

not the slightest peritonitis; in fact, the parts about the wound were entirely destitute of action. Dr. Grimsdale performed his operation on June 17th. There were considerable adhesions behind. The patient, I hear, is going on very well, and bids fair to add another to Dr. Grimsdale's list of successful cases.

At the Northern Hospital, Mr. Lowndes informs me that he has been making use of Dr. Simpson's plan of acupressure for arresting hæmorrhage after amputation, and so far has been well pleased with the trial. He considers that the stumps heal faster; and there is much less suppuration, and consequently less risk of pyæmia or secondary hæmorrhage. The last case in which he made use of it was one of amputation at the shoulder-joint; the patient, so far, is doing well.

At the Children's Infirmary, Mr. Hey has had a little patient under his charge suffering from disease of the knee-joint, where either amputation or resection was required. Mr. Hey decided upon the latter alternative. The child has made a good recovery.

Seldom can your correspondent bring his letter to a conclusion without having forced upon him the painful duty of recording the death of some brother practitioner. On this occasion I have to mention the names of two, both of whom were for a considerable period connected with our local charities. I refer to Mr. W. B. Wall and Mr. Newton Heelas. Both were in the prime of life—both house-surgeons at the Northern Hospital. The former held this office for ten years; and, on his retirement, was appointed visiting-surgeon to the Toxteth Park Workhouse, where, like many others holding a similar office, he met his death whilst ministering to the comforts of the poor; typhoid fever proving fatal in a few days. The latter (Mr. Heelas) held office for three years, and by his uniform kindly disposition gained the esteem of all with whom he came into contact, and by whom his loss is deeply deplored.

In concluding, I may mention that the new wards at the Infirmary, erected and endowed by the munificence of the late Mrs. Thornton, are now completed; and, in compliance with her wish, will specially be devoted to the diseases of women.

To increase the facilities of the study of pathological anatomy, Dr. Rawdon has been appointed pathologist for conducting the *post mortem* examinations, and giving instruction in morbid anatomy, in connexion with the Infirmary. Dr. Graham, for the future, will give all his attention to the museum connected with the school, Mr. Harrison succeeding him as the demonstrator of anatomy.

**AEROLITES.** MM. Daubrée and Cloez give a very interesting account of some meteorites which fell in the neighbourhood of Orgueil on the 14th of last month. The most curious fact mentioned by M. Cloez is that the stone he examined contained a notable quantity of chloride of ammonium, with chlorides of potassium and sodium and sulphates of magnesia and lime. Five per cent. of the stone, in fact, was soluble in water.

## Association Intelligence.

### BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

THE Thirty-second Annual Meeting of the British Medical Association will be held at Cambridge, on Wednesday, Thursday, and Friday, the 3rd, 4th, and 5th days of August next.

*President*—JOHN A. SYMONDS, M.D., F.R.S.Ed., Clifton.

*President-elect*—GEORGE EDWARD PAGET, M.D., Cambridge.

*All the General Meetings of the Members will be held in the Senate House.*

#### WEDNESDAY, August 3rd.

12 NOON. Meeting of Committee of Council in the Arts School.

2.30 P.M. Meeting of the General Council in the Arts School.

4 P.M. First General Meeting of Members. The retiring President (Dr. Symonds) will resign his office. The new President (Dr. Paget) will deliver an Address. The Report of the Council will be presented, and other business transacted.

9 P.M. The Members of the Association are invited by the Master and Fellows of Gonville and Caius College to a *Conversazione* in the College Hall.

#### THURSDAY, August 4th.

8.30 A.M. The Members of the Association and their friends will breakfast together in the Guild Hall. Tickets Three Shillings each.

10 A.M. Meeting of the Members of the New Council in the Arts School.

11 A.M. Second General Meeting of Members. Papers and Cases will be read.

4 P.M. Third General Meeting of Members. The Address in Medicine will be delivered by EDWARD L. ORMEROD, M.D.

The Report of the Medical Benevolent Fund will be presented.

Cases and Papers will be read.

9 P.M. The Members of the Association are invited by the Master, Professors, and Fellows of Downing College, to a *Conversazione* in the College Hall.

This day (Thursday), by the permission of the Provost and Fellows of King's College, there will be Full Choral Service in the College Chapel at 3 P.M.

#### FRIDAY, August 5th.

10 A.M. Fourth General Meeting of Members. A Report will be read from the Committee appointed at Bristol to consider the desirability of establishing a Provident Fund. Papers and Cases will be read.

4 P.M. Fifth General Meeting of Members. The Address in Surgery will be delivered by G. M. HUMPHRY, M.D., F.R.S. Papers and Cases will be read.

6.45 P.M. The Members of the Association and their Friends will dine together in the Hall of Gonville and Caius College. Tickets One Guinea each. Gentlemen intending to be present at the Dinner are requested to send notice to Dr. P. W. LATHAM, Sidney Street, Cambridge.

Members are requested to enter, immediately on arrival, their names and addresses in the Reception Room at the Guild Hall, when cards will be supplied which will secure admission to all the proceedings.

A Clerk will be in attendance at the Reception

Room, and will give information respecting lodging-houses.

The principal Hotels are the "Bull", the "Eagle", the "Red Lion", the "University Arms", and the "Hoop".

*Return Tickets* to Cambridge from London and such other stations on the Great Eastern and Great Northern Railways, as usually issue them, will be granted to members of the Association producing vouchers on the 2nd, 3rd, 4th, and 5th of August, and will be available up to the 6th inclusive.

Members who wish for vouchers or for information previous to the Meeting, may communicate with Dr. P. W. LATHAM, Sidney Street, Cambridge.

*Notices of Motion.* Dr. STYRAP will move the following alteration in Law xv. To insert, after the words "One Guinea annually", "provided that such sum shall be paid not later than June 30th; after which date, each Member shall pay, in default, £1:5."

Mr. WATKIN WILLIAMS will move to alter Law xv, by inserting "the 1st of December", instead of "the 25th of December."

*Papers* have been promised by Mr. Spencer Wells (London); Mr. Sydney Jones (London); Mr. Bridger (Cottenham); Dr. Sansom (London); Dr. Barker (Bedford); Mr. Solomon (Birmingham); Dr. Woakes (Luton); Dr. Richardson (London); Dr. Martyn (Clifton); Dr. Philipson (Newcastle-on-Tyne); Dr. George Buchanan (Glasgow); Dr. Christison (Edinburgh); Dr. Routh (London); Mr. Erasmus Wilson (London); Dr. B. Squire (London); Dr. Hillier (London).

T. WATKIN WILLIAMS, *General Secretary.*

12, Newhall Street, Birmingham, July 1st, 1864.

#### BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
READING. [Annual.]	George Hotel, Reading.	Wednesday, July 20th, 4 P.M.
SOUTH-WESTERN. [Annual.]	Torbay and South Devon Club, Torquay.	Wednesday, July 20th, 2.30 P.M.

