

It remains only to declare what these requirements are.

In the first place, the rank required by the medical officers of the army, and without which they will not be satisfied, must not be relative, but *bonâ fide* military rank. It must place them, in all points, on an equal footing with their combatant brethren; it must give them precedence according to the dates of their commissions, and entitle them to all honours and salutes without exception. It must entitle them to act as members or presidents of courts-martial and courts of inquiry on all subjects; and when such courts have reference to medical officers or medical matters, medical officers should be specially selected to preside over them. There are only two admissible reservations as to the rank of medical officers—the one withholding from them purely military command; the other providing for the precedence, in all cases, of a commanding officer. But although command in military affairs is necessarily denied to the medical officer, there are other matters in which he should be allowed to exercise command, or an influence amounting to command. It should be clearly laid down that his representations on sanitary matters have the force of commands, and should be implicitly obeyed by commanding officers, in the absence of military reasons to the contrary. It should not be optional, as now, with commanding officers, to follow or ignore the advice of their regimental surgeons. They should be bound to follow it, or to furnish their reasons for declining to do so. At present, the position of the medical officer, as a sanitarian, is most unsatisfactory. He may make suggestions, which will receive no attention; but he is powerless to remove evident causes of disease if his opinion is opposed to that of his colonel.

Secondly—Reforms are required with reference to the duties which the medical officer has to perform. His proper work is the preservation of the health of his regiment and the care of the sick. This must occupy a very large proportion of his time, and its remainder should be left entirely at his own disposal for the study which is indispensable to keep him *au courant* with the progress of medical science. At present, his leisure is too much taken up in the preparation of returns and other matters which require no professional skill. A fitting establishment should be allowed for the performance of these and other subordinate duties.

Thirdly—All ranks of the service should receive a higher rate of pay than is now granted to them. The pay of the higher ranks may by some be considered fair; but it is to be remembered that that of the lower grades is certainly insufficient, that years pass before the higher ranks are reached, and that the prizes of the service are few. If proof be wanted of the insufficiency of the pay, it is enough to point to the fact that the supply of candidates for entrance into the service has failed. In commercial language, the market value is not offered for the commodity required.

But *bonâ fide* rank, enlarged influence, and increased pay, are not alone sufficient to secure the status of the medical service. As individuals, its members are of no estimation in the eyes of the military authorities. The service, as a body, must be recognised by the state—its indispensable usefulness acknowledged. The fate of an army, the happy or disastrous termination of a war, the issue of the nation's life and death, may turn upon the efficiency of the medical service. An engine of such might is not now governed and represented as it should be. The head of such a department should have power and weight in the councils of the empire. In England, he should be a privy councillor; in India, a member of the government, with a secretary in the Medical Department. The medical service would then no longer be a collection of officers without power or influence, looked down upon and despised; but a body respected and all

potent for good. Men of the highest scientific attainments would flock to its ranks; and under their well directed sanitary efforts, preventible diseases would disappear, the sick diminish in number, and the vast expenditure they are the cause of largely decrease. Let the present system be continued, and every evil will increase, while the service will fall lower and lower till its inefficiency is complete.

## Association Intelligence.

### BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

THE Thirty-first Annual Meeting of the British Medical Association will be holden at Bristol, on Wednesday, Thursday, and Friday, the 5th, 6th, and 7th days of August.

*President*—GEORGE BURROWS, M.D., F.R.C.P., F.R.S., London.

*President-elect*—JOHN ADDINGTON SYMONDS, M.D., F.R.C.P., F.R.S.Ed., Clifton.

All the meetings will take place at the Victoria Rooms, Clifton.

#### WEDNESDAY, August 5th.

1 P.M. Meeting of Committee of Council.

2.30 P.M. Meeting of the General Council.

4 P.M. First General Meeting of Members. The retiring President (Dr. Burrows) will make a few remarks. The new President (Dr. Symonds) will deliver an Address. The Report of Council will be presented, and other business transacted.

9 P.M. Through the kindness of the Committee, a *Conversazione* will be held at the Literary and Philosophical Institution, Bristol.

#### THURSDAY, August 6th.

11 A.M. Meeting of the Members of the New Council.

12 NOON. Second General Meeting of Members. The Address in Medicine will be read by WILLIAM BUDD, M.D. Papers and Cases will be read.

3.30 P.M. The Address in Surgery will be read by AUGUSTIN PRICHARD, Esq.

The Report of the Medical Benevolent Fund will be presented.

Papers and Cases will be read.

9 P.M. By the kind invitation of the President (Dr. Symonds) a *Soirée* will be held at his residence, Clifton Hill House, Clifton.

#### FRIDAY, August 7th.

12 NOON. Third General Meeting of Members. The Address in Chemistry in its Relations to Medicine will be given by WILLIAM B. HERAPATH, M.D., F.R.S. Papers and Cases will be read.

3.30 P.M. The Address in Midwifery will be read by J. G. SWAYNE, M.D. Papers and Cases will be read.

6.45 P.M. Dinner at the Victoria Rooms. Tickets One Guinea each. Gentlemen intending to be present at the Dinner are requested to send notice, as soon as possible, to Dr. MARSHALL, 8, The Mall, Clifton.

Members are requested to enter, on arrival, their names and addresses in the Reception Room at the Victoria Rooms, where cards will be supplied which will secure admission to all the proceedings.

Refreshments will be provided in the Victoria Rooms during the Meetings.

Members who wish for previous information may communicate with Dr. MARSHALL, 8, The Mall, Clifton.

The "Queen's" (situated close to the Victoria Rooms); the "Bath" (Clifton); and the "White Lion" (Bristol); are among the best hotels.

A clerk will be in constant attendance at the Victoria Rooms during the days of the meeting, and will give information regarding lodging-houses, which are numerous, and where beds may be had from two shillings a night upwards.

Papers have been promised by T. S. Fletcher, Esq., of Bromsgrove (On Vaccination and the best Means of Extending it); Graily Hewitt, M.D., of London (On the Operation of Transfusion in Obstetric Practice); Lionel S. Beale, M.B., F.R.S., of London (On the Deficiency of Vital Power in Disease, and on Support); George F. Burder, M.D., of Clifton (On the Climate of Clifton); W. O. Markham, M.D., of London (On Venesection); B. W. Richardson, M.D., of London (On the Abstraction of Blood as a Remedy); A. P. Stewart, M.D., of London (The Use of Belladonna in Intestinal Obstruction); R. W. Coe, Esq., of Bristol (On the Social Aspects of Syphilis); W. M. Clarke, Esq., of Bristol (On Excision of the Knee-joint); G. D. Gibb, M.D., of London (Illustrations of the Causes of Hoarseness and Loss of Voice); Thomas Nunneley, Esq., of Leeds (On the Calabar Bean); Charles B. Radcliffe, M.D., of London; Thomas K. Chambers, M.D., of London (On the Statistics of Fever); Erasmus Wilson, Esq., F.R.S., of London (The Dermopathology of Celsus); I. Baker Brown, Esq., of London (Three Cases of Artificial Urethra); Morell Mackenzie, M.D., of London (Hoarseness and Loss of Voice, treated by the Application of Galvanism to the Vocal Cords); George Harley, M.D., of London (On the Calabar Bean); S. J. Goodfellow, M.D., of London (On the Treatment of Pneumonia); George Budd, M.D., of London.

