

have joined; none have resigned; one member, Dr. D. King of Eltham, has died. Of the total number, one hundred and thirty-four reside in London or its neighbourhood, while one hundred and thirty-four reside in the provinces of England, in Scotland, or abroad. The Council have elected the following noblemen and gentlemen as honorary members. The Duke of Argyll; T. Graham, F.R.S.; Sir F. Grant; The Right Hon. John Inglis; Dr. C. Mackay, LL.D.; the Rev. Norman McLeod, D.D.; Professor Masson; the Right Hon. James Moncrieff; Sir Roderick I. Murchison, Bart., K.C.B., F.R.S.; Dr. Sharpey, Sec. R.S. The majority of the members are still medical graduates; but this circumstance is due to the greater facilities for making the existence of the club known to them than to graduates of other Faculties. During the late session of Parliament, the Council of the Club exerted themselves to obtain a member of Parliament for the University of Edinburgh.

"Nothing," says the Report, "seemed more posterous than that, in a redistribution of seats, as proposed by the late Government in their Reform Bill, Ireland should have three university seats, and Scotland only one; or that Trinity College, Dublin, should retain two members, while Edinburgh University had only one-fourth of a member, so to speak. The constituency of Edinburgh University, in 1863, was 2300; of Glasgow, 950; of Aberdeen, 502; and of St. Andrews, 377. That of Edinburgh, indeed, might be easily doubled, if not trebled, by the registration of other graduates; but taking the number as it stands, Edinburgh has more than all the three others by a large difference. It follows that, setting aside its higher position in present and old reputation, and its metropolitan claim, Edinburgh University has a right, by the mere amount of its constituency, to a member for itself, and ought not to be reduced to a level with Glasgow, Aberdeen, and St. Andrews, as proposed by the late Government."

DR. HIBBERT TAYLOR offers, in a pamphlet, to the profession, the address which he delivered at Chester at the meeting of the British Medical Association on the subject of "Medical Missions, in their Foreign and Home Aspects."

Dr. Liharik of Vienna, Dr. J. Weidinger of Neubau (a suburb of Vienna), and Dr. Friese, Emeritus Professor of Zoology in the Vienna University, have died of cholera.

Dr. von Dietl, who was last year unaccountably removed from his professorship in the University of Cracow, has been chosen burgomaster of that city.

M. Le Sauvage has left to the University of Caen 6000 francs for founding an annual prize in descriptive, general, and comparative anatomy, and physiology. It is open to students of the second and third year, and will consist of a medal, or, if the essays be not of sufficient merit, "encouragement" in the shape of books.

## Association Intelligence.

### COMMITTEE OF COUNCIL: NOTICE OF MEETING.

THE Committee of Council will meet at the Queen's Hotel, Birmingham, on THURSDAY, the 4th day of October, 1866, at 3 o'clock P.M. *precisely*.

To receive the resignation of the Editor of the JOURNAL, and to devise what steps shall be taken relative thereto; and other very important business.

T. WATKIN WILLIAMS, *General Secretary*.

13, Newhall Street, Birmingham, September 6th, 1866.

### SHROPSHIRE ETHICAL BRANCH.

The next annual meeting of the above Branch will be held at the Raven Hotel, Shrewsbury, on Monday, October 1st, at 1 P.M.

Dinner at 3.30 P.M. Dr. W. Slyman, of Newtown, in the chair.

Members intending to read papers, or to be present at the dinner, are requested to communicate with the Honorary Secretaries without delay.

JUKES STYRAP, L.K.Q.C.P. } *Hon.*  
EDWIN ANDREW, M.D. } *Secs.*

Shrewsbury, September 11th, 1866.

### SOUTH MIDLAND BRANCH.

THE autumnal meeting of the South Midland Branch will be held at the Corn Exchange, Leighton Buzzard on Wednesday, October 17th; E. Lawford, Esq., President, in the Chair.

Gentlemen intending to read papers or cases are requested to send their titles to Dr. Bryan, Northampton, before October 4th.

J. M. BRYAN, M.D., Northampton. } *Hon.*  
G. P. GOLDSMITH, Bedford. } *Secs.*

September 21st, 1866.

