

## Association Intelligence.

### SOUTH-EASTERN BRANCH:

ROCHESTER, MAIDSTONE, GRAVESEND, AND DARTFORD  
DISTRICT MEETINGS.—FIFTH SERIES.

The first meeting for the present session will be held at the Town Hall, Gravesend, on Friday, September 27th, at 3.30 P.M.

Dinner (punctually at 5.30 P.M.) will be prepared for those who may be able to remain.

Trains will leave for London and all stations on the North Kent Line at 8.19; and for Rochester and Maidstone at 8.14.

Gentlemen intending to dine, are requested to give an intimation thereof on or before Wednesday, September 26th, to Dr. ARMSTRONG, Gravesend; or to

JAMES DULVEY, *Honorary Secretary.*

Brompton, Chatham, September 11th, 1861.

### SOUTH-EASTERN BRANCH: DISTRICT MEETING.

It having been agreed to establish scientific meetings in connection with the South-Eastern Branch and the East Kent and Canterbury Medical Society—to be held at Canterbury, Dover, Ashford, Folkestone, and Faversham—a preliminary meeting was held on the 3rd inst., at the house of Wm. Sankey, Esq., Dover, when it was decided the first meeting should take place at the Royal Ship Hotel, Dover, on Thursday, September 19th, at 8 P.M.

Dr. Lochée has kindly consented to preside.

## Special Correspondence.

### LIVERPOOL.

[FROM OUR OWN CORRESPONDENT.]

I HAVE already alluded to the satisfaction expressed by our Associates here with the improvement in the JOURNAL. There is reason to believe that the new feature of special correspondence from the large provincial towns has contributed somewhat to its increased popularity. I take this opportunity of acknowledging the courteous attention your Liverpool correspondent has, on all occasions, received from the medical officers of our different institutions, and the readiness with which they offer him every facility for obtaining information calculated to render these communications interesting. The amount of assistance thus afforded cannot be fairly estimated by the number of cases actually recorded; as it must be at once apparent that, in order to furnish a selection suitable for the purpose, much ground has to be gone over of which no account is taken.

I mentioned, in a former letter, a case in Dr. Waters's ward in the *Northern Hospital*, of a sailor, 46 years of age, which was thought to be thoracic aneurism. The only symptoms were a peculiar ringing cough and well marked anxiety of countenance; all that the most careful and minute physical examination could detect was dulness on percussion over a small space, a little above the left mamma; and in the same situation a slight impulse could be distinctly felt; no murmur or bruit could be heard. The patient complained of no pain, said "there was nothing the matter with him," and wished

to leave the hospital. He had, however, at intervals of several days two very severe attacks of spasmodic dyspnoea, resembling laryngismus, which were at once relieved by the inhalation of chloroform. He remained in this condition for about a month, when he was seized with hæmoptysis, which was soon checked; but in two or three days afterwards he died quite suddenly, after vomiting about a quart of blood.

At a *post mortem* examination, on removing the anterior walls of the thorax, a tumour was discovered, rather to the left of the upper part of the anterior mediastinum, which proved to be a dissecting aneurism, as large as an orange, occupying the ascending portion of the arch of the aorta, having made its way to the apex of the left lung, which formed a part of the walls of the aneurismal cavity. At this point the sac had given way, and its fluid contents had freely permeated the air-cells of the whole of the lung, and had evidently caused immediate death, partly by asphyxia, and partly from loss of blood. The interior of the aorta presented numerous patches of atheromatous deposits. The heart was very flabby and friable, having undergone fatty degeneration to a considerable extent. The other viscera were healthy.

At the *Royal Infirmary*, since my last report, the following operations have been performed:—

By Mr. Bickersteth: May 22nd. Excision of about three-fourths of the ulna for caries, in a lad about 18 years of age, which terminated satisfactorily.

May 29th. Removal of an exostosis from the inner side of the upper third of the tibia, in a healthy looking female, aged 30. The tumour had been growing for fifteen years, and caused no pain or inconvenience to the patient until about three months ago, when, after a slight injury, it became extremely painful, and seriously interfered with the motions of the limb. The bony growth closely resembled in size and form the condyles of the humerus; the larger segment was softened, and on section presented the appearance often seen in the early stage of disease of the joints, the cartilage just becoming detached from the bone. The patient left the hospital cured in a few weeks.

June 4th. Removal of an epithelial cancer of the lower lip. The patient, a man about 45 years of age, attributed the origin of the disease to having scalded his lips with hot tea, producing a small blister, which never healed, and which he said "was poisoned with tobacco," but which was no doubt kept in a state of irritation by the constant use of his short pipe. He had been advised to have it removed two years ago, but refused; and had since been under the care of a practitioner, whom he described as a "wild wart doctor," who promised him a speedy cure, but in spite of whose remedies the disease steadily progressed. The removal included the whole of the lower lip, rendering it necessary to fill up the gap with integument from the chin. After the removal of the diseased structures, a vertical incision about an inch long was carried downwards on each side of the chin, the integument was freely dissected off, brought up, and secured by several wire sutures, constituting what is called the "sliding operation." The parts healed rapidly by the first intention, and the man left the hospital in a month. Unfortunately, however, he

and dignity to uphold. As a man and a guest, you cannot do less than send for him. You might as well depreciate your host's wine, or cast a doubt on the healthiness of the locality in which he lives, as to decline to be murdered by his doctor."

