in the Ascidioida; in the others it is neural. The Brachiopoda and Polyzoa are easily understood, but the Ascidioida are very peculiar.

All the Polyzoa live in compound masses, and are very small in size, each Polyzoon occupying a little cell. The disc (round the mouth) which supports the ciliated tentacles is sometimes produced into two horn-like processes. There is an anus, but there is no heart. "Bird's-head processes" and vibracents are sometimes present, reminding us of the pedicellariæ of Echinoderms.

The Brachiopoda are simple animals, each enclosed in a (dorsal and ventral) bivalve shell, termed a "lamp-shell", from a resemblance borne to an ancient classical lamp. Long arms supporting ciliated tentacles resemble the horn-like processes above-mentioned of some Polyzoa. The intestine, in most, ends blindly. What have been called hearts are the outlets of ramifying canals, which have been described as parts of the vascular system, but which are probably renal, and almost certainly give exit to the generative products. The sexes are in distinct individuals.

The Ascidioida are perhaps the most anomalous group of all animals, and present most varied forms. A common species has the appearance of a bottle with two necks; the mouth of one being the oral aperture, that of the other the atrial aperture. The body is enclosed in a tough integument, largely hardened by pure cellulose. This, however, may be produced by process of "breaking down", instead of the "building up" process of the Vegetable Kingdom. The oral aperture leads into a large pharyngeal cavity, at the bottom of which the alimentary canal opens. This canal terminates by an anus in the atrial chamber, the outlet of which is the atrial aperture before mentioned. This atrial chamber extends on each side nearly round the large pharynx. Perforations extend through from this pharynx into the extended atrial chamber on each side of it, and the margins of the perforations are ciliated. By means of these cilia, currents are produced; the water passing in at the oral aperture into the pharynx, thence through the perforations into the atrial chamber, and ultimately out at the atrial aperture.

REPORT OF THE COMMITTEE ON THE OBSERVATION AND REGISTRATION OF DISEASE.

Read at Oxford, Aug. 6th, 1868.

At a meeting of the Association, held at Dublin on Aug. 9th, 1867, the form of Return proposed by this Committee for the Uniform Registration of Disease was considered and adopted by the members present.

Copies of this form of return were forwarded to different gentlemen interested in the subject; and the Committee are glad to be able to report that, in January 1868, the Registration of Disease occurring in public practice was commenced upon the same plan, and with the same list of diseases, at the following places: Manchester and Salford, under the direction of the Sanitary Association; St. Marylebone, by Dr. Whitmore; Birmingham, by Dr. Alfred Hill; and Newcastle-upon-Tyne, by the Northumberland and Durham Medical Society. These returns have been continued to the present time, every month at St. Marylebone, and every week at the other places.

At the same meeting of the Association, Dr. Farr's proposal for the appointment of Registration Medical Officers was approved, and a Committee was appointed to support it. It is greatly to be desired that this important aid to the correct registration of both disease and deaths should continue to receive the support of the British Medical Association.

CATTLE DISEASE IN AMERICA.—A serious disease among cattle, says the American correspondent of the *Standard*, has made its appearance in nearly all the Western States, at the great cattle yards, as well as in New York and Rhode Island. It is traceable, in all cases, to animals brought from Texas, which have infected droves of Northern and Western cattle. Mr. John Gamgee, who has resided in the States since last year, says that the disease is spread by the excreta of Texas cattle, and is due to the feeding by the cattle upon a peculiar plant. Mr. Gamgee asserts that the disease does not affect the animals feeding upon this plant, but only others with which they may be brought in contact. But many drovers say that the disease is due to the *carapato*, an insect of a greenish colour, and about the size of a finger-nail. The carapatos bury themselves in the flesh wherever the skin offers least resistance; on the parts covered by the thicker skin, however, they swarm by thousands. Another theory is that the affection is due to the fever bred in the animals in their long journeys, both by railway and across the plains and prairies, without water. Many of the droves received in New York are kept forty-eight hours on the passage from the West without water. Active efforts are made to check the pest. The disease is very fatal, killing more than half the cattle attacked.

ASSOCIATION INTELLIGENCE.

BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

SECTION MEETINGS.

B. PHYSIOLOGY.—President, Professor ROLLESTON, M.D., F.R.S.; Secretaries, W. S. CHURCH, M.A., M.B., and Professor BEALE, F.R.S.

