

THE
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BEING THE

JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.

EDITED FOR THE ASSOCIATION BY

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VOLUME I FOR 1862.

JANUARY TO JUNE.

London:

PUBLISHED FOR THE ASSOCIATION BY THOMAS JOHN HONEYMAN, AT THE OFFICE,
37, GREAT QUEEN STREET, LINCOLN'S INN FIELDS.

MDCCCLXII.

The *Montpellier Médical* speaks thus of the death of Riberi:—"The death of the most celebrated physician of Turin is announced—of Dr. Riberi, the worthy successor of Sangrado and Broussais. He had the honour of being admitted into the Senate, and of incessantly bleeding Count Cavour. He died after a short illness, during which he treated himself not less energetically than he had treated the celebrated minister. Six of his favourite disciples constantly remained at his bedside, and each of them bled him more than once. He who slew by the lancet perished by the lancet, according to the law of retaliation. Less blood has been shed by the Austrians during the last fifty years than by the hands of Riberi and his too faithful disciples." The *Medical Gazette* of Turin went into mourning on the occasion of Riberi's death.

Association Intelligence.

MEDICAL BENEVOLENT FUND.

MR. TOYNBEE, as Treasurer of this Fund, has issued an appeal, to which Sir James Clark adds the weight of his influence by the following note.

"Bagshot Park, Surrey, Dec. 20th, 1861.

"DEAR TOYNBEE,—I think it very desirable that your feeling appeal in behalf of the Medical Benevolent Fund, should be circulated among the members of the profession.

"No one can read that appeal without being convinced of the great usefulness of the Fund, and, I trust, it will induce those into whose hands it may fall, to extend the knowledge and promote the interest of a Society, of which the medical profession may be justly proud.

"With my best wishes and thanks for your unceasing efforts to promote so good a cause,

"I am, faithfully yours,

"JAMES CLARKE, *President*.

"P.S. If you think it likely to be of any use, pray publish this note with your appeal."

APPEAL.

When I call to mind the frequent eloquent appeals in behalf of the Medical Benevolent Fund, by my able and generous-hearted predecessor, Mr. Newnham, I sometimes doubt whether I ought not to do more than I am doing, to promote the welfare of the Fund.

And still, upon reflection, I always feel inclined to let the success and progress of our charity depend upon the slow, but sure, recognition of its usefulness, arising from a due appreciation of its deeds. I may be wrong in not appealing more openly to the members of the medical profession; for among them I full well know, from my own experience, there are very many blessed with an abundance of this world's good, and blessed still more with generous natures, who are grateful to be told where their generosity can be most usefully bestowed. So, to the medical profession, and to the public who have hitherto aided us most liberally, I venture this Christmas time, to say a few words in behalf of the Medical Benevolent Fund.

In the *first* place, I will state that the experience of several years, as an officer of our Fund, has taught me that in spite of forethought, prudence, self-denial, and the most arduous exertion, cases must occur (and doubtless it was intended by an all-wise Providence they

should occur), in which a medical man, and through him his widow and his children, feel the bitter pangs of want, too often deepened by the presence of disease. And while I make this statement, I am also prepared to allow, that many who neglect it might have the advantage of institutions for life insurance, and beneficent societies, similar in principle to the most excellent "Society for the Relief of Widows and Orphans of Medical Men;" but I cannot conceal from myself the further fact, that many men are, by nature, so ardent and hopeful, so confident of success—of great success, that they will not—cannot heed the still small voice, that ever and anon whispers of possible failure—of future want.

In the *second* place, I full well know that the rapidly increasing family, which seems almost a characteristic of a medical man, occurring at a time when practice does not proportionally increase, too frequently renders the struggle of life hard and constant, and leaves the *future* to be met as it best may be met, too thankful if the *present* does not overwhelm.

In the *third* place, I know that want of health, caused too often by the unceasing wear and tear of life, prostrates many a medical man when his energies for the support of his wife and children are most demanded, and when the premium to be paid for his life insurance is an additional call upon him. Is it then a wonder that so many medical men are to be seen, broken down by over-work, disease, and misfortune, and that they, their widows or orphans, in poverty and in sorrow, look around for aid?

