

## Association Intelligence.

### SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEDICAL MEETINGS.

The next meeting will be held at the Bull, at Rochester, on Friday, September 30th, at 3 P.M.

Dinner will be ordered for 5 o'clock.

Tickets, 6s., exclusive of wine.

FREDERICK J. BROWN, M.D., *Hon. Sec.*

Rochester, September 14th, 1864.

### WEST SOMERSET BRANCH.

A QUARTERLY Meeting of this Branch will be held at Clarke's Castle Hotel, Taunton, on Thursday, Oct. 13th, at 7 P.M.

Notice of Papers or Cases to be communicated should be sent to the Honorary Secretary previous to the meeting.

W. M. KELLY, M.D., *Hon. Sec.*

Taunton, September 1864.

### SOUTH MIDLAND BRANCH.

THE Autumnal Meeting of the South Midland Branch will be held at Buckingham, on Tuesday, October 18, at 1 P.M.; H. VEASEY, Esq., President.

Gentlemen intending to read papers or cases, are requested to forward the same, as early as convenient, to Dr. Bryan, Northampton.

JOHN M. BRYAN, M.D., *Hon. Sec.*

Northampton, September 1864.

## Correspondence.

### MR. CARTER AND THE MEDICAL PROVIDENT FUND.

#### LETTER FROM R. B. CARTER, ESQ.

SIR,—In your article in the JOURNAL of the 17th instant, and in your remarks appended to my letter published therein, you say that I repeat an *accusation* against my colleagues in the Bristol Committee. You also say that my circular letter conveys that certain members of the Committee had *no object* in view, in planning the Provident Fund, but the aggrandisement of the Association; that, in fact, *they were not influenced by a sentiment that the Fund should be made useful to the profession*. You profess to quote me when you say that the majority of the Committee “welcomed the Fund *merely* for the sake of the good it would do to the Association.” You say it is “an insult to attribute to the majority of the Committee any sinister motive; or to insinuate that their intentions were less pure,” etc.; thereby implying that I have attributed “sinister motives,” or “less pure intentions.” You say that I repeat the opinion that my colleagues were *selfishly* engaged for the sake of improving the Association; and your remarks contain more matter of the same kind, which it is not needful to particularise.

I think it is due to myself to seek to inform your readers that the passages I have quoted, have no foundation in anything that I have either said or written. I have brought no accusations. I have attributed no motives. Your groundless charges compel me to tread on the very confines of a liberty; and to assure my colleagues that, both for their motives

and their opinions, I entertain the highest and the most unfeigned respect.

What I have really written, amounts to this. In a Committee occupied in considering two distinct undertakings, namely, the Association and Provident Fund, and thoroughly convinced of the actual or prospective value of each, there arose a difference of opinion with regard to the relative or comparative importance which, at a given time, should be assigned to them. Ought A, or B, at that particular conjuncture, to be considered the primary object? I have stated reasons why the minds of certain persons might be expected to lean in one direction; and I addressed those whose minds might be expected to lean in the other. Upon such a question it would be absurd to impute motives; and it might even be difficult for anyone to analyse with exactness the whole of the train of thought that led to his individual conclusion.

I should like to point out also, that the “pressure,” to which you object, would only be a pressure of evidence, which most people would value as an aid to the discovery of truth. If a number of gentlemen, not members of the Association, were desirous of admission into the Provident Fund, their desire would prove the existence of an important element of success, outside the limits of our body.

In conclusion, I wish to say a few words upon another aspect of the question. You have very freely put into my mouth your own interpretations or imaginings, and have then written as if I were responsible for them. Professing to give my “words,” you do not inform your readers at what part of the sentence my words end, and your own composition recommences. I trust that, upon reflection, you will perceive that an apology is due to me for this most unfair and disingenuous garbling. Considering that the present is not the first occasion on which your JOURNAL has supported an incorrect statement by a misquotation, you could give no better evidence of good faith than by printing my circular letter, as your contemporaries have already done. For this, however, I do not press. I imagine that you cannot refuse to make me some amends; or, if you do refuse, I shall certainly deem your future errors entirely unworthy of notice or refutation.