I am, etc.,

R. N. DAY.

Harlow, Essex, Sept. 9, 1861.

[We have read the article referred to, and we are sure our correspondent will, on reflection, admit, that he is as unjust to the London doctors, as the *Saturday Review* is to the country doctors. We are satisfied that no London physician wrote the article, for no London physician could have possibly made so many ridiculous errors. We should much rather believe that it was written by one of our homœopathic friends. ED.]

## PROFESSIONAL SUPPORT OF NOSTRUMS.

LETTER FROM W. H. RAMSDEN, L.R.C.P. Edin.

SIR,—The letter having the signature M.R.C.S., in your issue of September 7th, relating to nostrums, and the support that their proprietors receive from members of our profession, induces me to communicate a circumstance that occurred to me a short time ago.

Having occasion to visit the house of a friend and occasional patient of mine, the mother (an intelligent woman) called my attention to her youngest child, and spoke of the great difficulty that they had experienced in finding a suitable food for her infant. She said that she was then trying a new kind of food, that had been very strongly recommended by a medical man in Rochdale, called *Ile of Man or Manx Food*. Not having heard of any such food, I expressed a wish to see it. It was at once taken from the cupboard, and, very much to my astonishment, it was the notorious Griffiths Jones's "Axta Mankaz" that they had had so strongly recommended and even supplied to them by the gentleman that had been in attendance.

I need not say that I pointed out to them the character of the individual that boasted the proprietorship of this famous food; and they at once decided that they would have nothing further to do with "Axta Mankaz"; at the same time being very much surprised that any medical man would recommend that of which he must have evidently known nothing.

I am, etc.,

W. H. RAMSDEN.

Park House, Royton, Sept. 9, 1861.

USES OF OZONE. The power which ozone is known to possess of bleaching, effectually, substances with which it is brought into contact, has led to the suggestion in *Liebig's Annalen* for May, of a simple means for restoring the colour of old spotted books or prints; it is as follows: Ozonise the air in a carboy or large vessel (the mouth of which can be closed easily), by placing in it a piece of phosphorus, three inches long and half an inch thick, and pour on it as much water at about 80° F. as will half cover the phosphorus. Then close the vessel and allow it to stand in a warm place for about sixteen hours, at the end of this time the air contained in the carboy will be found highly charged with ozone. Without removing the phosphorus and water, the article to be bleached is uniformly moistened with distilled water, and after being rolled up is suspended by a platinum wire in the centre of the carboy. The time required for the bleaching depends on the nature of the substance, but is never more than three days; paper, brown with age, in two days becomes white and clean. When removed from the vessel it should be rinsed first in repeated baths of distilled water, then immersed in a very dilute solution of soda; again washed in water, and finally dried between folds of blotting paper. (*E. J. Reynolds.*)

## Medical News.

### APPOINTMENTS.

ANDREWS, John, Esq., elected Consulting Surgeon to the Salisbury Infirmary.  
COUPER, John, M.D., appointed Assistant-Surgeon to the London Hospital.  
COURTENAY, R. H., Esq., appointed Surgeon to the Baltinglass Infirmary, county Wicklow.  
DEVREUX, Daniel, Esq., appointed Resident Apothecary to the Middlesex Hospital, in the room of C. H. Fowler, Esq.  
FISHER, Henry W., Esq., appointed Surgeon to the Fever Hospital, Baltinglass, county Wicklow.  
INGRAM, C. P., M.D., appointed additional Assistant-Physician to the City of London Hospital for Diseases of the Chest.  
\*KIRKMAN, John, M.D., appointed President of the Association of Medical Officers of Asylums and Hospitals for the Insane.  
SMALE, G. E., Esq., appointed Surgeon in Ordinary to the Portland Town Free Dispensary.  
TRUEMAN, Edgar B., Esq., appointed Resident Surgeon and Apothecary to the Nottingham Dispensary.  
WALSH, Thomas W., Esq., elected Surgeon to the Worcester Infirmary, in the room of H. D. Carden, Esq.

ROYAL ARMY. The following appointments have been made:—

BAWTREE, Staff-Surgeon E. W., M.D., to be Surgeon 15th Foot, *vice* Evans.  
EVANS, Surgeon U. W., M.D., 15th Foot, to be Staff-Surgeon, *vice* Lawson.  
EYRE, Deputy Inspector-General of Hospitals E. W., retired Madras Medical Department, to have the honorary rank of Inspector-General of Hospitals.  
LAWSON, Staff-Surgeon-Major J. A., M.D., retiring upon half-pay, to have the honorary rank of Deputy Inspector-General of Hospitals.  
SIMPSON, F., Esq., to be Staff-Assistant-Surgeon.

To be Honorary Physicians to Her Majesty:—

FORSYTH, J., Principal Inspector-General of Hospitals, Bengal Medical Department.  
GOODEVE, E., M.D., Surgeon, Bengal Medical Department.  
MACKINNON, C., M.D., Inspector-General of Hospitals, Bengal Medical Department.  
MACPHERSON, D., M.D., Inspector-General of Hospitals, Madras Medical Department.  
PEARSE, G., M.D., retired Principal Inspector-General of Hospitals, Madras Medical Department.  
ROOKE, B. P., M.D., Principal Inspector-General of Hospitals, Bombay Medical Department.