The benevolent men who founded the Medical Benevolent Fund, knew well and felt deeply for the poverty and misery by which their professional brethren are so often overcome, they accordingly laid down such rules for the administration of the fund, as would not only tend to relieve misfortune, but would do so without delay, without expense and anxiety, without, in any way, causing additional misery to the sufferer. And the rules laid down are very simple; the chief one being that a committee, elected annually by the subscribers, shall meet monthly, to investigate the claims of applicants, to administer immediate relief, in the more urgent cases, as far as their funds allow. The earnest performance of their duties, by the committee, has led to a success scarcely contemplated, though far below the necessities of the profession. Last year, the committee gave in donations to ninety-nine applicants £890, and to sixteen annuitants £298; in the course of the last ten years they have given in donations £9099 13s.

The nature and extent of the benefits bestowed, the amount of misery relieved, will be, in a measure, understood, by a perusal of the following words from those who have been aided:—"You helped me at the moment that ruin seemed inevitable; your bounty was indeed a God send; I am again at work, full of gratitude and hope." "How shall I ever be able to express my heartfelt thanks; you have spared me the horrors of a canvass, in which I should have been forced to parade my misery before the world, and make the most of it." "You would be able to know how deep is my gratitude to you, if you knew all the harass, fatigue, excitement, and suspense I once endured, in the futile endeavour to obtain, in a contested election, a like annuity to that you have given me." "My friends can scarcely believe that I have from you £20 a year for life, at the cost of six letters to the treasurer!" "May God bless your committee; the noble grant of £30, found me a penniless widow with eight children; I am now in a small business, and am keeping myself and family." "I am in the midst of a fierce battle to get into the Hospital for Incurables; I work at it for two days, and then am so knocked up and ill, that I lay in bed for a day, then I begin again; your £5 is the greatest blessing I have ever known." "I do not know how to thank you; the £15 voted by your committee, on condition that my

friends would get up a fund for me, induced them to do their best, and they have bought me an annuity of £20!"

Such are some examples of the expressions of gratitude by which our committee are constantly greeted; surely no higher tribute to our real usefulness can be found.

Having quoted these words of heartfelt thankfulness, I need scarcely add that the committee find a real pleasure in the performance of their duties. Indeed, I rarely leave the room, after a meeting, but some member says words to this effect:—"the more I see of the working of our Fund, the large amount of real good it does in its quiet way, the more gratified am I to be able to help it;" and I may add that scarcely a meeting passes without some member or members bringing money, while at the last meeting one of our oldest members slipped a hundred pound note into my hand.

Nor must it be conceived, from what I have said, that our Medical Benevolent Fund is an exception to the rule in all other human things, that to accomplish any real good, time and labour are demanded, and anxiety and trouble undergone. Each case that comes before the committee, must be fortified by documents and statements, and by evidence, very often the result of personal inquiry: still, in their strong desire to deal justly with their funds, the committee are often obliged to postpone decision upon a case until still further inquiries have been made. And in spite of all their endeavours to be charitable only to the needy, they are conscious that they must be sometimes deceived. Nevertheless, considering the great difficulties in accomplishing satisfactorily any work—considering also that when the very best has been done by man, there always remains a sadly large gap between his intention and its fulfilment—I think I am justified in saying that, looking at its principles, and its deeds, the committee can conscientiously hold up the Medical Benevolent Fund as deserving of support by the enlightened benevolent public. And, I may be allowed to add, that the Fund has also the characteristics of a Christian charity in the smallness of its working expenses. Their meeting-room is provided gratuitously, they have forty honorary local secretaries, and lady collectors; indeed, they have but one paid officer, the secretary, at a salary of £30 a year.

In conclusion, I will refer those who desire further information, to the twenty-sixth Annual Report; in it will be found a *resumé* of each case relieved in the year 1860-61.