I am, etc., ROBERT B. CARTER.

Stroud, September 18th, 1864.

#### LETTER FROM HENRY GRAMSHAW, ESQ.

SIR,—I hope I shall not be accused of egotism, if I venture to make a few remarks on the subject of the Medical Provident Fund and Mr. Carter's present line of action. I think it is much to be deplored that any member of the original Committee for the formation of the Fund, should be led by the strength of his convictions to run the risk of marring the fair project we have in view. As you say in your leading article, I was one of the members of the profession who wrote several of the earliest letters on the subject of the formation of a Provident Fund; but I never thought or dreamt of it being established for the sake of the Association. Unfortunately, I was unable to be present at the Committee meetings; though I wrote and stated my views to the chairman. I hope it is no breach of confidence for me to say, that in my letter I urged a wish that the advantages of the Provident Fund “should not be confined to the members of the profession who belong to the British Medical Association only.”

Now, though I felt, and do feel, that we ought to allow the advantages of a Medical Provident Fund to be *very widely spread*—and we shall consult our best interests by doing so—yet I recognise the British

further improvements are contemplated, under the supervision of N. B. Ward of fern-case notoriety—a medical man, be it observed.

It is greatly to be wished that the Society would re-institute the botanical demonstrations, such as, a few years since, were given by Professor Lindley, and which live in the memories of those whose tastes or avocations still link them to the pursuit of the "*Amabilis Scientia*." Apologising for the length of these remarks,

I am, etc.,

MAXWELL T. MASTERS,

*Lecturer on Botany, St. George's Hospital.*

#### CRIMEAN MEDICAL OFFICERS.

SIR,—I was glad to see that you noticed the remarkable omission in the address of Dr. Gibson to the Prince of Wales at Netley, of any mention of medical officers having been killed. It is true that, in the Crimea, the majority of the medical officers who died, did so from disease, they having been worked much more severely than other officers; but it is also true, that the first officer killed in the trenches was Assistant-Surgeon O'Leary, of the 68th Regiment; and it is scarcely right that that fact should have been ignored.

Mr. Le Blanc, surgeon of the 9th Regiment, was also killed in the Crimea; but he was killed by a French sentry, and not by the Russians. I do not think that any other medical officers were killed out there; but many were wounded.

The omission of any notice of Mr. O'Leary's death, and the pointed manner in which Dr. Gibson stated that the greater number of the medical officers died of disease, was doubtless appreciated by those combatant authorities whose delight it is to depreciate the services of medical officers, and to ignore the fact of their being exposed to the same dangers as themselves; that there are individuals of that description, I am well assured; for I am aware of an instance of a certain "centurion" having told a lady of my acquaintance, that "it was quite a mistake to imagine that doctors were exposed to fire"; and that gentleman had served in the trenches, and could scarcely have failed to have met there one of the four "doctors" engaged there daily.

That a large proportion of "combatant" officers freely acknowledge the services of the medical officers, and their claims to equal honours with themselves, there can be no doubt; and I trust that very few indeed would deny openly that medical officers are "exposed to fire" as much as themselves; but we cannot shut our eyes to the fact that the authorities and the military journalists (notably him of the *Army and Navy Gazette*) delight in offensively applying the term "non-combatant" to them, and desire to treat them as an inferior race.

I trust that on the "Cross at Netley" they will not fail to specify that Assistant-Surgeon O'Leary and Surgeon Le Blanc were killed. I am, etc.,

"ONE WHO HAS SERVED."

September 7th, 1864.

**HEALTH OF SCOTLAND.** The Registrar-General's monthly return for the eight principal towns of Scotland shows that the births, deaths, and marriages all continued to be far above the average in August. The zymotic class of diseases caused 27 per cent. of the deaths, and in Greenock as many as 46 per cent. from the combined fatality of scarlatina and typhus. Typhus was the most fatal. Greenock, Perth, Aberdeen, and Glasgow are the towns where this disease has been more especially prevalent.

