

I think it but proper to notice this, because I have seen several decided failures in the making of it, the "slight yellowish green tint," having been made the best of. I saw one specimen the other day nearly as verdant as grass itself. I now regard uniformity of whiteness, briskness of effervescence, and absence of nausea or catharsis, when ingested, as the best criteria of the purity and excellence of the preparation. One cause of failure may be the moist and oxidised condition of the sulphate of iron used in the process of preparation. This salt, I now beg to state, should be taken only from the best unoxidised crystals, and they ought to be rendered perfectly dry, as much as possible out of the contact of oxygen. I regret having neglected to notice this fact in my original communication.

Allow me to repeat what I stated in a former note; namely, that the preparation is only intended as a chalybeate tonic, and in no case ought it to be used as an aperient; "to develop its aperient action is to abuse the preparation."

I had very lately under my care a young lady, the subject of anæmia with vicarious menstruation, the stomach being the substituted channel of egress. In this case I ordered a warm sitz-bath every night, a cold shower in the morning, and ferri carbonas effervescens thrice daily an hour or more after meals for three weeks. The effervescing chalybeate was well borne after the first day, and I was informed that chalybeates generally disagreed with all her family, herself included. At the close of the third week the catamenia appeared *per vaginam* in greater quantity and of a deeper and more healthy colour than on any previous occasion.

In conclusion, let me add, that in every case, for the first day or so, the dose should be moderate, say half a teaspoonful, as the first dose of any chalybeate is trying both to the stomach and brain of those requiring them. I am glad to be able to say that, as yet, I have met with no case where the preparation has not given both myself and the patient the greatest satisfaction.

I am, etc., THOS. SKINNER, M.D.

1, St. James's Road, Liverpool, August 20, 1861.

**SENSIBILITY OF THE SYMPATHETIC NERVE.** M. Colin, in a memoir presented to the Academy of Sciences in Paris, has arrived, by experiment, at the following conclusions regarding the sympathetic nerve. His observations, he says, confirm the results described by M. Flourens. 1. All the ganglia of the great sympathetic are sensible, but in different degrees; the semilunar and the thoracic ganglia are much more so than the superior cervical ganglion. 2. Ganglia of small size seem more sensible in those parts of their structure which are enlarged, greyish, and of homogeneous aspect, than in those which are thin, striated, and plexiform. 3. The sensibility of the ganglia is excited more readily by pinching or constriction, than by pricking, section, or the application of caustics. 4. The irritation is immediately perceived, however feeble it may be; but, if weak, it does not provoke reaction until several seconds have elapsed. 5. When a ganglion is irritated at many points of its surface, it may lose the power of transmitting impressions from these points, or from the nerves which originate from them. 6. All the ganglionic nerves are sensible in various degrees, but generally less so than the ganglia. 7. The sensibility of these nerves diminishes with their size, and is almost lost in the very small filaments. 8. The ganglionic nerves which form the communication with the cerebro-spinal system are the most sensible; those which pass between the ganglia are less so; and those which are supplied to the viscera possess the property in the lowest degree. 8. The sensibility of the nervous fibres of the sympathetic is most readily excited by pinching. (*Gaz. des Hôp.*, Mai 21, 1861.)

## Medical News.

UNIVERSITY OF LONDON. M.B. Preliminary Scientific Examination. 1861. Examination for Honours.

### Chemistry and Natural Philosophy.

Bruce, Alexander (Exhibition), University College  
Deas, Peter Maury, University of Edinburgh } Equal.  
Hicks, John Wale, St. Thomas's Hospital }  
Godrich, Henry, B.A., adjoining St. George's Hospital  
Casey, Edward, King's College  
Wood, John Henry, King's College  
Carter, William, Charing Cross Hospital  
Gwynne, Henry Harries, King's College

### Biology.

Deas, Peter M. (Exhibition), University of Edinburgh } Equal.  
Hicks, John Wale (Exhibition), St. Thomas's Hosp. }  
Carter William, Charing Cross Hospital } Equal.  
Hinds, James, Queen's Hospital, Birmingham }

First M.B. Examination, 1861. Pass Examination.

