	0	1	1	0	1.3	0.7	2.7	0	5.4	3	0.26
SIDMOUTH Dr. Mackenzie, F.M.S., etc.	30.164	0.336	45.1	42.1	38.6	78.0	54.0	32.7	21.3	50.4	36.8	..	..	3.4	5.0	0	2	0	1	0	0	2	2	0	1.2	4	0.38
WORTHING W. I. Harris, Esq. M.R.C.S.F.	30.118	0.442	43.4	40.8	37.7	80	54.2	32.2	22.0	48.1	37.6	..	24.5	6.8	4.0	1.3	0.7	0.7	0	0	0.7	2	1.3	0.3	2.5	7	0.58		

REMARKS.—There has been a general and considerable increase in atmospheric pressure during the week, while the range has been generally less. Temperature has continued to diminish at all stations, and has been considerably below the average of the previous week; its range has been varied, having been greatest at Bath and least at Llandudno. The highest temperature of the week was recorded at Worthing, and the lowest at Bournemouth. Winds have been variable, blowing from all quarters except the south, and with a generally moderate force, except at Scarborough, where they have been fresh and strong. The amount of cloud has varied but little, while the amount of ozone has been somewhat on the increase. Rain has fallen at all stations, and the amount has been on an average greater than last week; the largest amount fell at Llandudno and the least at Scarborough. Sleet and snow fell at Kew and Worthing on the 22nd, and at Sidmouth on the 23rd. A gale from S.W. blew at Worthing on the 24th, and another from N.W. at Scarborough on the 27th. Lunar coronæ were observed at Bath on the 24th, and at Bath and Kew on the 27th. The general health is reported as good.

Chief Plants first observed in flower during the week at Kew—Adoxa moschatellina; Saxifraga oppositifolia.

N.B.—In the last Table the degree of humidity at Scarborough should have been given as 84, instead of 78; also the greatest rainfall was at Sidmouth, instead of Bournemouth. The number of days of S.W. wind at Malvern was misprinted 1.3; it should have been 4.3.

Kew, W., March 3rd, 1869.

W. J. TREUTLER.