The Function of the Peroneus Longus. By Dr. DUCHENNE DE BOULOGNE.—At the close of the Physiological Section on August 7th, Dr. Duchenne (de Boulogne) gave, on the invitation of Dr. Acland and Dr. Rolleston, a description of the functions of the muscles which perform the most important part in standing and walking—the peroneus longus, and its antagonist or moderator, the tibialis anticus. Following out the wise precept of Galen, that the anatomy of the dead should lead us to the anatomy of the living—in other words, that anatomy is inseparable from physiology—he commenced by describing the principal anatomical arrangements of the articulations of the foot and of the tendinous attachments, a knowledge of which allows the complicated mechanism of the action of the peroneus longus and tiabialis anticus to be understood. He pointed out especially, that anatomists have underrated the importance, in a physiological point of view, of the inferior attachment of the tibialis anticus to the first metatarsal bone; inasmuch as they have stated that this attachment is only an expansion, and sometimes absent, and that the real tendinous attachment of the muscle is to the tubercle of the first cuneiform bone. He shewed, by means of anatomical specimens, that the tendon of the tibialis anticus bifurcates to become attached at least as strongly to the first metatarsal as to the first cuneiform bone; and that, without this arrangement, the muscle could not be the moderator or antagonist of the peroneus longus; but that there would be an exaggeration of the plantar arch, with subluxation of the first metatarsal bone on the first cuneiform. Passing then to the physiological and experimental part of his demonstration, M. Duchenne (de Boulogne) shewed the proper action of the peroneus longus and tibialis anticus, by causing contraction of these muscles separately (by localised Faradisation) in a man aged from 30 to 35 years; and he shewed on a limb, articulated with springs arranged so as to allow the natural movements of the foot to be imitated, the series of numerous movements produced by each of these muscles. These experiments, however, he observed, could not be sufficient for the solution of the physiological problem which formed the principal part of his discourse—the functions of the peroneus longus. In fact, isolated action of the muscles does not exist in Nature; it is only manifested in certain pathological conditions, and can only produce deformity. In order to arrive at a knowledge of the functions of the muscles, anatomical study, and electro-muscular experiment on the living, must be aided by clinical observation. Paralysis of a muscle, by shewing the functional disturbances which arise from it, in fact, makes us acquainted with the part which the muscle fulfils in the common action. Thus, paralysis of the peroneus longus has shewn the importance of the synergetic action of that muscle in standing and walking. It has shewn, also, that this muscle alone depresses powerfully the submetatarsal projection which, when in walking the heel is raised from the ground, becomes, so to speak, the anterior heel and supports the weight of the body; and that the foot becomes flat, through the predominance of the tonic force of the tibialis anticus, which tends to efface the plantar arch; and that then the foot assumes the position characteristic of valgus, and becomes painful. The subject was illustrated by means of plaster casts of the feet of subjects affected with paralysis or with contraction of the peroneus longus.

E. PUBLIC MEDICINE.—President, JOHN SIMON, F.R.S.; Secretaries J. E. MORGAN, M.A., M.D., and T. J. DYKE, F.R.C.S.

The Professional Aspect of Club Practice. By WILLIAM OGLE, M.D.—He maintained that, if the profession were true to its calling, it would repudiate club-practice (as at present conducted) altogether; not on the commercial ground (however tenable) of small pay, but on the higher professional ground of the system itself being inefficient. Then, instead of club-doctors striking for higher pay, and combining against all who will not support them in their effort, they would rather look to an organisation somewhat similar to the provident plan which has already been worked with a certain measure of success at Coventry, Derby, Northampton, and elsewhere, but without restriction to any particular class of persons—patients or doctors. By restricting the agency to the class of patients just above pauperism, certain objection-

able professional restrictions become necessary, and the effort, as a whole, suffers in regard to its efficiency to the same extent. This consequence is inevitable. Whereas, if the provident principle, or, as Dr. Ogle put it from his professional standpoint, if the preventive principle be allowed full play, not only would a more thoroughly efficient scheme of medical aid be devised, but it would supply that great desideratum, after which so many medical men are striving—a recognised machinery for the registration of diseases, and for the collection of those vital statistics which now run to waste, and for all kinds of preventive measures. In this way, the break down of club-practice might be made to further the honour of the profession, instead of being, as now, a source of weakness and disgrace.

REPORTS OF SOCIETIES.

CLINICAL SOCIETY.

FRIDAY, MAY 22ND, 1868.

EDWARD H. GREENHOW, M.D., Treasurer, in the Chair.

REPORTS on Dr. HILLIER'S case of Infantile Ascites, and on Dr. GREENHOW'S case of Motor Asynergy, were read.

Dr. GAIRDNER (of Glasgow) drew attention to the complete loss of the power of maintaining the body in equilibrium, which is observed in patients suffering from motor asynergy as a characteristic feature by which it may be distinguished from most other allied affections, and especially from the general paralysis of the insane. In the last mentioned disease, he had observed that, even in advanced cases the power of equilibrium was maintained amid the wreck of every other motor function, whereas it was markedly impaired even in the earliest stages of ataxy.—Mr. HART commented on the absence in the two cases which had been communicated of the symptoms referable to the special senses, particularly those of sight and hearing. In his experience, inflammation of the optic nerve and hyperæmia, with or without hæmorrhage of the choroid, had occurred so constantly in the numerous cases of ataxy in which he had been asked to explore the eye ophthalmoscopically, that in the absence of these lesions he felt disposed to hesitate in assenting to the diagnosis to which Dr. Greenhow and the reporters had come; at all events, he thought the case admitted of a much more favourable prognosis than that which had been given.—Dr. BASTIAN agreed that, as the term locomotor ataxy was not used to denote a pathological entity but merely an aggregate of symptoms supposed to have a more or less constant relation to a special lesion of the spinal cord, the absence of one set of symptoms did not affect the interpretation of the rest.

Mr. HOLMES brought before the Society a case of Excision of both Elbows, shewing the good results of the operations. He always employed splints to support the arm after operation. He was of opinion that passive movements were not required if a sufficient amount of bone were taken away; and he decidedly held that the entire joint ought to be removed. Partial excision had, to his knowledge, been followed by unsatisfactory results, requiring even amputation.