### SOUTH EASTERN BRANCH: EAST SURREY DISTRICT MEDICAL MEETINGS.

THE next meeting is appointed to be held at the White Hart Inn, Reigate, on Thursday, October 11th, at 4 P.M.; Dr. Holman in the chair.

Papers are promised by Mr. Sargent, "Report of Cases"; by Dr. Anstie, "On the Sphygmograph"; by Dr. Down, of Earlswood; and by Mr. Napper.

Dinner will be provided at 6 P.M.

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

Croydon, September 26th, 1866.

STRONG DRINKS AS CURE FOR FEVER. The famous "Albert Nyanza" Baker thus describes his experience of alcohol whilst suffering under African fever. "I found an extraordinary change in my health from the time that I commenced drinking the potato-whiskey. Every day I drank hot toddy. I became strong; and from that time to the present day my fever left me, occurring only once or twice during the first six months, and then quitting me entirely. Not having tasted either wine or spirits for nearly two years, the sudden change from total abstinence to a moderate allowance of stimulant produced a marvellous effect."

## EXCISION OF PART OF THE SPINAL ACCESSORY NERVE.

MR. CAMPBELL DE MORGAN describes a Case of Excision of a part of the Spinal Accessory Nerve, for Spasmodic Wry Neck.

A healthy man, aged 32, was crushed by a heavy ladder, in October 1860, but no particular injury appeared to have been done, and he does not seem to have noticed anything until December, when he became affected with twitchings in the neck. These spasmodic attacks became powerful and continuous, so as to unfit him for work. On January 29th, 1861, he was admitted into the Middlesex Hospital. There was an anxious worn look in the countenance, and occasional spasm of the facial muscles. The eyes were constantly twitched towards the right. The head was spasmodically drawn to the right side, and the right shoulder was at the same time raised towards it. There was with this a movement of rotation of the head, the chin being turned towards the point of the right shoulder, with the face looking directly over it. The spasms were at times so violent as to draw the chin behind the line of the shoulder. The sterno-mastoid and trapezius muscles were thrown into strong relief during the more violent spasms. The right shoulder was always on a higher level than the left, and this gave an appearance of distortion to the body, but the spine was quite straight. The great pain which the patient suffered and the spasmodic contractions were due, probably, to the antagonistic action of several muscles, the splenius, and the inferior oblique and the greater posterior rectus, dragging the face round in opposition to the actions of the trapezius and sterno-cleido-mastoid. There was no affection of the muscles of mastication.

By a very strong effort, and aided by the pressure of his hands, he could nearly, but not quite, bring the head into its natural position; but this was in a few seconds followed by more severe spasms. Any attempt by others to restore the head to its position by external force gave rise to such violent muscular action in the neck as to make it insupportable. When the paroxysms were severe he suffered very great pain, and he was never altogether free from discomfort.

During sleep the head was sometimes, though rarely, quiet, and lay in a natural position; but generally it was twisted round, and at times the spasms came on so as to awaken him. Some times he was altogether prevented from sleeping by them. There was no appearance of disease or injury about the spine; the examination would bring on more powerful action, and thus produce pain; but the same would occur if any part of the right side of the neck were handled. He complained of pain down the back; but there was no particular tenderness in any part of it. His general health was impaired by the constant pain and loss of rest.

The most careful examination failed to reveal any special point of irritation which might by reflex action give rise to these spasms. For many months he was subjected to treatment, but with no benefit. The sterno-cleido-mastoid muscle was then divided. The extreme tension and spasm were at once markedly relaxed, but by no means entirely overcome. The muscle united quickly, and the spasms recurred with as much violence as before. The man's health was giving way under the constant pain and irritation, so that division of the external branch of the spinal accessory and the removal of a part of the

nerve seemed alone to promise the desired effect, and this operation was performed in February 1862.