### First Division.

Axford, William Henry, King's College  
Clarke, Julius St. Thomas, Guy's Hospital  
Fox, Edward Lloyd Harries, University College  
Gwyther, James, B.A., Royal Manchester Society of Medicine and Owens  
Money, Frederick John, St. Thomas's (examined in Physiology and Chemical Toxicology only)  
Smith, Philip Henry Pye, B.A., Guy's Hospital  
Rickards, Walter, University College  
Smith, William Frank, Guy's Hospital  
Stevenson, Thomas, Guy's Hospital  
Walker, George Edward, University College  
Waters, John Mangin, University (examined in Anatomy, Materia Medica, and applied Chemistry only)

### Second Division.

Brook, Charles, St. Bartholomew's Hospital  
Ludlow, Ebenezer, St. Bartholomew's Hospital  
Makens, John, Guy's Hospital  
Southam, Geo. Thos. Mitchell (examined in Anatomy, Materia Medica, and applied Chemistry only), St. Bartholomew's

Examination for Honours.

### Anatomy.

Clarke, J. St. Thos. (Exhibition and gold medal), Guy's Hospital  
Stephenson, Thomas (gold medal), Guy's Hospital  
Walker, George Edward, University College  
Rickards, Walter, University College  
Axford, William Henry, King's College  
Smith, Philip Henry Pye, B.A., Guy's Hospital } Equal.  
Smith, William Frank, Guy's Hospital }

### Physiology, Histology, and Comparative Anatomy.

Smith, Philip H. Pye, B.A. (Exhibition and gold medal), Guy's Hospital  
Clarke, Julius St. Thomas (gold medal), Guy's Hospital  
Stevenson, Thomas, Guy's Hospital  
Smith, William Frank, Guy's Hospital  
Rickards, Walter, University College

### Materia Medica and Pharmacy, and Chemistry in Relation to Physiology, Pharmacy, and Toxicology.

Stevenson, Thomas (Exhibition and gold medal), Guy's Hospital  
Fox, Edward Lloyd Harries (gold medal), University College  
Clarke, Julius St. Thomas, Guy's Hospital  
Smith, Philip Henry Pye, B.A., Guy's Hospital  
Walker, George Edward, University College  
Rickards, Walter, University College

## APPOINTMENTS.

CALLENDER, George W., Esq., appointed Assistant-Surgeon to St. Bartholomew's Hospital.  
LUKE, James, Esq., appointed Consulting-Surgeon to the London Hospital.

**ROYAL ARMY.** The following appointments have been made:—

FAIRBAIRN, Staff-Surgeon-Major W. H., M.D., to be Surgeon 45th Foot, *vice* O'Leary.  
O'LEARY, Surgeon T. C., M.B., 45th Foot, to be Surgeon Royal Artillery.  
PARR, Staff-Surg. T., to be Surgeon 56th Foot, *vice* Savers, deceased.  
RUTHERFORD, Staff-Surgeon C. C., to be Surgeon 99th Foot, *vice* Todd, appointed to the Staff.  
TODD, Surgeon R. C., 99th Foot, to be Staff-Surgeon, *vice* J. R. Brush, M.D., placed upon half-pay.

**ROYAL NAVY.** The following appointments have been made:—

ELLIOT, George F., Esq., Assistant-Surgeon, to the *Victory*, for Haslar Hospital.

GOODMAN, Godfrey, Esq., Assistant-Surgeon, to the *Plover*.  
 JACKSON, Gordon, Esq., Assistant-Surgeon, to the *Aboukir*.  
 SARRIN, John C., Esq., Surgeon, to the *Asia*.  
 THOMAS, Mitchell, Esq., Surgeon, to the *Saturn*.  
 WRIGHT, Frederick L. W., Esq., Assist.-Surgeon, to Haslar Hospital.

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

ASPLAND, A. Esq., to be Surgeon 4th Administrative Battalion Cheshire R.V.  
 DEAN, T. N., Esq., to be Assistant-Surgeon 46th Lancashire R.V.  
 HELM, G. F., Esq., to be Assistant Surg. 3rd Cambridgeshire R.V.  
 LISTER, F., Esq., to be Assistant-Surgeon 1st Lancashire Engineer Volunteers.  
 MERRIMAN, C. A., Esq., to be Surgeon 3rd Administrative Battalion Cheshire R.V.  
 WEAVER, J. D., Esq., to be Surgeon 2nd Administrative Battalion Cheshire R.V.