Dr. HANDFIELD JONES narrated two cases. The first was a case of Myelitis supervening on concussion of the spine. The patient, a young man aged 23, had become paraplegic, six weeks after a fall on the perinæum. He was admitted nineteen weeks after the accident, and consequently after the first supervention of symptoms of myelitis, when there was almost complete paralysis of the lower limbs, both of motion and sensation. At first, ergot was given in ten-grain doses three times a day, while counterirritation by savin ointment applied to a blistered surface was used in the neighbourhood of the affected part. Subsequently corrosive sublimate was given for a considerable time in doses of one-thirty-second and one-sixteenth of a grain, and, finally, Faradisation. The patient left the hospital four months after admission. The case afforded evidence that a concussion which produces but little apparent damage at the time and for a varying period afterwards, may set up an insidiously advancing inflammation of the spinal cord, which may issue in irreparable mischief. In such cases success may be hoped for from prompt and judicious treatment, even under very discouraging circumstances. The second case was one of Hypertrophy of the Left Ventricle of the Heart, with Dilatation of the Right Auricle and Chronic Nephritis, the principal symptoms being præcordial pain, dyspnœa, and extreme feebleness of the pulse. The interest of the case lay in the signal benefit that appeared to result from the administration of digitalis, which manifested itself in the strengthening of the pulse, the diminution of dropsy, and the relief of the symptoms.

Dr. SANDERSON communicated observations illustrative of the condition of the circulation in Bright's Disease, and particularly of the increase of arterial pressure.

Mr. HART related a case of Aneurism at the Elbow treated by Flexion. A brief discussion ensued respecting the manner in which the cure was effected in this and in similar cases, in which Mr. Maunder, Mr. Bruce, and Mr. Hart took part.

Mr. CALLENDER briefly described an operation on a girl, aged 14, for the cure of Cleft Palate.

In adjourning the Society until October, Dr. GREENHOW said that he could not but greatly regret the unavoidable absence of the President, Sir Thomas Watson, who would undoubtedly have closed the session with some valedictory words replete with wisdom and good council regarding both its past and future proceedings. Although the duty of presiding over the meeting had devolved upon him at a moment's notice, he could not allow them to depart without offering the members his hearty congratulations upon the great—he might even say the unprecedented—success the Clinical Society had attained as regarded numbers; he might inform them that the Society already counted nearly two hundred members, who had, for the most part, come forward voluntarily to swell its ranks, a circumstance which plainly showed that the Clinical Society had but filled a vacant space and supplied a recognised want among metropolitan medical societies. As regarded communications, he was sure they would be admitted to have been, for the most part, possessed of a high order of merit; and he confidently expected that the forthcoming volume of *Transactions* would occupy a good position among its contemporaries. In the early days of the Society, however, the Council had, of course, been unable to insist too strictly that communications should be exactly of the desired character and pattern; but now that the Society was fairly launched, he felt assured that under the skilful government of its distinguished president and zealous secretaries, the next session would surpass the present, and that the Clinical Society would obtain as definite a position as was held by any other of the special medical societies of London. That it would, in fact, soon occupy in reference to clinical medicine and therapeutics, a similar position to that which had been so long and usefully held by the Pathological Society in reference to pathology and morbid anatomy. In order to do this, the purpose for which it had been founded must be kept in view, and in that case, he believed, to quote the eloquent words employed by the President at its inauguration, it would "hereafter be spoken of as a starting point of a vast and solid improvement in that which was our special office in the world—the scientific and intelligent exercise of the divine art of healing."

HARVEIAN SOCIETY OF LONDON.

THURSDAY, APRIL 2ND, 1868.

ERNEST HART, Esq., President, in the Chair.

PRACTICAL REMARKS ON THE TREATMENT OF SOME DISEASES OF THE GENITO-URINARY ORGANS.

BY W. F. TEEVAN, ESQ., B.A., F.R.C.S., ETC.

THE author divided the subject into four parts. 1, spermatorrhœa; 2, stricture of the urethra; 3, irritable bladder; 4, stone in the bladder. On this occasion, however, he could only notice the first two subjects.—Mr. TEEVAN related the various opinions regarding spermatorrhœa, to the effect that whilst it was recognised as a complaint *per se* in France, its existence in this country was almost ignored. According to M. Mercier, spermatorrhœa was a very common complaint, and resulted generally from, and was a symptom of, indigestion. Mr. Teevan went fully into the causation and pathology of spermatorrhœa as related to him personally by M. Mercier, and he related two well marked cases which had come under his notice, and in which the existence of true spermatorrhœa had been established by microscopical examination of the urine, showing that spermatozoa were passing, unconsciously to the patient, both in the day and night urine. The complaint was caused by one of the following usually. 1, indigestion; 2, local irritation of some sort; 3, masturbation; 4, excess *in coitu*. Spermatorrhœa often existed in cases of disease of the brain and spinal cord. The treatment of spermatorrhœa varied according to its cause. In indigestion, a cure would be effected by removing the dyspepsia and by local treatment—electricity and the use of mild injections of nitrate of silver—from five to ten grains to the ounce. If the involuntary loss of semen resulted from local irritation, that must be removed. If the spermatorrhœa was caused by excess *in coitu* or masturbation, the patient could be cured by large doses of the sesquichloride of iron—one to one and a half drachms three times a day, and by cold bathing. This latter remedy was, however, very powerful either for good or for evil, and ought not to be used unless there was well established reaction. Horse exercise, carriage exercise, and walking were all bad in cases of spermatorrhœa, as they caused determination of the blood to the genital organs. Gymnastics and rowing were