Papers and Cases will be read in the order of the dates at which notice of them has been received by the General Secretary.

*Notice of Motion.* The following resolution will be proposed by Dr. B. W. RICHARDSON at the meeting on Wednesday:—

“That a Committee be formed to consider and report on the question, whether it is possible to establish, under the direction of the Association, a Relief Fund, which shall enable the widows of members, or the orphans of members, or members themselves during sickness, to receive pecuniary aid by annuity or otherwise, on the principle of mutual protection and right; and that the Committee report as early as convenient to a special meeting of the Association.”

PHILIP H. WILLIAMS, M.D., *Gen. Sec.*

Worcester, June 30th, 1863.

#### FORMATION OF A BENGAL BRANCH.

On May 27th, a meeting of thirty-one British and native medical practitioners residing in Calcutta was held at the house of Dr. S. G. Chuckerbutty, for the purpose of forming a Bengal Medical Association, which should also be a Branch of the British Medical Association. Dr. Norman Chevers, principal of the Calcutta Medical College, was unanimously called to the Chair.

Dr. CHUCKERBUTTY explained the object of the meeting, and moved the first resolution. He said:—

The object for which I have invited you to meet here to-day is the formation of a Medical Association in Calcutta, to be called the Bengal Branch of the British Medical Association. The subscription by each member to the British Medical Association is a guinea a year; for which he is entitled to all its privileges as well as to the weekly JOURNAL of the Association. You must all be familiar with the vast amount of good which the Medical Association in England has done and is still doing, in producing a high professional tone and in advancing scientific knowledge. It is needless, therefore, to dwell at length on its advantages. They are patent to all who have taken the least trouble to peruse

the medical periodicals of the day. The connection between that Association and ours will be one chiefly of an honorary character; for we shall not reject a member, if he conform to all the local rules, merely because he cannot afford also the additional guinea for the British Medical Association. In every large society there must be men whose means are small, and yet who may be useful members. This class of gentlemen will be welcome to our Association; and the only practical disadvantage in their case will be, that they will not be entitled to the JOURNAL of the Parent Association. Others, who are better off, will, of course, if they like, pay their additional guinea, and so partake of the benefits of both the Associations. The extra payment, however, will not be compulsory in any case; and the chief advantage of this sort of connection will be the privilege of getting our transactions published in the BRITISH MEDICAL JOURNAL. It would, no doubt, be preferable to have a journal of our own; but I fear the time is not yet come to enable us to sustain such a publication. That will be the fruit of much previous toil and professional combination.

In matters political, combination is strength; with us it means something more,—it means progress. The Association of the members of a learned profession like ours, for the purpose of mutual improvement and common protection against quackery and other evils, can be productive only of good. It is a sure sign that we are fully alive to the duties and responsibilities of our position, and that “sordid gain” is not the only thing which engrosses our thoughts. At the same time, it would be prudish to deny that the mercantile part of the business forms a considerable item in our calculations; nay, that few in our profession can afford to be so altogether unselfish as to do without pecuniary considerations. The practice of medicine is our calling; our trade, if you will have it so, by which we live. There are no two opinions about that. But then it is an intellectual calling—a calling which demands the active exercise of all our faculties, a calling which makes us minister to the relief of human suffering, and a calling which opens to us an unlimited field for the display of the finest feelings of our nature. The pursuit of this calling is attended with pleasure and pain, far different from what attend mere trading transactions. There are persons with whom the desire of gain is a ruling passion, and who rejoice or grieve as they are successful or disappointed in making money. With the medical man it is quite otherwise. It is not the pecuniary speculation; it is the cure of his patient which is the grand object of his ambition. In this he often succeeds, often fails. His satisfaction when he succeeds is altogether unalloyed; his distress when he fails, though it may be owing to the incurable character of the disease, is sufficiently painful; but when that failure proceeds from his own ignorance, he is conscious of a pang more acute than his probable worldly loss would alone account for. Thus, of all men, the medical practitioner is daily put in mind of the gravity of his office, and that he must prepare himself with all diligence for the delicate duties he is called upon to discharge. I feel confident now that you will all agree with me in thinking that it is incumbent upon the members of our profession to avail themselves of every means in their power to acquire the fullest knowledge upon each subject; and further that, as the experiences of no two persons are exactly alike, the submission of individual results to the test of free and public discussion is the safest way of insuring any material progress. The mutual interchange of ideas, the friendly comments, the discovery of errors, the addition of information from different quarters, the growth of a kindly interest in one another, and the maintenance of an *esprit de corps*, are only a few of the immediate advantages of Association. The stimulus to scientific research, and the public respect and confidence which

the earnest pursuit of truth will, at all times, inspire, are other collateral benefits which follow and which operate so largely for the human good. To sustain the faltering, to encourage the timid, to guide the enthusiastic and to draw lessons from the learned, are functions no less important in the diffusion of knowledge than the instruction of schools. The school-days with all must come to an end; nor is it desirable that they should be prolonged beyond the passing of the necessary examinations to qualify for the profession. The real battle of life commences only after the school forms have been left behind; and it is now that the practitioner has to go through a dangerous probation. He is called upon for the first time to apply the medical knowledge he has been hitherto acquiring to actual practice, and doubts and hesitation are now apt to paralyse his mind. What would he not give at this juncture to have the opportunity of comparing his own ideas with those of others, and of learning from his seniors the stores of wisdom slowly accumulated in the course of long years? For such a person the meetings of a Medical Association must possess a strong attraction. Then again, what a comfort would it not be to a timid man to find that what he has done others had done before him, and that he need not repine if he have failed like them! What trouble, what failures, what disappointments, would it not save persons of an ardent disposition to subject themselves to the criticism of older men who had already trodden the same path before them! And what instruction would not even grey-headed practitioners derive from their younger brethren in investigations which require leisure, youth and industry! It is hence neither to the inexperienced alone, nor to the timid alone, nor to the ardent alone, nor to the grey-headed alone, that a Medical Association offers its advantages; it promises to be equally beneficial to all. So, I trust, none of us will hold himself aloof from so desirable an undertaking on any of these pleas, seeing that we all alike need information in one way or another; and, besides, that it is our duty to assist whatever may serve to advance the honour and interests of our common profession. It has been said that the natives of Bengal make capital school-boys, but that this early promise is never fulfilled in the years of manhood. Now, I, for one, do not believe in the truth of that allegation. I think it is quite unfounded, and that it was made on insufficient data. However, it is useful, in order to disprove it, to make the vindication not only in words but also by acts. Our actions must show that we do not cease to labour with the close of our college career; that, though we make no ostentation, nevertheless we continue to work, to observe, to think, to compare, to calculate, to reason with even greater earnestness than we did in our younger days; that we do really profit by the experience of advancing years; and that we are not too proud to accept knowledge though it may come to us from our juniors. I may say this, at least, of myself; that the older I grow the more am I convinced of my own deficiencies and shortcomings, and the more do I feel the necessity of an association of my professional brethren where I could share in the fruit of their industry, and, while profiting myself, contribute also my own mite to the general stock of knowledge. And what I feel, I doubt not, others must feel too more or less. For we know very well that the field of observation in medicine is too large for any one individual to successfully occupy alone the whole range of it. Some by choice, some by necessity, some by accident, devote themselves only to certain parts of it; and it is fortunate that they do so; for, without specialists, medicine could hardly have made the vast progress it has accomplished. Take, for instance, in civil practice, the obstetrician, the ophthalmologist, the dermatologist, the psychologist, the dentist, the aurist, the operative surgeon, the stethoscopist; each of these has paid particular attention to one branch of medical practice, and, hence, in that speciality he is tacitly admitted