## Medical News.

**APOTHECARIES' HALL.** On September 15th, the following Licentiates were admitted:—

Bennett, Francis Graham, Brighton  
Grace, Alfred, Downend, near Bristol  
Sheldon, Edwin Mason, Liverpool  
Shuttleworth, George Edward, Russell Place, Fitzroy Square  
Vipan, William Henry, Ely, Cambridgeshire  
Witherby, William Henry, Combe, near Croydon

At the same Court, the following passed the first examination:—

Edmonds, Charles George, St. Thomas's Hospital  
Wilton, Francis, St. Bartholomew's Hospital

#### APPOINTMENTS.

##### ARMY.

ARMSTRONG, Surgeon W., 9th Foot, to be Staff-Surgeon, *vice* Surgeon-Major I. C. Stewart.  
BEATTIE, Staff-Assistent-Surgeon J. F., M.D., to be Assistant-Surgeon 79th Foot, *vice* G. N. Irvine, M.D.  
CLARKE, Staff-Surgeon P. J., to be Surgeon 84th Foot, *vice* Surgeon-Major J. M'Grigor Grant, M.D.  
DAVIS, Staff-Assistent-Surgeon J. N., to be Assistant-Surgeon 44th Foot, *vice* A. Royle.  
DUNLOP, Staff-Assist.-Surg. R., to be Assistant-Surgeon 10th Foot.  
GILBORNE, Surgeon E., Royal Artillery, to be Surgeon-Major, having completed twenty years' full-pay service.  
GRANT, Surgeon-Major J. M'Grigor, M.D., 84th Foot, to be Staff-Surgeon-Major, *vice* P. J. Clarke.  
GREENHILL, Staff-Assistent-Surgeon J. R., to be Assistant-Surgeon 72nd Foot, *vice* J. J. Pope.  
JEE, Surgeon-Major J. C.B., 78th Foot, to be Surgeon 1st Dragoons, *vice* Surgeon-Major A. Forteach, M.D.  
M'GRATH, Staff-Assistent-Surgeon I., to be Assistant-Surgeon 8th Hussars, *vice* H. Sherlock.  
SAUNDERS, Staff-Surgeon G., to be Surgeon 9th Foot, *vice* W. Armstrong.  
STEWART, Staff-Surgeon-Major L. C., to be Surgeon 78th Foot, *vice* Surgeon-Major J. Jee, C.B.  
TUSON, Surgeon E. B., 17th Foot, to be Surgeon-Major, having completed twenty years' full-pay service.

##### To be Staff-Assistent-Surgeons:—

AMBROSE, J., M.D.	JOHNSON, W., M.D.
ANDERSON, J.	JOHNSON, F., M.B.
ATKINSON, G., M.B.	KING, J. G.
ATKINSON, J.	KIRKWOOD, T. M.
ATKINSON, W.	LESLIE, D. A., M.D.
BABINGTON, T.	LITHGOW, A. M. S., M.D.
BALL, J. J., M.D.	MALCOLM, J. V. T., M.D.
BARNWELL, Assistant-Surgeon T., Rifle Brigade, <i>vice</i> J. N. Davis	MAXHAM, J. W., M.D.
BARROW, T. S., M.D.	MELLADEW, H. F. L., M.D.
BOLSTER, T. G., M.D.	MIDDLETON, J., M.D.
BURKE, J.	MINTY, A., M.B.
BURNSIDE, Assistant-Surgeon G. S., 51st Foot, <i>vice</i> J. R. Greenhill	MUIR, H. S., M.D.
CHURCHILL, C. F., M.B.	ORWIN, T. W.
COGAN, M.	PHILLIPS, H. H., M.B.
DAVIES, R. W.	POUT, Assistant-Surgeon F., 46th Foot, <i>vice</i> J. Beattie, M.D.
DOOLEY, G. F.	ROSS, D. P., M.D.
DUNLOP, R.	SHERLOCK, Assistant-Surg. H., 8th Hussars, <i>vice</i> W. W. Quinton, M.B.
FINEGAN, J. B.	STOCK, J. N.
FLEMING, J., M.D.	TURNER, R., M.D.
GRAY, J., M.D.	WALLACE, J., M.D.
HICKSON, R. C. C.	WATTS, A. N.
HYDE, R.	