#### METROPOLITAN COUNTIES BRANCH: DEPUTATION TO H.R.H. THE COMMANDER-IN-CHIEF.

On Saturday last, the 9th inst., a deputation of members of this Branch had an interview at the Horse Guards with His Royal Highness the Duke of Cambridge, Commander-in-Chief of the Army, on the subject of the Army Medical Service. The deputation consisted of Dr. Sibson, F.R.S., President of the Branch; F. C. Skey, Esq., F.R.S., President of the Royal College of Surgeons; C. F. J. Lord, Esq., President-elect, and Dr. B. W. Richardson, Vice-President, of the Branch; R. Barwell, Esq., Assistant-Surgeon to Charing Cross Hospital; Holmes Coote, Esq., Surgeon to St. Bartholomew's Hospital; T. B. Curling, Esq., F.R.S., Surgeon to the London Hospital; Dr. G. Harley, Professor of Medical Jurisprudence in University College; Dr. A. Henry, Joint-Secretary of the Branch; C. Holthouse, Esq., Surgeon to the Westminster Hospital; Dr. Handfield Jones, F.R.S., and Dr. Markham, Physicians to St. Mary's Hospital; William Martin, Esq.; Dr. E. Meryon; Dr. J. W. Ogle, Assistant-Physician to St. George's Hospital; Dr. C. H. F. Routh; and Dr. Stewart, Physician to the Middlesex Hospital and Joint-Secretary of the Branch.

Mr. SKEY introduced the deputation, and expressed, as President of the Royal College of Surgeons, his concurrence in the statements made in the Memorial.

Dr. SIBSON said that many members of the Metropolitan Counties Branch were teachers in the medical schools of the metropolis; and that, therefore, they had had full opportunities of observing the deficiency in the number of candidates for the medical service of the army. Formerly, many of the best informed students in the medical schools used to be desirous to enter the army; now, however, they were reluctant to do so, because they felt that they could not be sure that their treatment would be such as medical officers had a right to expect. Whether this feeling were right or wrong, he would not now say; but it existed among the students. It had not been instilled into them by their teachers, but had been acquired in their intercourse with society outside the schools. The medical teachers had all along been desirous of securing the services of the better educated men for the army; but it had been felt that there was some jealousy on the part of the combatant officers, and hence a denial of the Warrant of 1858, which had given universal satisfaction to the medical profession. Dr. Sibson then read and presented the following memorial.

*To Field-Marshal His Royal Highness the Duke of Cambridge, Commander-in-Chief of Her Majesty's Army,*

*The Memorial of the President and Members of the Metropolitan Counties Branch of the British Medical Association*

HUMBLY SHEWETH—

That the attention of your Memorialists, many of whom are teachers in the Medical Colleges of this metropolis, has been turned for some time to the great and growing deficiency of candidates for the Army Medical Service, and, of late, to the advertisement which has in consequence been issued, inviting gentlemen who are engaged in civil practice to undertake the charge of troops at home; and that the intervention of your Memorialists has been entirely unsolicited by any of Her Majesty's Medical Officers.

That your Memorialists, judging from the unqualified satisfaction which the Warrant of 1858 diffused throughout the Medical Profession, are convinced that the maintenance in its integrity and the steady enforcement of the said Warrant, would have made the Army Medical Service highly attractive to well qualified candidates.

That, on the contrary, the practical neglect of that Warrant by the Executive, and the successive changes made in it during the last three years, have so seriously shaken confidence in the good faith of the military authorities, that desirable candidates have ceased to apply for admission to the Medical Department of the Army.

That the frequent denial of the Precedence granted by the Warrant of 1858, and the modification of Clause 17 by the Warrant of 1863, which lowers the status of the Medical Officer by disqualifying him, even when he is the senior officer present, from presiding at boards, *although on other than purely military matters*, have been the chief sources of dissatisfaction.

That, whereas the two-fold object of the Warrant of 1858 was, by holding out greater inducements to attract the better members of the Medical Profession, and by a stringent examination to exclude the less worthy, the effect of subsequently lessening the inducements has been to discourage Medical Men of high tone and character from entering the Army, while the examination, still properly enforced, forbids the entrance of those who now present themselves, most of whom are of an inferior class. The effect, on the other hand, of

admitting *without examination*, as Acting Assistant-Surgeons, men who have confessedly failed in civil practice, will be to inflict great hardship on the military Medical Officer by increasing indefinitely the period of foreign service, and ultimately to bring the whole Medical Service of the Army into merited contempt.

That your Memorialists, in the interests of the Soldier, for whose welfare the military authorities and the British nation are responsible, would gladly lend their aid in promoting a satisfactory solution of the present difficulties. But they cannot conceal from your Royal Highness, that the question is now much more complicated than in 1858. For, not only have the military authorities to regain lost confidence, but the field of choice is narrowed by the recent considerable decrease in the medical population of the kingdom. In these circumstances, your Memorialists, whilst recognising in the fullest manner the right of Her Majesty to alter from time to time by Warrant the regulations of all departments of Her Majesty's Service, would respectfully but earnestly submit to your Royal Highness the convictions which have been forced on them by a careful consideration of the subject. They can see no prospect of any satisfactory arrangement, without—

1. The full restoration of Clause 17 of the Warrant of 1858, with clear definition of the Precedence of the Medical Officer in accordance with his rank;

2. Some guarantee for the enforcement by the Executive of the Warrants which define the terms under which Medical Men enter the Army; and

3. Some security that principles recognised, and regulations issued, after long and careful deliberation, shall not be modified in their essential features without an inquiry at least as comprehensive as that on which they were originally founded.

Your Memorialists believe that, in order to secure a full supply of eligible candidates, it may now be necessary to make the following additional concessions:—

1. Increased pay of Assistant-Surgeons and Surgeons.

2. Promotion to the rank of Surgeon after, at most, ten years' full-pay service.

3. Optional retirement after twenty years' full-pay service on an adequate pension.

4. Controlling power and free agency to the Medical Officer in his own department, especially in circumstances of emergency.

5. Regular leave for the Medical Officer, and sick leave on the same footing as is granted to all other Officers.

6. Non-deduction of pay for expenses incurred in the execution of his duty.

7. The abolition of the system of confidential reports by the Surgeon on the conduct of the Assistant-Surgeon.

8. The infliction by the military authorities of all punishments ordered by them; the Medical Officer's duty on such occasions being limited to the protection of the soldier from serious injury.

Your Memorialists believe that Your Royal Highness and they are at one, in the earnest desire to obtain for the Medical Service of the Army gentlemen and men of ascertained ability: but they are persuaded that the services of such men will not be obtained until the Medical Officer is upheld by the military authorities, and is permanently placed in that honourable position which is due to himself and to the profession to which he belongs.