To be Honorary Surgeons to Her Majesty:—

ARNOTT, F. S., M.D., C.B., Deputy Inspector-General of Hospitals, Bombay Medical Department.  
BROWN, J. C., C.B., Deputy Inspector-General of Hospitals, Bengal Medical Department.  
COLE, R., Principal Inspector-General of Hospitals, Madras Medical Department.  
GRANT, A., Surgeon-Major, Bengal Medical Department.  
GREEN, W. A., Deputy Inspector-General of Hospitals, Bengal Medical Department.  
MOREHEAD, Charles, M.D., Surgeon-Major, Bombay Medical Department.

To have the honorary rank of Deputy Inspector-General of Hospitals:—

BUTTER, Superintending-Surgeon D.	} Retired Bengal Med. Department.
DAVIDSON, Superintending-Surgeon A., M.D.	
GREIG, Superintending-Surgeon J.	
MACKINNON, Superintending-Surgeon C.	
EVANS, Surgeon W., M.D.	} Retired Madras Med. Department.
KELLIE, Surgeon J.	
KEVIN, Surgeon C.	
MAILLARDET, Surgeon-Major J. W.	
SHEWAN, Surgeon A.	
WHITE, Surgeon T.	
GIBSON, Surgeon-Major A., retired Bombay Medical Department.	

ROYAL NAVY. The following appointments have been made:—

JOHNSTON, Andrew C., Esq., Assistant-Surgeon, to the *Pelican*.  
MESSER, John C., M.D., Surgeon, to the *Pelican*.  
ROSE, F. H., Esq., Assistant-Surgeon, to the *Meander*.  
RYAN, Edward, Esq., Assistant-Surgeon, to the *Nile*.  
TELFER, William, Esq., Surgeon, to the *Malacca*.  
TOMS, Francis Y., Esq., Surgeon, to the *Scylla*.  
TORRANCE, John T. B., M.D., Assistant-Surgeon, to the *Malacca*.  
WALLER, Edmund, M.D., Assistant-Surgeon, to the *Trafalgar*.

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

ADAM, A. M., M.D., to be Assistant-Surgeon 1st Lincolnshire A.V.

DUNLOP, J., Esq., to be Surgeon Haddington Militia Artillery.  
MILLER, C. M., M.D., to be Assist.-Surg. 12th Tower Hamlets R.V.

To be Honorary Assistant-Surgeons:—

LORD, H., Esq., 4th Lancashire R.V.  
TURNBULL, G. W., Esq., 2nd Northumberland A.V.

DEATHS.

LAKIN. On September 3rd, at Kineton, aged 9 months, John Henry, son of \*J. H. Lakin, M.B.  
PARKER. On September 6th, at Tonbridge, aged 4, Alfred E., youngest son of James Parker, Esq., Surgeon.  
\*THOMAS, John, L.R.C.P.E., Llanelwlad, Carmarthen, aged 46, on August 12.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY. The library will reopen on Monday, the 16th instant.

THE BRITISH MUSEUM possesses skins of 4,200 species of birds. The number of species described is about 8,300.

UNIVERSITY COLLEGE HOSPITAL. A gift of £100, the eighth of that amount from the same benefactor, has been received from Mr. John Hibbert.

ROYAL COLLEGE OF SURGEONS. The museum and library of this College will remain closed until the last day of the present month, for the purpose of having the rooms cleaned and the books and cases dusted.

THE DUBLIN JOURNAL OF MEDICAL SCIENCE. Dr. George Kidd, of Dublin, has become Editor of the Dublin Quarterly Medical Journal, in place of Dr. Neligan, who has carried it on for twelve years.

ROYAL COLLEGE OF SURGEONS. The registration of students will take place at the College during the first ten days in October, instead of the last ten days, as heretofore.

THE NEW HOSPITAL AT WOOLWICH. Her Majesty has been graciously pleased to direct that the new General Hospital at Woolwich shall be called the "Herbert Hospital," out of respect to the memory of the late Lord Herbert, by whom the building was established.

ENLARGEMENT OF KING'S COLLEGE, STRAND. In consequence of the great increase of students who attend this institution, it has been found necessary to enlarge that portion of the building that abuts on Strand Lane; and workmen are engaged in altering the upper lecture-hall, by increasing its height.

CHOLERA IN INDIA. The Indian journals received by the last mail, bring intelligence of fearful havoc in the ranks of our soldiers in India, by that terrible scourge, cholera. The *Mofussilite*, referring to the Meerut station, says:—"Old and well remembered faces are momentarily passing from us. Those whom a few hours ago we met in familiar conversation are now no more. To convince any one that the cholera is prevalent, it is only necessary for them to attend at the burial-ground before daybreak and at sunset daily. Within the last few days, several of the Europeans in this and the surrounding stations have succumbed to it."