##### To be Assistant-Surgeons, Royal Artillery:—

BERKELEY, Staff-Assistent-Surgeon R. W.  
BEVERIDGE, Staff-Assistent-Surgeon A. W., M.D.  
BRACKEN, Assistant-Surgeon J. H. N., 54th Foot.  
CLARKE, A. F. S., M.D., 42nd Foot.  
DAVIDGE, Staff-Assistent-Surgeon J.  
FAUGHT, Staff-Assistent-Surgeon J. G.  
GODWIN, Assistant-Surgeon C. H. Y., 38th Foot.  
HALL, Assistant-Surgeon A. R., 52nd Foot.  
HAMILTON, Staff-Assistent-Surgeon J. B., M.D.  
ILLINGWORTH, Staff-Assistent-Surgeon J. A.  
IRONSIDE, Assistant-Surgeon W., M.D., 71st Foot.  
JAYNE, Assistant-Surgeon G. N., M.D., 79th Foot.  
JARDINE, Assistant-Surgeon J. B., 56th Foot.  
JAYNE, Assistant-Surgeon J. S., 89th Foot.  
KENNEDY, Staff-Assistent-Surgeon T.  
MACARTHUR, Staff-Assistent-Surgeon T. A. C.  
M'TAVISH, Assistant-Surgeon A. C., 60th Foot.  
MAUNSELL, Assistant-Surgeon T., 48th Foot.  
OLIVER, Staff-Assistent-Surgeon J. H.  
POPE, Assistant-Surgeon J. J., 72nd Foot.

QUINTON, Staff-Assistant-Surgeon W. W., M.D.  
 ROYLE, Assistant-Surgeon A., 44th Foot.  
 SCOTT, Staff-Assistant-Surgeon J. A.  
 SIMON, Staff-Assistant-Surgeon G., M.D.  
 WALL, Assistant-Surgeon W. R., 81st Foot.  
 WHITE, Assistant-Surgeon R., 23rd Foot.  
 WHITE, Assistant-Surgeon T. H., M.D., 80th Foot.

#### ROYAL NAVY.

CRAWFORD, William, Esq., Surgeon-Superintendent to the *Rochester* convict-ship.  
 DUNCAN, George, M.D., Surgeon, to the *Esk*.  
 LUCAS, Leonard, Esq., Assistant-Surgeon (additional), to the *Royal Adelaide*.

#### VOLUNTEERS, (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

BARNES, G., Esq., to be Assistant-Surgeon 1st Administrative Battalion Staffordshire R.V.  
 HUGHES, J. R., Esq., to be Honorary Assistant-Surgeon 3rd Denbighshire R.V.  
 JONES, G. T., Esq., to be Surgeon 1st Administrative Battalion Denbighshire R.V.  
 KEITH, A. D., Esq., to be Honorary Assistant-Surgeon 21st Aberdeenshire R.V.  
 WALKER, J., Esq., to be Assistant-Surgeon 1st Administrative Battalion Staffordshire R.V.

#### BIRTH.

HEWITT. On September 14th, at Winkfield, near Windsor, the wife of T. S. Hewitt, M.D., of a son.

**BIRMINGHAM GENERAL HOSPITAL.** The Chairman of the Birmingham Musical Festival Committee has handed over to the weekly board of the hospital the sum of £3000, being the first instalment of the proceeds of the musical festival recently held in aid of the funds of the hospital.

**ADULTERATION OF PEPPER.** There is reason to believe that pepper is still adulterated extensively. Of thirty samples of pepper lately analysed by Mr. Phillips, only twelve were genuine and eighteen adulterated, the adulterants being the starch and husks of rice, wheat starch, linseed meal, and in one instance ground pine wood.

**ADULTERATION OF SNUFF.** The law permits the use of lime water in the manufacture of high-dried snuffs, that is, of a perfectly clear solution of lime. Many manufacturers, however, use a thick mixture of undissolved lime and water. The vicious form of adulteration is almost entirely confined to the north of Ireland, where it appears the habit is very prevalent among the women employed in the linen and other factories of taking snuff highly charged with lime, and which is known as "white snuff;" and the manufacturers allege, in extenuation of their dishonest practices, that no other description of snuff is acceptable to their customers. In several samples of snuff obtained in Belfast, it was impossible to say whether lime or tobacco predominated. Some manufacturers, it is said, actually grind up dry lime with the tobacco.