**To be Honorary Assistant-Surgeons:—**

GREGORY, C. F., Esq., 23rd Kent R.V.  
 RIDSDALE, G., Esq., 1st Middlesex A.V.  
 WALES, T. G., jun., Esq., 23rd Norfolk R.V.

### BIRTH.

HAVILAND. On August 20th, at Cambridge, the wife of \*H. J. Haviland, M.D., of a daughter.

### DEATHS.

FERNANDEZ. On August 14, at Bath, aged 88, Esther, widow of Peregrine Fernandez, Esq., surgeon.  
 FOTHERBY. On August 15, at Long Sutton, aged 81, Marie Jane, wife of H. J. Fotherby, M.B., Trinity Square.  
 FRANKUM, Richard, Esq., surgeon, at 4, Burlington Gardens, on August 16.  
 NORMAN. On August 14th, aged 11, Mary Andrews, elder daughter of H. Burford Norman, Esq., Surgeon.  
 QUEKETT, John Thomas, Esq., F.R.S., at Pangbourne, aged 46, on August 20.  
 WOOD. On August 15th, at Ashton-under-Lyne, Eliza, daughter of \*Robert Wood, Esq.

**HOMOEOPATHY IN AMERICA.** Professor A. B. Palmer, of Michigan, says that the legislature of that state did not pass a law requiring the establishment of a chair of Homoeopathy in the medical department of the State University. (*Med. and Surg. Rep.*)

**MEDICAL VACANCIES.** There is a vacancy for a second Assistant Physician to the City of London Hospital for Diseases of the Chest, Victoria Park; and for a Resident Medical Officer to the Brixton, Streatham-hill, and Hernehill Dispensary. Union medical officers are required in the Llandilofaur Union, Carmarthenshire; and for the Birkenhead District in Wirral Union, Cheshire.

**AMERICAN PERSONAL NEWS.** Dr. J. Marion Sims has gone to Europe with the intention of returning in the autumn. Dr. William H. Mason, now in Paris, has been appointed to the chair of Physiology and Microscopic Anatomy in the Buffalo Medical College. Dr. Austin Flint, jun., Professor of Physiology in the Bellevue Hospital Medical College, has returned from Europe.

**CURIOUS MODE OF SUICIDE.** The *post mortem* examination of a Mdlle. Leprovost, who died suddenly at Caen last week, the very day before she was to take her trial for embezzlement, when postmistress at Courseulles, has shown that she has committed suicide by thrusting pins and needles into her chest. The heart had been pierced in many places, and two needles were also found crossing each other in her throat. She had used the cover of a prayer book to force them into her body.

**THE AMERICAN ARMY DOCTORS.** The *Times* correspondent writes as follows:—"Apropos of this subject, I must remark that one class of officers in the Federal army did their duty nobly—the surgeons remained on the field when all others were retiring or had left. One is reported killed; six are prisoners in the hands of the enemy, engaged in attending the wounded of both sides—an invaluable aid to the scanty medical staff of the Confederates."

**SCIENCE IN CUBA.** A Royal Academy of Medical, Physical, and Natural Science, has been organised in Havana under the government. Dr. N. Gutierrez is president, and Dr. R. Zambrana secretary; both are physicians. The society will confer titles on scientific men, and will institute annual prizes to be competed for by men of all nations. A journal will be published, containing the memoirs presented to the Academy, and the reports of the meeting. (*Amer. Med. Times.*)

**CONSUMPTION OF SPIRITS.** A Parliamentary return just issued shows that the quantity of spirits charged with duty for home consumption fell from 28,661,674 gallons in 1859 to 26,863,361 in 1860. In that year the duty on home-made spirits was raised to 10s., and the decrease in the quantity was in these, and almost wholly in Ireland and Scotland. The quantity of British spirits charged with duty for home consumption was 23,729,026 gallons in 1859, and 21,338,448 in 1860. In the first three months of the present year the quantity of home-made spirits used for home consumption was only 4,670,797 gallons.