answer given to that question be antagonistic to an existing Act of Parliament, the Act of Parliament must be remodelled, in accordance with the interests of the profession, for which, originally, it was passed, instead of the interests of the profession being sacrificed to a "law of the Medes and Persians, which altereth not." Of course, it might so happen that the obstacles to the adoption of the best scheme were insuperable; and then, undoubtedly, it would be necessary to adopt a scheme which avoided these obstacles. But, what are the insurmountable obstacles to a new Act, or an Amendment of an Act of Parliament? There is no finality in human affairs and regulations. Four or five Acts have been passed already to amend the Medical Act, and there may just as well be another, which shall be really effectual for the purpose. Then, what "cabalistic charm" is there in the number 24? Why should not 24 be made 32 or 36? Is the round table at the College of Physicians too small? Are the words that fall from the honeyed lips of the present councillors too precious to be condensed or mingled with the vulgar language of direct representatives of the rank and file? Are they always such words as the profession rejoices to pay for? Let us go to the root of this matter; and the root of the matter is, that the profession is giving a very high price for an article, very valuable of its kind, but not exactly of the kind required. A great part of the money paid by the profession is wasted. The waste on the *British Pharmacopœia* would have supported for many years direct representatives of the profession. Even now a slight readjustment of fees paid to councillors, would furnish the necessary provision. I am not about to advocate here any particular plan of payment to councillors. All that I am concerned to show is, that expense is no insuperable obstacle to direct representation, and with this view I will quote a passage from Dr. Mapother's *Carmichael Prize Essay*:—"The funds of the Council are wholly derived from practitioners; let therefore the profession-representatives and the Crown Nominees be paid out of this revenue; and it is just, that each licensing body should pay the expenses or remuneration of its advocate."—P. 23. But, while the objections urged against *direct* representation are not very formidable, the objections to *indirect* representation appear to me to be insurmountable. In my former letter, in addition to other objections which have not been touched, I pointed out that neither in law nor reason could the Society of Apothecaries be represented in the Council by a member chosen by its licentiates; and to this I add that, under their present charters, neither the College of Physicians nor the College of Surgeons could be represented fairly by councillors, in whose election licentiates and members bore a principal part. The Charters of the Colleges place the governing power in the hands of the Fellows; and therefore, to the Fellows should properly belong the right of electing the representatives of the Colleges in the Medical Council. By the decisions of the Medical Council, so far as its power extends, the Colleges are bound; and if the representatives of the Colleges are to be chosen by members and licentiates, the governing power will be taken, to that extent, away from the Fellows and given to the Members and Licentiates. How can this fairly be done without new Charters, and how are these new Charters to be obtained by the advocates of indirect representation? Are the Councillors or the Fellows of the Colleges likely to advocate these new Charters? Can the Medical Council say that new Charters must be obtained, or would it say so if it could? Where the power and the machinery exist by which these new Charters are to be secured after they have been made palatable to the present possessors of power, I am so much at a loss to imagine, that Mr. Johnson's belief that Dr. Prosser James' proposition will soon be carried to a successful result, seems to me like "the baseless fabric of a vision."

Equally visionary, alas! appears the idea of Dr. Williams, that the same representative could watch over the interests of the profession and the interests of a corporation. The interests of the two may in reality be identical, but many a weary year will pass before the millennial era arrives, when this identity of interest will not only be theoretically admitted, but become a practical guide in action and in counsel. The impossibility at the present time of establishing this identity of interest, which, be it observed, involves identity of thought and expression, renders it necessary for the corporations and the profession to be separately represented. And, if my friendly opponents will concede this point, I think it will be found, that underlying our initial differences of opinion, there is a substantive agreement between us as to the great end for which we are anxious to strive. The chief ends are two; the first to see that the representation of the profession in the council proves an *adequate* representation; and the second to liberalise, without subverting, the government of our corporations. With regard to the second point, I can only remark in this letter, that, if we waive altogether for the present the admission of licentiates and members to a share (and they would have the lion's share) in the government of the corporations, there are many measures of reform which can be obtained under the present constitutions, if only the Fellows, in whom the real power resides, be resolved to assert their rights and privileges, to express their opinions with candour, calmness, and courage, and to give those opinions effect.

In connection with this subject allow me to notice the remark of Dr. Williams, that "it seems curious that Mr. Rivington should say 'let the Medical Graduates of the University of London and not the Senate, elect the University representatives,' and then not be willing to do the same in the case of the College of Surgeons." There is no curiosity at all, but a strict analogy between my views in the one case and my views in the other. I advocate transferring the power of election of the medical councillor to represent the University, from the Senate to the graduates, and, in the case of the College of Surgeons, from the Council to the Fellows. I do not ask for a voice to be given to the *Members* of the College, because the government resides with the Fellows; because I think that the College should remain substantially a College of *Surgeons* as distinguished from general practitioners; and because the Fellows of the College, who are the ruling body, and not the Members, are the analogues of the Graduates of the University, who, as members of convocation, have a share (though not yet a sufficient share) in the government of the University. Let us effect even this measure of change; and we shall find that the English section of the Medical Council will represent the interests of English physicians and their College, of English surgeons and *their* College, of the Corporation of Apothecaries (whose licensing power, in all probability, will gradually die a natural death of honoured inanition and decay, if it be not self-extinguished), and the interests of the English University Graduates, which are synonymous with the interests of a high education in arts and science, and medicine. And when a fair adjustment has been effected for the representation of the Scotch and Irish Corporations, our first end, if not already secured, must engage our energies—the end of obtaining an *adequate* representation of the profession in the Medical Council. It is not enough that the profession shall be represented in the Council; it must be sufficiently represented to make the voice of its representatives an influential voice, and a voice that will obtain a hearing even in a chorus of the corporations. If this point be gained, and it *can* be gained if the profession will it, the power of the profession in the Council will be far more substantial than it would ever be under the *indirect* plan of representation, while the assemblage of representatives of all the corporations, elected under the enlarged franchise for which I contend, instead of proving an obstacle to progress, will be converted into a means of effecting it "speedily, pleasantly, and safely."