I cannot hide from myself how sadly weak is my advocacy of the cause for which I plead. I ask myself the question, how is it possible to secure a sympathy from the profession, equal to that felt by those who take an active part in the charity? Doubtless, to do this is impossible, for those only who are brought near to suffering can feel due sympathy for it. But I may be allowed to add, that if I could convey to those who read these lines, the sentiments of heartfelt sympathy and pity expressed by the committee when, as at our last meeting, a pitiable case is before them: "a widow and large family left penniless in a distant land, where the father, a man of talent and well-earned scientific fame, had been cut off while struggling to support and educate them," if I could convey the dismay and sorrow of the committee, when a sum proposed to be voted, has to be cut down again and again, until it is so mere a pittance, in comparison with the urgency of the case, that, as almoners of the medical profession, they are half ashamed of the amount and vote it in silence; if I could do this, I feel sure that I should not soon again be heard asking alms in behalf of the Medical Benevolent Fund.

JOSEPH TOYNBEE, *Treasurer*.

18, Savile Row, Burlington Gardens, W.

Reports of Societies.

EPIDEMIOLOGICAL SOCIETY.

MONDAY, DECEMBER 2ND, 1861.

B. G. BABINGTON, M.D., F.R.S., President, in the Chair.

ON THE SPOTTED HÆMORRHAGIC YELLOW FEVER OF THE PERUVIAN ANDES DURING 1853-54-55-56-57.

BY ARCHIBALD SMITH, M.D.

[Read by Dr. McWILLIAM.]

DR. SMITH commenced by stating that it was supposed by some medical men in Peru that these epidemics on the coast and in the mountains were only coincident pestilences, without any essential identity of nature or origin. Whether the epidemic which began on the coast in 1852-53 was of foreign or native growth, was a question that had not as yet been satisfactorily answered. When once the disease became general, it was often impossible to ascertain the mode of its propagation; although it was certainly observed that when one member of a family was attacked, it generally spread throughout the household.

Since the epidemic of yellow fever in Guayaquil in 1842-5, there have been frequent instances of persons who had received yellow fever arriving in Callao and Lima; but it is remarkable that it has been only since the discovery of gold in California, and the consequent rush of shipping and people from the Atlantic to the Pacific shores, that these recent epidemics have sprung up in Peru.

In the Sierra epidemic of 1853-4-5-6-7, it is supposed that the disease, which for several years committed great ravages in the Andes of Peru, proved fatal to full one-fourth of the Indian race inhabiting the upper country. Dr. Smith described the course of the disease, as it appeared in the northern, southern, and central Sierra departments. In the north, the epidemic commenced in a mild, transandine climate, and in a village of agricultural labourers, called Yurma, with a population of about one thousand inhabitants. This is usually distinguished as the epidemic of Conchucos, in the department of Ancachs. The same disease appeared in the inland district of Clincheros, in the central department of Ayacucho, about the latter end of April, or early in May, 1855. It was ascribed to the return of soldiers of the battalion Aymarres, who, with a convoy of women, performed the march from Lima to Ayacucho, a distance of more than three hundred miles, in a very hurried manner. Certain battalions returned from Lima, touching at Islay, a seaport at the time infected with yellow fever, on their homeward route to Puno and Cuzco. Many dropped sick on their long and ill provided march; and at length, in Sicuani, in the department of Cuzco, the epidemic broke out in July 1855.

Dr. Smith divided the epidemic into the forms of "benignant, or simple hæmorrhagic"; the "bilious, or icteric"; and lastly, the "nervous, or ataxic"; the symptoms of each of which he minutely described.