TIN FRACTURE SPLINTS. For a long time we have been in the habit of using tin instead of wood for fracture splints. This material is so far superior to all others used for the purpose, that we are greatly surprised that manufacturers of patented splints have never adopted it instead of wood. It is lighter, stronger, far cheaper, and can be moulded into any desirable shape by the surgeon. Thus, as often the case in compound fractures, it being desirable to have some particular part exposed, the surgeon may go to any tinner and procure, at a very trifling expense, the splints, with the necessary openings, which cannot be the case with the use of wood. Any tinman can easily make the splints; but few workmen can make them, properly shaped, of wood. We would particularly commend them to young practitioners, who may not be able to equip themselves with the more costly appliances in the commencement of their practical careers. (*San Francisco Medical Press*.)

ROYAL COLLEGE OF SURGEONS: PRIZES. The following are the subjects of the College prizes to be adjudged at Christmas next; viz., the Collegiate triennial prize of fifty guineas for the best essay on "The Anatomy and Physiology of the Suprarenal Bodies"; and two Jacksonian prizes of twenty guineas for essays on "The Structure and Diseases of the Lacrymal Passages at the Inner Side of the Orbit, being those between the Conjunctiva and the Nasal Cavity"; and on "The Best Method of Effecting the Radical Cure of Inguinal Hernia, explaining the Principle of the Operation adopted". For the ensuing year 1862, there are also two prize subjects; viz., "The Relative Value of the Treatment of Popliteal Aneurism by Ligature and Compression"; and "The Healthy and Morbid Anatomy of the Tonsils, and the Appropriate Treatment of their Diseases".

CRIMINAL ABORTION. The legislature of California, at the instance of the Medical Society of that State, has decreed that the person upon whom an abortion is practised shall be held as guilty as the abortionist. The design of this law is thus explained by the *San Francisco Medical Press*:—"The design was to prevent wicked female adventurers from attempting to blackmail medical men by applying to them, even when not pregnant at all, for the ostensible purpose of having an abortion produced, but who, when the doctor would, in order to get rid of them, prescribe some inert substance, would have a prosecution commenced against him for producing a criminal abortion, and cause much trouble, unless he would buy them off in the beginning. Or, what is still worse and entirely unavoidable on the practitioner's part, they could swear him guilty of producing criminal abortion when he had not even been applied to at all in the matter. This occurred once in this city; and although the perjury soon became apparent in the case, still the idea of a respectable medical man being arraigned as a criminal is not very palatable, even though it ultimately becomes plain to everybody that his prosecution is based upon perjury alone. As the law now is, the practitioner has only to perform his duty conscientiously to be free from this species of annoyance; while these wicked adventurers, under the assumed connexion of dear husband and wife, will have to conduct themselves cautiously, or otherwise find a quick way to the State's prison."

REPORT OF THE COMMISSIONERS IN LUNACY. The Commissioners of Lunacy have just issued their fifteenth annual report, addressed to the Lord Chancellor. The chief practical fact upon which the Commissioners insist on this occasion is the rapid increase in the number of insane paupers requiring accommodation in county or borough asylums. They argue, that the relative proportion of lunatics to those of sound mind is not larger than it used to be in the lower classes of the population; but the result of modern legislation, and of the energetic inquiries of the Commissioners themselves, has been to bring to light numerous cases of insanity which would otherwise have been concealed or overlooked. This action is likely to continue until all such cases become known to the proper authorities, and are placed under fit supervision. Meanwhile, the statistics of lunacy must not be taken, without proper abatement and limitation, as though they afforded data for any inference as to the increase or decrease of insanity among the poor. This result is unsatisfactory, perhaps, to the statistician and to the "sociologist;" but it is full of consolation to all those who know how much suffering is spared to the mentally afflicted by a well-organised system of treatment and systematic inspection. Rate-payers, however, must be prepared for still further demands upon their purses, until every county and borough shall have provided itself with a lunatic hospital sufficiently large for its proper share of insane patients. Once more, the magistrates of "the united counties of

Carmarthen, Cardigan, and Pembroke, and the town and county of Haverfordwest," are taxed by the Commissioners with neglect and supineness. The county of Surrey has also been backward in making the necessary enlargement of its asylum. On the other hand, the City of London has convinced the Commissioners that less accommodation is required for its pauper lunatics than had been originally insisted upon.

**DEATH UNDER CHLOROFORM.**—An inquest was held on Wednesday week, at the Infirmary, Newcastle, before Mr. J. T. Hoyle, coroner, on the body of a man named John Cassnach, who had died on Wednesday in that institution while undergoing an operation. Cassnach was admitted into the infirmary on the 15th of August, under Mr. Annandale. He was labouring under scrofulous disease of the left knee-joint. Amputation of the limb was proposed as the only means of prolonging his life, and to that operation he consented. On Tuesday morning, being operation-day, he was prepared, with others, for operation; but, being in a state of great trepidation, he was ordered brandy prior to being removed to the operating theatre. On being placed on the operating table he was still labouring under considerable alarm. Mr. Bolton, the house-surgeon, in the presence of Sir John Fife, Mr. Annandale, and other gentlemen, administered chloroform, and the patient was soon under its influence, less chloroform than usual being required to produce the effect. A tourniquet was about to be applied to the limb, when a sudden change was observed in the patient. There was relaxation of the sphincters, a quiver of the lips, and he was dead. Galvanism and other measures were at once resorted to, but without avail. The heart had ceased to beat, and the breathing continued but a few seconds longer. Mr. Bolton made a *post mortem* examination, and found the right side of the heart distended with fluid blood. Further than might be expected in a scrofulous subject, there was no evidence of disease in any of the internal organs; and Mr. Bolton attributed death to paralysis of the heart, induced by fear, debility, and chloroform combined. The verdict was in accordance with the medical testimony. (*Newcastle Journal*.)