by all men to be an authority, being vastly superior to the mere general practitioner. Or take again, in military practice, the naval or army surgeon; the circumstances of his position during war compel him to adopt rules and measures totally different from those which hold good during peace or in common civil practice. He sees injuries of a particular class on a large scale under the most trying conditions; and these conditions accordingly modify his rules of practice. On the subject of military surgery therefore, he becomes a specialist by virtue of necessity, for he is obliged to master carefully, and be guided by, a class of circumstances which do not occur in civil practice. Thirdly, we may take a practitioner who has no special liking for any particular subject, nor is he obliged to devote himself to one from necessity; and yet he may be so struck by a fortunate run of cases in his practice of a novel character that by shere accident he knows more about them than any other mortal. He becomes thus a specialist almost against his will by mere chance or accident. All these different kinds of men may hence most advantageously become the instructors of each other, as well as of the great body of the profession who claim no special knowledge of any sort.

Thus much for the mere practical part of our vocation. There are, however, other kinds of knowledge upon which that practice is most wisely based, and an intimate acquaintance with which is, at least now-a-days, held indispensable to the scientific physician and surgeon. These are anatomy, physiology, pathology, chemistry, materia medica, all very extensive subjects, in which numerous labourers are engaged all over the world to make fresh discoveries, to achieve new triumphs. I do not see why those of us who have the necessary strength and opportunity should not join these bands of pioneers of science, and favour our Association with the results of their investigations. Lastly, there are a host of other subjects of professional importance, such as natural history, statistical returns, medical topographies, epidemiology, sanitary reports, etc., which are here yet in their infancy, and the culture of which would be of the highest practical utility. Why should not the Bengal Medical Association receive valuable contributions on all these matters?

But, over and above all these things, what I wish most to see in this country is a high tone of *professional honour*. In the infancy of society, it is true, there are few occasions for the display of chivalrous sentiments. Then the struggle for existence supersedes every other consideration. The produce of the chase, the wild berries of the forest, and the fish cast on shore by accident, are the rude provisions upon which people in such communities have to subsist, and in proportion to the scantiness of the food is the acerbity of the struggle between individuals to obtain a morsel of it. In young colonies, too, as those of Victoria and California, and in a state of famine even in older countries, the sentiment of honour has to give way before the more imperious necessity of the moment. But in all well-regulated civilised societies the sense of honour is the vital spring of prosperity. Without good faith how could business of any kind be carried on at all? Good faith merely, however, is not professional honour. That means more; it means purity of principle and intention, and a desire to give every man his due. It is such a sense of honour which is the great charm of a good physician. A medical man who conducts himself honourably on all occasions and towards everybody, being upright in his personal behaviour, upright in all pecuniary relations, and upright in his bearing towards his brother practitioners, is the very *beau ideal* of our noble calling. Any one who can lay his hand on his heart and say that he has acquitted himself satisfactory in all these respects, possesses in perfection the sense of professional honour. Such a man was the late Sir Benjamin Collins Brodie, and his great name hence became synonymous with all

that was honourable and right minded. To imitate him in this to the utmost of his ability ought to be then the highest ambition of every good man among us. But I am sorry to confess that the tone of professional feeling in this country is not yet in many cases of that high order. It is not at all unusual here to meet with breaches of etiquette. In my own experience I have noticed many instances of them. To speak ill of others seems to be the stock in trade with some persons, whereby they hope to serve their own selfish ends. This seems to be the case with certain ex-students of our medical college; nor is the evil unknown even among men of a higher grade who surely should know better. It will, therefore, be a most important duty of the Bengal Medical Association to help us in raising the tone of professional honour to the same noble platform that it occupies in European countries, and this we hope to do through the moral influence that it must necessarily exert.

I myself see no difficulty whatever in doing all this and more, if we are only true to ourselves and determined not to forsake our post. I say, then, gentlemen, let us gird up our loins and resolutely push on. Let us redeem the honour of this country and add lustre to our names. Let us at once form a Medical Association and invite the cooperation of all legitimate practitioners in the good work we have proposed to ourselves. Let us urge on, and God will help those who know how to help themselves.

The plan of operation I would propose is to have weekly or monthly meetings for the ordinary business of the society, and annual meetings for the purpose of receiving reports and addresses upon the different branches of knowledge, *in sections*, one after another, much in the same manner as in the British Medical Association. This would combine all the advantages of medical societies with those of the more catholic Association. The ordinary meetings will be mostly attended by gentlemen living in and about Calcutta, and their business will consist in discussing all interesting cases of disease and pathological specimens occurring in hospital and private practice almost every day, and in receiving the results of experiments and individual observations. The annual meetings will be a sort of festive occasion once a year, when the Mofussil as well as the town members will come together to hear the retiring President's address on the operations of the Association during the expiring year, and also addresses from eminent members upon the progress of knowledge in the various sections, to receive reports and contributions which any gentlemen may choose to present on this special occasion, and to elect the office-bearers for the following year. The debates will be continued from day to day until the whole business is concluded, which, occupying only a limited number of days during a short time, will be a great convenience to members coming from a distance. It will give a pleasant holiday to all hard-worked practitioners who, by the increased facilities now offered by the lines of railway, will thereby have the opportunity of knowing more of each other than they could have done under the old rude ways of travelling. Then, any town members and others, who might wish to be hospitable, might invite the Association to meet in their houses on given days, promoting by such friendly receptions the happiness and enjoyment of all. Indeed, we may hereafter follow in this respect the practice of the British Medical Association, and meet in different towns in different years. For that, however, the circumstances of this country are not yet ripe, nor will they be so till the railway system is more complete and the habits of the people are considerably changed. In the meantime, therefore, it will be sufficient for us to inaugurate the plan of ordinary and annual meetings, leaving all further improvement to the working of after years.