**THE INDIAN ARMY.** Probably very few persons in England have an adequate appreciation of the serious difficulties and dangers with which the constitution of the Indian army threatens the future of our empire. In these days India is governed from England. No great measure is originated here; in Sir Charles Wood centres the hopes or fears of both branches of the service. He is upon the whole more dreaded than the Hindoo dreads his avenging deity, and his two last measures—the New Medical Warrant and the despatch upon the Reorganisation of the Indian Army—have filled the doctors with despair and their brother officers with consternation. There is not a regiment in the land whose officers are not thoroughly dissatisfied; and, as to the medical service, it is quite impossible that under the new rules it can ever be as efficient or as distinguished as it was of old. It is only the plain truth to say that the Indian army is deeply and thoroughly discontented. (*Times Correspondent*.)

**VALUE OF LIFE IN INDIA.** From the rate of mortality a life table has been constructed from which the mean duration of life, as well as the value of the annuities dependent on soldiers' lives in India, can be deduced. By this table it will be seen that the mean after-lifetime, or expectation of life, as it is sometimes termed, at the age of 20 in India is 17·7 years, while it is 39·5 years in England; so that life is shortened by more than 21 years by residence in the former country. The after-lifetime at the age of 40 is 15 years in accordance with the Indian, 26 in accordance with the English table.

**DR. EDMONDS' VENTILATION OF SHIPS.** A trial was made the other day at Portsmouth of the ventilating apparatus which has been adopted on board the screw three-decker *Victoria*. The arrangements are those recommended by Staff-Surgeon Dr. Edmonds, of Her Majesty's ship *Victory*, and have been carried out under that gentleman's supervision. "It was ascertained that half a million cubic feet of the foulest air of the ship were constantly being carried off by the apparatus through the funnel draught while the fires were lighted. With the fires unlighted about one-third the amount of air is carried off through the funnel." In the case of the *Royal Sovereign* turret ship, which has also been ventilated upon the plan of Dr. Edmonds, it was found on the experimental trip, that, "on measuring the strength of the current of air which was passing up from the vessel's hold and bilges by the air-shafting into the funnel it was discovered to be moving at the rate of 31 feet per second, equal to 225,000 cubic feet per hour.

**SUCCESSFUL LIGATURE OF THE ARTERIA INNOMINATA.** Dr. Rogers of New Orleans, in a letter to Dr. Mott of Philadelphia, describes a successful case of ligature of the innominate artery, performed by Dr. Smith of the Charity Hospital of New Orleans, during the present year. The subject was a mulatto man, 33 years of age. He had a large aneurismal tumour, with a strong pulsation. On May 15th, Dr. Smith applied a ligature to the arteria innominata and to the right carotid about one inch above its origin, as proposed by Dr. Rogers in 1849. The wound was dressed in the usual manner, and the man removed to bed. On May 25th, the ligature came from the carotid artery; and the next day there was some hæmorrhage from the wound, but it was arrested by slight pressure. It returned on each of the following three days; and on June 1st, Dr. Smith removed the lint, and filled the wound with small shot. On June 2nd, the ligature was separated from the arteria innominata. On June 17th, a part of the shot was removed from the wound; but this was followed in a few hours by hæmorrhage, and the shot was returned. On July 5th and 8th, the hæmorrhage returned. It being thought that the hæmorrhage must be supplied by the vertebral artery, through the subclavian, Dr. Smith secured the vertebral artery on the 9th of July. On July 19th, there had been no return of hæmorrhage. The ligature separated from the vertebral artery this day. A doubtful pulsation could be felt in the right radial artery. The aneurismal tumour had disappeared. On July 30th, the general health had much improved since the last report. The wound was nearly closed. He walked about the ward, and was desirous of returning to his home. There was every reason to believe the operation to be in every respect a success. On this case, Dr. Mott remarks: "I have expressed myself to my class for many years past, that I would like to live long enough to see the innominate successfully tied for aneurism. For this surgical achievement I am more than gratified—I am delighted. On the brow of Dr. A. W. Smith of New Orleans will always rest the

laurel of the first successful operation of ligature of this great artery. Time never can rob him of this surgical achievement."