I am, etc.,
WALTER RIVINGTON.

August 1868.

MEDICAL NEWS.

UNIVERSITY OF LONDON.—First M.B. Examination Entire. Pass Examination.

First Division.

Ashby, A., Guy's Hospital
Barrett, A. W., London Hospital
Bruce, J. M., M.A.Aber., Aberdeen
Cotterill, A., King's College
Curnow, John, King's College
Durham, F., Guy's Hospital
Lucas, R. C., Guy's Hospital
Lyell, R. W., King's College
Martin, H. N., University College
Parker, R., University College
Seaton, E. C., St. Thomas's Hospital
Shewen, A., University College
Smith, H. A., St. Bartholomew's Hospital
Smith, R. T., University College
Walker, H. E., Guy's Hospital

Second Division.

Allchin, W. H., University College
Barnes, E. G., St. George's Hospital
Carter, C. H., B.A., University Coll.
Cumberbatch, A. E., St. Bartholomew's Hospital
De Liefde, J., Guy's Hospital
Harris, J. A., University of Edinburgh
Harris, R., Guy's Hospital
Leigh, R., Liverpool Infirmary School of Medicine
Lowe, W. G., St. Bartholomew's Hospital
Paget, W. S., Liverpool School of Medicine
Wall, A. J., St. Mary's Hospital
Whitmore, W. B., King's College

Physiology only.

First Division.

Stocker, J. R., Guy's Hospital

Second Division.

Bott, T. B., University College
Seccombe, E. H., King's College
Vachell, C. T., King's College

Excluding Physiology.

First Division.

Burgess, W. F. R., Guy's Hospital
Gibbings, A. T., King's College

Second Division.

Barby, J. T., University College
Beach, F., King's College
Smith, A. W., Guy's Hospital
Taylor, J. (B.), Guy's Hospital

Examination for Honours.—Anatomy.

First Class.

Curnow, J. (Exhibition and Gold Medal), King's College
Bruce, J. M. (worthy of Exhibition—Gold Medal), Aberdeen

Second Class.

Cotterill, A., King's College
Parker, R., University College

Third Class.

Smith, H. A., St. Bartholomew's Hospital
Durham, F., Guy's Hospital
Walker, H. E., Guy's Hospital

Organic Chemistry and Materia Medica and Pharmaceutical Chemistry.

First Class.

Curnow, J. (Exhibition and Gold Medal), King's College
Smith, H. A. (Gold Medal), St. Bartholomew's Hospital
Smith, R. T., University College
Shewin, A., University College
Bruce, J. M., Aberdeen
Martin, H. N., University College

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, August 20th, 1868.

Cartwright, John Augustus Tatam, Spalding
Hiron, William Nathaniel, Chipping Campden
Lardner, Frederick Boultbee, Gillingham, Kent
Morgan, Frederick, Culmstock, Devon
Widdas, Daniel, York

At the same Court, the following passed the first examination.

Argles, Robert, King's College
Hart, Eugène John, Guy's Hospital
Knowles, John, King's College

ARMY MEDICAL DEPARTMENT.—List of gentlemen who competed successfully for appointments as Assistant-Surgeons in Her Majesty's British Medical Service, at the competitive examination held at Chelsea on August 10th, 1868.

Order of merit.	Names.	No. of marks.	Order of merit.	Names.	No. of marks.
1.	Chatterton, J.	.. 2210	12.	Sharpe, W.	.. 1725
2.	Stokes, A. H.	.. 2160	13.	Bennett, R. D.	.. 1695
3.	Corry, G.	.. 2055	14.	Maunsell, H. E.	.. 1670
4.	Saunderson, W. H.	.. 1950	15.	Thornley, J. G.	.. 1655
5.	Crean, J. J.	.. 1915	16.	Duke, A. W.	.. 1630
6.	Scanlon, J.	.. 1900	17.	Carroll, T. E.	.. 1600
7.	Adye, Curran F. G.	.. 1875	18.	Davy, F. A.	.. 1585
8.	Faris, T.	.. 1855	19.	White, H. B.	.. 1560
9.	Triphook, G. R.	.. 1780	20.	Bradford, R. M.	.. 1530
10.	Stannard, H.	.. 1745	21.	Maxwell, E. C.	.. 1530
11.	Webb, J. H.	.. 1730			

MEDICAL VACANCIES.