An incision two inches long was made along the posterior border of the muscle, the centre of the incision corresponding to about the centre of its edge. The fascia being slit up to the same extent, the trapezial branch of the nerve was sought for as it emerges from the sterno-cleido-mastoid to cross the posterior triangle of the neck. It would be found generally a little above the centre of the incision. When found, the nerve was traced through the fibres of the muscle, the fibres being cut through much as is done in an ordinary anatomical dissection, until the common trunk above the division into the trapezial and sterno-mastoid branches was reached, and here a piece about a quarter of an inch in length was cut out. As the operation was, of course, done under chloroform, no effect was observable when the nerve was divided, the muscles were already thoroughly relaxed from its influence. On his recovery from the effects of the chloroform the trapezius and sterno-cleido-mastoid were found to be completely paralysed, and although there was still an occasional and slight convulsive movement of rotation of the head, it lay on the pillow in almost a natural position. There was no tendency whatever to undue action of the corresponding muscles on the opposite side. The respiration was not in any way affected, nor did he experience any peculiar sensation. All he did feel was relief from the extreme tension of the neck. The countenance was more tranquil than it had been for months. The wound healed without any trouble; and the man recovered.

He was discharged in May 1862, having been in the hospital upwards of sixteen months. On leaving the hospital he went down to the country, where he was soon able to resume his work.

In January 1865, Mr. De Morgan examined his condition. He was looking healthy, the countenance was tranquil, the face turned directly forward with the forehead and chin in a perpendicular line. Occasionally and for a few seconds there was a trifling twitch of the head. Any sudden touch or excitement would bring this on. The right arm hung listlessly against the side. The body was a little deflected from the perpendicular. The right sterno-cleido-mastoid muscle was completely wasted, except at its upper and posterior part; here for about the breadth of half an inch, and extending from behind the mastoid process to the middle of the posterior border of the muscle, it was nearly as large as on the opposite side. Towards its lower end this band of fibres, which contracted strongly on his moving his head, tapered off to a point. The trapezius was wasted: a lamina not thicker than a shilling, and quite flaccid, could be felt in the neck. No contraction could be discovered in any part on his moving his head or shoulders. The rhomboid muscles could be seen in action below its dorsal part. These muscles were apparently larger than natural. On the opposite side the trapezius was largely developed. The right arm and forearm were as powerfully developed as the left. His respiration was natural. No alteration of sensibility was to be discovered in the neck and back.

Mr. De Morgan believes this to be the only instance of resection, in man, of the trunk of the external branch of the spinal accessory, and it is consequently interesting in a physiological as well as in a surgical point of view.

The fact of the upper and posterior part of the sterno-cleido-mastoid muscle retaining its activity may be accounted for by the existence of some twigs given off from the nerve to the muscle before its division into its two main branches.

In a surgical point of view, the case is of interest

as one of unusual severity and involving a large class of muscles. The pathology of wry neck from muscular action is but imperfectly understood. Mr. De Morgan believes that the complaint is due to an irritation of the nerves in every instance in which inflammation or some disease of the muscles themselves has not preceded it. He doubts much whether, as is often alleged to be the case, it is ever caused by paralysis of the muscles of the opposite side.

### THE CHOLERA.

From the daily "cholera" return for Sunday and Monday last, we find that there is once more a marked decrease in the deaths as compared with those on the previous day. Since the outbreak of the pestilence it has been remarked that there have always been fewer deaths on these days than on any other in the week—a fact for which no reasonable explanation has yet been given. The deaths in the last seven days were:—Cholera: Tuesday, 19; Wednesday, 28; Thursday, 20; Friday, 26; Saturday, 26; and Sunday and Monday, 43, or 21½ for each day. Diarrhoea: 27, 11, 9, 13, 17, and 12, or 6 for each of the two last days.

The good derived from house-to-house visitation in the metropolis is palpable. None can tell to what extent the epidemic has been checked by this means; but assuredly, if we have cured little, we have prevented much cholera. During the past two months, on the Thames, from London Bridge to Woolwich, a regular ship-to-ship visitation has been, and is still, going on. Above 400 vessels are visited daily, and medicines given in all cases of diarrhoea. The above number of vessels represents at least 1,800 persons of both sexes and all ages. In the epidemics of 1849 and of 1854 respectively, 250 cases of cholera were received by the *Dreadnought* authorities. During the present epidemic, 73 cases have been entered on the books of the *Belleisle* hospital-ship. What has been in this way effected shows a glaring sanitary defect in the governance of our own port of London. The arrangements of the Board of Health enjoin that the medical officer in each district is to be deemed responsible for the supervision of that portion of the river flowing through such district, and to inspect all floating habitations moored thereon. But such an arrangement is utterly impossible of performance when an epidemic is raging. The Thames is ruled by a Conservancy Board, and no interference with the administrative management of that great highway for commerce is permitted to the authorities of the parishes through which it flows. This body have an inspector of nuisances, whose exertions are confined to preventing the Thames being used as a convenient dustbin by its floating denizens; and his work has no reference whatever to the sanitary condition of the shipping. The Conservators are, as a body, rightly endowed by the legislature with great powers, having charge of most important commercial interests. In due support of those interests, it is right that they should possess and use the power to appoint a medical staff of their own. Among our many sanitary sins of omission, few at present are more patent than the non-existence of a medical officer of health for the port of London.