**EDINBURGH UNIVERSITY.** Professor Balfour, in his address to the new graduates on August 1st, said: "In the military and naval services, and in our colonies, eminence in science has raised graduates (of the Edinburgh University) in several instances to places of high responsibility and emolument. Some of the most important recent scientific expeditions owe much of their value to Edinburgh Doctors of Medicine. Among these may be noticed Dr. Balfour Baikie, who has superintended the exploration of Western Africa; Dr. Hector, who acted as geologist in Palliser's expedition to the Rocky Mountains, and who is now engaged in valuable geological researches in New Zealand; Dr. John Kirk, who acted as medical man and naturalist to the Livingstone expedition; Dr. Thomas Anderson, now filling with the highest credit the office of superintendent of the Botanic Garden of Calcutta; Dr. Birdwood, filling a similar office at Bombay; Dr. Cleghorn, conducting the forest department in the North-Western Provinces of India; Dr. Alexander Hunter, ably conducting the School of Design at Madras, and the Horticultural Garden there; Dr. Aitchison, advancing the knowledge of Indian botany by his researches; Dr. Wallich, publishing valuable treatises on the lower forms of animal and plant life; and many others who are doing credit to their Alma Mater."

**A WINTER JOURNEY.** The annual reports just issued from the army medical department comprise one from Dr. Muir, inspector-general of hospitals, on the overland transport of British troops to Canada in the winter of 1861-2, on the occurrence of the Trent affair. The weather was on the whole unusually mild. Several medical officers note the thermometer as having touched the low figure of 25°; but, as there was little wind at these times, the effects of so intense a cold were, comparatively, little felt. The health of the men was excellent. Of a force of nearly 7,000, not more than seventy claimed admittance into the hospitals *en route*, and nearly all eventually returned to duty. Excluding two fatal cases directly attributable to excess in drinking, only two men died—one from pneumonia through hard drinking, and one from enteritis. Eleven cases of frost-bite occurred, but only one man was seriously injured—both his hands required amputation. Of the seven cases of pneumonia all got well with the exception of the fatal case just mentioned. The other affections were trifling attacks of diarrhoea, occasioned by drinking, to which not a few gave themselves up when they had the opportunity. Such a journey in midwinter was an operation of some peril, and called for forethought and sanitary precaution; but the arrangements were eminently successful. Dear-bought experience bore its fruit; our military organisation was proved equal to the sudden strain, and the men were placed in Canada with rapidity, in excellent condition and fit for taking the field.

**MUSHROOMS.** Enormous quantities of mushrooms have been gathered in Devonshire this season, which is accounted for by the long drought and the rains following upon it. People generally look upon mushrooms as a sort of luxury, and not as an actual article of food. The inhabitants of Italy, France, Germany, and Russia use large quantities of various species rejected by us as articles of food. In the Italian market, there is a regular inspector, whose business it is to look over the various lots brought into the market. Dr. Badham has written a treatise on the edible species indigenous to this country, and he has enumerated upwards of thirty species that might be used as

articles of food. As a nutritious article of food, the mushroom, perhaps, yields to none of the higher forms of the vegetable kingdom. Of all vegetable productions they come nearer in their chemical composition to the flesh of animals than any other of the vegetable kingdom. If more attention were paid to these lowly forms of the vegetable kingdom many a good meal might be obtained by those who now feel the pinch, or want a dinner. The aggregate number of fungi, so far as is at present known to inhabit the British Isles, is about 2,400 species.

**LIABILITY OF CLUB-PATIENTS.** The plaintiff, a surgeon living at Prahran, sued the defendant for the sum of £10:10, for professional services. Payment of the claim was resisted on the ground that the plaintiff being the medical officer of No 6, Oddfellows' Lodge, Prahran, of which the defendant is a member, the latter was entitled to be attended in terms of the contract existing between plaintiff and the lodge. It was admitted that under ordinary circumstances such was the case, but it was contended that as the defendant received his injuries whilst in a state of intoxication, he thereby forfeited the right which he would have otherwise possessed. This view of the case was taken by the judge, who gave a verdict for the amount claimed, with three guineas costs. (*Australian Medical Journal*.)