I do not wish it to be understood, however, that the Association I have proposed is to receive nothing but

elaborate communications. Elaborate communications are very good things in their way and much to be desired; but even the oldest societies in Europe do not always get them; much less are they to be expected by a new and inexperienced one. With all such institutions there is a day of small things, and the day of small things is not to be despised because it does not immediately give us brilliant results. That which begins in a small way may, for aught we know, begin in the safest way. All things must have a beginning, and of a nursing it is not right to expect the wisdom of maturer age. We ought, therefore, to be satisfied if our infant Association receive at first only verbal communications or mere statements of facts and cases occurring in the practice of its members. We ought to be satisfied if we have at first meetings even once a month or once in two months, by day-light if necessary, to save expense or to avoid hurting the feelings of the poorer members who may not be able to subscribe, and yet whose natural pride would be wounded if other people paid for them. But this would be an extreme case which I must say I do not anticipate. I would also propose that we should meet in some easily accessible place in the native part of the town if possible, for I know that few of our native brethren would be willing or able to pay for conveyances for such an object, and that we shall certainly lose most of them if our place of meeting be any distance from the heart of their own quarter. Our principal object for some time must be to secure members, and the more of them we have the more certain shall we be of ultimate success. We want earnest and devoted souls, we don't want comforts; we want sound intellectual food, we don't want gilded halls; we want humble and patient workers, we don't want the pomp and parade of the affluent; we want labour by the light of heaven, we don't want costly lamps for which we cannot pay. The good of the profession is the single object of our desires; and, so, let us have an Association, let us have members, let us have meetings, let us have facts to discuss and, if our means will not permit anything grander, let us meet like honest men in the broad day-light in the most accessible spot to our poorer brother practitioners, without waiting for lighted chambers in the most fashionable quarter of the town. If we proceed in this humble spirit, with an earnest determination manfully to do our duty, I doubt not our efforts will be crowned with success. At all events it will do us no harm even if we did fail, for that will be owing to no fault of ours. But when did you ever hear of men failing in a laudable work of this kind if they entered upon it in a proper frame of mind? Where there is a will there is a way; and where there are resolute spirits engaged in a difficult enterprise no obstacle will be too great for them to overcome. Invoking, therefore, the blessing of God Almighty upon our proposed Association, I beg now to move the first resolution:

"That this meeting form itself into the Bengal Medical Association, of which every qualified practitioner of medicine is eligible to be a member."

Dr. FAYRER seconded this resolution. He addressed the meeting in a few but earnest words, dwelling most strongly and appropriately on the necessity of such an Association to promote the honour and the interests of the medical profession. The motion being put to the vote, was unanimously carried.

Mr. SHIRCORE moved: "That the following gentlemen be nominated members of a provisional committee to draw up the rules for the conduct of business, and also to request the British Medical Association to allow this Association to be one of its branches:—Dr. Joseph Fayrer, Dr. S. G. Chuckerbutty, Dr. Mohindro Lal Sircar, Dr. Juggobundo Bose, Baboo Kanylal Dey, Mr. Tameez Khan."

This was seconded by Baboo KANYLAL DEY, and carried unanimously.

Dr. MOHINDROLAL SIRCAR proposed—

"That Dr. S. G. Chuckerbutty, as the projector of the Association, be appointed Chairman of the Provisional Committee, with authority to call its meetings and arrange other matters of business."

Dr. Sircar spoke at considerable length on the advantage of the Association. In the course of his remarks, he said:—"The interest of humanity demands that medical men should always keep pace with the progress of knowledge that either directly or indirectly bears upon the healing art; that they should act in accordance with the strict principles of professional ethics; and that their rights and privileges should be religiously guarded against the inroads of charlatans and quacks. For the attainment of these various objects, what seems to be the most important agency? We all know the most common maxim, and Dr. Chuckerbutty has already referred to it. Union is strength even in the inanimate kingdom—more so in the irrational animate kingdom—most so in the rational kingdom of man. In the inanimate kingdom, the strength results from the simple addition of the separate strength of each element. In the irrational animate kingdom, the strength is multiplied considerably by the presence of the volitional factor in each individual. In the rational kingdom of man, the strength of union is not only considerably augmented by the volitional factor as in brutes, but is rendered progressively increasing by the presence of another most important factor—that of improvable reason, assisted by the agency of language. There is no doubt, therefore, when we organise ourselves into a body, there will be at each of our occasional or regular meetings considerable addition to the previous stock of our individual knowledge; and we shall then feel the necessity, I had almost said enjoy the luxury, of acting in harmony with, instead of against, each other. Dr. Burrows, in his address at the last annual meeting of the British Medical Association, has, in allusion to this subject, very beautifully said: "Each occasion of contact and honourable collision with his fellow-labourers tends to improve the outer and the inner man. As the pebbles on the sea-shore, by their contact and collision with each other at each succeeding tide, gradually lose their primitive roughness, and assume a graceful and polished exterior, and, when moistened by the spray of the ocean, appear in a most attractive guise; so is man by coming in contact with his fellow-men, by social and intellectual intercourse, raised to a higher order of being." It is true that the struggle for existence amongst professional men, especially medical men, unhonoured, unrewarded, nay, abused as they generally are by the very public for whose welfare they devote all their energies,—I say that the struggle for existence may be sometimes so hard that weaker brethren may be almost tempted to carry on that struggle after the manner of the inferior animals that perish; in other words, they may endeavour to live at the expense of the other practitioners, by running them down by gestures or words or deeds. To these, an Association like the one we have in contemplation (and, after the resolutions that have been unanimously passed, may I not hopefully add, we have already formed?) will prove of inestimable service. They will learn the value of patience. They will learn that they can maintain their own dignity only by maintaining the dignity of the profession to which they have the honour to belong. They will learn that great is truth, greater honesty; and both will ultimately triumph and prevail.

If in thus keeping ourselves foremost and uppermost in the swelling tide of ever advancing knowledge, if in strictly adhering to honourable principles in our mutual dealings, we could always command the respect of the public whose interests we consider our highest privilege to seek, and could secure our rights and privileges, then perhaps we could solely devote our time and attention to strictly scientific pursuits, then we could leave poli-

tics and other matters to other hands. But all diseases are not curable; many diseases, which our interference can do nothing for, are sometimes better left alone and to nature; nay, it is an undeniable fact, however mortifying it may be to our pride, that quacks and charlatans, stepping in when we desert our patients, often effect cures which perhaps we had been retarding. To these various facts are we to attribute the distrust and suspicion with which our real services are looked upon. To them are we to attribute the most unmerited abuse showered upon individual members and the profession at large, by persons displaying the grossest ignorance of our science. To them are we to attribute the slowness with which our opinions are received. To them are we to attribute the readiness with which the body politic frustrates our most cherished plans and schemes for the benefit of public health. To them are we to attribute the rise and triumph, however temporary, of various systems of quackery, as hydropathy, homœopathy, and what not. Against them we ought to guard ourselves; and we can only do so by forming ourselves into an organised body. Thus constituted, we shall be in a better position to deliberate calmly and dispassionately on the most important and practical part of our profession. When each of us brings his stock of knowledge to the meeting, we shall see that we shall have more reason to humble ourselves for our ignorance of the operations of nature, than to plume ourselves upon our achieved triumphs. We shall then learn to depend more upon the conservative powers of the organism than upon our own interference. We shall feel practically the value of Bacon's immortal aphorism, "Man is the interpreter and minister of Nature," not her lord. We shall, as a consequence, be more guarded in holding out promises when they are certainly to disappoint, and thus to gain for ourselves confidence and respect. In this way gradually, but certainly, we shall succeed in maintaining our own status; and when we thus prove ourselves to be the important and needed section of the community, it will be very hard for others to trifle our opinions; nay, our united opinion will acquire a momentum which even the ruling bodies, the powers that be, will find it impossible to resist, and which perhaps they will find sometimes necessary to welcome.