In Glasgow, we learn from the *Daily Herald*, the sanitary inspection of the city by the citizens themselves, which was approved of by a public meeting in the City Hall a few weeks ago, has now become an all but accomplished fact. The meeting in the City Hall resulted in the appointment of an influential committee to see to the carrying out of the proposed

object. That committee divided the city into nine sections, and then appointed a separate committee for each of these sections. An appeal was made by the clergymen to the male members of their congregations to act as visitors; first, to inform the authorities if anything of the nature of a nuisance was observed within the tour of their inspection outside the houses; and, secondly, to call upon the occupants in the character of friends as well as of fellow-citizens, and to use every kind of influence to remove the domestic causes of epidemic disease, and especially to secure attention to personal cleanliness. It was explained that, while it would be entirely optional to the occupant of a house to admit the visitors or not, and would be also optional to him to adopt or not any advice they might give, it would also be their duty where they detected a nuisance in any private house, which was not removed upon their pointing it out to the occupant, to report this to the authorities who had the legal power to deal with it. About 3000 persons volunteered their services, a considerable number being working men. Every house in the city, with but one or two exceptions, has nominally been taken charge of; but it is feared that many of the visitors have had too large a district given them. It is thought that two or three hours a week is as much time, and the inspection of twenty to twenty-five houses (such being visited twice a week more or less thoroughly, according to the state they appear to be in), is as great a labour as can reasonably be asked from visitors. In no case is it proposed to send visitors into any place where cholera is already known to exist, the medical staff being quite prepared in such case to supplant the non-official district visitors. The alacrity with which the clergy entered into the scheme, the harmony with which they have met and deliberated together, and the labour and pains they have bestowed upon it, are beyond all praise. Dr. Gairdner has literally been the mainspring of the movement, attending all the meetings of the several committees, and giving most invaluable information and advice. Dr. McGill and the other medical officers of the city have also rendered most efficient assistance.

The *Wiener Med. Wochenschr.* says (21st September) that, although the cholera is becoming milder and the cases less numerous, there are still more than 100 fresh cases and 50 deaths daily in Vienna and the suburbs. Throughout Lower Austria, the epidemic is diminishing. Up to September 7th, in 264 localities in Lower Austria with a population of 174,000, there were 12,590 cases of cholera, of which 6624 recovered, 4327 died, and 1939 remained under treatment.

The week ending September 8th was marked by a decided subsidence of this disease in all parts of the United States. It had prevailed with the greatest severity in some of the western cities, as Cincinnati, St. Louis, Chicago, and Memphis, but the reports had dwindled down to but a few cases daily, and scarcely any deaths. But very few cases were reported in New York and Brooklyn. The cities of Boston, Baltimore, and Washington seemed to be remarkably exempt from the disease; and indeed south of Philadelphia only a few cases were reported from Richmond and New Orleans—the other southern cities being almost entirely exempt from the disease. In Philadelphia the epidemic did not attain much power. The total number of deaths there to July 28th was 33. The following had been the mortality since that time:—week ending August 4th, 47; August 11th, 52; August 18th, 56; August 25th, 91; September 1st, 58. The sexes, etc., of the deceased were as follows:—Male 157, female 178; adult 283, children 52.

## COD-LIVER OIL.

Messrs. J. and A. Bedford of Leadenhall Street have just issued a little work in which they describe, under the name of "Crystal Cod-Liver Oleine", a very fine specimen of cod-liver oil of which they announce a new importation, and which they are desirous of introducing to the notice of the medical profession. They disclaim for it any special curative virtues over other first-rate specimens of the oil; but assert that it has certain peculiarly advantageous properties.

"1. In the first place the oil is a pure oleine: it is more purely oleine than specimens specially prepared in this country. Thus we offer for the first time, on an extensive scale, a pure oleine derived from the liver of the cod.