May it therefore please Your Royal Highness, with a view to the safety and welfare of the Soldier, to use your high influence to obtain for the Medical Officer the recognition of his just claims; and to enforce by

your authority such regulations, in accordance therewith, as Her Majesty may be graciously pleased to sanction.

Signed on behalf and by authority of the Members of the Metropolitan Counties Branch of the British Medical Association,

FRANCIS SIBSON, M.D., F.R.S., *President*.

A. P. STEWART, M.D.,

ALEXANDER HENRY, M.D., } *Secretaries*.

Dr. SIBSON said, that the memorialists earnestly desired to aid His Royal Highness in securing for the medical department of the army the services of the very best men; and would especially assure His Royal Highness, that the Branch had taken up the matter entirely from their own motion, and not at the instigation of the army medical officers; and that, in fact the information possessed by members of the Branch had been obtained by them with difficulty.

Dr. STEWART produced letters from Dr. Burrows, President of the Medical Council, and Dr. Watson, President of the Royal College of Physicians, expressing regret at their unavoidable absence, and cordially concurring in the statement and objects of the memorial. The object of the memorial itself might be arranged under two heads: 1, certain conditions without which the confidence of the medical profession in the army authorities could not be restored; 2, other proposals regarding some of which there was confessedly a difference of opinion, but which were put forward because, in consequence of the present deficiency of medical candidates for the army, and of the operation of causes which, by their greater attraction, drew away the better members of the profession from the service, it was very probable that it would be necessary to make some additional concessions in the form of increased pay, etc., besides these which were laid down as absolutely essential. But the practical denial of the Warrant of 1858 was the great obstacle to be removed. There could be no doubt that some of those who had entered the medical service of the army had not done credit to their profession, but these were exceptional cases; and unless something were done of the kind suggested in the memorial, there was reason to fear that that which had hitherto been the exception would become the rule. With regard to the presidency of boards, none of the memorialists had the least desire that army medical officers should be entitled to preside over courts-martial, or that they should in any way interfere with military matters; and, indeed, the great mass of the medical officers of the army would scout such an idea. It was also believed, that the application of the term "civil" to the army medical officers was at the bottom of much of the existing difficulty. The army surgeon was as much a combatant officer as other officers; he was equally exposed with them to danger, and received military honours and rewards. Strictly speaking, the soldier was the only "combatant" in her Majesty's army.

The DUKE OF CAMBRIDGE said that he was very glad to have the opportunity of meeting so many members of the medical profession, for two reasons. First, it was very satisfactory to be able to learn what were the great causes of dissatisfaction with the army medical service, and he hoped to be able to shew that this dissatisfaction was less well grounded than was supposed. He also was glad of having this, the first, opportunity of expressing to the medical profession his annoyance and sorrow that it should be supposed that he, or others connected with the administration of the army, had any desire to depreciate the services of medical men. But, very odd characters were sometimes met with in the army. Early in his military career he had been connected with regiments, and had always found that the

army surgeons were on the best terms with their brother officers. He had never observed any other than the best disposition towards them; in fact, whenever the medical officer was a man that could be respected, he was always looked up to by the others. He (the Duke) would make a few observations on military discipline. It was on the ground of discipline that Clause 17 of the Warrant of 1858 had not been carried out. He was sure that no one wished to place the army medical officer in a false position. He admitted that the army surgeon is to some extent a combatant officer; but he believed, that it was not the desire of the deputation that the surgeon should assume military command if the officers of a regiment senior to him should happen to be killed in action. The supreme command must rest with the senior combatant officer; and it was on this principle that the medical officer was excluded from the presidency of courts-martial and also of other boards, and by no means from any desire to give offence. As regarded the other points in the memorial, most of them were matters of finance, with which he could only deal if his advice were asked by the Secretary of State for War. As for leave of absence, there was no objection, but it was a matter of finance. There must be a medical officer present with a regiment; and no obstacle was ever thrown in the way of leave, provided the performance of the duty were secured. The system of reports he believed to be rather a wholesome regulation. In the army, confidential reports were made on every officer; but no charge was ever made without the officer accused being informed of it; and he believed that the same rule was followed in the army medical service. The operation of branding or marking was in fact tattooing, such as was repeatedly done by sailors; and the only reason why the medical officer was directed to be present, was in order that no cruelty might take place. The proceeding was required for security, as men of bad character were apt to endeavour to be readmitted into the army.

Dr. SIBSON observed that the operation was in reality done by the surgeon, inasmuch as he provided the instruments for the purpose. As to precedence, it was not for a moment desired that the medical officer should preside at courts-martial, or interfere with military command in any way; but there were boards, such as of sanitary inquiry, in which medical men ought to have the opportunity of presiding.

The DUKE OF CAMBRIDGE said that a regiment was analogous to a family; and the commanding officer of the regiment, as the head of the family, was thought to be the proper person to preside at all boards. The matter was entirely one of discipline; it was not that the medical profession was regarded otherwise than kindly and warmly.

Dr. SIBSON replied, that it was not desired to put the medical officer in the place of the senior combatant officer. The Warrant of 1858 gave very complete satisfaction; and he could not understand that military discipline could be interfered with by conceding to medical officers the right of presiding at boards. He could assure His Royal Highness that the better class of medical men would not apply for admission into the army until the Warrant of 1858 was renewed; and he would earnestly beg him to endeavour to divest himself of his purely military nature, and to take the matter into his most serious consideration, on other grounds than that of discipline.

Dr. MARKHAM would refer to some things of which the army surgeons complained, that were not alluded to in the Memorial, and of which probably His Royal Highness was not aware. He then recapitulated the alleged grievances which were enumerated in the JOURNAL for June 18th (p. 668); and inquired

to whom the profession must look for the placing of matters in a proper position.

The DUKE OF CAMBRIDGE said that many of the points referred to were matters of finance. A certain sum of money was placed at the disposal of the army authorities; and they must apportion it as well as they could. He was willing to do all he could for the medical officers; but he begged the members of the deputation to instil into the minds of students that there was no feeling in the army against the medical profession.

The deputation, having thanked His Royal Highness, then withdrew.

#### DEPUTATION TO THE DIRECTOR-GENERAL OF THE ARMY MEDICAL DEPARTMENT.

On Monday last, a deputation, consisting of Dr. Sibson, F.R.S., President of the Metropolitan Counties Branch, R. Dunn, Esq., Dr. Henry, C. F. J. Lord, Esq., Dr. Markham, W. Martin, Esq., Dr. Richardson, Dr. Routh, and Dr. Stewart, had an interview with Dr. Gibson, C.B., Director-General of the Army Medical Department.

Dr. Sibson presented to the Director-General a memorial from the Metropolitan Counties Branch.

The memorial was similar to that presented to H.R.H. the Commander-in-Chief, with the following alterations.