**LONG LIFE IN ENGLAND.** It speaks well for the healthiness of England that in the year 1859, for which the returns have just been published, the list of deaths included twenty-five men and fifty-six women who had attained what Dr. Farr calls "the natural lifetime of a hundred years." The oldest man in the obituary of the year died at Sunderland, aged 107; but a woman in Wokingham district, Berks, was 108, and two women, one in Monmouthshire and one in South Wales, had reached the patriarchal age of 110. Of these centenarians eight were found in London; the county that could boast the largest number is Somersetshire, in which there were seven.

**DESTRUCTION OF INFANT LIFE.** Of the deaths in England in 1859 no less than 184,264—two in every five of the deaths of the year—were of children under five years of age; and above half of these—105,629—had scarcely seen the light, and never saw one return of their birthday. A very large number of these early deaths are from debility and causes which prove that the children never had much chance of life, but many are suffocated, or otherwise killed, accidentally, carelessly, or worse. In the last five years, within the metropolitan district alone, at least two hundred and seventy-eight infants were murdered; above sixty were found dead in the Thames, or the canals or ponds about London, and many more than one hundred, at all events, were found dead under railway arches, on doorsteps, in dustholes, cellars, and the like. We may here correct an expression in the summary of the Registrar-General's report given on Saturday, in which it was stated that to one hundred women of certain ages there were "14.9 births" in the year; that seems inconsistent with what follows, but the inconsistency vanishes on reading "14.9 children born alive."

**FATAL ACCIDENT.** The latter end of last week a fatal accident happened to the daughter of Mr. Burford Norman, surgeon, of Southsea. Mr. Norman left his house in a phaeton, accompanied by deceased, for the purpose of performing professional duties. Some miles out of Portsmouth, the horse exhibited signs of restiveness, bolted, and became quite unmanageable. He endeavoured to keep the horse in the high road; but the animal turned towards a lane, when the off-wheel of the carriage came into contact with a post at the corner, and the deceased and himself were thrown violently into the road. He fell on his head, and attributed the saving of his own life to the thickness of the hat he was wearing. He was not stunned, but slightly bruised. He immediately looked for his child, hoping that she had escaped, when he saw her in the road, bleeding, and apparently in a dying state. Mr. K. E. Knight, surgeon, on hearing

a cry for help, went in the direction, and saw the deceased lying on the ground, bleeding from the ears and nostrils. She was insensible, and in a dying state; she had sustained a fracture of the skull, and injury to her brain; she expired in about ten minutes from those injuries. At the inquest, the jury returned a verdict of "Accidental Death."

THE HEAT IN THE SOUTH OF EUROPE is said to be terrific. In Piedmont we read that "the springs are utterly dry. The laundresses are at a loss how to wash, and the country people have to go great distances with their beasts of burden to fetch wherewith to water their cattle. Within no living man's memory was the Riviera scourged by so awful a cessation of all moisture. Gardens and groves wither in the consuming sun glare; the country bears a look of desolation. The deaths in Turin show an increase of 10 or 12 daily. At Chieri there have been cases of a 'black disease' (whatever it may be), which people think contagious, and of which they fear the spread. The doctors have ordered the immediate interment of the first victims of the ominous complaint."

VALUE OF SANITARY REGULATIONS: A COMPARISON. Liverpool affords one of the most striking examples of the benefits of a sanitary police on record. In 1847, when the Public Health Act first went into operation, this city was one of the most unhealthy in England, the rate of mortality being 1 in 30 of its inhabitants. Since that date, the town has been under a thorough sanitary surveillance; it has expended upwards of 10,000,000 dollars in improvements directed by its health authorities, and the most beneficial results now begin to appear. Dr. Duncan, the medical officer of health, has just issued his annual report, from which it appears that the rate of deaths was 1 in 41, representing, for last year alone, a saving of not less than 3800 lives, or about five lives in every 1000 living were saved. If typhus had been as fatal in Liverpool last year as formerly, there would have been 900 deaths from this disease alone; but there were only 359. There were 8 deaths from small-pox during the year, and not more than 11 had been recorded since May 1859. What a striking contrast does Liverpool now present to New York, which for the week ending June 29, reported 30 deaths by small-pox. These two cities illustrate forcibly the importance of proper health regulations and qualified officers; the former, under its energetic Board of Health, is becoming one of the healthiest cities in England; the latter, destitute of a sanitary police, is rapidly sinking to the level of the unhealthiest cities on the globe. (*Amer. Med. Times.*)