Baboo NILMADEB MOOKERJEE seconded the resolution, which was unanimously carried.

Dr. JUGGOBUNDO BOSE proposed the following resolution, which was seconded by Baboo BROJONATH CARFORMA, and unanimously carried:

"That, as soon as their report is ready, the Provisional Committee be empowered to call a general meeting of the Association, to which that report is to be submitted for consideration; and, on its being received and adopted, the Association shall at once proceed to elect its office-bearers for the current year, who are to be charged with its future business."

On the motion of Mr. TAMEEZ KHAN, seconded by Baboo BROJONATH BUNDOO, a vote of thanks was unanimously passed to Dr. Norman Chevers for his able conduct in the chair.

In closing the proceedings of the meeting, Dr. CHEVERS observed that, when he entered the room that evening, his insight into the proposed objects and constitution of the Association was by no means clear. Having now heard the question fully stated, he considered the plan to be excellent, and likely to work thoroughly. He felt the present occasion to be one of great and solemn importance. A small body of European and native medical men had come together for the first time, to form, for their mutual improvement, a society which he believed would probably live and flourish as long as the medical profession in Calcutta should endure. He reviewed the progress of the various medical societies which had been organised in Bombay and Calcutta, insisting upon the novelty and great importance

of the present movement, the leading object of which was to unite the European and native members of the profession into one body for the promotion of medical science, and for the maintenance of professional honour and good feeling. He considered that the professors of the Medical College ought to take a very active part and interest in working out the great objects of this body, whom he should now address as *the Association*. Every skilful labourer, whose heart was truly in his task, took honest pride in the work of his own hands. The artist when he sent out his great picture, the sculptor when he sells his statue, was not satisfied to know that silver rang on his palm, and that his pocket was heavy with yellow dross. The first desire of these men was, that their works might have a world-wide fame. Medical professors had this feeling perhaps in a higher development. Consequently he and his brother professors were not satisfied, after the University had conferred the degrees, to lose sight of those students with whom they had so long laboured; they took a vivid and cordial personal interest in their pupils' after success; and it would give them true pleasure to meet their young professional friends often in such a society, and to be assured that they were practically working out in the city those lessons which they had been taught in the school. A society for the promotion of high professional honour and good feeling was a good thing every where. Such a society was a great desideratum in Calcutta. He considered, however, that its objects would be readily carried out. There was no want of the essential elements; there was abundance of honourable principle; there was no lack of generous feeling: by mutual association, these would soon become moulded into working systems. He had grown grey in the profession; and his whole experience had combined to establish the principle that, to rise to the highest position as a medical man, it was unnecessary to employ unfair "pushing" and to make stepping stones of one's brethren's faces. He was sorry, but not discouraged, to find that the number there assembled was small. Still they would remember how few those were who, pressing shoulder to shoulder, held Thermopylæ. If thoroughly united and steady in their purpose, those now present were fully capable of making the Association a great success.

## Correspondence.

### THE DERBY HOSPITAL.

LETTER FROM WILLIAM OGLE, M.D.

SIR,—I thank you for the passing compliment in noticing the part which I have taken in the Derby contest. It is, however, a disappointment that you can offer no better solution to the difficulty, than that our hospital hook ought to have been *gilded*. No doubt a salary would bring candidates in troops, as we have for poor-law medical service; but surely it is of first importance to uphold the dignity of the office. May the day be far distant, when mere pay shall be thought adequate to secure honourable service in any department of the profession.\* Better pay and better position to the house-surgeon—two house-surgeons instead of one, if you please; but the physicians and surgeons must either be honorary, or they will cease to exist except in name.

The hint that the Derby mode of cutting the Gordian knot is an indication of the advent of the "one faculty" system, is much more worthy of your pen. If the governors had said, "We will abolish the distinction between physician and surgeon"—a distinction which

practically does not exist outside the hospital—if they had said, "We will elect the best legally-qualified medical man whom we can find; we only require him to take the same class of cases in the hospital which he accepts in private practice"—I would have supported them; indeed, I proposed this alternative. But, no! they say, "We will keep up the old-fashioned distinction; we will have pure surgeons and pure physicians (*if we can get them*); if not, we will take a general practitioner"—an insult to the physician, to the general practitioner—a double insult, being an insult under colour of a compliment.

If I mistake not, I have been fighting the battle of the general practitioner quite as much, and more, than of the physician. I say more than of the physician; for I have felt all along that the physician (worthy of the name) needed no special pleader. I was, as I have said already, prepared to give up the distinction between him and the general practitioner, if the time were come; and, therefore, even when speaking in support of the distinction, the full force of my argument was directed to the importance of so ordering our hospital ethics, as that we might secure the services of the first medical men in the neighbourhood—gentlemen who are in a position to restrict themselves to first-class and to consultation practice. This is the kernel of the nut; first-class practice is in abeyance. Hospital physicians and hospital surgeons (pure) are rare because consultations are rare, and consultations are rare because

I am, etc., WILLIAM OGLE,  
Senior, and now sole, Physician to the Derbyshire  
Infirmary.

Derby, July 21, 1863.

P.S. Derby has upwards of 50,000 inhabitants. Even inclusive of the house-surgeon at the Infirmary, there is not more than one medical man to every 2000 people. There is a neighbourhood second to none in wealth and general intelligence; and we have been advertising for a physician for three months, and cannot get one, because says one, "There is no room for him"; says another, "You must give a salary"; says a third, "There is something rotten in the state of Denmark." Let your readers determine who is right.

### LARGE CALCULUS FROM THE FEMALE BLADDER.

LETTER FROM F. H. HARTSHORNE, L.R.C.P. ED.

SIR,—At the late meeting of the Yorkshire Branch of our Association, Mr. H. Jackson exhibited a calculus weighing five drachms and two scruples, which had been removed from the urethra of a female by vaginal section. The report of the meeting in our JOURNAL states that "no record of so large a stone removed from the urethra of a female, had been met with by Mr. Ward or Mr. H. Jackson; and Dr. Aveling stated that he had not been able to meet with one."

I believe that the largest stone upon record which has been removed through the female urethra is in my possession. It weighs ten drachms; its length being two inches, and its circumference three inches and three-quarters. This, with two other calculi, were removed through the urethra without any incision. The patient is still living, in good health, and has perfect command of her bladder. An account of this case will be found, with a woodcut, in the "Transactions" of the Shropshire Branch of the British Medical Association, reported in the JOURNAL, Sept. 4th, 1858, p. 747.

I am, etc., FREDERIC H. HARTSHORNE.

Broseley, July 20th, 1863.