For the sixth paragraph there was substituted—

"That your Memorialists, in the interest of the Soldier, for whose welfare the military authorities and the British nation are responsible, would gladly lend their aid in promoting a satisfactory solution of the present difficulties. But it must be known to you, as well as to them, that the question is much more complicated than in 1858. For, not only have the military authorities to regain lost confidence, but the field of choice is narrowed by the recent considerable decrease in the medical population of the kingdom; yet not so narrowed as to interfere with an adequate supply of candidates for the Navy Medical Service, which has always been less popular than that of the army, where the vacancies are very numerous. Such being the present very serious posture of affairs, your Memorialists see no prospect of any satisfactory arrangement without," etc.

The last two paragraphs were altered as follows.

"Your Memorialists believe that it is your wish, as it is theirs, to obtain a better position for the Medical Officers of the Army, and a steady supply of gentlemen and men of ascertained ability as candidates; but they are persuaded that the services of such men will not be obtained until the Medical Officer is upheld by the military authorities, and is permanently placed in that honourable position which is due to himself and to the profession to which he belongs. And they are happy to believe that you will welcome the support and countenance of your brethren engaged in civil practice, as likely to strengthen your hands and to give increased weight to the remonstrances you may feel it your duty to make to the Heads of other Departments of Her Majesty's Army.

"They would, therefore, earnestly urge upon you the importance, with a view to the welfare both of the Soldier and of the Medical Officer, of representing to the Right Hon. the Secretary for War and H.R.H. the Commander-in-Chief, the absolute necessity of restoring in its integrity the Warrant of 1858, which its framers did not consider likely in any way to interfere with discipline—an anticipation which was substantially confirmed during the period of its operation. They would also earnestly request you to take steps in your own Department to relieve the Medical Officer from the pressure which has seriously ham-

pered him in the discharge of his duties, and so often deprived the sick Soldier of his proper medical comforts."

Dr. Sibson said that the deputation felt that to the Director-General was confided the immediate management of that important branch of the public service, the Army Medical Department; and that their desire was to give him support and countenance. Of course, in some matters he (the Director-General) could do no more than give advice; but the Secretary of State for War and the Commander-in-Chief would therefore of necessity apply to him, and great weight would be attached to anything that he might say; so that, most probably, to the position assumed by him would be due the condition of the army surgeons. He would not go over the various points touched on in the memorial, but would mention that sedulous care had been taken to exclude all observations on the Director-General's special department. The deputation hoped to have his aid in redressing the grievances which had prevented medical men from coming forward for the medical service of the army.

Dr. STEWART said it was important, in the first place, to state that this intervention had not originated with the army medical officers; but that he and other members of the profession in civil practice had thought it might be useful to make some stir in the matter. It was generally believed that there were about two hundred vacancies in the British and Indian army; and this supposition was confirmed by the recent issue of what he must term a most extraordinary and ill-advised advertisement, which would do much to deter good men from entering the army. The Metropolitan Counties Branch contained many teachers in the London medical schools; and, he could state that none of these would advise young men entering the profession to go into the army. He believed that there were now, lying at the University of London, commissions which no one could be persuaded to take. The restoration of the Warrant of 1858 was a matter on which no concession nor compromise could be accepted. There were indeed points of army discipline with which those belonging to the civil departments would rightly take no part—such as the presidency of courts-martial; but, he believed, medical men could not be made to understand that discipline would prevent medical officers from being presidents of boards on the state of barracks, hospitals, etc., and even of boards of survey, on account of their knowledge of natural science. So far from the medical officer being out of his place on such boards, he ought to be placed on them; and not in an inferior position, but as president if actually senior in rank. The great object of the deputation was to point out that the abrogation of the Warrant of 1858 was the grand reason of the dissatisfaction with the army medical service. As to interference with the Royal prerogative, he would say that, so far as he could see, the only persons who interfered with Her Majesty's prerogative were those who declined to carry out the Warrant.

The DIRECTOR-GENERAL said that the deputation had but done him justice in believing that he desired to promote the welfare of the army medical officers. He had also always desired to cultivate the acquaintance of his brethren in various places, wherever he might be. Much had been said in the journals and among the profession regarding the army medical service; but, in his situation and as a point of etiquette, such statements were never contradicted publicly. As to himself, he had been told that the general feeling was that he had not properly supported the department, and that all the grievances complained of had occurred since he became Director-General. The right of presiding at courts had been

granted to army medical officers by the Warrant of October 1858; but Clause 17 had been abrogated by a General Order in December of the same year, directing that medical men should not be members of boards. (Dr. Gibson produced official documents in support of his statements.) This had occurred before he became Director-General. In 1861, the warrant was issued which gave the surgeon the rank of junior major. Great pressure had been put on him to have the surgeons reinstated in their former position. He had not remonstrated; because, if he had done so, and that warrant had in consequence been withdrawn, the matter would have been shut up for ever; whereas, by leaving it as it then was, he saw that the restoration of their privileges was only a question of time. And so it turned out; for, in 1863, they were reinstated in their former position, with the exception of the presidency of boards and committees. The army surgeons, therefore, were in a better position than when he took office. As to the operation of marking, it was not done by the medical officer.

Dr. STEWART: But he provides the instruments for the purpose.

The DIRECTOR-GENERAL said that the instruments were provided at the public expense.

Dr. STEWART: The medical officer is the only officer who is present at the infliction of the punishment.

Dr. SIBSON: We wish the surgeon to be present, to prevent serious injury to the soldier; and also a military officer to superintend the infliction of the punishment.

Dr. STEWART observed that, in flogging, a military officer stood by to superintend.

Dr. MARKHAM: If the branded men died, of erysipelas for instance, on whom would the responsibility fall?

The DIRECTOR-GENERAL: On the hospital-sergeant who performed the marking. But, as regarded the state of the man's health when the punishment was inflicted, the surgeon was responsible.

Dr. SIBSON said that the marking question appeared only a small matter; but it had much influence with students in preventing them from entering the army.

The DIRECTOR-GENERAL: Would it be satisfactory if the orderly officer of the day were always present on such occasions?

The deputation assented.

The DIRECTOR-GENERAL, referring to the presidency of boards, said that this involved military command. Medical officers were not accustomed to sit in courts-martial and military boards, for which a special aptitude was required. In presiding over such boards, the medical officer would be placed in a position of command, in which it might be necessary for him to order the arrest of one of the other members; and this was equally the case in sanitary as in other boards. It was found soon after the Warrant of 1858 that inconvenience arose from the position of the civil officers on boards; and hence the withdrawal of Clause 17. The Queen's regulations provided that the senior combatant officer should preside at such boards. As to mess, the medical officers became presidents in their turn.

Dr. STEWART said that the remarks made by Dr. Gibson opened up an important question, viz., whether the medical service of the army should be formed into a scientific military corps. The application of the term "civilians" to the army medical officers was strongly objected to; and, he believed, the objection was so strong that medical men would not enter the army unless they could be placed in a position which would allow them to become presidents of certain boards.