ASSOCIATION OF MEDICAL OFFICERS OF ASYLUMS AND HOSPITALS FOR THE INSANE. The annual meeting of this Association was held in Dublin on Thursday the 15th instant. Dr. Bucknill, the President, delivered an address, containing an interesting *resumé* of the labours of the society during the year, and then resigned the chair to his successor, Dr. Lalor, resident physician of the Richmond Lunatic Asylum. Dr. Stewart of Belfast acted as secretary to the meeting. The restrictions placed upon the resident physicians in the treatment of their patients were the chief subjects of discussion. A resolution condemning the control exercised by the "visiting physicians," was moved by Dr. Flynn, seconded by Dr. H. H. Stewart of Lucan, and carried by acclamation. A standing committee was appointed to watch any measure relating to lunacy that may be brought into Parliament next session. A special committee was also appointed to visit the colony at Gheel for idiots and lunatics, and to make particular inquiry into its management, in order to be able to report the result to the meeting for 1862 in London. Votes of thanks were passed to Dr. Bucknill, editor of the journal of the association, and to Dr. Neligan, editor of the *Dublin Quarterly Journal of Medical Science*, for his annual reviews

for a series of years on "Insanity and Hospitals for the Insane." The members of the society dined together in the evening.

DEATH OF PROFESSOR QUEKETT, F.R.S. This distinguished microscopist expired on the 20th inst. at Pangbourne, Berkshire, to which place he had been removed a few weeks since in the hope that the change might be productive of permanent benefit to him. The deceased was the fourth son of the late Mr. Quekett, Head-master of the Langport Grammar School, at which institution he received his elementary education. At the early age of 16 he gave a course of lectures on microscopic science, illustrated by diagrams and a microscope of his own making, and, truly, if anything was wanting to show the ingenuity of the boy, nothing could exhibit it so much as this instrument, made up of materials furnished by a common roasting-jack, a lady's old-fashioned parasol, and pieces of brass purchased at a neighbouring marine store dealer's and hammered out by himself. With this instrument, now in the possession of the writer of this imperfect sketch, Mr. Quekett made some important discoveries. On the completion of the above-mentioned course he repaired to London, and was apprenticed to his brother, the late Edwin Quekett, the Lecturer on Botany to the London Hospital, at which institution he was entered as a student. He at once obtained the favourable notice of the medical officers of that charity. On the completion of his studies he became a licentiate of the Apothecaries' Company, and a member of the Royal College of Surgeons of London. This institution having just then established a Studentship in Human and Comparative Anatomy, Mr. Quekett competed for the appointment and was unanimously elected, immediately after which he set to work and formed an elaborate and most valuable collection of microscopic preparations, injected by himself with so much skill as to excite the admiration of all able to form any opinion of their value. This collection the Council of the College of Surgeons purchased. At the conclusion of the period for which the studentship was tenable, viz., three years, he was appointed Assistant-Conservator of the Hunterian Museum. On the retirement of Professor Owen, Mr. Quekett was elected his successor, as also Professor of Histology, an appointment which he held at the time of his death. Professor Quekett, who was only 46, leaves a widow and four children to deplore the loss of an amiable husband and most indulgent parent.

LONDON TWO CENTURIES AGO. The destruction of life, remarks the Registrar-General in the report he has just issued, like everything else in London, is upon a scale of grandeur; if its dead of a single year could be brought to life, they would people a large city. Yet the rate of mortality in London is very different from what it was two hundred years since. In 1660-1680, out of 100,000 persons, 357 died annually from small-pox; the deaths now are 42. The mortality then by fever and ague, with scarlatina, quinsy, and croup, was 759; it is now 227. A few (8) in the 100,000 die now of dysentery; then, out of the same number, 763 died annually of that disease; by diarrhoea, however, a milder form of disease, 120 die now, 11 died then. Women are not yet exempt from peril in childbearing; the mortality is 17, but it was then 86. Consumption and diseases of the breathing organs were very fatal; the deaths were 1,079; they are 611 now. Children were rapidly cut down; of convulsions and teething, 1,175 died then, 136 now. Dropsy, a result and sign of scurvy and fever, was exceedingly fatal; 829 died then, 26 now. Scurvy and purpura bear testimony to the imperfect nutrition of the population; the annual deaths in 100,000 were 142 then, and are now 2. In addition, London was then ravaged by the terrible "plague." The returns show, on the other hand, that apoplexy, paralysis, epi-