\* When the patients pay, then and not till then, can I see any professional prospect of having paid doctors to our hospitals.

of truth, that all the assumed phenomena upon which are based the practice of bleeding in inflammation are pure fallacies; that the *rubor, calor, tumor, and dolor*, do not constitute its definition; that the theory of a determination of blood to an inflamed part is unsound; that the notion of reducing the amount of blood in an inflamed part or organ by bleeding is purely fallacious. At the same time, observation has come to the assistance of physiology. It has pointed out that those who are bled in certain inflammatory disease almost surely die, while those who are nourished or stimulated as surely recover; that inflammation does not attack the vital organs of the strong and the robust, but those of the pale and weak. Hence that beautiful series of facts by which Bennett has established the doctrine of an exudation as the primary fact of inflammation, and not its result; and by which he has been led, by great research and ability, to an analeptic, as opposed to an antiphlogistic system of treatment.

I need hardly say that this is a subject of vast and surpassing importance. The lives of thousands of human beings daily hang upon the just appreciation of this matter. The memories of two of the greatest men of modern days—the statesman Cavour, and the warrior Stonewall Jackson—demand that the cause of their deaths be examined by the light of modern science. Truth speaks in language which all can understand; and to this we cannot—we dare not—turn a deaf ear.

Let me then entreat my medical brethren to bring a calm and philosophic spirit to the examination of this question. Let us avoid a too learned diction, or a too refined mode of reasoning. Let us not rely upon books, or authorities, or dogmas, or beautiful classical writing, or scholastic theories; but let us rather examine the question with the light of common sense and that true philosophy which makes facts the basis of its theory. Let us give up our prejudices, and forget all about what we call our experience. Let us meet the question as men upon whom rests a deep and a lasting responsibility. It is, I repeat, one of immeasurable importance; and the credit of a noble profession, the honour of a great science, the dictates of humanity, and the loud demands of justice, equally call upon us to settle it for ever.

I am, etc., C. R. BREE, M.D., F.L.S.,

*Physician to the Essex and Colchester Hospital.*

## Medical News.

**ROYAL COLLEGE OF SURGEONS.** The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on July 28th:—

Atkinson, Warner, B.A.Lond., Harrington Square  
Barrow, Thomas Samuel, M.D.St. And., Chelsea  
Booth, William Reuben, Great Queen Street, Westminster  
Cornish, George Bishop, Taunton  
Folliott, James, Caustonbury  
Frost, Walter, Portland  
Haynes, Stanley Lewis, Pall Mall  
Hills, Rowland, Newcastle-on-Tyne  
Hughes, David, Cilian Ayrton, Cardiganshire  
Hughes, William, Eglwyswrr, Pembrokeshire  
Jackson, Henry Willian, Cumberland Terrace, Regent's Park  
James, Joshua, Bristol  
Kennedy, John, Edinburgh  
Knott, William Parsons, Blisworth, Northamptonshire  
Lisle, Richard Philip, Cardiff  
Meade, Warren, Middleton, co. Cork  
Meyrick, Edward Webber Warren, Cork  
Renshaw, Charles Jeremiah, M.D.St.And., Ashton Mercey  
Rodgers, John, Omagh, co. Tyrone  
Scott, Thomas, Omagh, co. Tyrone  
Simpson, Walter, Islington  
Thyne, Thomas, Edinburgh  
Watson, James Jonathan, Kilburn  
Whiteley, John, Wakefield  
Wright, Morden, Islington

## DEATHS.

CHURCHILL, James M., M.D., at Watford, aged 66, on July 27.  
NELIGAN, John Moore, M.D., at Dublin, on July 24.  
OGILVY, James, M.D., at Coventry, aged 51, on July 25.  
SATCHELL. On July 19th, at Tunbridge Wells, aged 1 month, Margaret Ada, daughter of \*William C. Satchell, Esq.

THE GERMAN HOSPITAL is to be rebuilt, for the accommodation of seventy in-patients.

MR. HANCOCK. The students of Charing Cross Hospital have presented Mr. Hancock with an address of warm congratulation on the occasion of his election to the Council of the College of Surgeons.

FEMALE BLONDISM. The Queen has, we are glad to see, recorded her disapprobation of the brutalising exhibitions of Blondism, which have already caused so many deaths.

CONDITION OF MILLINERS AND DRESSMAKERS. Mr. Kinnaird asked the Secretary of State for the Home Department whether he would give directions that the Children's Employment Commissioners should institute as soon as possible the inquiry already referred to them into the condition of milliners and dressmakers. Sir G. Grey said he did not know exactly on what branch of the inquiry the Commissioners were now engaged, but he would desire them to take up the condition of the milliners and dressmakers as soon as they could without interfering with any important question now before them.

DEATH OF DR. J. MOORE NELIGAN. Since our last, the medical profession in Ireland has sustained a blow not easily remediable, in the unexpected death of Dr. Neligan, at his residence, Clonmel House, near Blackrock. Although Dr. Neligan had been suffering for some time from affection of the kidney, and had found it necessary in consequence to exchange a residence in town for the country, still no apprehension of immediate danger was entertained till a few days before his death; and he had been enabled within a week to fulfil his professional duties. On Thursday last, he was so much worse that little hopes were entertained of his recovery; and on Friday evening (July 24), he expired from, as we understand, uræmic poisoning, the result of the chronic malady of which he was the subject. Dr. Neligan's name will be best remembered by our readers in connection with the *Dublin Quarterly Journal*, of which he was for many years the editor, and the character of which was never higher than when conducted by him. To the public, he was known as the author of works on *Medicines* and on *Skin Diseases*, and as the editor of *Graves' Clinical Medicine*—labours sufficient of themselves to perpetuate his name as an assiduous and energetic physician. His connection with the King and Queen's College of Physicians, for the presidency of which he was a candidate last year, was long "in years and honours"; and his loss will be deeply felt by the many whose friendship his professional and private worth had secured to him. (*Dublin Medical Press.*)

THE ROYAL COLLEGE OF PHYSICIANS. The President and Fellows of the Royal College of Physicians held a *conversazione* last Saturday evening. Specimens illustrative of the arts and sciences were shown in the library. At one end of the room, a splendid collection of candelabra, vases, inkstands, and other objects of art in aluminium and aluminium bronze were exhibited by Messrs. Mappin Brothers, accompanied by several ingots and bars of the metal and its alloys in the unmanufactured condition. Some large lumps of the new metal, thallium, contributed by its discoverer, Mr. W. Crookes, attracted a large amount of attention; and Mr. Sonstadt showed several pieces of magnesium prepared by the modification of Deville's process, lately patented by him. Mr. Appold exhibited his apparatus for freezing water; and Mr. C. Gore's new gas furnace, with which several



pounds of cast-iron or copper may be melted on a drawing-room table in a few minutes, without a blast, was examined with great interest by the scientific men present. Dr. Lionel Beale's microscopic preparations of the brain met with considerable professional patronage; and the exhibition of the circulation of the cell contents of different water plants through Messrs. Powell and Lealand's 1.25 inch microscopic object glasses was crowded with observers throughout the evening. Several harpoons and other weapons used in elephant hunting in Central Africa were sent by Mr. Frank Buckland; and Mr. John Leighton exhibited a beautifully executed design for a shield, illustrating the months and seasons of the year, which was greatly admired for its poetic treatment and classical simplicity. Although the season is so far advanced, the *soirée* was attended by nearly the whole of the most eminent of the medical profession in London. Refreshments were served in the lower hall, and the company did not separate until nearly midnight.