The DIRECTOR-GENERAL said that it had occurred

to him that it might be advantageous to form the army medical officers into a scientific corps. They would be thereby removed from the bottom of the list of regimental officers; and any objection arising from difference of uniform would be obviated. Again, under the present system, the army medical officers were put to much expense by frequent exchanges; as when a surgeon is obliged to return from India, on account of his health, he is placed on the staff. The formation of a scientific corps would obviate all this; but the feeling of the medical officers themselves was strong against the proposition. He had been told that they would consider themselves degraded. At present, he believed, there was a little feeling among them in favour of the change; but not enough to warrant him in recommending it. He believed that the examinations did much to prevent men from entering the army. It was scarcely fair to expect superior men to enter the army in large numbers.

Dr. STEWART. They did enter the Indian army.

Dr. SIBSON said it was perfectly clear that the Director General had no concern with the withdrawal of clause 17 of the Warrant of 1858; but, on looking through the memorial, he would find that no blame had anywhere been attached to him. The memorialists considered that the injustice had been done by the military executive. He believed that the issue of the Order of December 1858, abrogating clause 17 of the Warrant, was a direct breach of the royal prerogative. As to the statement that the better educated men could not be expected to enter the army, St. Mary's Hospital always used to send its best men; but now it did not do so. He would ask whether there were not boards of sanitary inquiry, in which the medical officer might take a part? In Napoleon's army, the mixed boards formed by Baron Larrey, of medical and military officers, were found highly advantageous. As to the presidency of boards it was only asked that the medical officer should preside, if he was the senior officer present. He hoped this would be well placed before H.R.H. the Commander-in-Chief. The memorialists strongly approved of the existing system of examinations, and of the mode in which they were carried on.

The DIRECTOR-GENERAL said the medical officers of the army all acquitted themselves well, wherever they were placed; this was shewn by the reception by many of them of the Victoria Cross, which was not given by favour. Their contributions to the Army Reports also shewed them to possess great attainments.

Dr. RICHARDSON said he had come into contact with many medical men in the provinces, and had found the expression of professional feeling (whether right or wrong, he would not say) against entering the army as strong as in London. With regard to the alleged deficiency of first-class men, arising from keeping up the present standard of examination, he would say that, even if there should be a deficiency, and an attempt were made to fill it by means of such an advertisement as that lately issued, the supply would soon fail. Unless some inducements were held out, which men of good attainments would grasp at, the deficiency would go on increasing, through the decrease of the medical population of the kingdom, even though the very worst men were taken to fill vacancies. The grievances complained of in the memorial had been all admitted to exist by the Director-General. He would earnestly recommend to the Director-General an analysis of the medical profession in proportion to the population.

Dr. MARKHAM would be glad if he could have the opportunity of putting right any statements that had been incorrectly made in the medical press, so far as he

was connected with it. Statements had been made to him, on what he believed to be undoubted authority; and he had mentioned certain grievances to H.R.H. the Commander-in-Chief. He would now ask whether they were facts; viz., the reduction of the money grant to the Army Medical Department; the confidential reports; the want of proper leave; etc. He had been told that, in consequence of the difficulties thrown in their way, many surgeons of regiments followed out the reduction of extras for the sick so minutely as to order none.

The DIRECTOR-GENERAL said that the present men entering the army, though not first class men, were not inferior; the examination secured good third class men. As to the acting assistant-surgeons, this was a measure that would be resorted to for only a few months; those who had been selected out of three hundred who had applied, had been sent to depôts, where there were already army medical officers. Regarding the reduction of expenditure, he produced a diet-table, which, he said, was so framed as to enable the medical officer to meet every case; and much of the reduction had arisen from the utilisation of the stores returned from the China war. When extras were ordered, brief reports of cases only were required. As to confidential reports, the word "confidential" was simply used to prevent the documents from being laid where they might be seen by everybody. It was important that he should know the characters of the assistant-surgeons, and the special attainments which any of them possessed, that he might employ them accordingly. He could not gain this information accurately, except through the surgeons. If a surgeon spoke unfavourably of the assistant-surgeon, the latter was invariably written to and advised by the Director-General.

Dr. SIBSON believed that many surgeons objected to make the confidential reports; but he thought the objections would be removed if the assistant-surgeons were allowed to see the reports.

The DIRECTOR-GENERAL said that the assistant-surgeons could see the reports before they were sent. Regimental surgeons in India were not prevented from exchanging in the same way as other surgeons. The question of sick leave was a very important one. There were about thirty combatant, and two medical officers (in India, formerly two but now three), in each regiment. Of course, the duty of any one of the thirty combatant officers could be performed without inconvenience during his absence; but it was not so with the medical officers. The case would be different, if six assistant-surgeons could be allowed to each regiment.

Dr. STEWART said that the period of sick leave allowed to the medical officer was often very insufficient for the recovery of his health.

The DIRECTOR-GENERAL said that army medical officers were allowed a sick leave of from nine to twelve months before being placed on half-pay. As to the alleged slowness of promotion, there were at present no assistant-surgeons of more than eleven years' service.

Dr. RICHARDSON would ask whether it was to be understood that the Director-General would not draw further on the three hundred who had applied for the post of acting assistant-surgeons, if the present deficiency continued.

The DIRECTOR-GENERAL replied, that he held himself at liberty to employ as many of them as might be necessary to carry on Her Majesty's service.

The deputation then withdrew.

## EAST ANGLIAN BRANCH: ANNUAL MEETING.

THE annual meeting of this Branch was held at the General Hospital, Bury St. Edmunds, on Friday, June 17th; W. E. IMAGE, Esq., President, in the chair. There were also present: Drs. Chevallier (Ipswich); W. Cooper (Bury St. Edmunds); C. M. Durrant (Ipswich); Goodwin (Bury St. Edmunds); Pitt (Norwich); J. Williams (Bury St. Edmunds); and Messrs. F. T. Barkway (Lavenham); W. Ebdon (Haughley); R. Faircloth (Newmarket); H. Fuller (Bury St. Edmunds); Fyson (Newmarket); G. J. Hinnell (Bury St. Edmunds); R. E. Jones (Long Malford); J. Kilner (Bury St. Edmunds); B. F. Matthews (Norton); and H. Taylor (Ixworth).

*New Members.* The following gentlemen were elected members: F. T. Barkway, Esq.; G. W. W. Firth, Esq. (Norwich); H. Fuller, Esq.; G. J. Hinnell, Esq.; B. F. Matthews, Esq.; H. Taylor, Esq.; and J. Williams, M.D.

*President's Address.* The President delivered an address, which will be published in the JOURNAL.

*Resolutions.* The following resolutions were unanimously carried:

"1. That the thanks of this meeting be given to Dr. Copeman for his able services as President during the past year."

"2. That A. H. Bartlet, M.D., be the President-elect; and that the next annual meeting be held at Ipswich."