In September 1854, just one year after the outbreak of the epidemic at Yurma, the government of Peru, then agitated by civil war, had its attention driven to the alarming spread of the disease in the northern department of Ancachs. It was resolved by the government thereupon to send a medical commission to Huaras, the capital of that department, which soon learnt from the prefect the enormous extent of the malady, and the mortality that had attended it. In a memoir of this mission, Dr. Daza, one of the commissioners, observes: "All the concurrent reports regarding the commencement of the epidemic of Conchucos are perfectly uniform in their details; at least, they are agreed in ad-

last four or five operations. There was so little wound to heal, that it was well the next day; proving that, as suspected, the base had been cut through for some few days. A mass of knotted thread and wire was removed on the following day, but two or three threads were so deeply embedded and so fast, that many days elapsed before the last was taken away. The knots were perfect, showing how great an amount of force had been exerted without complete strangulation being effected; proving also that, though the base of the tongue be completely cut through, the sublingual connexion alone is sufficient to maintain the vitality of the organ.

From this time the patient may be said to have been well. The next day he ate a hearty dinner of roast duck. He rapidly improved in flesh and strength. The facility with which he can masticate and swallow is surprising. The deglutition of liquids is more impaired than that of solids. The sense of taste is enjoyed in a very considerable degree. He can pronounce every letter of the alphabet, many of them perfectly (all the vowels), most of them distinctly. The three with which there is the most difficulty are K, Q, and T. In conversation he can be readily understood; if not excited or hurried, his power of articulation is sufficient for all purposes of intercourse.

The patient was exhibited to the Fellows at the close of the meeting.

MR. PRESCOTT HEWETT did not think it fair to assume that because the patient was seen in apparently good health the cancer was cured, as it was only seven months since the operation. He had also much doubt whether the disease really was cancer, as it had lasted three years without spreading to the glands; and, in fact, it might have been merely syphilis of the tongue.

MR. NUNNELEY said that the case was reported as one of recovery from the operation of removal of the whole tongue, and not as a case of recovery from cancer.

MR. BROOKE said that a cord made of wire twisted was very strong, and might be used with advantage in the place of the chain of the *écraseur*.

MR. MOORE did not think that the author had clearly shown the disease to be cancer. The signs, as hardness, ulceration, etc., were common to several diseases of the tongue. Mr. Moore alluded to one case in which extensive ulceration and hardening of the tongue was cured by arsenic. The duration of the disease in the author's case, and the fact that it did not affect the glands, were in opposition to the view that the disease was cancer; and the members could not, from the evidence brought before them, confirm the author's diagnosis. At the same time, it must be remembered that a person may see many things which, to his practised eye, are convincing, and yet which he does not think it necessary to put on paper. He did not think that the operation would be done again. In operations on the tongue, the risk might be diminished and pain saved, by previously dividing the nerves and securing the vessels.

MR. PAGET said that the chief point in the paper was to show that the whole tongue could be safely removed. It showed also in this case how great difficulties arising in operation might be overcome. He (Mr. Paget) thought that a good substitute for the chain would be found in whipcord; and it had this advantage, that it might be altered in its course by needles so that it would cut on a curve. He also could not agree with the author in his diagnosis. The description of the disease seemed to be that of tertiary syphilis rather than of cancer.

MR. NUNNELEY said that there was no history whatever of syphilis, although the patient owned to having had gonorrhœa. The patient's family were quite healthy. The man had been on one occasion salivated, but no improvement followed.

At the close of the meeting, it was suggested that it would be of interest if the patient were to be carefully

examined, to ascertain if any evidence of syphilitic infection could be discovered. The man was undressed, and very carefully examined by Mr. Henry Lee and other members, who were perfectly satisfied that there was no indication of any such taint.

Medical News.

APPOINTMENTS.

MALING, Edwin A., Esq., appointed House-Surgeon and Secretary to the Sunderland Infirmary, in the room of H. J. Yeld, Esq.

ROYAL ARMY. The following appointments have been made:—

BLAKE, Surgeon E. H., M.D., Royal Artillery, to be Surgeon-Major, having completed twenty years full pay service.

CHALMERS, Assistant-Surgeon W., 17th Foot, to be Assistant-Surgeon, *vice* W. White.

KENNEY, Staff-Assistant-Surgeon T., to be Assistant-Surgeon Rifle Brigade.

KILLERY, Assistant-Surgeon St. John, 36th Foot, to be Staff-Assistant-Surgeon, *vice* R. W. Jackson.