THE following vacancies are declared:—

ASYLUM FOR IDIOTS, Earlswood—Assistant Medical Officer.
AYLSHAM UNION—Medical Officer for District No. 4.
BRISTOL DISPENSARY—Resident Surgeon.
CARNARVONSHIRE AND ANGLESEY INFIRMARY—House-Surgeon.
CASTLEDERG UNION, co. Tyrone—Medical Officer for the Drumquin Dispensary District.
DEVON COUNTY LUNATIC ASYLUM, Exminster—Assistant Medical Officer.
EAST LONDON HOSPITAL FOR CHILDREN—Medical Officer; Surgeon Dentist.
LAUNCESTON UNION, Cornwall—Medical Officer for District No. 2.
LIMERICK UNION—Apothecary to the City of Limerick Dispensary.
LOCHBROOM, co. Ross and Cromarty—Parochial Medical Officer.
OMAGH UNION, co. Tyrone—Medical Officer for Drumquin Dispensary District.
OPHTHALMIC HOSPITAL, Southwark—Surgeon.
PEEBLES—Inspector of Factories, Surgeon to the County Prison, and Surgeon to the County Poor-house.
PEEBLES, EDDLESTON, STROBO, and MANOR, Peebles-shire—Parochial Medical Officers.
QUEEN'S HOSPITAL, Birmingham—Physician.
ROTHES, Morayshire—Parochial Medical Officer.
ROYAL KENT DISPENSARY, Greenwich—Resident Medical Officer.
ROYAL PIMLICO DISPENSARY—Surgeon-Dentist.
ROYAL SOUTH LONDON DISPENSARY, St. George's Cross—District Surgeon to visit Out-Patients in Blackfriars District.
ST. LEONARD'S HOSPITAL, Sudbury, Suffolk—Medical Officer.
ST. MARYLEBONE GENERAL DISPENSARY, Welbeck Street—Surgeon.
STAFFORDSHIRE GENERAL INFIRMARY, Stafford—House-Surgeon and Secretary.
STRATHMIGLO, Fifeshire—Parochial Medical Officer.
TRINITY COLLEGE, Dublin—Professor of Botany.
WAKEFIELD HOUSE OF CORRECTION—Surgeon.
WESTERN GENERAL DISPENSARY, Marylebone—Physician-in-Ordinary.
WYCOMBE UNION, Bucks—Medical Officer for District No. 5.

MEDICAL APPOINTMENTS.

ARMY.

LINDSAY, Staff-Assistant-Surgeon R., M.B., to be Assistant-Surgeon 75th Foot, *vice* J. W. C. N. Murphy.
MURPHY, Assistant-Surgeon J. W. C. N., 75th Foot, to be Staff-Assistant-Surgeon, *vice* R. Lindsay, M.B.

DEATHS.

*SMITH, F. P., Esq., Surgeon, at Aylsham, Norfolk, aged 69, on August 18th.
SPENCER, Richard, Esq., Surgeon (formerly Surgeon to the 21st Light Dragoons, and twenty years in the service at the Cape of Good Hope and in India), at Fonthill Bishop, Wiltshire, aged 90, on August 6th.

RESULTS OF METEOROLOGICAL OBSERVATIONS

for the week from August 19th to 25th (both inclusive).

Taken at Kew, by Dr. TREUTLER, Fellow of the Meteorological Societies of England and Scotland.

Mean height of barometer corrected and reduced to 32° F. and mean sea-level	29.824
Highest reading of do. (corrected and reduced), on 25th, at 10 P.M.	30.218
Lowest ditto Ditto on 22nd, at 5.45 P.M.	29.142
Range of pressure during the week	1.076
Mean temperature of air in shade	60.1
Mean temperature of evaporation	57.8
Mean degree of humidity (saturation=100)	86.
Mean temperature of dew-point	55.0
Mean maximum temperature of the week	67.2
Mean minimum temperature of the week	52.3
Calculated mean temperature of the week	59.7
Maximum temperature in shade, on 19th	68.9
Minimum temperature (protected), on 25th	48.0
Minimum temperature (exposed on grass), on 25th	41.0
Range of temperature during week	27.9
Highest reading of black bulb, solar radiation, thermometer *in vacuo*, on 25th	129.6
Lowest ditto ditto on 20th	75.1
Mean amount of clouds (0—10)	5.9
Total rainfall (which fell on 19th, 20th, and 22nd)	0.96inch
Mean amount of ozone (0—10)	5.8

	WIND.								Mean Force
	N	NE	E	SE	S	SW	W	NW	Calm. (0—12)
10 A.M.	0	1	0	1	0	1	1	3	0 4.4
2 P.M.	0	1	0	0	0	2	1	2	1 4.0
10 P.M.	0	2	0	0	0	1	3	1	0 2.7
Mean force of wind (0—12)									3.7

The weather of the past week has been unsettled. The range of pressure has been considerable, and the atmosphere cooler and moister than during the previous week. A heavy gale commenced on the morning of the 22nd, and reached its height the same day about 6 P.M., the wind then blowing with a force=10; direction, S.W. Wind in general has been variable in force and direction. On the 23rd, at 10 A.M., the ozonometer registered a degree of ozone=10; the paper had been exposed during the preceding twenty-four hours—*i.e.*, during the gale of the 22nd. The general health continues good.

OBSTETRICAL SOCIETY.—The Library of the Obstetrical Society will be closed from the 1st to the 14th September, inclusive.

A NEW DISEASE.—Dr. Ahlfeld, in Wagner's *Archiv*, describes a case of *sarcoma fibrosum multo- et fuso-cellulare telangeiectodes hæmorrhagicum diffusum*.

TESTIMONIAL.—A testimonial was presented on the 18th inst. to Dr. F. G. Jackson, of Barnsley, on his leaving that town. It consisted of a handsome solid silver *épergne*, the pedestal of which is supported by figures symbolising Faith, Hope, and Charity. There was also an address from his fellow townsmen, engrossed on vellum, and accompanied by two hundred signatures. It mentions especially "the services he has rendered to the Mechanic's Institute as one of its vice-presidents for many years; the independence of his conduct as a member of the Local Board of Health; the advocacy he has given to everything (particularly the new water-supply) calculated to promote the sanitary condition of the town; the invaluable assistance he has rendered in the raising and the administration of the Fund for the relief of the sufferers by the Oaks Colliery explosion; the prominent part he has taken in the furtherance of other matters of local interest and importance; the great ability and information he has brought to the discussion of public questions." An address from the widows of the victims of the Oaks Colliery explosion was also presented.