"3. That the following members be added to the Council of the Branch: E. Copeman, M.D.; T. W. Crosse, Esq.; J. S. Gissing, Esq.; J. W. Goodwin, M.D.; R. Growse, Esq.; R. E. Jones, Esq.; W. W. Miller, Esq."

"4. That the following members be the Representatives of the Branch in the General Council: W. Cadge, Esq.; E. Copeman, M.D.; R. Faircloth, Esq.; W. E. Image, Esq.; J. Kirkman, M.D.; and B. Chevallier, M.D., *Honorary Secretary*."

*Papers.* The following papers were read.

1. Circumscribed or Suppurative Inflammation of the Liver. By J. W. Goodwin, M.D.

2. Cases of Embolism. By C. M. Durrant, M.D.

3. Cases selected from Practice. By W. Cooper, M.D. i. Retention of Urine of some years' duration; ii. Impacted Gall-Bladder and Ducts; iii. Severe Hæmorrhage of doubtful source. The patient suffering from hæmorrhage was subsequently introduced to the meeting, and carefully examined; but no decided diagnosis was arrived at.

4. Some interesting Pathological Specimens of recent occurrence were also brought under the notice of the members, and led to much discussion.

*The Army Medical Service.* At the instance of the Metropolitan Counties Branch, the present position of the Army Medical Department was taken into consideration; and the resolutions passed at their late special general meeting on the subject were approved of.

*Provident Fund.* A communication was read from Mr. Gorham respecting the establishment of a society in connexion with the British Medical Association, to provide annuities for all members of the profession upon attaining the age of sixty years and upwards; but time did not permit a full discussion of this confessedly important subject.

*Dinner.* The members afterwards dined together at the Angel Hotel, reinforced by some friends, who had been unable to take a part in the more scientific proceedings of the day; and it need hardly be added that the evening was spent most harmoniously.

## Reports of Societies.

## OBSTETRICAL SOCIETY OF LONDON.

APRIL 6TH, 1864.

H. OLDHAM, M.D., President, in the Chair.

Four gentlemen were elected Fellows.

*Ovarian Tumour.* Dr. OLDHAM exhibited an ovarian tumour removed from a lady under his care by Mr. Spencer Wells.

*Simple Hypertrophy of the Cervix Uteri.* Dr. GREENHALGH exhibited a specimen removed by the wire-rope écraseur.

*Dr. Braun's Cephalotribe and Perforator.* Dr. RITCHIE exhibited these and described the mode of using them.

Dr. BARNES considered it an objection to the perforator that it required two to work it, and was complicated. He thought the cephalotribe of Dr. Braun better than the French, and that the instrument had been perhaps too much overlooked in this country.

Dr. GRAILY HEWITT shewed a cephalotribe from Paris, used by Pajot, which he considered more simple than Braun's.

SPONDYLOLISTHESIS: WITH AN ACCOUNT OF A CASE OF PELVIC CONTRACTION, IN WHICH PREMATURE LABOUR WAS INDUCED BY THE AUTHOR'S METHOD. BY ROBERT BARNES, M.D.

The memoir embraced a history of the literature of this affection and a summary of the cases hitherto recorded. It was first described in 1853 by Kilian, who defined it as a slipping downwards and forwards of the last lumbar vertebra upon the sacrum, so that one or more of the lumbar vertebrae fell into the cavity of the pelvis, encroaching upon the space required in labour. In several cases the Cæsarean section had been necessary in order to deliver. The author added a case in which he believed this form of distortion was the cause of difficult labour. A woman, previously healthy, had been injured in the back. Considerable contraction of the pelvic brim followed. There was a marked depression in the lumbar region, and a projection internally above the promontory of the sacrum. Dr. BARNES brought on labour by his method at about the eighth month. The child was extracted by turning with some difficulty, still-born. The entire labour occupied less than five hours. The mother recovered. The remainder of the memoir was devoted to the discussion of the causes of the deformity, concerning which very conflicting views were entertained in Germany.

Mr. W. ADAMS had listened to the paper with great interest, as the vertebral deformity or displacement described was but little known, and required further investigation. It seemed to him that the condition described as spondylolisthesis might depend upon several causes. Rickets might give rise to it; but this would be at once apparent by the general evidences of rickets in the development of the skeleton, distortion of the legs, etc. Caries of the first sacral bone might give rise to it; and some years after destructive disease had ceased, and ankylosis had been produced, the prominence forward of the last lumbar vertebra might encroach considerably on the pelvic cavity. Mr. Adams had seen a few examples of this, and had one now under his care at the Orthopædic Hospital. In this case the girl presented extreme lordosis in the lumbar region, with corresponding projection of the stomach, and a sharp posterior angular prominence corresponding to the first and second sacral bones. In all probability this girl, now twenty-one years of age, could never have a living child, in



came daily to render her assistance, and her husband was at home with her at night (they lived in one room.) From the evidence adduced at the inquest, it was admitted that no blame attached to me.

The inquest was adjourned for the purpose of having my evidence; and, after attending to the coroner's summons, I on the following morning called upon him for my fee. He told me "there was no fee for me, as I was summoned on the inquest to clear myself of the charge of neglect." The summons was not according to the prescribed form for a medical witness (nor was Mr. Manley's), although it required that I should attend and give evidence touching the cause of death of the deceased, and at the same time bring counterfoils of all orders given by me upon the relieving officer for extras for her. I was sworn, and gave evidence accordingly, stating my opinion as to the cause of her decease.

Since seeing the report of Mr. Manley's case, I have called again on the coroner, who, while repeating his former opinion as to my right to the fee, apparently shelters himself under the excuse that as his accounts have all been passed he is not in a position to allow it. He has further told me that medical officers of public institutions have no right to claim fees for attendance at inquests; that although in many cases he allowed them, mine he considered an exception.

On looking over the portions of the Act of Parliament relating to the payment of medical witnesses in the Coroners' Court, I find that hospital and dispensary medical officers are not entitled to fees at inquests in respect of cases in connection with those appointments, but I cannot discover that cases under the Poor-Law are included.

The question I desire to ask is, whether, as a district surgeon under the Poor-Law, I can claim a fee for attendance at an inquest held on a pauper patient who dies under my care, when summoned to do so by the coroner?

If you confirm my opinion, I shall adopt the same plan as Mr. Manley did for its recovery. I enclose my card, and am etc.,

A SUBSCRIBER.

Plymouth, July 2nd, 1864.

P.S. I enclose the report of the adjourned inquest, and the editor's disavowal of the seeming charge of neglect, which completely exonerates me from all blame.

[We should advise our correspondent by all means to follow the course pursued by Mr. Manley. We have no doubt that the verdict of a county court judge would be the same in his case, as it was in that of Mr. Manley. EDITOR.]

SMALL-POX is very prevalent at Stafford.