"2. The oil being expressed and refined from the fresh liver of the fish, there is in it no trace of decomposing organic matter, nor of volatile product of decomposition; hence it is free from fishy or other disagreeable odour. The sense of smell of the most delicate person would not be affected by it in the least degree.

"3. The oil is entirely free from rancidity, and consequently from those fatty acids to which we have directed attention as common to inferior specimens of cod-liver oil. It is less liable, therefore, to produce symptoms of indigestion—viz., heartburn, nausea, eructation, irritability of the bowels, or diarrhoea.

"4. The oil is almost tasteless, and with many, if not all, it is considered quite tasteless; it drinks as blandly as new milk, and leaves no unpleasant flavour behind."

A specimen which has been forwarded to us is a clear oily fluid, having—to our senses—only a slight and not disagreeable amount of the smell and taste of cod-liver oil.

## VEGETABLE CHARCOAL.

The antiseptic properties of vegetable charcoal have led to its internal use in dyspepsia, in which it has been found to be productive in many cases of much relief. Mr. Bragg of Wigmore Street is well known as the manufacturer of charcoal of a very pure quality, which he supplies both in the form of powder and of biscuits. The biscuits we have found to be, although rather unsightly, pleasant to the taste. The charcoal in powder is perfectly free from grittiness, and may be readily taken mixed with water.

**ELEPHANTIASIS OF THE CLITORIS.** Dr. Lyman reported, at a recent meeting of the Chicago Medical Society, a specimen of elephantiasis of the clitoris, removed by Dr. McClure. The patient was a woman, aged about 25, mother of several children, and had suffered with constitutional syphilis. The clitoris commenced to enlarge about three years previously. It formed a pendulous, bifid tumour, dangling between the thighs, and reaching half way to the knees. Its surface was nodulated, and ulcerated at several points, exuding a most offensive discharge. The tumour was easily removed by amputation after the application of a whip-cord ligature around its pedicle. The stump cicatrised in eight days after the operation. Microscopical examination showed fibrous and connective tissue as the principal elements of the mass.

## Reports of Societies.

## ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JUNE 26TH, 1866.

JAMES ALDERSON, M.D., F.R.S., President, in the Chair.

REMARKS ON CHRONIC ALBUMINURIA, ORIGINATING DURING THE CONVALESCENCE FROM SCARLET FEVER AND OTHER ERUPTIVE DISEASES. BY HERMANN WEBER, M.D., F.R.C.P.

THESE remarks did not refer to the well-known and easily recognised acute scarlatinal dropsy or desquamative nephritis of scarlet fever, but to a chronic form of albuminuria originating occasionally at a much later period, when recovery had apparently been established already for several weeks. The author related three cases of scarlet fever, unattended with albumen in the urine or any other symptoms of renal complication during the first four weeks from the commencement. The subjects of the cases appeared quite well at the end of about a month, when they returned to their usual mode of living; but about three or four weeks later the general health became disturbed (loss of appetite and strength, headache, glandular swellings, boils, anæmia, and occasional sickness), and the urine, as soon as the patients came under treatment, was found highly albuminous. Perfect recovery took place in one case; while in another the general health became much improved, but a slight degree of albuminuria has remained; and in the third case death occurred seven years after the commencement from broncho-pneumonia, with uræmic symptoms, the *post mortem* examination exhibiting waxy degeneration (amyloid) of the kidneys. The author maintained that the connexion between the scarlet fever and the renal disease in this class of cases was not the same as in the acute scarlatinal dropsy: while the latter might be considered as a part of the scarlet fever process, the former, originating at a much later period, was probably only so far connected with the scarlet fever as through it a greater susceptibility to the development of chronic renal disease was effected, in the same way as there resulted a tendency to other chronic affections, like glandular swellings, and eruption of boils. The author believed that the same tendency might be caused also by other acute diseases, especially those of exanthematous nature, and gave two cases in which chronic albuminuria took its origin in persons who had lately recovered from erysipelas of the head and typhoid fever respectively, in both of which cases, during the febrile state and during the convalescence, the urine had been quite free from albumen. He referred also to a similar case occurring after typhus fever, and described by Dr. Johnson in his work on *Diseases of the Kidneys*. (London, 1852, p. 408.) The author was inclined to infer from such cases that amongst the many cases of Bright's disease the origin of which is uncertain, a not inconsiderable proportion may have been developed during the later stages of convalescence from exanthematous diseases; that, therefore, as urged already by Dr. Johnson with regard to fever, particular care ought to be taken during these stages with regard to diet, clothing, habitation, avoidance of over-exertion and exposure to cold and damp air. Dr. WEBER further pointed out that the insidiousness of the commencement of this chronic albuminuria, as in four cases out of the five related, anasarca and admixture of blood