**ANOTHER DEATH FROM CHLOROFORM.** On Friday week an inquest was held at the Cumberland Infirmary, Carlisle, before Mr. Carrick, the county coroner, upon the body of a young man named Carruthers, who died in that institution on Thursday afternoon, from the effects of chloroform, under the following circumstances. The young man had been a patient in the institution for about a fortnight, and it was found necessary to perform some surgical operation upon him. It was decided, with his ready consent, that it should be performed while he was under the influence of chloroform. The chloroform was administered by the house-surgeon, Mr. Devereux, in the presence of Mr. Page, the visiting surgeon. The patient was soon in a state of unconsciousness, and the operation was about to be performed, when alarming symptoms manifested themselves. The patient ceased to breathe, and animation seemed to be suspended. The surgeons took immediate steps to endeavour to revive him. Galvanism and artificial inflation of the lungs were in turn resorted to, but they both failed to bring the patient round. It was now evident that he was quite dead. Evidence having been given by the house-surgeon and Mr. Page as to the circumstances under which the unfortunate young man died, the jury returned a verdict that he died from the effects of chloroform, and that no blame was attached to the medical officers. Although chloroform is much used in the infirmary, this is the first case in which its use has been attended with any serious results.

**THE CINCHONA IN INDIA.** In our October number, we alluded to the mission of Mr. Clements Markham in introducing into this country the quinine-yielding plants

of South America. We regret to learn that the plants brought by Mr. Markham have all perished. They suffered so much from exposure to cold, in his journey across the Cordilleras, that very few of them survived the voyage to England, and from thence overland to the Western coast. Cuttings were made by Mr. McIvor from some of the most promising looking plants, and it was hoped that these might be propagated; but by the latest accounts, we understand that all have perished. A second supply of young plants of the grey and yellow bark, have lately been received, as well as seeds. The plants, it is understood, are in a very unsatisfactory condition; but there is every hope that the supply of seeds will enable Mr. Markham to establish the practicability of growing the cinchona in this country. Mr. Markham has recently stated, in a letter to the *Madras Times*, that a further supply of plants and seeds is expected from the Ecuador, and that arrangements have been made with duly qualified agents, to continue sending supplies of both, so long as may be necessary. Attempts will at the same time be made to naturalise the cinchona in the hills of Jamaica and Ceylon. It is well known that the Dutch have successfully introduced these valuable plants into Java. They have now upwards of half a million of young trees planted out, chiefly of the Calisaya species; and it has been satisfactorily proved that a higher percentage of alkaloid is obtainable from the trees grown in Java, than from those which have flourished in their native forests. So jealous, however, are the authorities of their success in the experiment, that Dr. Macpherson, on a late visit to the island, was prohibited from bringing away with him a single plant or seed. Dr. Macpherson's description of the mode of culture practised in Java, we shall probably have the pleasure of publishing in our next number. (*Madras Quarterly Journal of Medical Science*.)

**CONSUMPTION OF TOBACCO.** At a late meeting of the Société Libre d'Emulation du Commerce et de l'Industrie de la Seine Inférieure, at Rouen, Dr. Dumesnil read a paper on the pernicious habit of smoking tobacco, in the course of which he observed that the habit of smoking is spreading fearfully—so much so, that the tobacco-producing countries can scarcely supply the demand for that deleterious vegetable. He said that even in America the consumption is increasing more rapidly than the production. England, which does not grow tobacco, consumes yearly 15,000,000 kilogrammes, and the consumption has increased one-fourth within the last ten years. In Hamburg, which numbers only a population of 150,000, there are 40,000 cigars consumed daily. The average annual consumption in Denmark is two kilogrammes a head for the whole population. The consumption is still greater in Holland. There are 100,000 acres planted with tobacco in Austria. The consumption of tobacco throughout the world in the year 1854 was 253,000,000 kilogrammes, being nearly 9 ounces for each individual. Dr. Dumesnil added that, calculating that tobacco contains on an average 3 per cent. of nicotine, it will appear that there are 7,500,000 kilogrammes of that poison annually consumed, a few drops of which cause death.—[Our readers will, of course, understand that the consumption of nicotine here spoken of implies destruction as well as actual ingestion of the poison. It is evident, for example, that only the minutest quantity of the nicotine contained in a cigar passes into the system of the smoker of it.]