BRITISH MUSEUM. In the House of Commons, on Monday, July 11th, Mr. Walpole, in proposing the vote for the British Museum, said the increase of £1,486 might be accounted for chiefly by two special purchases which have been made. The first of these was the purchase of the collection recently found in a cave in the south of France, and brought here under the superintendence of Professor Owen. He looked upon that as one of the most valuable acquisitions that could have been gained for the benefit of the country at large. For that collection £1,000 had been given. The other purchase was a bronze lamp, found on the site of Julian's Palace. It was supposed to be of Greek workmanship, of a date prior to the Christian era. It was of most beautiful workmanship, and a description of it would be found in the last number of the *Journal of Science and Art*.

## Medical News.

### DEATHS.

\*BIRD, James, M.D., late Physician-General to the Bombay Medical Board, at Fern Acre Lodge, Gerrard's Cross, Bucks, aged 67, on July 10.

DAVIDSON. On May 16th, at Magomalle, near Jaffna, aged 38, Robert William, eldest son of Alexander Davidson, M.D., Inspector-General of Hospitals.

PARLIAMENTARY VOTES. The sum of £19,704 was on Monday last voted to the Scottish Universities, £2,462 to the Queen's University in Ireland, and £5,400 to the Queen's Colleges in Ireland.

MR. HENRY THOMPSON has received from the King of the Belgians the flattering distinction of the Cross of the Order of Leopold, and the title of "Surgeon Extraordinary to His Majesty". Mr. Thompson may certainly boast of a great surgical triumph in the case of the King. More than a year has elapsed, we learn, since the operation was performed; and there is no return of the symptoms; and His Majesty's health remains excellent.

THE FIRE AT QUEEN'S COLLEGE, CORK. On Monday, when the vote of money to the Queen's College was proposed, Mr. Hennessy asked for some information with regard to the fire at Queen's College, Cork. Sir R. Peel was happy to be able to inform the committee that the accusations made some time since with regard to Cork University had been cleared up. Dr. Bullen had written a handsome letter of apology, and he trusted the matter would be allowed to rest. Mr. Hennessy said it was a remarkable fact that all the investigations into the matter had been conducted with closed doors. He had heard a rumour which might account for the whole occurrence. A man of the name of Burke was at that time in Clonmel Gaol, awaiting his trial on a charge of having poisoned his wife. A portion of the viscera of that wife had been sent to the Cork College; and it was supposed that the friends of Burke were under the impression that those remains were lying in that part of the building which had been burnt down. It was further stated, that a young woman who was attached to Burke, and to whom he was to have been married after the death of his wife, had arrived in Cork shortly before the day when the fire broke out; and the conclusion drawn from all these facts was, that she or some other friend of Burke had probably bribed one of the officers of the college to destroy the building, and with it one of the evidences of his crime. Sir R. Peel said that that rumour had reached the Irish government, but they had no means of ascertaining whether or not it had any foundation in reality.

THE LATE PROFESSOR MILLER. For several years past, Mr. Miller's friends have observed with distress that his fine face and manly figure were not as once they were and should still have been; that his expression was often haggard and exhausted; and that he was yielding gradually to the continued strain of overwork. Of this he himself frequently admitted the truth, and he wisely allowed himself longer periods of summer holiday than had been his wont. But although he thus far took proper care of his health, he continued to abnegate the use of stimulants to a degree which many of his friends thought prejudicial to him. He would not consent to become a habitual drinker of wine on any terms. Whether this was a just decision in the case of a man who had for the greater part of his life used stimulants moderately, and who had far



too much and too anxious occupation of body and mind, we shall not here attempt to decide. So great also was his devotion to the advancement of religion and of social ameliorations, that he was undoubtedly, and often not in ignorance, led to add to his strictly medical engagements a very great amount of business and hard work, more than any ordinary man can continue to bear. And he was not a strong man; he had been treated for pericarditis by Dr. Abercrombie; he had an almost constant but varying dyspepsia; he had frequent slight attacks of gout, which he inherited from his father; and he had some ten years before his death contracted, by a prick of his bistoury, an infection which could not but add materially to his other sources of weakness. Latterly, he became increasingly dyspeptic; then he grew decidedly hypochondriacal; from gay he became gloomy. This state of mind about a fortnight before his death greatly deepened; active disease of the brain showed itself passing on to a state of imperfect coma, in which he continued till the last. Only in his last hours he was able, with a clear mind, to bid his family an affectionate adieu. He died at the age of fifty-two.

**ROYAL COLLEGE OF SURGEONS.** A meeting of Fellows favourable to an alteration in the mode of conducting the election of members of the Council of the College was held at the Freemasons' Tavern on July 7th; GEORGE SOUTHAM, Esq., of Manchester, in the Chair. The following resolutions were unanimously agreed to. 1. Moved by Mr. LUND, of Manchester, seconded by Mr. J. Z. LAURENCE, of London—"That whereas, under the present charter of the Royal College of Surgeons of England, it is directed, in the election of Fellows as members of the Council of the said College, that the election shall be conducted by personal voting; and whereas there are upwards of twelve hundred Fellows of the said College, of which upwards of seven hundred reside in the provinces, a large proportion of whom are prevented from recording their votes at each election,—it is expedient that a supplementary charter be obtained, by which those who reside beyond a certain distance from the College shall be allowed to vote by means of voting-papers properly authenticated." 2. Moved by Mr. MELLOR, of Manchester, seconded by Mr. DAGLEISH, of Wigan—"That the foregoing resolution be forwarded to the Council of the Royal College of Surgeons; and that the following gentlemen, viz., Mr. Southam (Manchester), Dr. Hatton (Belvedere), Mr. Mellor (Manchester), Mr. Wraith (Over Darwen), Dr. Bates (Manchester), Mr. J. Z. Laurence (London), Mr. Dagleish (Wigan), Mr. Lund (Manchester), Mr. Martin (Hammersmith), and Dr. Morris (Spalding), be appointed a committee, with power to add to their number, to assist in carrying out the same in any way which they may deem most desirable. 3. Moved by Mr. LUND, and seconded by Mr. DAGLEISH—"That Dr. Hatton, of Belvedere, North Kent, be requested to act as Honorary Secretary to the committee."