TREATMENT OF WOUNDS BY CARBOLIC ACID.—In his address on Surgery to the Bengal Branch of the British Medical Association, Dr. Fayrer gives a detailed account of the application of Professor Lister's method of employing carbolic acid, and concludes by saying: To the surgeons who treated and watched the cases, its good effects were very apparent; and the circumstances of each have impressed them with the most satisfactory evidence of its value. It was frequently obvious that, just at a point in its progress where the supervention of unfavourable symptoms was dreaded, the aspect of a case became favourable, when former experience would have led them to expect the reverse; and the impression left on their minds, and certainly on mine, is that they have found a valuable auxiliary in the treatment of surgical disease.

OPERATION DAYS AT THE HOSPITALS.

MONDAY .....Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY.....Guy's, 1.30 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.—National Orthopædic Hospital, 2 P.M.—Royal Free, 9 A.M.

WEDNESDAY..St. Mary's, 1.15 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.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Great Northern, 2 P.M.

THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.

FRIDAY.....Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 1.30 P.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 Demonstrations and Operations), 1 P.M.—Royal London Ophthalmic, 11 A.M.

NOTICES TO CORRESPONDENTS.

All Letters and Communications for the JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen Street, Lincoln's Inn Fields, W.C.*

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

CORRESPONDENTS not answered are requested to look to the Notices to Correspondents of the following week.

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

AUTHORS OF PAPERS, desirous of having extra copies printed for their own use, are requested to communicate with the printer, Mr. Richards, 37, Great Queen Street.

IT is particularly requested that, during the month of August, all communications whatever relating to the JOURNAL should be addressed to the office, 37, Great Street, and NOT TO THE HOUSE OF THE EDITOR, who is absent from town.

A MAISON DE SANTÉ, VENTNOR.—There has been submitted to us the plan of some cottage-residences, intended for the reception of pulmonary and other invalids seeking Ventnor as a health-resort. It too often happens that invalids are unable to secure the advantages of such a resort, from the expenses attendant upon residence and nursing and invalid dietary, in a separate lodging-house not arranged for their convenience. A *maison de santé*, conducted by ladies who have the highest local reference and sanction, has been opened between Ventnor and Bonchurch. Mr. Tuttiett, M.R.C.S., is the local Treasurer; and applications on the subject may be made to him or to the managers, Trinity Terrace, Ventnor. Sir John and Lady Simeon and Dr. Hassall are among those who lend the sanction of their names to this useful enterprise.

STATE MEDICINE.

SIR,—The remarks of Dr. Rumsey in your JOURNAL of June 13th, with reference to the appointment of officers of health throughout the kingdom, are specially important; and, from the breadth of the view which he takes, should command the most serious attention of our legislators.

An officer of health must be debarred from private practice, not only from the jealousy with which his fellow practitioners would regard his suggestions, but he should have power to insist on improvements being carried out, without entailing thereby the loss of patients, who hate all new fangled improvements, and value their present ease much more than their future and permanent benefit. Every medical man knows how difficult it is to move the general mass of our more enlightened fellow countrymen; how much more those whose ideas cannot realise sickness as produced by a cause as distinct as starvation producing death. We all know how typhoid fever is propagated; and the late outbreak at Terling is only what has occurred in varying degrees throughout very many places in England. A few months ago, I was in a manufacturing district where typhoid fever had prevailed very extensively. The large proportion of the people worked in one manufactory, and their abodes were the property of the capitalists who worked the concern. One latrine, on the old filthy cesspool system, to four or five houses, was the average supply. Fortunately, good water was supplied by pipes, or it is more than probable that the experience of Terling would have been anticipated on a much larger scale. The surgeon, hard-worked, with a large family, remonstrated. The proprietors were averse to improvements which would cost money. They carried a majority at the local board, and the doctor, though a zealous sanitarian, was obliged to content himself for the time with the treatment far more than with the prevention of disease.

How many isolated outbreaks of typhoid fever can every country practitioner not call to mind, where the disease has in succession attacked almost every inmate of a farm-house. These outbreaks will continue so long as the present system of cesspools is allowed. Such instances, and they might be multiplied *ad infinitum*, prove that the doctor has no power to abate nuisances; nor should he be called upon to sacrifice the bread he eats by uselessly kicking against the powers that be in his little circle; an officer of health could compel owners of property to provide for their poorer tenants. As Dr. Rumsey says, he should be superintendent of registrars for the whole of the district over which, as health officer, he exercises surveillance. He would thus see, at a very early period, where zymotic disease was fatal. Practitioners should be asked to communicate with him and say where cases of any disease liable to prevail epidemically are occurring. It is difficult to estimate the good that a staff of health officers, able at once to analyse and report on waters and the purification of towns and villages, would effect throughout the length and breadth of England. Their assistance to coroners would be invaluable; and would, I think, go far to do away with the verdict, which is common in country districts, and even in towns, where a sudden death is investigated, Died by the Visitation of God. I am, etc., X. Y. Z.

COPIES OF THE JOURNAL WANTED.—In consequence of the recent large increase in the number of members, several numbers of the BRITISH MEDICAL JOURNAL, which are urgently required, are out of print. Gentlemen having copies of the numbers for July 11 and 25, and August 1, 8, and 15, will receive full price for them, on forwarding them to Mr. Powle, 37, Great Queen Street, Lincoln's Inn Fields, W.C.

WILKS'S PATHOLOGY.—A member wishes to purchase a copy of Wilks's *Pathology*. Apply to J. C., Post-office, Vigo Street, London, W.

MINERAL WATERS OF DROITWICH.