**KING'S COLLEGE HOSPITAL.** The transference of the patients of this institution from the old to the newly constructed portion of the hospital took place on Wednesday, preparatory to the reassembling of the medical school on the 1st of October. The change thus effected will be beneficial alike to the patients, the medical officers, and students; and the success which has crowned the efforts of the governors and friends of this

noble metropolitan charity is justly the subject of deep congratulation. The new building, the cost of which has been £100,000 (which has been solely raised by the voluntary subscriptions of the charitable public), is six storeys in height, and is considered perfectly fire-proof. The new wards, 85 feet in length by 24 in width, will give upwards of 2,000 cubic feet of air to each patient; and they are supplied with every comfort and convenience which modern science has suggested as desirable for the alleviation of sickness and suffering. The hospital is, to all intents and purposes, free. All accidents and urgent cases are at once admitted, and no patient is ever sent away for want of a governor's letter. More than 1,500 in-patients and between 30,000 and 40,000 out-patients participate annually in the benefits afforded by the institution. The cost of administering this vast amount of relief to the sick and destitute poor amounts to between £6,000 and £7,000 a year; and the hospital being unendowed, and the annual subscriptions only amounting to about £1,500 per annum, the committee are dependent to the extent of about £5000 a year upon voluntary donations and legacies. The nursing department, it may be mentioned, is under the direction of the ladies and nurses attached to the Training Institution in Norfolk-street.

**HOSPITAL STATISTICS.** Miss Florence Nightingale's paper on Hospital Statistics, etc., read at Dublin, contained the following remarks:—"Especially I wished to call attention to the additional points of hospital statistics, agreed to by the Statistical Congress. They are of great importance, particularly those referring to the sanitary condition of hospital wards, and to the method of recording fresh attacks of disease in hospital in the "Admission and Discharge" Book. It must not be forgotten that a hospital is in a bad sanitary state before such can appear. They are evidence of bad constructive arrangements, or of culpable sanitary neglect, having produced their results, rather than indices of the actual sanitary state of the wards. All careful hospital physicians and surgeons, as well as nurses, can generally tell to what extent a ward is healthy, or otherwise, by the manner in which cases are progressing before actual hospital disease appears. This is the time to prevent the occurrence of hospital diseases; not after they have occurred. I refer to this point, because, since my papers were read, some melancholy instances have occurred of fatal hospital disease, arising from distinctly preventable causes. In one such case, in a small provincial hospital, in one of the healthiest counties in England, twenty-four poor creatures ran the gauntlet of their lives in nine months from erysipelas, of whom eight died. And this after very trifling accidents, or operations, none of which ought to have had erysipelas at all, much less to have died. In this case, there were both local causes of disease about the hospital, and there was also defective structure. Especially am I anxious to recur to this latter point. I have seen several misapplications of the principles of hospital construction (briefly laid down in my former paper) defended, because it was said they were adaptations of those principles; also, bad principles of construction defended, because they had been already adopted. This is not the way to hasten human progress. Defects, the result of want of knowledge, must disappear. Improvements, the result of experience, must advance. Let us look forward to the time when the necessity of providing even for the record of hospital diseases, so much insisted upon by the Statistical Congress, will thus cease, and when the stigma of these diseases will be wiped out from hospital records."

**A MEDICAL ACCOUNT OF THE BATTLE OF BULL RUN.** Surgeon Shipman of the 17th New York Volunteers, writes as follows of the Bull Run run:—"About two o'clock on Monday morning I threw myself on my bed,

and slept until half-past four. When I awoke the heavens were overcast with thick black clouds, and a cold, drizzling rain was falling. But the sight that met my eye as I looked towards the road beggars description. Far as the eye could see was one dense throng of flying fugitives. Baggage wagons, hospital ambulances, men on horseback, in some instances two and even three on the same horse, with both horses and men wounded. In some of the ambulances were wounded men lying on those who had expired on the route. Foot soldiers were toiling along without hats, caps, arms, or blankets; some limping along assisted by their comrades or alone, making the best time they could under the circumstances. Some of the men on horseback had been wounded, and the rain had moistened their wounds, and from their legs, feet, or hands, the bloody stream was dripping down to the ground. Many of the men told me the rain was quite a comfort to them, as it cooled their fevered wounds, and assisted in allaying the tormenting thirst which they mitigated by sucking their blankets and clothes. I will not attempt to give a catalogue of the wounded which I dressed and performed operations upon, as they were not of the most serious nature, but simply to show how men impelled by love of life, and stimulated by fear, will perform feats that are incredible to a man under ordinary circumstances. One man belonging to the fire zouaves had a musket ball pass through one thigh and nearly through the other, wounding the scrotum in its passage. I extracted the bullet by an incision on the outside of the thigh the next morning. He had walked the whole distance within the twenty-four hours, and that too without very intense suffering. Another soldier of a Brooklyn regiment had a ball pass through the calves of both legs, and although the holes were large and ragged, yet he performed the terrible march on foot, scarcely stopping to rest on the way. The distance these men travelled could not have been less than thirty miles, at times losing their way or to avoid the enemy. One poor fellow had a musket or minié ball passed through both cheeks, fracturing the lower jaw on each side, and cutting the tongue nearly off. He came to my quarters at midnight on Tuesday night after the battle. He could neither eat nor speak, but communicated in writing. He had walked from Bull Run, and had neither eaten nor drunk anything on the route, or on Sunday the day of the battle. Another feature I observed was that the wounds were very little inflamed, and neither became sloughy nor suppurated inordinately. This may have been from the perfect good health of the men and the abstinence from food and drink, or from mental and moral causes, which entirely absorbed their minds and faculties from the time of the injury to the period of convalescence. I never saw such a total disregard of physical pain. It was without an exception; all their faculties seemed absorbed in the fight and its results, all seemed conscious of having done their duty and having escaped the fate of hundreds of their comrades."