lepsy, affections of the brain, and suicide, are more fatal now—151 now, to 57 then; and of the violent deaths, some are now more frequent, as the forces by which they are occasioned are greater. Poison is more accessible, fires are probably more common, and dresses more inflammable; but drowning and suffocation were then twice as fatal (23 and 20) as they are in the present day. The Registrar-General reminds us that the diseases would revive if the same causes came again into action. The supply of food, and particularly of vegetables and fresh meat, was defective in the winter, so that a large portion of the population became scorbutic. The houses were nearly as close and dirty as the houses now are in Constantinople and Cairo; the water supply was imperfect, and parasitic insects and diseases of the skin betrayed its impurity. The dirt of the houses struck foreigners. The sewers were defective, and the soil gave off marsh malaria in some parts, and in others was saturated with the filth of successive generations. One by one these evils have more or less disappeared; and along with this change, step by step, the health of London has improved. The nation, adds the Registrar-General, exults justly in the progress of its manufactures; but it is surpassed by the progress of the health of its capital; and further progress is in the hands of the people. They can work out their own salvation, with the blessing of Providence; and as science succeeds in bringing to light the causes of unnatural diseases still existing, we may hope confidently that these diseases will be mitigated or averted.

## Varieties.

**DANGEROUS COSMETICS.** At a recent sitting of the Academy of Medicine, Dr. Réveil read a paper on the necessity of preventing perfumers from selling poisonous or dangerous articles, which should be exclusively left to the responsibility of regular chemists, and not sold without a physician's prescription. "To show the danger there is in allowing the unchecked sale of certain compounds," he said, "I need but state that arsenic, the acid nitrate of mercury, tartar emetic, cantharides, colchicum, and potassa caustica, form part of their ingredients. The kind of soap called lettuce soap, which is sold with the announcement that it has been acknowledged by the Academy, does not contain the slightest trace of lettuce. This and other soaps are all coloured green by the sesquioxide of chromium, or of a rose colour by the bisulphuret of mercury known as vermilion. Some, which are cheaper, contain thirty per cent. of insoluble matter, such as lime or plaster, while others contain animal nitrogenous matter which, having escaped the process of saponification, emits a bad smell when its solution is left exposed to the air. The various toilet vinegars are so far noxious that, being applied to the skin still impregnated with soap and water, they give rise to a decomposition, in consequence of which the fatty acids of soaps, being insoluble in water, are not removed by washing, become rancid, and cause a chronic inflammation of the skin. The preparations employed for hair-dye under the pompous names of 'African Water,' 'Florida Water,' etc., all contain nitrate of silver, sulphur, oxide, and acetate of lead, sulphate of copper, and other noxious substances. All cosmetics for removing hairs or freckles are dangerous; the *lait anté-phélique*, for instance, contains corrosive sublimate and oxide of lead. Were a chemist to deliver such a remedy to a customer without a regular prescription, he would be liable to a fine of 6000*fr.*" Dr. Réveil concluded by expressing his regret that certain physicians should so far forget their own dignity as to lend the support of their names to such noxious inventions.