**EXTRAORDINARY CASE.** Before the Lincoln County Court, Dr. W. O'Neil, a physician, brought an action against Mr. T. W. Pauli, to recover the sum of three guineas as compensation for loss occasioned by his being made the subject of a hoax. On August 18th last, Dr. O'Neil received a letter, purporting to be from Mr. J. Parker, of Fulbeck, a village fourteen miles from Lincoln, asking Dr. O'Neil to visit his wife, who was seriously ill. The doctor went over to Fulbeck, but found that no such person existed there. He came to the conclusion that he had been hoaxed. After riding about fifty miles, and spending eight hours in his bootless journey, the doctor returned to Lincoln, and on carefully scrutinising the letter it struck him that it was in the handwriting of the defendant. Several friends were of the same opinion. Dr. O'Neil placed the matter in the hands of his solicitor, who wrote to the defendant, stating that if three guineas, the amount of expenses incurred, were not paid, and an apology made, legal proceedings would be commenced against him. The defendant replied by denying the authorship of the letter in most indignant terms. The letter was produced on the part of the plaintiff, as was also another written by the defendant relative to a business matter. A number of witnesses were examined, all of whom were of opinion that the handwriting was the same in both letters. For the defence a dozen witnesses, one of whom had dispensed medicine for several years for Mr. Pauli, swore distinctly that the letter was not in the defendant's handwriting; and on Mr. Pauli being called into the box, he swore that he was not the writer, and was totally ignorant of its being sent. The jury (composed of five tradesmen of the city) returned a verdict for the plaintiff—damages, three guineas.

**HEALTH OF THE ARMY ABROAD.** The returns which have been issued from the Army Medical Department relating to the health of the army in 1862 present a very encouraging result:—Admission into hospital, 1,736 per 1,000 of mean strength; deaths, 25·68 per 1,000, the deaths being nearly a third under the proportion of 1861. The mortality in the Madras Presidency was 20·83 per 1,000; Bombay, 24·60; and Bengal (where the majority of the troops are quartered), 27·55, the Bengal mortality of 1860 and 1861 having

averaged 42.27. These statements include the deaths of invalids on their passage home, or while waiting their discharge in England. There were no less than 96 cases of sunstroke, or heat apoplexy, and 30 terminated fatally. The number of invalids sent home in the year for discharge or change of climate was 1,795, being 28.17 per 1,000 of mean strength. The return of deaths at each age shows a much more rapidly progressive increase of mortality in India with the advance of age than is usual in temperate climates. In 1862 the deaths from spasmodic cholera in Bengal were only a third of the ratio of 1861, but it still remains the chief cause of mortality, its fatal character having undergone no modification. Of the European troops employed in China in 1862, we find an average strength of 3,511, admissions into hospital 1,847 per 1,000, and deaths no less than 99.12, literally decimating the force. This is due chiefly to the returns from North China; in South China the ratio was 28.78. At Shanghai, the deaths were 163 per 1,000, a fearful rate of mortality, due in nearly equal proportions to epidemic cholera and to dysentery and diarrhoea. The surgeons are not sanguine of its ever proving a healthy station. It is estimated that between Shanghai and Seon-Kiang, distant some 40 miles, about an eighth of the Chinese population died from cholera in 1862. In New Zealand, the average strength was 5,482, admissions into hospital 546 per 1,000, deaths 9.10. Mr. Mouat, Deputy Inspector-General of hospitals, notices the comparative absence of some diseases, as venereal and malarious fever, and the entire absence of others, such as small-pox and cholera; he considers that with improvements (much required) in barracks, a proper check upon intemperance, and an allowance of four consecutive nights in bed, the mortality might be reduced one half. In Australia the average strength was 1,000, admissions into hospital 685, and deaths 22. The Australian climate was not well suited to persons having a tendency to tubercular disease. In Ceylon also tubercular diseases were a source of considerable mortality. In Mauritius the deaths rose to nearly 44 per 1,000, owing to the prevalence of epidemic cholera. The chief cause of the invaliding, which was much above the average of the three preceding years, was pulmonary disease. At the Cape of Good Hope the average strength was 4,519, the mortality 9.37 per 1,000, just 1 per 1,000 above that of the army at home in the same year; more than 20 men per 1,000 were in hospital for diseases directly resulting from intemperance. From the West Indies the mortality return from Jamaica, 12.81 per 1,000, is favourable, but in the Windward and Leeward command the deaths were 13.10 per 1,000, which is considerably higher than in the previous year owing to an outbreak of yellow fever at Barbadoes. From Canada the return is favourable—admissions into hospital 667 per 1,000, and deaths 8.36. The admissions into hospital were chiefly from venereal disease or the consequence of intemperance. At Malta venereal disease was reduced more than half, owing to the adoption of a system of police surveillance of the loose women. At Gibraltar the sickness and mortality were lower than in the army at home, but continued fevers were in excess of the average. They are attributed to the continuance of imperfect drainage, overcrowding, intemperance, and exposure to the heat of the sun on the public works. Mr. Paynter, Deputy Inspector-General of hospitals, believes intemperance to have been the source of two-thirds of the diseases which came under treatment. In the whole army at home and abroad in the year 1862 the admissions into hospital amounted to 1,165 per 1,000 of mean strength, the deaths to 16.38, and the discharges by invaliding to 26.13.