LIGERTWOOD, Staff-Surgeon T., M.D., to be Surgeon 61st Foot, *vice* R. T. Reade.

O'CONNELL, Staff-Assistant-Surgeon E., to be Assistant-Surgeon 16th Foot.

READE, Surgeon H. T., 61st Foot, to be Staff-Surgeon, *vice* T. Ligertwood, M.B.

SLY, Assistant-Surgeon W., 16th Foot, to be Assistant-Surgeon 34th Foot, *vice* G. Smith.

WHITE, Assistant-Surgeon W., 1st Foot, to be Staff-Assistant-Surgeon, *vice* J. S. Johnston, M.D.

ROYAL NAVY. The following appointments have been made:—

CAMPBELL, G. A., Esq., Assistant-Surg., to the *Algiers* (confirmed).

RYALL, William F., Esq., Assistant-Surgeon, to the *Orlando*.

VOLUNTEER CORPS. The following appointments have been made (A.V.—Artillery Volunteers; R.V.—Rifle Volunteers):—

GULL, F., Esq., to be Assistant-Surgeon 1st Suffolk R.V.

HENRY, J., M.D., to be Assistant-Surgeon 1st Administrative Brigade Cheshire A.V.

PARR, A., M.D., to be Surg. 1st Administrative Brigade Cheshire A.V.

To be Honorary Assistant-Surgeons:—

DOWN, G., M.D., 21st Surrey R.V.

GIBSON, J. E., Esq., 1st Administrative Battalion Isle of Wight R.V.

DEATHS.

ALBERT. On December 27th, at Chipping Ongar, Charlotte, widow of the late George F. Albert, M.D.

BIRKETT. On December 31st, at Stoke Newington, Arthur, aged 8, and Ida, aged 1 year and 11 months, eldest son and youngest daughter of George Birkett, M.D.

*CLIFTON, Nathaniel, Esq., at Islington, aged 75, on Dec. 28.

ELWIN. On December 26th, at 20, Broad Street Buildings, E.C., Elizabeth, wife of Jeken Elwin, Esq., Surgeon.

FOOTE. On December 17th, at Gibraltar, aged 60, Mary G., widow of Charles Foote, M.D.

RIDGE. On December 28th, at 39, Dorset Square, Margaret, wife of *Joseph Ridge, M.D.

RODEN. On December 26th, at Droitwich, aged 4 months, Constance Mary, daughter of S. S. Roden, M.D.

SHUTE. On December 21st, at Lee, Ann Eliza, wife of Robert G. Shute, M.D.

SPROSTON. On December 26th, at Birmingham, aged 7, Mary A. H., only daughter of W. H. Sproston, Esq., Surgeon.

THE BRITISH ASSOCIATION. The Manchester Local Committee have handed to the Treasurer of the British Association, the magnificent balance of £3,587 9s. 8d. All the local expenses were defrayed by a local subscription, these expenses amounting to £3,481 0s. 5d. (*Athenæum*.)

INFALLIBLE ROMAN DOCTORS. A letter from Rome of the 17th says:—"The Roman medical men are interested in the descriptions of Prince Albert's fatal malady, because that form of gastric fever, originating in cold, is one of the commonest diseases here, and is generally detected at its outset and combated successfully, the favourable crisis usually taking place at the seventh, fourteenth, or twenty-first day,

VACANCIES. The following appointments are vacant: medical officer to the department for Diseases of the Skin at University College Hospital, by the resignation of Dr. Jenner; house-surgeon to the Warneford Hospital, Leamington; house-apothecary and secretary to the Bridgewater Infirmary; lecturer on medicine at the Ledwich School of Medicine, Dublin, by the death of Dr. Cathcart Lees; physician to the Weston-super-Mare Dispensary, by the resignation of Dr. J. H. Pring.