**MR. TURNER ON THE ROYAL COLLEGE OF SURGEONS.** At the annual dinner of the Fellows on July 7th, Mr. Turner of Manchester, on his health being proposed by Mr. Le Gros Clark, in connection with provincial schools, replied to the following effect. He thanked the London Fellows on behalf of the provincial Fellows for the kind manner in which they had responded to the toast proposed, and thanked the proposer for having so courteously spoken of him (Mr. Turner personally.) He stated that upon that occasion their positions were different. Mr. Clark having been the successful candidate for the councillorship, whilst he (Mr. Turner) was unsuccessful; but although conquered, he was not cast down, and, if called upon to

defend himself in speech, he would not use the words of bitterness, nor if called upon to write, would he dip his pen in gall, but in the milk of human kindness. Rivalry is a part of the battle of life; and if conducted honourably the result must be submitted to. Mr. Turner alluded in unmistakable language to the disadvantageous position of the provincial in comparison with the London Fellows; and warmly referred to the necessity of facilitating the admission of Fellows upon other terms than those requiring a long residence in London after becoming a member of the college—terms which cannot in many cases be complied with. He dwelt on the necessity of progress in privileges in the ratio of the increasing intelligence of the profession. To stand still is, he said, to retrograde. The chairman had alluded in his speech to the state of medical associations a century ago, and compared them with their condition at the present time. Taking up this line of argument, Mr. Turner asked what was the state of the College of Surgeons one hundred years ago? Our predecessors were "barber-surgeons"; and barber-surgeons we should have remained, had not knowledge advanced and privileges been ceded to the college. In the analysis made of the different candidates for the councillorship, he had been announced as a reformer. And so he was in the virtuous and legitimate meaning of the appellation; but he contended that reform and conservatism must go hand in hand. He was an advocate for progress; not consisting in violent and sudden changes, but in such progressive alterations in the statistics, and in the machinery by which they were worked as would meet the circumstances of the times, the growing intelligence of the people, the dignity of our profession, and the urgent demands of justice.

## 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.

F. A.—We have much pleasure in informing our correspondent, that Dr. C. R. Drysdale is not the gentleman mentioned in the advertisement of "*The British Journal of Homoeopathy*," edited by Drs. Drysdale, Dudgeon, and Hughes."

M.B., M.A.—We are sorry to say that we can see no hope of any redress in the case, except what may be obtained through a court of law. The bowels of mercy, and of justice too, are not characteristics of Poor-law government.

THE PROPOSED PROVIDENT FUND.—A correspondent writes: "A rumour is afloat, that it is under the consideration of the British Medical Association to form a Provident Fund, which would give relief to its members in time of sickness. The accomplishment of the object would be a practical inducement to join your ranks, which I and many others have never felt before."

[The establishing of such a fund has been contemplated and seriously taken into consideration. The surest way for the carrying out of the project is, that those gentlemen who are particularly anxious for it, should join our ranks, and then use the influence of the Association for the purpose. Our correspondent may be sure that he and his friends will meet with the warmest sympathy of the Association in this matter. EDITOR.]

GRiffin TESTIMONIAL FUND.—SIR: The following subscriptions have been further received on behalf of the above Fund:—Henry Ewen, Esq. (Wisbeach), 10s.; A. B. Ewen, Esq. (Wisbeach), 10s.; J. Smart, Esq. (Bethnal Green), £1 1; Robert Cuff, Esq. (Holborn), 10s. 6d.; John Blundell, Esq. (St. Helen's, Lancashire), £1; J. Bryant, Esq. (Clerkenwell), 5s.; Dr. W. Garstang (Blackburn), 10s.; Robert Lamb, Esq. (Islington), 5s.; R. W. Watkins, Esq. (Towcester), 10s. 6d.; Dr. J. T. Barrett (Ashton-under-Lyne), 10s.; S. E. Piper, Esq. (Darlington), £1 1; A. D. Harston, Esq. (Islington), £1 1; Dr. J. Rogers (Strand), £1 1; Dr. Whiteman (Putney), 10s. 6d.; Dr. G. E. Nicholas (Wandsworth), 10s. 6d.

Amount previously announced, £7 2.

I am, etc., ROBERT FOWLER, M.D.,

Treasurer and Hon. Sec.

145, Bishopsgate Street Without, July 13th, 1864.

## OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Samaritan, 2.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY....Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

WEDNESDAY...St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.

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.—Royal London Ophthalmic, 11 A.M.

FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.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.—Royal London Ophthalmic, 11 A.M.

## MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

THURSDAY. Zoological Society.

## SUBSCRIPTIONS.

THE following Laws of the Association will be strictly enforced:—

15. The subscription to the Association shall be One Guinea annually; and each member on paying his subscription shall be entitled to receive the publications of the Association of the current year. The subscriptions shall date from the 1st of January in each year, and shall be considered as due unless notice of withdrawal be given in writing to the Secretary on or before the 25th of December previous. If any member's subscription remain unpaid twelve months after it shall have become due, the publications of the Society shall be withheld from such member until his arrears be paid.

16. The name of no member shall remain on the books of the Association, whose arrears extend over three years; but the omission of the name from the list of members shall not be deemed, either in honour or equity, to relieve any member from his liability for the subscriptions due for the period during which he has availed himself of the privileges of membership.

T. WATKIN WILLIAMS, *General Secretary*.

Birmingham, July 1864.

COMMUNICATIONS have been received from:—Dr. JAMES RUSSELL; Mr. T. HOLMES; Mr. T. M. STONE; Dr. EVANSON; Mr. F. A. F. SCOTT; Dr. WOODFORD; Dr. W. ROBERTS; Mr. THOMAS MARTIN; Dr. WADES; Dr. KELLY; Dr. A. RANSOME; Dr. FALCONER; Dr. FOWLER; Dr. J. HATTON; Dr. T. C. LEAH; Dr. DE VITRE; Mr. T. PACET; Mr. J. HIGGINBOTTOM; Mr. D. KENT JONES; and Mr. C. H. ROPER.

## BOOKS RECEIVED.

1. The New System of Musical Gymnastics. By M. C. TYLER. London: 1864.
2. Practical Observations on Diphtheria and Erysipelas. By Charles BELL, M.D. London: 1864.
3. The Case of the Medical Officers of the Army fairly stated. By a Retired Deputy Inspector of Hospitals. London: 1864.
4. Thirty-Fourth Annual Report of the Belfast Hospital for the Insane. Belfast: 1864.
5. Weekly Returns of Births and Deaths in Dublin. Dublin: 1864.

## ADVERTISEMENTS.

**Weiss's Illustrated Catalogue,**  
containing nearly 800 engravings of Surgeons' Instruments, and Apparatus, classified for their various purposes. Price, 5s.  
62, Strand, London

"This catalogue has many and great merits. Its modest, truthful carefully arranged, and extremely well illustrated. In the great majority of cases the name of the surgeon is appended to the modification which he has introduced, and frequently other makers' names are honourably attached to instruments which they first originated. These are large principles of honour which we are glad to see strictly observed in this catalogue."—*Lancet*, September 12th, 1863.

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 P. L., easily applied and removed, and will not produce stranguy 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.

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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.

**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 or AMMONIA.—Also, Potash, Citrate of Potash, Soda, Seltzer, Vichy, and Mineral Acid Waters, as usual.

BLAKE, SANDFORD, and BLAKE, Pharmaceutical Chemists, 47, Piccadilly.

**Liquor Bismuthi, (Schacht),**

Carefully purified from Arsenic and other Contaminations A fluid preparation of Bismuth, not decomposed by dilution This article has been extensively used at the Bristol General Hospital, and in private dispensing, since 1857; and is recommended by many of the faculty as more efficacious and more convenient of administration than any other form of the remedy.

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