ciety in question has existed for nine years; it has the countenance of "some of the leading medical men of the county"; and yet not more than twenty-seven have been tempted to join it, out of a medical population of probably from two to three hundred. The want of sympathy with the movement in Sussex can scarcely be attributed to my having "touched the pride of the profession", but is, no doubt, just what would happen elsewhere under similar circumstances.

I do hope that, on reflection, Dr. Stephens will see that, while he vastly over-estimates my humble influence, he is doing but scant justice to the judgment and common sense of his fellow-associates in supposing that they would reject a proposition at the mere dictation of an individual, or that they would accept his *veto*, unless, indeed, his arguments carried conviction to their own minds.

I am, etc., A. B. STEELE.

Liverpool, September 1866.

## Medical News.

**APOTHECARIES' HALL.** On September 20th, 1866, the following Licentiates were admitted:—

Green, Frederick King, Stoke Newington  
Smith, Robert Harman, St. Andrew's Road, S.E.

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

De Morgan, Edward, Guy's Hospital  
Orton, John, Sydenham College, Birmingham

### APPOINTMENTS.

\*SIMPSON, Henry, M.D.Lond., elected Physician to the Manchester Royal Infirmary.

### ARMY.

BARRY, Staff-Surgeon D. P., to be Surgeon-Major, having completed twenty years' full-pay service.

CLIFFORD, Surgeon J. J., M.D., 9th Lancers, to be Surgeon-Major, having completed twenty years' full-pay service.

HARDING, Surgeon W. T., 19th Foot, to be Staff-Surgeon, *vice* E. L. Hiffernan.

HIFFERNAN, Staff-Surgeon E. L., to be Surgeon 19th Foot, *vice* W. T. Harding.

HOME, Staff-Surgeon A. D., C.B., to be Surgeon-Major, for ability and zeal during the late operations in New Zealand.

LAPSEY, Staff-Surgeon W., to be Surgeon-Major, having completed twenty years' full-pay service.

LYONS, Staff-Assistant-Surgeon P. P., M.B., to be Assistant-Surgeon Rifle Brigade, *vice* R. J. B. Cunynghame, M.D.

MACKINNON, Surgeon W. A., C.B., 67th Foot, to be Surgeon-Major, for ability and zeal during the late operations in New Zealand.

REYNOLDS, Surgeon F., Military Train, to be Surgeon-Major, having completed twenty years' full-pay service.

SMITH, Surgeon A., M.D., Royal Artillery, to be Surgeon-Major, having completed twenty years' full-pay service.

TARRANT, Staff-Surgeon T., M.D., to be Surgeon Cape Mounted Rifemen, *vice* J. K. Leet, M.D.

TITTERTON, Staff-Assistant-Surgeon H., M.D., to be Staff-Surgeon, *vice* T. Tarrant, M.D.

### ROYAL NAVY.

BABINGTON, A. W. W., Esq., Surgeon, to be Staff-Surgeon.

BENNETT, W. R., M.D., Assistant-Surgeon, to be Surgeon.

BROWNING, Benjamin, Esq., Surgeon (additional), to the *Victory*, in lieu of an Assistant-Surgeon.

BURTON, Matthew, M.D., Staff-Surgeon, to the *Zealous*.

CROWDY, Alfred S., Esq., Acting Assistant-Surgeon, to the *Zealous*.

FERGUSON, R., M.D., Assistant-Surgeon, to be Surgeon.

M'CARTHY, Dennis, Esq., Acting Assistant-Surgeon (additional), to the *Fisgard*, for service in the Woolwich Marine Infirmary.

REID, J. W. (b), M.D., Surgeon, to be Staff-Surgeon.