**ARMY MEDICAL OFFICERS.** The last time we had occasion to draw attention to the unfortunate policy which is making the service distasteful to medical officers, the Indian surgeons were the victims, and the subject-matter of the dispute was pay. This time the surgeons of the whole army are involved, and the question at issue is military rank. The minute points which were discussed by the deputation of surgeons that waited upon Sir George Lewis a short time ago we may pass by. The gist of the case is this. A Royal Warrant was issued in 1858, fixing, on a tolerably equitable scale, the rank and precedence of army surgeons relatively to other officers. To this Royal Warrant the surgeons cling as to their charter. It has been accepted as a guarantee of the position they are to hold, both by those who were in the army at the time, and by those who

have entered it since. Their complaint is, that their confidence has deceived them. Since the issue of the warrant, the military authorities have let slip no opportunity of creeping out of the obnoxious pledge which they could not decorously recall. So widespread is the disgust that, if the deputation are to be believed, "the professors at the various colleges and schools throughout the kingdom are now preventing the best men from entering the service. In the army, rank is something real. Rank has a genuine significance, because it exists in the midst of a community who believe in it. The respect and deference of the private soldier is measured by military rank; and upon their respect and deference much of both the surgeon's comfort and efficiency depends. It appears actually to have been resolved at the Horse Guards that medical officers should never, under any circumstances, receive honourable recognition of gallantry in the field, however great that gallantry may have been, and however strong the recommendation of their commanding officers. Strictly speaking, they are of course non-combatant, and are, in theory, not exposed to danger. But, as a matter of fact, surgeons are very much exposed in the field. There were surgeons who distinguished themselves both in China and the Crimea; and, in the earlier part of the Indian mutiny, the number killed was actually greater in proportion than that of the other officers. But the Horse Guards have adopted a rule that such sacrifices or risks, which they could not as men of honour shrink from, shall not be recognised by their superiors. They are treated as beings of mud-dier blood and lower organisation, in connexion with whom the idea of honourable distinction is absurd. According to the Pundits of the Horse Guards, to decorate officers and surgeons with the same honours would be a profanation almost as outrageous as to feed a Brahmin and a Sudra at the same table. (*Saturday Review*.)

## Varieties.

**CENSUS OF VICTORIA.** The gross results of the census for the 1st of April, which have been issued from the Registrar-General's office, show the population to be:—males, 328,651, showing an increase since 1857 of 64,317; and females, 211,671, showing an increase since the same date of 65,239. The total population, therefore, according to the last census, is 540,322, showing a gross increase since 1857 of 129,556, or about 31 per cent. (*Australian and New Zealand Gazette*.)

**A NEW BREAD.** At a meeting of the Royal Society of Victoria, Dr. Bleasdale introduced some specimens of a sort of damper, or cake, made by the natives, from the spores and sporangia of a *masileia*, a water plant called by Dr. Müller a trefoil fern. It was with this the natives had sustained the fainting system of the Europeans lately almost lost in the Exploring Expedition. It was nourishing, tasteless, and agreed quite well with their stomachs. It might be important hereafter to know of the existence of such a resource in the wilds of the interior. (*Austral. Med. Record*.)

**DR. BAILLIE AND DR. M. HALL.** Dr. Marshall Hall, being in London some months after the publication of the *Diagnosis*, called upon Dr. Baillie, who received him very kindly and said, "I hope your father is well; I, for one, am much indebted to him for his extraordinary work on *Diagnosis*." When Dr. Hall modestly told him that he, not his father, was the author of the work, Dr. Baillie exclaimed, "Impossible! it would have done credit to the greyest headed philosopher in our profession." He then invited Dr. Hall to breakfast with him." (*Dr. M. Hall's Life*.)

**DR. M. HALL AS A PEDESTRIAN.** He made the journey from Paris to Göttingen alone, and on foot, a distance of 600 miles, during the month of November, 1814. The tract of country which he thus traversed had very recently been the seat of war, and presented many perils to the lonely pedestrian. As the shades of evening approached, he frequently pursued his way along the forest-road with a cocked pistol in his hand, for fear of wolves. Once he missed his way, and in endeavouring to recover it, was benighted, and took refuge in a lonely cottage—not, however, to sleep; for all around were seen rusty implements of war, which had been gathered in the track of the armies—that of Napoleon flying towards Paris, and that of the Allies closely pressing upon his rear. His host was a maker of *sabots*, and he was heard moving about through the night. The pistol was again readiness. As morning dawned, a few francs were laid on the table, the door gently opened, and the free air and the track across the plain recovered. The route now led through Verdun—too well known to some of our heroes in misfortune—Metz, Mayence, and Giessen. At Göttingen he made the acquaintance of the venerable Blumenbach. (*Dr. M. Hall's Life*.)

## 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—SEPTEMBER 7, 1861.

[From the Registrar-General's Report.]