SIR,—In answer to S.N.'s inquiries as to the mineral waters of Droitwich, I shall be happy to afford him any information I can. But, in the first place, the mineral spring is no new discovery—baths having been established here during the colonisation of Britain by the Romans. The spring is a saturated brine, which, according to the analysis by Herapath, contains in each imperial gallon, chloride of sodium, 21761.872 grains; chloride of magnesium, 2.56 grains; sulphate of lime, 91.12 grains; sulphate of alumina, 14.4 grains; sulphate of soda, 342.72 grains; and iodide of sodium, .208 grain; making, saline matters, in all, 22212.88 grains.

The baths are especially useful in rheumatism, chronic gout, rheumatic gout, anæmia, amenorrhœa, struma, uterine affections, and a variety of cutaneous diseases. I am, etc., S. S. RODEN, M.D.

Droitwich, July 1868.

THE PUBLIC SERVICES.—The maximum age of admission to the Medical Service of the Army is 23 years, and to that of the Navy 28 years.

"COMMITTEE ON THE OBSERVATION AND REGISTRATION OF DISEASE."

SIR,—I have heard with much regret that, during the recent meeting of the Association in Oxford, there was some difficulty in finding a room for the use of the Registration of Disease Committee. Since it might be supposed that I, as Honorary Secretary, was at fault in not making proper arrangements for the meeting, I should be glad if you would allow me to state what steps I took in the matter.

I was unfortunately quite unable to attend the meeting; but, a fortnight before the time fixed, I wrote to Mr. T. Watkin Williams, the General Secretary, stating that a meeting of the Committee would be held at 9.30 A.M. on Thursday, August 6th; and I requested him to appoint a place of meeting, and to announce it in the JOURNAL. I received no reply to my letter; but I found that a notice of the meeting was inserted in the JOURNAL, without any indication of the place of meeting. I again wrote to Mr. Williams, asking him to fix upon some room for the meeting, in order that I might notify it in the circulars.

Mr. Williams replied that he could not assign a room for the meeting; but that I must state in the circular that the place would be announced during the Oxford meeting. I did this; and sent to him both at Oxford and Birmingham a copy of the circular; and, at the same time, explained that I should probably be unable to attend the meeting, and that I must trust to him to announce the place of meeting at the Reception-room, and in any other way that he thought desirable. A copy of the proposed Report of the Committee was also forwarded.

Dr. Morgan then kindly consented to undertake my duties as Secretary; and I believed that I had done what was necessary to secure a successful meeting of the Committee.

It was discovered too late, I believe, for rectification, that Mr. Williams had omitted to give the necessary information as to the place of meeting, and hence some inconvenience seems to have occurred. I can only express my extreme regret that I could not myself be on the spot. I enclose a copy of the report passed by the members who were present. I am, etc.,

St. Peter's Square, Manchester, August 1868. ARTHUR RANSOME.

WE are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Birmingham Daily Post, August 22nd; The Wiltshire County Mirror, August 26th; The Lincoln Gazette, August 22nd; Berrow's Worcester Journal, August 15th; The Barnsley Chronicle, August 22nd; The Japan Times' Overland Mail, June 27th; The Stockport and Cheshire County News, August 21st; The Western Daily Mercury, August 19th; The Cambridge Independent Press, August 8th; The Western Morning News, August 18th; The Western Daily Press, August 22nd.

COMMUNICATIONS, LETTERS, ETC., have been received from:—

Mr. F. C. Skey, London; M.D., Bristol; Mr. T. Webster, Redland, Bristol; Mr. R. R. Brown, Dublin; Mr. J. Sampson Gamgee, Birmingham; Dr. T. B. Bott, Bury; Mr. H. C. Burdett, Birmingham; Mr. G. Grewcock, Nottingham; Mr. Henry Lee, London; Mr. L. Ash, Holsworthy; Dr. Cruise, Dublin; Mr. Bridger, Cambridge; Mr. Whipple, Plymouth; Dr. Hyde Salter, London; Dr. Denny, London; Dr. J. G. Wilkinson, London; Mr. Richardson, Newcastle-upon-Tyne; Dr. Dickson, London; Dr. G. H. La Fargue, Godalming.

LETTERS, ETC. (with enclosures) from:—

Mr. F. Le Gros Clark, London; Dr. George Johnson, London; Mr. J. B. Cluff, London; Mr. Langmore, London; Dr. Playfair, London; Dr. J. Hughlings Jackson, London; A Public Vaccinator; Dr. M. A. Adams, Maidstone; Dr. Ogle, Derby; Dr. W. Strange, Worcester; Dr. C. Taylor, Nottingham; The Director-General of the Naval Medical Department; Mr. E. Lloyd, London; The Registrar of the University of Durham; Dr. T. M. Lownds, Bristol; Dr. Skinner, Liverpool; Mr. W. Rivington, London; Mr. J. Affleck, Stretford; Mr. McKeand, Manchester; The Director-General of the Army Medical Department; Mr. W. Nixon, London; Mr. Milner Moore, London; Mr. F. T. Coates, London; Mr. J. P. Coldstream, Edinburgh; Mr. H. S. Taylor, Guildford; Dr. E. Copeman, Norwich; Mr. St. George Mivart, London; Dr. John Murray, London; The Registrar-General of Ireland; The Registrar-General of England; Mr. T. M. Stone, London; The Secretary of Apothecaries' Hall; Dr. A. Benisch; Dr. Treutler, Kew; Mr. J. S. Boyd, Wigton; Dr. Shapter, Exeter.

BOOKS, ETC., RECEIVED.

The New Orleans Journal of Medicine, July 1868.
The St. Louis Medical Reporter for August.