RIDINGS, W. G., Esq., Assistant-Surgeon, to be Surgeon.

SIMPSON, John, Esq., Assistant-Surgeon, to the *Zealous*.

SKENE, J. A., Esq., Assistant-Surgeon, to be Surgeon.

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

GRIGOR, C. R. M'Leod, Esq., to be Assistant-Surgeon 2nd Newcastle-on-Tyne A.V.

STEWART, J., M.D., to be Honorary Assistant-Surgeon 2nd Fife-shire A.V.

### DEATH.

CRIBB. On September 20th, at Bishops Stortford, aged 67, Henry Cribb, Esq., Surgeon.

BEQUEST. Mr. W. U. Crocker, late of Blackheath, has left by will £100 to the Bath United Hospital.

DEATH IN THE STREET. On the 23rd instant, as Dr. E. Warren, residing at Sidmouth, South Devon, was proceeding to church, he fell, and in a few moments expired. He was 64 years of age. The cause of death was disease of the heart.

ALLEGED ILL-TREATMENT OF A LUNATIC. One of the attendants at the Surrey County Lunatic Asylum is charged with ill-treating one of the patients in that institution. The case was based upon the evidence of three painters, who were at work in one of the wards; and who state that the lunatic was knocked down, beaten, and ill-treated. The matter is adjourned.

THE SOCIAL SCIENCE ASSOCIATION. The Earl of Shaftesbury, the President, has consented to take the chair at the dinner, on October 9th. All the arrangements for the meeting are progressing satisfactorily, except one. The single exception is, that not enough funds for the expenses have yet been provided. The total sum required is only £2,500, of which £1,700 has been subscribed. (*Manchester Guardian*.)

HOSPITAL FOR CONSUMPTION, BROMPTON. At the Quarterly Court of Governors, on Thursday week, the following legacies were announced:—Miss A. Bailey, £500; Mrs. Sheldon, £100; Mr. W. H. Powell, half of residue; W. C. Grove, Esq., £100; Mrs. Story, £500; R. Churchward, Esq., £100; Mrs. H. Wilson, £100. This source of income afforded a means of making up the difference between the annual subscriptions and the year's expenses, the amount of the latter being still about double that of the former. The Bishop of Lichfield was elected a vice-president of the hospital.

THE MEDICAL SCHOOLS. In London the inaugural addresses will be delivered as follows. King's College, Sir William Fergusson; Guy's, Sir Lawrence Peel (president); Charing Cross, Mr. R. Barwell, F.R.C.S.; London, Dr. Head; St. George's, Dr. J. W. Ogle; University, Professor Ringer, M.D.; Westminster, Dr. Fincham; Middlesex, Mr. Hulke; St. Thomas's, Dr. Barker; St. Bartholomew's, Mr. Savory; St. Mary's, Mr. Haynes Walton. The following are the arrangements at some of the provincial schools. Manchester Royal School of Medicine, Dr. Browne; Liverpool Royal School, Mr. Reginald Harrison; Leeds School of Medicine, Mr. Samuel Hey; Queen's College, Birmingham, Mr. David Nelson; Sheffield School of Medicine, Dr. Aveling; College of Medicine, Newcastle-on-Tyne, Dr. C. J. Gibb.

ASYLUM FOR IDIOTS. We believe that to Dr. Seguin, of New York, belongs the high credit of first undertaking the education and training of idiots. This was several years previous to 1839, when Dr. Guggenbühl began to study Cretinism; and when the latter opened his School on the Abenberg, in 1842, simultaneously with that of M. Saegart at Berlin. Dr. Seguin had been for several years actively engaged in conducting a school for idiots, and had already published as many as four successive pamphlets on their treatment and education. In 1846, Dr. Kern established a school at Leipzig; soon after, another was opened at Bath, in England; and in 1848, Sir M. Peto devoted his own elegant mansion, Essex Hall, Colchester, to the same noble purpose. Scotland opened her first institution in 1852; and in June, 1853, was laid by Prince Albert the corner-stone of the school of Earlswood,