**VACCINATION (SCOTLAND) BILL.** At an extraordinary meeting of the Royal College of Physicians at Edinburgh, held on Thursday, July 16th, 1863, the following resolutions were moved by Professor Simpson, seconded by Dr. Myrtle, and unanimously agreed to: 1. That the College have had before them, and have considered certain changes in the Vaccination (Scotland) Bill, which the Lord Advocate proposes to have introduced in committee in the House of Lords; and that they are of opinion that while objections to the Bill still remain, these proposed alterations would remedy many of the defects under which the measure labours. 2. That the College observe with satisfaction that the title of public vaccinator is to be abolished, and that the duties of that official under the Bill, are to be restricted to the vaccination of paupers and recusants,—and in the latter case only when directed by written order of the Parochial Board; that the establishment of vaccination stations is not to be compulsory; that the *onus* of sending the certificate of vaccination is to be laid on parents and guardians, and not on the medical practitioner; that instead of proceeding against defaulters at once by fine or imprisonment, they are to be offered vaccination in the first instance; that the objectionable distinction between the certificates of the public vaccinators and registered practitioners, contained in clause 28 of the original Bill is to be abolished; and that the interpretation clause is to be so altered, as not to interfere with the Medical Act. 3. That the College regret, that the very inadequate remuneration given by the Bill to the vaccinators for performing the operation, and ascertaining and certifying as to its effects, is not to be increased. At the same time, they mark with satisfaction, that their duty is now all but limited to the vaccination of paupers; and that as the appointment will, in all probability, be in most cases conferred on the parochial surgeons, the fee, small as it is, will be an addition to their salary, and is equal to the fee allowed in England, and higher than that in Ireland for the same duty, and that it, after all, only a minimum, which any Parochial Board, appreciating the value of duly paid labour, can increase. 4. That the College regret that the indirect compulsory clauses have not been restored to the Bill; they feel satisfied that, ere long, new legislation will be required, when they trust the legislature will form a more just estimate of the value of indirect compulsion as a means of securing the more general diffusion of the blessings of vaccination. 5. That the College regret that the Bill contains no provisions by which the migratory unvaccinated population immediately above pauperism, including those who labour in the making of railways, canals, and other public works, can be vaccinated; and desire to express their conviction that, while this is neglected, anything like general vaccination, as a check to small-pox, is unattainable. 6. That the College are of opinion that a move-

ment should immediately be made to obtain through the Privy Council, or otherwise, the means of securing an adequate supply of vaccine lymph for practitioners in the three divisions of the United Kingdom; failing which, all legislation must of necessity prove inoperative. 7. That the College record their thanks to Drs. Wood and Burt, who acted as their representatives both in London and Edinburgh, and by whom the negotiations, which have been so successfully concluded, were carried on. 8. That the College, having been given to understand by their representatives, Drs. Wood and Burt, that the condition on which the Lord Advocate has undertaken to effect the proposed alterations in the Bill, is, that the threatened opposition to the Bill in the House of Lords be withdrawn, and, that this be made known—order these resolutions to be published, and copies sent to each Representative Scottish Peer, and to such other persons as the Council may direct.

#### OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.—Samaritan, 2.30 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.—London, 2 P.M.  
THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.  
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.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.

#### POPULATION STATISTICS AND METEOROLOGY OF LONDON—JULY 25, 1863.

[From the Registrar-General's Report.]

		Births.	Deaths.
During week.....	{ Boys .. 994 Girls .. 898 }	1892	1452
Average of corresponding weeks 1853-62 .....		1813	1253
<b>Barometer:</b>			
Highest (Fri.) 29.944; lowest (Wed.) 29.441; mean, 29.699.			
<b>Thermometer:</b>			
Highest in sun—extremes (Mon.) 112 degs.; (Tu.) 70.3 degs.			
In shade—highest (Sun.) 74 degs.; lowest (Tu.) 44.1 degs.			
Mean—57.3 degrees; difference from mean of 43 yrs.—1.3 degs.			
Range—during week, 29.9 degrees; mean daily, 21.7 degrees.			
Mean humidity of air (saturation = 100), 78.			
Mean direction of wind, S.W.—Rain in inches, 0.88.			

#### 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.

**CHLOROFORM IN HOSPITALS: ACCIDENTS.**—SIR: Your JOURNAL has advocated the publishing of all cases of chloroform accident, as they are most useful for further deductive or inductive reasoning on the subject. Two cases are in the newspapers of last month, not noticed in medical journals; and one case that is mentioned in the latter (that of the medical man at Carlisle) proves not to be a chloroform accident at all. The two real cases are, one at the Westminster Hospital—a male adult, for amputation of the finger; instant death by syncope; the other at King's College Hospital—an adult male, for another trivial operation, fistula *in ano*; death probably apnoea. Coroners' inquests were held in both cases. There were two at the London Hospital not long ago, and one at Guy's; but not one of all these five hospital cases has been systematically reported. This is a great pity. In Scotland and Ireland it is said to be the same; the cases are not published; and even the Committee of the Royal Medical and Chirurgical Society think the number of cases unimportant. But not so, as to facts or cases, thinks Dr. Hughes Bennett in his masterly collection of facts as to pneumonia, or the other men now receiving the schedules of the Association. The chloroform problem, however, is now nearly worked out. I am, etc.,

July 1863.

CHARLES KIDD, M.D.



**THERAPEUTICAL INQUIRY, No. IV: SCARLATINA.**—Mr. Hodson has received Schedules from:—Edward Parker, Esq., Kirkdale Road, Liverpool; Charles Coates, M.D., Circus, Bath; J. Hughes Bennett, M.D., Edinburgh; Wm. Soper, Esq., Stockwell Road, Surrey; R. W. Watkins, Esq., Towcester; John K. Spender, Esq., Bath; W. M. Kelly, M.D., Taunton; Vincent Jackson, Esq., Wolverhampton.

**THERAPEUTICAL INQUIRY, No. V: JAUNDICE.**—Dr. Harley has received Schedules from the following gentlemen:—Dr. Handfield Jones, London; Dr. Hughes Bennett, Edinburgh; Dr. Charles Coates, Bath; Dr. Charles R. Bree, Colchester; Dr. Patrick Fraser, London; Charles J. Evans, Esq., Hull; Paul Belcher, Esq., Burton-on-Trent; Dr. Thomas Skinner, Liverpool.

**LONGEVITY.**—Sir: Perhaps you may agree with me in thinking that the subjoined statement is worthy of being recorded as a contribution to the curiosities of life-assurance experience. This day the Board of the Volunteer Service and General Assurance Association accepted a proposal from Glasgow on the life of a gentleman, who states that his grandfather died aged 125, and his grandmother aged 100. He also states that his father and mother are both 70 years of age and in good health. I am, etc.