## 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 Orthopædic, 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.

## 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.—To ask the question: "Is medicine a profession for a gentleman?" is certainly something the same as asking: "Are there any gentlemen in the profession?"

MEASUREMENTS OF THE FEMALE PELVIS.—The measurements of the female pelvis of the model skeleton in the Museum of the College of Surgeons, are: Brim of pelvis, antero-posterior, 4.5 in.; transverse, 5.9 in.; width of inferior outlet, 4.7 in.; greatest width of ilia, 11.5 in.; greatest width of ischial tuberosities, 6 in.; height, 7.9 in.

THE QUACK NUISANCE.—(F. D.)—Anybody in this country may practise either medicine or surgery, so long as he does not use certain titles; and we believe there is no power in the law to prevent a man putting "Dr." before his name. We are not aware of the existence at the present time of any Medical Protection Society to meet such cases by prosecution: but we would recommend our correspondent to apply to Mr. Talley, solicitor, of Beaconsfield, who, we learn, is taking measures for fairly testing the powers of the Medical Act against offenders.

MR. THOMAS CHARLES (Sydney).—Your letter and enclosure have been safely received by Mr. Honeyman.

IN THE SOCIAL SCIENCE REVIEW of August, Dr. F. Smith has a paper on Gaol Dietary. Also, we find the following: Notes on the Basque Provinces; Agricultural Capacity of the United Kingdom; Education in Trieste; Working Men's Clubs; and Cash *versus* Credit.

SIR: Will you be good enough to answer the following query?

I am, etc., L.R.C.P. LOND.

"If L.R.C.P., not being M.D., can call himself physician and not doctor, can M.D., who is a doctor, call himself a physician, without a diploma from the College of Physicians?"

[All we can say is, that a Doctor of Medicine is not a member of a College of Physicians unless he take the College License. What men can do at the present time and what men ought not to do, and what they do in the matter of assumption of titles, and what they ought to do, are questions quite beyond us to decide. Certainly, according to *lex talionis*, if a physician take the title of doctor, the doctor might lay equal claim to the title of physician. EDITOR.]

COMMUNICATIONS have been received from:—Dr. WILLIAM BUDD; Dr. T. HILLIER; Mr. BRIDGER; Mr. CARTER; Mr. HENRY LEE; Dr. MAUDSLEY; Dr. JOHN THOMPSON; Mr. A. B. BOUTLAND; Mr. THOMAS POPE; Mr. I. HARRISON; Dr. FREDERICK J. BROWN; Mr. J. VOSE SOLOMON; Dr. THOS. INMAN; Mr. OLIVER PEMBERTON; Mr. J. GARDNER; Mr. T. CHARLES; Mr. S. B. PARTRIDGE; and Dr. G. A. PHILIPSON.