**MEDICAL CORPORATIONS IN BRAZIL.** The corporation is paid and well paid by the State, and the personal inspection of the Emperor is not wanting to ensure the active discharge of the duties of all. The matriculation fees of the students are small. The course of study extends over six years, and before the first matriculation is permitted the candidate undergoes a rigorous examination in Latin, philosophy, rhetoric, mathematics, history, and geography, and in the French and English languages. Before passing from the first year's course to that of the second, and from that to the third, and so on to the final defence of the thesis, an examination must be passed in the matters of that year's course. The distribution through the six years is as follows:—*First Year*.—1. Physics in general, and its especial applications to medicine; 2, chemistry and mineralogy; 3, descriptive anatomy. *Second Year*.—1, Botany and zoology; 2, organic chemistry; 3, physiology; 4, descriptive anatomy. *Third Year*.—1. Physiology; 2, general and morbid anatomy; 3, general pathology. *Fourth Year*.—1. External pathology; 2, internal pathology; 3, obstetric medicine and diseases of women and children. *Fifth Year*.—1. Internal pathology; 2, regional anatomy, operative surgery, and mechanism; 3, materia medica and therapeutics. *Sixth Year*.—1. Hygiene and history of medicine; 2, forensic medicine; 3, pharmacy. The third and fourth years' students frequent the surgical clinic. The fifth and sixth years' students frequent the medical clinic, and one year of the obstetrical. What a contrast to the education of many practitioners in Great Britain and Ireland, but especially in England! The Brazilian physicians are what may be expected from so careful a training, an honour to their profession and country, and the enlightened sovereign whose intelligent rule fosters so many noble institutions. The only defect noticeable in this system is the want of an inferior (in a literary sense) class of practitioners for the people, whose tastes and aspirations could better mould themselves to a life in remote country places. (*Dr. Daunt.*)

**EPIDEMICS OF DIPHTHERIA.** Dr. Clark of New York gives the following account of epidemics of diphtheria:—Diphtheria, though an epidemic affection, is not, like cholera or yellow fever, a disease of a single season, at least so far as relates to a state or country. It often has a limited duration in villages and among a scattered population; but in large towns, and in the country at large, there is much reason to apprehend that, once established, it will continue for years. The great Spanish epidemic began in 1581, and had not ceased in 1600. That of Italy, which soon followed, according to Dr. Sims (*Mem. of Lon. Med. Soc.*, 1792, vol. i, p. 450), first appeared in Naples in 1618, "where it continued its ravages for twenty years". The disease described by Fothergill, Starr, Cotton, and Huxham, began in London in 1739, and was seen there more or less for seven years before it appeared in other parts of England, and was still witnessed in the smaller towns in 1753—having a duration of fourteen years at least. The Parisian epidemic of 1743 lasted at least five years. That in Sweden began in 1755, and was still raging when Wilke gave an account of it, ten years later. Dr. Jacob Ogden, of Jamaica, Long Island, writing in 1769, out of "compassion for the distressed people of Boston and Oxford", speaks of the *malignant sore-throat distemper* as a disease he had been familiar with for "twenty years"; and again in 1774 his language implies that it still lingered in the country. It was between these dates—that is, in 1771—that Dr. Bard published the paper relating to his rather limited experience in the "angina suffocativa, or the sore-throat distemper, as it is called by the inhabitants of the city and colony of New York". This title implies that the disease was not a new thing to the inhabitants of that colony. The reappearance of the disease in the present century was at Tours, in France, or

rather in La Vendée, whence it was immediately transferred to Tours by the march of soldiers, in 1818. It still lingers in France; and lately, forty-two years after its first appearance there, M. Gendron, a distinguished physician of Tours, is reported to have died of it. It would be interesting, as I have already said, to know if this is the physician whom Bretonneau treated for what was regarded as inoculated diphtheria in 1843. M. Herpin's sickness, already alluded to, occurred in that year. The disease, if it has not continued, has revisited Tours several times since it was first seen there. These statements cannot fail to teach you that it is highly probable we shall not see the end of this visitation of "the sore-throat distemper" for years to come; that it will continue for the longest time in the largest towns; that for years it will be found in one and another of our towns and villages; and that in many of them it will recur more than once before the present epidemic constitution is replaced. (*Amer. Med. Times.*)