JOHN ROSE CORMACK, F.R.S.E.,

Manager and Secretary.

Volunteer and General Assurance Association, 8, St. Martin's Place, W.C., July 22nd, 1863.

**COMMUNICATIONS** have been received from:—Mr. THOMAS O'CONNOR; Dr. HARLEY; Dr. FRASER; Dr. RANSOM; Mr. HENRY LEE; Dr. MACROBIE; Dr. RANKING; Dr. KIDD; Mr. JONATHAN HUTCHINSON; Dr. W. B. HERAPATH; Dr. BREE; Mr. AUGUSTIN PRICHARD; Mr. GRAMSHAW; Dr. W. FOSTER; Mr. T. MARTIN; Mr. T. M. STONE; Dr. W. P. STIFF; Dr. GOOLDEN; Dr. STYRIAP; and Dr. G. A. HUMBLE.

### BOOKS RECEIVED.

1. The Diseases, Injuries, and Malformations of the Rectum and Anus. By T. J. Ashton. Fourth Edition. London: 1863.
2. A Manual of Ophthalmoscopic Surgery. By Jabez Hogg. Third Edition. London: 1863.
3. Third Annual Report of the Belfast District Hospital for the Insane Poor. Belfast: 1863.
4. The Discovery of the Physiological Method of Inducing Respiration in Cases of Apparent Death. By Henry R. Silvester, B.A., M.D. Third Edition. London: 1863.
5. Report of Clinical Cases treated in the Surgical Wards of the Royal Infirmary, under the care of Mr. Spence. By F. Steell, M.D. Edinburgh: 1863.
6. On the Discovery of Thallium. By W. Crookes, F.R.S. London: 1863.
7. Anatomical and Physiological Observations. By John Struthers, M.D. Edinburgh: 1863.
8. On Artificial Dilatation of the Os Uteri, etc. By H. Storer, M.D. Boston: 1863.

### ADVERTISEMENTS.

## For Varicose Veins and Weak-

—NESS. Very superior **SURGICAL ELASTIC STOCKINGS** and **KNEE-CAPS**, on a New Principle, pervious, light in texture, and *inexpensive*, yielding an efficient and unvarying support, under any temperature, without the trouble of Lacing or Bandaging. Likewise, a strong low-priced article for Hospitals and the Working-classes.

**ABDOMINAL SUPPORTING BELTS** for both Sexes, those for Ladies' use, before and after accouchement, are admirably adapted for giving adequate support with **EXTREME LIGHTNESS**—a point little attended to in the comparatively clumsy contrivances and fabrics hitherto employed.

Instructions for measurement and prices on application, and the articles sent by post from the

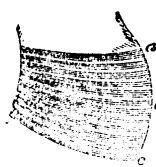
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POPE and PLANTE, 4, Waterloo Place, Pall Mall, London, The Profession, Trade, and Hospitals supplied

## Aërated Lithia Water. —

Messrs. BLAKE, SANDFORD, and BLAKE are prepared to supply the **LITHIA WATERS** (of which they were the original Manufacturers under Dr. GARROD's instruction) of any strength prescribed by the Profession for special cases. Those in constant use contain two grains and five grains in each bottle, either by itself or combined with **BICARBONATE of POTASH** or **PHOSPHATE of AMMONIA**.—Also, Potash, Citrate of Potash, Soda, Seltzer, Vichy, and Mineral Acid Waters, as usual.

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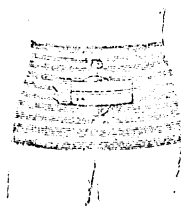


## HUXLEY'S Spiral Abdominal

**BELTS**, for Pregnancy, Obesity, Ovarian Disease, and with Air-pads for Hemia. Made on principles approved by the first Physician-Accoucheurs and Surgeons. Directions for measurements: circumference, at *a b c*: depth, from *a* to *c*. Discount to the profession, 20 per cent. Illustrated and

priced Circulars on application to

ED. HUXLEY, 12, Old Cavendish Street, Oxford Street.



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TO PHYSICIANS, SURGEONS, AND DRUGGISTS.

## Brown's Cantharidine Blistering

**TISSUE**, prepared from pure Cantharidine. An elegant preparation, vesicating in much less time than the Emp. Lyttæ. It is easily applied and removed, and will not produce stranguary or troublesome after-sores. It has received the sanction and commendation of many of the most eminent practitioners in the kingdom. In tin cases, containing ten feet, 6s. 6d.; and small cases of five square feet, 3s. 6d. each.

### BROWN'S TISSUE DRESSING.

An elegant, economical, and cleanly substitute for all ointments as a dressing for Blisters, Burns, etc., and may be called a companion to the above. In tin cases, containing twelve square feet, 1s. 6d. each.

Sole Inventor and Manufacturer, T. B. BROWN, Birmingham. Sold by all Wholesale and Retail Druggists and Medicine Agents throughout the British Empire.

## Jozeau's Copahine Mege.

Or **SACCHARATED CAPSULES**.—Copaiba and Cubebs are doubtless the best remedies, but these drugs are of a repulsive taste and odour, and occasion colicky pains, nausea, and gastric disturbance. M. Jozeau has succeeded in rendering these valuable therapeutic agents perfectly innocuous, by increasing, in his Copahine, all the curative properties. This preparation has been adopted by the Paris Academy of Medicine, after more than a thousand trials in Paris, and the different London Hospitals, viz., St. Thomas's, Guy's, and St. Bartholomew's, under the care of Messrs. Lloyd, Poland, and Le Gros Clark. "Lancet" Nov. 6, and Dec. 10, 1852. The Copahine, which is in form of a pretty pink sugar-plum, effects a cure in about six days, either in recent or chronic diseases. 100 Capsules, 4s. 6d. at G. JOZEAU'S, French Chemist, 49, Haymarket, London; 22, Rue St. Quentin, Paris; and all the most important Chemists.

## Round Shoulders, Stooping Ha-

bits. Contracted Chests, and other Deformities of this class, are effectually cured by **CHANDLER'S IMPROVED CHEST-EXPANDING BRACES** for both sexes of all ages. Their action is to carry the weight of the shoulders off the chest, and throw the arms behind the body, thus causing the wearer to walk and sit perfectly erect, and are especially recommended to children for assisting the growth, preventing deformities, and producing a noble and symmetrical figure, superseding the old braces and stays. 66, Berners Street, Oxford St., W.—Illustrated descriptions forwarded.

## Williams & Son's Pure Glycerine

**SOAP**, analysed by Dr. Hofmann, F.R.S., and Professor Redwood, Ph.D., strongly recommended by many eminent Members of the Medical Profession, and favourably noticed by the following Medical Journals.

The British Medical Journal.

The Lancet.

The Medical Times and Gazette

The Medical Circular.

The Edinburgh Medical Journal.

The Dublin Hospital Gazette.

It is suited to all cases of delicate skin (whether arising from disease or otherwise), and is admirably adapted for nursery use. May be had of all respectable Chemists, Perfumers, etc.

SOAP WORKS, CLERKENWELL, LONDON, E.C.