DEATH OF A MEDICAL JOURNAL. The state of affairs has caused the death of one of our most prominent medical journals: the *North American Medico-Chirurgical Review* issued its last number in November. Under the guidance of Professor S. D. Gross, and supported by those liberal publishers, Lippincott and Co., with a powerful corps of writers in each department, it deserved a long existence. (*Amer. Med. Times.*) [The Review in question was decidedly a well conducted periodical. EDITOR BRIT. MED. JOURN.]

DEATH OF A CRIMINAL LUNATIC. An inquest was held on Monday at Bethlehem Hospital upon the body of David Davis, a criminal lunatic, and originally a lieutenant in the army. He was tried in May 1818, for an attempt to shoot Lord Palmerston, and proved to be insane; so that he had been confined in the above hospital for the long term of forty-three years. His son, who called but once, in 1858, was the only relative or friend that had ever been to see him. As is usual in all cases when a prisoner dies while in custody, the inquest was held to prove that he died a natural death. Verdict, "Death from apoplexy."

A NEW YORK DOCTOR. "In a former communication, I spoke of quackery, and at the risk of boring you, I must again allude to the subject. Our city has recently been electrified by the addition to the irregular ranks, of a F.R.C.P., who has written and printed books, and who now, after curing everybody in London, condescends to locate here and kindly, through the medium of our secular papers, notifies those who may labour under affections of the cutaneous surface, as well as of the straight intestine, by some known as the rectum, that he is prepared to put a period to their sufferings. He is not of the common order, as we find him in the West end, amid the *Ton*, who, I understand, fully appreciate his distinguished presence." (*Amer. Med. Times.*)

DR. HAYS' ARCTIC EXPEDITION. Dr. Hays thus sums up the results of his Arctic expedition in a lecture before the Geographical Society of New York. The completion of the survey of Smith's Strait; the discovery of a new channel to the westward of Smith's Strait; the confirmation of Dr. Kane's theory respecting an open polar sea; the determination of the magnetic dip, and of the declination at many points within the arctic circle; surveys of glaciers, by which their rate of movement is determined; pendulum experiments, and hydrographic surveys; a continuous set of meteorological observations; a large collection of specimens of natural history; a valuable collection of geological specimens; the accomplishment of a higher north latitude than ever before attained upon land; and lastly, a large collection of photographic views of the country, icebergs, and of the natives and their settlements. There are thus two hundred photographs of arctic scenery, the same number of sketches, and the statistics of about seventeen hundred miles of coast scenery—results which show that the doctor's time must have been arduously occupied.

THE SANITARY CONDITION OF WINDSOR. In consequence of its having been intimated, since the death of the late Prince Consort, that the sanitary state of Windsor might be defective through improper sewerage, the Mayor of Windsor, Mr. W. B. Holderness, has directed the Clerk of the Local Board of Health to pub-

lish the following:—"The attention of the local authorities has been called to the reports with reference to the present sanitary state of the drainage of Windsor. I am directed by the Mayor, in his official capacity of chairman to the Local Board of Health, as well as from his own personal knowledge as one of the medical practitioners in this town, to assure the public there is no foundation for the reports in question, and that there is no fever whatever in this district; and that during the last three years we have been peculiarly free from that epidemic. And, with reference to the drainage of the district, it is in a most efficient state; and that, on the last survey of the late Mr. Austin, one of the superintending inspectors of the General Board of Health, about two years since, he expressed his entire satisfaction at the system of drainage. And, with reference to fever, I have ascertained that, from the beginning of December last year up to the present time, there has been but one death from that source—exclusive of the one the country so deeply laments; and that, with a population of about 10,000, the deaths have not been 20 in 1,000."