Surrey. Nearly all the nations of Europe have since followed these examples. In 1842 the first movement was set on foot for improving the condition of idiots in the United States. Massachusetts men made the first move; but the Legislature of New York was the first public body that undertook to legislate on the subject. Dr. Backus, of Rochester, introduced a bill to the Senate, at Albany, on the 13th of January, 1846, for the purchase of a site and the erection of suitable buildings for an asylum for idiots; which was not, however, carried out till 1854, when the New York State School for Idiots was permanently established at Syracuse, and Dr. H. B. Wilbur chosen superintendent. In the meantime, October, 1846, the State of Massachusetts opened her experimental school for idiots, under the charge of Dr. S. G. Howe, which has been in successful operation ever since. Dr. Wilbur had already opened his private institution at Barre in the preceding July. In July, 1851, his school was transferred to Albany, under the patronage of the State of New York; which finally became the present State Institution. In 1852, a private school was opened by Mr. Richards, at Germantown, which soon after was transferred to Media, where it became the "Pennsylvania Training-School for Idiots." Connecticut and Ohio opened their institutions respectively in 1855 and 1857; Kentucky in 1860; and Illinois in 1865. Thus the United States has eight of these schools, in which nearly one thousand children are constantly in training. This is only a beginning; all the Western and Southern States will probably soon possess similar establishments; and sooner or later, they must be supplied to all our large cities. (*New York Medical Record*.)

**NURSING CHILDREN IN FRANCE.** The French Government is beginning to learn how it comes to pass that people in the middle and upper middle classes in France seldom rear large families. The custom in France among those classes is to put their young children out to nurse in the country, where the air is supposed to be better than in the towns. In all the principal cities there are Bureaux des Nourrices, under the especial superintendence of the police, at which countrywomen desirous of devoting themselves to the nurture of other people's children register themselves. Speculators, whose trade it is to act as middlemen between these professional nurses and parents, bring the former to Paris in omnibuses chartered for the purpose, provide them with nurslings whose parents have applied for nurses at the various *bureaux* there, and reconvey them back to their homes. Startling evidence has been laid before the Academy of Medicine of the horrors that take place in these vehicles on the return journey. The nurses swap the children away with each other, or sublet them, "I have seen," said M. Chevalier, addressing the Academy, "one woman undertake to nurse seven infants, who had neither milk herself, nor the means of procuring cow's milk." Badly fed and badly cared for, the mortality among the wretched children is frightful. Out of 20,000 babies who are annually sent out of Paris en *nourrice*, not more than 5,000 survive; 15,000 die of cold, hunger, and neglect. There are two communes of the Eure-et-Loire especially notorious for the mortality among the infants sent to them; and nurses from that quarter are much sought after by the keepers of houses of ill-fame, and by women of loose life, who find that species of infanticide as certain and far less dangerous than drowning or strangulation. We are now told, however, the French police have taken the matter in hand; and it is probable that the evil will be abated. (*Pall Mall Gazette*.)

## OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 9 A.M. and 1.30 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.—St. Thomas'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, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical 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.

WEDNESDAY. Obstetrical Society of London. 7 P.M., Council Meeting. 8 P.M., Dr. W. S. Playfair, "On the Mechanism and Management of Delivery in Cases of Double Monstrosity"; Dr. Routh, "On a New Mode of Treating Epithelial Cancer of the Cervix Uteri and its Cavity."

## 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.

COMMUNICATIONS.—To prevent a not uncommon misconception, we beg to inform our correspondents that, as a rule, all communications which are not returned to their authors, are retained for publication.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

COMMUNICATIONS have been received from:—MR. JONATHAN HUTCHINSON; JUSTITIA; THE SECRETARY OF THE WESTMINSTER HOSPITAL SCHOOL OF MEDICINE; DR. G. BODINGTON; MR. JOHN BIRKETT; MR. W. P. SWAIN; DR. J. R. WARDELL; MR. T. SPENCER WELLS; MR. H. CRIBB; DR. LANCHESTER; DR. GREENHILL; MR. C. LEONARD; MR. H. C. B. STEELE; and THE HONORARY SECRETARIES OF THE OBSTETRICAL SOCIETY.

## BOOKS RECEIVED.

1. Brief Sanitary Notes from Practical Experience, more especially in Reference to Cholera. By Assistant-Surgeon J. J. Pope. London: 1866.
2. On the Successes and Failures of Medicine. President's Address. By A. T. H. Waters, M.D. London: 1866.

## ADVERTISEMENTS.

### Periodicals for Sale.—A Member

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