	Births.	Deaths.
During week.....	{ Boys .. 871	1763 1121
	{ Girls.. 897	
Average of corresponding weeks 1851-60 .....	1598	1162

**Barometer:**  
Highest (Sun.) 29.888; lowest (Fri.) 29.630; mean 29.776.

**Thermometer:**  
Highest in sun—extremes (Sun.) 127 degs.; (Wed.) 87 degs.  
In shade—highest (Sun.) 81.1 degrees; lowest (Sat.) 49.8 degs.  
Mean—62.4 degrees; difference from mean of 43 yrs. 4.4 degs.  
Range—during week, 31.3 degrees; mean daily, 21.1 degrees.  
Mean humidity of air (saturation=100), 77.  
Mean direction of wind, S.W.—Rain in inches, 0.11.

## 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.

**FALSTAFF'S EXPLOITS.**—A correspondent has pointed out to us, that while the reference in the JOURNAL of Aug. 31, to Falstaff's Gads-hill exploits is very appropriate, there is another account of the doings of that valorous knight which is still more to the purpose. The account referred to is in the description of the battle of Shrewsbury, in Shakespeare's *King Henry IV*, Part First; where Falstaff, finding the dead body of Hotspur, stabs it, and carries it off; and declares to the Princes who meet him, that both he (Falstaff) and Percy had been only "down and out of breath", but that they had risen "both at an instant, and fought a long hour by Shrewsbury clock."

M. F.—Yes.

**INFELIX.**—Look at the advertisement of the Apothecaries' Hall in the present number. You will there probably find that you have been alarmed at a name. If you are really prepared for the "preliminary" of the Hall, you can no doubt pass their examination in Arts—which is, we suspect, only the "preliminary" with a new title and a special board of examiners.

### SUBSCRIPTIONS.

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

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

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

PHILIP H. WILLIAMS, M.D., *General Secretary.*  
Worcester, September 1861.

**COMMUNICATIONS** have been received from:—Dr. GRAILY HEWITT; Dr. McWILLIAM; Mr. A. B. STEELE; Dr. WILLIAM NEWMAN; Mr. J. JAMES; Mr. R. N. DAY; Dr. DE PASCALE; Mr. JAMES DULVEY; Mr. WM. COPNEY; Mr. T. STONE; Dr. LATHAM; Mr. MAUNDER; Dr. J. L. MAXWELL; Dr. KIDD; Dr. BOYCOTT; Y. Z.; Mr. J. R. JENKINS; and INFELIX.

### BOOKS RECEIVED.

- Notes on the Physiology and Diseases of the Pancreas. By Assistant-Surgeon W. J. Moore, M.D. [From the Transactions of the Bombay Medical and Physical Society.]
- Elements of Experimental and Natural Philosophy. By Jabez Hogg. London: 1861.

### ADVERTISEMENTS.

## Volunteer Service Assurance

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The Volunteer Service Assurance Association is established for the purpose of granting Policies for every description of Life Assurance and Annuity to Volunteers and others; granting Accident Policies, and Sickness Policies to Volunteers; and also for providing certain special benefits for "Effective" Volunteers.

While the undertaking is based upon strictly commercial calculations and principles, its supporters look beyond mere commercial success. They are confident that the Volunteer Service Assurance Association will greatly tend to consolidate the magnificent national organisation from which it takes its name and derives its distinctive character. The necessity of scrupulously maintaining the voluntary and unpaid character of the Service, and, at the same time, of affording to the Volunteer a pecuniary interest in it, is generally admitted; and it is believed this pecuniary interest can best be created by following the provident instincts of the masses, as shown in Assurance and Friendly Societies. It is not, however, intended to limit all the departments of the Association to Volunteers. Assurances will be granted suitable to the requirements of all the assuring classes.

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### ACCIDENT FUND.

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Members of the Accident Fund of the Volunteer Service Assurance Association must be enrolled Members of a British Volunteer Corps.

This Fund shall be for the benefit of such of its members as may suffer from accident while discharging military duty, or while proceeding to or from any place appointed for its performance by the officer commanding their corps. The distribution of the Fund shall be administered by the Directors for the time being of the Volunteer Service Assurance Association, who shall have power to appoint as their assessors not more than three members of the Fund to assist them in the management of the said Fund.

Volunteers may become members of this Fund without joining any other department of the Volunteer Service Assurance Association.

### SICKNESS AND DEFERRED ANNUITY FUND.

For Volunteers only.

The Mixed Sickness and Deferred Annuity Fund is separately established, and forms a distinctive feature in the plan of the Association. The contributors to this Fund are limited to those who, at the date of joining the Fund, are in sound health and on the "effective" list of a Volunteer Corps. By carrying out this restriction, the lives will necessarily be of a specially select character, and the consequent advantages accruing to the members of the Fund will be very great.

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### HONORARY ANNUITY FUND.

For Volunteers only.

To enable the public to make some recognition of the value to the country of the time which the Volunteer spends on military duty, there is established, in connexion with the Association, an Honorary Annuity Fund. The contributions to this Fund shall be invested in the names of Trustees, and be kept wholly separate from the general funds of the Association.

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By order,

JOHN ROSE CORMACK, Secretary.  
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To the Provisional Directors of the Volunteer Service Assurance Association.

GENTLEMEN,—Having paid to your Bankers the sum of £ shares of £2 each in the Volunteer Service Assurance Association; and I hereby agree to accept such shares or any smaller number that may be allotted to me, and to pay the remainder of the deposit per share allotted, and to sign the deed of settlement of the Company when required.

I am, Gentlemen,

Name in full .....

Address in full .....

Date .....