ACTION FOR ASSAULT AGAINST A SURGEON. The following strange case was lately tried at the Liverpool assizes. It was an action brought by a person named Weir, and his wife, against a surgeon named Hodgson, practising at Egremont, for an assault committed on the female plaintiff. About the 28th of February last, the body of a new-born child was found near the house where Mrs. Weir was lodging, in the absence of her husband, who was then at sea. An inquest was being held on the body when the defendant, on March 1st, went to Mrs. Weir's lodgings in the company of two inspectors of the district police and a woman, who is the wife of one of the constables. They gained access to Mrs. Weir upstairs, and the defendant said, "Of course you have heard of a child being found?" She said "Yes; but what has that to do with me?" He replied, "You have partly been suspected of having had this child and having made away with it." She said, "You ought to have known me better." The defendant had attended Mrs. Weir as her medical adviser, but a rival named Smythe had been called in by him at her request, and had ultimately superseded him. He told her that he had come to examine her by authority of the law, and that she must submit. She refused at first, and then proposed to send for Dr. Smythe, who had been attending her during an illness. There was conflicting evidence whether or not she had consented; but Mrs. Weir herself maintained that there had been no consent. Under these circumstances she was subjected to an examination of a nature painful to any woman's feelings; but the defendant insisted at the trial that it had been conducted in the most delicate manner. The policemen, of course, were not present at it; but Mrs. Parker, the woman they had taken with them, was. The case was much aggravated by certain imputations which seem to have been suggested against Mrs. Weir during the trial, but which she indignantly denied. The jury returned a verdict for the plaintiff, with £200 damages, expressing at the same time their disgust at the conduct of the police on the occasion in question.

PROPOSED MONUMENT TO SIR HUMPHRY DAVY. A committee of working men, which has recently been formed for the purpose of erecting a monument at Penzance to Sir Humphry Davy have received eight designs from eminent architects, of which those of Messrs. Salter and Perrow have been selected. These designs are two in number; a monumental column surmounted by a bronze statue ten feet in height; and a monumental tower, with an internal staircase, and surmounted by the same figure; the height of the monument, from the base to the summit, to be 120 feet in either case. The column, which is the more elegant structure, is

simple and beautiful; it has a square solid block for its base, on which are four entablatures; on this base rests a fluted portion of the pillar, some twenty feet long; on this rises a simple column, relieved by polished granite bands some forty feet higher, surmounted by a square capital projecting over the column, and relieved by moulding; on this rises a super-base, on which the figure of Sir Humphry Davy is fixed, with the safety-lamp in his right hand. The entablatures at the base are to have suitable inscriptions, heraldic devices, etc., engraved upon them; also the Davy lamp, the Leyden jar, a gas-receiver, and a galvanic battery, are to be placed on the top of four pedestals at the base of the column. The tower proposed is a quadrilateral figure resting on a magnificent Gothic base, with the Davy arms cut in relief over the doorway, which leads to the top of the tower by a spiral staircase, lighted from without from bottom to top. Under the super-base, on which the figure rests, is an outside gallery accessible by the staircase; and immediately under the gallery is a landing, with a three-light window and tracery on each side, to serve as a pleasant "look-out". The monument is proposed to be placed on Lescudjack Hill, and it is considered that the summit will be higher than the top of St. Michael's Mount. The estimated cost of the monument cannot be less than £2,500; and, if the tower be chosen in preference to the column, some £500 more will be required.

THE LATE PRINCE CONSORT. In accordance with a summons issued by the President and Council of the Royal Medical and Chirurgical Society of London, a special meeting of the Fellows was held on Wednesday at the society's house, Berners Street. The presence of Sir Benjamin Brodie on the occasion of so melancholy a meeting excited a feeling of interest on the part of those present. The venerable baronet, who has been a fellow of the society since 1813, entered the library leaning on Dr. C. J. B. Williams and Mr. Charles Hawkins, and was warmly congratulated by those present. In the absence of Dr. Babington, president of the society, who was engaged at a trial at Westminster, Mr. Paget, vice-president of the society, presided. Dr. Sieveking, one of the secretaries of the society, read the address drawn up by the Council, of which the following is a copy:—"To the Queen's Most Excellent Majesty. Most Gracious Majesty: We, the President and Fellows of the Royal Medical and Chirurgical Society of London venture to offer to your Majesty, our gracious patron, the expression of our profound sorrow at the irreparable loss which your Majesty has sustained in the death of the Prince Consort. We pray that the Almighty will pour down upon your Majesty in this hour of trial His Holy Spirit, the never-failing source of true consolation. When time shall have mitigated the violence of grief, your Majesty will derive comfort from this remembrance of the many and great virtues which adorned his Royal Highness, and the eminent services to the country of his adoption which his sound judgment, his consummate taste, and his untiring zeal for the public good enabled him to render. As members of a liberal profession, we are deeply indebted to his Royal Highness for the enlightened and fostering patronage which he so constantly bestowed on the arts and sciences. We feel assured that his works have won for him a place in the hearts of all your Majesty's subjects, and will remain to future generations as lasting monuments to his memory. And we beseech you, Madame, to believe that, while we join with all your other subjects in heartfelt grief at your affecting loss, we desire to offer to your Majesty the assurance of our most devoted loyalty and most fervent attachment to your Majesty's august person and throne." Sir Benjamin Brodie moved:—"That this address of condolence now read by the secretary be suitably engrossed; and, having received the signature of the pre-