USE IS SECOND NATURE. A common porter or a Swiss guide carries burdens with greater ease than ordinary travellers, not because he is stronger than they, but because he is inured to the work and they are not. Better illustrations are met with in the weaker sex. A nursery maid, hardly full grown, carries a child on her arm for hours together—or, at any rate, used to do so before those luxurious perambulators were introduced. Put that child into the hands of Paterfamilias and he is glad to get rid of the weight in a few minutes. But it is among the lower classes that nursing power is most developed, and best shows how much may be done in this way by daily custom. In the small streets and courts of a town there seems no limit to the smallness of a girl who may be entrusted with the care of a baby; and it is wonderful to see little bits of children proudly strutting along with infants in their arms almost as big as themselves. "Use is second nature." No proverb is more true than this. The effects of use are so gradual and imperceptible that it is hard to say what things we do from nature and what from custom, or to appreciate how much facility and endurance follow upon practice. There would seem, for example, to be little muscular exertion in writing a letter; but, if the left hand be used for a change instead of the right, it will be found that, after the first awkwardness has vanished, the fingers become cramped and literally fatigued by the process. It is not even necessary that there should be any movement to induce fatigue. To assume a particular attitude, however easy, and retain it for long together, becomes in itself an exertion. Artists learn by experience how difficult it is to keep the figures who sit as models in exactly the same position. Beginners are even subject to faint in the course of a sitting. In these cases, the result is certainly not due to tight tunics or stocks—it comes from making an unusual demand on the bodily powers, and the surest remedy is to regularly repeat the cause.

HOSPITAL GOVERNMENT IN PARIS. The whole of the hospital department of Paris is presided over by a Director-General, named by the Minister of the Interior, or Home Office; also by a Council of Surveillance, formed of twenty members, the Prefect of the Seine and the Prefect of Police for the time being members by virtue of their office, the others being elected by different corporate bodies for a period of three years. This council is presided over by the Prefect of the Seine. The remaining functionaries are two Inspectors-General, a Secretary-General, several heads of division and a cashier. The functions of the councillors are gratuitous; those of the remaining *employés* are generously paid. In connexion with the hospitals are four great establishments worthy of mention: the Bureau Central, the Pharmacie Centrale, the Cour Générale, and the Boulangerie. The Bureau Central is an office at which all patients, except

urgent cases, undergo a preliminary examination before they are drafted off to the particular hospital which may be indicated by the surgeon or physician in attendance for that purpose. Patients deemed incurable are sent to the almshouse—a circumstance to be taken into account in Paris hospital statistics. The Pharmacie Centrale, in the Quay de la Tournelle, is destined to the preparation and expedition of all drugs required at the hospitals, almshouses, and prisons of Paris. The Cour Générale and the Boulangerie furnish daily the wine and bread consumed in the same charitable establishments, obviating the necessity of stores and bakehouses within the walls of the buildings themselves, a plan by which much space is economised. In the hospital the diet is now divided into portions, an arrangement found more convenient than the old method. One-portion diet contains, for a man—bread, four ounces; wine, variable; soup, three quarters of a pint; fowl or fish, three ounces; one egg; vegetables cooked, variable; currant jelly, one ounce. Rather less than the above is allowed for a female patient. The amount is gradually increased through the two, three, etc. portion-diet, until, in full diet, or that of five portions, it is fixed as follows: white bread, twenty ounces; wine, from a quarter of a pint to one pint (mostly Bordeaux); soups, three-quarters of a pint, twice daily; boiled meat (*bouillie*), nearly nine ounces; vegetables cooked, a pint; milk, from a quarter of a pint to a pint. Full diet may be prescribed for five days only; at the end of which period the grant of five-portion diet must be specially renewed by the physician or surgeon in charge. (*Lancet.*)

#### OPERATION DAYS AT THE HOSPITALS.

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

#### POPULATION STATISTICS AND METEOROLOGY OF LONDON—AUGUST 17, 1861.

[From the Registrar-General's Report.]

	Births.	Deaths.
During week.....	{ Boys.. 889 } { Girls.. 810 }	1699 1621
Average of corresponding weeks 1851-60 .....		1257 1218
<i>Barometer:</i>		
Highest (Sat.) 29.879; lowest (Mon.) 29.610; mean 29.762.		
<i>Thermometer:</i>		
Highest in sun—extremes (Mon.) 138 degs.; (Fri.) 82 degs.		
In shade—highest (Mon.) 89.3 degrees; lowest (Sat.) 49.8 degs.		
Mean—65.3 degrees; difference from mean of 43 yrs.—3.8 degs.		
Range—during week, 39.2 degrees; mean daily, 21.2 degrees.		
Mean humidity of air (saturation=100), 79.		
Mean direction of wind, S.W.—Rain in inches, 0.17.		

#### 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.

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