sident on behalf of the Fellows, and the seal of the society, be forwarded to the Right Hon. Sir George Grey for presentation to Her Most Gracious Majesty." He passed a high eulogium on the late Prince Consort, whom, from the many interviews he had with him, he knew to be possessed of a high order of ability and of varied acquirements. Every duty, as a citizen, husband, and parent, was discharged by his Royal Highness in such a manner as to command unqualified respect, and to be an example to all others. His death was an irreparable loss to science. Dr. C. J. B. Williams, in a brief but eloquent address, seconded the resolution, which was unanimously adopted, and the proceedings terminated.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Royal Free, 2 P.M.—Metropolitan Free, 2 P.M.
TUESDAY. Guy's, 1½ P.M.—Westminster, 2 P.M.
WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—Royal Orthopaedic, 2 P.M.
THURSDAY.... St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—London, 1:30 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.
FRIDAY..... Westminster Ophthalmic, 1:30 P.M.
SATURDAY.... St. Thomas's, 1 P.M.—St. Bartholomew's, 1:30 P.M.—King's College, 1:30 P.M.—Charing Cross, 2 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Epidemiological, 8 P.M.—Entomological, 8 P.M.—Odonatological, 8 P.M.—Society of British Architects, 8 P.M.—Medical, 8:30 P.M.: Clinical Discussion.
TUESDAY. Pathological, 8 P.M. (Anniversary).—Photographic, 8 P.M.
WEDNESDAY. Geological, 8 P.M.—Microscopical, 8 P.M.—North London Medical, 8 P.M.—Literary Fund, 3 P.M.—Archæological Association, 8:30 P.M.—Royal Society of Literature, 8:30 P.M.
THURSDAY. Royal, 8:30 P.M.—Antiquaries, 8:30 P.M.—Philological, 8 P.M.
FRIDAY. Astronomical, 8 P.M.
SATURDAY. Asiatic, 3 P.M.

POPULATION STATISTICS AND METEOROLOGY OF LONDON—DECEMBER 28, 1861.

[From the Registrar-General's Report.]

		Births.	Deaths.
During week.....	{ Boys .. 780 Girls.. 743 }	1523	1148
Average of corresponding weeks 1851-60		1667	1348
<i>Barometer:</i>			
Highest (Tu.) 30.400; lowest (Wed.) 30.057; mean 30.208.			
<i>Thermometer:</i>			
Highest in sun—extremes (Tu.) 75 degs.; (Fri.) 40.4 degs.			
In shade—highest (Mon.) 45 degrees; lowest (Fri.) 23.5 degs.			
Mean—36.6 degrees; difference from mean of 43 yrs.—0.3 deg.			
Range—during week, 21.5 degrees; mean daily, 9.8 degrees.			
Mean humidity of air (saturation=100), 88.			
Mean direction of wind, E.—Rain in inches, 0.00.			

TO CORRESPONDENTS.

. All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.
CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

JUSTITIA.—We assume that you have honestly stated the facts, and that you have used no undue influence with the patient to induce her to change her medical attendant. Under such circumstances, you are perfectly justified in complying with her wish that you should attend her.